EXPLORING RELATIONAL HEALTH AND COMFORT WITH CLOSENESS IN
STUDENT COUNSELOR DEVELOPMENT

By

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To my community
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<td><strong>ATTACHMENT THEORY</strong></td>
<td>A theory of human development that attempts to explain how and why people attach or fail to attach to the significant others in their lives. Its core premise holds that people’s earliest experiences with their caregivers shape their expectations of how others will connect with them and attend to their survival and care. According to the theory, these early experiences shape the way people relate as adults, and while these patterns can be changed through reparative relationships, they initially tend to be persistent, particularly in times of stress. Attachment theory has been offered as one way to explain why the therapy relationship is so important, and to investigate outcomes from the counseling, supervisory, and client perspectives.</td>
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<td><strong>AUTHENTICITY</strong></td>
<td>is defined by an individual’s sense of freedom to be oneself in relationship, and the individual’s acquisition of knowledge and understanding of self and other (Comstock, 2002).</td>
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<td><strong>AUTONOMY-DEPENDENCY</strong></td>
<td>is a developmental construct that reflects the degree of independence or dependence a supervisee is displaying, and also reflects the supervisee’s ability to move fluidly throughout several domains of counselor competency.</td>
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<td><strong>COMFORT WITH CLOSENESS</strong></td>
<td>is a construct derived from attachment theory and used in the Close subscale of the Adult Attachment Scale (AAS; Collins &amp; Read, 1990) to assess the extent to which a person feels he or she is comfortable with intimacy in human relationships.</td>
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<td><strong>COMMUNITY RELATIONAL HEALTH</strong></td>
<td>is defined as the participant’s college community, which in this study would mean the participant’s counselor education program as a whole (Liang et al., 2002). For the purposes of this study, community is defined as all the members of the respondent’s counselor preparation program.</td>
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<td><strong>CONNECTION</strong></td>
<td>is defined as any engagement between two or more people that is “mutually empathic and empowering” (Miller &amp; Striver, 1997, p. 26).</td>
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<td><strong>COUNSELOR DEVELOPMENT</strong></td>
<td>refers to the lifelong process by which people learn and practice the art and science of the counseling profession, which includes personal domains such as self-awareness, self-reflection, and openness to new experiences as well as professional domains such as demonstrable knowledge, skills, and clinical judgment.</td>
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**Empowerment/Zest** refers to an energetic and vital feeling one gets from participating in growth-enhancing connections (Miller, 1986). The individual feels inspired, strong, and more eager to take action (Liang et al., 2002).

**Mentor Relational Health** describes a relationship the participant has, usually with an older adult, who listens, shares experiences, and offers guidance on an aspect of the participant’s life (Liang et al., 2002). For the purposes of this study, *mentor* will be defined as a professor within the respondent’s counselor preparation program.

**Motivation** refers to a supervisee’s level of motivation to learn counseling and fluctuates throughout the training and supervision process.

**Mutual Engagement/Emptphy** happens when both parties in a relationship feel a sense of involvement with, commitment to, and emotional attunement to the relationship (Liang et al., 2002). For this to occur, both parties must engage in the authentic expression of their thoughts and feelings and be willing to be impacted by the connection (Miller & Stiver, 1997).

**Novice Counselor** for the purposes of this study, refers to a counselor who is unlicensed and under mandated supervision as either a graduate intern or a provisionally state-licensed practitioner.

**Peer Relational Health** refers to someone with whom the participant shares interests, feels attached to, trusts, respects, and can rely upon for support in difficult times (Liang et al., 2002). For the purposes of this study, *peer* is defined as a classmate within the respondent’s counselor preparation program.

**Relational Cultural Theory (RCT)** is a theory of human development that holds that optimal development is characterized by an increasing capacity to engage in healthy, growth-enhancing ways with the important people and contexts in a person’s life. Rather than framing development as a process of individuation and autonomy, RCT holds that development happens in and through relationship and that people grow towards deep, healthy connections rather than away from significant others over the lifespan (Comstock & Qin, 2005).

**Relational Health/Quality** is a construct derived from RCT and is the notion that healthy relationships involve mutual engagement, empathy, connection, and authenticity that leaves both parties feeling a greater sense of empowerment, zest for life, and a desire for more relationships (Comstock, 2002).
<table>
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<th><strong>SELF-OTHER AWARENESS</strong></th>
<th>Refers to supervisees’ varying abilities to be aware of what their clients are experiencing while also being aware of their own feelings and reactions during counseling sessions.</th>
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<tr>
<td><strong>STUDENT COUNSELOR</strong></td>
<td>For the purposes of this study, refers to a person in a master- or doctoral-level Counselor Education preparation program.</td>
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<tr>
<td><strong>STUDENT COUNSELOR</strong></td>
<td>Student counselor developmental level is a construct taken from traditional theories of counselor development (Hogan, 1964; Loganbill, Hardy, and Delworth, 1982; Stoltenberg, 1981) that holds that counselors progress through normative and qualitatively different stages of development on their way to becoming optimally effective or master practitioners.</td>
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<td><strong>THERAPEUTIC RELATIONSHIP</strong></td>
<td>Therapeutic relationship has been described as the strong emotional bond or therapist-client connection component of the therapeutic alliance, which broadly refers to a safe, trusting therapeutic interaction that promotes the client’s development and wellbeing (Bordin, 1979).</td>
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</table>
Counselor development has been conceptualized as a gradual progression from the cognitive, technical, and relational rigidity of novices to the optimally effective cognitions, interventions, and therapeutic alliances of master practitioners (Hogan, 1964; Loganbill, Hardy, & Delworth, 1982; Skovholt & Ronnestad, 1992a; Stoltenberg, 1981). Within this paradigm, student counselors’ relational limitations have been viewed as normative, yet to date relational constructs have not been major considerations in counselor development research or theory. Given the well-established importance of the therapist-client relationship in counseling outcomes (Wampold, 2001) and the growing recognition that development is enhanced through quality relationships (Comstock, 2002; Jordan, 2002), the current study explored the contribution of relational variables to student counselor development.

Stepwise multiple regressions on a cross-section of master and doctoral students in CACREP-accredited clinical mental health counseling programs in 19 states showed a positive trend between self-reported overall and domain-specific developmental levels and prior counseling experience, comfort with relational closeness, and relational health
in a counselor preparation program. Additionally, self-reported domain-specific
development was negatively related to supervision quality and relational quality with a
counseling mentor. Relational Cultural Theory (Comstock, 2002) and attachment theory
(Bowlby, 1988) provided a framework for interpreting the results of this study.

Study limitations included the lack of causal inference possible in a correlational
study, use of a convenience sample, weaknesses inherent in self-reported
observations, and questionable scale psychometrics. Implications for theory and
research concentrated on improving counselor development models and measures to
include a stronger relational emphasis. Implications for practice focused on the role of
counselor educators in creating relationally healthy preparation programs and ways to
integrate relational domains in admissions interviews, training, supervision, and ongoing
evaluation.
CHAPTER 1
INTRODUCTION

The Training Debate

In 1950, Raimy wrote, “Psychotherapy is an undefined technique applied to unspecified problems with unpredictable results. For this we recommend rigorous training” (p. 150). Indeed, the problems and solutions of therapy and, by extension, counselors’ desirable characteristics and developmental issues have been researched and debated for several decades (Ahn & Wampold, 2001; Buser, 2008; Loganbill, Hardy, & Delworth, 1982; Skovholt & Ronnestad, 1992a; Smith, 2003; Stoltenberg, 1981; Wampold, 2001; Yalom, 2005). As early as 1975, Rogers expressed discontent with technique-based training practices, arguing that they missed the humanity of both clients and therapists. Over the past two decades, counseling and psychology preparation programs have similarly been criticized for overemphasizing technique-based training at the expense of the quality of the therapeutic relationship and the interpersonal development of trainees (Bergin, 1997; Mahoney, 1986; Winslade, Monk, & Drewrey, 1997).

Given the considerable body of research suggesting that the therapeutic relationship is a critical factor in successful therapy outcomes (Ahn & Wampold, 2001; Assay & Lambert, 2004; Lambert & Bergen, 1994; Lambert & Cattani-Thompson, 1996; Wampold, 2001), questions about the role of counseling and psychology programs in promoting relational skills in student counselors have resurfaced in the literature (Whiston & Coker, 2000). While some disagreement persists about what makes therapy effective, the mounting evidence that the quality of the therapeutic relationship accounts for considerably more therapeutic success than individual theories or techniques has
generated calls for increased research on the relational aspects of student counselor development (Assay & Lambert, 2004; Wampold, 2001; Whiston & Coker, 2000). Further, there is a call for research investigating how preparation programs attend to the relational development of their students (Lambert & Ogles, 1997; Torres-Rivera, Phan, Maddux, Wilbur, & Garrett, 2001).

**Established Theory and Research**

To date, consensus opinions about student counselors’ capacities to foster therapeutic relationships have been largely informed by theories of counselor development and supervision (Hogan, 1964; Loganbill et al., 1982; Stoltenberg, 1981) and qualitative research (Skovholt & Ronnestad, 1992b, 2003). Overall, counseling students and new professionals have been characterized in the literature as simplistic and rigid thinkers who are externally focused, personally incongruent, and preoccupied with those aspects of counseling most related to the specific ingredients of therapy, such as easily implemented interventions, fool-proof techniques, and reductionist applications of theory that often miss the nuances and importance of the therapeutic relationship (Hogan, 1964; Loganbill et al., 1982; Stoltenberg, 1981; Skovholt & Ronnestad, 2003). Student counselors in particular are said to exhibit behaviors and personal attributes associated with negative therapeutic alliances, such as intellectual and emotional rigidity, interpersonal distancing, tension and anxiety, and over-structuring of sessions (Ackerman & Hilsenroth, 2001). Taken together, theories of counselor development propose that these restricted attributes and behaviors form a normative developmental stage, and that only after graduation and completion of supervision requirements do counselors become more relaxed, reflective, complex, and relationally effective practitioners (Stoltenberg, 1981; Skovholt & Ronnestad, 2003).
New Directions

Despite the theoretical and research-based assertions in the literature, recent research findings have raised questions about the generalizability of these consensus depictions of student and novice counselors (Furr & Carroll, 2003; Goodyear, Wertheimer, Cypers, & Rosemond, 2003; Howard, Inman, & Altman, 2006; Lennie, 2007; McAuliffe, 2002). Dunkle and Friedlander (1996) found that interns at a university counseling center who scored high on comfort with relational closeness, as measured by the Close subscale of the Adult Attachment Scale (AAS; Colins & Read, 1990), were rated significantly higher by clients on the quality of the therapeutic alliance. In the same study, the authors found that self-reported quality of student counselors' social support was also predictive of clients' positive alliance ratings. These findings suggest that both comfort with relational closeness and perceived quality of social support might be related to novices’ abilities to form effective therapeutic relationships. Further, neither age nor professional experiences were uniquely predictive of ratings of the therapeutic alliance, drawing into question the consensus assumption that new counselors are necessarily more relationally limited than experienced therapists (Dunkle & Friedlander, 1996).

Results from studies on student counselors’ reactions to training experiences that encourage authentic interpersonal engagement have lent support to the likelihood that at least some students are developmentally open to and enthusiastic about learning opportunities that involve deep engagement with issues of the therapist-client relationship, such as risk-taking, self-exploration, and personal vulnerability (Anderson & Price, 2001; Furr & Carroll, 2003; McAuliffe, 2002; Lennie, 2007). Further, anxiety does not appear to be as prevalent a feature of the novice experience as Skovholt and
Ronnestad (2003) have suggested (Chaplin & Ellis, 2002). In fact, a few studies (Lichtenberg, 1997; Stein & Lamb, 1995; Whiston & Coker, 2000) have found no significant difference in effectiveness between novice helpers and experienced professionals, throwing doubt on the traditional, linear models of counselor development by suggesting that the key qualities of effective helpers may be as present at early stages of development as later ones. Lastly, researchers who have investigated cognitive complexity in novice counselors reported that some counseling students demonstrate cognitive processes associated with more sophisticated client conceptualization, less rigidity, and more effective in-session behaviors (Borders, 1989; Fong et al., 1997; Welfare & Borders, 2010). These studies of counselor development raise questions about the extent to which current research and theories have captured the factors in counselors’ capacity for quality relationships during a graduate preparation program and in the first years of post-graduate practice.

Some researchers (Whiston & Coker, 2000) have even argued that current training methods do not seem to impact counselor effectiveness, and that teaching methods need reconsideration and revision in line with what is now known about the importance of the therapeutic relationship and the person of the therapist who participates in those relationships. Likewise, counselor preparation programs have been criticized for over-emphasizing techniques and skills training and under-emphasizing the relational development of student practitioners (Bergin, 1997; Whiston & Coker, 2000). Yet to date, the relational environments and the academic cultures in which students learn counseling have not been a major consideration in counselor development research or theory. Extant theories of counselor development have not investigated relational
factors that may be linked to novice development, including the perceived quality of relationships within a preparation program or student counselors’ comfort with closeness in relationships. Furthermore, because the current academic environments of preparation programs may exert pressures and influences at odds with the complex, sensitive, and often ambiguous relationship dynamics that arise in real therapy settings (Skovholt & Ronnestad, 1992b), the relational quality within preparation programs and student counselors’ intrinsic comfort with closeness should also be considered when assessing student counselor development (Whiston & Coker, 2000).

Theoretical Framework

Theories of counselor development are attempts to understand the normative experiences and changing needs of counselors as they progress through the required education and supervision experiences and eventually occupy non-supervised professional roles. Though differences in developmental models exist, the prominent theories of counselor development (Hogan, 1964; Loganbill et al., 1982; Stoltenberg, 1981; Skovholt & Ronnestad, 1992) have proposed that counselors move through several stages of change in fairly linear fashion, from the naive rigidity, cognitive simplicity, and dependency of the novice to the eventual personal and professional autonomy, relational competence, and personal/professional integration of the master therapist. This proposed linear, stage-wise progression bears much in common with traditional Western theories of human development that cast the individual as the central character on a relatively predictable journey from dependency to individuation and personal autonomy (Chickering, 1969; Comstock, 2002; Erickson, 1963; Miller, 1976; Worthington, 1987).
This study explores the contribution of previously unexamined relational variables to student counselor development, and uses Relational Cultural Theory (RCT; Comstock, 2002) as a guiding theoretical framework. Recently, recognition has grown for the importance of relationships and cultural contexts in the development of the individual (Porter, 2002). Since its inception as Relational Theory approximately twenty years ago, RCT has been gaining attention as an alternative theoretical framework for understanding human development and the counseling endeavor (Comstock, 2002; Comstock Frey, Beesley, & Newman, 2005; Comstock, Hammer, Strentzsch, Cannon, Parsons, & Salazar, 2008; Liang, Tracy, Taylor, Williams, & Jordan, 2002). RCT posits that people develop towards relational closeness and complexity over the life span rather than towards individuation and autonomy (Comstock, 2002). In RCT, optimal development is characterized by the ability to have quality relationships that are mutually empathic and lead to greater connectedness, empowerment, and authenticity (Jordan, 2002). Further, according to RCT, development is restricted when relationships and cultural contexts do not provide opportunities for growth enhancing connections (Walker, 2005). Within RCT, conflicts and disconnections are seen as a normative part of relationships, and naming barriers to and moving back into connection are considered sources of healing, empowerment, and transformation (Comstock et. al, 2003). Alternatively, chronic disconnections, isolation, and alienation from relationships are associated with reduced closeness and fewer opportunities to develop and grow in positive ways. The fundamental premise of RCT is that the development of the individual cannot be examined or understood without also considering the health of a person’s relationships with significant others and larger contexts that shape
opportunities for development (Miller, Jordan, Kaplan, Stiver, & Surrey, 1991; Miller & Stiver, 1997).

Given the importance of relationship in the counseling process, a particularly relevant concept of RCT is mutual empathy (Comstock, 2002). According to RCT, mutual empathy is a critical component of high quality growth-fostering relationships (Comstock et. al, 2008). Expanding on Rogers’ (1975) belief in the healing nature of the counselor’s empathy for the client, RCT holds that empathic connection goes both directions; in mutual empathy, both the client and counselor are impacted by the exchange and are able to authentically acknowledge this impact (Comstock, Duffey, & St. George, 2003). As a result, both parties emerge from the exchange with the five good things (Miller, 1991): (1) increased sense of vitality and zest for life; (2) empowerment and the ability to take action; (3) increased clarity about oneself, the other, and the relationship; (4) greater sense of self-worth; and (5) deepened desire for more relationships. In order for mutual empathy to occur, both parties in the exchange must be vulnerable, emotionally responsive, and open to change—qualities that require a considerable amount of interpersonal risk but are associated with more growth enhancing relationships (Comstock et al., 2008; Jordan, 1992; Miller et al., 1991). The current consensus of counselor development models seems to be that novice counselors are either developmentally unable or unwilling to open themselves to mutually empathic encounters, preferring the seeming security of theories, techniques, and the notion that answers and fixes are easy to learn and apply. From the perspective of RCT, context and process factors, including the responsiveness and health of other
significant relationships and institutional environments, must be considered to better understand these relational disconnections (Jordan, 1997).

Given that, from the perspective of RCT, development happens within and through people’s relationships and other important life contexts, RCT offers several potentially valuable contributions to the study of counselor development. First, it provides a relational framework for revisiting established measures of student counselor development (Comstock et al., 2008). Second, rather than attributing novices’ relational limitations to a universal stage through which all counselors eventually pass, RCT offers a more complex hypothesis for variations in counselors’ abilities to form quality therapeutic relationships both in the training years and throughout the career span (Qin & Comstock, 2005). Third, by further articulating the growth-fostering qualities of relationships, RCT may help counselors, supervisors, and educators to be more aware of their own contributions to relationships (e.g., supervisory relationships) that have the potential to foster or hinder development.

Originally, RCT was proposed as an alternative developmental theory to understand the developmental processes of women and other members of marginalized groups whose experiences of living and growing did not fit the Caucasian and male-oriented descriptions of change over time. In the past decade, however, RCT has been used in research studies of mixed gender populations (Adams, 2010; Frey et al., 2005) and as a guiding framework for developmental courses for counselors in preparation (Comstock, 2004). Over the past two decades, RCT has been recognized as applicable to both female and male developmental processes (Bergman, 1991; Bergman & Surrey, 1994; Comstock & Qin, 2005; Dooley & Fedele, 2004; Jordan, 2002; Mirkin & Geib,
1995). As an alternative to traditional developmental theories, RCT is a potentially meaningful way to explore how relational factors may influence student counselor development.

**Statement of the Problem**

Relational quality between client and therapist has been shown to be a critical component of successful therapy, even more important than theoretical orientation or use of specific techniques or interventions (Ahn & Wampold, 2001; Wampold, 2001). Yet predominant theories of counselor development (Loganbill et al., 1982; Skovholt & Ronnestad, 1992; Skovholt & Ronnestad, 2003; Stoltenberg, 1981) depict novice counselors as relationally limited, becoming more relationally skillful only later in the career cycle. While some researchers have found evidence for different developmental levels at different points in counselor preparation (Borders, 1989; Fong et al., 1997; McNeill, Stoltenberg, & Romans, 1992; Welfare & Borders, 2010), these findings typically tap constructs within the individual (e.g., cognitive development) and have neglected the possible contribution of relational variables to counselor development, such as the quality of the preparation environment. While stage-wise counselor development theories and research studies have contributed important insights to current knowledge of novice counselor development, more research is needed to understand the contribution of the relational domain to well-established conceptualizations of counselor development.

To date, the theoretical and reported relational limitations of novice counselors have been interpreted as developmentally normative. Within this paradigm, questions of how counseling students experience relationships, such as their capacity to be close to others and the quality of relationships within their preparation programs, have not been
explicitly considered in research on developmental outcomes. Without taking a studied look at relational factors in student counselor development, preparation programs risk training and graduating new professionals who may be limited in important relational aspects of the counseling process. While current research has indicated that counseling students and new professionals (i.e., novice counselors) seem to have relational limitations (Ackerman & Hilsenroth, 2001; Skovholt & Ronnestad, 2003), it is unclear whether these are developmentally transient, stem from fixed, intrinsic counselor characteristics, or reflect the relational quality of the preparatory environment. However, without research in this area, the conversation remains mainly theoretical and anecdotal. If preparation programs fail to consider their own role in training counselors for the therapeutic relationship—a variable that has been overwhelmingly tied to successful client outcomes—then opportunities to adjust their training approaches to emphasize relational factors and potentially show better developmental outcomes are lost, and both student and client developmental outcomes may suffer. Additionally, if counseling students lack a fundamental comfort with closeness in relationships when they enter training programs, they may not be ready to take advantage of the relationally rich developmental opportunities that are available to them. From the perspective of RCT, educators, supervisors, and students of counseling—indeed, all the members of the counselor education community—may either create or restrict developmentally significant opportunities for mutually empathic, authentic and growth-enhancing engagement with their students.

**Need for the Study**

The Council for Accreditation of Counseling and Related Educational Programs Standards (CACREP, 2009) has stated that admission to graduate preparation
programs must be based in part on candidates’ potential to form “effective and culturally relevant interpersonal relationships in individual and small-group contexts” (p. 4). Furthermore, CACREP Standards (2009) dictate that counselors must be aware of the characteristics and behaviors that lead to successful therapy outcomes. Given that relational quality has been heavily supported by research as critical to therapy’s success, it follows that student and professional counselors, counselor educators, and supervisors need to be aware of their capacity to form, model, and facilitate high quality, developmentally enriching relationships.

Currently, the consensus opinion is that novice counselors are developmentally limited in their relational abilities. While many theories of counselor development share this view, there is a lack of quantitative data on relational factors in counselor development or in the broader training context—factors that may somehow be influencing these limitations. In fact, the relational dimension of counselor development has been largely neglected in studies about student counselor developmental levels during a preparation program. An implicit assumption within traditional theories of counselor development has been that the training environment provides for the developmental needs of students. From this perspective, student counselor growth depends largely upon forces within the individual that inspire her or him to grow in response to the optimal environment provided by the program, educators, and supervisors. Yet some have suggested that the training environment may not be optimal and have called for more extensive research and validation of novice counselor development and more attention to the relationship in counselor preparation (Hansen, 2010; Whiston & Coker, 2000).
Given the important association between quality of the therapeutic relationship and positive client outcomes, it is important to expand existing knowledge about student counselor development that may be tied to the counselor role in establishing a quality therapeutic relationship. Based on the RCT framework, factors such as the quality of relationships students report experiencing in their preparation programs and their own reported comfort with closeness in relationship may promote both counselor development and clinical results. Current developmental literature leaves many questions unanswered about what student counselors are capable of relationally and the contribution of preparation programs to the relational aspects of counselor development. By not addressing these important issues, researchers in the field of counseling risk the following: (1) perpetuating the self-limiting assumption that novice counselors are, by nature, limited in their relational abilities; and (2) not gaining more insight into the important role that relationships among all parties involved in preparation programs (i.e., student counselors, clients, supervisors, educators, and the larger academic and community contexts) play in the development of counselors.

Claims about the relational restrictions of student counselors have not been extensively validated. Further, much of counselor development literature and research has been primarily theoretical, qualitative, and/or cross-sectional, making it unwise to widely generalize findings. Reflecting this concern, Howard et al. (2006, p. 89) have stated, “Although theoretical contributions offer a framework from which to understand potentially relevant issues in counselor development, researchers must be cautious in over-relying on anecdotal and narrative information and seek empirical support for these assertions.” While valuable, extant quantitative studies of counselor development have
been based on traditional theories of human development; thus, the findings have only
taken the field so far in understanding what factors contribute to counselors’ seemingly
variable capacity to form and sustain effective therapeutic relationships in the
educational years and throughout the career cycle. With a richer understanding of the
variability within and relationships among these factors, educators, supervisors and
researchers can begin to directly address the relational capacities and limitations of
counselors and promote the development of relationally competent counselors earlier in
the career cycle.

**Purpose of the Study**

The purpose of this study is to add to the existing research and knowledge about
the development of novice counselors, with specific attention to relational variables that
may help contribute a relational emphasis to existing counselor development models.
The present study had a long-term goal of stimulating research interest about the
relational capacities of novice counselors and whether it might be possible for
preparation programs to enhance relational aspects of developmental outcomes in
novice counselors. Another long-term goal was to increase educators’, supervisors’,
researchers’, and students’ attention to the relational health of preparation programs
and generate dialogue about how preparation programs may promote or restrict student
counselor development and preparation for the therapeutic relationship. Over time,
increased attention to relationship and mutuality in the training process may foster
relationships and contexts with qualities similar to those of effective therapeutic
relationships. Additionally, support for the role of relational variables in student
counselor development may help preparation programs better identify the factors that
are contributing to student counselors who are struggling relationally and/or better
assess these dimensions during the admissions process. The present study was intended to begin the process that could lead to the attainment of these long-term goals.

More immediately, the goal of the present study was to examine the contribution of previously absent relational constructs to student counselor development. As such, the present study investigated the extent to which self-reported student counselor developmental level could be attributed to self-reported comfort with relational closeness and/or perceived relational quality with a counseling peer and mentor, and with the counselor preparation program as a whole. An additional purpose of this study was to investigate how a number of individual factors (i.e., the amount personal therapy, previous professional counseling experience, supervision quality, a common versus specific factors training program orientation, gender, age, and race) might influence self-reported student developmental level, comfort with relational closeness, and relational quality within a preparation program.

**Rationale for the Methodology**

This study explored the whether self-reported relational health in a preparation program and self-reported comfort with closeness had a statistically significant relationship to self-reported student counselor development level. Further, this study investigated the possible contribution of time in personal therapy, prior professional counseling experience, quality of supervision, a common versus specific factors training program orientation (as assessed by students) and the demographic variables of gender, race, and age to student counselor developmental level. The study utilized quantitative data gathering and analyses and established and validated survey instruments to measure the variables of interest, which included perceived relational health in a preparation program, comfort with relational closeness, student
developmental level, amount of personal therapy, prior professional counseling experience, supervision quality, a common versus specific factors program orientation, race, age and gender.

Theorists and researchers have hypothesized that novice counselors develop in a relatively predictable sequence that has been described as a general movement from dependency and relational limitation to autonomy, relational skill, and personal/professional congruence (Stoltenberg, McNeill, & Delworth, 1998). Theoretical underpinnings of these studies have placed the trajectory of development within the individual and have given far less attention to the relational aspects of development such as the relational quality of preparation programs and the contribution of other potentially development-fostering constructs (e.g. comfort with closeness, time in personal therapy, etc.) to the developmental process. With research on the effective ingredients of psychotherapy highlighting the importance of relationship to outcomes, it was considered probable that relational variables may also play a role in counselor student development. Relational health in a preparation program, comfort with relational closeness (an attachment construct), and additional counselor characteristics and experiences were tested for the statistical strength of their relationship to student counselor developmental level.

Except for research on cognitive complexity, much of the research on novice counselor development has been qualitative, anecdotal, and/or cross-sectional. The contributions and limitations of these studies will be discussed in Chapter 2. Assessments of counselor development level have been based either on theories of moral development, cognitive complexity, or linear, stage-wise assumptions of
development. Stage-wise theories of development have been the most prominent over the past several decades, particularly the Integrated Developmental Model (IDM; Stoltenberg, McNeil, & Delworth, 1998). Further, the developmental constructs of the IDM have been translated into a measure with modest reliability and validity in the literature (i.e., Supervisee Levels Questionnaire; McNeill et al., 1992) and used in several research studies (Lovell, 1999; Deal, Bennett, Mohr, & Hwang, 2011). Therefore, in the present study, this self-report measure of novice developmental level was used as the outcome variable to capture a traditional, widely accepted conceptualization of counselor development.

As stated earlier, reported counselor comfort with relational closeness appears tied to client ratings of the therapeutic alliance in at least one outcome study (Dunkle & Friedlander, 1996). Thus, it was thought meaningful to determine whether there are connections between student counselor comfort with relational closeness and self-reported developmental level. Therefore, in addition to asking participants to report on relational health and answer a developmental assessment, the present study used Close, an Adult Attachment subscale assessing comfort with closeness in relationships (AAS; Collins & Read, 1990) to measure this construct in participants.

The research questions presented below represent an exploration of the utility of RCT for explaining student counselor developmental level. Additionally, relationships among comfort with closeness, supervision quality, time in preparation program, amount of personal therapy, previous professional counseling experience, a common versus specific factors program emphasis, gender, race, age and counselor developmental level were explored.
Research Questions

The questions that follow represent an itemization of the more general question regarding how perceived relational quality of a preparation program and comfort with relational closeness are related to a traditional assessment of counselor development level. The conceptual framework for the independent variables chosen for study was derived from Relational Cultural Theory (RCT), which suggests that people’s development is driven in large part by and through the quality of their relationships. Development is promoted when people’s relationships include engagement, authenticity, and empowerment; development is hindered when people suffer chronic disconnections, feel isolated or alienated, or are unable to be authentic in important contexts, such as at work, in school, and/or with family or friends. RCT is particularly attuned to the role of power and status differentials in shaping the relational health within dyads and broader institutional cultures. If results of this study found that relational variables could predict novice developmental level, these findings would lend support to the idea that current counselor development theory should broaden to include deeper consideration of these variables. This finding could, in turn, affect the preparation of counselors. The following questions guided data gathering and analyses.

- Is there a significant relationship between student counselors’ Developmental Level (as measured by the total score of Supervisee Levels Questionnaire-Revised) and Relational Health (as measured by the total score of the Relational Health Indices), Comfort with Closeness (as measured by the Adult Attachment subscale Close), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age?

- Is there a significant relationship between student counselors’ Self-Other Awareness developmental level (as measured by the Supervisee Levels Questionnaire-Revised) and Peer Relational Health, Mentor Relational Health, and Community Relational Health (as measured by the Relational Health Indices), Comfort with Closeness (as measured by the Adult Attachment subscale Close),
Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age?

- Is there a significant relationship between student counselors’ Motivation developmental level (as measured by the Supervisee Levels Questionnaire-Revised) and Peer Relational Health, Mentor Relational Health, and Community Relational Health (as measured by the Relational Health Indices), Comfort with Closeness (as measured by the Adult Attachment subscale Close), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age?

- Is there a significant relationship between student counselors’ Dependency-Autonomy developmental level (as measured by the Supervisee Levels Questionnaire-Revised) and Peer Relational Health, Mentor Relational Health, and Community Relational Health (as measured by the Relational Health Indices), Comfort with Closeness (as measured by the Adult Attachment subscale Close), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age?

**Overview of Study**

Chapter 1 presents an introduction to the present study based on the theoretical framework. Chapter 2 includes a review of relevant literature. The research methodology is described in Chapter 3. Chapter 4 describes the results of the study. Chapter 5 includes a summary, discussion of the results and implications, as well as recommendations for future research.
CHAPTER 2  
REVIEW OF RELATED LITERATURE

This chapter takes an historical look at models of counselor development and related research. Relational Cultural Theory is reviewed at greater depth, with particular attention to its relevance for this study. The additional relational variable, comfort with closeness, is discussed in the context of the counseling relationship as well as the attachment theory from which it was derived. Chapter 2 concludes with a discussion of contextual issues in counselor education, including the possible impact of accreditation and standardization on the lack of relational emphasis in counselor preparation and the implications of this for novice counselor development.

An Historical Look at Counselor Development Models

Models and theories of counselor development attempt to explain the process by which novices learn skills and gain the intra- and interpersonal experiences necessary to become effective and eventually master practitioners. Counselor development has been an important area of inquiry since Hogan (1964) first proposed his influential stage model of how counselors change and grow over time. Over the decades, theorists have expanded on Hogan’s original progression, borrowed from other developmental models and theories, and added their own observations and research conclusions to form what appears to be general consensus in the literature about novice development. Broadly, the major theories of counselor development (Hogan, 1964; Stoltenberg, 1981; Loganbill et al, 1982; Skovholt & Ronnestad, 1992a) have depicted novices as limited relational beings who struggle through a long period of dependency and external focus during training, only arriving at complex thinking, strong clinical skills, self-awareness, and solid therapeutic relational capacities later in the career cycle. These assertions
have been substantiated by a handful of qualitative studies reviewed in this chapter; quantitative studies assessing novice development – particularly relational development – have been difficult to execute and have yielded mixed findings. With growing evidence to support the role of the therapeutic relationship in successful outcomes (Wampold, 2001), some (Buser, 2008; Hansen, 2010; Whiston & Coker, 2000) have called for further investigation into the relational development of novices, more research on training practices that enhance interpersonal skills, and renewed attention to the environments that prepare new counselors for the counseling profession.

To date, most theories of counselor development (Hogan, 1964; Loganbill, Hardy & Delworth, 1982; Stoltenberg, 1981; Stoltenberg et al., 1998) have been founded upon the epistemological assumptions of western human developmental theories and cognitive developmental theory. The early western human developmental theorists (Chickering, 1969; Erickson, 1963) believed that people move through a predictable sequence of stages, with a general trend from dependence on parent-style relationships to independent, individuated, and autonomous functioning the world (Comstock & Qin, 2005). During the same era that these stage-wise, individuation-based theories of human development were being advanced, psychologists and counselors began to construct the first comprehensive theories of counselor development, fueled in part by the need to understand and inform the practices of counselor education and supervision. These theories of counselor development shared similar assumptions with the prevailing models of human development (Comstock & Qin, 2005), namely that development occurs in a linear stage-wise manner, with optimal development characterized by independence from perceived experts such as professors and
supervisors, professional and personal integration within the therapist, and eventual mastery that can then be passed down to supervisees at lower developmental levels.

**Hogan**

Hogan (1964) was one of the first theorists to propose distinct stages of counselor development, upon which subsequent theorists have built (Worthington, 1987). Hogan (1964) proposed four levels of development, the first in which the novice counselor is neurotic, unaware, dependent, insecure, and highly motivated to learn counseling; the second in which the novice struggles with a dependency-autonomy conflict alternating between over-confidence and ambivalence; the third in which the counselor displays conditional dependency on the supervisor, marked by increased confidence, self-awareness, and insight; and the fourth and final stage of the master counselor or psychologist, characterized by personal autonomy, insight, and self-assurance. Hogan (1964) believed that ideal supervision/preparation environments provide the impetus for counselors’ development at each stage, with the implicit assumption that supervisors had themselves progressed through the developmental stages and are capable of optimally assessing and guiding their supervisees through the different levels of change and growth.

**Stoltenberg**

Stoltenberg (1981) built on Hogan’s (1964) theory to create one of the most popular counselor development models (Tryon, 1996), the Counselor Complexity Model (CCM), which was later expanded and renamed the Integrated Developmental Model (IDM; Stoltenberg & Delworth, 1987) to incorporate theoretical contributions from Loganbill et al. (1982). In the CCM, Stoltenberg (1981) also theorized four levels of development. Level 1 novices or supervisees are highly dependent on supervisors and
display cognitive rigidity marked by dualistic thinking. Supervisees at Level 2 struggle with dependency-autonomy conflicts with their supervisors. At Level 3, supervisees move into a more egalitarian relationship with supervisors until finally, at Level 4, supervisees become master therapists and only receive supervision when they seek it out. Similar to Hogan (1964), Stoltenberg conveyed novices as insecure, anxious, and dependent on authority for direction. According to the theory, developmental progression means the emergence of a personal style and authentic presence that includes risk-taking and greater self-awareness and insight. According to Stoltenberg, the most developed or master therapists possess an integrated personal and professional identity, autonomy, and a deep understanding of their strengths and limitations. Similar to Hogan’s (1964) model, Stoltenberg’s (1981) CCM depicts novices as cognitively rigid and relationally dependent, and emphasizes the role of supervisors in facilitating movement through the stages. Both of these theorists assumed that the supervisor adequately attends to the relational needs of novice counselors and the remaining limitations are a normative developmental stage. Absent from both of these theories, however, is consideration of the broader relational environment in which novices are trained, the possibility that supervisors may not be developmentally advanced, or that there may be qualities within the individual counselor that promote or limit the capacity for optimal growth and development.

**Loganbill, Hardy & Delworth**

Loganbill et al. (1982) outlined a detailed theory of counselor development on which they based their theory of supervision. The authors acknowledged the influence of three prominent western developmental theorists in their work, that of Erickson (1968), Chickering (1969), and Mahler (1979). Loganbill et al. (1982) saw similarities
between the counselor development process and Mahler’s (1979) theory of the separation-individuation process in children and adolescents (Stoltenberg et al., 1998). A foundational assumption of Loganbill et al.’s (1982) counselor development theory includes a linear progression through distinct developmental stages. In Stage One, Stagnation, the novice counselor is characterized by naïveté, unawareness of his/her personal issues and reactions to clients, rigidly categorical thinking, narrow-minded problem solving, dependency on a supervisor, and either low self-concept or artificially high self-concept. During this stage, the novice’s growth is latent and the counselor is not working through the issues presented by this stage. In Stage Two, Confusion, the novice’s rigidly held views become unsettled, leading to instability, disorganization, a desperate search for rebalance, ambivalence about the therapy process, and erratic emotional shifts. In this stage the novice still displays black and white thinking, but is gradually learning that the supervisor does not have magic answers.

Only in the Third Stage, Integration, does the novice counselor come to accept the complexity of professional and personal issues and begin to tolerate the ambiguity and ongoing nature of challenge in the counseling process. In this stage, the counselor displays a mature worldview with signs of integrating the lessons from the previous two stages. Views of self and supervisor are more realistic, with acceptance of the strengths and limitations of both parties. In the Integration stage, the counselor is thought to know him or herself and be committed to a process of ongoing introspection and self-reflection. According to this model, counselors need to resolve eight critical issues throughout the three stages before mastering counseling, including competency, emotional awareness, autonomy, theoretical identity, respect for differences, direction
and purpose, personal motivation, and ethics. The authors added that movement through the stages occurs at different rates for different people.

**Stoltenberg, McNeill and Delworth**

Stoltenberg et al. (1992) amended the CCM to include theoretical tenants of Loganbill et al. (1982) and renamed it the Integrated Developmental Model (IDM). A key addition of the IDM was the recognition that counselors may display different levels of development across different domains or with different types of clients. Built on major assumptions of established developmental theories including cognitive developmental theory, western theories of human development, and prior models of counselor development, the IDM proposes more complex dimensions of counselor development than previous models.

In the IDM, Stoltenberg et al. (1992) theorized four levels of development (Levels 1 through 3 and Level 3-Integrated) and three major developmental structures across which counselors progress over time: Self-Other Awareness, Motivation, and Dependency-Autonomy. According to this model, novice counselors gradually gain competence and confidence in nine areas of counseling activities (e.g. intervention, skill competence, assessment techniques, client conceptualization, multicultural counseling, interpersonal assessment, theoretical orientation, ethics, and treatment planning, ) as they progress through the four developmental levels (Russel-Chapin & Chapin, 2012; Tryon, 1996) and experience quantitative and qualitative changes in the areas of awareness, motivation, and autonomy.

In the IDM theory, Level 1 novice counselors are characterized by dependency on supervisors, high anxiety, and high motivation to learn counseling, but are low in the capacity to understand the complexity of the therapy process. In Level 2, counselors are
hypothesized to struggle with a dependency-autonomy conflict with their supervisors and other perceived authorities. Their focus gradually shifts from their own fears and anxieties to their clients’ experience. With additional practice and a more realistic appraisal of their skills, abilities, and limitations, Level 2 counselors have fluctuations in motivation and feel confusion or emotional turmoil. At Level 3, counselors function fairly autonomously, display high confidence, are strongly motivated and possess a realistic understanding of their strengths and weaknesses. Also at this stage, counselors display self-awareness and reflection and high empathy with clients. Although they may not have achieved the highest developmental level in autonomy, motivation, and awareness in all eight domains of therapy, they have made significant gains in many of these areas. In the final level, Level 3-Integrated, the counselors have reached Level 3 development in many structures and shows integration across the structures (McNeill et al., 1992).

The IDM represents a widely influential model of the process by which novices become expert practitioners. Changes occur in stages across several domains. Progress in major areas of competence may vary slightly depending on experiences, but general trends are proposed. Similar to previous theories, the novice counselor begins at a cognitively rigid and relationally limited, dependent place and emerges a flexible, complex thinker with relational autonomy, strong clinical skills, self-awareness, and a sense of empowerment.

Research Supporting Counselor Development Models

The developmental progressions portrayed above have received some research support. In a cross-sectional design, Stoltenberg et al. (1987) surveyed doctoral students (N=91) from six counseling and two clinical programs across the United States.
The purpose of the study was to test Stoltenberg’s (1981) theoretical proposition that novices’ supervision needs change as they progress through developmental levels. In this study, developmental level was operationalized by experience and level of education. Researchers reported differences in needs as a function of education and counseling experience, lending empirical support to the theoretical claim in the IDM that novices need different inputs from supervisors as they develop (Stoltenberg, McNeill, & Crethar, 1994).

Skovholt and Ronnestad (1992a) conducted a seminal qualitative study that has lent credibility to the progression depicted in the counselor development models previously reviewed including those of Stoltenberg (1981), Loganbill et al. (1982), and Stoltenberg et al. (1998). The researchers interviewed 100 counselors at different points in their career to discover stages and themes of counselor development. Using semi-structured interviews in a cross-sectional research design, the researchers elicited information on both professional and personal development over the counselor career cycle. Participants were divided into five groups of twenty according to their level of training and clinical experience. The sample was 96% White, 50% male, and 50% female. All participants lived in Minnesota. The mean age was 42.4 years with a range from 24 to 71 years. While professionals in the sample had been trained at a wide variety of institutions, the students in the two counselor-in-preparation groups were all enrolled in one of two Minnesota universities.

Researchers analyzed data from their 100 interviews for themes. Then, they conducted follow-up interviews with 60 of the informants to validate their selection of themes. Ten years later, they revisited their findings, reconstructed meanings, and
presented their reflections again (Ronnestad & Skovholt, 2003). Researchers concluded that counselor development unfolded in stages (later renamed phases), with early development characterized by prescriptive thinking, fear of negative evaluation, over-attachment to theories and techniques, and over-reliance on perceived experts. As counselors got further away from education programs, however, their personal development and use of self in the therapeutic relationship became paramount, and they reported greater personal/professional integration and authenticity (Ronnestad & Skovholt, 2003). Participants in the later stages of their careers also consistently reported greater appreciation for the power of therapeutic relationship in their outcomes, and deeper ease in working with the personal and interpersonal dimensions of their profession. These results suggest a gradual movement from lower to higher personal development and interpersonal skill. This research seems to suggest that most counselors develop and use their capacity for therapeutic relationships only several years after the conclusion of graduate education and post-graduate supervision, a conclusion that, while influential, has not been extensively validated in subsequent literature.

By focusing on changes across the lifespan, Skovholt and Ronnestad (1992a) provided a closer look at the longer-term themes in counselor development, an area of research previously constrained mostly to changes that occur during students’ education programs (Goodyear, Wertheimer, Cypers, & Rosemond, 2003). Their study is often the cited as evidence of limitations in novice development and eventual professional proficiency. However, the study’s limitations warrant caution in making broad generalizations. While the overall sample size was robust, the subgroups of
counselors-in-preparation (master’s-level and doctoral level students) included 20 participants per subgroup—still robust for a qualitative study but small for forming the foundation of a wide-sweeping theory. All study participants hailed from two training programs in the same state, and thus may not have reflected the regional or national diversity of counseling students and/or counselor education programs. It is also unclear whether the counselors-in-preparation were describing essential and universal aspects of the new counselor learning process, or if they were merely reflecting the orientation and the culture of their educational environment and the particular emphases of the training they received. Further, because this study was cross-sectional, there is no way to know if the participants in the earlier stages of development would actually progress to the advanced stages reported by seasoned professionals.

Another concern with this study is the lack of additional empirical validation for the anxiety reported by the counseling student informants. As Goodyear et al. (2003) noted, in two other studies (Chaplin & Ellis, 2002; Ellis, Krengel, & Beck, 2002) on trainee anxiety, only ten percent of counselors-in-preparation reported even moderate anxiety in situations that were considered highly anxiety provoking, such as showing a practice tape to a supervisor for the first time or working with their first client. Thus, Skovholt and Ronnestad’s (1992a) conclusion that anxiety is a major feature of the counselor education experience that causes students to gravitate towards the concrete and rigid aspects of therapy practice would benefit from further research.

A finding from the study conducted by Skovholt and Ronnestad (1992a) that has received relatively little attention is that novice participants seemed to fundamentally possess either an open attitude towards the developmental journey, including an
openness towards learning, personal growth, and eagerness to work through developmental challenges, or a closed attitude of rigidity and restriction in response to the complexities of counseling, the latter of which led to stagnant development. This finding led the authors to wonder if novices’ open or closed orientation to their own development may impact the degree and pacing at which they progress towards advanced counselor development. This would parallel the way in which clients’ openness to therapy impacts therapy’s effectiveness.

While Skovholt and Ronnestad’s (1992a) seminal study made a valuable contribution and offered support for the general developmental progression in preceding counselor development models, more research is needed to understand the possible role played by the culture of the preparation program in novices’ development; the impact of the program was mentioned only cursorily in the research, as well as the potentially significant role of the novice’s openness to experience. Further, as the forthcoming discussion of related literature demonstrates, some novice counselors seem to demonstrate developmental characteristics of therapists in the later stages of this model. Novice counselor development (as well as counselor development over the career span) may involve more complex variables than those for which this model accounts.

Literature Related to Counselor Development

In addition to the comprehensive models of counselor development reviewed above, researchers have attempted to understand changes in specific domains of development. Counselor cognitive complexity has been one of the few areas of counselor development to be researched quantitatively and has yielded preliminary findings about how students may or may not change over the course of a preparation
program and how cognitive complexity may be related to client outcomes. Research on critical incidents and personal characteristics of novices associated with positive therapeutic outcomes have been largely qualitative in nature, but also offer insights into relevant aspects of novice development.

**Counselor Cognitive Complexity**

While the first theories of counselor development (Hogan, 1964; Stoltenberg, 1981) contained some assumptions of cognitive developmental theory, the development of cognitive complexity has recently emerged as a specific lens through which to understand counselor development (Fong & Borders, 1997; Granello, 2002; Welfare & Borders, 2010). Cognitive developmental theories describe and explain how people acquire skills and competencies over time. According to this approach, desirable counselor development reflects movement from less to more complex cognitive thought processes as novices accomplish coursework, gain clinical experience, and engage in productive supervision contexts.

Early cognitive theorists (Harvey, Hunt, & Schroeder, 1961; Kelly, 1955; Loevinger, 1976) proposed that novice counselors form mental constructs to organize what they have learned and observed. Counselor cognitive complexity represents a twofold capacity – first, the counselor’s ability to differentiate between a variety of constructs and client characteristics in increasingly sophisticated ways, and second, the ability to integrate these characteristics, which may be discordant or paradoxical, into an organized, therapeutically relevant whole (Crocket, 1965). Both the CCM (Stoltenberg, 1981) and IDM (Stoltenberg et al., 1987) present typologies for more and less cognitively complex counselors. These typologies describe complexity as a movement away from rigid dualistic thinking about clients and issues to complex cognitions that
reflect a relativistic worldview, increased empathy, and better therapeutic relationships (Skovolt & Ronnestad, 1992a).

The relationship between counselor cognitive complexity and effectiveness has received empirical support (Welfare & Borders, 2010). Higher levels of cognitive complexity have been positively correlated with important aspects of practice such as objectivity in sessions (Borders, 1989), acceptance of and exploration with clients (Goldberg, 1974), complexity, verbal skills, and confidence (Fong, Borders, Ethington, & Pitts, 1997), tolerance of ambiguity (Holloway & Wampold, 1986), avoidance of stereotypes (Spengler & Strohmer, 1994), the formation of complex clinical hypotheses (Holloway & Wolleat, 1980), and more complex case conceptualizations (Ladany, Marotta, & Muse-Burke, 2001). Based on these findings, Welfare and Borders (2010) have concluded that, “counselors at higher levels of cognitive development were better able to formulate a complete understanding of the client and use effective techniques in the counseling session” (p. 163).

In an early study, Holloway and Wolleat (1980) used a paragraph completion method with trained rater scoring to illuminate the complexity of counselor thoughts about sources of information and their relationship to clinical hypotheses. In another study, Holloway and Wampold (1986) conducted a meta-analysis of studies about cognitive complexity and the ability to perform counseling tasks. They found that high conceptual complexity was positively associated with counseling ability and the capacity to work well in low-structure (non-rigid) environments.

Fong, Borders, Ethington, and Pitts (1997) traced the longitudinal development of counselor trainees as they moved through their graduate preparation program. Using a
sentence completion test and trained raters, they measured ego development and student cognitions five times during a 2-year training period. They found no significant growth in participants’ general cognitive complexity over the 2 years. Contradictorily, Duys and Hedstrom (2000) tested the impact of a 1-semester counseling skills course on participants’ pre- and post-levels of cognitive complexity towards their peers in the course. The researchers reported increases in complexity and concluded that participation in the counseling skills course may positively impact cognitive complexity. However, the study had a serious limitation in that it assessed cognitions about a peer, not about a client. As a result, the findings have limited generalizability to counselors-in-preparation who work with clients in an actual counseling context.

Using Perry’s (1970) schematic on cognitive development, Granello (2002) conducted a cross-sectional analysis of novice cognitive development at three points in a training program. Perry (1970) proposed that cognitive development is the result of increasingly complex and relativistic epistemological assumptions. Granello (2002) administered the Learning Environment Preferences (LEP; Moore, 1989), a sentence completion instrument based on Perry’s taxonomy, to 205 master-level students at 13 college and university counseling programs. The researcher analyzed data with multivariate analysis of variance (MANOVA) to determine if time in program was related to cognitive development. Findings revealed that time in program and scores on the LEP’s Cognitive Complexity Index (CCI) were significantly related, but that CCI scores were not significantly related to students’ age, years in a human service field, or grade point average. Students at the beginning of a program tended to reflect thought processes consistent with Perry’s (1970) second stage, a multiplistic position that
recognizes that even the experts do not have the answers to the problems of the field. Towards the end of their program, participants reflected the view that while there may not be a right answer, the best answers can be supported by data, which is considered a slightly more advanced cognitive position. None of the participants in this study demonstrated relativistic thought, similar to the findings in an earlier study (Simpson, Dalgaard, & O’Brien, 1986) on cognitive development in medical students.

In an attempt to determine the impact of years of experience on counselor cognitive complexity, Granello (2010) administered the LEP to a sample of 122 professional counselors from one mid-western state. The researcher found a positive relationship between years of counseling experience and cognitive complexity as measured by Perry’s (1970) schema. Counselors who had been in the field for over ten years were more likely to display thought processes reflective of Perry’s (1970) developmentally advanced relativistic thinking, a finding consistent with Skovholt and Ronnestad’s (1992) finding that more experienced professionals reported greater authenticity and autonomy. Age, gender, and race were not associated with scores’ cognitive complexity, a finding that has been consistent in the research on factors impacting this domain.

Welfare and Borders (2010) used the Counselor Cognitions Questionnaire (CCQ; Welfare, 2006) and the Washington University Sentence Completion Test (WUSCT; Loevinger & Wessler, 1970) to measure domain specific complexity, which potentially represented an advance in this area of inquiry. The researchers recruited 120 master-level counseling students and post-graduate or doctoral level counselor practitioners from CACREP institutions in 5 widely dispersed states. Participants were asked to write
in-depth conceptualizations of clients, evaluate client characteristics and group issues and behaviors into themes. Trained raters then scored participants for cognitive complexity based on the balance of positive and negative assessments as well as evidence for considering behavioral, emotional, contextual, cognitive, and spiritual dimensions of the case. Additionally, participants who included the therapeutic relationship in the case were awarded points for complexity. Further, a widely used and validated measure of ego development, the WUSCT, was administered to assess participants’ degrees of cognitive, moral, character, and self-development. The researchers reported that the measure of domain specific complexity was better able to capture participants’ cognitions about clients than the general measures. They also reported that general measures of complexity did not predict domain specific complexity, and that counseling experience was a predictor for domain specific but not general complexity. The authors concluded that counseling experience does seem to impact counselors’ differentiation and integration scores, and that more research is needed to understand the particular training and clinical experiences that promote cognitive complexity.

Based on the assumption that cognitive complexity is critical to effective practice, the above studies represent attempts to understand the training experiences that promote counselors’ cognitive complexity. Each one used some kind of prompt to elicit counselor cognitions, and a system of ratings to evaluate changes in cognitive complexity over time. Higher levels of cognitive complexity have been linked with increased counseling performance, and in general reflect a movement from simple and rigid thought processes to more sophisticated cognitions about client problems,

Studies on cognitive complexity of counselors-in-training have provided support for the claim that training does have an impact on novices’ ability to think in increasingly sophisticated ways about their professional roles and responsibilities. However, these studies do not include relational constructs in their designs. It is yet unknown the extent to which cognitive complexity may or may not be related to the capacity to form and sustain effective therapeutic relationships, an area of counseling directly linked to successful outcomes. More research is needed to understand the variables that improve novices’ ability to facilitate successful relationships with their clients.

Critical Incidents

Critical incidents, or intra- and interpersonal incidents that involve distress, paradox, and challenge, are one way to examine the significant developmental experiences of counselors-in-preparation (Skovholt & McCarthy, 1988). Furr and Carroll (2003) conducted a qualitative study in which they examined the impact of critical incidents on counselor development. Critical incidents were defined as both positive and negative experiences considered by a graduate student as significant to his/her development as a counselor and may include experiences within and outside of a formal preparation program. Participants were 84 masters’ level students at all levels in a CACREP counseling program. The sample was 84% female, 81% White, and 14% African American, with the remaining 5% ethnic and racial minorities. Students were given time in class to fill out the 2-page package that elicited the nature of the event and its significance for their development.
Data were analyzed using a five-part phenomenological method of coding meaning units and classifying these meaning units into categories. In their responses, students listed fieldwork experiences as the events within the program that impacted them the most. External interpersonal events were listed more frequently than events within the program as affecting counselor development, and experiential classroom learning seemed to have more impact on development than cognitive learning, skill acquisition, and theory. Personal therapy was also frequently listed as significant. Students appreciated the opportunities for self-disclosures in class and for learning about complex relationship dynamics in classes and personal therapy. While this study’s results cannot be generalized to other counselors-in-preparation, the results suggest that students realize that personal critical events have an impact on their development as therapists. Based on the results reported in this study, it does seem that at least some of these students exhibited an interest in more advanced development and integration of personal and professional dimensions of counselor development. The authors call for further research on the impact of students’ personal issues on professional development, as well as research into faculty and student ideas on how to foster the most developmentally facilitative classroom experiences.

McAuliffe (2002) conducted a qualitative study of 15 senior students in an undergraduate counselor education program, asking how trainees changed during the course of the program and what aspects of their program influenced these changes. Data were collected first via focus groups and second through in depth one-on-one interviews. The researcher employed a four-part coding and analysis procedure of individual analysis, group coding and analysis, reanalysis, and triangulation. Three
major categories of change emerged. Students reported: 1.) *Increased reflection* (considering multiple perspectives before action, increased self-awareness of defenses and projections, awareness of cultural and familial influences), 2.) *Greater autonomy and interdependence* (ability to act independently, the development of healthy boundaries, and needing less control of counseling sessions), and 3.) *Valuing dialogue* (valuing differences, being less judgmental, feeling more comfortable with ambiguity). While the sample of this study was small, these themes of change seem to indicate more advanced developmental processes than those constructed by Skovholt and Ronnestad (1992b). These results cannot be generalized to masters’-level counselors in training because the sample was in an undergraduate program; still, this study raises important questions about whether advanced development as characterized by openness, self-awareness, self-reflectivity, and enhanced relational connection is necessarily a function of age or time spent in the field. One limitation of this study was that the researchers did not ask the students what was unhelpful in their program. Thus, students highlighted only those changes they perceived to be positive. Some students may have had negative reactions to the program’s efforts to promote their development; however, this study was not designed to capture that information and may therefore be biased toward positive experiences.

Howard, Inman, and Altman (2006) conducted a qualitative study of critical incidents of nine students in a master-level counseling program at a northeastern university. For fifteen weeks, participants made weekly journal entries of incidents they experienced during the semester that they judged as critical for their professional development as counselors. Researchers used a discovery-oriented approach to
analyze the data, first for themes and then for categories which included professional identity, personal reactions, competency, supervision experiences, and philosophy of counseling (Howard et al., 2006). The researchers reported that supervisees described negative experiences with supervisors as often as they described positive ones, suggesting that supervision can be a source of dissatisfaction as well as a positive growth experience. Overall, their results suggested the importance of the supervisory relationship to counselor development. Additionally, the authors suggested that their findings indicated that novices possessed greater insight, ability to conceptualize clients, and capacity to reflect on therapeutic process than was suggested by Loganbill et al. (1982) and Stoltenberg (1981).

These studies on critical incidents seem to support the role of the relational domain in counselor preparation. Indeed, after reviewing over fifty critical incidents, Cormier (1988) concluded that the relationship between a novice and supervisor or mentor appeared to be as important as the client-counselor relationship to the developing counselor’s process. However, this claim has yet to be examined quantitatively, as the developmental impact of significant relationships has historically been difficult to research in the quantitative domain.

**Personal Characteristics Associated with Desirable Counselor Development**

While some researchers have found links between cognitive complexity and time in training or experience in the field (Duys & Hedstrom, 2000; Granello, 2010; Welfare & Borders, 2010), research on the therapeutic alliance has provided mixed findings on the role of experience or training in a counselor’s capacity to establish quality relationships with clients. At the heart of the debate are questions about the extent to which the ability to facilitate strong therapeutic relationships is the result of counselors’ personal qualities
or characteristics, or the result of training and experience. Some have suggested (Mallinckrodt & Nelson, 1991; Whiston & Coker, 2000) that skills and knowledge may have less to do with quality therapeutic relationships than personal qualities of the therapists. This hypothesis has been pursued in the literature investigating factors that positively or negatively impact the therapeutic alliance. Because the therapy relationship draws on the person of the counselor, researchers have sought to understand the personal characteristics of the therapist that are associated with positive therapy outcomes (Ackerman & Hilsenroth, 2003; Orlinksy, Grave, & Parks, 1994; Dunkle & Friedlander, 1996). For example, in a comprehensive review of studies on the personal qualities of therapists that negatively influence the alliance, Ackerman and Hilsenroth (2001) summarized these negative qualities to include rigidity, personal distancing, being critical, uncertain, tense, and emotionally absent. Further, certain techniques such as over-structuring sessions, making inappropriate self-disclosures, using silence inappropriately, and over-attributing a transference motivation to clients were negatively associated with the therapy alliance. In a meta-analytic study on outcomes, Orlinsky, Grave, and Parks (1994) identified therapist credibility, skill, empathy, understanding, engagement, and ability to direct client’s focus to his or her emotional experience as positively impacting treatment outcomes.

From their research, Hovarth and Symonds (1991) concluded that client ratings of the therapeutic alliance were the strongest predictor of therapy’s success. Dunkle and Friedlander (1996) built on this finding and designed a study on the contribution of novice counselors’ personal characteristics to the therapeutic alliance. The researchers found that counselors’ comfort with closeness in relationship, lower hostility towards
self, and higher social support were all related to higher client ratings of the therapeutic alliance, but that counseling experience or age did not predict client ratings of the alliance (Dunkle & Friedlander, 1996). Their findings lend support for the idea that personal characteristics of counselors may have a strong role in successful outcomes, perhaps even stronger than experience or age. Lastly, in literature on the characteristics associated with clinical expertise, reflection has been linked to master therapists’ comfort with complexity and tolerance for ambiguity (Jennings, Goh, Skovholt, Hanson, & Banjeree-Stevens, 2003). Jennings et al. (2003) have argued that awareness of the complex and often-ambiguous nature of therapy is a critical foundational piece for optimal professional development and performance.

Notably, the characteristics and behaviors negatively associated with the therapeutic alliance seem to have much in common with the qualities and behaviors attributed to novice counselors, yet studies on the contribution of experience to the therapeutic alliance have not supported this conclusion (Dunkle & Friedlander, 1996; Hovarth & Symonds, 1991). Herman (1993) has argued that although professional standards typically emphasize therapist knowledge and experience in discussions of therapist competency, the research on the effective ingredients of therapy indicates that therapist personal characteristics—particularly the ability to sustain a quality therapeutic bond—play a significant role in outcomes. The author expressed concern with the lack of emphasis on these personal characteristics in the literature and training standards, and suggested that findings about the importance of personal characteristics are threatening to a field that believes training and experience creates effective practitioners.
In sum, the personal characteristics of therapists and the role of the person of the therapist in promoting quality therapy relationships have received some attention and research support in the literature. However, this area of inquiry continues to be a source of debate and there are many important but yet unanswered questions about how much the personal characteristics of the therapist promote successful outcomes, and what role, if any, training programs play in facilitating personal qualities associated with positive therapy outcomes.

**Theoretical Framework**

This study used the theoretical framework of Relational Cultural Theory to guide research questions, analyses, and conclusions (RCT; Comstock et al., 2008). RCT emphasizes the role of relationships in a person’s development. Its core premise holds that the quality of meaningful relationships impacts people’s capacity to relate in growth-enhancing ways with others. The present study was concerned with the contribution of relational factors to traditional conceptualizations of novice counselor development. As yet, a comprehensive perspective on relational issues in novice counselor development has not been offered. Instead, theories and research studies have been largely predicated on the assumption that development progresses within the individual counselor, who is thought to become more cognitively complex, relationally skilled, and professionally autonomous in the years following mandatory training and supervision. Because RCT considers the role of the environment and significant others in development, it provides an alternative framework for investigating and interpreting relationship factors in novice counselor development.
Relational Cultural Theory in Counselor Preparation

Relational Cultural Theory (RCT) proposes that growth and development happens in and through relationship in a process that is life-long. Optimal development is characterized by the opportunity to have increasingly rich relational engagement throughout the lifespan, a view that has been supported by research that supportive relationships enhance wellbeing, development, and resilience (Spencer, 2000; Hartling & Ly, 2000). On the other hand, classic developmental theories propose that adult development involves separation, independence, and autonomy (Chickering, 1969; Erikson, 1963). Unlike RCT, traditional theories of development do not consider relationship and connection as a key factor in development. Much of the extant counselor development theory and research is predicated on traditional developmental constructs. From the traditional perspective, the novice counselor is viewed as gradually separating from a supervisor much in the same way an adolescent separates from his or her parents. The relational limitations of novices are seen as normative, as an inevitable result of novices’ learning process and dependence on perceived experts. Within the dominant developmental paradigm, novice counselors’ rigidity, inauthenticity, and difficulty attending to the therapeutic relationship are considered a normal part of the individuation process (Stoltenberg et al., 1998; Skovholt & Ronnestad, 2003).

However, from the perspective of RCT, novices’ relational skillfulness as well as other developmental challenges may be strongly related to the relational quality of their preparation programs because, according to RCT, relational quality drives development. From this framework, adult counselors-in-preparation who have difficulty with forming quality relationships do not necessarily represent the symptoms of fundamental, normative limitation. Rather, the relationships that novices have with important others in
their preparation programs may have a significant impact on their willingness to take the risks necessary to establish and maintain high quality therapeutic relationships.

Hartling and Sparks (2002) acknowledge that the principles of RCT present a challenge to the dominant values of most institutional settings. These values reflect a broad cultural socialization towards competition, independence, and self-sufficiency (Jordan, 1999), and presume that optimal development is the result of separation, individuation, and autonomy rather than the result of deep, genuine connection in relationship (Putnam, 2000). Hartling and Sparks (2002) suggest that institutions vary in the extent to which they promote cultures of connection or disconnection. Cultures that promote relational disconnection may contain overt dominance-submission dynamics, while others may be so stressful and demanding that there is little space for genuine connection. Still other settings may present themselves as connected but lack the authenticity and comfort with conflict necessary for real relational health.

To date, it is unknown how counselors in preparation experience the relational quality of their preparation programs. It is also unknown how comfortable they feel taking the risks suggested to be so necessary for authentic engagement in relationship (Birrell & Freyd, 2006). Rather, counselor development models assume that the supervisor is advanced enough to provide for the relational needs of the novice (Hogan, 1964; Stoltenberg, 1981). From the perspective of RCT, relational quality with supervisors, peers, professors, mentors, and the larger community plays an important role in novice counselor development.

Given the current evidence that the therapeutic relationship is critical to successful outcomes, and the consensus in the developmental literature that new counselors have
significant relational limitations, RCT offers a potential advancement in understanding these developmental limitations and eventually reducing them. To date, novices’ perceptions of the relational quality of their counselor preparation programs have received little attention; instead, internal constructs such as cognitive complexity or self-efficacy have been emphasized. Relational themes have appeared in developmental literature only in the context of the assumption that supervisors attend to the relational aspects of novice development in skillful and appropriate ways; previously reviewed research indicated this may not be an accurate assumption.

While students learn counseling within a network of relationships and relational dynamics, the settings in which students are prepared to be counselors has not been researched as a potentially relevant variable in the process or outcome of novice counselor development. Several researchers have called for greater attention to how preparation programs prepare novices for the therapeutic relationship (Assay & Lambert, 2005; Hansen, 2010; Torres-Rivera et al., 1998; Whiston & Coker, 2000). Others have suggested that the current emphasis on knowledge and skills does not get to the heart of the therapeutic endeavor or prepare skillful practitioners (Herman, 1993; Rogers, 1973; Schaef, 1993). Still others point to research that the personal characteristics of therapists impact successful outcomes (Ackerman & Hilsenroth, 2003). All of these arguments point to the importance of the relational dimension of counselor preparation and the practice of professional counseling, but the models of counselor development continue to emphasize domains of competence that are not specifically relational in nature.
Attachment Theory: Implications for Counselor Development

The process of forming and sustaining effective therapeutic and supervisory relationships has been conceptualized and researched through the lens of attachment theory (Dunkle & Friedlander, 1996; Ligiéro & Gelso, 2002; Meyer & Pilkonis, 2001). Attachment theory (Bowlby, 1988) explains how and why people attach to emotionally significant relationships, and how these attachments inform learning and development in a variety of adult contexts (Pistole & Fitch, 2008). Bowlby (1969) proposed that the children’s relationships with their caregiver(s) impacts the way they relate to and establish bonds with emotionally important others throughout the lifespan (White & Queener, 2003). Bowlby (1988) hypothesized that three interconnected structures – attachment, care giving, and exploratory behavior – affect personality development, patterns of relating, and ways of learning. Hazan and Shaver (1987) extended Bowlby’s notion of attachment styles to include working models, or fairly stable individual internal maps created in infancy and childhood for how people react to significant others. Pine (2004) described the essential patterns of these working models through three different attachment styles, which are secure, avoidant, and insecure-ambivalent. According to attachment theory, people with secure attachment styles are comfortable with closeness to others and feel confident that others will be there during stressful times. Those with avoidant attachment are suspicious of others’ motivations and prefer emotional distance to closeness in relationships. People with an insecure-ambivalent attachment style desire intimacy but fear rejection and possess insecurity about others’ reactions to them. Because these internal working models were originally formed to allow the infant to survive in response to the particular relational conditions of his or her early life, the theory posits that, even in adulthood, times of stress tend to activate internal working
models. The theory is developmental in nature, meaning that people can have reparative experiences and adjust their internal working models based on subsequent relationships with important others (Miller, Notaro, & Zimmerman, 2002).

Over the years, some have noticed that the counseling and supervisor roles seem to parallel the care-giving role in Bowlby’s theory (Dunkle & Friedlander, 1996; Ligiéro & Gelso, 2002; Meyer & Pilkonis, 2001). Similar to a young child’s mother who ideally creates a secure base from which her child can gradually venture out into the larger world, counselors and supervisors may provide a secure base for clients and supervisees to explore themselves, experiment with relational intimacy, and try these new experiences outside of the office. Thus, the attachment styles and internal working models of supervisors, counselors, clients, and supervisees may impact the bonding process and outcome (i.e., how close, secure, and deep the relationship can become). Attachment styles have been related to communication, self-disclosure, empathy, the processing of information, and psychological development (Mikulincer, 1998; Mikulincer et al., 2005; Vivona, 2000); all domains that have relevance in counseling or supervision sessions.

Attachment theory has been supported by research across different cultures and types of emotionally significant relationships, including parental (Cassidy & Shaver, 1999), romantic (Mikulincer & Shaver, 2003), group (Rom & Mikulincer, 2003), and counseling (Dunkle & Friedlander, 1996; Ligiéro & Gelso, 2002; Meyer, Pilkonis, Proletti, Heape, & Egan, 2001). Because relationship is a significant factor in both counseling and supervision, and attachment theory attempts to explain how people engage in relationships, attachment theory has been considered a relevant framework
for investigating process and outcomes between clients and counselors (Dunkle & Friedlander, 1996) as well as supervisors and supervisees (Bennett & Vitale Saks, 2006; Hill, 1992; Ladany, Friedlander, & Nelson, 2005; Neswald-McCalip, 2001; Pistole & Watkins, 1995; Riggs & Bretz, 2006; White & Queener, 2003). Dunkle and Friedlander (1996) reported that the degree of social support and the counselor’s ability to form close adult relationships (attachments) were positively related to the therapeutic alliance.

Hill and Corbett (1993) suggested that attachment theory could provide a framework with which to examine therapist competency. Dozier, Cue, and Barnett (1994) administered the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1985) to eighteen clinical case managers who were working with clients with severe psychopathology. The researchers reported that the clinicians with secure attachment styles were more effective, and more likely to respond to the underlying needs of their clients and offer interventions that addressed core issues. Clinicians with insecure attachment were more likely to deal with the surface dependency and encourage this dependency from clients.

**The Role of Counselor Preparation Programs in Counselor Development**

According to extant models and theories of counselor development, students are ill-prepared for the relational dimension of counseling. Some qualitative research on critical incidents has suggested that students may be more attuned to issues of relationship, and open to reflection about complex dynamics, than suggested by these models, but these claims have not been substantiated by quantitative studies. Given the research on the common factors of psychotherapy that indicates relationship is a critical component of successful outcomes, some have raised questions about the extent to

One place to begin to answer this question is by looking to CACREP, the national organization tasked with the standardization and credentialing of master- and doctoral-level counselor education programs. CACREP was established in the late 1980s after decades of preliminary regulatory efforts (Sweeney, 1992). Since then, CACREP has continued to revise its standards, emphasizing outcomes and accountability as well as the gate-keeping function of CACREP programs in determining novices’ fitness to enter the profession (Ziomek-Daigle & Christensen, 2010). Over the years, CACREP has both shaped and reflected the prevailing standards of the profession. The CACREP certification indicates that graduates are prepared with the knowledge and skills necessary for effective professional practice (CACREP, 2009). CACREP determines a large degree of the counselor preparation curricula, and thus represents the standard in terms of preparation and programmatic emphasis. Current CACREP standards outline eight major areas of competency and make curricular recommendations for each of these areas, which include Professional Orientation and Ethical Practice, Social and Cultural Diversity, Human Growth and Development, Career, Helping Relationships, Group Work, Assessment, and Research and Program Evaluation.

Within these areas of competency, the therapeutic relationship is mentioned in the context of admissions procedures, stating that decisions for admittance must consider applicants’ potential to form effective interpersonal, culturally appropriate relationships with individuals and small groups. The therapeutic relationship is also briefly mentioned
under the heading of *Helping Relationships*, stating that students must be exposed to studies that provide knowledge on “counselor characteristics and behaviors that influence the helping process” and must demonstrate “essential interviewing and counseling skills” (CACREP Standards, 2009, p. 12). CACREP does not require that counseling students undergo personal therapy as part of their training. Neukrug and Williams (1993) outlined several benefits of personal therapy for counselors, including increased emotional health, self-awareness, knowledge of blind spots, and greater respect for clients. Wheeler (1991), however, summarized research findings that failed to establish a link between positive therapy outcomes and therapists’ involvement in personal therapy. While these studies had serious methodological limitations, they also reflect the difficulty the field has had in establishing which experiences increase novice counselors’ relational skills.

CACREP standards specify the amount of supervision and clinical hours required for graduation. However, according to Bradley and Forini (1999), aside from requiring supervision to accompany practicum experiences, the nature of these clinical experiences is left up to the individual programs, resulting in little consensus about the relational competencies students must demonstrate. Further, they note several older studies (Haase, DiMattia, & Guttman, 1972; Roffers, Cooper, & Sultanoff, 1988) whose findings suggest that the novices do not necessarily retain skills learned in introductory classes (e.g. Microskills, attending behaviors), and that these skills may not carry over to actual clients. Further, the practice of using doctoral students as clinical supervisors raises questions about the assumption that supervisors are necessarily more advanced than their supervisees. Both the CCM (Stoltenberg, 1981) and IDM (Stoltenberg et al.,
1987) theories of development and supervision place great responsibility on supervisors to provide the kind of environmental supports and challenges that supposedly help counselors-in-preparation move through the developmental levels. As such, supervisors are expected to have access to the four developmental levels themselves in order to adequately assess and provide the optimal environment for supervisees (which may not be the case for many doctoral students). Further, most states require counselors to receive only two years of post-graduate supervision, while the developmental constructs in Stoltenberg et al.’s model (1998) model seem to encompass a lifetime of growth and development. There is also considerable variability in the content and quality of supervision across clinical training sites and within any given community. Given the consensus in the literature that relationship is important to counselor development and client outcomes, the available knowledge on counselor development would be enhanced with more data about students’ relational experiences in their training programs.

Within the literature on counselor development, overt discussion of the role of preparation programs in facilitating development has been relatively absent. Skovholt and Ronnestad (1992b) briefly mentioned that the academic atmosphere in graduate school may not be conducive to the personal authenticity and quality relational connections reported by the more experienced practitioners in their study. In fact, Whiston and Coker (2000) have proposed restructuring clinical training to reflect current research findings on best practices. Research suggests that counselors who receive formal training are no more effective than paraprofessionals trained with basic counseling skills (Berman & Norton, 1985; Christensen & Jacobson, 1994; Durlak,
Furthermore, research studies have found that experienced therapists are not more effective than novices (Stein & Lambert, 1995). However, counselor skillfulness has been found to be positively associated with outcomes (Orlinksy, Gawe, & Parks, 1994), but according to Whiston & Coker (2000), current therapist training methods do not affect skillfulness. The authors argue that counseling training needs to move students beyond introductory counseling skills to master the more complex conceptualization, assessment, and intervention skills that research suggests can lead to better outcomes. The authors stress the importance of the therapeutic relationship in outcome literature, and suggest that training should better prepare students to maximize the common factors of therapy shown to have most success in treatment, such as counselor flexibility to match the client’s needs and the ability to form a deeply empathic working relationship. The authors advocate for curriculum changes that will enhance students’ relational skills and cognitive complexity and require them to think more critically about the contexts and factors that contribute to their clients’ problems and solutions. Whiston and Coker (2000), therefore, have issued a call for more relational approaches to training.

**Summary and Conclusions**

An abundance of research on the effective ingredients of psychotherapy supports the role of the therapeutic relationship in successful outcomes. Predominant theories of counselor development depict novices as relationally limited as compared to their more experienced counterparts. While the literature on counselor development contains a wealth of theories, to date most research on counselor development has been qualitative and has resulted in mixed findings. Quantitative studies have primarily investigated development through the lens of cognitive complexity, an important domain
but one that leaves unanswered questions regarding the relational dimension of novice development.

The IDM offers one framework for looking at novice development that includes aspects of cognitive complexity but also includes an assessment of intra- and inter-personal domains. Currently, no quantitative studies have examined the role of relational variables in novice development, such as how a novice’s comfort with relational closeness may relate to their developmental progress in a training program. Neither have studies included an investigation of the contextual issues that may be present in a training program, such as novices’ perceptions of relational health in their preparatory environments. Instead, most theories of development have placed the developmental journey within the individual, assuming that the supervisor adequately facilitates novice development, the program inputs are fixed, and that development is a fairly linear process that unfolds similarly for most individuals. While this line of inquiry has revealed important findings, it has also neglected the possible roles played by peers, mentors, and the community in a preparation program as well as how comfortable novices may be with close relationships. Given that therapeutic outcomes significantly rely on counselors’ abilities to form and sustain effective relationships with clients, it was thought necessary to address gaps in current knowledge by exploring the possible role played by relational variables in novice development along with traditional understandings and assessments.

The results of this study contribute to the literature on which counselor educators, supervisors, and researchers can base appropriate developmental interventions, decisions about curricula, and further research studies.
CHAPTER 3
METHODOLOGY

Overview

Given the need for this study, the following chapter outlines the methods used to investigate the contribution of relationship factors and counselor characteristics to student counselor developmental level. This study employed the available and validated measures that most closely operationalized the constructs of interest in this research design.

Sampling Procedures

For the purposes of this study, the population was defined as all master-level and doctoral-level student counselors enrolled in Community Counseling, Clinical Mental Health Counseling, or Mental Health Counseling programs at CACREP colleges and universities in the United States. (These three program track titles were virtually synonymous, and at the time of this study, were in the process of changing to the Clinical Mental Health Counseling name.) Eligible programs in each state were randomly selected from the total list of programs available on the CACREP website (www.cacrep.org), and department chairs and program coordinators were contacted via email and asked to forward an email request for counseling student participation to their student listservs. Because one measure in this study, the SLQ-R (McNeil et al., 1998) assumed the presence of a supervisory relationship, only students who were currently or previously under supervision for a practicum or internship were eligible to participate. In an attempt to control for possible differences in curricula and academic culture between program tracks, only students who were enrolled in mental health-related
tracks were invited to participate. Students enrolled in dual tracks were permitted to participate as long as one of tracks included a mental health program.

Given the difficulty obtaining a random sample for an online survey, convenience sampling was used. Upon completion of informed consent, all counseling students who met criteria for participation in the study were included until the target number of participants was reached. In order to strive for a geographically representative sample of student counselors, students from randomly selected CACREP colleges and universities per state were sampled. Although the original plan was to contact one school per state, the response rate was insufficient. Thus, four schools per state were randomly selected and contacted, except for instances where states did not have an eligible program or had less than four CACREP programs. In the latter case, all eligible programs were contacted in the state. Two additional reminders were sent to each school. Limitations of the methodology and generalizability of the results are discussed in Chapter 5.

This study was conducted in accordance with the guidelines and protocol of the Institutional Review Board (IRB) at the University of Florida. After obtaining IRB approval, a list of department chairs and program coordinators at CACREP programs in throughout United States were contacted by electronic mail with a letter that described the purpose of the study and invited eligible students to participate. Contacts at each school were asked to forward the request to their students. Three reminders emails were sent after the initial invitation, spaced one week apart.

**Data Collection Methods**

Potential participants who accessed the online survey were asked to read and agree to the informed consent statement before starting the survey instrument. Those
who selected “I have read the above document and agree to participate” were then able to begin the online survey. Those who did not agree to the terms of the informed consent were not able to complete the survey. The use of an online survey offers several benefits, including the elimination of paper and the costs of postage, mail-out, and manual data entry (Dillman, 2000). This method also lessens the time required for implementation (Murray & Fisher, 2002). A limitation of online surveys is a potential lack of computer access among some populations, but it is unlikely that graduate students in this population of interest are unable to access computer and Internet resources. The online survey in this study included an introduction, directions, an informed consent, the Relational Health Indices (Liang et al., 2002), the Close subscale of the Adult Attachment Scale (AAS; Collins & Read, 1990), the Supervisee Levels Questionnaire-Revised (McNeill et al., 1998), and a demographic questionnaire.

Data were collected on participant demographics, quality of supervision, previous experiences with counseling, the ability to develop close relationships as measured by the Close subscale of the Adult Attachment Scale (AAS; Collins & Read, 1990), perceived relational health of a student counselor’s training program as measured by the Relational Health Indices (RHI; Liang et al., 2002), and student counselor developmental level as measured by Supervisee Levels Questionnaire-Revised (SLQ-R; McNeil, Stoltenberg, & Delworth, 1992). Data were stored on a secure online database at the internet-based survey company Survey Monkey (www.surveymonkey.com). When data collection was complete, responses were transmitted to the researcher via secure technology purchased with the survey package.
Data were analyzed using descriptive statistics, correlations and multiple regression analyses.

**Design**

This study used a cross-sectional, correlational, multivariate survey design. Twelve variables (i.e., Comfort with Closeness, Total Relational Health, Peer Relational Health, Mentor Relational Health, Community Relational Health, Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis, age, gender, and race) were assessed for their relationships to the dependent variable (i.e., scores on the total scale of SLQ-R and the three SLQ-R subscales: Self-Other Awareness, Motivation, and Dependency-Autonomy). Gender was converted to a point bi-serial format to permit correlational analyses. Additionally, post data collection, responses from the series of questions rating various supervision types were re-calculated as a mean score for each respondent. This recalculation permitted use in the multiple regression analyses. Bivariate analyses were conducted for all variables. Multivariate analyses were used to explore the contribution of every combination of predictor variables. All relevant two-way interactions among the predictor and dependent variables were investigated. Relational Cultural Theory, Attachment Theory, and other theories of counselor development provide the framework for interpretation, discussion of results, methodological considerations, and suggestions for future research.

**Instruments**

**Relational Health Indices**

Liang et al. (2002) developed the Relational Health Indices (RHI) from key concepts in the Stone’s Center Relational Cultural Theory. The RHI is a 37-item self-
report instrument comprised of statements about the respondent’s relationship with a peer, mentor, and community. The RHI can be scored either by measuring relational quality within the three relationship domains (peer, mentor, and community) or by measuring the three subscale dimension scores of engagement, authenticity, and empowerment (Frey, Beesley, & Newman, 2005; Liang et al., 2002). The fourth dimension of relational quality, the capacity to deal with conflict, is not assessed by the RHI. The instrument consists of statements about attitudes and feelings towards specific relationships (e.g., “I feel as though I know myself better because of my mentor,” and “This community provides me with emotional support”). Respondents rate the statements on a 5-point Likert scale that ranges from 0 = Never to 4 = Always (Appendix C). Higher scores on the RHI reflect higher reports of relational health.

Given that differences in power dynamics might exist in these relationships, Liang et al. (2002) believed the instrument should assess each of these relationships separately. A mentor relationship, for example, potentially involves power issues not present in a community or peer relationship. A community relationship might involve feelings of alienation and disconnection not present with a peer. A higher score on the RHI theoretically indicates a higher degree of relational health in the individual’s life. This study considers peer as a classmate, mentor as a professor within the counseling program, and community as all the members of the respondent’s counseling program. The RHI describes a mentor as an adult who is not a parent, guardian, peer, or romantic partner and is “often older than you, has more experience than you, and is willing to listen, share her or his own experiences, and guide you through some area of your life” (Liang et al., 2002, p. 28). A peer is described as “someone whom you feel attached to
through respect, affection and/or common interests, someone you can depend on for support and who depends on you” (Liang et al., 2002, p. 28). The RHI was originally designed as a measure of women’s relational quality, but has since been considered applicable to mixed gender populations (Bergman, 1991; Bergman & Surrey, 1994; Dooley & Fedele, 2004; Jordan, 2002; Mirkin & Geib, 1995).

Internal consistency was established using the subscale composite Cronbach alpha coefficients for peer (.85; n = 448), mentor (.86; n = 303), and community (.90; n = 445) (Liang et al., 2002). Convergent validity was determined by comparison with three previously validated instruments, including the Mutual Psychological Development Questionnaire (MPDQ; Genero, Miller, Surrey, & Baldwin, 1992), the Quality of Relationships Questionnaire (QRI; Pierce, Sarason, Sarason, Solky-Butzel, & Nagle, 1997), and the Friend Support subscale of the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988). The MPDQ assesses perceptions of mutuality in close dyads such as friendships and mentor relationships. The QRI assesses levels of depth, support, and conflict in dyadic relationships. The Friend Support subscale of the MSPSS measures perceived social support from friends and was used to establish convergent validity on the RHI-Peer scale.

Convergent validity was established by the correlation of the MPDQ and the RHI-Peer scale (r =.69), the RHI-P scale and the Support (r = .61) and Depth of Relationship (r = .64) scales of the QRI, and the RHI-P and Friend Support subscale of the MSPSS (r = .50). Convergent validity for the RHI-M was established by the correlation of the RHI-M to the MPDQ (r = .68) and the RHI-M and QRI Support scale (r = .58) and the Depth
of Relationship scale ($r = .51$). Unfortunately, there were no instruments designed to assess community relationships that could serve as a comparison measure.

Concurrent validity of the RHI was examined by comparison with The Rosenberg Self-Esteem Scale (Rosenberg, 1965), the UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980), the Center for Epidemiological Studies Depression Scale (CES-D, Radloff, 1977), and Perceived Stress Scale (Cohen, Kamarck, & Meruelstein, 1983). Loneliness, as measured by the UCLA Loneliness Scale, was negatively correlated with the RHI-P, RHI-M, and RHI-C ($r = -.35, -.14, -.47$, respectively). RHI peer and community relationships were weakly related to self-esteem, and depression and perceived stress were moderately related to relational health in community relationships (negative correlations of -.39 and -.32 respectively) (Liang et al., 2002).

In their original validation study, Liang et al. (2002) reported that a confirmatory factor analysis supported the factors of engagement, authenticity, and empowerment as strongly related but conceptually distinct. However, in a reanalysis of the RHI, Frey, Beesley, and Newman (2005) raised concerns about the multidimensionality of these characteristics. Frey et al. (2005) administered the RHI to 247 women and 135 men during intake at a Midwestern college counseling center and investigated the structure and psychometric properties of the RHI. The results supported the use of this instrument with both genders, as well as the relative independence of the relationship domains. The results did not support independence of the growth-fostering characteristics of empowerment, authenticity, and engagement. Thus, this study used the scores for relational health across peer, mentor, and community domains but not the subscales for growth-fostering characteristics. Frey et al. (2005) reported a one-
dimensional structure for peer and mentor domains, but found a two-component structure for the community domain that they suggested represented connection with or alienation from the community. The current study followed the recommendation to measure the overall quality of relationships for each type of relationship and will produce a composite score of relational health and three subscale scores (peer, mentor, and community relational health).

**Adult Attachment Scale**

The Adult Attachment Scale (AAS; Collins & Read, 1990) is an 18-item measure of adult attachment patterns. The measure consists of three subscales of six statements each: (a) Depend, or the extent to which a person trusts others in stressful times; (b) Anxiety, or how much anxiety a person experiences or the fear of being abandoned in close relationships; and (c) Close, or the extent to which a person is comfortable with intimacy in close relationships. For the purposes of this study, only the subscale Close was used for its previously demonstrated ability to predict client and therapist ratings of the quality of the therapeutic alliance (Dunkle & Friedlander, 1996). Each item is rated with a 5-point Likert scale ranging from 1 (not at all characteristic of me) to 5 (very characteristic of me). Subscale scores range from 6 to 30. A higher score on the Close subscale reflects greater comfort with relational intimacy. This measure has been used with groups of professionals including nurses, as well as with novice therapists in Dunkle and Friedlander’s (1996) study on the contributions of therapist personal characteristics to the working alliance.

In a sample of 101 college students over a 2-month period, Collins and Read (1990) reported test-retest reliability rates of .68, .71, and .52 and internal consistency rates of .69, .75, and .72 for the Depend, Anxiety, and Close subscales, respectively.
The researchers claimed extensive construct validity for the AAS, reporting that participants with greater comfort with closeness reported higher self-esteem, higher trust in others, and higher belief in love relationships (Collins & Read, 1990). Reported reliability scores from other studies using the AAS have been moderate (Sperling, Foelsch, & Grace, 1996). Sperling et al. (1996) also reported convergent validity between this measure and their Attachment Style Inventory (Sperling & Berman, 1991).

Supervisee Levels Questionnaire - Revised

The Supervisee Levels Questionnaire – Revised (SLQ-R; McNeill et al., 1992) is a 30-item self-report instrument that was designed to assess supervisee developmental level along a continuum of the three domains (self-other awareness, autonomy-dependency, and motivation) of the IDM supervision model. The original instrument, the Supervisee Levels Questionnaire (SLQ), was developed by McNeill, Stoltenberg, & Pierce (1985) and has received support in the literature (Borders, 1990; McNeill et al., 1985). In a pre-post short-term longitudinal study, Borders (1990) administered the SLQ to students before and after their practicum to collect self-reported changes on the SLQ domains of self-awareness, autonomy, and skills/theory acquisition. Borders (1990) analyzed data with analyses of covariance (ANCOVAs) and reported that the sample (N = 44) made significant mean gains on the three dimensions of development measured by the SLQ as well as on the composite score. However, Borders (1990) also reported that some students in the sample showed decreases in pre-post test scores, and that this finding warranted further research.

McNeill et al. (1985) administered the SQL to a sample (N = 91) from eight counseling and counseling psychology programs in the Eastern, Midwestern, Southern, and Western regions of the United States. Using analyses of variance (ANOVAs) to
analyze the data, the authors reported expected differences between Level 1 and Level 2 supervisees on the Self-awareness and Autonomy scales, and differences between Level 2 and Level 3 supervisees on the Autonomy and Theory/Skills Acquisition scales. Further, they reported significant differences across all three scales for trainees from Level 1 to Level 3.

In 1992, McNeill et al. revised the SLQ to better reflect the three domains of the IDM (self-other awareness, dependency-autonomy, and motivation) and administered the revised questionnaire (SLQ-R) to a sample \((N = 104)\) of doctoral students in the beginning, intermediate, and advanced stages of their training. Participants were drawn from eight counseling and clinical preparation programs across the United States. Researchers analyzed data with multivariate analyses of variance (MANOVAs), ANOVAs, and one-tailed t-tests, and found no significant differences between beginning and intermediate supervisees. Advanced supervisees scored significantly higher on all three scales than both beginning and intermediate supervisees.

McNeill et al. (1992) reported Cronbach alpha reliability coefficients for the three subscales (Self-Other Awareness, Motivation, and Dependency-Autonomy Conflict) at \(.83, .74, \) and \(.64\) respectively, with an overall reliability coefficient of \(.88\). To assess the construct validity, the researchers examined differences between subscale and total scores of the beginning, intermediate, and advanced participants. They reported Pearson correlation coefficients for subscale scores that indicated significant relationships for Self and Other Awareness and Dependency-Autonomy, \(r = .53, p < .001\); for Self and Other Awareness and Motivation, \(r = .58, p < .001\); and Motivation and Dependency-Autonomy, \(r = .43, p < .001\). While the associations are significant, the
The following null hypotheses were evaluated in this study.

- **HO1**: There is no relationship between student counselors’ Developmental Level (as measured by the total score of SLQ-R) and Relational Health (as measured by the total score of the RHI), Comfort with Closeness (as measured by the AAS subscale Close), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age.

- **HO2**: There is no relationship between student counselors’ Self-Other Awareness developmental level (as measured by the SLQ-R) and Peer Relational Health, Mentor Relational Health, and Community Relational Health (as measured by the RHI), Comfort with Closeness (as measured by the AAS subscale Close), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age.

- **HO3**: There is no relationship between student counselors’ Motivation developmental level (as measured by the SLQ-R) and Peer Relational Health,
Mentor Relational Health, and Community Relational Health (as measured by the RHI), Comfort with Closeness (as measured by the AAS subscale *Close*), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age.

- **HO4**: There is no relationship between student counselors’ Dependency-Autonomy developmental level (as measured by the SLQ-R) and Peer Relational Health, Mentor Relational Health, and Community Relational Health (as measured by the RHI), Comfort with Closeness (as measured by the AAS subscale *Close*), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age.

**Operational Definition of Variables**

Scores on the RHI operationally defined mutual engagement, authenticity, and empowerment/zest. Additionally, RHI subscale scores operationally defined Peer Relational Health, Mentor Relational Health, and Community Relational Health. Developmental level were operationally defined by a total score on the SLQ-R which is comprised of five components: microskills, process, difficult client behaviors, cultural competence, and awareness of values (Larson et al., 1992). SLQ-R subscale scores defined the domain specific developmental levels (i.e., Self-Other Awareness, Motivation, and Dependency-Autonomy developmental levels). Scores on the AAS subscale *Close* operationally defined student counselors’ comfort with closeness in relationships. Data on amount of personal therapy, prior professional counseling experience, supervision quality, preparation program orientation (i.e. a common versus specific factors training emphasis), race, gender, and age were self-reported at the end of the questionnaire.

**Data Analysis**

The present study proposed to determine if relational quality (as measured by the total scale and subscales of the RHI) and comfort with closeness (as measured by the
AAS subscale *Close*) were significantly related to student counselors' developmental level (as measured by the total scale and subscales of the SLQ-R). This study also investigated relationships between students' previous counseling experience, amount of personal therapy, supervision quality, program orientation (i.e. common or specific factors), and demographic variables. The data obtained for this study were analyzed using the Statistical Package for the Social Sciences (SPSS). The data were collected online at www.SurveyMonkey.com and stored via an Internet database, which the researcher downloaded and transferred to SPSS upon completion of data collection. To test the proposed hypotheses, descriptive statistics, correlation, and multiple regression analyses were used to explore the interrelationships between all independent variables and counselor student developmental level. Specifically, step-wise multiple regression analyses were conducted to determine if gender, race, age, amount of personal therapy, supervision quality, comfort with closeness, specific versus common factors program orientation, previous professional counseling experience, and the total and subscales of the RHI (relational quality with a peer, mentor, and community) predicted the total scale and subscales of the SLQ-R. In the use of multiple regression, Cohen (1992) based desired sample size on effect size at power = .80 and a given level of probability. For a multiple regression study with eleven predictor variables, a medium effect size, power = .80, and probability = .05, the target sample size was estimated at 120 individuals.

Prior to commencing the analysis, the data was assessed to ensure the assumptions of regression had been met. The assumptions of multiple regression are as follows: (1) the independent variables (IV) are fixed and the same values on the IVs
would have to be used if the study were to be replicated; (2) the IVs are measured without error; (3) the relationship between the IVs and dependent variable (DV) is linear; (4) the mean of the residuals for each observation on the DV over replications is zero; (5) errors associated with any single observation on the DV are independent or not correlated with errors associated with any other observation on the DV; (6) the errors are not correlated with the IV; (7) the variance of the residuals across all values of the IV is consistent or homoscedasticity of the variance of the residuals; and (8) the errors are normally distributed. Assumptions 1, 2, and 4 are research design issues. Assumptions 3, 5, and 6 address linearity and assumptions 7 and 8 address homoscedasticity and normality.

Normality was evaluated using skewness, kurtosis, and Kolmogorov-Smirnov statistics, and linearity was assessed through inspection of bivariate scatterplots. Homoscedasticity can be assessed through interpreting the results of Box’s M Test or examining residual scatterplots. Examination of the residual scatterplots provided a test of each of these three assumptions (Tabachnick & Fidell, 1996). Little is gained by adding variables to a regression analysis measuring the same construct, and multi-collinearity can cause real problems with the analysis. Stevens (2009) pointed out three reasons why multi-collinearity can cause problems, including: (a) multi-collinearity limits the size of the $R$ since the IVs are going after much the same variability in the DV, (b) multi-collinearity can cause difficulty because effects are confounded when there is overlapping information, and (c) multi-collinearity tends to increase the variances of the regression coefficients resulting in unstable prediction equations. The simplest method of diagnosing multi-collinearity is to check for high inter-correlations between the
predictor variables. A second method is to inspect the variance inflation factor \((VIF)\), an indicator of the relationship between predictors (Stevens, 2009). Stevens also noted \(VIF\) values greater than 10 are generally cause for concern. The data for all regression analyses were assessed so that multi-collinearity would not present a problem in the analysis.

**Methodological Limitations**

Certain limitations were anticipated in the present study. Several were expected from the use of self-report surveys to collect developmental data. The self-report scales for comfort with closeness, relational quality, and developmental level represented participants’ perceptions of these dimensions and may have been partially influenced by participant’s likelihood of responding in a socially desirable way. These perceptions may have been different from perceptions of others, such as peers, mentors, and professors familiar with participants’ development. Given sampling procedures in which participants were solicited through program listservs, the response rate will be unknown, making any generalizations from this study cautious and preliminary at best.

No causal interpretations of results were made, and implications for practice based on the results were phrased and read with tentativeness, describing possible alternative explanations for significant findings. Research that manipulates training in relational aspects of therapy is needed for causal conclusions. This correlational study may serve as a springboard for future causal research.

It was expected that random selection of participants was not to occur, due to the desirability of achieving an adequate sample size for an online survey administration within a reasonable period of time. As such, results were susceptible to a bias reflecting differences between counseling students willing to complete a research survey on this
area and those who were not. Such differences possibly affected responses to survey items. These and other possible limitations were considered likely in the present study.
CHAPTER 4
RESULTS

Overview

This chapter presents the results of the web-based survey administered to master and doctoral counseling students enrolled in the CACREP Clinical Mental Health program track (also known as Community Counseling or Mental Health Counseling tracks) at graduate institutions across the United States. The study investigated the relationships between student counselors’ self-assessed developmental level and self-reported relational health, comfort with closeness, previous experience with professional counseling and personal therapy, and other demographic characteristics. This chapter is arranged in the following order: (a) a summary of participants’ responses to demographic and supplemental questions; (b) data on the psychometric properties of the instruments used in the study; and (c) findings of the hypothesis testing.

The following null hypotheses were evaluated in this study:

- **HO1**: There is no relationship between student counselors’ Developmental Level (as measured by the total score of Supervisee Levels Questionnaire-Revised) and Relational Health (as measured by the total score of the Relational Health Indices), Comfort with Closeness (as measured by the Adult Attachment subscale Close), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age.

- **HO2**: There is no relationship between student counselors’ Self-Other Awareness developmental level (as measured by the Supervisee Levels Questionnaire-Revised) and Peer Relational Health, Mentor Relational Health, and Community Relational Health (as measured by the Relational Health Indices), Comfort with Closeness (as measured by the Adult Attachment subscale Close), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age.

- **HO3**: There is no relationship between student counselors’ Motivation developmental level (as measured by the Supervisee Levels Questionnaire-Revised) and Peer Relational Health, Mentor Relational Health, and Community Relational Health (as measured by the Relational Health Indices), Comfort with Closeness (as measured by the Adult Attachment subscale Close), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age.
Relational Health (as measured by the Relational Health Indices), Comfort with Closeness (as measured by the Adult Attachment subscale *Close*), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age.

- **HO4**: There is no relationship between student counselors’ developmental level on Dependency-Autonomy developmental level (as measured by the Supervisee Levels Questionnaire-Revised) and Peer Relational Health, Mentor Relational Health, and Community Relational Health (as measured by the Relational Health Indices), Comfort with Closeness (as measured by the Adult Attachment subscale *Close*), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age.

### Demographic Characteristics of Sample

A total of 250 students began the survey for the study, indicating their consent to participate. Of those, 204 indicated that they were currently enrolled in an eligible graduate training program. The next inclusion criteria that students were currently taking or had completed at least one practicum or internship reduced the sample size to 146 participants. Between the screening criteria and students who gave consent but chose not to participate during the first three screening questions, 142 participants began the first instrument in the survey. In total, nearly all data was missing for 108 responses, so these observations were omitted from the analysis. As with most surveys, not all 142 participants who began the survey completed the questionnaire. The objective was to keep as much data as possible with the acknowledgement that data were missing for some participants. No attempt was made to input data for missing observations. Most missing data entailed a large number of unanswered items (early terminated surveys). Therefore, while 142 people gave consent, met eligibility criteria, and began the survey, 119 questionnaires were deemed useable for the multiple regression analyses. For
reported demographic information and frequency tables, the total participants and percentages will vary based on the number of responses for each question.

Participants were recruited from CACREP masters and doctoral level counseling programs throughout the United States. It was determined through the CACREP website (www.cacrep.org) that 47 states had eligible programs (excluding Hawaii, Alaska, and Rhode Island). Up to five eligible counseling programs in every state (or ranging from one to four programs where states did not have five eligible programs) were contacted via email through department chairs and program coordinators. These contact persons were requested to forward the invitation to participate, which included the Internet link to the informed consent and questionnaire, to their graduate student listservs. Contact persons received three additional reminder emails over a period of five weeks. It is not known how many times the contact persons forwarded the invitations to their students.

**Regional Distribution of Sample**

Given the anonymous nature of this survey and the evaluative questions about mentors and supervisors, participants were not asked to report their individual school, only the state in which they were attending school. Of the programs in all 47 states contacted, participants from 19 states completed the questionnaire. The percentage of participants from each state is as follows: Colorado \((n = 8, 6.6\%)\), Florida \((n = 19, 15.7\%)\), Georgia \((n = 7, 5.8\%)\), Illinois \((n = 3, 2.5\%)\), Indiana \((n = 2, 1.7\%)\), Louisiana \((n = 13, 10.7\%)\), Minnesota \((n = 3, 2.5\%)\), Mississippi \((n = 1, .8\%)\), New Hampshire \((n = 1, .8\%)\), North Carolina \((n = 19, 15.7\%)\), Ohio \((n = 3, 2.5\%)\), Oregon \((n = 7, 5.8\%)\), Pennsylvania \((n = 3, 2.5\%)\), South Carolina \((n = 6, 5.0\%)\), Tennessee \((n = 3, 2.5\%)\),
Texas \((n = 4, 3.3\%)\), Washington \((n = 1, .8\%)\), Wisconsin \((n = 12, 9.9\%)\) and Wyoming \((n = 6, 5.0\%)\).

**Gender and Racial Identification**

Table 4-1 provides a summary of the data collected for this question. The sample included females \((n = 103, 85.1\%)\) and males \((n = 18, 14.9\%)\). Participants varied in years of age categories as follows: 18-22 years \((n = 2, 1.7\%)\), 23-25 years \((n = 32, 26.4\%)\), 26-30 years \((n = 41, 33.9\%)\), 31-35 years \((n = 19, 15.7\%)\), 36-40 \((n = 2, 1.7\%)\), 41-45 years \((n = 9, 7.4\%)\), 46-50 years \((n = 9, 7.4\%)\), over 50 years \((n = 6, 5.0\%)\), and Not Indicated \((n = 1, .8\%)\). When asked about their racial/ethnic identification, students indicated they were White or Caucasian \((n = 95, 78.5\%)\), Black or African American \((n = 11, 9.1\%)\); Asian \((n = 2, 1.7\%)\); Native American \((n = 1.8\%)\); Latino/Hispanic \((n = 6, 5.0\%)\), Other \((n = 3, 2.5\%)\), Multiracial \((n = 2, 1.7\%)\) and Not Indicated \((n = 1, .8\%)\).

**Years in a Preparation Program**

Participants were asked to estimate the number of years they had completed in a graduate counselor education program. This information is summarized in Table 4-1. Due to a programming error, this question was added after the survey had been fielded. Thus, the number of responses for this question was 84, while the remaining demographic items had approximately 120 observations per question. Participants indicated their years of education as follows: less than one year \((n = 7, 8.3\%)\), one year \((n = 2, 2.4\%)\); one-and-a-half years \((n = 21, 25\%)\); two years \((n = 5, 6.0\%)\); two-and-a-half years \((n = 20, 23.8\%)\); three years \((n = 6, 7.1\%)\); three-and-a-half years \((n = 6, 7.1\%)\); four years \((n = 4, 4.8\%)\); four-and-a-half years \((n = 4, 4.8\%)\); five years \((n = 2, 2.4\%)\); five-and-a-half years \((n = 1, 1.2\%)\); six years \((n = 2, 2.4\%)\); seven years or more \((n = 4, 4.8\%)\).
**Program Emphasis**

Students were asked to rate their counseling program (including classes, curriculum, professors, and within-department supervisors) on a continuum, where 1 represented the greatest program emphasis on the specific factors of therapy, 4 meant about equal emphasis on specific and common factors, and 7 represented the greatest emphasis on common factors. Table 4-1 illustrates the program emphasis reported by students. Only 3 respondents rated their program as the greatest emphasis on specific factors (2.4%), and just 2 students indicated that their program mostly focused on specific factors (1.6%). Another 11 students indicated that their program placed a little more emphasis on specific factors than common factors (8.7%). Equal emphasis on specific and common factors was selected by 32 students (25.4%), an additional 33 students rated their program as a little more emphasis on common factors (26.2%), and the highest number of students indicated that their program emphasized mostly the common factors ($n = 36, 28.6$%). An additional 9 students rated their program as placing the greatest emphasis on the common factors of therapy (7.1%).

**Personal Therapy**

Participants were asked to indicate whether they had voluntarily attended personal counseling or therapy since the age of 18. Details of these results can be found in Table 4-1. Of those who responded, 100 (82.0%) indicated that they had received some voluntarily personal counseling, while 22 (18.0%) reported no voluntary counseling. Students who indicated that they had received counseling were then asked to estimate how many sessions they had attended since the age of 18. Participants selected 1-5 sessions ($n = 12, 12.0$%), 6-10 sessions ($n = 18, 18$%), 11-15 sessions ($n = 8, 8.0$%), 16-20 sessions ($n = 12, 12.0$%), 21-20 sessions ($n = 14, 14.0$%), and over 30 sessions...
Using a five-point Likert response scale of Not at all Helpful, A Little Helpful, Somewhat Helpful, Very Helpful, and Extremely Helpful, students were asked to rate the helpfulness of the counseling they had received. The majority of students \( (n = 73, 73.0\%) \) rated their counseling as Very Helpful or Extremely Helpful. An additional 19 (19.0%) students indicated counseling had been Somewhat Helpful, 7 students (7.0%) reported A Little Helpful, and just one student (1.0%) selected Not at all Helpful.

**Professional Counseling Experience**

The survey asked students to indicate the number of years worked as a professional counselor prior to entering their current counseling program. Table 4-1 provides a summary of the data collected for this question. The majority of respondents \( (n = 87, 71.9\%) \) had no prior professional counseling experience, 20.7 % \( (n = 25) \) had between one and three years, four to six years \( (n = 4, 3.3\%) \), seven to ten years \( (n = 2, 1.7\%) \), and over ten years \( (n = 3, 2.5\%) \).

**Supervision Quality**

Survey respondents were also asked to rate the quality of the most recent types of supervision they received during their current or most recent clinical practicum or internship. Table 4-2 depicts students’ ratings of the quality of the various types of supervision most recently received. Quality of supervision was defined as the usefulness of the supervision to their clinical work, personal development, and professional development. The majority of respondents rated their various types of supervision as Good, Very Good, or Excellent as follows: 1) group supervision from a faculty member \( (n = 96, 89.7\%) \), group supervision from a doctoral student \( (n = 38, 82.6\%) \), group supervision from a clinical site supervisor \( (n = 63, 80.8\%) \), individual supervision from a faculty member \( (n = 34, 75.6\%) \), individual supervision from a
doctoral student \((n = 79, 88.8\%)\), and individual supervision from a clinical site supervisor \((n = 89, 84.8\%)\). Percentages of students rating their supervision quality as Fair or Poor ranged from 10.8\% to 24.4\%.

**Instrumentation**

Three instruments were used to collect data for the study: the Relational Health Indices (RHI; Liang et al., 2002), the Close subscale of the Adult Attachment Scale (AAS; Collins & Read, 1990), and the Supervisee Levels Questionnaire-Revised (SLQ-R; McNeill, Stoltenberg, & Roman, 1992). The means and standard deviations for the total scales and subscales are reported in Table 4-3.

Additionally, the reliability correlations of the study instruments are depicted in Table 4-4. Liang et al. (2002) reported internal consistency for the RHI as ranging from .69 to .90 for subscales and the composite. In this study, the RHI composite yielded a high Cronbach alpha of .95. Reliability coefficients for the subscales Mentor, Peer, and Community were .93, .92, and .92, respectively. Individual items for the RHI were not modified in this study, but respondents were asked to answer the items in terms of a peer, mentor, and community within their counselor preparation program. The reported test and retest alpha for the AAS subscale Close was .69 and .68. The study alpha for the AAS subscale Close was .74, slightly higher than previously reported. The reliability coefficients for the SLQ-R composite study alpha was .89, and subscales Self-Other Awareness, Motivation, and Dependency-Autonomy Conflict were .90, .81, and .41, respectively. Only the study alpha for the Dependency-Autonomy subscale was not as internally consistent or reliable as it had been with other populations (reported .64).
Hypotheses Tests

The dependent variable for this study was counselor development, as measured by the composite score and three subscale scores of the SLQ-R: Self-Other Awareness, Motivation, and Dependency-Autonomy Conflict. A total of 12 independent variables were tested in the this study, with a maximum of 11 variables in a model: the composite score of the RHI, Peer Relational Health, Mentor Relational Health, Community Relational Health, Comfort with Closeness (from the AAS subscale Close), amount of personal therapy, supervision quality, a common or specific factors orientation in preparation program, years of prior professional counseling experience, age, race, and gender. An additional independent variable, years in a preparation program, was originally proposed and approved. Due to a programming error, this variable was omitted from the initially fielded questionnaire. Although eventually added to the instrument, this question yielded only 84 responses before data collection concluded. Including this variable in the regression analyses limited the data that could be included in the analyses from 119 to 84. Therefore, the decision was made to omit this variable from the regression analysis and explore other variables of interest. The variables previous professional counseling experience and age were significantly correlated to years of graduate education and explored as other possible indicators of educational attainment. Correlations between independent and dependent variables are displayed in Table 4-5.

Four null hypotheses were tested using the statistical procedure of step-wise multiple regression. Step-wise multiple regression analyses were chosen due to the exploratory nature of this study. An alpha level of $p < .05$ was established to interpret the results of the statistical analyses. The assumptions of multiple regressions were
assessed prior to beginning the analysis to address the hypotheses proposed for this study. Due to the nature of the descriptive variables used in the analysis, some of the variables were not normally distributed and were skewed in distribution. The subscales and total scale scores of the instruments used in this study were mostly normally distributed and were not skewed. The residual plots for the regressions were centered around a horizontal line indicating the data was acceptable for multiple regressions. Most importantly, the VIF and Tolerance indicated multicollinearity was not problematic for this analysis. The VIF was less than Stevens’ (1992) criteria for having to address collinearity (i.e., VIF > 10) and Tolerance was 1.0 or less. Both measures indicated collinearity was not a problem in this analysis. The results of the hypotheses tests are reported below.

**Hypothesis 1**

Hypothesis 1 stated that there is no relationship between student counselors’ Developmental Level (as measured by the total score of SLQ-R) and Relational Health (as measured by the total score of the RHI), Comfort with Closeness (as measured by the AAS subscale Close), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age. Tables 4-6 and 4-7 illustrate the regression model summary for the SLQ-R total mean scores and the regression coefficient model for the first hypothesis test.

A step-wise multiple regression procedure was used to identify the best model. The total SLQ-R score was determined by calculating the mean scores for individual responses on the SLQ-R. Results indicated Professional Counseling Experience and Comfort with Closeness were significant predictors ($R = .46$, $R^2 = .21$, $R^2_{adj} = .20$, $F(1,$
The two-step model accounted for 21.3% of the variance, with Professional Counseling and Comfort with Closeness accounting for 13.6% and 7.7% of the variance, respectively, indicating that factors other than these two variables accounted for the remaining 78.7% of the variance. This null hypothesis was rejected since at least two variables, Professional Counseling and Comfort with Closeness, were found to be significant to the model.

**Hypothesis 2**

Hypothesis 2 stated that there is no relationship between student counselors' Self-Other Awareness developmental level (as measured by the SLQ-R) and Peer Relational Health, Mentor Relational Health, and Community Relational Health (as measured by the RHI), Comfort with Closeness (as measured by the AAS subscale Close), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e., a common versus specific factors training emphasis), race, gender, or age. Tables 4-8 and 4-9 illustrate the results of the regression analyses for the second hypothesis.

A stepwise multiple regression procedure was used to identify the best model. Results of the three step model indicated that Professional Counseling Experience, Comfort with Closeness, and Community Relational Health were significant predictors of Self-Other Awareness ($R = .47, R^2 = .22, R^2_{adj} = .20, F(1, 115) = 6.03, p = <.001$). The regression model accounted for 22.2% of the variance, indicating that 77.8% of the variance was due to factors other than these three variables. The three significant variables in this model, Professional Counseling Experience, Comfort with Closeness, and Community Relational Health, accounted for 10.6%, 7.5%, and 4.1% of the variance of scores on Self-Other Awareness, respectively. This null hypothesis was
rejected for Professional Counseling Experience, Comfort with Closeness, and Community Relational Health.

**Hypothesis 3**

Hypothesis 3 stated that there is no relationship between student counselors’ Motivation developmental level (as measured by the SLQ-R) and Peer Relational Health, Mentor Relational Health, and Community Relational Health (as measured by the RHI), Comfort with Closeness (as measured by the AAS subscale Close), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e., a common versus specific factors training emphasis), race, gender, or age. Tables 4-10 and 4-11 illustrate the results of the regression analyses for hypothesis 3.

A stepwise multiple regression procedure was used to identify the best model. Results of the three step model indicated that Professional Counseling Experience, Community Relational Health, and Supervision Quality were predictive of Motivation ($R = .39$, $R^2 = .15$, $R^2_{adj} = .13$, $F(1, 115) = 4.48, p < .001$). The three step model accounted for 15.3% of the variance, indicating that 84.7% of the variance was due to factors other than these three variables. Professional Counseling Experience, Community Relational Health, and Supervision Quality accounted for 8.3%, 3.7%, and 3.3% of the variance on Motivation level, respectively. As a result, the null hypothesis was rejected for these three variables.

**Hypothesis 4**

Hypothesis 4 stated that there is no relationship between student counselors’ Dependency-Autonomy developmental level (as measured by the SLQ-R) and Peer Relational Health, Mentor Relational Health, and Community Relational Health (as measured by the RHI), Comfort with Closeness (as measured by the AAS subscale
Close), Personal Therapy, Professional Counseling Experience, Supervision Quality, Program Emphasis (i.e. a common versus specific factors training emphasis), race, gender, or age. Tables 4-12 and 4-13 illustrate the results of the regression analysis for hypothesis 4.

A step-wise multiple regression procedure was used to identify the best model. The findings indicated that Professional Counseling Experience, Comfort with Closeness, and Mentor Relational Health were predictors of Dependency-Autonomy ($R = .46$, $R^2 = .21$, $R^2_{adj} = .19$, $F(1, 115) = 4.95$, $p<.001$). The three-step model accounted for 20.7% of the variance, with Professional Counseling Experience, Comfort with Closeness, and Mentor Relational Health accounting for 13.7%, 3.6%, and 3.4% of the variance, respectively. Thus, the null hypothesis was rejected for Professional Counseling Experience, Comfort with Closeness, and Mentor Relational Health.

**Summary**

Despite the limitations of the study, there was evidence of a statistically significant relationship between the independent variables and the outcome variables for the CACREP Clinical Mental Health counseling students participating in this study. Significant relationships were found in each of the four hypotheses tested, though the strength of the relationships varied. Specifically, Professional Counseling Experience, Comfort with Closeness, Community Relational Health, Mentor Relational Health, and Supervision Quality were significantly related to counseling students’ self-reported developmental level. Overall the results of this study provide preliminary evidence for the potential use of relational health and comfort with relational closeness as a framework for understanding the role of relationship factors in student counselor development.
Chapter 5 will provide detailed analysis of each hypothesis as well as theoretical and practical implications of findings. Chapter 5 will also include explication of study limitations and recommendations for future research.
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<th>Percent</th>
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<td>Over 50 years</td>
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<td>6</td>
<td>7.1</td>
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<tr>
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<td>7.1</td>
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<tr>
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<td>2.4</td>
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<td>Percent</td>
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<td>21-30 sessions</td>
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<td>Over 30 sessions</td>
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<td>29.5</td>
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<td>Helpfulness of counseling received</td>
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<tr>
<td>Not at all helpful</td>
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<td>1.0</td>
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<td>A little helpful</td>
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<tr>
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<td>19.0</td>
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<td>Very helpful</td>
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<tr>
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<td>40.0</td>
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<td>Program emphasis</td>
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<td>Greatest on specific factors</td>
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<tr>
<td>Mostly on specific factors</td>
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<td>A little more on specific factors</td>
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<td>A little more on common factors</td>
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<tr>
<td>Mostly on common factors</td>
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<td>28.6</td>
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<tr>
<td>Greatest on common factors</td>
<td>9</td>
<td>7.1</td>
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Differences in sample size indicate exclusion of observations with missing variables.
Table 4-2. Quality of supervision most recently received

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<th>Supervision Type</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>N/A</th>
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<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
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<tr>
<td>Group Supervision from Faculty Member</td>
<td>5</td>
<td>4.1</td>
<td>6</td>
<td>4.9</td>
<td>21</td>
<td>17.2</td>
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<tr>
<td>Group Supervision from Doctoral Student</td>
<td>4</td>
<td>3.3</td>
<td>4</td>
<td>3.3</td>
<td>12</td>
<td>9.8</td>
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<tr>
<td>Group Supervision from Site Supervisor</td>
<td>2</td>
<td>1.6</td>
<td>13</td>
<td>10.7</td>
<td>11</td>
<td>9.0</td>
</tr>
<tr>
<td>Individual Supervision from Doctoral Student</td>
<td>5</td>
<td>4.1</td>
<td>5</td>
<td>4.1</td>
<td>11</td>
<td>9.0</td>
</tr>
<tr>
<td>Individual Supervision from Site Supervisor</td>
<td>7</td>
<td>5.7</td>
<td>4</td>
<td>3.3</td>
<td>7</td>
<td>5.7</td>
</tr>
<tr>
<td>Individual Supervision from Faculty Member</td>
<td>4</td>
<td>3.3</td>
<td>12</td>
<td>9.8</td>
<td>14</td>
<td>11.5</td>
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Table 4-3. Instrument total scores and subscale scores

<table>
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<tr>
<th>Instrument Type</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Range</th>
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<td>Overall Relational Health (RHI)</td>
<td>3.692</td>
<td>.553</td>
<td>1.70-4.70</td>
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<td>Peer Relational Health (RHI)</td>
<td>3.895</td>
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<td>Mentor Relational Health (RHI)</td>
<td>3.867</td>
<td>.763</td>
<td>1.82-5.00</td>
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<td>Community Relational Health (RHI)</td>
<td>3.364</td>
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<td>Comfort with Closeness (Close subscale, AAS)</td>
<td>3.676</td>
<td>.679</td>
<td>1.17-5.00</td>
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<tr>
<td>Overall Developmental Level (SLQ-R)</td>
<td>5.082</td>
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<td>3.06-6.45</td>
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<td>Self-Other Awareness (SLQ-R)</td>
<td>5.236</td>
<td>.823</td>
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<td>Motivation (SLQ-R)</td>
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<td>3.09-6.00</td>
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<td>Study Alpha</td>
<td>Reported Alpha</td>
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<td>.68-.69</td>
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<td>Supervisee Levels Questionnaire-Revised</td>
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<td>.892</td>
<td>.88</td>
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Table 4.5. Pearson product-moment correlations between independent and dependent variables (one-tailed tests), n = 119

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<th>2.</th>
<th>3.</th>
<th>4.</th>
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<th>8.</th>
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<th>10.</th>
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<th>12.</th>
<th>13.</th>
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<td>2. SLQR-SC</td>
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*p<.05 (one tailed), **p<.001 (one tailed).
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CHAPTER 5
DISCUSSION

Counselor development has been the focus of numerous theories and studies (Hogan, 1964; Loganbill et al., 1982; Skovholt & Ronnestad, 1992a; Stoltenberg, 1981; Stoltenberg & McNeill, 2010). To date, counselor development has been typically conceptualized as a series of normative developmental stages, with the student or novice stages featuring counselor behaviors commonly associated with poor therapeutic alliances and less effective outcomes (Ackerman & Hilsenroth, 2001; Herman, 1993). At the same time, concerns have been raised that counselor education programs may not attend optimally to student development by neglecting interpersonal issues germane to therapeutic relationships (Hansen, 2010; Whiston & Coker, 2000). Relational Cultural Theory (RCT) and attachment theory offer novel frameworks from which to interpret traditional theories and findings related to counselor development. This study explored student counselors' perspectives of the relational quality of their counselor preparation programs and their comfort with relational closeness as possible influences in self-reported developmental level. Other variables including supervision quality, amount of personal therapy, prior professional counseling experience, a common or specific factors program orientation, and demographics were also explored for their correlation with self-assessed student counselor development. This chapter contains a discussion of the study findings and implications to theory and practice, and concludes with limitations and recommendations for further research.

Overview of Study and Discussion of Findings

This study used a convenience sample to collect data from counseling graduate student volunteers. A total of 144 eligible programs in 47 states were approached with a
request to forward the invitation to their counseling students. Respondents were mostly Caucasian and female. Comparison demographics for the population of graduate counseling students in Clinical Mental Health and related program tracks in the United States were not available. According to the CACREP Director of Research and Information Services, CACREP does not collect information related to student age nor demographic data either by specific program or as a whole (T. Kimbel, personal communication, April 13, 2012). CACREP does collect general demographic information on CACREP students by institution, but analysis of this dataset was beyond the scope and resources of this study. CACREP institutions are comprised of students in private, public, or faith-based colleges and universities with traditional, online, or hybrid programs seeking MA, MEd, or EdS degrees in addiction counseling, career counseling, clinical mental health counseling, marriage, couple, and family counseling, school counseling, student affairs and college counseling, or doctoral degrees in Counselor Education and Supervision (http://www.cacrep.org). There are a total of 599 CACREP accredited institutions, with 240 of those programs listing degrees in Clinical Mental Health or related counseling program tracks.

**Professional Counseling Experience**

Students’ number of years of prior professional counseling experience explained the most variance in counseling students’ self-reported counselor development and domain-specific areas of (1) awareness and understanding of self and others; (2) motivation to learn counseling; and (3) the ability to become autonomous. The finding that students with more experience rated themselves more highly on a developmental measure was relatively expected and consistent with findings in the literature that suggest small to moderate gains in basic counseling skills (Baker & Daniels, 1989;
Baker, Daniels, & Greenley (1990), cognitive complexity (Welfare & Borders, 2010; Duys & Hedstrom, 2000; Little, Packman, Smaby, & Maddux, 2005), self-appraisal of counseling skills (Fong et al., 1997), self-efficacy (Adams, 2010) and self-reported level of counselor development (Ronnestad & Skovholt, 2003). While these areas are widely considered in the literature as important domains of counselor development, many of these studies suffer from major methodological limitations (Buser, 2008). Further, with the exception of cognitive complexity and basic counseling skills, both of which can be assessed by external raters, the remaining constructs have been measured through self-report. Additionally, few studies of counselor development have linked these constructs directly to therapeutic outcomes, and many calls have been made for rigorous research that investigates the impact of various types of training on client outcomes (Bennett-Levy, 2006; Buser, 2008; Christensen & Jacobson, 1994; Henry, Strupp, Butler, Schacht, & Binder, 1993; Stein & Lambert, 1995). Because there is still a dearth of evidence linking counselor education, experience, or self-reported constructs to therapeutic outcomes, the present finding must be interpreted cautiously.

Given that this finding was consistent with findings in the literature, the impact of previous experience with professional counseling on self-reported student counselor development was expected. Additionally, because developmental level was self-reported, this result does not mean that students who rated themselves more highly possess greater understanding of themselves and their clients, are less ambivalent at learning counseling, or execute effective interventions independent from their supervisors; rather, as they progress through education and professional experiences,
they at least perceive themselves as increasingly accomplished in these domains over time.

**Comfort with Closeness**

Student counselors’ comfort with being close in their relationships is a self-reported construct derived from attachment theory (Bowlby, 1988). Results from one study (Dunkle & Friedlander, 1996) showed that counseling interns who rated themselves highly on comfort with closeness received higher ratings from their clients on the therapeutic alliance. Previous counselor development theory and research has assumed that counselors eventually develop relational expertise (Ronnestad & Skovholt, 2003) but has neglected to investigate whether some counselors possess more innate capacity to relate effectively than others. Thus, being close in relationships was included as a variable in an attempt to see how much of what has been traditionally considered developmental (subject to significant change over time) may be related to a relatively stable personal propensity for closeness in relationships that can be formed in early childhood experiences.

Findings showed that students who rated themselves highly on comfort with closeness also rated themselves more highly on their overall development, awareness of self and others, and their autonomy from a supervisor. It is possible that students who are more comfortable with relational intimacy feel more competent and confident with clients and thus would view their overall development more favorably. Similarly, students who reported more comfort with closeness also reported greater self-awareness and capacity to understand their clients. From a relational-cultural perspective, students with closer relationships would also be more practiced at
understanding and sharing their own feelings and empathizing with others (Comstock, 2002).

In terms of attachment theory (Bowlby, 1988), this finding lends support for the idea that some developmental constructs may in fact be more fixed and stable than previously framed in counselor development theory (Skovholt & Ronnestad, 1992b). The current study also found a link between student ratings of their autonomy from supervisors and their comfort being close to others. While the contribution of this variable was relatively small, this finding suggests that comfort with closeness may be connected to a greater sense of independent decision-making with clients, a factor that has been considered a desirable marker of development in the literature (Stoltenberg & McNeill, 2010).

Furthermore, comfort with closeness in relationships was not significantly correlated with either years of previous education or prior counseling experience, supporting previous theory and research that comfort being close to others is relatively intrinsic and stable over time, including across cultures (Bowlby, 1988). Comfort with closeness in relationships was also significantly correlated with community relational health and mentor relational health. This finding is reason to explore whether students who are more comfortable with relational closeness could be better-equipped to form meaningful, growth-enhancing relationships in their preparation programs.

**Community Relational Health**

To the author’s knowledge, the RHI has been used to assess relational health of college students in three previous studies (Adams, 2010; Frey et al., 2005; Liang et al., 2002). Adams (2010) was the first to explore the relational health of counseling students. The researcher adapted the RHI to collect data about a peer, mentor, and
classroom in which counseling students had been exposed to gender issues. The present study was the first to survey counseling students about the relational health of their preparation programs as a whole. Findings revealed that higher reports of community relational health were important in the regression models for both self-other awareness and motivation to learn counseling. These findings suggest that an enhanced sense of connection in a counselor preparation program may impact students’ experience of themselves and others as well as their motivation to develop therapeutic skillfulness. This finding is in line with the RCT tenets that development is enhanced when environments provide for enriching relationships that empower people and convey authenticity and empathy (Comstock, 2002; Jordan, 2002; Walker, 2005). Research and theory also suggests that students may feel more motivated to learn and grow when they feel connected to their community (Comstock et al., 2008; Skovholt & Ronnestad, 1992b).

**Mentor Relational Health**

Mentor relational health was inversely related to students’ reported sense of autonomy, meaning that higher reports of relational health with mentors were correlated with self-reports of greater dependency on supervisors. The effect of this variable in the regression model was small; however, the finding is interesting nonetheless. The traditional counselor development paradigm holds that development is a trajectory from dependency to autonomy (Stoltenberg & McNeill, 2010). In this paradigm, dependency on a supervisor represents something to outgrow. From an RCT perspective, the very concept of dependency is reconsidered (Comstock, 2010) in light of a greater emphasis on interconnection and interdependency. Thus, this finding could be interpreted that a stronger, higher quality relationship with a mentor in a counselor preparation program
leads students to feel more connected to and trusting of the guidance and input of their mentor. From this theoretical lens, slightly higher dependency on supervisors during training would not necessarily mean that students with closer mentor relationships are less able to think critically about their clients and assume ownership for the direction of their clinical decisions. However, another possible interpretation is that more supportive mentor relationships may promote dependency in students and supervisees, or that students who are less secure in themselves may rely on the perceived authorities rather than making their own clinical decisions.

Notably, the effect of prior counseling experience had a strong positive influence on ratings of autonomy, meaning that this cross-section of students reported feeling more autonomous along with reports of more professional experience. Also, supervision quality and mentor relational quality had a high positive correlation, indicating that they likely tap similar constructs.

**Supervision Quality**

Self-reported quality of supervision received was negatively related to self-reported motivation to learn counseling. That is, higher reports of supervision quality were correlated with slightly lower reported levels of motivation. This variable only accounted for a small portion of the variance on reported motivation. One interpretation of this finding is that, according to the authors of the scale, (SLQ-R; McNeill et al., 1992), motivational level is thought to fluctuate throughout the training and supervision experience as part of normative development. In other words, lower motivation is not necessarily a negative indicator of development, and motivation is theorized to rise and fall throughout training and supervision as students encounter difficult clients, recognize their own limitations, and periodically doubt their abilities. It is thus possible that
students who reported higher supervision quality felt more challenged by their supervisors. Such challenges may have influenced slightly lower reports of motivation to learn the complex practice of counseling.

However, this finding can also be interpreted more negatively. It is possible that students gave their supervisors high ratings for being supportive rather than for challenging them to grow personally and professionally. Most programs use doctoral student supervisors to provide master-students with required supervision, and it is unknown the extent to which doctoral student supervisors are willing or able to challenge their supervisees. Thus, it could also be that perceptions of high supervision quality were associated with lower levels of motivation because supervisors are not providing their supervisees with enough challenges or motivators.

**Implications for Theory**

To date, counselor development theory has not included a relational emphasis. Instead, theories propose that counselors progress through normative stages that are relatively independent from the relational context of their training environment or their own capacity for maintaining close relationships in their personal lives. Within this paradigm, an untested but common assumption is that preparation programs provide optimally for the relational needs of students (McNeill et al., 1992), and that preparation programs are not implicit in novice developmental and relational limitations.

The results of the current study provide a closer examination of relational quality within preparation programs as a correlate to self-assessments of development. Findings suggest that there are relational components to how counseling students’ perceive their development. When asked about the health of relationships with a mentor, peer, and counselor education community as a whole, the strongest effect was
seen for students’ appraisals of the relational health of their community as a whole. Students who felt they were more connected to and authentic within the overall context of their programs also reported higher developmental levels. Although counselor development theory has rested on Western assumptions that value individuation and autonomy as developmental markers, these findings lend initial support for the inclusion of a relational health perspective in counselor development theory.

Additionally, results from this study found that comfort with closeness had a strong impact on self-reported overall developmental level, as well as self-other awareness and autonomy from a supervisor. Given that attachment theory, from which comfort with closeness was derived, explains human beings’ capacity for close relating in less developmental terms, this finding is striking. Rather, an attachment framework would suggest that counseling students bring with them a stable blueprint for relating that impacts their self-appraisal of important developmental markers, and is not impacted by years of education or amount of professional counseling experience. Comfort with relational closeness may impact effectiveness in therapeutic relationships (Dunkle & Friedlander, 1996), and this study as well as attachment theory suggests that comfort with closeness may not be a domain easily affected by counselor training and experience.

Over the past decade, constructivism has been emerging as a guiding theory for counselor education. Constructivism proposes that reality is a product of meanings created in social environments, and that all truths can and should be actively examined and are open to reformulation (Nelson & Neufeldt, 1998). Constructivism in counselor education challenges educators and students alike to participate in ways in which
students are also teachers and teachers learn from students. A context of critical thought, ongoing reflection, and greater power sharing amongst the traditional experts (i.e., professors and supervisors) and students is also thought to be a more optimal environment for fostering multicultural competencies and diversity training. These environments where students are encouraged to question their assumptions and accept a multiplicity of perspectives also are likely to involve greater attention to the key aspects of relational-cultural theory—authenticity, connection, and mutual empowerment.

**Implications for Practice**

This study has several practical implications. For counselor educators and those tasked with program development, these findings suggest that the student perceptions of relational quality within counseling programs are linked to self-assessed student developmental level. Educators in particular occupy important positions within counseling programs, and thus need to consider the ways in which they shape the relational tone of their classrooms. Educators also occupy mentoring roles, modeling to various degrees the growth enhancing or disconnecting features of relationship for future counselors, supervisors and educators. Because educators, supervisors, and students comprise the counselor education community, results of this study suggest that all participants within the preparation environment need to attend to relational dimensions. Unfortunately, the culture of the academy may not be optimal for fostering the growth-enhancing, reciprocal relationships championed by RCT. Hartling and Sparks (2002) discuss the challenges of doing counseling from an RCT perspective in workplaces that foster competition, hierarchy, and self-sufficiency. Yet if students were
trained in environments that maximized RCT values, they could then bring these values into their practices and perpetuate them in counselor education and supervision as well.

At the graduate level, it is likely that counseling students, supervisors, educators have already internalized many of these dominant western values (Nelson, Gizara, Hope, Phelps, Steward, & Weitzman, 2006). To begin to reconstruct the cultural paradigm, counselor education faculty and administrators could explore the importance of creating learning atmospheres that foster optimum relational health, and critically examine the barriers to building relationally healthy academic environments. They would need to assess their relationships with each other as well as considering their potential impact on students. Then, broader conversations could begin between faculty and students, as well as within the literature on counselor education theory, practice, and research. In the short term, student progress evaluations could expand to include peer, mentor, and supervisory relational feedback. Students and colleagues could also provide instructors and supervisors with feedback on their facilitation of empathic, mutually empowering relationships. Relational health with all members of the counselor education community could be integrated as part of the curriculum in student and instructor/supervisor assessments, classroom activities, and program evaluation.

Further, RCT promotes multicultural awareness and oppression consciousness by acknowledging the sociocultural and contextual challenges faced by marginalized peoples in a society with traditional western values (Comstock et al., 2008). The theory also calls upon mental health professionals to acknowledge how “issues related to sex role socialization, power, dominance, marginalization, and subordination affect the mental health and relational development of all people” (Comstock et al., 2008, p. 279).
Thus, a focus on relational health in preparation programs may contribute to student skill acquisition and personal development while also promoting multicultural competency.

Furthermore, this study found a positive link between student counselors’ self-assessed comfort being close in their relationships and perceptions of their developmental level. Practically, preparation programs may want to consider attending to this dimension during application procedures and candidate interviews, as well as throughout the training years. Students who enter counseling programs uncomfortable with close relationships may struggle to form close therapeutic bonds with their clients not just in the initial learning phase, but throughout their careers. They may also have difficulty fostering close relationships with their peers and mentors, which could in turn detract from the relational health of the preparation community.

Limitations of the Study and Implications for Research

Limitations

This study had several limitations. First, although participants spanned a large geographic area, sampling was not random. Because this study utilized a convenience sample, the response rate and population characteristics were unknown. It is possible that student counselors in other states and regions of the United States may have reported different data on the constructs of interest. Therefore, it would be beneficial to replicate the study in other areas to assess the reliability of the findings. Also, student counselors in this study volunteered to participate. Counselors who volunteer may have significantly differed from those who chose to not volunteer. Additionally, data collection was conducted in the month prior to most programs’ winter breaks. Although graduate student counselors are busy throughout the year, the pressures of final exams and the
proximity to major holidays may have impacted the response and completion rates as well the students who chose to participate. While difficult, random sampling would improve the researcher’s ability to generalize the study findings to the population.

Results of the current study were also limited by instrumentation. While the SLQ-R (McNeill et al., 1992) has been used a fair amount in counseling research, the authors recently reported that the measure does not adequately tap the domain-specific constructs it was designed to assess (Skovholt & McNeill, 2010). It would be beneficial to broaden the scope of expert opinion on the SLQ-R and consider changes to improve its utility. A new validated measure of counselor development that assessed relational domains would be beneficial to this area of study. Likewise, the AAS subscale Close (AAS; Collins & Read, 1990) had less-than-desirable reliability. Future scale development would benefit from a refinement of this subscale to yield more reliable data.

The RHI (Liang et al., 2001) has been validated with college freshman and senior females (Liang et al., 2002) and a mixed-gender sample of clients at a university-counseling center (Frey et al., 2005). To the author’s knowledge, the current study was the first study to query graduate counseling students about relational health within their preparation programs as a whole. Adams (2010) amended the RHI to assess relational health in a counselor education classroom in which students were exposed to gender issues. Future use of the RHI with counseling students will provide researchers a richer understanding of the role of relational health in counselor development, counselor preparation programs, and therapeutic outcomes.
This study contained a single non-validated item about student perceptions of a specific or common factors emphasis in their training programs. The item included a brief definition of the terms followed by a continuum ranging from the most emphasis on specific factors to the most emphasis on common factors. Most students located their programs on the common factors end of the continuum, which seems inconsistent with a number of critiques of counselor training programs (Bergin, 1997; Mahoney, 1986; Miller, 1989; Nelson & Neufelt, 1998; Whiston & Coker, 2000; Winslade et al., 1997). A thorough analysis of the content of preparation programs from multiple perspectives would increase the reliability and validity of this item. Because the common factors are so important to therapeutic outcomes, a better understanding of the extent to which programs train their students for the common factors would be helpful.

Another limitation was the partial data collected for participants’ years of counselor education. This partial data was omitted from the final analyses to allow for an adequate sample size in the regression models. In preliminary analyses that included this data, years of education accounted for the largest proportion of variance in all four hypotheses tests. When this variable was removed, students’ years of prior professional counseling experience emerged as the strongest variable in four regression models.

Social desirability may have also contributed to student counselor responses. Counseling students may have overestimated their skills and development on their self-assessments of these constructs. Some students may have also rated their comfort with closeness more positively than others would have, given that comfort with closeness is desirable in the field of counseling. Because this study was based on self-report, it is
unknown how similar student counselors’ self-assessments would be to those offered by counseling professionals, educators, and supervisors.

**Implications for Research**

Future research examining counselor student development may be beneficial in several areas. Linking participant responses to specific preparation programs could reveal relationships between programs and developmental outcomes. The current study was correlational only. While research has indicated that supportive relationships promote human development and resilience (Spencer, 2000; Hartling & Ly, 2000; Skovholt & Ronnestad, 2003), more research is needed to determine whether the relational health of specific programs has an impact on counselor development. In this research design, it was not possible to compare student ratings of relational health in one program to those of another. Future studies could explore the relational health of several programs in-depth and compare developmental variables with program-specific perceptions of relational health. It would be also helpful to explore correlations between students’ relational health within their preparation programs and those external to their programs. Additionally, programs could be designed and piloted with relational health as a guiding framework, and student development and client outcomes could be compared with those of traditional educational models.

To date, the literature on counselor development has reflected the view that novice counselors’ capacity for the therapeutic relationships changes significantly over time (Comstock & Qin, 2005; Stoltenberg, 1981; Loganbill et al., 1982; Stoltenberg & McNeill, 2010; Skovholt & Ronnestad, 1992a). However, the findings of this study point to the need for further research into the more stable construct, comfort with relational closeness, as a possible indicator of counselor development in the preparation years.
and beyond. The present study found that students who rated their programs highly on relational health also rated themselves highly on comfort with relational closeness. Thus, studies that explored this link would help researchers better understand how each of these constructs may influence the other and ultimately impact students’ ability to experience quality relationships with their clients and within their preparation programs.

Most notably, the present area of study would benefit from the creation of a new counselor development measure that incorporates relational aspects of development. Assessment of relational health, comfort with closeness in relationships, and developmental level could be improved by gathering multiple sources of data, including evaluative feedback from peers, educators, supervisors, and even clients. New studies are needed to explore possible causal relationships between relational aspects of counselor development and therapeutic outcomes.

**Summary**

The results of this exploratory study found significant positive relationships between counseling students’ self-assessed of developmental level and their self-reports of: (1) years of prior professional counseling experience; (2) comfort with closeness in relationships; and (3) relational health within a counselor preparation community. Additionally, small negative effects for self-assessed development were found for self-reported relational quality with a mentor and supervision quality. Taken together, these findings provide preliminary support for the presence of relational features in student counselor development. Given the role of relationship quality to therapeutic outcomes, as well as the growing theoretical and practical appreciation for the importance of quality social connections in human development, both counselor development theory and counselor education practice would benefit from an ongoing
dialogue about how preparation programs do or do not attend to relational dimensions.

Future research should focus on establishing new measures of counselor development that include relational constructs, as well as the contribution of counselor relational health, comfort with closeness, and counselor development to specific therapeutic outcomes.
APPENDIX A
RELATIONAL HEALTH INDICES*
(RHI; Liang, Tracy, Williams Taylor, Jordan, & Miller, 2002)

The following questions pertain to your relationships with "mentors" (other than your parents or whoever raised you) to who you go for support and guidance. A mentor is not a peer or romantic partner. For the purposes of this study, please choose a professor or supervisor within your counselor education department (not an off-site supervisor) whom you view as a mentor, or to whom you feel the strongest sense of connection. By mentor we mean someone who often is older than you, has more experience than you, and is willing to listen, share her or his own experiences, and guide you through some area of your life (e.g., academic, social, athletic, religious).

If you have more than one mentor, please answer the following questions regarding the mentor who is most important to you.

If you have more than one mentor, please answer the following questions regarding the mentor who is most important to you.

RHI – Mentor
For each statement below, please indicate the number that best applies to your relationship with this mentor.

1. I can be genuinely myself with my mentor.
   ○ 1 Never ○ 2 Seldom ○ 3 Sometimes ○ 4 Often ○ 5 Always

2. I believe my mentor values me as a whole person (e.g., professionally/academically and personally).
   ○ 1 Never ○ 2 Seldom ○ 3 Sometimes ○ 4 Often ○ 5 Always

3. My mentor's commitment to and involvement in our relationship exceeds that required by his/her social/professional role.
   ○ 1 Never ○ 2 Seldom ○ 3 Sometimes ○ 4 Often ○ 5 Always

4. My mentor shares stories about his/her own experiences with me in a way that enhances my life.
   ○ 1 Never ○ 2 Seldom ○ 3 Sometimes ○ 4 Often ○ 5 Always

5. I feel as though I know myself better because of my mentor.
   ○ 1 Never ○ 2 Seldom ○ 3 Sometimes ○ 4 Often ○ 5 Always

6. My mentor gives me emotional support and encouragement.
   ○ 1 Never ○ 2 Seldom ○ 3 Sometimes ○ 4 Often ○ 5 Always
7. I try to emulate the values of my mentor (such as social, academic, religious, physical/athletic).
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

8. I feel uplifted and energized by interactions with my mentor.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

9. My mentor tries hard to understand my feelings and goals (academic, personal, or whatever is relevant).
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

10. My relationship with my mentor inspires me to seek other relationships like this one.
    ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

12. I feel comfortable expressing my deepest concerns to my mentor.
    ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

RHI – Peer

The following questions pertain to your friendships with peers in your Counselor Education department (excluding family members or a romantic partner). A close friend is someone whom you feel attached to through respect, affection and/or common interests, someone you can depend on for support and who depends on you. Please answer the next questions regarding just ONE of your closest friends in your Counselor Education Department. If you do not have a close friend in the department, please select the peer with whom you have the closest friendship. (Please do not select a family member or romantic partner).

Next to each statement below, please indicate the number that best applies to your relationship with a close friend.

1. Even when I have difficult things to say, I can be honest and real with my friend.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

2. After a conversation with my friend, I feel uplifted.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

3. The more time I spend with my friend, the closer I feel to him/her.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always

4. I feel understood by my friend.
   ○ 1 Never  ○ 2 Seldom  ○ 3 Sometimes  ○ 4 Often  ○ 5 Always
5. It is important to us to make our friendship grow.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

6. I can talk to my friend about our disagreements without feeling judged.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

7. My friendship inspires me to seek other friendships like this one.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

8. I am uncomfortable sharing my deepest feelings and thoughts with my friend.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

9. I have a greater sense of self-worth through my relationship with my friend.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

10. I feel positively changed by my friend.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

11. I can tell my friend when he/she has hurt my feelings.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

12. My friendship causes me to grow in important ways.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

RHI – Community

The following questions pertain to your classroom community. For the purposes of this study, your community is your Counselor Education department as a whole, including your cohort, professors, and other members of your department with whom you come into contact. Next to each statement below, please indicate the number that best applies to your relationship with or involvement in this community.

1. I feel a sense of belonging to this community.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

2. I feel better about myself after my interactions with this community.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

3. If members of this community know something is bothering me, they ask me about it.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

4. Members of this community are not free to just be themselves.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always
5. I feel understood by members of this community.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

6. I feel mobilized to personal action after meetings within this community.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

7. There are parts of myself I feel I must hide from this community.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

8. It seems as if people in this community really like me as a person.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

9. There is a lot of backbiting and gossiping in this community.
   ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

10. Members of this community are very competitive with each other.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

11. I have a greater sense of self-worth through my connection with this community.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

12. My connections with this community are so inspiring that they motivate me to pursue relationships with other people outside this community.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

13. This community has shaped my identity in many ways.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

14. This community provides me with emotional support.
    ○ 1 Never   ○ 2 Seldom   ○ 3 Sometimes   ○ 4 Often   ○ 5 Always

*With minor adaptations to specify that, for the purposes of this study, respondents should select a peer and mentor in their counselor preparation program, and the community should refer to the students’ counseling program as a whole.
APPENDIX B
COMFORT WITH CLOSENESS
(AAS, Collins & Read, 1990)

For each of the following items, please indicate to what extent the statement is characteristic of you. Thank you.

1.) I find it relatively easy to get close to others.

Not at all characteristic | Very characteristic
1 | 2 | 3 | 4 | 5

2.) I do not often worry about someone getting too close to me.

Not at all characteristic | Very characteristic
1 | 2 | 3 | 4 | 5

3.) I am somewhat uncomfortable being close to others.

Not at all characteristic | Very characteristic
1 | 2 | 3 | 4 | 5

4.) I am nervous when anyone gets too close.

Not at all characteristic | Very characteristic
1 | 2 | 3 | 4 | 5

5.) I am comfortable having others depend on me.

Not at all characteristic | Very characteristic
1 | 2 | 3 | 4 | 5

6.) Often, love partners want me to be more intimate than I feel comfortable being.

Not at all characteristic | Very characteristic
1 | 2 | 3 | 4 | 5
The following instrument is designed to study the behavior of counselors/therapists in training. The gaining of skills as a counselor/therapist is a learning process, and therefore it is necessary to continuously gather new information. Your total honesty will be appreciated.

In terms of your current behavior, please answer the items below according to the following scale.

For questions that refer to a supervisor, please refer to the supervisor within your department rather than the supervisor appointed to you at your practicum or internship site.

1: Never
2: Rarely
3: Sometimes
4: Half of the Time
5: Often
6: Most of the Time
7: Always

1) I feel genuinely relaxed and comfortable in my counseling/therapy sessions.

Never
1 2 3 4 5 6 7

Always

2) I am able to critique counseling tapes and gain insights with minimal help from my supervisor.

Never
1 2 3 4 5 6 7

Always

3) I am able to be spontaneous in counseling/therapy, yet my behavior is relevant.

Never
1 2 3 4 5 6 7

Always

4) I lack self-confidence in establishing counseling relationships with diverse client types.

Never
1 2 3 4 5 6 7

Always
5) I am able to apply a consistent personalized rationale of human behavior in working with my clients.

   Never  1  2  3  4  5  6  7
   Always

6) I tend to get confused when things don’t go according to plan and lack confidence in my ability to handle the unexpected.

   Never  1  2  3  4  5  6  7
   Always

7) The overall quality of my work fluctuates; on some days I do well, on other days, I do poorly.

   Never  1  2  3  4  5  6  7
   Always

8) I depend upon my supervisor considerably in figuring out how to deal with my clients.

   Never  1  2  3  4  5  6  7
   Always

9) I feel comfortable in confronting my clients.

   Never  1  2  3  4  5  6  7
   Always

10) Much of the time in counseling/therapy, I find myself thinking about my next response, instead of fitting my intervention into the overall picture.

   Never  1  2  3  4  5  6  7
   Always

11) My motivation fluctuates from day to day.

   Never  1  2  3  4  5  6  7
   Always

12) At times, I wish my supervisor could be in the counseling/therapy session to lend a hand.

   Never  1  2  3  4  5  6  7
   Always
13) During my counseling/therapy sessions, I find it difficult to concentrate because of my concern with my own performance.

Never 2 3 4 5 6 7 Always
1

14) Although at times, I really want advice/feedback from my supervisor, at other times I really want to do things my own way.

Never 2 3 4 5 6 7 Always
1

15) Sometimes the client’s situation seems so hopeless, I just don’t know what to do.

Never 2 3 4 5 6 7 Always
1

16) It is important that my supervisor allows me to make my own mistakes.

Never 2 3 4 5 6 7 Always
1

17) Given my current state of professional development, I believe I know when I need consultation from my supervisor and when I don’t.

Never 2 3 4 5 6 7 Always
1

18) Sometimes I question how suited I am to be a counselor/therapist.

Never 2 3 4 5 6 7 Always
1

19) Regarding counseling/therapy, I view my supervisor as a teacher/mentor.

Never 2 3 4 5 6 7 Always
1

20) Sometimes I feel that counseling/therapy is so complex, I will never be able to learn it all.

Never 2 3 4 5 6 7 Always
1

129
21) I believe I know my strengths and weaknesses as a counselor/therapist sufficiently well to understand my professional potential and limitations.

Never
1 2 3 4 5 6 7
Always

22) Regarding counseling/therapy, I view my supervisor as a peer/colleague.

Never
1 2 3 4 5 6 7
Always

23) I think I know myself well and am able to integrate that into my therapeutic style.

Never
1 2 3 4 5 6 7
Always

24) I find I am able to understand my client’s view of the world, yet help them objectively evaluate alternatives.

Never
1 2 3 4 5 6 7
Always

25) At my current level of professional development, my confidence in my abilities is such that my desire to do counseling/therapy doesn’t change much from day to day.

Never
1 2 3 4 5 6 7
Always

26) I find I am able to empathize with my clients’ feeling states, but still help them focus on problem resolution.

Never
1 2 3 4 5 6 7
Always

27) I am able to adequately assess my interpersonal impact on clients and use that knowledge therapeutically.

Never
1 2 3 4 5 6 7
Always

28) I am adequately able to assess the client’s interpersonal impact on me and use that therapeutically.

Never
1 2 3 4 5 6 7
Always
29) I believe I exhibit a consistent professional objectivity, and an ability to work within my role as a counselor/therapist without undue over-involvement with my clients.

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30) I believe I exhibit a consistent professional objectivity, and an ability to work within my role as a counselor/therapist without excessive distance from my clients.

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<th>Always</th>
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Please read the following section before proceeding to the next item.

The "common factors" of counseling are aspects of the counseling process that may impact client outcomes. These factors exist regardless of the counselor’s theoretical orientation or use of particular interventions (Wampold, 2001). Some common factors include the quality of the counselor-client relationship, the counselor’s personal qualities, the client’s belief in counseling, and the client’s access to external resources and support.

The "specific factors" of counseling are aspects of counseling that may impact client outcomes. Specific factors differ from counselor to counselor and include the counselor’s unique theoretical orientation, use of manualized treatment protocols, the client’s diagnosis, and theory-driven interventions (Wampold, 2001).

1. Please indicate the extent to which your counseling program AS A WHOLE emphasizes the common factors and specific factors in your training. Please exclude experiences at your practicum and/or internship sites.

   1 indicates a much greater emphasis on specific factors than common factors.
   4 indicates an equal degree of emphasis on both specific and common factors.
   7 indicates a much greater emphasis on common factors than specific factors.

<table>
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<tr>
<th>Specific Factors</th>
<th>Equal Amount</th>
<th>Common Factors</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
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2. Are you currently under clinical supervision?

   If no, please answer the following items based on the last semester you received supervision.

   Yes
   No

3. What type(s) of supervision do you currently receive?

   Select all that apply:

   Group supervision from a faculty member in my department
   Group supervision from a doctoral student in my department
   Group supervision at my Practicum/Internship site
Individual supervision from a doctoral student in my department

Individual supervision from a faculty member in my department

Individual supervision at my Practicum/Internship site

4. **Please rate the quality of the supervision you receive.** For the purposes of this study, supervision quality includes your assessment of the usefulness of the supervision to your clinical work and to your personal and professional development.

**Group supervision from a faculty member in my department:**

1: Poor  
2: Fair  
3: Good  
4: Very Good  
5: Excellent

**Group supervision from a doctoral student in my department:**

1: Poor  
2: Fair  
3: Good  
4: Very Good  
5: Excellent

**Group supervision at my Practicum/Internship site:**

1: Poor  
2: Fair  
3: Good  
4: Very Good  
5: Excellent

**Individual supervision from a faculty member in my department:**

1: Poor  
2: Fair  
3: Good  
4: Very Good  
5: Excellent
Individual supervision from a doctoral student in my department:

1: Poor
2: Fair
3: Good
4: Very Good
5: Excellent

Individual supervision at my Practicum/Internship site:

1: Poor
2: Fair
3: Good
4: Very Good
5: Excellent

5. Since the age of 18, have you voluntarily seen a counselor(s) for your own personal counseling?

1. Yes
2. No
3. Not available

6. If yes, approximately how many counseling sessions have you attended? Please include all voluntary counseling sessions since the age of 18 in your estimate.

1-5 sessions
5-10 sessions
10-15 sessions
16-20 sessions
20-30 sessions
Over 30 sessions

7. Overall, how helpful was the counseling that you received?

1: Not at all helpful
2: A little helpful
3: Somewhat helpful
4: Very helpful
5: Extremely helpful
8. What is your gender?
   1: Female  
   2: Male  
   3: Transgendered  
   4: Not available

9. What is your race (select all that apply)?
   White/Caucasian  
   African-American/Black  
   Asian  
   Native-American  
   Latino/Hispanic  
   Other:_____________

10. Please indicate your age in years.
   18 – 21  
   22 – 25  
   26 – 30  
   31 – 35  
   36 – 40  
   41 – 45  
   46 – 50  
   Over 50

11. Please indicate the number of years you have worked as a professional counselor prior to entering your current counseling program
   0  
   1-3  
   4-6  
   7-10  
   Over 10 years

12. Please indicate the state in which you attend graduate school:
   Drop-down menu of all 50 states with abbreviations
LIST OF REFERENCES


BIOGRAPHICAL SKETCH

Sara Nash received a Bachelor of the Arts degree in political science from the University of Florida. She later attained a Master of Education degree and an Educational Specialist degree in mental health counseling from the University of Florida. Her research interest in student counselor development grew out of her experiences in preparation environments both in and out of the academy that provided vastly different opportunities for authentic engagement. She believes that educators’ and supervisors’ expectations of new counselors may be unnecessarily low, and that more students may respond to challenges for greater connection when they feel safe, supported, and can see their mentors, professors, and supervisors modeling the same behaviors. She has witnessed counseling students mocking peers for risking vulnerability in classroom and supervision settings, as well as heard instructors and supervisors state that attending to students’ relational development and emotional disclosure was not their responsibility. She wonders often about what would happen to restricted novice development if counseling program cultures promoted and expected more authenticity, engagement, and interpersonal process from students, professors, and supervisors alike.

Sara is currently an assistant clinical professor at the University of Florida where she practices psychotherapy and helps coordinate crisis and emergency response for the campus. She also sees counselors in private practice, plays music, and paints as often as she can. Out of this dissertation study, she intends to develop an experiential training to prepare student counselors for the relational challenges of crisis work, and advocate for increased attention to relational constructs in CACREP training programs.