

DRISCOLL, KATHLEEN H., Ph.D. Exploring the Effects of Personal Counseling on the Development of Counselors in Training. (2020)
Directed by Dr. Craig Cashwell. 192pp.

Graduate students from all disciplines report stressful experiences related to academic workload, lack of a healthy work life balance, assistantship responsibilities, and finances (Fox, 2008; Mazzola et al., 2011; Oswalt & Riddock, 2007; Wyatt & Oswalt 2013). Specifically, counselors in training (CITs) experience a combination of graduate school academic rigor with the practice of sitting with clients and developing skills, knowledge, and counseling style. Becoming a counselor is emotionally demanding (Folkes-Skinner, 2016; Folkes-Skinner, Elliot, & Wheeler, 2010; Howard, Inman, & Altman, 2006; Orlinsky & Rønnestad, 2005; Skovholt & Rønnestad, 2003) and interpersonal and intrapersonal changes are elicited through training (Furr & Carroll, 2003). As self-exploration is emerging in training, perturbation of the self is also developing, occasioning developmental transitions that present unique challenges. It appears that CITs need support throughout their counselor development journey to buffer personal and psychological distress. Although there may be many such factors, including emotional, logistical, and financial support from family and friends, the support of other students in the program, and faculty who are sensitive to student struggles, personal counseling seems one approach to self-care and self-awareness that warrants attention. It seems possible that personal counseling may be an avenue for CITs that could facilitate increased self-awareness, healthy counselor development, and personal well-being.

To date, research on personal counseling has been primarily a) international, b) with participants who were mandated to access counseling, and c) with participants who

were from a range of interdisciplinary mental health training programs. Accordingly, little is known specifically about US-based CITs' experiences related to accessing personal counseling during their training program. That is, counselor education researchers have yet to uncover the breadth and depth of the lived experiences of US-based CITs who voluntarily access counseling services.

The purpose of this study was to explore the experiences of CITs accessing personal counseling and how this impacts counselor development in specific regards to self-awareness, empathy development, self-reflection, tolerance for ambiguity, self-efficacy, and self-care. The following research questions were addressed through this study: (1) What are the experiences of CITs utilizing personal counseling during their training program? (2) How do CITs understand how their personal counseling experience has influenced their development as a professional counselor? Through qualitative interviews, the experiences of CITs and the impacts on counselor development were explored, as well as the positive and negative aspects of these experiences.

In analyzing ten individual interviews with master's level CITs voluntary seeking counseling, five domains emerged that provide insight into the research questions. The domains include the following: (1) previous counseling experience, (2) motivation, (3) personal takeaways of going to counseling, (4) professional takeaways of going to counseling, and (5) other. Categories and subcategories emerged within these domains as well including the following: a) academic/professional encouragement, b) meaningful counseling experiences, c) family, social and cultural influences, d) logistical barriers, e) counselor relationship, f) learning from the counseling, g) positive impact on counselor

development, and h) personal counseling is considered “best practice”. Research results, study limitations, implications for counselor educators, counselor training, and CITs, and future research directions are discussed.

EXPLORING THE EFFECTS OF PERSONAL COUNSELING ON THE
DEVELOPMENT OF COUNSELORS IN TRAINING

by

Kathleen H. Driscoll

A Dissertation Submitted to
the Faculty of The Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

Greensboro
2020

Approved by

Dr. Craig Cashwell
Committee Chair

APPROVAL PAGE

This dissertation, written by Kathleen H. Driscoll, has been approved by the following committee of the Faculty of The Graduate School at The University of North Carolina at Greensboro.

Committee Chair Craig Cashwell

Committee Members Kelly Wester
Connie Jones
Diane Gill

March 12, 2020
Date of Acceptance by Committee

March 12, 2020
Date of Final Oral Examination

ACKNOWLEDGEMENTS

My expressions of appreciation and thanks seem too much to account for in this section of my dissertation, but I will do my best to share my process of gratitude. First of all, I would like to thank my committee, especially my dissertation chair, Dr. Craig Cashwell, for providing me the mentorship, encouragement, and support that I needed throughout this journey. Now, I cannot believe I walked out of his office with a “let me think about it” after he stated that he would like to be my dissertation chair. However, with a follow up email to him expressing my overwhelming agreement to his offer, he shared that he thought it was wise of me to think on it, and in that moment, I felt mutual respect and kindness from him. Those feelings have never wavered... thank you. Dr. Jones and Dr. Wester have provided me with empowering words and challenging questions related to who I am as a woman and a scholar, and I consider both of these women to be esteemed role models for me. On the day of my defense, Dr. Jones said to me, “you did it your way”, and I could feel us both share in that feeling of pride and joy. Thank you both for honoring who I am, accepting me as I am, and allowing space for me to feel broken and strong all at the same time.

I would like to thank my parents for their emotional support in this journey. There were countless phone calls and visits where I was clearly struggling and my parents never invalidated that experience for me. My parents’ expressions of pride and happiness have been ever present, and during my defense, I witnessed a meaningful moment between the two of them. They looked at each other with tears in their eyes as well as a sense of wonder, awe, and love at our family as a whole. I will never forget that

moment. There are parts of this journey where I have felt more love from them than ever before... thank you and I love you both so much.

I would also like to express my appreciation and gratitude for my partner, Joel, who has seen the day to day progression of my personal process and this document. Thank you for loving me at my worst and celebrating excitement and happiness when I am at my best. You have always believed in me, my work, and my creativity. Thank you for reminding me that this is mine and no one else's, and that I can do anything I set my mind and heart to. I love you.

Throughout this journey of delving into counseling and how that process can help others, there has been much reflection on my end about my time in counseling and what I have received and integrated from, who I consider to be, the most brilliant of therapists. My previous therapist, Roberta Seldman, passed away during my first year in the doctoral program. My memories of her words, her presence, and our relationship are felt almost daily and I feel great solace in knowing that our last time together was full of love and gratitude. I spent so much of our time together thanking her for how she helped me, and in our last moments together she thanked me and shared how proud she was of me. While she was not physically present in my progression through this endeavor, she was spiritually present and I can still feel her love. My current therapist, Ernest McCoy, has been a constant source of the most loving expressions of challenge and support. I have never known anyone like him, and this is said in the best way possible. I appreciate the way you facilitate my process of being and how you allow yourself to be curious, inquisitive, creative, and kind. I aspire to adopt those characteristics of creativity and

freedom that you effortlessly embody in our sessions. Thank you for being you, because in witnessing your eminence of who you are, I allow myself to be fully embodied and alive.

Finally, there are countless dear friends who have supported me through my dissertation and my time in the doctoral program. When thinking about how you all have helped me, all I can say is thank you for helping me feel less alone. Thank you for getting in the weeds with me and allowing me to be exactly where I am. I love being able to celebrate the joys with you as well as the sorrows. I have felt so loved by you all, and everyone mentioned above, throughout this journey. Much love and gratitude to you all.

TABLE OF CONTENTS

	Page
LIST OF TABLES	xi
CHAPTER	
I. INTRODUCTION	1
The Integrative Developmental Model of Supervision	3
Counselor Development of Self-Awareness	4
Lived Experiences of CITs	5
Statement of the Problem	8
Need for the Study	9
Purpose of the Study	10
Research Questions	10
Operational Definitions	11
Overview of the Study	11
II. LITERATURE REVIEW	13
CIT Educational and Experiential Journey	13
Counselor Development within Accreditation, Ethics, and Social Justice Competencies	13
The CACREP Standards	14
The ACA Code of Ethics	14
The MSJCCs	15
Counseling Theoretical Orientation	16
Counselor Development	17
Self-Reflection	18
Self-Awareness	20
Tolerance for Ambiguity and Uncertainty	26
Self-Efficacy	29
Empathy	31
Counselor Self-Care and Wellness	33
Professional Counselors' Experiences with Personal Counseling	36
CITs' Experiences with Personal Counseling	40
The Integrated Developmental Model	50
The Levels of Counselor Development	51

Level 1	52
Level 2	52
Level 3	53
Level 3i	53
Self-/-Other Awareness Construct	54
Connections to Counselor Development Processes.....	55
Empirical Evidence for the IDM.....	56
Limitations of the IDM.....	59
III. METHODOLOGY	62
Introduction.....	62
Research Questions.....	62
Methodology.....	63
Philosophical Context of CQR.....	63
Key Components of CQR.....	66
Rationale for Using CQR Methodology	67
Participants.....	69
Measures	70
Procedures.....	70
Research Team.....	70
Recruitment and Sampling.....	72
Interview Protocol.....	74
Initial Interview Guide.....	75
Pilot Study.....	77
Revised Interview Guide.....	81
Data Analysis.....	82
Limitations of the Study.....	85
IV. RESULTS	86
Modifications to the Method.....	86
Recruitment Procedures, Participants, Data Collection and Data Analysis.....	87
Recruitment Procedures	87
Participants.....	88
Data Collection	91
Data Analysis.....	91
Overview of the Findings.....	92
Research Question 1: Main Domains and Categories.....	97
Domain One: Previous Counseling Experience	97
Utilizing Counseling Prior to Graduate Program (Typical)	97

Impactful Previous Counseling	
Experience (Variant)	98
Positive (Variant)	98
Negative (Variant)	99
No Prior Counseling Experience (Rare)	99
Current Counseling Experience (Variant)	99
Returning to Counseling for Personal	
or Professional Reasons (Variant)	100
Program Expectation (Variant)	100
Domain Two: Motivation	101
Meaningful Counseling Experience	
(General)	101
Sources that Impact Motivation (General)	103
Academic/Professional	
Encouragement (General)	103
Social Encouragement (Typical)	104
Family/Cultural Influences	
(Typical)	104
Experiences of Stigmatization	
(Variant)	106
No Experiences of Stigmatization	
(Variant)	106
Motivation (Variant)	107
Domain Three: Personal Takeaways of Going to	
Counseling	108
Counselor Relationship (General)	108
Positive Impacts of Counseling (General)	110
Barriers to Counseling (General)	111
Logistical Barriers (General)	111
Familial and Cultural Barriers	
(Variant)	113
Personal Internal Barriers (Variant)	114
Supports for Counseling (Typical)	115
Logistical Supports (Variant)	115
Personal Internal Supports (Variant)	116
External Supports (Variant)	116
Helpful Processes of Counseling (Variant)	116
Wanting Others to Value Counseling (Rare)	117
Research Question 2: Main Domains and Categories	117
Domain Four: Professional Takeaways of Going to	
Counseling	117
Professional Development (Variant)	118
Learning from the Counselor	
(General)	118

Positive Impact on Counselor Development (General)	120
Importance of Being in the Client Role (Typical)	122
Counselor Relationship (General).....	123
Unhelpful Professional Impacts (General).....	125
Perceived Disconnection (Variant)	125
Personal Barriers (Variant)	126
Counselor Unprofessional Behaviors (Variant)	126
Domain Two: Motivation.....	127
Personal Counseling is Considered “Best Practice” (General).....	127
Domain Three: Personal Takeaways of Going to Counseling	129
Positive Impacts of Counseling (General)	130
Helpful Processes of Counseling (Variant).....	131
Domain Five: Other.....	131
V. DISCUSSION	133
Summary of Findings.....	134
Findings by Research Question	135
Research Question 1: What are the Experiences of CITs Utilizing Personal Counseling during their Training Program?.....	135
Previous Counseling Experience	136
Motivation.....	137
Personal Takeaways of Going to Counseling	141
Research Question 2: How do CITs Understand how their Personal Counseling Experience has Influenced their Development as a Professional Counselor?	146
Professional Takeaways of Going to Counseling	146
Motivation.....	150
Personal Takeaways of Going to Counseling.....	150
Summary of Discussion	151
Limitations	151
Implications.....	153
Directions for Future Research	156
Conclusion	158
REFERENCES	160

APPENDIX A. IDM COPYRIGHT PERMISSION	183
APPENDIX B. INTIAL DEMOGRAPHIC QUESTIONNAIRE	184
APPENDIX C. RECRUITMENT EMAIL.....	186
APPENDIX D. REVISED DEMOGRAPHIC QUESTIONNAIRE	187
APPENDIX E. REVISED INTERVIEW GUIDE.....	190
APPENDIX F. SOCIAL MEDIA FLYER.....	192

LIST OF TABLES

	Page
Table 1. The Integrated Developmental Model (IDM).....	51
Table 2. Demographics of Participants (Overview)	89
Table 3. Participant CIT Profiles	90
Table 4. Domain Definitions.....	92
Table 5. Domains, Categories, Participants, and Frequency Labels.....	93

CHAPTER I

INTRODUCTION

According to the Council for Accreditation of Counseling and Related Educational Programs (CACREP), 46,389 counselors in training (CITs) were enrolled in master's or doctoral level counseling programs in 2017 (CACREP, 2017). This number does not include CITs in non-accredited programs, so the actual number of CITs is likely well over 50,000 in any given year. With a large number of these students graduating and entering the work force, it is imperative to know that students are prepared to serve consumers. It seems clear, however, that not all students are a good fit for the counseling field. For example, Gaubatz and Vera (2002a, 2006b) found that about 10% of students in master's level training programs may be poorly suited for clinical work in terms of professional deficiencies (i.e. poor interpersonal, emotional, skills-based, or professional fitness). In counseling training programs, both professional skills and interpersonal and intrapersonal fitness for the counseling field are assessed by faculty (Gaubatz & Vera, 2002a; Olkin & Gaughen, 1991), highlighting the responsibility of training programs to properly prepare and monitor students, including gatekeeping those students who are inappropriate for the counseling profession (Bernard & Goodyear, 2004; Wissel, 2014).

Typically, counselor education training relies on the framework of the Multicultural and Social Justice Counseling Competencies (MSJCCs), which involve the CIT developing knowledge, skills, and awareness about themselves, other individuals,

and groups (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015). Although, this framework aids in the multifaceted development of students, there are also other important components of training involving experiential activities, case studies, clinical supervision (ACA Code of Ethics, 2014), and group process discussions that are aimed at students developing personal and interpersonal awareness (Topuz & Arasan, 2014). Collectively, these experiences are intended to cultivate counselor development, including increased knowledge and awareness of self and others. Accordingly, developing self-awareness is integral to the pedagogy of counselor education. Such self-awareness seems vital for the developing counselor who will, in turn, be cultivating such self-exploration and self-awareness among the clients they serve.

Self-awareness for counselors is defined as both an affective and cognitive process. In fact, Stoltenberg and McNeill (2010) wrote that self-awareness is “the development of the therapist’s knowledge base, cognitive and affective, as well as the therapist’s ability to utilize this knowledge in the professional context” (p. 24). Within this definition, the integration of self and clinical practice is evident; that is, the development of this knowledge base is only useful to the extent that the counselor can integrate awareness into practice. There are other core areas of counselor development, including self-reflection (Guiffrida, 2005), tolerance for ambiguity (Jahn & Smith-Adcock, 2017), self-efficacy (Norcross, 2010), empathy (Depue & Lambie, 2014), and counselor self-care (Norcross, 2010). Self-awareness penetrates these developmental areas in that knowledge and awareness of the self may inform or shape the CITs’

developmental experience through training. The Integrative Development Model of supervision provides one framework for understanding counselor development, including the development of self-awareness.

The Integrative Developmental Model of Supervision

The Integrative Developmental Model of Supervision (IDM) provides a lens to frame self-awareness development among developing counselors. In the IDM, Stoltenberg and McNeill (2010) described the multifaceted development of counselors. Within the model, there are overarching structures and specific domains involving personal and professional clinical development. Through this lens, counselors are seen to develop across the structures of motivation, autonomy, and self-/other-awareness. For the purposes of this study, self- and other-awareness, including both the cognitive and affective dimensions, will serve as the focal point.

The self- and other-awareness structures relate to the thought processes and emotional processes of the therapist and the relation of self to other in clinical practice. This structure is affected through the development of the therapists' schemata, or knowledge, especially in correspondence with how the therapist chooses to use this knowledge with clients (Stoltenberg & McNeill, 2010). The development from Level 1 to Level 3-integrated (3i) demonstrates the evolution of self and other awareness among counselors. According to the IDM, counselors in training will be functioning at different levels across the domains at any point in time (Stoltenberg & McNeill, 2010).

The IDM has been studied primarily with graduate students in training in mental health settings (Smith, 2009), making the model an appropriate lens to view CITs'

development. Additionally, the IDM has been one of the most researched counselor development supervision models as it has been applied to other helping settings (i.e. social services and health care; Salvador, 2016). Using this model to conceptualize self-awareness development provides a lens through which counselor self-awareness can be considered.

Counselor Development of Self-Awareness

While in training, CITs engage in self-exploration to gain self-awareness, which the authors of IDM suggest is critical to counselor development (Stoltenberg, 1981; Stoltenberg & McNeill, 2010). Such personal growth is considered necessary and, indeed, ethically mandated. For example, in the ACA Code of Ethics (2014), “self-growth is an expected component of counselor education” (F.8.c, p. 14). Similarly, accreditation standards require that admissions committees consider self-awareness and emotional stability as criteria for admission to doctoral programs (CACREP, 2016; Section VI.A.1.3.c). Although classroom experiences, readings, assignments, clinical experiences, and clinical supervision all contribute to this self-investigation, it seems plausible that CITs seeking personal counseling also may support the development of self-awareness. In fact, scholars have described personal counseling as the ‘epicenter’ of education for counselors (Bike et al., 2009; Gold et al., 2015).

Accordingly, then, although there likely are many processes that enhance personal development and self-awareness among CITs, one that warrants scholarly attention is counselors’ engagement in their own counseling. This phenomenon began with Sigmund Freud and his belief that before providing analysis to others one must first complete their

own psychoanalysis (Freud, 1958; Gold et al., 2015). Similarly, other scholars have described how exploring personal histories may illuminate critical aspects of development (Gold et al., 2015; Wampler & Strupp, 1976) and be an invaluable component in training (Ciclitira et al., 2012). Accessing personal counseling in conjunction with educational training may be integral to the evolution CITs' development.

From the client perspective, counseling can be defined as the process of gaining insight (Hill, 2014), attaining greater self-awareness (Corey, 2013), constructing self-change (Bohart & Tallman, 2010; Bozarth et al., 2002; Corey, 2013), and integrating the body, emotions, and intellect (Clarkson & Cavicchia, 2014). Utilizing this definition yields the understanding of counseling as a dynamic process of client introspection and self-acceptance. From this holistic perspective, counseling addresses the integration of the various experiences of the human condition. As CITs are engaging in their process of training and development, integration of their own lives and experiences also may be evolving in similar ways. This is challenging as it is occurring simultaneously with a time of high stress and intellectual challenges. Accordingly, the development of self-awareness must be considered within the overall lived experience of CITs.

Lived Experiences of CITs

Graduate students from all disciplines report stressful experiences related to academic workload, lack of a healthy work life balance, assistantship responsibilities, and finances (Fox, 2008; Mazzola et al., 2011; Oswald & Riddock, 2007; Wyatt & Oswald 2013). Specifically, CITs experience a combination of graduate school academic rigor

with the practice of sitting with clients and developing skills, knowledge, and counseling style. Becoming a counselor is emotionally demanding (Folkes-Skinner, 2016; Folkes-Skinner, Elliot, & Wheeler, 2010; Howard, Inman, & Altman, 2006; Orlinsky & Rønnestad, 2005; Skovholt & Rønnestad, 2003) and interpersonal and intrapersonal changes are elicited through training (Furr & Carroll, 2003). As self-exploration is emerging in training, perturbation of the self is also developing, occasioning developmental transitions that present unique challenges. Also, in specific relation to CITs, Barnett and Cooper (2009) stated, “many who decide to become mental health professionals have increased vulnerability to distress and impairment as a result of family history, personal background, and motivations for entering the profession” (p. 16). Although the personal experiences of childhood and life experience may enhance empathy and compassion for others, there likely are emotionally charged personal experiences that CITs may feel and possibly even bring to their graduate studies. The intricacies of CITs’ experiences in graduate school highlight the intrapersonal experience that is occurring as a multifaceted student, counselor, and person. With the abundance of change and personal and professional responsibilities at play, it makes sense that trainees commonly experience stress and intense emotionality. As CITs are wrestling with their inner struggles, understanding and applying self-care is needed and integral to their development.

Wardel and Mayorga (2016) argued that “one of the areas of preparedness for emerging counselors needs to be on wellness behavior by discussing the variables that can lead to burnout for the emerging counseling professional” (p. 11). It seems clear,

then, that there are emotional demands on CITs and that they may be vulnerable to balancing professional and personal struggles. It appears that CITs need support throughout their counselor development journey to buffer personal and psychological distress. Although there may be many such factors, including emotional, logistical, and financial support from family and friends, the support of other students in the program, and faculty who are sensitive to student struggles, personal counseling seems one approach to self-care and self-awareness that warrants attention. It seems possible that personal counseling may be an avenue for CITs that could facilitate increased self-awareness, healthy counselor development, and personal well-being.

The literature involving CITs accessing personal counseling ranges in experiences, demographics, and methodologies. Most of the research in this realm involves studies utilizing responses from interdisciplinary mental health trainees within international settings. Moller, Timms, and Alilovic (2009) and Macaskill and Macaskill (1992) studied the experiences of counseling and clinical psychology students based in the United Kingdom who were mandated to access counseling in accordance with their training standards. The qualitative responses from participants ranged from positive aspects of increased understanding of the client role, increased self-awareness, and emotional support (Moller et al., 2009) to negative effects including psychological distress (Macaskill & Macaskill 1992). Similarly, McEwan and Duncan (1993) quantitatively studied UK-based counseling and clinical psychology students who accessed personal counseling either as a requirement, recommendation, or by choice. The findings suggested levels of disappointment in counseling services both through the

service itself and the training environment that made the opportunity for counseling; participants reported no choice of therapist (49%), no proper screening from the therapist prior to therapy (62%), and no follow-up care after termination of counseling (49%) (McEwan & Duncan, 1993; Orlinsky et al., 2011). The sparse research that has been conducted in the United States has either focused on mental health professions other than counseling or been interdisciplinary, thereby not specifically focusing on professional counselor trainees (Byrne & Shufelt, 2014; Dearing, Maddux, & Tangney, 2005). Also, the research methods used are quantitative in nature, therefore negating the possibility of fully understanding the lived experiences of CITs in CACREP accredited programs who utilize personal counseling (Conteh, Mariska, & Huber 2018; Oden, Miner-Holden, & Balkin, 2009; Prosek, Holm, & Daly 2013).

To date, research on personal counseling has been primarily a) international, b) with participants who were mandated to access counseling, and c) with participants who were from a range of interdisciplinary mental health training programs. Accordingly, little is known specifically about US-based CITs' experiences related to accessing personal counseling during their training program. That is, counselor education researchers have yet to uncover the breadth and depth of the lived experiences of US-based CITs who voluntarily access counseling services.

Statement of the Problem

Not only are clinical skills and academic knowledge vital to students' mastery of counseling training, but the personhood of CITs is equally valuable in conducting sound therapeutic work. As Aponte (2009) stated, "all therapy is a marriage of the technical

with the personal” (p. 395). Within the interconnectedness between personhood and professionalism, it is important to note that CITs often experience emotional difficulties as they balance their personal growth with the needs of clients with immense struggles (Skovholt, 2001; Thompson, Frick, & Trice-Black, 2011). CITs may be exposed to situations that are surprising and challenging to their philosophical ideals about humanity (Thompson, et al., 2011), and feelings of stress and isolation are nestled in the rigor of academia (Wardle & Mayorga, 2016). This illuminates the idea that students are experiencing personal distress and possibly professional concerns.

Need for the Study

Accordingly, support and resources are needed for students in order to succeed academically, professionally, and personally. Although there are many sources of support, some CITs engage in counseling as a means of self-care. In fact, CACREP requires that programs provide information to students about the availability of counseling services (CACREP, 2016; Standard I.H). To date, however, researchers have not systematically examined mental health help-seeking behaviors among CITs or the relationship between CITs accessing counseling and their understanding of their own counselor development.

To date, researchers have found mixed experiences among CITs who engage in personal counseling. Existing research, however, includes international samples of participants from multiple mental health disciplines who were mandated for counseling (Daw & Joseph, 2007; Macaskill & Macaskill, 1992; McEwan & Duncan, 1993; Moller et al., 2009). To date, however, researchers have not systematically examined the

experiences of U.S. CITs who voluntarily pursued their own counseling, including positive and negative aspects of their experiences and impact on their development as a counselor.

Purpose of the Study

The purpose of this study was to explore the experiences of CITs accessing personal counseling and how this impacts counselor development in specific regards to self-awareness, empathy development, self-reflection, tolerance for ambiguity, self-efficacy, and self-care. The positive and negative aspects of these experiences were explored as well as the impacts on professional development. Such exploration supports a better understanding of the lived experiences of CITs. It is believed that results of this study could inform counselor development, mental health help-seeking, training, and supervision. Further, it is possible that results of this study could help counselor educators better understand the processes behind CITs seeking counseling services during their training and how specifically counseling impacts counselor development.

Research Questions

The research questions are as follows:

RQ1: What are the experiences of CITs utilizing personal counseling during their training program?

RQ2: How do CITs understand how their personal counseling experience has influenced their development as a professional counselor?

Operational Definitions

- Counselors in Training (CITs) – Any counseling student enrolled in a CACREP accredited master’s level counseling graduate program.
- Council for Accreditation of Counseling & Related Educational Programs (CACREP) – the accreditation body that promotes the professional competence of counseling and related practitioners through the development of preparation standards, the encouragement of excellence in program development, and the accreditation of professional preparation programs (CACREP, 2016).
- Counselor Development – the personal (self-awareness, insight, interpersonal qualities) and professional (skills, knowledge, and understanding of ethics) processes that unfold during training.
- Personal counseling – accessing mental health counseling not related to a mandate by the master’s graduate program. For the purpose of this study, to avoid potentially conflating different levels and types of care, this will refer to outpatient individual counseling.
- Self-Awareness – consists of both affective and cognitive facets that display the understanding of where the CIT is in relation to self-preoccupation, awareness of the client’s world, and enlightened self-awareness (Stoltenberg & McNeill, 2010).

Overview of the Study

This study, focused on the counselor development of CITs in response to utilizing personal therapeutic services, will be discussed and examined across five chapters.

Chapter 1 has provided the introduction of the topic, statement of the problem,

significance and need for the study, introduction to the theoretical framework, research questions, and definition of terms. Chapter 2 provides a comprehensive literature review on the research topic. Chapter 3 covers the methodology of this study, including research questions and descriptions of participants, procedures, data analyses, and limitations. Chapter 4 will include the results of the research study and Chapter 5 will include the discussion, conclusions, and implications for future research and practice.

CHAPTER II

LITERATURE REVIEW

CIT Educational and Experiential Journey

Counselors in training (CITs) develop personally and professionally through their coursework, practical clinical experiences, and experiential learning. The personal and professional identity of the counselor is recognized as important in training entry-level counselors (Shuler & Keller-Dupree, 2015). This section of the chapter will discuss the educational processes that aid in entry level counselors acquiring the necessary knowledge, skills, and awareness to become proficient practicing counselors.

Counselor Development within Accreditation, Ethics, and Social Justice Competencies

Counselor educators create learning opportunities in which entry level counselors develop knowledge, acquire counseling skills, and form awareness of self and others (ACA, 2014; CACREP, 2016). These training imperatives are stated in various sections of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) Standards (2016), the American Counseling Association (ACA) Code of Ethics (2014), and the Multicultural and Social Justice Counseling Competencies (MSJCCs) (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015), which collectively inform how counselor education training programs are to instruct their students.

The CACREP Standards

The CACREP Standards (2016) focus primarily on knowledge and skill development, with a focus on unifying the profession in the hopes that students will develop and learn the necessary components of counseling. Counselor awareness is also integral to counselor development within the learning environment, professional counseling identity development, and professional practice through various standards (CACREP, 2016). Graduate admission criteria include “fitness for the profession, including self-awareness and emotional stability” (CACREP, 2016, Section VI.A.1.3.c) and counselor awareness is explicit in standards regarding addictions work (CACREP, 2016, Section V.H.2.g), crisis work (CACREP, 2016, Section V.H.2.i), trauma work (CACREP, 2016, Section V, A.2.g) and cultural competence (CACREP, 2016, Section V, A.2.g ; CACREP, 2016, Section VI.A.3.e). These constructs involving counselor awareness appear in the ACA Code of Ethics (2014) as well.

The ACA Code of Ethics

The ACA Code of Ethics (2014) addresses ethical statutes regarding professional behaviors that span from when one is a counseling student to when one is a practicing professional counselor. These statutes focus on the behaviors, responsibilities, and obligations involved when counselors and counselors in training are participating in many aspects of their professional careers including therapeutic relationships, counseling diverse populations, supervisory relationships, and counselor training (ACA Code of Ethics, 2014). Knowledge and skill development are inherent in these codes, yet awareness of self and other is central in the codes as well, describing how one is to act in

professional settings. Examples of awareness related to self and other stated in ACA Code of Ethics (2014) are as follows: “counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor” (C.2.a. p. 8), “counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems...and seek assistance for problems that reach the level of professional impairment” (C.2.g. p. 9), “self-growth is an expected component of counselor education” (F.8.c., p. 14), and “counselor educators may require students to address any personal concerns that have the potential to affect professional competency” (F.8.d., p. 14). Professional and personal self-awareness are prevalent in these codes, which also connect the critical domains of the MSJCCs.

The MSJCCs

The MSJCCs were developed to update and revise the Multicultural Counseling Competencies (MCCs), which were formulated to aid counselors working with those who are culturally diverse in counseling, social justice initiatives, and advocacy (Arredondo et al., 1996; Ratts, et al. 2015). These unique competencies provide a framework for counselors to implement more culturally sensitive practices and socially just-minded recommendations for counselors and CITs. The dimensions of personal identity of both the client and the counselor are critical in understanding and executing these competencies as the constructs of power, privilege, and oppression are integral to the framework (Ratts, et al., 2015). Quadrants involving spectrums of marginalization and oppression, referring to both counselor and client, encompass the developmental domains related to multicultural and social justice competency. The MSJCCs involve the

following developmental domains: I. Counselor self-awareness, II. Client worldview, III. Counseling relationship, and IV. Counseling and advocacy interventions (Ratts, et. al, 2015). Within the first three domains, the aspirational qualities of attitudes and beliefs, knowledge, skills, and action are included as well (Ratts, et. al, 2015), which mirror the standards and codes within the aforementioned professional and educational organizations. MSJCCs are integral to the ACA Code of Ethics (2014) and the CACREP Standards (2016) as counselor education and professional counselors have adopted these important competencies into all educational and professional endeavors. The knowledge, skills, and awareness prominent in these guidelines appear in other aspects of counselor education that occur at the graduate training level.

Counseling Theoretical Orientation

Within counselor training, counseling theories are integral to how students learn to adopt a professional philosophy, but also how they learn to conceptualize and serve clients. Throughout training, many instructors may introduce theories as lenses – ways in which we choose to see the world and the human condition, whether that is for ourselves, our clients, or both. Various counselor educators have bolstered the importance of students developing theoretical orientations through self-reflection in regard to personal philosophical views, personality traits, and interpersonal relational values (Buckman & Barker, 2010; Guiffrida, 2005; Hrovat & Luke, 2016). This self-investigation, practice, and implementation of theory may solidify how confident one feels in their counseling work. Guiffrida (2005) continued this discussion by stating that in order for counselors to be successful, there needs to be a focus on critical self-reflection with developing a

theoretical fit. In more current research, there is empirical evidence suggesting the importance of the interaction of one's personal experiences with one's theoretical orientation (Hrovat & Luke, 2016; Buckman & Barker 2010). From this, it seems likely that self-reflection and self-awareness are prevalent in theoretical development and, perhaps, by extension, their work as developing counselors.

Although counseling theories are diverse in nature, there are common factors between theories that are deemed necessary for client change (Laska, Gurman, & Wampold, 2014). Some of those common factors include relational capacity between client and counselor including empathy, positive regard, therapeutic alliance, and cultural competency (Laska, et al., 2014). Another thread that connects theories is the construct of self-awareness. Throughout counseling literature, self-awareness development for the counselor and therapeutic work with clients has been documented in theories under the umbrellas of humanism, psychoanalytic, and postmodernism (Hansen, 2009). Since counseling theories can be viewed as both professional and personal lenses, it may be that awareness development for CITs is occurring at both the personal and professional level. Counselor self-awareness intersects with many aspects of counselor development and CITs are taught and encouraged ways to increase their self-awareness for their own personal and professional development in service to their overall development as a professional counselor.

Counselor Development

The journey to becoming a counselor involves multiple paths – personal growth, developing expertise, practice, and the integration of the person as a professional (Nissen-

Lie et al., 2015). The integration of the person and the professional encompasses all parts of the self; one could say the personal work and professional development skills of counselor training are inextricably linked, or informed by one another. Aside from the very tangible objectives in counselor educator development, such as skills and academic training, it appears that “training components that encourage self-growth or self-disclosure” (ACA Code of Ethics, 2014, Section F.8.a.6., p. 14) and “strategies for personal and professional self-evaluation” (CACREP Standards, 2016, Section II.F.1.k., p. 11) are also cornerstones of counselor education training. In fact, many core experiences of CITs that combine the person and the professional have been documented in the literature. These core developmental areas are seen to be critical in counselor development: the ability to self-reflect (Guiffrida, 2005), self-awareness development (Skovholt & Ronnestad, 2003; Yalom, 2005), self-efficacy (Norcross, 2010), self-care and wellness (Norcross, 2010), tolerance for ambiguity (Jahn & Smith-Adcock, 2017; Pica 1998), and empathy development (Aponte & Carlsen, 2009). The scope of this study lies within CITs use of personal therapy and the impacts on counselor development. Accordingly, this review will synthesize, integrate, and critique the scholarly literature on personal therapy and its impact on these core counselor development areas.

Self-Reflection

Self-reflection has been prominent in counselor development literature in understanding the self of the counselor, counseling interventions, and the counseling relationship. Additionally, self-reflection is considered to be a catalyst to self-awareness, which is crucial in counselor development (Malikioski-Loizos, 2013; Neufeldt, Karno, &

Nelson, 1996; Thomas & George, 2016). Self-reflection can be defined as a process of observing and evaluating as well as focusing on one's emotions, thoughts, feelings, and behaviors (Bennett-Levy, Turner, Beaty, Smith, Paterson, & Farmer, 2001; Pompeo & Levitt, 2014). The ability to pause and reflect on clients' emotions, the counselors' affective and cognitive responses to the client, therapeutic interventions, and consciously attend to the therapeutic relationship requires this self-reflective stance in action while in session (Pompeo & Levitt, 2014).

Counselors' contemplation and reflection after counseling sessions is important as well. Stoltenberg and McNeill (2010) adapted the work of Schon (1987) and refer to this contemplation as reflection in action and reflection on action for when counselors are self-reflecting. They continue to describe how reflection in action and reflection on action can pertain to counseling interventions, the self of the counselor, and the interpersonal interaction between the counselor and the client (Stoltenberg & McNeill, 2010). It appears, then, that having the ability to reflect on one's self permeates through many facets of counselor development and the capacity to be efficacious in therapy. In terms of client outcomes, researchers have shown that self-reflective mental health practitioners may be more securely attached and have better client outcomes based on the reports of clients on the therapeutic relationship (Berry, Shah, Cook, Geater, Barrowclough, & Wearden, 2008; Mikulincer, Shaver, & Berant, 2013). Other scholars have proposed that whether one is an experienced therapist or a novice therapist, having a healthy amount of self-doubt and engaging in contemplative self-reflection on one's strengths and limitations may be an important quality for therapists (Bennet-Levy, 2019;

Meichenbaum & Lilienfeld, 2018; Ronnestad & Skovholt, 2013). It seems as though CITs can benefit from a reflective practice that is rooted in many domains of their counselor development i.e. themselves and well as their therapeutic practice with their clients. Such self-reflection may occur in many contexts (e.g., academic courses, supervision, and self-reflective assignments). For some CITs, though, there may be an additional layer of self-reflection through personal counseling. As CITs are expected to engage in self-reflective activities to yield self-awareness in training (Griffith & Frieden, 2000), it appears that self-reflection is a precursor to self-awareness development.

Self-Awareness

In relation to counselor development, self-awareness is defined as understanding how past and current personal lived experiences, as well as attitudes, biases, and values, affect clinical practice with the belief that this understanding will guide CITs' responses to clients and enhance self-knowledge (Saunders, Tractenberg, Chaterji, Amri, Harazduk, Gordon, & Haramati, 2007). Other scholars have stated that self-awareness includes knowledge of the self; an internal awareness of one's feelings, thoughts, and actions (Richards, Campenni, & Muse-Burke, 2010). Self-awareness not only involves the person of the counselor, but also how the person of the counselor will be used professionally in therapeutic settings. For example, Hayes and Gelso (2001) stated, "the carpenter has a hammer, the surgeon has a scalpel, and the therapist has the self" (p. 1041). The idea that we as counselors are the intervention with clients requires a self-knowledge and awareness that allows for the creation of therapeutically sound practice. Self-awareness has been deemed so important that some scholars have stated that self-

awareness is a critical and ethical component of counselor development (Merriman, 2015; Neufeldt, et al., 1996). That is, from an ethical standpoint, self-awareness may provide the foundation for clinical decision making (Pompeo & Levitt, 2014).

By extension, counselor preparation has emphasized the critical nature of counselor self-awareness (Hansen, 2009). For example, counselor self-awareness has been prominently included in educational standards, theoretical writings, ethical codes, and the foundational roots of counseling dating back to Freud (Oden, Miner-Holden, & Balkin, 2009). The Council for Accreditation of Counseling and Related Educational Programs (2016) has emphasized self-awareness in admission processes, stating that admission criteria include “fitness for the profession, including self-awareness and emotional stability” and “cultural sensitivity and awareness” (Section VI.A.1.3.c; Section VI.A.1.3.e). Further, CACREP Standards also specify that students develop strategies in which they are able to evaluate themselves personally and professionally (CACREP, 2016). Implicit in the capacity to self-evaluate is a level of self-awareness.

Self-awareness also is inherent in the development of a theoretical framework for counseling. Self-awareness is one of the few domains embraced by nearly all theoretical orientations (Corey, 2013; De Stefano et al., 2007; Hansen, 2009; Miller, Hubble, & Duncan, 2008). Person-centered counseling theory, which many counselors consider to be foundational in the development of counseling skills (Corey, 2013), promotes counselor congruence and genuineness. These traits require an inner knowing when one is being congruent or genuine that is predicated on self-reflection and self-awareness.

Other theoretical orientations, such as Gestalt (Kotnik, 2001) and Existentialism (Yalom, 2005) describe self-awareness as critical to demonstrating effective counseling.

Similarly, ethical codes of the counseling profession also speak to the critical nature of self-awareness in counselor development. For example, the ACA Code of Ethics (2014) reference self-awareness under many codes including the counseling relationship, multicultural competency, supervisory behaviors, trainee welfare, and professional competence and responsibility. There are aspects of counselor training that foster self-awareness and these experiences are bolstered by specific codes, i.e. “self-growth is an expected component of counselor education” (ACA Code of Ethics, 2014, F.8.c) and “counselor educators may require students to address any personal concerns that have the potential to affect professional competency” (ACA Code of Ethics, 2014, F.8.d). These ethically endorsed pedagogical practices imply that learning about oneself is expected and important to professionalism in the field. Codes regarding personal values related to multicultural competence and client welfare state that, “Counselors are aware of – and avoid imposing – their own values, attitudes beliefs, and behaviors” (ACA Code of Ethics, 2014, A.4.b) and, “counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy” (ACA Code of Ethics, 2014, B.1.a). These codes reflect the MSJCCs especially within the context of knowing oneself and how personal values may intersect in the counseling relationship. These codes also express the importance of how counselor self-awareness is critical in preventing client harm. Regarding counselor impairment and further preventing client harm, specific codes state that, “students and supervisees monitor themselves for signs of impairment

from their own physical, mental, or emotional problems...when such impairment is likely to harm a client or others” (ACA Code of Ethics, 2014, F.5.b) and similar language is used when discussing counselors monitoring themselves professionally (ACA Code of Ethics, 2014, C.2.g). Monitoring oneself and being aware of impairment requires self-knowledge and the understanding of one’s limitations. Learning about one’s self creates personal self-understanding, but it is also an important part of professional development and practice with clients.

While there are many forums in which self-awareness may be facilitated, one approach that garners attention in the scholarly literature is the emergence of increased self-awareness through personal counseling. For example, Norcross (2010) advocated for personal counseling for CITs and professional counselors. She stated that personal counseling may provide the opportunity to delve into self-knowledge, where crucial insight may lead to understandings about countertransference, personal unique biases, and clinical blind spots (Norcross, 2010). She asserted that the self-awareness gained through counseling is critical to counselor’s ethical responsibility, in that by acquiring this self-awareness, counselors may avoid causing harm to clients (Norcross, 2010).

Similarly, Skovholt and Ronnestad (2003) have written extensively about the experiences of novice counselors who experience many new thought processes and emotional happenings nestled in the practice of applying their newly learned knowledge into clinical practice. Skovholt and Ronnestad (2003) have studied these experiences and found common themes in entry level counselor development. The descriptions and themes of new counselors include boundary formation, emotional regulation, empathic

attachment, and self-care (Skovholt & Ronnestad, 2003); these themes inherently involve self-knowledge and self-awareness. Themes regarding novices' lack of knowledge and experience were prevalent in their findings as well. This relates to the work of Pierce (2016) who found internal anxiety a common part of the existential experiences of CITs. Participants reported anxiety in response to their role shifts from counseling within the classroom to counseling within professional settings; participants shared that they often questioned themselves, their abilities, and their limitations (Pierce, 2016). However, participants who felt clearer about their strengths and limitations described an effortlessness with clients because of the awareness and value of their full self (Pierce, 2016). These results support the notion that self-knowledge and self-awareness is helpful to CITs while executing clinical work. It appears that understanding the self, and being keenly aware of one's internal process, is something that is inherently a part of counselor development, all while novices are trying to build efficacy and confidence. Thomas and George (2016) investigated the experiences of CITs to understand processes that supported CITs' development; participants reported experiences where they were able to learn more about themselves and increase their self-awareness were integral to their counselor development. Other processes that fostered development included group therapy, small group processing, journal writing, and personal therapy. Specifically, out of the participants who underwent therapy (it is unclear how many participants attended therapy), all but one of the participants stated that personal therapy was "extremely helpful in knowing themselves better" (Thomas & George, 2016, p. 10). Participants who utilized therapy mentioned that they were able to process anxiety, learn about their

strengths and limitations, and cultivate greater understanding of themselves. Although the findings of this study connect to core constructs of counselor development previously mentioned, the study was conducted in India and it is unclear how this might translate to the experience of CITs in the U.S. It is important to note that there may be nuances in understanding the differences in how CITs trained in America may experience personal counseling in relation to counselor development. Within the Thomas and George (2016) study, the themes of anxiety and understanding ones' strengths and limitations are similar to themes found in previously mentioned studies, specifically Pierce (2016) and Skovholt and Ronnestad (2003). It appears that some CITs have found that personal counseling aided in those internal developmental processes.

Other researchers also have shown that many of these aforementioned experiences of CITs may be attended to through personal counseling services. For example, in a review of research on therapist's use of personal therapy, Macran and Shapiro (1998) examined common themes related to the effects of personal therapy on trainees. Common themes were 1) therapy may help the therapist manage stress and maintain good mental health, 2) therapist self-awareness can be heightened, 3) empathy is encouraged through being in the client role, 4) therapeutic techniques can be modeled and learned vicariously through therapy, and 5) personal therapy can develop a sense of confidence in the therapist (Macran & Shapiro, 1998). Although this review was conducted on professional therapists, many of these themes relate to the needs and experiences of novice counselors (i.e., heightened self-awareness, empathy development, wellness strategies, and feelings of self-efficacy).

Similar results were found in a meta-synthesis by Murphy, Irfan, Barnett, Castledine, and Enescu (2018). Through synthesizing 16 studies describing therapists' accounts of their own personal therapy, six main themes were found. The themes were 1) personal and professional development, 2) experiential learning, 3) personal therapeutic gains, 4) do no harm, 5) justice, and 6) integrity (Murphy, et al., 2018). Within these themes, self-awareness, increased insight, emotional development, confidence in skills, experiential learning of empathy, and stress management/support were documented as subthemes (Murphy et al., 2018). These results support the ideas that counselor self-efficacy, self-awareness, and emotional processing are seen as core to the efficacy of mental health providers. A critical note on the research discussed in this section, however, is that researchers have commonly focused on the experiences of the post-training experiences of therapists in practice. As discussed in Chapter 1, however, the majority of the researchers who have examined the experiences of CITs have been done outside of the U.S. and, in many cases, focused on mandatory therapy as part of the training process. To date, however, researchers have not considered how the professional development of CITs in the U.S. are impacted by participating in voluntary counseling while a trainee.

Tolerance for Ambiguity and Uncertainty

Research has shown that an increase in self-awareness can contribute to feelings of anxiety, uncertainty, and an influx of existentially-related concerns (Pierce, 2016). Specifically, in relation to professional counseling, Pierce (2016) wrote that “the process of becoming a professional counselor is inherently anxiety producing, not only because

of the academic and clinical evaluation of the student...but also because the counselor-in-training is continually asked to increase awareness of the self” (p.139). In addition to seeking awareness, CITs may experience ambiguity as they are being asked to negotiate roles as a student, supervisee, and their competency as a counselor (Jahn & Smith-Adcock, 2017). This evolution from student to professional can be overwhelming, and in connection with statements made earlier in the chapter, it appears that these occurrences of anxiety, worry, and feelings of not-knowing are normal and seemingly part of the process of counselor development. While these processes may be unsettling, it appears that learning a tolerance for this ambiguity may be an important aspect of counselor development.

Skovholt and Ronnestad (2003) discussed tolerance for ambiguity among CITs. They wrote about the bidirectional process of CITs experiencing internal uncertainty as well as feeling unable to understand the ambiguity of clients. They stated, “the web of ambiguity takes years to master” (Skovholt & Ronnestad, 2003, p. 46). Similar sentiments are discussed in the literature in that student anxiety and frustrations may result from students learning about the nebulous aspects of counseling (Levitt & Jacques, 2005) and how students may be ambivalent in all aspects of counselor development (Pierce, 2016).

In a recent study, Jahn & Smith-Adcock (2017) studied CITs development of tolerance for ambiguity through a qualitative, phenomenological research design. Themes that arose from their study included prior personal or professional experiences to prepare for tolerating ambiguity, recognizing built-in ambiguities in counselor

preparation, feelings of being overwhelmed by ambiguity, strategies for coping with ambiguities and associated feelings, and reconciling ambiguity tolerance through self-assurance (Jahn & Smith-Adcock, 2017). Within this study, there appeared to be a process of CITs realizing that ambiguity is part of counselor development and some CITs adapting strategies to mediate the overwhelmed feelings that can be experienced in tandem with tolerating ambiguity. Jahn and Smith-Adcock (2017) discovered the ways in which CITs were tending to their emotional processes regarding tolerating ambiguity, and one participant mentioned utilizing personal therapy as a coping skill; other helpful processes were journaling, seeking supervision, engaging in self-talk, and accepting the discomfort. It appears that the other coping skills mentioned involve a level of self-awareness, self-efficacy, and taking care of one's self, which mirror the core counselor development constructs. Although this study had a small sample size ($N = 6$), consistent with the nature of the study, there is minimal documentation of counseling services being a coping mechanism for CITs wrestling with ambiguity.

While arguing for personal therapy in counselor education, Norcross (2010) discussed how beginning counselors, by accessing personal therapy, can understand being patient with themselves, navigating through personal uncertainty, and ultimately learning to adapt to unforeseen circumstances of clinical work. Again, there is a bidirectional aspect of her argument, involving the counselor and the client, which mirrors the statements from Skovholt and Ronnestad (2003). Norcross (2010) argued that if CITs do not develop a sense of patience and a tolerance for uncertainty, then CITs may be susceptible to acting in harmful ways with clients. Tolerating uncertainty and

ambiguity within counselor development seems to be inherent in the developmental process and there has been some research on how CITs are grappling with that. It is still unknown as to how personal counseling may aid in the struggle to tolerate ambiguity, therefore more investigation into understanding personal counseling as a way of coping with ambiguity is needed. Understanding how CITs navigate through their tolerance of ambiguity may provide insight to how they manage their internal states, clinically work with clients, and build self-efficacy.

Self-Efficacy

Self-awareness, as a construct, has been connected to higher levels of counselor self-efficacy (Meier & Davis, 2011; Neufeldt et al., 1996; Pompeo & Levitt, 2014; Richards et al., 2010). Similarly, self-reflection is suggested as a way for counselors to gain insight about themselves and how they most effectively help clients, thereby implicitly influencing self-efficacy (Pompeo & Levitt, 2014). Counselor self-efficacy, or how one views their abilities to control the performance of a counseling task (Bohecker & Doughty Horn, 2016), is something that can develop over time with experience and practice (Svokholt & Ronnestad, 2003). While CITs are developing their self-awareness, they are learning about themselves both as a person and a practicing counselor. They are becoming aware of the ways in which they connect to clients but also what emotional responses they are having to their clients or the stories they are hearing in sessions.

Although there are many factors that contribute to counselor self-efficacy, such as self-awareness (Meier & Davis, 2011), self-reflection (Pompeo & Levitt, 2014), and mindfulness (Bohecker & Doughty Horn, 2016), it does appear that personal counseling

might be a contributing factor. For example, Norcross (2010) argued that counselors who utilize counseling may be better equipped to facilitate sessions because of the self-knowledge that is acquired during their own counseling. Counselors' awareness of their emotional experience may be "the best source of reliable data about the client" (Yalom, 2002, p. 40). It can be postulated that CITs may feel more efficacious in executing sessions when self-awareness is formulated, which may be developed, in part, through receiving personal counseling. For example, Sherman (2000) found benefits among psychology graduate students who engaged in personal therapy, including the development of self-efficacy that was integral to their professional development. It is noteworthy, however, that this study was conducted with psychology graduate students and is now almost 20 years old. It is unknown, then, how these findings might translate to counseling students in current times. In a more recent study, Drew, Stauffer, and Barkley (2017) studied CITs from CACREP-accredited programs who attended counseling or did not attend counseling, and how they rated their confidence in counseling skills through the Counseling Self-Estimate Inventory (COSE). The researchers found that CITs who had utilized counseling services tended to have higher mean score for confidence in microskills and a higher mean on the COSE total, but not at a statistically significant result. More recently, Murphy et al. (2018) found that mental health trainees connected their personal therapy experiences with their confidence in their skills and a feeling of mastery when they conducted their own sessions with clients. However, these responses are from a meta-synthesis involving studies from 2001-2013 and participants ranged across mental health trainee disciplines. Another noteworthy

finding from the aforementioned meta-synthesis (Murphy et al., 2018) was the intersection between self-awareness and empathy as a byproduct of personal therapy; the interactional process between self-awareness and empathy development is a common research finding about the developmental experiences of CITs (Gutierrez, Mullen, & Fox, 2017; Pieterse, Lee, Ritmeester, & Collins, 2013).

Empathy

Empathy development within CITs has been studied and understood to be a necessary skill for the developmental process of CITs (Johns, 2012) and, accordingly, empathy development is a primary training goal of most counseling training programs (Hill, 2004; Ivey & Ivey 2007; Young Kaelber & Schwartz, 2014). Empathy has been identified as a core counselor characteristic and critical to the therapeutic relationship (Bohecker & Doughty Horn, 2016; Johns 2012; Rogers 1957). Developing empathy involves accurately understanding the emotional experience of another while not becoming lost in those feelings (Bennett-Ivey, 2019). It appears that empathy requires a level of inner knowing and awareness of emotional experiences and responses. These internal emotional processes are to be used with clients in order to connect, build a strong therapeutic alliance, and therapeutically create change.

The literature supporting empathy development in counseling trainees involves a multidimensional understanding of empathy – cognitive empathy and emotional empathy. Cognitive empathy involves perspective taking and one’s ability to comprehend the psychological point of view of others (van Loon, Bailenson, Zaki, Bostick, & Willer, 2018; Young Kaelber & Schwartz, 2014). Emotional empathy is described as empathic

concern and the ways in which a person can understand someone's affect (van Loon, et al., 2018), or how someone can "transpose themselves into the feelings and actions of others" (Young Kaelber & Schwartz, 2014, p. 279). These two aspects of empathy development are critical to counselor development and how CITs develop their empathetic style in response to clients' emotionality. Depue and Lambie (2014) studied the evolution of empathy in CITs in counselor education programs. Results supported the understanding that the CITs' cognitive and affective dimensions of empathy increased over time through applied clinical experiences and supervision. The researchers implored counselor educators to provide experiences where empathy can be practiced and learned through training, i.e. live supervision, experiential learning activities, and applied clinical practice (Depue & Lambie, 2014). They also suggested that exposing students to real-life issues, clients, or experiences throughout training may increase levels of empathy (Depue & Lambie, 2014). With the abundance of research endorsing the importance of empathy development in CITs, it is imperative that empathy is solidified while in counselor training. While there are pedagogical practices to promote that, there may be internal, personal ways of developing empathy as well that may occur within personal counseling.

Although empathy may be enhanced in many ways, it is possible that personal counseling might increase empathy for the stressors of others. For example, Norcross (2010) described personal counseling as a way for counselors to develop empathy and posed the question, "how can beginner counselors understand what they are asking of clients unless these counselors have undergone their own therapy?" (Increasing Empathy section, para.1). The concept of sitting in the client chair allows for vulnerability to be

felt, known, and experienced and, accordingly, increased empathy for those who sit in the client chair can be utilized in the therapeutic relationship. In fact, Edwards (2017) analyzed 19 articles that investigated counselor trainees and their use of personal therapy and found that increased empathy for the client role was one of the collective benefits reported. Similarly, Bennett-Levy (2019) reviewed articles documenting counseling trainees' use of personal practices that impact professional counselor development and found that counselors who received personal counseling had increased levels of empathy and sensitivity. It appears that empathy is crucial in counselor development and that personal counseling may be one avenue for CITs to learn, develop, and increase empathy. It should be noted that these reviews involve a large amount of research from internationally based studies and participants that are counseling trainees from a range of mental health disciplines. Accordingly, the experiences of American based CITs and the potential impacts of personal therapy are not well known or documented.

Counselor Self-Care and Wellness

In counselors utilizing empathy and understanding the magnitude of emotional concerns within clients' lives, concerns about the self-care and wellness of counselors arise. Self-care can be defined as primary prevention (Linton & O'Halloran 2000; Smith-Adcock, Thompson, Thompson, & Wolf, 2014) focused on the balance of being aware of and attending to physical, emotional, and spiritual needs (Baker, 2003; Barlow & Phelan, 2007; Buchanan & Patsiopoulus 2011, Bradley 2013; Friedman, 2017; Smith-Adcock et al., 2014). The ACA Code of Ethics (2014) promotes the well-being of counselors by addressing self-care and wellness in their codes. As mentioned above, the codes state

that counselors must monitor themselves for signs of impairment or times of being unwell personally and professionally (ACA Code of Ethics, 2014, C.g.2). In addition to self-monitoring, counselors are expected to “engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities” (ACA Code of Ethics, 2014, Section C, Introduction). It seems plausible, given the emotionally intimate work counselors engage in with clients, that the wellness of the counselor can have direct impact on the work with clients. One highly researched phenomenon in counseling is the understanding that the therapeutic relationship is the primary determinant of successful psychotherapy (Elkins 2009; Hoffman, Vallejos, Cleare-Hoffman, & Rubin, 2015; Norcross 2009; Wampold 2001, 2009a). The ability to form an intimate, safe, and inviting relationship is pivotal in helping clients. This may not be true in all scenarios, but if counselors are unwell, their ability to form healthy relationships may be thwarted, therefore hindering the primary determinant of clients’ therapeutic success. Another perspective, mainly in the existential therapy realm, is that the therapist is the primary therapeutic tool that he or she brings to the counseling session (Bugental, 1978; Schneider, 2011). The counselor as the intervention implies that that intervention must be psychologically healthy and available for use and guidance in the room. While this information relates to practicing counselors, the wellness and self-care strategies of CITs are of importance as well.

There is a large body of research regarding the academic rigor of graduate school and the stressful experiences of CITs (Thompson, et al., 2011), clinical demands (Testa & Sangganjanavanich, 2016), and feelings of vulnerability (Skovholt & Ronnestad, 2003).

To aid in the aforementioned stressors, CITs are expected to learn self-care strategies while undergoing training according to the CACREP Standards (2016). Standards under the *Professional Counseling Identity* section state that students must develop “strategies for personal and professional self-evaluation and implications for practice” (CACREP, 2016, Section 2.F.1.k) and “self-care strategies appropriate to the counselor role” (CACREP, 2016, Section 2.F.1.l). While trainees are developing, it is the professional and educational expectation that CITs become aware of the ways in which they need to take care of themselves personally and professionally. This expectation is derived from the understanding that working in the mental health field can be emotionally draining, exhausting, and can lead to burnout and compassion fatigue (Friedman, 2017; Pines & Maslach, 1978), which may ultimately impact the quality of client care.

Friedman (2017) discussed the potential harm to clients when counselors are in states that are related to burnout. In these states, if counselors deny themselves emotionally and physically, they may harm clients. Documented examples of counselors who may be experiencing burnout are counselors who are exhibiting a lack of empathy, cynicism, and negative attitudes towards clients (Keim, Marley, Olguinm, & Thieman, 2008; Kumar, 2011, Balkin & Sangganjanavanich, 2013). The counseling profession hinges on client care and the ethical principle of nonmaleficence (i.e., do no harm). Counselors and CITs must learn ways to cope with the stressors of the mental health profession. In a recent study, Testa & Sangganjanavanich (2016) examined counseling interns’ rates of burnout. The results showed that counseling interns who reported acting with more awareness (within a mindfulness assessment) reported being less emotionally

exhausted and burnt out. The researchers suggest that mindful emotional attunement may yield greater awareness of one's internal emotional experience and, by proxy, emotional regulation may be developed and utilized. If CITs can emotionally regulate themselves, they may be better equipped to take care of themselves. Therefore, healthier understanding of one's emotional experience and how to cope with intense emotions may prevent stress on internal emotional resources. Stress, unavailability of emotional resources, and the inability to emotionally regulate, are an empirically understood aspect of the burnout process (Testa & Sangganjanavanich, 2016). There are overlaps within this study between self-awareness and mediating burnout through being more aware and attending to one's emotional experience. These results mirror the arguments made by Norcross (2010) in that she advocated for gaining self-awareness to prevent causing harm to clients. She continues this position when discussing personal therapy as a place to develop self-care and tend to emotional distress, arguing that educational training programs should encourage the notion of personal counseling as self-care and a way to mitigate personal distress within clinical work. This perspective on tending to one's emotional needs may impact CITs' use of personal therapy. Another perspective is that training programs might promote personal therapy as something that is not to be only used in times of reactivity in difficult situations, but a way to maintain personal well-being (Norcross, 2010).

Professional Counselors' Experiences with Personal Counseling

The idea of *practice what you preach* is relevant when understanding the psychological health and wellness of a counselor. In fact, the notion of the *wounded*

healer, first used by Henri Nouwen (1972) in reference to clergy but later adapted for use with mental health professionals (Gilbert & Stickley, 2012), describes the reality that many who are drawn to become mental health professionals are drawn to their own work by unconscious and unresolved personal issues. That is, there is the realness of counselors, as people, suffering from emotional pain, life circumstance, or identity struggles just like everyone else. Reports of mental health professionals' emotionality are related to job stress (Lasalvia et al., 2009; Steel, MacDonald, Schroder, & Mellor-Clark, 2015), lack of family support (Rupert, Stevanovic, & Hunley, 2009; Steel, et al., 2015), vulnerability to burnout (Lawson, 2007; Skovholt, 2001), impacts of vicarious trauma (Figley, 2002; Lawson, 2007; Pearlman & Saakvitne, 1995b), and compassion fatigue (Lawson, 2007). As the prominent existential psychotherapist Irvin Yalom (2002) stated, "...there is no therapist and no person immune to the inherent tragedies of existence." (p. 8). While there are painful lived experiences, there are many great rewards that come with providing counseling services. As Lawson (2007) stated, "We witness growth in our clients and share their joys, and we can learn to trust the resiliency of the human spirit to prevail." (p. 5). Even in the face of the meaningful outcomes of sharing therapeutic space with clients, it is no surprise that counselors endure vulnerabilities and emotional intensities that are seemingly part of the job. The wellness strategies of mental health professionals in regard to these stressors is critical to examine as it may relate to CITs' understandings of their own wellness behaviors. Professional counselors' have utilized counseling to tend to their emotional needs which may impact CITs' use or perception of attending personal counseling. Professional counselors'

experiences with personal counseling have been globally documented and empirically explored in the disciplines of counseling (Orlinsky et al., 2011), psychotherapy (Oteiza, 2010), and psychology (Rake & Paley, 2009), with documentation of both negative and positive experiences.

There are many themes that are reported from professional therapists who have engaged in personal therapy, including increased self-efficacy (Rake & Paley, 2009), contribution to professional and personal development (Oteiza, 2010), increased empathy, (Orlinsky et al., 2011), and self-awareness development (Phillips, 2011). These constructs are similar to the core developmental processes in counselor development and it appears that professional therapists have grown in these areas partly because of their experience in counseling. In a mixed-methods study with a sample of 11,000, Orlinsky (2011) demonstrated a rich understanding of the experiences of professional therapists and their use of counseling as the sample was globally diverse and longitudinal; the study collected data starting in 1991. Findings from this study showed that 88% of professional therapists have been in therapy at some point in time (Orlinsky, et al., 2011) and the authors suggested that, along with other therapist experiences reported, that the explanation for this large percentage is due to the “nature and demands of therapeutic practice” (p. 839). These findings support the research stated above regarding the intensity of clinical work and how therapists may be struggling with their professional responsibilities and roles. In times of struggle, it may be difficult to ask for help, and there may be the experience that it will get worse before it gets better. Oteiza (2010) studied Spanish psychotherapists and found that many participants noted that there was

the internal knowledge that being in therapy would be distressing and they expected challenge within the therapeutic process. While experiencing challenge, psychotherapists from Rake and Paley's (2009) research reported that personal therapy was "a very dissolving process" (p. 282). In the therapeutic process, some respondents noted that therapy was an unhelpful experience in that there was discomfort and the feeling of "still left with yourself" (p. 282). These findings are indicative of the distress that may arise within personal therapy and the idea that maybe therapy is not useful for all mental health professionals and possibly not all trainees, particularly during a period of rigorous training. More recently, McMahon (2018) investigated professional counselors' ($N = 104$) views on counseling trainees attending mandated personal counseling through educational standards and found the following themes: mandated counseling is important for ethical and effective practice, it enhances self-awareness, there is value in being the client. Other responses included trainees' rights need to be protected in that mandating counseling may not be the best course of action for every person, which leads to the final theme that the necessity of therapy may depend on the person (McMahon, 2018). Currently, the notion that therapy impacts professional and personal development is a tool that can aid in counselor development and there is the understanding that attending therapy may not be best practice for everyone in counselor training.

With the amount of research of professional therapists utilizing personal counseling, there is still a paucity of research understanding personal counseling while counselors are in training, especially with US-based CITs. Although the existing literature may inform how we speculate about the processes of CITs engaging in personal

counseling, more empirical investigation must be done to better understanding CITs' counselor development, and how personal counseling might influence counselor development, either positively or negatively.

CITs' Experiences with Personal Counseling

There are multiple views throughout the mental health academic community regarding receiving personal counseling during training and the idea of mandating personal therapy for trainees. There are arguments both pro and con for mandating counseling among trainees. Arguments in support of personal counseling for CITs include reports of enhanced self-awareness and valued experience of being the client (McMahon, 2018); increased Rogerian values (Peebles, 1980); and insight development, boundary formation, self-care, and an overall enjoyable experience (Von Haenisch, 2011). The negative aspects of CITs utilizing counseling lie in the realms of experiencing painful feelings (Von Haenisch, 2011); poor modeling from the therapist who was seen (Grimmer & Tribe, 2001); financial costs, time, and emotional unavailability with clients (Kumari, 2011); and personal therapy can "open a can of worms" (Moller et al., 2009, p. 378). Clearly there are some differences of feelings, experiences, and attitudes towards mandated counseling, and it's possible that the outcomes are simultaneously positive and negative.

It should be noted that the majority of the research about mandated therapy for therapists in training is gathered from the United Kingdom (UK) where overarching accrediting bodies mandate 40 hours of personal therapy for therapists while in training (Grimmer & Tribe, 2001; McMahon, 2018). Conversely, American based graduate

training programs typically do not mandate CITs to access personal counseling and there are not graduation requirements that involve seeking personal counseling. In training programs, personal counseling may be a part of remediation plans for students, but there is no specific standard to have personal counseling involved in students' remediation plans (Kress & Protivnak, 2009). There are no mandates or standards related to personal therapy provided by the American Psychological Association (APA), the ACA, or CACREP. However, the CACREP Standards include in the section on *The Learning Environment*, that “the institution provides information to students in the program about personal counseling services provided by professionals other than counselor education program faculty and students” (CACREP, 2016, p. 6). This accreditation expectation seems helpful and appropriate for students in theory. Interestingly, however, Byrne and Shufelt (2014) found that 36% of students surveyed ($N = 136$) indicated that their graduate program had never discussed students pursuing counseling. Although that statistic does not align with the accreditation standards, it is possible that a lack of knowledge about personal counseling and resources may limit students in knowing where to go for counseling services. Additionally, it may impair the decision-making process of CITs going to therapy – how will students know when they should go? Where should they look for a therapist in the community? This may leave CITs questioning whether it is normal for CITs to go to counseling, or whether they might be judged negatively for attending counseling. Although almost two-thirds of participants in Byrne and Shufelt's (2014) study were informed of opportunities to pursue counseling, it is unknown how those who were not informed might have been deterred from seeking counseling by this

lack of information. Additionally, Byrne and Shufelt did not ask those who were informed of personal counseling options what they were told and if that impacted their choice to pursue personal counseling.

The research regarding mental health professionals' experiences with personal counseling has involved reports of stressors and painful emotionality; many of these accounts relate to the experiences of CITs. For example, Macaskill and Macaskill (1992) studied 38 psychotherapists in training in the UK and found that engaging in personal therapy led to emotional and psychological distress, including some participants feeling "too reflective" (p. 136). Through questionnaires, the researchers assessed for details and experiences of trainees' personal therapy and found that trainees reported negative findings included family or marital distress, avoidance of life issues, loss of enthusiasm for personal therapy, and overall negative effects (Macaskill & Macaskill, 1992). Similarly, researchers have examined the emotional costs of students doing their own work in counseling. For example, Moller, Timms, and Alilovic (2009) in their UK-based study found that students "may go through a brief period of feeling quite unsettled and/or emotional whilst dealing with the difficult issues in therapy" (p. 379) and there was the expectation that personal therapy would be a painful process. These findings were investigated through the use of questionnaires and the participants were comprised of counseling and clinical psychology trainees. These results do not represent the thoughts and feelings of American-based CITs and these findings may be outdated in terms of understanding CITs current internal processes.

In another UK-based study, Kumari (2011) conducted interviews with psychotherapists in training utilizing personal counseling services and found similar results to Macaskill and Macaskill (1992) and Moller et al. (2009). The third major theme of her findings was *the stress of therapy* involving subthemes of time, money, and disruption of clinical work. Findings related to financial barriers were reported in Macaskill and Macaskill (1992); 50% of these participants stated that financial implications and time were stressors involved in engaging in their own therapy; for these participants, money and time did not preclude them from receiving personal therapy, but participants did report those factors as stressors. Comparably, 90% of trainees reported that the cost of personal therapy was a barrier, using language such as *stressful*, *a worry*, and *a nightmare* (Moller et al., 2009, p. 378). In connection to the current study, the participants in the aforementioned studies were from the UK and these studies did not provide the most recent understandings of trainees involved in personal therapy. However, the themes of emotional and financial burdens appear commonly in CITs' experiences. Within the reports of stressors and difficulties, scholars can see the obstacles involved in attending personal therapy. It is unknown whether counseling students in the US might perceive time, money, and emotional resources as barriers to seeking personal counseling while they are in training.

In contrast to the negative aspects of CITs utilizing personal counseling, researchers also have found benefits to counselors being involved in personal counseling. For example, Orlinsky et al. (2011) stated that counseling professionals who seek personal counseling utilize therapy for two main purposes: to enhance professional

development and relational capacities, and to increase personal development and overall well-being. There is the interactional component of personal and professional within Kumari's (2011) study; themes from her study included experiential learning, personal development, and personal therapy for therapists are essential. Within these themes there were subthemes of self-awareness, valuing the therapeutic relationship, and valuing the experience of being a client. These findings were similar to those obtained by Moller et al. (2009) with psychology trainees. The second most prominent theme that emerged from the Moller et al. study was "personal therapy helps me to be a better practitioner" (Moller et al., 2009, p. 376). Subthemes of this theme were experiential learning, personal development and growth, and supporting trainees in their learning environment. Other responses included increased understanding of the client role, seeing skills in action, increased self-awareness, and emotional support. This latter response (emotional support) emerged also in another study of professional therapists (Daw & Joseph, 2007). From these results, it seems logical that receiving counseling services during training involves aspects of both personal and professional development. Although each of the studies above was conducted outside of the U.S., these results provide information that may be relatable to the experiences of CITs domestically; on the contrary, there may be nuances of American-based trainees' experiences that are not fully known. It is unknown how the experiences of trainees in counselor education programs in the U.S. might generalize or be distinct in some systematic way. In sum, then, researchers have found both negative and positive outcomes of counselors and CITs pursuing counseling and it is

unknown how these findings, drawn from non-U.S. samples in disciplines other than counseling, apply to CITs.

Although there is a limited research on the breadth and depth of CITs' experiences with personal therapy in the U.S., a few U.S.-based studies have produced results that illuminate CITs' use of personal therapy. For example, Dearing, Maddux, and Tangney (2005) studied 262 counseling psychology and clinical psychology graduate students to learn more about the help-seeking attitudes and behaviors of trainees, specifically in relation to personal therapy usage. Interestingly, 70.2% of the participants had been in therapy at some point prior to or during graduate school (Dearing et al., 2005). This may have influenced participants' reports of help-seeking behaviors because help may have been sought previously through use of personal counseling. Participants filled out surveys assessing for demographics, personal experiences with therapy, attitudes towards seeking therapy, potential obstacles to therapy, and perceived faculty opinions about students in therapy. Unfortunately, however, the researchers did not assess whether the counseling was mandated or voluntary, an important distinction given that programs in the UK routinely mandate therapy for all students. Results indicated that cost and confidentiality were obstacles to personal therapy, which mirrors the financial stress reported by Kumari (2011), Moller et al. (2009) and Macaskill and Macaskill (1998). Attitudes towards mental health help-seeking behaviors among the participants were generally positive. In response to faculty perceptions, participants rated their perceived faculty attitudes about students accessing personal therapy as mildly positive, with the mean score being halfway between faculty believing it was neutral and

faculty believing it was a growth experience (Dearing et al., 2005). Interestingly, perceived faculty attitude towards students seeking counseling was a significant predictor of students help-seeking behavior. It is important to note, however, that no attempt was made to determine if student perceptions of faculty attitude were consistent with actual faculty attitudes. Subjectively, however, student perceptions of faculty views influenced students' behaviors to some degree. These results echo the findings of McEwan and Duncan (1993) in that the culture of the training program influences students' ideas around seeking personal counseling. From this, it seems that faculty, as integral members of power within the graduate educational environment, may influence students' actions towards seeking personal therapy with how they discuss personal counseling, at least to the extent that students perceive faculty as supportive of students receiving personal counseling.

Although there is limited research with U.S. samples, some researchers have examined the reasons CITs do and do not access personal counseling during their training. Byrne and Shufelt (2014) assessed counseling students' participation in personal counseling, investigating via survey methods CITs who use counseling or not and the reasons behind their choices. Although 85% of the sample indicated that counseling was either "Important" or "Very Important," a lesser number (61%) actually reported participating in counseling. This opinion of CITs that personal counseling is important to counselor development is consistent with other scholarly writings (Bike, Norcross, & Schatz, 2009; Ciclitira, Starr, Marzano, Brunswick, & Costa, 2012; Gold, Hilsenroth, Kuutmann, & Owen, 2015), but highlights a gap between opinions about

personal counseling and actual participation. What is unknown is why some CITs do not go to counseling even if they view it as an important aspect of their development. Further, the sample was geographically limited, potentially limiting the generalizability of findings. Additionally, the underlying attitudes, experiences, and beliefs about personal counseling were not investigated and are still unknown.

Similarly, Oden, Miner-Holden, and Balkin (2009) studied master's level counseling students who engaged in personal counseling. They used a mixed methods methodology that measured self-awareness through the Counselor Self-Awareness Scale and an open-ended survey where participants could narratively respond to prompts regarding the overall costs and benefits to the counseling services they received. The reported findings included that 91% of participants ($n = 164$) felt that their counseling brought a moderate to high increase in their awareness of their contact and exchanges with clients, 44% of participants reported feeling more understanding of the process of counseling, and 56% of participants reported feeling more empathy for being in the client role (Oden et al., 2009). These findings mirror the findings from McMahon (2018), Daw and Joseph (2007), and Edwards (2017), therefore strengthening the argument that the core counselor developmental constructs of self-awareness and empathy processes may be positively impacted by personal counseling.

Other researchers, such as Conteh, Mariska, and Huber (2018) and Prosek, Holm, and Daly (2013), have connected CITs' use of personal therapy with the core constructs of counselor development. Conteh et al. (2018) measured the effects of self-efficacy with participants who had attended counseling and who had not attended counseling. These

participants ($N = 152$) attended CACREP accredited programs and 52% of participants had completed practicum and 34% of participants had completed internship. Participants reported their self-efficacy through self-report on the Counselor Activity Self-Efficacy Scales (CASES) and there were statistically significant results in the relationship between CITs who utilize counseling and their rates of self-efficacy in specific relation to *confidence in counseling challenges*. However, there were no other statistically significant results related to how those who utilized counseling or not rated themselves on clinical helping skills or session management skills. In investigating the helpfulness of personal counseling among those who sought counseling, an average of 88% of CITs reported their own counseling as helpful. These results support the prior findings of Prosek et al. (2013) where they studied participants ($N = 55$) regarding the relationship between personal counseling and depressive symptoms and anxiety symptoms. Researchers used a pretest/posttest design where depressive symptoms and anxiety symptoms were assessed before and after therapeutic intervention. Results confirmed the hypotheses in that the relationship between the therapeutic intervention and symptomology was significant; those who attended therapy had a decrease in their depressive and anxiety symptoms. The emotional well-being of CITs is not fully known from these results, but these results may inform how therapeutic intervention may impact CITs' self-care and wellness. Although participants did not describe whether therapy was helpful or not, these results support the idea that there may be a positive relationship between CITs accessing counseling and their emotional well-being. However, these researchers only utilized quantitative measures specifically focused on assessing self-

efficacy and symptomology. Accordingly, the understanding of CITs lived experiences in relation to all aspects of counselor development and personal counseling is still unknown. Further, it also is unknown as to why participants did not think their counseling experience was helpful and how researchers may not fully understand the experiences of CITs who did not find counseling beneficial.

Although these studies provide a small window into the experience of CITs, the use of qualitative survey methodologies may lead to important information that is missed by the structure of the research. Accordingly, using a qualitative lens to understand the nuances of CITs' journey with accessing counseling or not could begin to open the door to understand the unique perspectives of students enrolled in CACREP programs. Stated another way, there remains a gap in our knowledge of understanding the experiences of CITs related to pursuing personal counseling during their training program.

In sum, there appear to be mixed findings in the literature, with some researchers finding benefits to CITs accessing counseling, including increased empathy, an important growing experience personally and professionally, and enhanced self-awareness. At the same time, other researchers have found challenges and difficulties commonplace among CITs in personal counseling, including financial costs, an emotionally distressing experience, and finding services unhelpful. The majority of research to date is with international samples of students in program other than counseling programs. The U.S. based studies often utilize quantitative approaches with participants whose reports may differ from those of CITs enrolled in CACREP accredited programs. It does seem likely, though, that students received mixed or neutral messages from faculty as to whether

counseling can be helpful to CITs. In some instances, students may not know how or when to go to counseling if there is not direct guidance from program faculty or if they perceive that faculty are either neutral or not supportive of students seeking personal counseling. Unfortunately, this body of research does not yield an in-depth understanding of the help-seeking behaviors of CITs in American training programs or illuminate the experiential essence of CITs accessing support through counseling.

The Integrated Developmental Model

The IDM describes the personal and professional process of CITs' development into skilled clinicians through the interdependent systems of the client, therapist, and supervisor (Stoltenberg & McNeill, 2010). While this model is mostly aimed at clinical supervision and how to comprehensively supervise CITs, the components of the model delineate the processes that are emerging for CITs throughout training from a developmental perspective. This model has influences of models and frameworks ranging from cognitive processing, skill development, interpersonal influence, social intelligence, motivation, and human development (Stoltenberg & McNeill, 2010). The IDM developers present their model as more comprehensive than other developmental models in supervision because of the various influences, but also because their model includes other facets that have been lacking in previous models, such as clinical intuition and counselor awareness of therapeutic intention (Stoltenberg & McNeill, 2010). According to the IDM, the facets of counselor development lie in the categories of autonomy, motivation, and self-/other-awareness. Supervisees typically fit into these structures along different levels (Level 1, Level 2, Level 3, and Level 3i); Level 1 is often

a beginning counselor in training while Level 3i is often a more advanced counselor in training. For the purposes of this study, the domain that will be utilized and investigated is the self-/other-awareness domain of counselor development, a domain that includes both cognitive and affective components of awareness.

Table 1

The Integrative Developmental Model (IDM)

The IDM Developmental Levels			
Levels	Motivation	Autonomy	Self-/Other Awareness
1	Motivated	Dependent; need for structure	Cognitive: self-focus but limited self-awareness Affective: performance anxiety
2	Fluctuating between high and low; confident/lacking confidence	Dependency-autonomy conflict; assertive cs. compliant	Cognitive: focus on client; understand perspective Affective: empathy possible also over identification
3	Stable; doubts not immobilizing; professional identity is primary focus	Conditional dependency; mostly autonomous	Cognitive: accepting and aware of strengths/weakness of self and client Affective: aware of own reactions and empathy
3i	Stable across domains; professional identity established	Autonomous across domains	Personalized understanding crosses domains; adjusted with experience and age

Stoltenberg, C.D. & McNeill, B.W. (2010). Reprinted by permission (Appendix A)

The Levels of Counselor Development

As stated above, within the IDM, there are four levels of counselor development, labeled Level 1, Level 2, Level 3, and Level 3i. Progression through these levels

demonstrates greater development and integration of the aforementioned counselor development skills of autonomy and motivation along with awareness of self and others (Stoltenberg & McNeill, 2010).

Level 1

At Level 1, counselors are self-focused and have high levels of cognitively and emotionally-focused performance anxiety that commonly impede their capacity to attend to the client. They are motivated and dependent, hence their need for structure in session with clients and within the supervisory relationship. Tolerance for ambiguity and patience with uncertainty is low at Level I. Counselor self-awareness at this level is mainly self-focused with a predominant preoccupation with self. There may be limitations in how these counselors view themselves and how they are interacting with clients (Stoltenberg & McNeill, 2010).

Level 2

At Level 2, counselors are able to have client-focused cognitions to better understand clients' perspectives. That is, there are the beginning signs of empathy. These counselors may fluctuate between high and low levels of motivation and confidence as their self-efficacy is developing. There may be vacillation in the need to be dependent versus autonomous with supervisors. In terms of self-/other awareness, Level 2 counselors may over-identify with clients emotionally. Therefore, there may not be as much delineation between their own emotional process and the clients' emotional process. Their awareness is growing, which may result in a flood of emotions regarding their own emotional processes as well as those of the clients'; these counselors may

assume too much responsibility for their clients' well-being (Stoltenberg & McNeill, 2010).

Level 3

Level 3 counselors are further developed in their self-efficacy. They are both self and client-focused cognitively; they are able to conceptualize clients more accurately and execute interventions that are congruent with their own therapeutic style and appropriate for the client. There is the awareness of personal strengths and challenges, as well as attunement to the strengths and challenges of clients. These counselors have stable motivation as their professional identity is becoming more salient; these counselors are also primarily autonomous. Level 3 counselors are aware of their own personal reactions and they are able to appropriately separate from clients' emotional processes. Through counselors' use of empathetic listening, there is space for insightful awareness and understanding with clients (Stoltenberg & McNeill, 2010).

Level 3i

At the last stage (3i), counselor professional development has solidified across motivation, autonomy, and self-/other awareness. Counselors who operate at this level are considered to be expert counselors. These counselors are both self and client-focused cognitively, and client emotions are accurately understood; the capacity for empathy is salient within the counselor's development. Counselors possess the overall assimilation of experiences, knowledge, and awareness. The creativity that these counselors may possess relates to the freedom they may feel with clients. This last stage may fluctuate with age and experience, however, and in accordance with the model, the solidification in

counselor professional identity is expected to improve over time (Stoltenberg & McNeill, 2010). The primary emphasis in the current study is the self-/other awareness aspect of the IDM. Therefore, a more detailed exploration of this category follows.

Self-/Other Awareness Construct

The focus of this study is to investigate the impact of CITs' use of personal counseling and if and how it relates to self-awareness and other aspects of counselor development including empathy development, tolerance for ambiguity, and self-efficacy. Within the IDM, the category of self-/other awareness will be used to examine the research findings from the qualitative interviews. Consistent with the CQR methodology, the theoretical framework will not be imposed on data collection. Instead, results will emerge organically, presented in Chapter 4 and then be considered within the context of IDM in Chapter 5 to examine the extent to which the data fit the model.

Self-/other awareness in the IDM is both a cognitive and affective construct. Stoltenberg and McNeill (2010) described self-/other awareness as the counselor's preoccupation with self and other (client), the awareness of the client's worldview, and their own internal insight and enlightenment. The cognitive facet of this category includes thought processes related to the self and other. For example, cognitive processes may include racing thoughts related of what to do next in session and the progressing shift from declarative knowledge (clinical skills) to procedural knowledge (clinical skills used in action) (Stoltenberg & McNeill, 2010). The emotional component of self-/other awareness includes counselors understanding their own emotional process and the changes in the emotional processing of clients. Effective empathetic understanding and

perspective taking is critical in the affective development of self-/other awareness (Stoltenberg, 2010). The cognitive and emotional parts of the self-/other awareness category relate to the other points of interest in counselor development that are of interest in this study such as the development of empathy, tolerance for ambiguity, and self-care. What is unknown is how personal counseling might inform and influence these developmental processes for CITs.

Connections to Counselor Development Processes

The other facts of counselor development that are integral to the IDM are empathy, self-efficacy, and tolerance for ambiguity. Empathy development is essential in the affective component of the self-/other awareness construct. As stated above, empathy for clients and counselors understanding their own emotional experience in a healthy and appropriate way is unfolding throughout the four levels of counselor development. In the earliest level of the IDM, empathy is almost impossible because the trainee may be suffering through performance anxiety and unable to resonate with clients' emotional experience (Stoltenberg & McNeill, 2010). By learning how to navigate one's own internal emotional response, counselors can transition through the other levels of the IDM, ultimately developing greater measures of empathy, awareness, and insight.

Developmental levels also have been connected to counselor self-efficacy. Counselors in the earlier levels of the IDM exhibit fear and anxiety about counseling clients (Stoltenberg & McNeill, 2010). This is related to the counselors' lack of confidence in their skills and a preoccupation with their performance. Since counselors

may be more self-focused at these earlier level, there is less awareness of how the client is reacting or progressing throughout counseling. Therefore, the counselor may be less effective. Counselors progressing through the levels of the IDM grow in their self-efficacy through solidifying their counselor identity, becoming more salient in their therapeutic base, and integrating their knowledge and skills into practice (Stoltenberg & McNeill, 2010). As these shifts happen throughout counselor development, the tolerance for ambiguity and uncertainty also shifts.

Tolerance for ambiguity and exercising patience with oneself and clients is an intricate process for the developing counselor. As mentioned above, counselors within the early stages of the IDM, may exhibit little to no tolerance for uncertainty in the therapeutic process and supervision, and experience distress regarding their own skills and emotionality (Stoltenberg & McNeill, 2010). Struggling with ambiguity is common for beginning counselors and it often takes years to feel confident in spite of the ambiguity of one's self as a counselor and within each counseling relationship (Skovholt & Ronnestad, 2003; Stoltenberg & McNeill, 2010). As patience with uncertainty develops within the counseling trainee, they may grapple with the complexity of the therapy process and be able to navigate through this ambiguity through solidifying their practice and professional identity (Stoltenberg & McNeill, 2010).

Empirical Evidence for the IDM

Many researchers have supported the developmental scope of supervision models and have stated that supervisees often have different needs at the beginning of clinical training. That is, the beginning supervisee may require more structured supervision

sessions and the supervisor may carry more autonomy and responsibility for supervision sessions (Inman & Ladany, 2008; Lambie & Sias, 2009; Stoltenberg & McNeill, 2010; Young, Lambie, Hutchinson, & Thurston-Dyer, 2011). Shifts in these dynamics will most likely change towards the end of clinical training when more expertise has emerged (McNeill & Stoltenberg, 2016). The aforementioned shifts relate to how the IDM proposes counselor trainees move through the levels and constructs. The comprehensive nature of the model envelops the many processes of CIT development so that supervisors can encourage and foster supervisee development.

Although many models of supervision have not been empirically investigated or validated, the IDM has been empirically supported (Ashby, Stoltenberg, & Kleine, 2010; Leach & Stoltenberg, 1997; McNeill, Stoltenberg, & Pierce, 1985; Ronnestad & Skovholt, 1993; Young, et al., 2011). Stoltenberg and McNeill maintain that the IDM is the most explored model of supervision with the most support in the current supervision literature (Inman & Ladany, 2008; McNeill & Stoltenberg, 2016). The IDM has proven to be effective for understanding counselor development and promoting supervisor effectiveness. For example, Ronnestad and Skovholt (1993) found that supervisors who were attuned to their supervisees and their development were able to tailor supervision sessions accordingly. That is, if supervisees were considered to be in the earlier levels of the IDM, more support and direction would be given, and if supervisees were in latter levels of the IDM, then more challenge and consultation was executed by supervisors in supervision sessions. In investigating utilizing the IDM with supervisees, Ronnestad and Svokholt (1993) postulated that clinical supervision is only effective when supervisors

meet the needs of their supervisees. Conceptualizing counselor development through this lens yields more effective supervision, which may promote efficacy in beginning counselors.

In relation to counselor autonomy and efficacy, Leach and Stoltenberg (1997) conducted a study using IDM as a framework for counselor development and found that supervisees who progressed through the levels and emerged at the final level of the IDM reported more autonomy and ability to work with a variety of clients. Similar findings were reported by Bole and Lopez (2011) and Anderson and Bang (2003) with supervisors supervising supervisees through the IDM; this framework was appropriate to use with supervisees treating clients who experienced eating disorders (Bole & Lopez, 2011) and substance abuse (Anderson & Bang, 2003). These findings suggest that the IDM provides a framework to understand the uniqueness of each supervisee and the challenge of particular clients. It seems, then, that conceptualizing counselors through the levels of the IDM accurately connects to how well counselors feel they are able to conduct sessions with a diverse group of clients, i.e., counselor self-efficacy.

In conceptualizing counselors through the self-/other awareness construct of the IDM, empathy and emotional processing have emerged as important constructs. Ashby et al. (2010) studied the use of IDM with counseling psychology students and recorded the supervisees accounts of supervision from the IDM framework. In terms of self-/other awareness, supervisors paid close attention to the emotional processing of counselors who were considered to be in Level 1 or Level 2 in that category. One participant recalled the impact of having the supervisor pay attention to the effective

component of the self-/other awareness category: "...I'm doing better at paying attention to their affect, 'cause I've always assumed how they must feel, but I think I'm doing better about really finding out even though it's uncomfortable for me..." (Ashby et al., 2010, p. 241). It appears that having a model to understand supervisee development supports supervisors in effectively fostering counselor development. From the empirical evidence to date, it can be postulated that supervisees are in a developmental process while progressing through clinical training.

Limitations of the IDM

Although there is great support for the validity of the IDM in conceptualizing the developmental process of counselors in training, there are also limitations to the IDM. There have not been studies conducting an in-depth examination of the specific domains independent of one another (Ashby, et al., 2010). Therefore, counselors in training may technically fit into one level within the model, yet may be farther along in some domains over others; for example, a counselor in training at Level 1 may be motivated, which is in line with Level 1 development, yet they may be more advanced in their autonomy in ways that may be considered more appropriate for Level 2. A more in depth understanding of the independent constructs may be helpful in seeing how counselors are developing in one construct over another. There may be inherent differences in their process of development across the different categories. Further, developmental models in general receive criticism for their hierarchical nature and strict criteria factors for certain steps, or levels (Young et al., 2011); the IDM denotes certain stages of progression, which may be limiting to CITs' unique developmental processes. Another large

component of the IDM is the idea of meeting the supervisee at their development level and supervisors must know the model well enough and be attuned to their supervisee in order to adequately conceptualize the supervisee and well as their developmental progress. There has been research suggesting that developmentally-focused supervision may not be experienced by the supervisee as supportive (Ladany, Walker, & Melincoff, 2001; McNeill & Stoltenberg, 2016; Sumerel & Borders, 1996). Other clinical factors that will occur may override the need for the supervisor to be developmentally in tune with the supervisee; expertise regarding certain client issues or supervisee reactance to client intensity in session may surpass the need for the supervisor to create a supervisory relationship of equanimity (Leach, Stoltenberg, McNeill, & Eichenfield, 1997; Tracey, Ellickson, & Sherry, 1989; Young et al., 2011).

Nevertheless, the IDM has been well researched and largely supported as a useful model of counselor development. Accordingly, the self-/other awareness domain of the IDM will be used in order to understand the development of self-awareness in CITs accessing personal counseling and consider if and how the personal counseling impacts the development of self-/other awareness, either positively or negatively. This framework has been used to understand the experiences of CITs and has shown empirical strength in conceptualizing CITs counselor development (Stoltenberg, 2010). The IDM has been studied primarily with graduate students in training in mental health settings (Smith, 2009), making the model an appropriate framework to conceptualize CITs' development. Additionally, the IDM has been one of the most researched counselor development supervision models as it has been applied to other helping settings i.e. social

services and health care (Salvador, 2016). As such, the IDM provides a contextual framework for understanding the possible developmental impacts, both helpful and hindering, of CITs attending personal counseling while in their training program.

CHAPTER III

METHODOLOGY

Introduction

The main focus of this study is to understand CITs' use of personal counseling and the impact of counseling on counselor development. More specifically, the researcher wanted to understand CITs' experiences and attitudes regarding their own experiences in personal counseling, CITs development as a professional counselor, and CITs' development in the aforementioned counselor development areas of self-awareness, empathy development, self-efficacy, self-reflection, tolerance for ambiguity, and self-care. The review of the literature provided evidence that a qualitative approach is effective for understanding the breadth and depth of the experiences of CITs. Consequently, Consensual Qualitative Research (CQR) methodology was used for this study. CQR was selected for this study because it is ideal for studying the inner experiences, attitudes, and beliefs of individuals as it allows for the understanding of rich and detailed experiences through semi-structured interviews (Hill, 2012). This methodology relates directly to the aim of the research questions in that attitudes and experiences are being investigated.

Research Questions

RQ1: What are the experiences of CITs utilizing personal counseling during their training program?

RQ2: How do CITs understand how their personal counseling experience has influenced their development as a professional counselor?

Methodology

Philosophical Context of CQR

Research methodologies are rooted in philosophical ideals that describe beliefs or goals about the research process. Those philosophical ideals are grounded in research paradigms, which include but are not limited to positivism, postpositivism, and constructivism (Hill, 2012). Views regarding objectivity, subjectivity, researcher interaction with the research process, and ideas of “truth” are involved in delineating each research paradigm. The positivist research paradigm takes a mostly objective stance towards research. There is an objective “truth” to be apprehended through the data produced from a quantitative experimental research design. Positivist researchers believe that there is no inherent interaction between the researcher and participant, therefore there is no bias that impacts the research process. Moving to a postpositivist lens, there is more of a combination of objective and subjective views in relation to conducting research. Postpositivist researchers believe that although there is an objective “truth”, there is only an approximate attainment of understanding this truth (Hill, 2012); through research, we cannot fully know or understand everything that occurs within a phenomenon. In terms of researcher and participant relationships, researchers and participants are to remain independent, but researchers and participants will inevitably influence one another in a variety of naturally occurring ways (Hill, 2012). Postpositivists believe that researchers’ values or biases do not impact the research process and these biases can be bracketed, or

put aside, while conducting research. There is the acknowledgement of biases and values, but these researchers “aim to contain their biases when studying a particular phenomenon” (Hill, 2012, p. 24). The constructivist paradigm allows for a more subjective view of conducting research. Constructivists believe that there is not an objective “truth,” but rather a subjective reality that is socially constructed (Hill, 2012). Within this subjective reality, interactions between the researcher and participants are pivotal in understanding the participants’ internal world or lived experience. According to this paradigm, values and biases from the researcher cannot be removed from the research process; these researchers acknowledge that it is impossible to do so (Hill, 2012). Constructivist researchers explicitly state their values and biases involved in the research process in a bracketing process, which differs from postpositivists. Constructivists do not remove their subjectivity, instead, they describe their biases and expectations in relation to the research agenda. Within this paradigm, the goal is transparency from the conception of the research idea to the interpretation of data and writing research reports; researchers from this viewpoint state and bracket their own expectations and aim to describe participants’ experiences from their own perspectives. Pieces of these paradigms are integral to CQR methodology in terms of reality, researcher/participant interaction, and the nature of the research process.

CQR (Hill, 2012) is a qualitative methodology that utilizes an inductive, bottom up process that allows data to emerge from the unique language and narratives gathered in the research process. In relation to the aforementioned research paradigms, CQR is described as “predominantly constructivist, with some post-positivist elements” (Hill et

al., 2005, p. 197). The subjective, naturalistic perspective of constructivism relates to the ways in which CQR allows for the data to emerge from each participants' individualized language and context through semi-structured interviews. In terms of "truth" and reality, there is a postpositivist viewpoint relating to the research team and consensus process. In CQR, there is a research team, the use of an auditor, and an emphasis on coming to consensus while analyzing data. The research team and auditors attempt to agree on a "truth" while interpreting data, which is the process of coming to consensus. This relates to the postpositivist idea that there is not an objective "truth," yet there is a collective agreement on a "truth." Bracketing biases, values, and expectations of the research process connects with the constructivist view and postpositivist view. There is direct acknowledgement of the researchers' subjective world and the idea that bracketing biases can help minimize the degree to which these biases impact the collected data (Hill, 2012). Although researchers are aiming to accurately report participants' experiences, there is the acknowledgement of the researchers' worldview in relation to the research process and analyzing data. In CQR, the researcher and participant are in relationship through the use of a semi-structured interview. Accordingly, there is mutual influence between researcher and participant, which lends itself to the constructivist perspective. There is flexibility in exploring participants' responses by using follow up probes within the interview. These probes can be used to understand the narrative more deeply, but from a postpositivist lens, also may be used to gain similar information from each participant aligned with the goals of the research questions (Hill, 2012). In representing the data,

researchers present the findings as objectively as possible while utilizing quotes and excerpts in their presentation; this is a blend of both postpositivism and constructivism.

Key Components of CQR

The core components of CQR methodology are the following: a) CQR is an inductive research method; b) CQR uses open-ended questions to stimulate and enrich participants' responses; c) CQR uses words and narratives for its sources of data; d) CQR uses the context of the entire case to understand each narrative and its components; e) CQR uses a small sample size to understand the phenomena in depth; f) CQR uses a research team and an auditor to combine multiple perspectives; g) CQR relies on consensus within the team; h) CQR emphasizes trustworthiness and ethics in the research process; and i) CQR requires that researchers return to raw responses from participants to verify their conclusions (Hill, 2012).

CQR relies on an inductive approach to gathering data; researchers do not impose their beliefs on the data, yet they remain open to learning from the data (Hill, 2012). Within the semi-structured interviews, researchers use open-ended questions and are flexible with the responses given by participants, allowing participants to answer in their own words. From this, participants provide researchers with their own unique language and accounts of lived experiences. When participants give full descriptions of their lived experiences, the researcher attends to the context of how the participant views the world (Hill, 2012). Since this methodology is geared towards learning about the breadth and depth of lived experiences, using a small sample size yields greater understanding and learning from the data. The use of a research team and an auditor, or auditors, lets

multiple perspectives be heard in interpreting data. A multiperspective approach produces better decisions and may minimize bias (Hill, 2012; Hill, Thompson, & Williams, 1997). Within the team, it is critical to check group dynamics and incorporate group feedback throughout the research process in order to balance the dynamics of the team. The auditor(s) provide a check and balance system for the team and yield more perspectives on the data (Hill, 2012), which aids in the process of consensus. Consensus relates to how the research team examines the data independently and then meets to discuss their ideas until the team can agree on the best representation of the data (Hill et al., 1997; Hill, 2012). Ethics and trustworthiness in collecting and interpreting data are paramount in CQR, as the quality of the data relies on the carefulness of the researchers. The quality of the data also may be supported through the reliance on returning to the raw data throughout the process. By returning to the raw data throughout the process as warranted, clarity and understanding the context of the data increase the understanding and reporting of participants' responses and stories.

Rationale for Using CQR Methodology

As mentioned in chapters 1 and 2, there were multiple layers of interest in studying CITs accessing personal counseling (i.e. self-awareness, empathy development, self-care, self-reflection, self-efficacy, tolerance for ambiguity, and attitudes and beliefs about personal counseling). There have been multiple American-based quantitative studies assessing for CITs accessing personal counseling and most of these studies are aimed at studying the number of CITs accessing counseling and citing their reasons for doing so; reasons for engaging in counseling usually relate to professional or personal

development (Byrne & Shufelt, 2014; Dearing et. al, 2005; Fogel, et. al, 2006; Holzman et.al, 1996; McCarthy et. al, 2008). Although these studies have laid the foreground for understanding the quantity of CITs accessing counseling and quantifying the reasons for utilizing personal counseling or not, there is still a lack of knowledge of American-based CITs' lived experiences of engaging in counseling and its impact on counselor development. Much of the qualitative literature regarding this topic has been conducted in other countries, primarily within the U.K., Europe, and Canada. The rich qualitative data ascertained from these studies have given researchers in the U.S. an inkling of the experiences of CITs accessing counseling, but there have yet to be many studies conducted domestically, limiting our understanding of this phenomenon.

To better understand the process of CITs seeking counseling, the CQR approach was used to deepen the understanding of participants' experiences, attitudes, and beliefs (Hill, 2012). In the current literature, the breadth and depth of understanding the lived experiences of CITs voluntarily utilizing counseling services is largely unknown. Hill (2012) also remarked that CQR is a beneficial methodology to use for studying research ideas that have a scarcity of research and literature. As noted above, there is a paucity of research about this topic, especially from a qualitative lens involving American-based CITs in CACREP accredited counselor education programs who are voluntarily seeking counseling services. Therefore, CQR was an appropriate avenue for studying CITs accessing personal counseling while in training.

Participants

According to CQR, selection criteria for the research sample should be specific and in line with the clearly defined research questions in order to ensure consistency in data apprehended from the sample (Hill, 2012). Hill suggested selecting a homogenous, yet representative sample, which has experienced the phenomenon being studied. The desired sample size for a CQR study is between 8-15 participants; the goal is to have a sample size where consistency among participants can emerge (Hill, 2012).

This study's research questions probe at uncovering the experiences of CITs who have accessed personal counseling and their narratives involving the many aspects of counselor development. Participants for this study were CITs in master's level graduate training programs. More specifically, the criteria for participants was that the participants were currently participating in counseling while in training. Additionally, participants needed to be seeing clients in a clinical setting (master's level internship) to be eligible to participate. CITs who are seeing clients are understood to have a fair amount of coursework completed and may be more knowledgeable and self-aware in their counselor development and, accordingly, better able to report their experiences.

Participants who were eligible and volunteer were enrolled in CACREP-accredited programs. This criterion is in place to standardize, to some extent, the curricular experiences of participants. Additionally, CACREP makes specific statements about the personal wellness of counselor trainees (CACREP, 2016). Limiting participants to those in CACREP accredited programs allowed for the standard-driven

delivery of this information to CITs in graduate programs and may help researchers better contextualize findings.

Measures

A demographic questionnaire (Appendix B) was the only measure used in this study; an initial one was used for the pilot study with modifications for the full study. The brief questionnaire provided demographic and contextual information about the participants, which was integral to the interview process and data analysis. The questionnaire, formulated in Qualtrics, was delivered electronically prior to the beginning of the interview. The questionnaire accessed information about participants' age, sex, race, year/semester in graduate program, clinical experience, and capacity in which a counselor was being seen for personal counseling. The interview guide (described and provided below) was used as well. The researcher used this guide to understand CITs' experiences with counseling and how their experience participating in counseling had impacted their counselor development.

Procedures

Research Team

Components of CQR methodology include researchers bracketing their own knowledge and biases about the construct, developing a research team, coming to consensus in data analysis, and the use of an auditor throughout data collection and analysis to ensure trustworthiness (Hill, 2012). The first step in this process is constructing the research team. For this study, the research team was comprised of the

primary researcher, one additional researcher as an additional coder, and an auditor who was proficient and experienced with CQR.

The primary researcher was a 27-year-old, heterosexual, White female who has been a practicing mental health counselor for four years. The additional researcher was a 32-year-old, heterosexual, White male who has been a practicing school counselor for three years. The auditor was a 55-year-old, heterosexual, White male who has worked as a counselor educator for 26 years. In the beginning of the research process, the research team met and discussed the shared goal for the research agenda (Hill, 2012), which was to understand the breadth and depth of CITs utilizing personal counseling services. Team members then began bracketing their ideas, expectations, biases, thoughts, and feelings about the research constructs independently and recorded them in a journal (Hill, 2012). Each team member first pondered their biases individually and then the research team discussed biases and expectations together. Themes that emerged from the research team's bracketing conversation included the following: personal circumstances that brought us to counseling, counseling can be an outlet for anyone, the experience of being the client, professional impacts of being the client in counseling, and the experience of the therapeutic relationship. Specific conversations including biases were discussed and there was a range from thinking that counseling is a very important experience while in training to thinking that counseling is not necessary for trainees for a variety of different reasons (i.e. need, time, money, or other self-reflective practices). It should be noted that the primary researcher had biases regarding personal counseling as it was critical in the researcher's identity development, personal wellness, and professional counselor

development. The interest in the topic of personal counseling for counselors in training emerged from the researcher's own experiences with counseling and curiosity about CITs who attend counseling and their process and lived experiences. The other coder was a master's level practicing school counselor with some reported biases towards counseling from his own personal experience, but these biases did not manifest into thinking that CITs going to counseling was critical to counselor development or wellness. The coder and primary researcher discussed their biases openly in a rich dialogue and were able to bracket these biases in line with Hill's recommendations. The auditor also shared and bracketed his biases during the research process. Themes of his biases involved believing that students should seek counseling through their own volition, reactivity around the stigmatization of counseling, and concerns about students who may be uninterested in or opposed to counseling. In regard to his external auditor role, he stated that he can keep a balanced perspective on what participants say. Throughout the research process, incorporating and checking the biases and expectations that each team member brought to the table were critical to maintaining trustworthiness and ethical integrity of the research team and the overall study.

Recruitment and Sampling

Sampling procedures for this study involved purposive sampling and snowball sampling, which are acceptable recruitment procedures under CQR methodology (Hill, 2012). Recruitment emails were sent out to the department chairs of all CACREP accredited programs throughout the U.S. to recruit a diverse, national sample; a list will be compiled from the CACREP website ensuring for participant criteria (i.e. face to face

programs). Additionally, participants were recruited using social media recruitment strategies. Hill (2012) advised using random selection if there are more than 15 participants who want to participate in the study. Hill (2012) also advised to end recruitment of participants once saturation of the data is deemed complete by the research team. The minimum sample size for this study was eight participants. Ten participants were included in this study; two participants' interview responses added to the data in terms of their differences in their experiences in counseling. The recruitment email (Appendix C) included IRB approved-materials: recruitment statement, the researcher's interest in the topic, purpose of the study, description of the requirements for participation, participant selection criteria, time commitment, interview procedures, brief methodological information about in person open-ended interviews that were recorded and transcribed as the source of data, and the researcher's contact information. Depending on geographical distance from the researcher, face-to-face interviews were conducted with some participants. In instances where geography precludes face-to-face interviews, Zoom videoconferencing software was used to conduct and record the interviews. Three interviews were conducted in person and seven interviews were conducted via Zoom videoconferencing.

After acquiring participants, a demographic questionnaire was emailed for participants to complete prior to the interview and then an interview was arranged between the researcher and the participant. Informed consent was discussed with the participant and a verbal commitment was ascertained prior to the interview. Each

interview took between 25 and 67 minutes, and the interviews were audio recorded and subsequently transcribed.

Interview Protocol

Hill (2012) described the interview process of CQR as gathering information while developing rapport with participants and gaining an understanding of the desired phenomena. Within the interview process, Hill suggested using between eight and ten open-ended questions to guide the interview; this number allows probing in areas of interest while maintaining a consistent interview protocol among participants (Hill, 2012). The goal is that, with this openness in the interview questions, participants will be encouraged to ask follow-up questions or deepen their answers to provide more insight or description of their experiences. The flow of the interview starts with developing that relationship with the participant(s), then focusing on the topic of interest and, lastly, reflecting on broader issues related to the research topic (Hill, 2012).

The first section of the interview for this study started broadly, in accordance with Hill's (2012) recommendations. The researcher attempted to build rapport and understand the participants' process of accessing their own counseling and understanding their understanding of counseling from a more objective stance. The interview then flowed to understanding the topic more in depth – the participants' experience with personal counseling and the impact counseling has on their development. In conclusion, the last question allowed for any other experiences to be included in the interview so participants could feel open in discussing their internal process and how that applied to the research topic. Below is the interview guide created for the pilot study.

Initial Interview Guide

The interviews were open-ended and semi-structured in line with the research questions; probing questions emerged to understand an individual's answer more accurately. Twelve main interview questions included the following, but were not limited to:

1. What influenced your decision to become a counselor?
 - a. Internal/personal factors and external/environmental factors
2. How do you understand the influence of the personal process (your personal desires, personality traits, feelings) about becoming a counselor and professional process (professional identity and the wants/desires for a career) about becoming a counselor within counselor development?
 - a. How do these processes unfold throughout counselor development?
3. How do you think CITs understand how their personal counseling has influenced their development as a professional counselor?
 - a. Positive/negative
4. You are participating in this study because you indicated that you sought personal counseling during your training program. To respect your privacy, I won't ask about the focus or content of your sessions, but could you talk about what the process of deciding accessing personal counseling during your training has been like?
 - a. Positive and negative aspects of the process
 - b. How did you decide to seek personal counseling?

5. Once you made the decision to go to counseling, how was that process?
 - a. Positive and negative aspects of the process
6. What are your thoughts about whether counselors in training should engage in personal counseling while they are in training?
 - a. What informs your attitudes?
 - b. Where do you, or did you, receive messages about personal counseling?
 1. What information did you receive about personal counseling in your academic program or elsewhere?
 2. What information was critical, influential, or informative for you?
7. What supports did you experience when seeking out counseling?
8. What barriers or obstacles made it challenging for you to seek out counseling?
9. Do you know of any additional barriers that might preclude others from seeking their own counseling while in training?
10. What was impactful about your time in counseling?
 - a. Helpful and hindering impacts
11. Do you believe that your personal counseling has influenced your development as a professional counselor? If so, in what ways?
 - a. Probe for specifics; follow-up to invite both positive and negative influences.
12. What other thoughts, feeling, or experiences arise when discussing your own process of utilizing counseling while becoming a counselor?
 - a. Personally, professionally, or educationally

Pilot Study

A pilot study was conducted in order to gauge the integrity of the research procedures and elicit feedback on the components of my study. The UNCG IRB board stated that the study was exempt from IRB approval based on the purpose and research goals of the study. The specific research questions for the pilot study were as follows: a) are the interview questions clear? b) how is the flow and organization of the interview questions? c) are the interview questions relevant to the main purpose of the study? At the end of the pilot interviews, the researcher inquired about general feedback related to the research process and how the study could be improved. The researcher recruited two participants. The first participant was a current master's level counselor education student enrolled at a CACREP accredited university located in North Carolina. The participant was female, 25 years old, White, and enrolled in internship at the time of the interview. She reported going to group counseling prior to internship and being in individual counseling at the time of the interview. The second participant was a recent graduate (graduated in May 2019) of a master's level counselor education program that is CACREP accredited located in North Carolina. This participant was female, 39 years old, White, and completed all necessary clinical experiences per program requirements. She reported that she engaged in individual counseling prior to the master's program, yet sought a new counselor during her internship experience. Both participants were recruited using purposive sampling (inviting people the researcher knew from her graduate studies) and contacted them to request their participation in the study. The first

participant participated in the study through an in-person interview and the second participant participated in the study virtually through Zoom videoconferencing.

After each participant agreed to be in the study, interviews were scheduled. The researcher conducted the in-person interview first. Prior to the interview, the researcher provided the demographic questionnaire, reiterated the purpose of the study, reminded the participant that the interview would be recorded, and delivered verbal consent procedures. The participant verbally consented, the interview was conducted, the researcher recorded some notes, and feedback was elicited afterwards. At the end of the interview, the researcher asked the participant the following feedback questions: a) were the interview questions clear or were there any that were confusing? b) how was the flow and organization of the interview questions? c) did the interview questions seem relevant to the main purpose of the study? d) is there any feedback you would like to provide about the study or the researchers' role in the interview/research process? e) overall how was this experience? The first participant stated the interview questions felt like they flowed appropriately and matched the intent of the study. She remarked that if the researcher heard something interesting in what she was saying, or if a statement of hers matched a following question, the researcher should be natural and connect themes or take the opportunity to ask about something even if it appeared to be out of order with the sequence of questions. Throughout the interview, the participant asked questions if the posed interview question appeared confusing, so in responding to feedback around the clarity of the question, nothing new was specifically stated. It appeared the question two of the interview had to be clarified in order to be more fully understood. The participant

mentioned that at times the questions seemed positively skewed; when the researcher received answers to questions that appeared positive, the researcher did not always follow up questions with statements like “what about the negative aspects?” The participant provided feedback around the need for the researcher to be mindful of critically asking the question so that the questions are not only positively oriented. In regard to the sixth question, which assess for CITs attitudes, the participant stated that when assessing for attitudes, framing the question as “what influences you?” may be helpful. The participant reported that contextualizing the questions, such as “was there a time when...” was helpful in helping her remember a time or incident in relation to the question. The participant mentioned that the overall flow, the researcher’s interviewing skills, and the way the interview was conducted felt good and that the participant perceived that the researcher was accurately listening to the content being shared.

Prior to the second interview, the researcher processed the feedback and made mental reminders about asking the research questions in their entirety in regard to asking about both positive and negative impacts of their experiences questions. The researcher conducted the second interview procedurally the same as the first interview. After verbal consent was received, the interview was completed, the researcher elicited feedback, and the following questions were asked a) were the interview questions clear or were there any that were confusing? b) how was the flow and organization of the interview questions? c) did the interview questions seem relevant to the main purpose of the study? d) Is there any feedback you would like to provide about the study or the researchers’ role in the interview/research process? e) overall how was this experience? The participant

reported that she enjoyed the interview and that it helped her create some connections about her experience that she had not noticed before. In regard to the questions, flow, and interview clarity, the participant expressed that the flow of the interview felt appropriate. The participant shared that question two posed difficulty in that it was not as clear. The participant and interviewer briefly collaborated on how the question could be asked in a more succinct way. The participant had similar feedback for the researcher in that utilizing interviewing skills and engaging in the flow of the interview was helpful to her and the process. She reported that she would not add any other questions as the questions provided accurately assessed for her experiences in counseling.

Across both interviews, both participants appeared to find the questions and flow of the interview appropriate and integral to the purpose of the study. During the second interview, the researcher attempted to ask questions fully, in that both positive and negative aspects of the question were critically asked. No feedback about positively-skewed questions was received in the second interview so it seems critical that the researcher objectively ask questions in the interviews for the full study. Some adjustments were made to the interview guide in response to the feedback received by both participants. In regard to question two, the question was re-written in order to provide more clarity by integrating some of the feedback from the second participant. A word change was made to question six to provide more clarity as well. Revisions to the interview process and interview questions were made in accordance with feedback provided from the pilot study as well as changes recommended from the dissertation proposal, which are chronicled in chapter 4.

Revised Interview Guide

1. At what point in your program did you begin your own counseling?
2. What conversations and modeling have you experienced around attending counseling as a student, either from professors or peers?
 - a. How have these conversations been impactful?
 - b. Where do you, or did you, receive messages about personal counseling?
 - i. What information did you receive about personal counseling in your academic program or elsewhere?
 - ii. What information was critical, influential, or informative for you?
3. For you personally, were the personal or environmental factors more important in making your decision?
 - a. Wanting to go for yourself and/or because of the advice of someone else
4. You are participating in this study because you indicated that you sought personal counseling during your training program. To respect your privacy, I won't ask about the focus or content of your sessions, but could you talk about what the process of deciding accessing personal counseling during your training has been like?
 - a. Positive and negative aspects of the process
 - b. How did you decide to seek personal counseling?
 - i. Self-referral or other influence
5. Once you made the decision to go to counseling how was that process?

- a. Positive and negative aspects of the process; including finding a counselor/therapist.
6. What supports did you experience when seeking out counseling?
7. What barriers or obstacles made it challenging for you to seek out counseling?
 - a. Cultural barriers, geographic barriers, financial barriers, etc.
8. What was impactful about your time in counseling?
 - a. Helpful and hindering impacts
9. Do you believe that your personal counseling has influenced your development as a professional counselor? In what ways?
 - a. Probe for specifics; follow-up to invite both positive and negative influences.
10. What other thoughts, feeling, or experiences arise when discussing your own process of utilizing counseling while becoming a counselor?
 - a. Personally, professionally, or educationally

Data Analysis

After interviews were conducted, they were transcribed by a professional transcription service and checked for accuracy. After receiving the transcriptions, the principal researcher deleted any identifying information from the interview to protect confidentiality; pseudonyms for each participant were assigned. In accordance to Hill's (2012) data analysis recommendations, the research team members independently read one transcript and developed domains, which were topics that emerge from the transcripts. A preliminary domain list was formed, which provided an overall structure for understanding each participant's experience (Hill, 2012). Hill (2012) suggested

starting with a broad domain list and being flexible in possibly collapsing smaller domains that could potentially be classified as core ideas later in the research process. In order to generalize in the coding process for domains, the research team started with analyzing one interview. After each team member created a domain list from the transcript, the team met to compare findings, come to consensus through collective discussion, and create a domain list that best fits the entirety of the data (Hill, 2012). Openness to discussing differences and difficulties in coming to consensus was a priority of the research team throughout the entirety of the research process to ensure a reflexive process. Before moving on to the next step of data analysis, the interviews were input and sorted by domains through the use of an Excel sheet.

In line with CQR data analysis steps, core ideas were developed next. Core ideas capture the essence of what is said in the context of the entire transcript and are succinct and grounded in the words of the participants (Hill, 2012). To ensure cohesion in the development of core ideas, the team independently developed core ideas within one domain with one transcript. The team discussed findings and came to consensus on the core ideas for that specific domain in the transcript. The team then worked with two additional transcripts, developing core ideas for the same domain; discussing core idea formation and ultimately consensus was done throughout the process. Those three transcripts were used to develop consistency in core ideas across the rest of the domains, one domain at a time. When the research team appeared to be consistent in their development of core ideas across those three transcripts, the remaining interviews were divided between the two team members and core ideas were developed for all of the

domains. Core ideas were input into the previously mentioned Excel sheet. The auditor was asked to review the core ideas for each interview and feedback was delivered to the research team. The research team discussed the feedback and achieved consensus for the core ideas; a finalized excel sheet with the core ideas was sent to the auditor for a final review. Categories were developed next, which encompass themes from the core ideas. Categories formed should encapsulate almost all of the core ideas (if not all); sub-categories may need to be formed based on what emerges from the data.

The next phase of data analysis was cross-analysis in which the research team determined the number of participants who have core ideas within each category (Hill, 2012). Frequencies were determined using the labels general, typical, variant, and rare. According to Hill, the *general* category comprised the data of all the participants; it is acceptable to have all participants but one or two participants. The *typical* category consisted of data from more than half the participants. *Variant* classification consisted of data from at least two participants up to half of the total participants. Data that would be considered in the *rare* frequency were from one participant. Cross-analysis was sent and resent to the auditor until final changes were agreed upon. It should be noted that the use of the auditor was critical throughout the entire data analysis process to check for accuracy, ensure trustworthiness, and incorporate feedback. The understanding and importance of the team members' biases and expectations was involved in the entirety of the data analysis process as well.

Limitations of the Study

There were known *a priori* limitations of this study in regard to sample and the research team. In terms of sampling, although this study aimed to have a sample size in accordance with CQR methodology, the sample was limited within using CACREP accredited programs in that valuable information about this research topic may be unknown from CITs at non-accredited institutions. The sample also included those who have chosen to seek counseling and participate in the study. This may limit transferability of findings. The research team was comprised of two individuals from a single institution who have similar educational and work experiences, potentially limiting the perspectives of the research team. The primary researcher highlighted existing biases that she held going in to the study. The first and subsequent interviews were reviewed by the research team to minimize the impact of these biases on interviews. Nonetheless, there may be unintended biases that appear in how the interviews are conducted. Overall these limitations may ultimately inform future research endeavors around this research topic.

CHAPTER IV

RESULTS

In the current study, the researcher explored the experiences of CITs accessing personal counseling and the impacts on counselor development. The following research questions were explored:

1. What are the experiences of CITs utilizing personal counseling during their training program?
2. How do CITs understand how their personal counseling experience has influenced their development as a professional counselor?

Modifications to the Method

Prior to data collection, some modifications were made to the methods based on feedback from the dissertation committee. First, several questions were added to the demographic questionnaire to specify criteria for participants and create a more homogenous sample. A question assessing for the mode of instruction was added as a criteria question in that participants must be enrolled in a program that primarily uses face to face instruction. Another criteria question was added regarding if the counseling experience was voluntary or mandated to contextualize the counseling experience. Questions assessing for student part-time or full-time status, number of completed credit hours, prior counseling experience, number of counseling sessions attended, and type of

mental health professional seen for counseling sessions were added also to contextualize the findings (see Appendix D).

Additionally, the dissertation committee suggested other modifications made to the interview guide as well regarding the order of questions asked, keeping the questions more personally participant specific, and specific probing questions. These modifications were completed to ensure that participants would be speaking to their own personal experiences and describing the specifics of own personal context. The first question was changed to, “At what point in your program did you begin your own counseling?” to start the interview more broadly and specific to the participants’ personal process of utilizing counseling. The second question added to the interview guide assessed for participants’ understanding of conversations and messages heard in their environment about personal counseling. Questions five and eight were removed from the interview guide because they assessed for participants’ thoughts about others and not themselves. All other questions remained the same and the final interview questions were provided in Chapter 3 (see also Appendix E).

Recruitment Procedures, Participants, Data Collection, and Data Analysis

The following sections describe the methodology that was used during the main study with the modifications described above completed and implemented.

Recruitment Procedures

Following approval of the study by the Institutional Review Board, the principal researcher sent emails (Appendix C) to 38 CACREP accredited counselor education programs across the United States and three master’s level students that she knew

personally. An email was sent to the Department Chair of each of these programs with a request to forward the recruitment email to master's level students who might be interested in the study. Recruitment via social media was utilized as well and a recruitment flyer (see Appendix F) was disseminated to three different mental health professional groups on the social media website, Facebook. These recruitment procedures yielded contacts from 39 potential participants. After discussing the participant criteria and distributing the demographic questionnaire to each of these potential participants, 10 participants were eligible for the study. Participants were then scheduled for interviews either in person or through Zoom depending on geographic location; three interviews were conducted in person and seven interviews were conducted via Zoom.

Participants

Participants were 10 CITs from CACREP accredited master's level counseling programs across the country. Participants are described by pseudonyms through the entirety of data analysis and discussion. Seven of the ten participants identified as females and three of the participants identified as males. Six participants identified as Caucasian or White, one participant identified as Black or African American, one participant identified as Asian or Pacific Islander, one participant identified as Hispanic or Latino, and one participant identified her ethnicity as "mixed race – Asian and White". The age range of participants was 25 years old to 37 years old ($M = 29.2$, $SD = 5.02$). Half of the participants ($n = 5$) lived in the Southeastern region of the United States, while the following regions were represented by one participant each, the Pacific

Northwest, the South, the Midwest, the Northeast, and the West. All of the participants were full-time students at institutions that provided face-to-face instruction. All ten participants had completed their practicum clinical experience and were currently enrolled in internship. While all participants selected “voluntary” instead of “mandatory” for their counseling experience, two participants noted in their semi-structured interviews that their programs had requirements regarding personal counseling. Participant Noel remarked that her counseling experience was considered a prerequisite for advancing to practicum and all subsequent coursework; she was required to complete 10 hours of personal counseling. Participant Tyler shared that his program offered one extra course credit to his cumulative semester hours if he participated in 10 hours of personal counseling. It should be noted that both of these participants voluntarily chose to continue counseling after their program requirements were completed, allowing their eligibility in the study. A more detailed description of the participants is provided below in Tables 2 and 3.

Table 2

Demographics of Participants (Overview)

Age	Number of Participants	Percentage %
22	1	10%
25	2	20%
28	3	30%
29	1	10%
33	1	10%
37	2	20%
Gender		

Female	7	70%
Male	3	30%

Race/Ethnicity

Asian or Pacific Islander	1	10%
Black or African American	1	10%
Caucasian or White	6	60%
Hispanic or Latino	1	10%
Other (“Mixed Race – White and Asian”)	1	10%

Attended Counseling Prior to Graduate School

Yes	7	70%
No	3	30%

Table 3

Participant CIT Profiles

Participant Pseudonym	Race, Gender, Age	Year in Program	Credit Hours	Type of Counseling Professional Seen for Counseling	Type of Therapy	Number of Therapy Sessions Completed
Robin	White, Female, 22	Second	65	Licensed Clinical Social Worker	Individual	22
Domenic	Hispanic, Male, 29	Third	57	Licensed Psychologist	Individual	20
Tyler	White, Male, 37	Second	51	Licensed Professional Counselor	Individual	4
Sean	White, Male, 33	Second	36	Psychology Intern	Individual	5
Kara	White, Female, 28	Second	65	Licensed Professional Counselor	Individual	20

Melanie	White, Female, 28	Third	60	Licensed Clinical Social Worker	Individual	50
Carmen	White, Female, 37	Third	50	Licensed Professional Counselor	Individual and Group	100
Ari	Asian or Pacific Islander, Female, 25	Second	30	Licensed Professional Counselor	Individual	25
Noel	Mixed Race – Asian and White, Female, 28	Third	57	Licensed Professional Counselor	Individual and Couples	40
Brittany	Black or African American, Female, 25	Second	65	Licensed Professional Counselor	Individual	8

Data Collection

Data collection, including the demographic questionnaire and semi-structured interview, occurred between November and December of 2019. Interviews in person and online were held in a locked office to keep confidentiality secure. Interview transcriptions were obtained using a professional transcription service and were stored in a password protected online storage account available through the principal investigator’s University.

Data Analysis

A preliminary domain list was created with five domains and another domain for data that did not fit into the five domains. In order to test the preliminary domain list to see if it captured the participants’ responses, the principal researcher and the second coder practiced using this preliminary domain list with one transcript. The coder and the

principal investigator agreed that there seemed to be not enough specificity between two different preliminary domains and the principal researcher asked the auditor for feedback regarding the preliminary domains and their corresponding definitions. After the auditor shared the feedback with the principal researcher and the coder, and consensus was established, the final domain list was created with four domains and a fifth domain for data that did not fit into the four domains.

Overview of the Findings

The data analysis from the interviews conducted with 10 CITs resulted in the development of a final list of four domains with a fifth domain for data that did not fit into the other domains. The final list of domains is as follows: 1) Previous counseling experience, 2) Motivation, 3) Personal takeaways of going to counseling, 4) Professional takeaways of going to counseling, and 5) Other. Table 4 provides a list of the final domains and the corresponding definitions. Table 5 provides information regarding the domains, categories, frequency labels, and corresponding participants. Following the tables, more in-depth descriptions of participants’ experiences, with representative quotes, are provided.

Table 4

Domain Definitions

Previous Counseling Experience	Describes that participants had prior counseling experiences and their perspectives on counseling were that counseling is important and a positive experience
Motivation	Describes a supportive environment through academic training program, family, friends, and peers. Counseling is seen as normal and not stigmatized. There is personal motivation, interest, and energy involved in seeking counseling services.

Personal Takeaways of Going to Counseling	Describes counseling as an avenue for self-care. There are barriers and challenges to going to counseling. There is an evolution of what counseling means to participants.
Professional Takeaways of Going to Counseling	Describes the counseling relationship and the modeling of what is seen in counseling between the counselor and the client. Professional growth is seen through experiential/dualistic learning and empathy building and development.
Other	Includes participants' responses to the study that are not included in the preceding domains

Table 5

Domains, Categories, Participants, and Frequency Labels

Domains	Categories	Participants	Frequency Labels
Previous Counseling Experience	Utilizing Counseling Prior to Graduate Program	Kara, Robin, Melanie, Carmen, Ari, Noel, Sean, Domenic	General
	Impactful Previous Counseling Experience		
	(a) Positive	Robin, Melanie, Carmen	Variant
	(b) Negative	Robin, Melanie	Variant
	No Prior Counseling Experience	Brittany	Rare
	Current Counseling Experience		
(a) Returning to Counseling for Personal or Professional Reasons	Tyler, Domenic	Variant	
(b) Program Expectation	Noel, Tyler	Variant	

Motivation	Sources that Impact Motivation		
	(a) Academic/Professional Encouragement	Kara, Robin, Melanie, Carmen, Ari, Noel, Tyler, Brittany, Sean, Domenic	General
	(b) Social Encouragement	Kara, Carmen, Ari, Tyler, Brittany, Domenic	Typical
	(c) Family/Cultural Influences	Kara, Carmen, Ari, Brittany, Sean, Domenic	Typical
	(d) Experiences of Stigmatization	Tyler, Domenic	Variant
	(e) No Experiences of Stigmatization	Kara, Robin, Carmen, Tyler, Domenic	Variant
	(f) Internal Motivation	Kara, Melanie, Carmen	Variant
	(g) External and Internal Motivation	Kara, Robin, Sean, Domenic	Variant
	Personal Counseling is Considered “Best Practice”	Kara, Robin, Melanie, Carmen, Ari, Noel, Sean, Domenic	General
Meaningful Counseling Experience	Kara, Robin, Melanie, Carmen, Ari, Noel, Tyler, Brittany, Sean, Domenic	General	

Personal Takeaways of Going to Counseling	Barriers to Counseling		
	(a) Logistical Barriers	Kara, Robin, Ari, Noel, Tyler, Brittany, Sean, Domenic	General
	(b) Familial/Cultural Barriers	Robin, Carmen, Noel, Brittany	Variant
	(c) Personal Internal Barriers	Robin, Noel, Tyler, Brittany, Sean	Variant
	Supports for Counseling		
	(a) Logistical Supports	Melanie, Carmen, Ari, Brittany, Domenic	Variant
	(b) Personal Internal Supports	Melanie, Sean	Variant
	(c) External Supports	Noel, Brittany	Variant
	Helpful Processes of Counseling	Kara, Melanie, Ari, Tyler, Brittany	Variant
	Positive Impacts of Counseling	Kara, Melanie, Carmen, Ari, Noel, Brittany, Sean, Domenic	General
Counseling Relationship	Kara, Robin, Melanie, Carmen, Ari, Brittany, Sean, Domenic	General	
Wanting Others to Value Counseling	Melanie	Rare	

Professional Takeaways of Going to Counseling	Unhelpful Professional Impacts		
	(a) Perceived Disconnection	Kara, Melanie, Brittany, Sean, Domenic	Variant
	(b) Personal Internal Barriers	Kara, Noel, Brittany, Sean	Variant
	(c) Counselor Unprofessional Behaviors	Robin, Tyler, Domenic	Variant
	Importance of Being in the Client Role	Kara, Carmen, Tyler, Brittany, Sean, Domenic	Typical
	Counselor Relationship		
	(a) Objective Support	Kara, Robin, Carmen, Noel, Domenic	Variant
	(b) Relational Support	Robin, Melanie, Ari, Sean	Variant
Professional Development			
(a) Learning from Counselor	Kara, Melanie, Carmen, Ari, Noel, Tyler, Brittany, Sean	General	
(b) Positive Impact on Counselor Development	Kara, Melanie, Carmen, Ari, Noel, Tyler, Brittany, Domenic	General	

Other	Advocating for Access to Counseling at University Counseling Center	Melanie	Rare
	There are No Personal Barriers to Counseling	Melanie	Rare
	Perspectives on Christian-based Counseling	Robin	Rare
	Interest in Research Topic	Domenic	Rare

NOTE: **Frequency Labels:** *General*= 8-10 participants, *Typical* = 6-7 participants, *Variants* = 2-5 participants, and *Rare* = 1 participant

Research Question 1: Main Domains and Categories

Below, the domains that directly answer the research question are described, followed by additional findings related to this research study. Three main domains were found that provide a structured response to research question one:

1. What are the experiences of CITs utilizing personal counseling during their training program?

Domain One: Previous Counseling Experience

Within this first domain, participants described components of previous counseling experiences. The following categories emerged in this domain: (a) utilizing counseling prior to graduate program, (b) impactful previous counseling experience, (c) no prior counseling experience, and (d) current counseling experience.

Utilizing Counseling Prior to Graduate Program (Typical). Seven participants discussed utilizing counseling prior to graduate school. These counseling experiences occurred at multiple different points in time for each participant. Kara reported starting

counseling, “probably six or seven months before I fully started the program.” Robin expressed accessing counseling at a similar time, “I sought out counseling services over the summer before I started classes.” Some participants described counseling as an on and off process like Carmen, “I have been seeing this particular counselor for probably a year, a year and a half before I started my program, but I have been in counseling off and on probably my whole life” and Sean, “I did [counseling] when I was a teenager. I went to counseling for several years and then about two years ago I was in counseling for a brief time for about six months.” Similarly, Noel reported, “Yeah, so the first time I ever did counseling was back in like high school and a little bit in college.” Two participants discussed briefly going to counseling before; for example, Domenic said, “The first time I actually went to counseling was before my program and I was actually in a couples counseling with my now wife. We went to a couple sessions because we were going through some relational issues and we needed some extra help but it was only a couple times” and Ari, “I have been to counseling before like, two years ago. I just went for a session or two and that was about it.”

Impactful Previous Counseling Experience (Variant). The participants who utilized counseling talked about impactful experiences in their time in previous counseling, which created two subcategories: (a) positive and (b) negative experiences.

Positive (Variant). In terms of experiences, Melanie shared that her time in counseling while she was in college was “a really good experience.” Another example came from Carmen’s interview.

It [counseling] was positive and she said some things that were really insightful to me. She did some like art therapy with me and I was like, whoa, because I didn't tell her all that much because I was 16... I wasn't into really talking about what was going on, but she had me do a family drawing with the tree and then she pointed out all kinds of stuff.

Negative (Variant). Two participants mentioned that their time in counseling had been a negative experience. Robin remarked, “the counselor was not validating at all. It was not a good fit.” While Melanie reported a positive experience in her previous time in counseling she also reported negative experiences. She expressed, “I didn't feel like very trustworthy of that counselor so I lied to her all the time, which was really awful. It was a very shameful experience for me a lot of the time.” When describing when her parents took her to counseling as a child she stated the following:

I think for me part of it was that I felt like there was sort of inference... that I had done something wrong, or something was not right with me for some reason, whether that was because of my parent situation, or external circumstances, or my own behavior... but it [counseling] was very much like a punishment.

No Prior Counseling Experience (Rare). One participant, Brittany, noted that they had never been to counseling prior to the graduate program and that they started when their graduate program started “September of the first year.”

Current Counseling Experience (Variant). There were a couple of participants who noted that their previous counseling experience was connected to their current counseling experience. Two subcategories emerged in this category: (a) returning to counseling for personal or professional reasons and (b) program expectation.

Returning to Counseling for Personal or Professional Reasons (Variant). Tyler expressed that he stopped going to counseling because he “didn’t feel the need for it”, but started going back to counseling within the last two months. He stated, “interestingly some personal stuff has started to come up in sessions [with his own clients] and so looking to get help in processing that stuff.” Another participant, Domenic stated:

So at the beginning it was more about I need to focus and to get through some of the issues that I am going through to be able to do my course work and also to maintain relationships in my life... but if you want to be a good therapist you need to do your homework first.

Program Expectation (Variant). Two participants, Tyler and Noel, considered their time in counseling as “voluntary” as they recorded that response on both of their demographic questionnaires, however, they both experienced program expectations in terms of accessing counseling. Noel partook in personal counseling as a part of a first semester requirement, she shared the following:

Something [the assignment] called the portfolio where there's a certain amount of papers that we need to do. I think there's like a worldview paper we have to do, some advocacy, and the 10 hours of individual counseling as part of that. And so that's all laid out for us in our first semester in our intro class.

Tyler expressed that “we had 10 hours of counseling that was quote, unquote voluntary, but that if you did the 10 hours, it gave you an extra credit. So, it was a three credit class and then it was four credits if you did the counseling.”

Domain Two: Motivation

In exploring what participants considered to be integral to their experience in counseling, motivation emerged as a domain with three categories: (a) personal counseling is considered “best practice”, (b) meaningful counseling experience, and (c) sources that impact motivation. The last category, sources that impact motivation, included seven subcategories: (a) academic/professional encouragement, (b) social encouragement, (c) family/cultural influences, (d) experiences of stigmatization, (e) no experiences of stigmatization, (f) internal motivation, and (g) external and internal motivation. The subcategory *personal counseling is considered “best practice”* related more to the findings for the second research question and, accordingly, those findings will be discussed later in the chapter.

Meaningful Counseling Experience (General). All ten participants in this study described what they considered a meaningful counseling experience when discussing their understanding of motivation in relation to personal counseling. Many participants described feeling motivated to access counseling because of the benefits that they received from participating. Melanie described a positive experience in counseling that contributed to her desire to keep going to counseling.

I know it's [counseling] really good for me and to get my space away from a vacuum in some sense. It gives me an opportunity for fifty-five minutes to exist in a vacuum and to sort through some stuff, which never happens otherwise, and it motivates me to want to keep going back because it gives me that chance to do that and it's such a good feeling to just be able to be in my own space and have someone else exist with me... it's such a unique space.

Other participants talked about using counseling as a place to vent or engage in self-care. Robin expressed that counseling was “definitely viewed as a self-care activity” and Kara remarked that “a lot of it [counseling] has been about self-care and how to do that and take care of others simultaneously.” Carmen responded, “yes” when asked if going to counseling was linked to taking care of herself. Brittany also shared a similar sentiment in that counseling is how she tends to herself, “I know I need to take some cautionary measures... I know myself in a stressful situations and environments, I know my patterns, so I knew it was probably good to get back in there.”

In regard to the meaningful processes of counseling, Kara stated that venting was a part of her process in counseling.

I think initially, right when I started this program, it [counseling] was a place to dump and vent and ‘I have no freaking clue what I’m doing’... that was initially what counseling was a lot of, that dumping and venting and trying to verbally process it with someone who had been through it at some point, in some way shape or form... So yeah, I think that initially it was a lot like of ‘I don’t know what’s going on’ and I just need to get this out somehow

A couple of participants discussed how beneficial it was to have the right “fit” within the counseling relationship. When discussing her relationship with her counselor, Carmen stated, “it was a really good fit for me and it's been a good fit all along.” Noel also noted the importance of connecting with a counselor, “it’s been seven years of not being in therapy for a while, just a few sessions here and there, but it felt overwhelming to have to establish that kind of relationship with somebody, but when I found the therapist that I currently see now, I just love it.”

Sources that Impact Motivation (General). This category had multiple subcategories that captured the range of sources that impact motivation: (a) academic/professional encouragement, (b) social encouragement, (c) family/cultural influences, (d) experiences of stigmatization, (e) no experiences of stigmatization, (f) internal motivation, and (g) external and internal motivation.

Academic/Professional Encouragement (General). This subcategory described how participants received messages in their training program about utilizing personal counseling services. All ten participants talked about how their academic environment or their professional environment discussed personal counseling services. Most of these messages came from professors. Ari stated, “I think almost every professor would have reiterated it in their class that, we should consider going to therapy on our own.” Tyler expressed hearing messages in a similar context.

I think we heard it a couple different ways and I think one of the ways that we heard it was like ‘it's good to be in counseling’ is what they [professors] said. It's good to be in counseling to process the stuff that's coming up for you. That was definitely one thing that came up with teachers and then it's good logistically to have the experience of what it's like to be in counseling.

Melanie shared a similar feeling in her academic environment, “we want you to be successful, so we want to make sure you go see a counselor” and Carmen had a related response, “in my program they have always encouraged it [counseling], it's been said, ‘you need to be doing your own work’.”

Brittany expressed that her counseling training program discussed students going to counseling, but felt differently about the dissemination of that topic in the classroom.

She said, “It [counseling] was just not as emphasized at first, but of course in class we go over counselors need counseling... like that statement was made early on but it wasn't like ‘you should be in counseling too’.”

Social Encouragement (Typical). Along with encouragement from training environments, six participants described that their social environment also influenced their motivation to participate in counseling. Kara talked about the influence of her friends on her motivation, “having encouragement from friends like, ‘you really do need to do this.’ I have some good friends who are like, ‘you have been talking about this for a really long time that you want to do this and it’s worth it’... it’s worth the time, it’s worth the effort.” Brittany shared that having peer support through someone in her cohort was encouraging.

One person in particular, we had a conversation because she hadn't been going to counseling and was asking me about my own counseling experience, and where it's going, and how it was, and whether or not you should go try it out first to know about it, and talked about how long I had been in counseling. It was really nice... and now we're able to talk about our counseling experiences together.

Domenic also reported that his peers were impactful in his motivation for counseling. He stated, “Yeah, it was highly encouraged by people in my cohort. They opened up about their therapy experiences and I think that really inspired me to like, okay, if my classmates are going to therapy to work on their stuff, why am I not doing the same thing?”

Family/Cultural Influences (Typical). Another source of motivation that emerged was influences, either positive, neutral, or negative, from participants’ family or

cultural background. In terms of negative influences, Domenic discussed familial and cultural messages that he has heard.

I think out of all my friends and family, I probably am the only one that goes to therapy... so coming from a Hispanic background, I am more Americanized, but to say the least, my actually my parents have been to therapy, but my cousins, or if I talk to my in-laws about therapy, they're Hispanic as well, that they don't believe talking to somebody will benefit themselves. They believe that if it's a relationship issue, it's a husband and wife, and you need to figure it out together and you don't need anybody else in your business and it's very confidential. You don't bring family matters to another person to get some help. It's wrong and it's looked down upon.

Ari shared a similar understanding with her familial and cultural influences. She stated the following:

I grew up in India, so I feel like getting help and going to counseling wasn't really a thing that was talked about a lot and my parents actually don't know that I'm in therapy... they don't get the concept that something necessarily doesn't have to be wrong with you to go to therapy. It is like, if you need help, there's something wrong, and even if you go to get help, they expect it to be like 'oh this problem is going to be dealt with' in a session or two and it's not an ongoing thing. So even now, when I tell, like, my cousin, I'm close with them so I tell them that I went the other day [to counseling] and I say to them 'my therapist says', and they just look at me like 'why are you in therapy?' And it's not that anything is wrong with me... I think it's totally normal to seek help. So yeah... I've given up trying to explain it to them... they're like, 'it's all in your head, you just have to push yourself to let go of it and do things and you'll be fine.' I'm like, well, it doesn't work like that.

A couple of participants described a neutral stance to their familial or cultural influences. Sean described a sense of neutrality with his family on the topic of counseling.

I think part of it with my own counseling... it's not something that I would go out of my way to share with my family because they're like 'oh, what's up what's going on?'. I would not share it with them if it came up in conversation, but it has not. I feel like it's not relevant to my treatment or to my own growth to share that with them.

Finally, Brittany was the only person to report a family member acting in an encouraging matter regarding participating in counseling. She responded with "my dad" when discussing who was supportive from her family in her counseling journey.

Experiences of Stigmatization (Variant). Two participants remarked that they had experienced stigmatization in their experience participating in counseling. Tyler shared his experience in the following quote:

I'm a little older and so I grew up with a little bit of that counseling and therapy stigma that we as counselors are trying to break, and so for me there was a little bit of that. There's a little bit of that even as I'm becoming a counselor. There was a little bit of that stigma of like, 'what do people going to counseling for' and 'I don't need to go to counseling if there's not something specific.'

Domenic expressed feeling stigmatized by his family when he was seeking couples counseling. He stated, "Well for sure it's a weakness, it's like something's wrong with you. There's probably a lot of shame that goes with it... like, 'oh what? You're having struggles in your marriage and you can't figure it out on your own? What's going on?'"

No Experiences of Stigmatization (Variant). Although participants reported experiences of stigmatization, there were also participants who reported that there is a more accepting view of mental health counseling. For example, Robin stated, "I think it [counseling] is becoming more and more acceptable for you to take care of yourself and

make it known that that's how you do that in counseling.” Kara discussed the shift that she has experienced in terms of the acceptance of personal counseling in the following quote:

Yeah there's been a shift there... My brother and sister in law, they talk about how therapy is really important and how counseling has been their life line for x number of years... So, I think that too has been a part of the shift as well. But outside of my family, I think in college, starting to talk with friends about counseling... I think again, early on, going to counseling was kept quiet, and you only told your closest friends, so there was some stigma around it, but also very supportive. That was normal for me or whoever was talking about it [counseling] so it became less stigmatizing for everyone. I think hearing my sister in law talk about it... has helped me quiet those messages about therapy is for people with problems and that it can be something else besides diagnosis and problems... The social media discussion around counseling had an impact as well.

Finally, Brittany described how counseling felt destigmatized in her counseling training program. She expressed, “it's been cool, not like it's a taboo thing in this program to go, it's not like everybody looks down on you to go to counseling.”

Motivation (Variant). Participants discussed their motivation in terms of internal and a combination of internal and external. Four participants considered their motivation to go to counseling as both internal and external. When asked about sources of motivation in terms of external and internal, Brittany replied, “both” and Domenic replied, “it's probably a mixture of both.” Sean had a similar response detailed below.

I would say they're [internal motivation and external motivation] about equal. I think that like at the stage of life that I'm in, that if I wasn't in the counseling program, I would have maybe some existential anxiety about what I'm doing in life. So, I might seek counseling, but then the fact that I'm in the program, there's some external pressure that you know counseling would be a good thing for me to do so I would I guess they're about equal.

Three participants considered going to counseling to be of their own volition and considered their motivation to be purely internal. Carmen stated her motivation was “personal” and Ari had a similar response, “I would say it was more of my personal preferences.” Kara had a related response when asked about her motivation. “I think probably more of my own initiative...it was from my own intentions, so it was my own initiative, but my own desire really to just do what was best for me, and not really knowing what that would look like, but willing to figure that out.”

Domain Three: Personal Takeaways of Going to Counseling

Participants discussed the personal processes that were a part of their experiences in counseling. There were six categories that emerged from the data in this domain: (a) counselor relationship, (b) positive impacts of counseling, (c) barriers to counseling, (d) supports for counseling, (e) helpful processes of counseling, and (f) wanting others to value counseling.

Counselor Relationship (General). Eight participants noted that the counseling relationship was impactful. A couple of participants described how the counseling relationship helped with their specific needs and background. For example, Carmen said, “I have some abuse in my childhood background, so really dealing with that, and having a sounding board for that, and being validated for that has been very impactful.” Another example, Robin stated that her counselor was a good match for her trauma history:

What I went through was so significant that it requires a specialization to help people through it, and I was also able to get that continued care over a long period of time, and it was positive that I went to somebody who had EMDR training and years and years of experience in the field who is able to dedicate that care that

when maybe others couldn't have. So, I think even after the first session or two feeling like 'ok yeah this is a lot more comfortable and what I'm looking for'.

Ari expressed similar sentiments when discussing her trauma history.

I realized that I had trauma and, for so long, tried to convince myself that I didn't and I'm really glad that I was seeing a therapist at that time because I was really struggling, and I think having that lecture around trauma, it like re-traumatized me in a way and so I was having flashbacks and all these physiological symptoms, and I didn't know what was going on with me... It's so hard. I can't imagine not having someone there to help me understand what was going on with me.

Culturally speaking, Ari shared that her counselor had experience working with Indian populations. She expressed the following:

I feel like he has experience working with them [Indian populations] because sometimes in therapy, I would talk about how I was feeling homesick because it was an Indian festival, and he actually knew the name of the Indian festival. So, that was nice and when I talk about things he understands where I'm coming from because I feel like he knows a lot about like the cultural values and the culture beliefs.

When talking about the consistency of a long-term counseling relationship, Melanie stated the following:

She knows where I'm at [emotionally] most of the time and even if I'm really struggling she's the one person that I can talk to about it and she's like always looking for what I need in the moment, which is really nice, and not necessarily trying to fix stuff. So, she's really good... And [she] just sort of allows me to be out of my head space for a little bit and that's like massively helpful. That [counseling] is one of the few things, if I'm really at a low, low, that's one of the few things I consistently do... it's like a routine thing. It's almost like I feel accountable to her in some sense, but for my own benefit.

Domenic shared an emotionally poignant point in his counseling experience where his counseling was instrumental in helping him while he was experiencing a crisis.

He encouraged me to have a conversation with my wife and my friends and those were probably the rawest conversations I've had. And we just had a really good conversation. And if I didn't have a therapist, I would have just probably thought, 'Whatever, it was just a thought. No big deal' and I probably would have been fine to be honest, but I don't know. Talking to a therapist and having him process that out with me and encouraging me to have that with conversation with loved ones. Yeah, I probably won't forget that ever.

Finally, Brittany shared that she views her counselor as very close to her, "she feels like a mom to me, like the mom I didn't have, the mom that listens."

Positive Impacts of Counseling (General). Eight participants described instances where they were positively impacted by their experience in counseling. Carmen and Melanie stated that their time in counseling has been positive. For example, Carmen stated, "I'm fifteen years older than most of the people in my program so I haven't really connected with a lot of them [other peers] in any really super deep way. So, it's been nice to be able to talk to someone else about that." In another example, Melanie said the following:

I would say 98% of the time is impactful. It's just so nice to have somebody that listens to you and someone who is present for you because I don't feel like I get that from a lot of other people... I know that I can count on her... knowing that that's consistent and knowing that that's reliable for me is like huge... I think that it's helpful too that I trust her a great deal and somehow, in turn, she also trusts me.

Ari shared that she has been able to make changes based on her experience in counseling.

I think all of it has been quite impactful because it's [counseling] really challenged to me to like do things differently and I feel like I know what really works for me. The therapist is quite confrontational, he's not afraid to tell me when I'm doing something wrong, and I feel like that's what I need.

Brittany expressed that her counselor was instrumental in her overall wellness while being in academia.

Academically... I don't think my, I don't think I would have been able to perform. I just don't think I would have been well enough to do that. Having that outlet when things aren't ok inside me... having that outlet to throw it all there and go back to the program and do it. Yeah, knowing that that happens weekly or bi-weekly right gets me through.

Barriers to Counseling (General). In assessing for what was challenging for participants in their counseling process, three subcategories of barriers emerged: (a) logistical barriers, (b) familial and cultural barriers, and (c) personal internal barriers.

Logistical Barriers (General). Eight participants described barriers that were logistical in nature. Most of these logistical barriers involved issues of time, finances, and counselor availability. For examples, Robin described her scheduling difficulties with scheduling counseling appointments.

I think one of the things about having a counselor who is good at what they do is that they become booked very, very quickly and, as valued as mental health seems to be, the resources to provide multiple counselors, or to have long-term clients is just not feasible. And so, I was needing sessions that I couldn't schedule because this program has quite a bit of schedule hokey-pokey and then her schedule being so full as well.

Tyler expressed a similar experience in his challenges with scheduling appointments.

I mean timing is hard. I just lead a very busy life. And so, there were definitely weeks where I would have gone, but I was like, I just I'm not willing to make the time right now or I don't have the time... I mean, I think about counseling and I think about it as at least a two-hour experience, even if you're only there for an hour. By the time you leave, wherever you are you drive, then you go there, you get out, you come back, you get a snack, or you need another cup of coffee, and then your own personal process of replaying a little bit of it in my head... it's hard to just walk right back out and jump back into life. So, you know finding two hours in my day is sometimes challenging.

Ari discussed scheduling challenges as well. She stated, “obviously I wish the time lag wasn't that much and now in my school, it is even worse, it's at least like two, three months at least before they can get a therapist.” Another example from Kara, describes scheduling difficulties, as well as notions of financial challenges.

I would say, it is so hard to find time and money and space to not just carve out an hour, but time to get there and time to process. I can't leave counseling and just like go straight back to see a client or go straight to internship.... I wouldn't say that's a negative it's just a challenge... and because I have such a rigorous schedule like, I saw my counselor this week and I'm not going to see her again until the second week of December because holidays, but also she's done at 5pm and I can't usually get there until 5pm... And I don't use insurance where I am so having to find a practice with a sliding scale was really difficult. I asked people around our department. I had several counselors where it was like 'I can't recommend them enough' but they were \$150 a session and I cannot do that. I am very happy where I am, but also in some ways privileged in terms of what the cost could be. I had people recommend counselors to me who they love and I was like, I can't even go for a session to even try them.

Similar financial barriers were shared by Noel.

The financials gosh, that's hard, I've had had a couple months at a time where I just have to stop seeing her so that I can afford life. I mean, I only see her like every other week... if I'm at a point where I'm feeling like I need to see her more

frequently, then I will work that in but yeah, the finances is so hard because she doesn't take OHP [insurance].

Domenic shared his experience of the university counseling center where he attends counseling and how there are logistical barriers to that mental health counseling center.

There's probably 12 to 15 licensed mental health professionals for 40,000 students. It's so bad... part of just getting into the system was frustrating because look, I want to talk to somebody now. I don't want to wait two, three weeks... At the time, I probably felt really helpless like, you know, I'm going to give up like why am I putting so much time and effort to see a therapist on campus? I don't think there's any positives about that process.

Familial and Cultural Barriers (Variant). Four participants remarked that their familial and cultural views of mental health counseling served as barriers in their process of accessing counseling. Some statements were more present focused, like Carmen for example, who stated, “my husband's not a huge believer in it.” Others, like Brittany for example, shared some poignant thoughts about her background and the views expressed to her.

My mom saying it [counseling] was a crutch... I felt like yeah, maybe I am kind of weak and I can do this on my own... that's not something that stuck out in a positive way... I can still feel that even though I know it's fine, and I've been back in counseling for so long, and I've seen others come in and out and be fine... yeah it still feels like a crutch. So the message at home from mom was that's not for us, you need to pray about what's going on, you'll be strong enough and smart enough to overcome this... So yeah I was like, this [counseling] is not a good thing, no one needs to know where I'm going, like something is wrong with me.

Robin shared how family has been challenging in her experience as well.

The idea of trauma counseling, and me having trauma, was not necessarily something that was really ok with my family, specifically because my mom has an extensive trauma history and she didn't think anything that I could possibly go through could magnify, or compare, to all things she had to go through and she was just able to just get through it for so long. And she didn't understand why I would need a trauma counselor when she didn't. So, I think that idea for her was hard to grasp. So, I didn't really get a lot support there and having that be such a key figure in my life, not being at all supportive, or validating... that became a barrier that I didn't feel like I could talk to her about that stuff.

Noel shared some familial and cultural barriers also.

So, my mom's side is Vietnamese I don't talk to them about my therapy. I feel like that would be really hard for them to process and the older generations are more traditional. Whereas like my generation is very Americanized... it's really interesting how my mom has been through a lot and she doesn't show it at all. And so, I feel like she's part of that cultural conditioning where you just get really good at hiding that kind of stuff and focus on your responsibilities and your duties.

Personal Internal Barriers (Variant). Some participants discussed internal processes that served as barriers in their process of utilizing counseling. For example, Brittany expressed how her own personal barriers show up when accessing counseling. When asked what her personal barriers are she replied, “not wanting to have to go because that means something, and so sometimes that gets in the way, and so sometimes I won't go because I should be fine.” Noel talked about her own internal barriers as well.

There are times where I'm like, oh man, I need to own up to this guilt that I'm feeling and sometimes I don't necessarily always want to go there, but it's always rewarding when I give air to something that needs to be talked about. And then my therapist is very receptive to, and respectful of, whether or not I want to explore something or not because it I feel like somatic work can be very tiring

sometimes because it's really good at like getting to the beginning of a pattern, so a lot of it is inner child work, so it can just be emotionally exhausting.

Tyler disclosed a similar internal process with the following quote:

I think the only thing is that like process of 'self'. Sometimes, if something comes up that I don't want to talk about, it's like frustrating that I don't want to talk about it, but that's also my choice to not talk about it. So that's a personal journey of like taking that, taking that plunge... And yeah that aspect of being in your own way sometimes and being like, 'oh, I don't want to talk about that, I don't want to go there', but here I am for my hour and that process.

Supports for Counseling (Typical). Similarly, to barriers, participants discussed supports for their counseling experience and shared that they thought was helpful. The subcategories of this category were: (a) logistical supports, (b) personal internal supports, and (c) external supports.

Logistical Supports (Variant). Logistical supports were prevalent in five participants' interview responses. Participants discussed their geographical location to counseling, the support of insurance, and scheduling flexibility. Domenic and Ari discussed that they lived in close proximity to where they receive counseling services. Domenic expressed, "living close to campus made it easy to go to therapy" and Ari stated, "it's convenient that he [her counselor] is on campus because whenever I go to it's mostly like in the morning before I have class, so that's very convenient." Financial supports were reported as well; Carmen stated, "I mean my insurance has been everything because I totally wouldn't be able to afford to go if I wasn't covered by my insurance." Melanie shared that her counselor is aware of her "financial situation", exemplified by the following quote:

She's aware of my financial situation... So, she's accommodated for that and she takes that into account... she's not pushy about it, which is nice. It's not like 'are you finally going to pay me today?'... It never feels like a pressure cooker kind of situation. She's just sort of gentle about it, which is helpful.

Finally, Brittany and Ari both mentioned that their counselors are "available" for appointments and "flexible" with scheduling.

Personal Internal Supports (Variant). Internal processes that participants deemed supportive emerged from the data. Sean agreed when asked a clarifying question about his own self-motivation being a support in accessing counseling. Melanie noted her internal process that she understands as supportive.

I feel like I've gotten a lot of opinions about other things in my life and I hold them very high, even if they're not great, and this is the one thing that I could care less what another person thinks because I know that it is good for me. So, it's just kind of interesting because I literally, I don't remember anything anyone has said negatively about me going, I just I don't care about it.

External Supports (Variant). Two participants noted that external supports were integral in understanding their supports for counseling; both participants discussed friends as their external support. Brittany noted, "I got to open up and talk about it and I knew I wasn't the only one struggling with it in my circle." Noel shared a similar sentiment, "And so, at the same time I opened up to them [friends] about how I was in therapy now and so I had a lot of them telling me that like this is me taking care of myself and doing what I needed."

Helpful Processes of Counseling (Variant). There were processes in counseling that participants noted as being personal takeaways. Two participants noted that the time

duration of counseling was integral in their counseling experience. Kara noted that her life feels “temporary” right now and counseling feels integral in that process of “starting again.” Brittany shared, “I see the same person from undergrad, from those four years... we’ve developed a nice counseling relationship so that process wasn’t hard, it was like coming back home.”

Wanting Others to Value Counseling (Rare). In discussing the meaning behind counseling, the idea of “value” came up in terms of how participants view counseling. One participant, Melanie, stated that she was “distressed” that other people were not using counseling as a means of taking care of themselves. She states the following:

I'm just a very open person so I think it's a little distressing when I'm not sure if other people are doing it [counseling] because I feel like it's really helpful. Even if you're just going like once a month for a check in, and sort of getting a sense of what it's like, and talking through some of your stuff... I don't really feel like it's a top priority on like a self-care list.

Research Question 2: Main Domains and Categories

The researcher will discuss the domains that directly answer the research question, and then additional findings related to this research study will be described.

Domains four, two, and three include findings for research question two:

2. How do CITs understand how their personal counseling experience has influenced their development as a professional counselor?

Domain Four: Professional Takeaways of Going to Counseling

Domain four included areas of professional development that participants experienced throughout their counseling. Participants shared how their time in

counseling impacted their professional practice as a counselor. The following four categories, with subsequent subcategories, emerged in this domain: (a) professional development, (b) importance of being in the client role, (c), counselor relationship, and (d) unhelpful professional impacts.

Professional Development (Variant). Participants described multiple ways in which they were impacted by their experiences in counseling that ultimately contributed to their professional growth and development. The subcategories for professional development that emerged from the data were: (a) learning from counselor (b) and positive impact on counselor development.

Learning from the Counselor (General). This subcategory describes the experiences of participants when counseling yielded a learning experience. For example, one participant, Ari discussed how she learned counseling skills and theories while in her counseling sessions.

It's unique because when my therapist uses a certain approach I'm able to relate it to a theoretical approach, so it kind of makes more sense to me if I know what the foundation of the like those techniques are. So, I feel like that's kind of interesting... Yeah and sometimes I ask him, 'so when you said that, what approach were you trying to use or like what framework were you trying to use?' So, he explains it to me. I feel like that's interesting because I'm able to have those conversations with him... I mean, I feel like my style is a little influence by his style now, like he takes some more existential and a CBT approach, which I really like because when he does that with me that really works for me. So, I feel like when I'm working with my clients, I lean a little bit more towards using those approaches.

Sean remarked that his learning experience in counseling has helped him see some techniques in action.

I think it's helped me... I think of the processes of counseling as like there's the soft processes of empathizing in the reflective processes. And then there's the harder end of the goals, and the tasks, and techniques, and how you structure the session, and I think being in counseling has helped me see where there are some give-and-take in those processes and like, how much is too much of the non-directive and how much is too much of the directive. That is definitely... that's been useful.

Similarly, Kara expressed a viewpoint of dualistic learning in her counseling sessions.

I think it's all that stuff... learning, seeing what I'm doing in myself, if that makes sense, I'm learning about counseling, and then I'm going and doing it as a client and seeing the things that we've talked about in class and being able to think about that as a counselor and as a client. That too, that like dualistic view of things has been like very important.

Noel remarked that learning while in counseling provides a unique experience that may not occur in other educational settings. She said, "having a therapist be able to go to the more deeper places that a supervisor wouldn't necessarily do" was integral to her experience in counseling. Kara expressed similar thoughts.

There have been times, especially this semester, where there are other things going on and I go into supervision and I'm like, I need a mini counseling session... and one of the things I have talked about with my supervisor is that I am in my own counseling, this conversation is going to be continued, which I think is helpful for me, but also helpful for my supervisor... So that has come up for me a couple of times of how significant my experiences have been this semester and knowing that if I didn't have my own counselor, how would I have processed that? Or what space could that have taken up in a different way?

Other participants mentioned the notion of modeling from their counselor in terms of counselor presence and counselor qualities that they found meaningful. For example,

Melanie discussed how she viewed her counselor as a “practical teacher” and a model for learning how to be a counselor.

And I just I feel like she knows what she's doing, so I take cues from that sometimes. I do find myself asking some of the same questions because I feel like some of them are just pretty common. She's also kind of taught me that it's okay to be personable and to be yourself with people and try to like stick to something in particular... Like you don't have to be one type of way to be a counselor and I feel like she does a good job of doing that, really embodying that idea, which is great because it because it makes me not feel like when I go into sessions with, with other clients that they don't necessarily feel like I'm doing anything wrong... like it feels kind of nice to have a practical teacher, that's been great.

Similarly, Robin talked about modeling from her counselor.

I value the idea of modeling and seeing how somebody does it differently, especially from an empowerment lens, that was something that really resonated with me as a client and I want to make sure I'm promoting that as a counselor... I think professionally, at the counseling level, I have learned so much about modalities and techniques as well as the vibe and the type of goals that I want to set for myself as a counselor.

In terms of modeling from the counselor, in regard to the therapeutic relationship, Tyler mentioned that he has learned the importance of relational capacity. He stated, “that relational way of existing has really influenced my professional view of counseling. It hasn't so much my personal view of counseling in the way of that's something that I had to go to counseling for, but in terms of a professional lens, if you will, that has been influenced.”

Positive Impact on Counselor Development (General). Multiple participants remarked that they experienced an impact on their counselor development through having a greater understanding of their own self-awareness, empathy, and emotional processing.

For example, Noel described her self-awareness development and how it relates to her work with clients.

I feel like when you're having intimate relationships with other people it brings out, like my own attachment style for example, and now I can have an awareness of my own attachment style and it can be a momentary lens that I use when I discuss what it's like to work with certain clients... the enrichment is that self-awareness piece and self-discovery piece.

Tyler similarly noted how learning about himself has impacted his development and his work with clients. He remarked, "I mean one thing is I'm able to process stuff that's coming up. And so, I think I can be more present for my clients. I can be more present for my clients because, because I'm able to understand myself better, and that's really important professionally." Ari also described her growth with emotional processing and in turn, empathy development.

I've always felt like I have had difficulties of my own and I want to deal with those difficulties so that they don't actually interfere, but as a safeguard measure, so that [emotions] don't interfere in my work with my clients... I feel like listening to some of the stories can be really overwhelming. So just being able to have those skills, or those tools, that I can use when I'm in such a situation... I feel like I noticed my capacity to empathize with my clients has really increased after I've been in therapy because I feel like I'm able to like feel my emotions more strongly and so when I'm with my clients I'm able to be more present for them and be more understanding and reflective... so it definitely has improved.

Brittany expressed the impacts on her counselor development in a similar self-reflective fashion.

I can empathize a little bit more... I know empathy, I know what it's like to be pushed and it's really uncomfortable and I know what that's like... So, you know patience... also just my awareness of my own stuff. It's helpful. I know how to

compartmentalize in session and think about how much to reveal or divulge in session when it's coming up for me. So, my awareness as well. It's helpful.

In terms of the impact of these experiences, Brittany also indicated that she feels that her time in counseling has provided her with an advantage in terms of her counselor development. She stated, “professionally, I feel like, not to like brag, or be boastful, but it's like, okay I know what this is like because I'm in it myself. So, I feel like that gives me a little bit of an edge.”

Importance of Being in the Client Role (Typical). Six participants discussed professional takeaways of counseling that involved the meaning behind the experience of being a client. A couple of participants remarked that it was “important” for counselors in training to have experience being a client. For example, Sean shared his thoughts about this idea for himself and other counseling students.

I think it's valuable... you know I had been in counseling before so I think if I hadn't gone now that would have been okay, but it's been beneficial... I know many people who go into counseling and have never been in counseling. Yeah, but if they haven't been they should be... I would say that... You need to have some sense of what it's like to be on the other side, I guess. Yeah, I think that's important.

Similar thoughts were said by Domenic.

Even my professors right now are saying if you want to be a good therapist, do your own work, so I think it's really important for students, if they're going into this field to do their work earlier on rather than later on because it's hard to go to therapy later on because life gets a little bit busier. I think my personal experience in therapy has really helped me to be a better therapist and understand the therapeutic process. Understanding where my clients are coming from, understanding the resistance, the pushback... also has provided many resources and ideas of what I could do with my own clients.

Kara described that she was able to have a greater understanding of the challenging aspects of being a client while in participating in her own counseling.

Having to terminate with my counselor and going through that process... that process is exactly what my clients will go through at some point in their counseling experience... but helping them walk through that, I think will benefit me in the long run because I have walked through that in the same way.

She also discussed the challenge of having the right relational fit between the client and the counselor. Trying to find the right fit and realizing you know, 'ok here's my new counselor' and this is not working, but I still want to be here and I don't want to start this process again, but also know that I'm not getting what I need from it." Finally, Tyler shared that his experience as a client has helped him feel less stigmatized.

I think the biggest thing that's really helped me is just, I think again, generationally... because I grew up in a generation that looks at therapy in a negative light and then to be counseling people who are in a different generation, it has really helped to go to counseling... and I'll talk about going to counseling that it's helped. That has helped me personally break that stigma really in an intense way. So that's, that's really awesome. Yeah, so I think I like that idea of leading by example.

Counselor Relationship (General). Eight participants noted the counselor relationship as being influential in their process of personal counseling. The two subcategories of Counselor Relationship were: (a) objective support and (b) relational support. In terms of *Objective Support*, participants shared their thoughts and feelings about how counseling was an unbiased, objective space. For example, Kara discussed how she understands the objectivity in her relationship with her counselor.

Being in a counseling program, surrounded by counselors, our friends are counselors... if I didn't have my own counselor, I would have people to listen to me and process with me, but it's not the same and that's the thing that keeps coming back to me. My counselor is there for me and processes with me in a very different way than my friends that still use their counseling skills and listen to me. My friends are in the program specifically. They are hearing me, seeing me and the constant flow of my everyday verbal thoughts, but my counselor is an outside perspective... has a fresh view.

Carmen shared similar thoughts in terms of objective support. She said, "I think it's been so helpful in the program to have somebody else, somebody else that's been through the program, that you can just talk about the program with and somebody I could talk about my clients with, which hasn't really come up but I do feel like it's available to me."

The second subcategory for Counselor Relationship, *Relational Support*, described participants' experiences where they felt supported and cared about through their counseling relationship. In describing her counselor, Melanie said, "she's someone that wants me to build up, you know, and I don't necessarily feel like... I guess I haven't felt like I've gotten that kind of attention before." In terms of feeling relationally close, Melanie continues, "it feels like I'm the only person she talks to and she just knows everything about me and just wants to spend time with me. There's like a very willingness to spend time with me." Sean indicated feeling supported by his counseling as well, "I think she's a good match. She gives me a lot of space. I tend to have a pretty good grasp on what my issues are so I can use that space pretty well." Robin discussed the relational support she feels in a larger sense by discussing the setting where she goes to counseling. She expressed, "I think the setting of the center itself is very supportive..."

very responsive to LGBT populations and just looking to validate everything and having a validating environment... so just that was very supportive.”

Unhelpful Professional Impacts (General). Eight participants mentioned some aspects of their time in counseling where they felt that the experience was unhelpful. The three subcategories of this category were: (a) perceived disconnection, (b) personal barriers, and (c) counselor unprofessional behaviors.

Perceived Disconnection (Variant). In terms of *Perceived Disconnection*, five participants shared times where they did not feel connected to their counselor in session. In terms of style and counseling approach there were a variety of responses that involved disconnection between the client and counselor. For example, Sean remarked, “She uses very little disclosure and that's good. But I guess I would like a little bit more awareness of who she is as a person, which I find interesting as a counselor because I don't share very much with clients about myself, but I find as a client, I am more interested in, who is this person?” Domenic shared a similar experience.

I've had all male therapist at my school and there's some points in my therapy where I am feeling really sad, or I'm feeling something, but he doesn't touch on it. He doesn't, he doesn't go there with me. I'm like, you need to go there with me because there's something that I need to talk about, or need to feel, and I need help. I need somebody to help me feel this.

When discussing unhelpful instances in counseling, Brittany remarked, “I think because we've been together so long, sometimes sessions can be more conversational than a therapeutic thing.” In discussing another point of disconnection, Brittany shared the following experience.

She talks a hell of a lot, so I think that I try not to do that because she can go off on these tangents and start talking about stuff and I'm like, 'what have you done?' So, I try not to do that... It makes me feel disconnected from my experience... now I'm like engrossed in your story and what was coming up is gone, we lost the opportunity because now you're on a story.

Personal Barriers (Variant). Participants felt like their own internal process may have impeded their counseling experience. For example, when asked if Brittany's knowledge of counseling gets in the way of her process, Brittany responded with, "it pulls me out sometimes of my own work... we got the process and now I'm not in it. Sometimes I find it hindering to my process and work." Noel expressed a similar thought.

When I'm in session, my intellectual, curious brain kind of turns on and is like 'oh, this is a Gestalt intervention' or 'I've read about this right?' And so there is a little bit of that first-hand experience of certain things, and I'm studying it and it can be educational in that way, but I try not to think about that as much as I can because the modality is so in the moment and so then you know, I'm not in the moment.

Sean described his internal experience in relation to going to counseling as, "if I'm going to help clients deal with their issues, I should also know how to deal with my issues. So, going to a counselor would be indication that I don't know how to deal with my issues, even though that's a way to deal with issues. So yeah, it's just a bit of pride."

Counselor Unprofessional Behaviors (Variant). Finally, three participants mentioned counselor behaviors that were considered unprofessional. For example, when sharing about his counselor, Domenic stated, "I don't know if he was anxious in session but he would always look at the clock. Yeah, every five minutes. I would never do that to

a client.” Another participant, Tyler expressed concerns about his counselor’s stance on confidentiality. He shared, “So last year she was seeing a bunch of our, a bunch of our classmates, and random things would come up that I never brought up. And so that felt like there was an odd line of confidentiality.” Robin expressed a broader view of an experience she considered unprofessional when describing her experience at a University Counseling Center.

It’s the nature of counseling services in that they are very busy and they’re looking to get you out. And they very much wanted to place me somewhere. And so, when I shared what I was looking for, it seemed like she [the counselor] was very quick to be like ‘this is not my thing. We’re going to send you here’ and it kind of seemed very abrupt.

Domain Two: Motivation

Domain two, Motivation, described the sources of motivation that participants experienced in regard to accessing counseling services. A subcategory of domain two, *Personal Counseling is Considered “Best Practice” (General)* emerged from the data and includes findings that answer the second research question.

Personal Counseling is Considered “Best Practice” (General). The idea that personal counseling may be used and seen as a best practice experience is illuminated by the following quotes from participants. Many participants remarked that part of their motivation for utilizing personal counseling services was attributed to hearing messages from professionals in the field that counselors going to counseling is an important facet of counselor development. For example, Carmen mentioned, “[counselors going to counseling] is just sort of talked about like yeah, ‘you should probably be going’.” Kara

shared hearing similar messages related to counselors going to counseling in her academic environment.

I can't say for sure which professors, but I remember hearing it from several different professors, 'some of the best counselors I know are in counseling' and there was some encouragement to experience being on the other side. You jump in, because there were some people who have never been to counseling, so you need to jump in and experience that... Yeah, I think that phrase has really stuck with me.

Domenic expressed a comparable understanding from professionals, "overall it's 'go to therapy to become a better therapist' and it's kind of just a repeated message over and over." Sean stated that he received these messages as well.

I know I asked my academic advisor, who's in the counseling department, do you think I should go to counseling just to improve my own counseling? And she didn't really say yes or no, but she said, 'I go to counseling and it's just it's a growth-oriented'... And well now that I think about it when we started, there was another student who was ahead of us by one year and he said, 'get your own counseling'... like, if there's something that you're going to do, do that... it's something I knew that that I should do.

Robin expressed that her counseling experience felt like something she wanted to do to "best help other people."

I know that this is something that I would like to do to make sure that I am okay before I help somebody else, kind of like I knew I needed to, and I felt a very strong value that I need to be okay before I encourage other people to be okay, and um, how can I help from a place of hurt that's not necessarily healthy for me or for the other person? So, I definitely have that going on in my mind that I wanted to make sure that I could be professional and walled off in a healthy way so that I could best help other people.

Noel spoke to the potential impact on clients in that, “our experiences with our clients are enriched when we're all doing our own work and just being aware of how we're being impacted by our clients and just life in general.” Other participants shared similar thoughts and experiences in wanting to best help clients. Kara shared how going to counseling contributed to her wanting to be the “best counselor.”

I know I talked about wanting to be the best counselor I could be for my clients and feeling like I know in myself, I can take it all on, and hold it and just take care of other people and so counseling, for me, has been that, in a way, to just let that go and just process that and take care of myself in order to be a good counselor and the best counselor for my clients and... so yeah I think that really struck a chord with me and made me want to learn how to take care of myself in order to be better for my clients.

Domenic shared that going to his own counselor was part of how he practiced ethically as a counselor. He stated, “I just knew if I wanted to be an ethical professional therapist in the field, that I would have to do my own work.” In regard to the inner experience of being a counselor he also said, “sometimes your unresolved issues pop off in therapy.” Finally, Noel expressed her hope for other future counselors in that they have the same experience to help aid in their counselor development.

But I just I wish that all future therapists, or counselors, could have the same experience that I've had where I just happened to find a perfect therapist that I resonate with and that helps me look at things that I don't really want to look at, but I need to so that I can be a better helper to people in the future.

Domain Three: Personal Takeaways of Going to Counseling

Domain three involved participants’ understandings of the personal impacts of their counseling experience. There were two categories of this domain that aided in

answering the second research question regarding professional development: (a) positive impacts of counseling and (b) helpful processes of counseling.

Positive Impacts of Counseling (General). Participants discussed areas of counselor development that were impacted. For example, Sean stated that his time in counseling “expands my self-awareness.” Domenic stated that he felt like he had grown in his emotional capacity when asked how his time in counseling had been impactful.

Probably most importantly, my openness about how I feel with my emotions with my wife, with my friends, my family... just be more open about how I'm feeling without bottling things in and holding it in and taking that out in unhealthy ways. So, I'm able to open up... I'm able to speak up more. I'm able to speak up about things that I don't agree with, things that I feel uncomfortable with in a work environment, in a school environment, and a home environment. I'm able to confront when I feel like something is wrong in a loving non-judgmental way.

Noel discussed an impactful conversation in her counseling session where she developed more awareness about her understanding of the counseling profession.

I think it was really important for me to explore why I wanted to be a therapist. And for me, I found that I was wanting to atone for things that I've done for a sense of trying to save people, save the world, and just trying to find where does that start. Where did that sentiment start? Because the reality is that I might not be able to save any one person. I surely can't save the world, so I found that that was really important to really take a hard look, especially in the beginning of my career, so that I'm not in the middle of it saying, ‘why is this? This isn't what I wanted’.

Kara stated a similar experience with her counselor, “I think the space of just walking through and processing to see what it means to me to be a counselor and those types of things, and that imposter syndrome has been very positive.”

Helpful Processes of Counseling (Variant). Participants described processes that they experienced in counseling that were helpful on a personal level and a professional level. Participants shared what they experienced and how they wanted to bring that into their personal counseling style. For example, Tyler stated that he wanted to create “a space where they [clients] don't feel judged and they [clients] really appreciate the relationship that we create”. Kara shared that she felt that her counselor “gives me that space to kind of be” and “space to say no”, which impacted her view of how to counsel clients. Melanie expressed comparable thoughts, “she [the counselor] is really good at refocusing me” and with that, “she [the counselor] centers me”. Within these processes of counseling, both personal and professional takeaways were expressed.

Domain Five: Other

This final domain serves as an “other” domain for data that did not fit in any of the other domains that emerged in this study. This domain included four categories: (a) advocating for access to counseling at university counseling center, (b) there are no personal barriers to counseling, (c) perspectives on Christian-based counseling, and (d) interest in the research topic. Each of these categories had a *Rare* frequency. Melanie remarked that she was working on creating more advocacy for her university counseling center, “so we’re working on making it [the counseling center] a little bit more accessible to our graduate students, but that’s the thing I’ve been pushing for next semester.” She also noted that she did not see any personal barriers to counseling, “I don’t feel like I’ve had a lot of barriers to counseling... I can be a squeaky wheel and I’m not afraid to do that. Robin described some of her opinions on Christian-based counselors and how

Christianity was viewed in her family, “I’ve been told by my family, if a counselor is not strengthening your relationship with Christ, then they’re not doing a good job being a counselor.” Finally, Domenic expressed interest in my research topic and asked questions, “what is your purpose of this study?” and “why are you interested in that [my research topic]?”

CHAPTER V

DISCUSSION

Counselor development involves multiple constructs: the ability to self-reflect (Guiffrida, 2005), self-awareness development (Skovholt & Ronnestad, 2003; Yalom, 2005), self-efficacy (Norcross, 2010), self-care and wellness (Norcross, 2010), tolerance for ambiguity (Jahn & Smith-Adcock, 2017; Pica 1998), and empathy development (Aponte & Carlsen, 2009). Although classroom experiences, readings, assignments, clinical experiences, and clinical supervision all contribute to this self-investigation and self-knowledge, it seems plausible that CITs seeking personal counseling also may support these areas of counselor development. In fact, scholars have described personal counseling as the ‘epicenter’ of education for counselors (Bike et al., 2009; Gold et al., 2015). The literature involving CITs accessing personal counseling ranges in experiences, demographics, and methodologies. Most researchers have studied interdisciplinary mental health trainees in international settings. In fact, to date research on personal counseling has been primarily a) international, b) with participants who were mandated to access counseling, and c) with participants who were from a range of interdisciplinary mental health training programs. Accordingly, little is known specifically about US-based CITs’ experiences related to accessing personal counseling during their training program. That is, counselor education researchers have yet to

uncover the breadth and depth of the lived experiences of US-based CITs who voluntarily access counseling services.

Given this gap in the research and literature, the purpose of this study was to use Consensual Qualitative Research methodology (CQR; Hill et al., 2012) to explore CITs experiences within personal counseling. The focus of this study was on CITs experiences and also the impacts of personal counseling on CITs' counselor development, both personally and professionally. The goal of this study was to develop a breadth of understanding of this phenomenon in order to bolster the research on CITs utilizing personal counseling. The results of this study, which are discussed below, may provide important implications for counselor educators, counselor development, mental health help-seeking, and counselor training. A greater understanding of this experience may help counselor educators better understand the processes behind CITs accessing counseling services during training, and how specifically personal counseling impacts professional counselor development. This chapter includes research findings that address each of the two research questions, additional findings, study limitations, implications, and directions for future research.

Summary of Findings

For the current study, interviews were conducted with ten CITs about their experiences with personal counseling. Data were analyzed and four domains emerged from the interviews to describe participants' experiences. The fifth domain (Other) encompassed participant responses that did not fall into the other four domains. Categories and subcategories were used to organize the data. Frequency labels were

applied to each category or subcategory to indicate the number of participants included in the category or subcategory. A *General* frequency label was applied to categories or subcategories that included between eight and ten participants. A *Typical* frequency label was applied to categories or subcategories that included either six or seven participants. A *Variant* frequency label was applied to categories or subcategories that included between two and five participants. A *Rare* frequency label was applied to categories or subcategories that included one participant.

Findings by Research Question

Two research questions were addressed through ten individual interviews. The research questions are answered below with the findings from the data.

Research Question 1: What are the Experiences of CITs Utilizing Personal Counseling during their Training Program?

Overall, there were a range of experiences that participants discussed in regard to their personal counseling experiences. Participants expressed their reasons and motivation for going to counseling, and a blend of personal and professional impacts that they experienced throughout the process. Notably, many of the experiences that were shared connected to previous literature on this topic especially in regard to using counseling as a means of enhancing professional development (Moller et al, 2009), engaging in personal development (Kumari, 2011), and supporting one's overall well-being (Orlinksy et al. 2011). However, this study expanded the depth of understanding of this phenomenon by utilizing a representative, American-based sample, that was comprised of CACREP-accredited master's level students. This study also discovered

more contextual information about this lived experience in terms of understanding previous counseling experiences, academic encouragement, helpful processes of counseling, and cultural and familial influences, which have not been documented in the existing literature. Consequently, the findings of this study suggest that *previous counseling experience, motivation, and personal takeaways of going to counseling* help to explain the lived experiences of CITs participating in counseling.

Previous Counseling Experience. Nine participants described having a previous counseling experience prior to their current counseling experience. These ranged from childhood experiences to more recent previous experiences within the past couple of years. It is notable that a majority of the sample had attended counseling before as counseling may be familiar or a normal avenue for help-seeking for some CITs. Alternatively, it may be that the sample was somewhat skewed by participants primarily self-selecting to participate based on a longer-standing history of mental health help-seeking behavior than simply during their graduate school experience. In either case, it seems possible that previous experiences, particularly positive experiences, of being a client in counseling before graduate school may serve as a motivating force that promotes CITs to seek counseling during graduate school and, perhaps, in some cases, even to pursue a career in counseling.

Participants discussed what was impactful about their prior experiences in counseling, including both positive and negative impacts. Although three participants (Melanie, Robin, and Domenic) reported negative prior experiences, they also discussed moving past these challenges and barriers because there was a “need” to use counseling

as way to practice self-care while in their training program. Although these negative experiences were accounted for by a *variant* frequency, these experiences illuminate the thought that some CITs feel that they are able to push beyond negative previous experiences to go to counseling as students. Further, it appears that previous counseling experiences are not uncommon among those in mental health training programs. For example, Dearing et al. (2005) studied help-seeking attitudes among psychology graduate students and found that 70.2% of the sample reported having been in counseling at some point prior to graduate school. While that study quantitatively measured previous counseling experience with a different demographic sample (psychology versus counseling), results of the current study suggest contextual underpinnings of that process for CITs. Consequently, this research is the only study to date that describes the interplay between having a prior history with counseling, whether a positive or negative experience, and the use of personal counseling during training.

Motivation. Motivation for counseling was discussed by all ten participants. In particular, participants shared their sources of motivation. *Academic/Professional Encouragement* emerged as an integral part of participant motivation ($n = 10$). Participants reported learning about personal counseling in their academic classrooms, discussing personal counseling with advisors or other professionals, and hearing information from professors about the benefits of personal counseling. Themes of participant responses included the fact that counseling was frequently discussed in the classroom and that personal counseling was considered helpful by the academic environment. The following quotes illuminate these themes. Ari stated, “I think almost

every professor would have reiterated it in their class that, we should consider going to therapy on our own” and Carmen stated, “in my program they have always encouraged it [counseling], it’s been said, ‘you need to be doing your own work’.”

Although few previous researchers have addressed the impact of academic training environments, these findings expand the current literature in understanding more about how CITs experience their academic environment as a source of motivation for attending personal counseling. This finding is consistent with the finding of Dearing et al. (2005) that perceived faculty attitudes toward students seeking counseling is a significant predictor of student help-seeking behavior. Similarly, McEwan and Duncan (1993) reported that the culture of the training program influenced students’ thoughts about seeking personal counseling. Unfortunately, however, it also appears that many faculty may not discuss students seeking personal counseling. For example, Byrne and Shufelt (2014) reported that 36% of students surveyed indicated that their graduate program had never discussed students pursuing counseling. Taken together, these findings suggest that faculty attitudes toward personal counseling may be an important influence on student help-seeking behaviors, but it also may be true that many students do not consistently hear these messages from faculty.

Further, it is not yet fully known how accreditation may impact faculty to student communication regarding personal counseling, it is one factor that should be examined more fully. For example, although it is unknown whether participants in the Byrne and Shufelt (2014) study were CITs in CACREP accredited programs, it should be noted that the participants in the current study attended CACREP accredited programs. Through the

CACREP Standards, academic institutions are required to distribute information about personal counseling services to students. The fact that 100% of the current studies' sample mentioned academic encouragement for personal counseling may suggest nuances within these participants and their lived experiences of accessing personal counseling. The current study provides a more expansive understanding of how CITs view encouragement in their academic training programs and how they attribute their motivation for seeking counseling to faculty encouragement and other facets of their graduate program.

While the current study suggests that faculty encouragement was prevalent in the experiences of CITs accessing counseling, *meaningful counseling experiences* also were integral to participant experiences. *Meaningful counseling experiences* denoted how participants understood their impactful counseling experiences as sources of motivation. Ten participants discussed the value in their counseling experiences. Some themes of this category were self-care and wellness as seen through the responses of Kara, who stated, “a lot of it [counseling] has been about self-care and how to do that and take care of others simultaneously” and Robin, who stated that counseling was “definitely viewed as a self-care activity”. Using personal counseling as a way to tend to one’s self and engage in self-care is a consistent finding in the empirical literature (Kumari, 2011; Orlinsky et al., 2011; Prosek et al., 2013; Von Haenisch, 2011). These similar findings expand the notion that CITs utilize personal counseling services for self-care and wellness.

Other sources of motivation that were mentioned by seven participants were *social encouragement* and *family/cultural influences*. Both of these subcategories were

categorized with *typical* frequencies, with each subcategory including six participants. *Social encouragement* involved participants' responses that described how their peers, fellow cohort members, or friends served as positively motivating factors in the process of utilizing counseling services. *Familial/cultural influences* involved both positive and negative messages. Participants ($n = 4$) discussed how counseling was discussed in their family as "it's wrong" and "you just have to push yourself", while other participants suggested that family members were supportive in their counseling experience. In the current literature on this topic, there are no findings related to social or familial sources of motivation for CITs. It is important to note that over half of the participants expressed family and peers as influential in their counseling experiences. Accordingly, these findings appear to make a unique contribution to the knowledge base and a possible new direction for future research in understanding the experience of CITs more fully.

In terms of stigmatization, participants reported feeling *no experiences of stigmatization* and *experiences of stigmatization*. Some participants ($n = 5$) noted that they had experienced no instances of stigmatization. Themes of this subcategory involved the idea of a cultural or societal shift in regard to mental health and the idea that mental health concerns are more socially accepted. Other participants ($n = 2$) reported feeling stigmatized through their upbringing and background. Interestingly, scholars to date have provided sparse attention to the topic of stigma for counseling professionals or counselors in training. Cvetovac and Adame (2017) studied the prevalence of stigma for practicing therapists who expressed being psychologically unwell and stated that stigma is a "significant issue" for new therapists and therapists in training (p. 349). Scholars

have not systematically examined, however, how stigma impacts CITs' view on their own mental health or seeking out counseling services. Although there has been a shift in stigmatization of mental health in that there are more accepting views of mental health concerns (Anxiety and Depression Association of America, 2018), more research is warranted. While participants in this study described seeking counseling as *normal* and *acceptable*. It is interesting, in particular, that some participants reported coming from family environments that stigmatized mental health help-seeking, but nonetheless they both pursued counseling as a profession *and* engaged in personal counseling. It may be useful to further study this phenomenon.

Personal Takeaways of Going to Counseling. All ten participants discussed ways in which counseling had impacted them on a personal level. Categories of this domain were *counselor relationship*, *positive impacts of counseling*, *helpful processes of counseling*, *barriers to counseling*, and *supports for counseling*. Eight participants discussed how the relationship with their counselor was personally impactful. Components of this subcategory were that participants felt supported and understood by their counselor. Other themes were that their counselor was a good therapeutic fit for them in terms of their needs and there was a level of emotional closeness in the relationship. These findings mirror previous findings in the literature regarding the importance of the counseling relationship and emotional support from the counselor (Daw & Joseph, 2007; Kumari, 2011; Moller et al., 2009). Ivey (2014) also stated that the therapeutic relationship can be healing. These findings bolster the premise that the

counseling relationship plays an important role in the personal impacts of CITs experiencing personal counseling.

Positive impacts of counseling was another subcategory of this domain that provided more information on this research topic. *Positive impacts of counseling* involve participants' positive and beneficial takeaways from counseling. Although some of these experiences may relate to the counseling relationship, themes of trust, accountability, counselor genuine presence, and challenge were uniquely present in this category. A quote from Ari exemplifies this subcategory, "I think all of it has been quite impactful because it's [counseling] really challenged to me to like do things differently and I feel like I know what really works for me. The therapist is quite confrontational, he's not afraid to tell me when I'm doing something wrong, and I feel like that's what I need." The positive impacts appear to be multidimensional and account for many facets of the counseling relationship and experience in counseling.

Additionally, participants also noted the *helpful processes of counseling*, which included the helpfulness of a long-term counseling relationship. These findings appear somewhat unique as previous researchers have not examined these factors among CITs seeking personal counseling, suggesting that further inquiry may be warranted to better understand this phenomenon.

While there are beneficial impacts of counseling, participants also addressed the barriers to counseling. *Barriers to counseling* involved three subcategories of logistical barriers, familial and cultural barriers, and personal internal barriers. Participants ($n = 8$) mentioned themes of finances, scheduling, and counselor unavailability. These findings

strongly relate to previous findings regarding the barriers to counseling. Participants mentioned that financial processes related to counseling were “hard” and “a challenge”, which relates to results from findings in Kumari’s (2011) study in that financial costs were considered a stress for CITs pursuing personal counseling. Similarly, Macaskill and Macaskill (1992) and Moller et al. (2009) found that finances were stressors for CITs in counseling. These same researchers reported findings related to scheduling difficulties, which were prevalent in the findings in the current study. It should be noted that the aforementioned studies involve participants from the UK. Accordingly, it appears that financial and scheduling difficulties may impact CITs in at least a somewhat universal manner as these results have now been replicated across multiple countries. Another result, however, *counselor availability*, appeared to be unique to this study. Two participants noted that their counselors either got booked with appointments quickly or only work typical eight-hour workdays and that, accordingly, counselor availability was a barrier to counseling.

In addition to logistical barriers, experiences of *familial and cultural barriers* were shared by participants. Four participants remarked that their family or cultural background served as a barrier to their personal counseling experience. Participants noted that family or cultural messages, such as “counseling was a crutch”, were impactful. It seems important to note, however, that these participants chose to pursue personal counseling in spite of these negative family messages. To date, researchers have not examined how family or cultural messages impacted CITs accessing personal counseling services. Since the majority of the reviewed research on this topic is with

international CITs, who were mandated to participate in counseling, this finding may be unique to American-based CITs who voluntarily seek counseling. The views of mental health or stigma may be different in the US in comparison to other parts of the world. Additionally, there may be nuances of family influences when CITs choose to go to counseling versus being mandated to go to counseling as a part of program requirements. While the current research findings provide insight into the influences of family and culture, more research is needed in order to understand this phenomenon more fully.

Personal internal barriers were expressed in the research findings as well. These results illuminated internal processes that participants felt held them back from their experience in counseling. Themes regarding emotionally, “not wanting to go there” (Tyler) in counseling sessions were prevalent. Previous researchers have found similar findings. For example, Macaskill and Macaskill (1992) found that UK-based psychotherapists in training reported a feeling of being “too reflective”. Other researchers have considered the experiences of practicing clinicians rather than students, with similar findings. For example, Oteiza (2010) reported that practicing psychotherapists expected challenge and distress in their personal counseling experiences. Similarly, Rake and Paley (2009) found that professional psychologists had the experience of feeling “still left with yourself.” It is interesting to note that other researchers have considered emotionally painful or draining aspects of the counseling process (Moller et al., 2009; Macaskill & Macaskill 1992; Von Haenisch, 2011). The participants in this current study did not report overwhelming negative experiences in

counseling. It is unknown, however, whether this is a nuance of this demographic of counselors in training or that some other factor contributes to this discrepancy.

Participants also noted supports that they experienced while in counseling. Specifically, participants noted *logistical supports*, *personal internal supports*, and *external supports* when discussing what was helpful to them in their time in counseling. Logistical supports involved notions of finances, geographical location to counseling, and scheduling flexibility. Participants ($n = 5$) discussed how living close to campus made accessing counseling “convenient” and how their counselor was “flexible” with scheduling. One participant, Carmen, noted that her insurance was helpful and another participant, Melanie, stated that her counselor was aware of her “financial situation” and was “accommodating” with that. *Personal internal supports* accounted for internal processes that support their counseling experience where two participants noted that their own self-trust and self-motivation were supportive in their process. *External supports* involved responses from participants discussing how their friends were supportive in their counseling experience. Previous researchers have tended to discuss logistical matters as barriers. While this is clearly an issue, results from the current study are unique in that they suggest that there may be logistical supports as well as barriers. Given that family and social influence were discussed in the *Motivation* domain, understanding the overall impact of external support or motivation may yield a greater understanding of these impacts on CITs accessing personal counseling. While the current study sheds light on some of these supports, there is a need for further exploration in this area.

Research Question 2: How do CITs Understand how their Personal Counseling Experience has Influenced their Development as a Professional Counselor?

Professional Takeaways of Going to Counseling. This domain yielded an expansive understanding of the impacts of counseling on CITs' professional development and growth. The categories *professional development*, *importance of being in the client role*, *counselor relationship*, and *unhelpful professional impacts* emerged in this domain.

The first category within this domain was *professional development* with subcategories, *learning from the counselor* and *positive impact on counselor development*. Participants ($n = 8$) mentioned learning skills, techniques, theories, interventions, and styles of counseling while in their counseling sessions as clients. Participants described a dualistic learning environment where they learned counseling techniques in their training program and also experienced those counseling techniques in session. Participants engaged in dualistic learning experiences in relation to counseling theories, counseling styles (i.e. directive versus non-directive), and the processes of counseling (i.e. empathy, reflecting, goals, and techniques). These results are consistent with previous findings. Edwards (2017), Kumari (2011), and Moller et al. (2009) all found experiential learning and seeing skills in action as themes in their studies. Based on these current results, it appears that CITs reporting experiential or dualistic learning is a common experience. Participants described their counselors as models for their development as well. This finding was specifically noted in Edwards' (2017) study. Interestingly, this is in contrast to the findings of Grimmer and Tribe (2001), who highlighted poor counselor modeling as a theme. Although it is clear that learning occurs

in counseling, researchers have found divergent findings with some primarily highlighting positive models, consistent with the findings in this study, while other researchers have highlighted negative modeling as a hindrance. Accordingly, more attention to the social learning experiences of CITs in personal counseling may be warranted.

Positive impact on counselor development emerged from the data and encapsulates how participants ($n = 8$) experienced counseling in connection with their counselor development. Themes of self-awareness, empathy, emotional processing, and self-efficacy were present in the data. These findings illuminate the impacts of counseling on these areas of counselor development. These findings are consistent with the findings of previous researchers who have studied different facets of counselor development. Researchers have examined the relationship between CIT self-awareness and personal counseling both quantitatively and qualitatively and have found consistently that self-awareness development occurs within personal counseling (Daw & Joseph, 2007; Edwards, 2017; Oden et al., 2009; Kumari, 2011; McMahon, 2018; Moller et al., 2009). Similarly, the findings of this study related to empathy development, that personal counseling tends to enhance empathy development, are consistent with previous findings (Daw & Joseph, 2007; Edwards, 2017; Oden et al., 2009; McMahon, 2018). In the current study, in particular, two participants mentioned their ability to be emotionally open or more present with their emotions. While that experience may relate to empathy, more research in understanding that nuanced finding may expand the understanding of this phenomenon and, by extension, if and how this influences their effectiveness as a

counselor. In summary, self-awareness and empathy development appears to be connected to CITs accessing counseling.

In terms of self-efficacy, self-efficacy was not explicitly mentioned in the data, but participants noted feeling “able to have those skills, or those tools” and being able to “compartmentalize in session” when talking about their counselor development. One study by Conteh et al. (2018) investigated CITs utilization of counseling and the impacts on counselor self-efficacy; results showed statistically significant results with CITs who attended counseling reporting higher self-efficacy. Although statements such as those at the outset of this paragraph may be viewed as mere proxies of self-efficacy, it does seem that participants in this study provided some thoughts related to their counseling self-efficacy, which provides an inkling into this facet of counselor development and how personal counseling may impact that developmental area.

The *importance of being in the client role* emerged through much of the data ($n = 6$) and these participants mentioned that experiencing the client role was “important” and “valuable” for a variety of reasons. The message of “if you want to be a good therapist, do your own work” appeared to be a common reason for why participants thought going to counseling was valuable. While in the client role, participants also discussed how they understood the vulnerabilities of being a client and how there was a greater understanding of those experiences. A similar theme has emerged in the work of previous scholars (Grimmer & Tribe, 2001; Kumari, 2011; Moller et al., 2009). There seems a fairly consistent finding across studies, then, that the experience of being in the client role may positively impact counselor development.

Counselor relationship emerged from the data in specific relation to objective support and relational support. Participants ($n = 8$) shared that they generally felt emotionally supported by their counselor and described a sense of objective support in that they believed their counselor was appropriately detached from their life in order to be unbiased in session. Although there are no current research findings elaborating on the idea of objective support, previous research does support the findings regarding emotional support (Daw & Joseph; Moller et al., 2009). More investigation into the nuances of the counseling relationship may yield more clear and conclusive findings on this topic.

The last category of this domain, *unhelpful professional impacts*, encapsulates how participants felt in regard to unprofessional behaviors, perceived disconnection between counselor and client, and personal barriers to the counseling process. These were instances where participants shared feelings of disconnection, disappointment, and invalidation in their counseling experience. Grimmer and Tribe (2001) reported findings related to poor modeling from the therapist in their study and McEwan and Duncan (1993) reported findings regarding CIT disappointment in counseling services because of unprofessional processes in counseling. These two previous studies, although dated, seem consistent with the findings of this current study. While some participants experienced positive modeling from their counselors, others had more negative experiences. More research may help to tease out the impact of these positive versus negative modeling experiences.

Motivation. The subcategory of this domain, *personal counseling is considered “best practice”* emerged as an integral piece of understanding the professional impacts of CITs accessing personal counseling. Eight participants noted the importance of hearing positive messages about counseling within their academic environments; these messages relate to Domenic’s words, “go to therapy to become a better therapist.” The idea that counselors going to counseling has been promoted in the professional field and dates back to the work of Sigmund Freud (Freud, 1958; Gold et al., 2015). Support for these findings exist in more current empirical literature as well (Kumari, 2011; Moller et al., 2009).

Personal Takeaways of Going to Counseling. The two subcategories of this domain that aided in answering the second research question were *positive impacts of counseling* and *helpful processes of counseling*. In terms of *positive impacts of counseling*, participants noted expansion in self-awareness and emotional capacity. The development of self-awareness and emotional capacity has been explored in existing literature (Bennett-Levy, 2019; Daw & Joseph, 2007; Depue & Lambie, 2014; Edwards, 2017; Kumari, 2011; Macran & Shapiro, 1998; McMahon, 2018; Oden et al., 2009; Thomas & George, 2016), with findings generally consistent with those of the current study. *Helpful processes of counseling* included participants discussing how their counselor displayed their counseling style and presence. These participants shared appreciation for counselor style and approach, which relates to the learning and modeling discussed earlier in the chapter.

Summary of Discussion

This study contributes to the body of literature documenting the experiences of counseling trainees accessing personal counseling and the impacts on personal counseling on counselor development. Although researchers have addressed similar research agendas, this was the first study to address the lived experiences of CITs in personal counseling among American-based CACREP accredited programs. There were comparable findings in this study to other research results, particularly in regard to the importance of the counselor relationship, the experience of being the client, the use of counseling as self-care, the impact of counseling on areas of counselor development, and the common barriers to counseling. New findings and perspectives on this topic emerged regarding the prevalence of familial, cultural, and social influence on CITs accessing counseling, the influence of previous counseling experiences, the helpful processes of counseling, and the role of the academic training program in terms of motivation and encouragement for CITs seeking counseling services.

Limitations

The primary limitations that exist in this study include researcher bias, generalizability, and limited sample. The principle researcher tried to ensure the most unbiased and trustworthy research process in exploring and obtaining data on the lived experiences of CITs accessing personal counseling. Steps were taken by bracketing biases, working with a research team, and having an external auditor. The primary researcher began analyzing her biases early on in the research process and engaged in bracketing biases with the research team. Bias checking within the research team was

discussed throughout the research process to maintain trustworthiness throughout the study. Although many steps were taken in maintaining integrity throughout the research process, it should be noted that the primary researcher conducted all interviews and organized the data analysis process, given it being her dissertation study.

There were ten participants in this study's sample, which was in line with Hill's (2012) recommendations for number of participants in a sample. Within this sample, homogeneity was enforced; participant criteria specified that participants were enrolled in a CACREP face to face instructional program, enrolled in internship, and voluntarily utilizing counseling services. While Hill (2012) recommended a homogeneous sample, the findings of this study were emergent from the experiences of participants with these specific criterions. It is unknown the extent to which these findings have transferability to CITs who do not fit these criteria (e.g., those from nonaccredited programs). Another potential implication is that these participants self-selected to engage in the research study and it is unknown how they may systematically differ from CITs who chose not to participate. For example, it is possible that participants have more positive views of their own counseling experience and CITs accessing counseling in general. Finally, although there was some diversity among the sample through age, geographic location, gender, and race and ethnicity, the majority of the sample was female and White. Although the demographics of the sample are comparable to the demographics of master's level students in CACREP programs (CACREP, 2018), it is important that additional research explore the experiences of diverse master's level CITs and their experiences in counseling. Given that familial and cultural messages were prevalent in these research

findings, it may be especially important to intentionally research cultural and familial messages about counseling within a diverse sample of counselors in training.

Implications

The findings from this study have implications for counselor educators and counselor training, especially in regard to counselor development and mental health help-seeking. First, this study reinforces the notion that messages from program faculty are influential in CITs' decisions to seek personal counseling. This has been a consistent finding in the research literature, as the culture of the academic program influences CITs thoughts on accessing personal counseling (McEwan & Duncan, 1993) and faculty views towards students seeking counseling has been found to be a predictor of students utilizing mental health services (Dearing et al., 2005). These findings highlight the role that counselor educators have in potentially providing support and encouragement to CITs. Counselor educators discuss the role of wellness and self-care in counselor development, which may be fostered by educators encouraging personal counseling for CITs. It is important that counselor educators continue to be aware of their role in training CITs and the impacts of counseling on counselor training. Although there were some emergent themes around poor modeling and logistical barriers, the overall findings suggested positive trends in the impact of personal counseling on counselor development, and counselor educators incorporating this perspective into their mentoring may influence successful and holistic counselor development.

In terms of counselor training and counselor development, there were many impacts highlighted in the results related to CITs accessing counseling. Some of those

impacts were positive, especially the counseling relationship, the experience being the client, meaningful counseling experiences, and modeling from the counselor. These results support the idea that personal counseling has a positive impact on counselor training and counselor development; participants noted that there was a uniqueness to their experience in counseling and that what was learned in counseling enhanced their academic training in ways that were not possible in the training environment. Counselor educators' awareness of this may create a broader understanding of the use of counseling as an external learning experience and the impact this experience may have on student's development.

At the same time, it is important to consider impacts that were considered negative by participants, including counselor unprofessional behaviors and perceived disconnection within the counseling relationship. Although personal counseling can be a complement to counselor development and training, it is important to note that there are negative experiences that occur in counseling, and personal counseling may not be wholly beneficial to counselor development. The quality of the model that is provided appears critical, as various participants indicated that this was either helpful or a hindrance, depending on the quality of the services they received. While faculty referrals might not provide a good therapeutic fit for all students with different needs, it may be important for faculty to provide referral possibilities to aid students in this process. It may also be important for counselor educators to advise students to be discerning in their search for a counselor to help students create autonomy around their counseling needs.

In relation to the family, social, and cultural influences mentioned in the results of this study, counselor educators need to be aware of the external sources of information about counseling that students may experience and how this may impact students' views of counseling. Counselor educators may choose to discuss these influences individually with students or integrate these ideas into the multicultural coursework that is integral to the counselor education curriculum. In the current study, it appears that that family, social, and cultural messages are influential in how CITs view counseling, and discussing these messages in the classroom, or in faculty/student meetings, may increase the visibility of these influences and create a dialogue about how these messages are impactful to students' lives and professional development.

Additionally, counselor educators must be aware of the barriers and challenges that are related to accessing counseling. Two barriers that have been consistent through both previous research and the current study are scheduling difficulties and finances in relation to counseling. It is important for counselor educators and training environments to be aware of these challenges in order to have a greater understanding of CITs' help-seeking behaviors and experiences. These results may impact how counselor educators examine ways in which to mediate these barriers and challenges for their students. Compiling resources for students that include counselors who offer pro bono services, or sliding scale services may help with the financial barriers. Disseminating this information along with contacts for counselors who works later hours, or weekend hours, may be helpful to students in terms of access and availability.

Finally, CITs who have not accessed counseling may gain a greater understanding of the impact of personal counseling on personal and professional development. These results may spark curiosity about this experience as a complement to counselor training.

Directions for Future Research

This study was an exploratory study of master's level CITs enrolled at CACREP accredited programs who are voluntarily accessing personal counseling services. The results of this study shed light on the impacts of this experience in regard to counselor development in terms of personal and professional growth. Suggestions for future research are discussed below.

First, in terms of sample and the demographics of the sample, there is a need for continuing this type of research with a more diverse and representative sample in order to understand the breadth and depth of this experience. It was prevalent in this study that external environments like academic, familial, cultural, and social influences were connected to the experiences of CITs accessing counseling. By researching a more diverse group of CITs who are accessing counseling, we may uncover a better understanding of external influences and the experience in counseling. In general, the results of this study indicate that academic, familial, cultural, and social influences are impactful in CITs' experiences in relation to counseling; more research aimed at understanding these facets of CITs' experience would bolster the literature on this phenomenon.

Additionally, to investigate these research questions further, researchers may consider utilizing quantitative methods to test the relationships between CITs accessing

personal counseling and areas of counselor development. The current research findings suggest that there are relationships between CITs accessing counseling and the counselor developmental competencies of empathy, self-awareness, self-reflection, and self-efficacy. To date, there has been only one quantitative study involving CITs in the U.S. (Conteh, et al., 2018), which showed a statistically significant relationship between accessing counseling and counselor self-efficacy. Another quantitative study by Oden et al. (2009) addressed the benefits and costs of CITs participating in counseling services. Results from this study indicated that personal counseling use was related to enhanced counselor empathy and self-awareness. More understanding of the impact of personal counseling on counselor development would yield greater knowledge in this research topic. There were findings in the current study related to participants using counseling as a means of self-care and wellness. One study with a similar sample explored the relationship between CITs who accessed personal counseling and their symptomology in terms of depressive and anxiety symptoms. This study does not necessarily address the relationship between counseling use and psychological wellness or self-care, or address if CITs are using counseling services to tend to wellness concerns. That being said, the aforementioned three studies provide some information on the benefits of personal counseling among CITs; further quantitative research would further illuminate the impacts of counseling on counselor development.

Finally, this study explored the experiences of those who voluntarily attended counseling. Since there is a large body of international research accounting for the experiences of those who have attended mandatory counseling, investigating the lived

experiences of those who have attended mandatory counseling in the U.S. may provide more insight into that phenomenon. It seems plausible that there would be uniquely different results in studying those who were mandated to go to counseling versus the results of the current study, where participants voluntarily chose to attend counseling and generally expressed having a positive experience.

Alternatively, researchers may consider investigating the experiences of those who have chosen not to go to counseling. Better understanding the thought process and barriers behind not attending personal counseling may further the knowledge base. Although participants described barriers, they were discussing this from a place of having overcome these barriers. It may be that some students are unable to overcome these and perhaps other barriers. Such knowledge would be valuable. Additionally, researchers also may want to explore those who have used means than personal counseling to cope with life stressors, grow in self-awareness, and develop professionally. CITs who are engaging in other processes besides counseling may have different perspectives on their experiences and their counselor development.

Conclusion

CITs may choose to pursue personal counseling as one approach to self-care. Interestingly, results of this study indicate a host of positive impacts of pursuing personal counseling, along with some limited negative impacts and barriers. One critical finding is the important role that faculty members may play in positively affecting student proclivity to seek counseling services during their training. Given the rigor and stressors of graduate training, CITs may benefit from the supportive aspects of personal

counseling. With an awareness of potential barriers and benefits of CITs receiving personal counseling, educators and supervisors may be better equipped to support students in pursuing counseling that optimizes their wellness and development.

REFERENCES

- American Counseling Association. (2014). *Code of ethics and standards of practice*. Retrieved from <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- Anderson, C.E., & Bang, K. (2003). Using the integrated developmental model in a substance abuse practicum. *Journal of Teaching in the Addictions, 2*(2), 67-82.
- Anxiety and Depression Association of America (2018). College-aged adults face less mental health stigma. Retrieved from <https://adaa.org/college-aged-adults-face-less-mental-health-stigma>
- Aponte, H.J. (2009). Training the person of the therapist in an academic setting. *Journal of Marital and Family Therapy, 35*(4), 381-394.
- Aponte, H.J., & Carlsen, J.C. (2009). An instrument for person-of-the therapist supervision. *Journal of Marital & Family Therapy, 35*, 395-405.
- Arredondo, P., Toporek, R., Brown, S.O., Sanchez, J., Lock, D.C., Sanchez, J., Stadler, H. (1996). Operationalization of the multicultural counseling competencies. *Journal of Multicultural Counseling & Development, 24*, 42-78.
- Ashby, R., Stoltenberg, C.D., & Kleine, P. (2010). A qualitative examination of the IDM. In C.D. Stoltenberg & B.W. McNeill (Eds.), *IDM Supervision: An integrated developmental model of supervising counselors and therapists* (3rd ed.) (pp. 231-261). New York, NY: Routledge.

- Balkin, R.S., & Sangganjanavanich, V.F. (2013). Burnout and job satisfaction among counselor education. *Journal of Humanistic Counseling, 52*, 67-79.
- Barnett, J.E., & Cooper, N. (2009). Creating a culture of self-care. *Clinical Psychology: Science and Practice, 16*, 16-20.
- Bennett-Levy, J. (2019). Why therapists should walk the talk: The theoretical and empirical case for personal practice in therapist training and professional development. *Journal of Behavior Therapy and Experimental Psychiatry, 62*, 133-145.
- Bennett-Levy, J., Turner, F., Beaty, T., Smith, M., Paterson, B., & Farmer, S. (2001). The value of self-practice of cognitive therapy techniques and self-reflection in the training of cognitive therapists. *Behavioral and Cognitive Psychotherapy, 29*, 203-220.
- Bernard, J.M., & Goodyear, R.K. (2004). *Fundamentals of clinical supervision*. Boston, MA: Pearson Education, Inc.
- Berry, K., Shah, R., Cook, A., Geater, E., Barrowclough, C., & Wearden, A., (2008). Staff attachment styles: A pilot study investigating the influence of adult attachment styles on staff psychological mindedness and therapeutic relationship. *Journal of Clinical Psychology, 64*, 355-363.
- Bike, D. H., Norcross, J. C., & Schatz, D. M. (2009). Processes and outcomes of psychotherapists' personal therapy: Replication and extension 20 years later. *Psychotherapy: Theory, Research, Practice, Training, 46*(1), 19–31.

- Bohart, A.C., & Tallman, K. (2010). Clients: The neglected common factor in psychotherapy. In B.L. Duncan, S.D. Miller, B.E. Wampold, & M.A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (pp. 91–131). Washington, DC: American Psychological Association.
- Bohecker, L., & Doughty Horn, E.A. (2016). Increasing students' empathy and counseling self-efficacy through a mindfulness experiential small group. *The Journal for Specialists in Group Work, 41*, 312-333.
- Bole, I., & Lopez, A. (2011). Supervision of counselors working with eating disorders: Utilizing the integrated developmental model. *The Clinical Supervisor, 30*(2), 215-234.
- Bozarth, J. D., Zimring, F. M., & Tausch, R. (2002). Client-centered therapy: The evolution of revolution. In D. J. Cain, & J. Seeman (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 147-188). Washington, DC: American Psychological Association.
- Bohon, M.L., Cotter, A.K., Kravtitz, L.R., Cello Jr., C.P., & Garcia, F.E. (2016). The theory of planned behavior as it predicts potential intention to seek mental health services for depression. *Journal of American College Health, 64*, 503-603.
- Buckman, J., & Barker, C. (2010). Therapeutic orientation preferences in trainee clinical psychologists: Personality or training? *Psychotherapy Research, 20*, 247-258.
- Bugental, J.F.T. (1978). *Psychotherapy and process: The fundamentals of an existential-humanistic approach*. New York, NY: McGraw-Hill.

- Byrne, J. S., & Shufelt, B. (2014). Factors for Personal Counseling Among Counseling Trainees. *Counselor Education & Supervision, 53*, 178-189.
- Carlsson, J., Norberg, J., Sandell, R., & Schubert, J. (2011). Searching for recognition: The professional development of psychodynamic psychotherapists during training and the first years after it. *Psychotherapy Research, 21*, 141-153.
- Ciclitira, K. Starr, F., Marzano, L., Brunswick, N., & Costa, A. (2012). Women counsellors' experiences of personal therapy: A thematic analysis. *Counselling and Psychotherapy Research, 12*(2), 136-145.
- Conteh, J.A., Mariska, M.A., & Huber, M.J. (2018). An examination and validation of personal counseling and its impacts on self-efficacy for counselors-in-training. *Journal of Counselor Practice, 9*(2), 109-138.
- Corey, G. (2013). *Theory and Practice of Counseling and Psychotherapy*. Belmont, CA: Brooks/Cole, Cengage Learning.
- Council for Accreditation of Counseling and Related Education Programs (2017). 2017 annual report of the Council for Accreditation of Counseling and Related Education Programs. Retrieved from <https://www.cacrep.org/about-cacrep/publications/cacrep-annual-reports/>
- Council for Accreditation of Counseling and Related Education Programs (2016). *2016 CACREP Standards*. Retrieved from <http://www.cacrep.org/wp-content/uploads/2017/08/2016-Standards-with-citations.pdf>
- Clarkson, P., & Cavicchia, S. (2014). *Gestalt counselling in action*. Los Angeles, CA: SAGE.

- Cvetovac, M.E., & Adame, A.L. (2017). The wounded therapist: Understanding the relationship between personal suffering and clinical practice. *The Humanistic Psychologist, 45*, 348-366.
- Daw, B., & Joseph, S. (2007). Qualified therapists' experience of personal therapy. *Counselling and Psychotherapy Research, 7*, 227-232.
- Dearing, R.L., Maddox, J.E., & Tangney, J.P. (2005). Predictors of Psychological help seeking in clinical and counseling psychology graduate students. *Professional Psychology: Research and Practice, 36*, 323-329.
- Depue, M.K., & Lambie, G.W. (2014). Impact of a university-based practicum experience on counseling students' levels of empathy and assessed counseling competencies. *Counseling Outcome Research and Evaluation, 5*(2), 89-101.
- De Stefano, J., D'lusio, N., & Blake, E. (2007). Trainees' experiences of impasses in counseling and the impact of group supervision on their resolution: A pilot study. *Counseling & Psychotherapy Research, 7*, 42-47.
- Edwards, J. (2017). The extant rationale for mandated therapy during psychotherapy and counselling training: A critical interpretive synthesis. *British Journal of Guidance & Counseling, 1-16*.
- Elkins, D.N. (2009). *Humanistic psychology: A clinical manifesto. A critique of clinical psychology and the need for progressive alternatives*. Colorado Springs, CO: University of the Rockies Press.
- Figley, C.R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *JCLP/In Session: Psychotherapy in Practice, 58*, 1433-14.

- Fleckenstein, E.B. (2003, November). Counselors-in-training need counseling themselves. *Counseling Today*, pp. 34-35.
- Folkes-Skinner, J.A. (2016). The assimilation of problematic experiences during full-time counsellor training: The case of Mandy. *Counselling and Psychotherapy Research, 16*, 161-170.
- Folkes-Skinner, J., Elliott, R., & Wheeler, S. (2010). 'A baptism of fire': A qualitative investigation of a trainee counsellor's experience at the start of training. *Counselling & Psychotherapy Research, 2(10)*, 83–92.
- Fox, J. A. (2008). The troubled student and campus violence: New approaches. *The Chronicle of Higher Education, 55*, 42-43.
- Freud, S. (1958). *Recommendations to physicians practicing psychoanalysis*. In J. Strachey (Ed. and Trans.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. 12, pp. 111–120. London: Hogarth Press. (Original work published 1912).
- Friedman, K. (2017). Counselor self-care and mindfulness. *Contemporary Buddhism, 18(2)*, 321-330.
- Furr, S.R., & Carroll, J.J. (2003). Critical incidents in student counselor development. *Journal of Counseling & Development, 81*, 483-489.
- Gaubatz, M.D., & Vera, E.M. (2006). Trainee competence in master's-level counseling programs: A comparison of counselor educators' and students' views. *Counselor Education & Supervision, 46*, 32-43.

- Gaubatz, M.D., & Vera, E.M. (2002a). Do formalized gatekeeping procedures increase programs' follow-up with deficient trainees? *Counselor Education and Supervision, 41*, 294–305.
- Gilbert, P., & Stickley, T. (2012). “Wounded healers”: The role of lived-experience in mental health education and practice. *The Journal of Mental Health Training, Education and Practice, 7*, 33-41.
- Gold, S.H., Hilsenroth, M.J., Kuutmann, K., & Owen, J. (2015). Graduate clinicians: Relationship to the alliance and outcomes of their patients. *Clinical Psychology and Psychotherapy, 22*, 304-316.
- Griffith, B.A., & Frieden, G. (2000). Facilitating reflective thinking in counselor education. *Counselor Education and Supervision, 40*, 82-93.
- Grimmer, A., & Tribe, R. (2001). Counselling psychologists' perceptions of the impact of mandatory personal therapy on professional development – an exploratory study. *Counselling Psychology Quarterly, 14*, 287-301.
- Guiffrida, D.A. (2005). The emergence model: An alternative pedagogy for facilitating self-reflection and theoretical fit in counseling students. *Counselor Education and Supervision, 44*, 201-213.
- Hansen, J.T. (2009). Self-awareness revisited: Reconsidering a core value of the counseling profession. *Journal of Counseling & Development, 87*, 186-193.

- Hayes, J.A., & Gelso, C.J. (2001). Clinical implications of research on countertransference: Science informing practice. *Journal of Clinical Psychology, 57*(8), 1041-1051.
- Hayes, R.L., & Paisley, P.O. (2002). Transforming school counselors to be leaders and advocates: A critical need in the new millennium. *Theory Into Practice, 41*, 169-176.
- Hill, C.E. (2014). *Helping skills: Facilitating exploration, insight, and action* (4th ed.). Washington, DC: American Psychological Association.
- Hill, C.E. (2012). *Consensual qualitative research: A practical resource for investigating social science phenomena*. Washington, DC: American Psychological Association.
- Hill, C.E. (2004). *Helping skills: Facilitating exploration, insight, and action*. Washington, DC: American Psychological Association.
- Hill, C.E., Knox, S., Thompson, B.J., Williams, E.N., Hess, S.A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology, 52*, 196-205.
- Hill, C.E., Thompson, B.J., & Williams, E.N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist, 25*, 517-572.
- Hoffman, L., Vallejos, L., Cleare-Hoffman, H.P., & Rubin, S. (2015). Emotion, relationship, and meaning as core existential practice: Evidence-based foundations. *Journal of Contemporary Psychotherapy, 45*, 11-20.

- Holzman, J.A., Searbright, H.R., & Hughes, H.M. (1996). Clinical Psychology graduate students and personal psychotherapy: Results of an exploratory survey. *Professional Psychology: Research and Practice, 27*, 98-101.
- Howard, E.E., Inman, A.G., & Altman, A.N. (2006). Critical incidents among novice counselor trainees. *Counselor Education and Supervision, 46*(2), 88–102.
- Hrovat, A., & Luke, M. (2016). Is the personal theoretical? A Critical Incident analysis of student theory journals. *The Journal of Counselor Preparation and Supervision, 8*(1), <http://dx.doi.org/10.7729/81.1084>
- Inman, A.G., & Ladany, N. (2008). Research: The state of the field. In A.K. Hess, K.D. Hess, & T.H. Hess (Eds.), *Psychotherapy supervision: Theory, research, and practice* (2nd ed.) (pp. 500-517). Hoboken, NJ: Wiley.
- Ivey, G. (2014). The ethics of mandatory personal psychotherapy for trainee psychotherapists. *Ethics & Behavior, 24*, 91-108.
- Ivey, A.E., & Ivey, M.B. (2007). *Intentional Interviewing and counseling*. Belmont, CA: Thomson Brooks/Cole.
- Jahn, S.A.B., & Smith, Adcock, S. (2017). A phenomenological study of counseling students' experiences with ambiguity. *The Journal of Counselor Preparation and Supervision, 10*(1). Retrieved from <https://repository.wcsu.edu/jcps/vol10/iss1/9>
- Johns, H. (2012). *Personal development in counsellor training* (2nd ed.). London, UK: Biddles.

- Keim, J., Marley, S.C., Olguin, D.L., & Thieman, A. (2008). Trauma and burnout: Counselors in training. *Compelling Counseling Interventions: Celebrating VISTAS' Fifth Anniversary*, 293-303.
- Kotnik, R. (2001). Understanding of the 'self' in gestalt therapy. *Horizons of Psychology*, 10, 127-140.
- Kumar, S. (2011). Burnout and psychiatrists: What do we know and where to from here? *Epidemiology and Psychiatric Sciences*, 20, 295-301.
- Kumari, N. (2011). Personal therapy as a mandatory requirement for counselling psychologists in training: A qualitative study of the impact of therapy on trainees' personal and professional development. *Counselling Psychology Quarterly*, 24, 211-232.
- Ladany, N., Walker, J., & Melincoff, D.S. (2001). Supervisee integrative complexity. Experience, and preference for supervisor style. *Counselor Education and Supervision*, 40, 203-219.
- Lambie, G.W., & Sias, S.M. (2009). An integrative psychological development model of supervision for professional school counselor-in-training. *The Journal of Counseling & Development*, 87, 348-355.
- Lasalvia, A., Bonetto, C., Bertani, M., Bissoli, S., Cristofalo, D., Marrella, G., Ceccato, E., Cremonese, C., De Rossi, M., Lazzarotto, L., Marangon, V., Morandin, I., Zuccetto, M., Tansella, M., & Ruggeri, M. (2009). Influence of perceived organizational factors on job burnout: Survey of community mental health staff. *British Journal of Psychiatry*, 195, 537-544.

- Laska, K.M., Gurman, A.S., & Wampold, B.E. (2013). Expanding the lens of evidence-based practice in psychotherapy: A common factors perspective. *Psychotherapy, 51*, 467-481.
- Lawson, G., & Venart, B. (2005). *Preventing counselor impairment: Vulnerability, wellness, and resilience*. Paper presented at the 2005 American Counseling Association National Conference, Atlanta, GA.
- Lawson, G. (2007). Counselor wellness and impairment: A national survey. *Journal of Humanistic Counseling, Education and Development, 46*, 20-34.
- Leach, M.M., & Stoltenberg, C.D. (1997). Self-efficacy and counselor development: Testing the integrated developmental model. *Counselor Education & Supervision, 37*, 115-125.
- Leach, M.M., Stoltenberg, C.D., McNeill, B.W., & Eichenfield, G. (1997). Self-efficacy and counselor development: Testing the integrated development model. *Counselor Education and Supervision, 37*, 115-124.
- Linton, J.M., & O'Halloran, T.M. (2000). Stress on the job: Self-care resources for counselors. *Journal of Mental Health Counseling, 22*(4), 354-364.
- Macaskill, N., & Macaskill, A. (1992). Psychotherapists-in-training evaluate their personal therapy: Results of a UK survey. *British Journal of Psychotherapy, 9*(2), 133-138.
- Macaskill, N. D. (1998). Personal therapy in the training of the psychotherapist: Is it effective? *British Journal of Psychotherapy, 43*, 219-226.

- Macran, S., & Shapiro, D. (1998). The role of personal therapy for therapists: A review. *British Journal of Medical Psychology, 71*, 13-25.
- Malikioski-Loizos, M. (2013). Personal therapy for future therapists: Reflections on a still debated issue. *The European Journal of Counselling Psychology, 2*(1), 33-50.
- Mathieson, K. (1991). Predicting user intentions: Comparing the technology acceptance model with the theory of planned behavior. *Information Systems Research, 2*, 173-239.
- Mazzola, J. J., Walker, E. J., Shockley, K. M., & Spector, P. E. (2011). Examining stress in graduate assistants: Combining qualitative and quantitative survey methods. *Journal of Mixed Methods Research, 5*, 198 – 211.
- McAuliffe, G., & Eriksen, K. (2000). *Preparing counselors and therapists: Creating constructivist and developmental programs*. Virginia Beach, VA: Donning.
- McCarthy, J. (2008). Helping counselor trainees overcome barriers to seeking help. *Journal of Humanistic Counseling, Education and Development, 47*(1), 71–81.
- McCarthy, J., Pfohl, A. H., & Bruno, M. (2008). An exploratory study of help-seeking among U.S. counselling trainees. Manuscript submitted for publication. Cited in J. McCarthy (2008). Helping counselor trainees overcome barriers to seeking help. *Journal of Humanistic Counseling, Education and Development, 47*(1), 71–81.
- McEwan, J., & Duncan, P. (1993). Personal therapy in the training of psychologists. *Canadian Psychology, 34*(2), 186-197.

- McMahon, A. (2018). Irish clinical and counselling psychologists' experiences and views of mandatory personal therapy during training: A polarisation of ethical concerns. *Clinical Psychology & Psychotherapy*, 1-12.
- McNeill, B.W., & Stoltenberg, C.D. (2016). *Supervision Essentials for the integrative developmental model*. Washington, DC: American Psychological Association.
- McNeill, B.W., Stoltenberg, C.D., & Pierce, R.A. (1985). Supervisees' perceptions of their development: A test of the counselor complexity model. *Journal of Counseling Psychology*, 32, 630-633.
- Meichenbaum, D., & Lilienfeld, S.O. (2018). How to spot hype in the field of psychotherapy: A 19-item checklist. *Professional Psychology: Research and Practice*, 49, 22-30.
- Meier, S.T., & Davis, S.R. (2011). *The elements of counseling* (7th ed.). Belmont, CA: Brooks/Cole.
- Merriman, J. (2015). Enhancing counselor supervision through compassion fatigue education. *Journal of Counseling & Development*, 93, 370-378.
- Mikulincer, M., Shaver, P.R., & Berant, E. (2013). An attachment perspective on therapeutic process and outcomes. *Journal of Personality*, 81(6), 606-616.
- Miller, S.D., Hubble, M., & Duncan, B. (2008). Supershrinks: What is the secret of their success? *Therapy Today*, 19(3). Retrieved from https://www.researchgate.net/publication/266031113_Miller_SD_Hubble_MA_Duncan_BL_NovemberDecember_2007_Supershrinks_Learning_from_the_field's_most_effective_practitioners_The_Psychotherapy_Networker_316_26-35_56

- Moller, N.P., Timms, J., & Alilovic, K. (2009). Risky business or safety net? Trainee perceptions of personal therapy: a qualitative thematic analysis. *European Journal of Psychotherapy & Counselling, 11*, 369-384.
- Murphy, D., Irfan, N., Barnett, H., Castledine, E., & Enescu, L. (2018). A systematic review and metasynthesis of qualitative research into mandatory personal psychotherapy during training. *Counselling and Psychotherapy Research, 18*(2), 199-214.
- Nelson, M.L., & Neufeldt, S.A. (1998). The pedagogy of counseling: A critical examination. *Counselor Education and Supervision, 38*, 70-88.
- Neufeldt, S.A. (1997). A social constructivist approach to counseling supervision. In T.L. Sexton & B.L. Griffin (Eds.), *Constructivist thinking in counseling practice, research, and training* (pp. 191-210). New York, NY: Teachers College Press.
- Neufeldt, S., Karno, M., & Nelson M. (1996). A qualitative study of experts' conceptualization of supervisee reflectivity. *Journal of Counseling Psychology, 43*, 3-9.
- Nissen-Lie, H. A., Rønnestad, M. H., Høglend, P. A., Havik, O. E., Solbakken, O. A., Stiles, T. C., & Monsen, J. T. (2017). Love yourself as a person, doubt yourself as a therapist? *Clinical Psychology and Psychotherapy, 24*, 48-60.
- Norcross, J.C. (2005). The psychotherapist's own psychotherapy: Educating and developing psychologists. *American Psychologist, 60*, 840-850.
- Norcross, A.E. (2010). A case for personal therapy in counselor education. Retrieved from <https://ct.counseling.org/2010/08/reader-viewpoint/>

- Norcross, J. C. (2009). The therapeutic relationship. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed., pp. 113–141). Washington, DC: American Psychological Association.
- Norcross, J.C., Strausser-Kirtland, D., & Missar, C.D. (1988). The process and outcomes of psychotherapists' personal treatment experiences. *Psychotherapy: Theory, Research, Practice, Training*, 25, 36-43.
- Nouwen, H. (1972). *The wounded healer: Ministry in contemporary society*. New York, NY: Doubleday.
- O'Connor, M.F. (2001). On the etiology and effective management of professional distress and impairment among psychologists. *Professional Psychology: Research and Practice*, 32, 345-350.
- Oden, K., Miner-Holden, J., & Balkin, R. (2009). Required counseling for mental health professional trainees: Its perceived effect on self-awareness and other potential benefits. *Journal of Clinical Psychology*, 61, 373-388.
- Olkin, R. & Gaughen, S. (1991). Evaluation and dismissal of students in master's level clinical programs: Legal parameters and survey results. *Counselor Education and Supervision*, 30, 276-288.
- Orlinsky, D., & Howard, K. (1975). *Varieties of psychotherapeutic experiences: Multivariate analyses of patients' and therapists' experiences*. New York, NY: Teachers College Press.

- Orlinsky, D.E., & Rønnestad, M.H. (2005). *How psychotherapists develop*. Washington, DC: American Psychological Association.
- Orlinsky, D.E., Schfield, M.J., Schroder, T., & Kazantzis, N. (2011). Utilization of personal therapy by psychotherapists: A practice friendly review and a new study. *Journal of Clinical Psychology: In Session*, 67, 828-842.
- Oswalt, S.B., & Riddock, C.C. (2007). What to do about being overwhelmed: Graduate students, stress, and university services. *College Student Affairs Journal*, 27, 24 – 44.
- Oteiza, V. (2010). Therapists' experiences of personal therapy: A descriptive phenomenological study. *Counselling and Psychotherapy Research*, 10, 222-228.
- Pearlman, L.A., & Saakvitne, K.W. (1995b). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C.R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 150-177), Philadelphia, PA: Brunner/Mazel.
- Peebles, M. J. (1980). Personal therapy and ability to display empathy, warmth, and genuineness in psychotherapy. *Psychotherapy: Theory, Research and Practice*, 17, 258-262.
- Pica, M. (1998). The ambiguous nature of clinical training and its impact on the development of student clinicians. *Psychotherapy*, 35, 361-365.
- Pierce, L.M. (2016). Overwhelmed with the burden of being myself: A phenomenological exploration of the existential experience of counselors-in-training. *Journal of Humanistic Counseling*, 55, 136-150.

- Pieterse, A.L., Lee, M., Ritmeester, A., & Collins, N.M. (2013). Towards a model of self-awareness development for counselling and psychotherapy. *Counseling Psychology Quarterly*, 26, 190-207.
- Pines, A., & Maslack, C. (1978). Characteristics of staff burnout in mental health settings. *Hospital and Community Psychiatry*, 29, 233-237.
- Pompeo, A.M., & Levitt, D.H. (2014). A path of counselor self-awareness. *Counseling and Values*, 59, 80-94.
- Prosek, E.A., Holm, J.M., & Daly, C.M. (2013). Benefits of required counseling for counseling students. *Counselor Education & Supervision*, 52, 242-254.
- Ratts, M.J., Singh, A.A., Nassar-McMillan, S., Butler, S.K., & McCullough, J.R. (2015) Multicultural and social justice counseling competencies. Retrieved from <https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>
- Richards, K.C., Campenni, C., & Muse-Burke, J.L. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling*, 32, 247-264.
- Rogers, C. R. (1949). The attitude and orientation of the counselor in client-centered therapy. *Journal of Consulting Psychology*, 13(2), 82-94.
- Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Counseling Psychology*, 21, 95-103.

- Rønnestad, M., & Skovholt, T. (1993). Supervision of the beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling & Development, 71*, 396-405.
- Rønnestad, M., & Skovholt, T. (2013). *The developing practitioner. Growth and stagnation of therapists and counselors*. New York, NY: Routledge.
- Rupert, P.A., Stevanovic, P., & Hunley, H.A. (2009). Work-family conflict and burnout among practicing psychologists. *Professional Psychology: Research and Practice 40*, 54-61.
- Salvador, J.T. (2016). Integrated development model (IDM): A systematic review and reflection. *European Scientific Journal, 12*(19), 244-254.
- Saunders, P.A., Tractenberg, R.E., Chaterji, R., Amri, H., Harazduk, N., Gordon, J.S., & Haramati, A. (2007). Promoting self-awareness and reflection through an experiential mind-body skills course for first year medical students. *Medical Teacher, 29*, 778-784.
- Sherman, J.B. (2000). Required psychotherapy for psychology graduate students: Psychotherapists' evaluations of process. *Dissertation Abstracts International Section B: The Sciences and Engineering*.
- Schneider, K.J. (2011). *Existential-integrative psychotherapy: Guideposts to the core of practice*. New York, NY: Routledge
- Shon, D.A. (1987). *Enhancing the reflective practitioner*. San Francisco, CA: Jossey-Bass.

- Shuler, M.K., & Keller-Depress, E.A. (2015). Experiences on personal and professional counselor-in-training identity development. *The Professional Counselor*, 5(1), 152-162.
- Skogstad, P., Deane, F.P., & Spicer, J. (2006). Social-cognitive determinants of help-seeking for mental health problems among prison inmates. *Criminal Behaviour and Mental Health*, 12, 317-322.
- Skovholt, T. M. (2001). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. Needham Heights, MA: Allyn & Bacon.
- Skovholt, T. M., & Rønnestad, M. H. (1995). *The evolving professional self: Stages and themes in therapist and counsellor development*. Chichester, UK: Wiley.
- Skovholt, T.M., & Rønnestad, M.H. (2003). Struggles of the novice counselor and therapist. *Journal of Career Development*, 30(1), 45–58.
- Smith, K.L. (2009). A brief summary of supervision models [PDF file]. Retrieved from <https://www.gallaudet.edu/Documents/Department-of-Counseling/cou-supervision-methods.pdf>
- Smith-Adcock, S., Thompson, E.S., Thompson, I.A., & Wolf, C.P. (2014). Refresh your mind, rejuvenate your body, renew your spirit: A pilot wellness program for counselor education. *The Journal of Individual Psychology*, 70(1), 57-75.
- Stalnaker-Shofner, D.M., & Manyam, S.B. (2014). The effect of a wellness intervention on the total wellness of counseling practicum graduate students. *The Practitioner Scholar: Journal of Counseling and Professional Psychology*, 3, 48-62.

- Steel, C., MacDonald, J., Schroder, T., & Mellor-Clark, J. (2015). Exhausted but not cynical: Burnout in therapists working within improving access to psychological therapy services. *Journal of Mental Health, 42*, 33-37.
- Stoltenberg, C.D. (1981). Approaching supervision from a developmental perspective: The counselor complexity model. *Journal of Counseling Psychology, 28*, 59-65.
- Stoltenberg, C.D., McNeill, B.W., & Crether, H.C. (1994). Changes in supervision as counselors and therapists gain experience: A review. *Professional Psychology: Research and Practice, 25*, 416-449.
- Stoltenberg, C.D., & McNeill, B.W. (2010). *IDM Supervision: An integrative developmental model for supervising counselors and therapists* (3rd ed.) New York, NY: Routledge.
- Sue, D. W., & Sue, D. (2013). *Counseling the culturally diverse: Theory & practice* (6th ed.). New York, NY: John Wiley.
- Sumerel, M.B., & Borders, L.D. (1996). Addressing personal issues in supervision: Impact of counselor's experience level on various aspects of the supervisory relationship. *Counselor Education and Supervision, 35*, 268-286.
- Testa, D., & Sangganjanavanich, V.F. (2016). Contribution of mindfulness and emotional intelligence to burnout among counseling interns. *Counselor Education & Supervision, 55*, 95-108.
- Thomas, E., & George, T.S. (2016). Evaluation of personal development components in counselor education programs in India. *Journal of Asia Pacific Counseling, 16*(1), 1-20.

- Thompson, E.H., Frick, M.H., & Trice-Black, S. (2011). Counselor-in-training perceptions of supervision practices related to self-care and burnout. *The Professional Counselor, 1*(3), 152-162.
- Topuz, C., & Arasan, Z. (2014). Self-awareness group counseling model for prospective counselors. *Procedia – Social and Behavioral Sciences, 143*, 638-642.
- Tracey, T.J., Ellickson, J.L., & Sherry, P. (1989). Reactance in relation to different supervisor environments and counselor development. *Journal of Counseling Psychology, 36*, 336-344.
- van Loon, A., Bailenson, J., Zaki, J., Bostick, J., Willer, R. (2018). Virtual reality perspective-taking increases cognitive empathy for specific others. *Plos One, 13*(8), 1-19.
- Von Haenisch, C. (2011). How did compulsory personal therapy during counselling training influence personal and professional development? *Counselling and Psychotherapy Research, 11*, 148-155.
- Wardle, E.A., & Mayorga, M.G. (2016). Burnout among the counseling profession: A survey of future professional counselors. *I-Manager's Journal on Educational Psychology, 10*(1), 9-15.
- Watson, J. C. (2001). Revisioning empathy: Theory, research, and practice. In D. Cain, & J. Seeman (Eds.), *Handbook of research and practice in humanistic psychotherapy* (pp. 445–472). Washington, DC: American Psychological Association.

- Wampler, L. D., & Strupp, H. H. (1976). Personal therapy for students in clinical psychology: A matter of faith? *Professional Psychology, 7*(2), 195–201.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Wampold, B. E. (2009a). Research evidence for the common factors models: A historically situated perspective. In B.L. Duncan, S.D. Miller, B.E. Wampold, & M.A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed., pp. 49–81). Washington, DC: American Psychological Association.
- Westerhof, G.J., Maessen, M., & de Bruijn, R., & Smets, B. (2008). Intentions to seek (preventative) psychological help among older adults: An application of the theory of planned behaviour. *Aging & Mental Health, 12*, 317-322.
- Wissel, A.M. (2014). Gatekeeping in counselor education: Experiences of terminating students for nonacademic concerns. *VISTAS, 8*. Retrieved from <http://www.counseling.org/knowledge-center/vistas>
- Wyatt, T., & Oswald, S.B. (2013). Comparing mental health issues among undergraduate and graduate studies. *American Journal of Health Education, 44*, 96-107.
- Yalom, I. (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients*. New York, NY: Harper Perennial.
- Yalom, I. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York, NY: Basic Books.

- Young, T.L, Lambie, G.W., Hutchinson, T., & Thurston-Dyer, J. (2011). The integration of reflectivity in developmental supervision: Implications for clinical supervisors. *The Clinical Supervisor, 30*, 1-18.
- Young Kaelber, K.A., & Schwartz, R.C. (2014). Empathy and emotional intelligence among eastern and western counsellor trainees: A preliminary study. *International Journal for the Advancement of Counseling, 36*, 274-286.

APPENDIX A

IDM COPYRIGHT PERMISSION

Confirmation Number: 11848848

Citation Information

Order Detail ID: 72003416

**IDM supervision : an integrative developmental model for supervising counselors and therapists by
STOLTENBERG,CAL Reproduced with permission of TAYLOR & FRANCIS GROUP LLC in the format
Thesis/Dissertation via Copyright Clearance Center.**

APPENDIX B

INITIAL DEMOGRAPHIC QUESTIONNAIRE

1. What is your age _____
2. With what gender do you identify?
 - a. Female
 - b. Male
 - c. Transgender – Male to Female
 - d. Transgender – Female to Male
 - e. Non-binary
 - f. Gender fluid
 - g. Prefer to self-describe _____
 - h. Prefer not to say
3. Please specify your ethnicity
 - a. White
 - b. Hispanic or Latino
 - c. Black or African American
 - d. Native American or American Indian
 - e. Asian/Pacific Islander
 - f. Other (please specify): _____
4. What year are you currently in your graduate program?
 - a. First Year
 - b. Second Year

- c. Third Year
 - d. Fourth Year
 - e. Other (please specify): _____
5. Have you taken or are you currently enrolled in practicum?
- a. Yes
 - b. No
6. Have you taken or are you currently enrolled in internship?
- a. Yes
 - b. No
7. When you attended counseling during your training program, did you receive
(mark all that apply):
- Individual counseling
 - Group counseling
 - Couple counseling
 - Family counseling
 - Other (please specify): _____
8. How many sessions did you attend?
- _____

APPENDIX C

RECRUITMENT EMAIL

Hello! My name is Kathleen Driscoll. I am a doctoral student in the Counseling & Educational Development Department at The University of North Carolina at Greensboro. I am conducting a research study on counselors in training who are currently participating in counseling services while in their master's program.

The purpose of this study is to investigate the experiences of counselors in training who utilize personal counseling. I want to understand the lived experience of this phenomenon as well as the values, attitudes, and beliefs about counselors in training accessing personal counseling.

If you are a current masters level student at a CACREP accredited university, enrolled in internship you may be eligible to participate. If you are currently accessing counseling and meet the above criteria you are eligible to participate. Participation involves completing a demographic questionnaire, which will take approximately 5-10 minutes, and a 1-hour-1.5-hour virtual interview (via Zoom Conference). I will send you the main interview questions to review a week before your scheduled interview.

If you have any questions or would like to participate in the research, I can be reached at khdrisco@uncg.edu. I appreciate your consideration and look forward to hearing from you!

APPENDIX D

REVISED DEMOGRAPHIC QUESTIONNAIRE

1. What is your age _____
2. With what gender do you identify?
 - a. Female
 - b. Male
 - c. Transgender – Male to Female
 - d. Transgender – Female to Male
 - e. Non-binary
 - f. Gender fluid
 - g. Prefer to self-describe _____
 - h. Prefer not to say
3. Please specify your ethnicity
 - a. White
 - b. Hispanic or Latino
 - c. Black or African American
 - d. Native American or American Indian
 - e. Asian/Pacific Islander
 - f. Other (please specify): _____
4. Are you currently a part-time or full-time student as defined by your institution?
 - a. Part-time student
 - b. Full-time student

5. Is your graduate program *primarily* face-to-face or online?
 - a. Face-to-face
 - b. Online
6. What year are you currently in your graduate program?
 - a. First Year
 - b. Second Year
 - c. Third Year
 - d. Fourth Year
 - e. Other (please specify): _____
7. How many semester hours have you successfully completed in your current graduate program? _____
8. Have you taken or are you currently enrolled in practicum?
 - a. Yes
 - b. No
9. Have you taken or are you currently enrolled in internship?
 - a. Yes
 - b. No
10. Did you attend counseling prior to graduate school?
 - a. Yes
 - b. No
11. Is your current personal counseling experience voluntary or mandated?
 - a. Voluntary

b. Mandated

12. When you attended counseling during your training program, did you receive

(mark all that apply):

- Individual counseling
- Group counseling
- Couple counseling
- Family counseling
- Other (please specify): _____

13. How many counseling sessions have you attended?

14. What is the professional background of your therapist/counselor?

- Professional Counselor
- Social Worker
- Psychologist
- Psychiatrist
- Marriage and Family Therapy
- Other (please specify): _____

APPENDIX E
REVISED INTERVIEW GUIDE

1. At what point in your program did you begin your own counseling?
2. What conversations and modeling have you experienced around attending counseling as a student, either from professors or peers?
 - a. How have these conversations been impactful?
 - b. Where do you, or did you, receive messages about personal counseling?
 - i. What information did you receive about personal counseling in your academic program or elsewhere?
 - ii. What information was critical, influential, or informative for you?
3. For you personally, were the personal or environmental factors more important in making your decision?
 - a. Wanting to go for yourself and/or because of the advice of someone else
4. You are participating in this study because you indicated that you sought personal counseling during your training program. To respect your privacy, I won't ask about the focus or content of your sessions, but could you talk about what the process of deciding accessing personal counseling during your training has been like?
 - a. Positive and negative aspects of the process
 - b. How did you decide to seek personal counseling?
 - i. Self-referral or other influence
5. Once you made the decision to go to counseling how was that process?

- a. Positive and negative aspects of the process; including finding a counselor/therapist.
- 6. What supports did you experience when seeking out counseling?
- 7. What barriers or obstacles made it challenging for you to seek out counseling?
 - a. Cultural barriers, geographic barriers, financial barriers, etc.
- 8. What was impactful about your time in counseling?
 - a. Helpful and hindering impacts
- 9. Do you believe that your personal counseling has influenced your development as a professional counselor? In what ways?
 - a. Probe for specifics; follow-up to invite both positive and negative influences.
- 10. What other thoughts, feeling, or experiences arise when discussing your own process of utilizing counseling while becoming a counselor?
 - a. Personally, professionally, or educationally

APPENDIX F
SOCIAL MEDIA FLYER

**RESEARCH PARTICIPATION
OPPORTUNITY**

**ARE YOU A COUNSELOR
IN TRAINING WHO IS
ATTENDING PERSONAL
COUNSELING?**

This research involves interviewing
masters level counselors in training at
CACREP accredited universities about
their experiences in personal counseling.

**IF YOU ARE INTERESTED IN
PARTICIPATING PLEASE CONTACT
KATHLEEN DRISCOLL AT
KHDRISCO@UNCG.EDU**

Interviews can be in person or online