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Susan Hope Tipton

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Building a predictor model of variables for students currently in a counseling program and the
impact those variables have on their levels of empathy

By

Susan Hope Tipton

A Dissertation
Submitted to the Faculty of
Mississippi State University
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy
in Clinical Mental Health Counseling
in the Department of Counseling, Educational Psychology and Foundations

Mississippi State, Mississippi

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2020

Building a predictor model of variables for students currently in a counseling program and the impact those variables have on their levels of empathy

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Pages in Study 112

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The purpose of the study is to investigate a variety of character traits, stressors or traumatic event variables in order to develop a possible predictor model for individuals that seek out to become a student in a counseling program and how those variables relate to their level of empathy. The purpose of using a multiple linear regression analysis is to help determine if a linear relationship exist between the dependent variable and a set of independent variables. The multiple linear regression analyzes the data to determine if the residuals are homoscedastic and approximately rectangular-shaped. A multiple linear regression allows the researcher to assess for the absence of multicollinearity in the model, meaning that the independent variables are not highly correlated. The multiple linear regression analysis determines the single fit for the variables through a scatter plot. More specifically the multiple linear regression fits a line through a multi-dimensional space of data points in order to determine their correlation to each other (O'Brien, 2018).

DEDICATION

This dissertation is dedicated to:

Ana, Brooke, and Kamryn for giving me a reason to continue and to never give up.

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I would like to thank the members of my committee, Dr. Kathy Dooley, Dr. Cheryl Justice, Dr. David Morse, Dr. Kasee Stratton-Gadke and Dr. Laith Mazahreh for their support and encouragement throughout my whole doctoral studies experience. A special thanks to my advisor, Dr. Kathy Dooley, for the time she has spent mentoring, shaping and pouring her infinite knowledge into me as a student and as a counselor educator. I will forever be indebted to you. To Dr. Cheryl Justice, your heart and kindness have influenced me and made me a better person and counselor. Also, to Dr. Kasee Stratton-Gadke, you gave me an avenue to venture down in your classes that allowed me a more well-rounded and informed approach with younger clients and their parents.

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CHAPTER I

INTRODUCTION

Resilience is “the ability to cope in the face of adversity” (Ward, 2003, p. 17). Individuals overcome challenges through the development of coping mechanisms when faced with life changes or stressful situations (Walsh, 2002). Conner (2006) indicated that resilience includes not only having the ability to adapt to change, but it includes the strengthening effects of stress, the ability to use past success to overcome current challenges and developing a sense of meaningfulness and faith in the face of stressors or failures. Fink-Samnack (2009) defined professional resilience as a “commitment to achieve balance between occupational stressors and life challenges, while fostering professional values and career sustainability” (p. 331). Professional resilience is developed over time when the professional counselor turns challenges into growth opportunities that merge into the professional’s identity and core values (Hodges, Keeley, & Grier, 2005).

Research on child development has demonstrated that, child rearing practices and family involvement levels have critical effect on a child’s progress during the early years of life (Gürşimşek, 2003). Family factors such as: (a) parents’ personality, (b) education level, (c) occupation, (d) socio-cultural and economic status, (e) living together or apart, and (f) agreement on discipline practices are some of the variables found related to parent-child relationships (Fantuzzo, Tighe & Childs, 2000).

Aversive developmental experiences have been found to influence personality

development leading to high levels of self-criticism or dependency. Erikson (1950, 1968) articulated a lifespan model of personality development in which the individual must resolve various crises related to specific times of life. For instance, infants must resolve the issue of trust versus mistrust and, if successful, form a sense of trust that forms the basis for their identity. Therefore, from the time one is born an individual's developmental experiences are helping to form the person they will ultimately become.

When love and care by caregivers are absent in the formative years of early childhood, an individual's character growth is deficient. Statistics from website of the American Society for the Positive Care of Children's shows that physical, sexual, and emotional abuse of children is more prevalent than most people realize. In Ruf's (2009) study of highly gifted adults, 56% of her participants reported having suffered emotional, physical, or sexual abuse. Only those few who are resilient can overcome the abuse they have suffered (Anthony, 1987; Higgins, 1994). Harlow's (1958) investigation of the mother-infant bond in monkeys provided evidence that it is not just the mother's milk or physical care, but the mother herself that is the focus of the trust and bonding with the mother in the mother/child relationship. An emotional need for comfort or nurturance, not just the physical drive for food, creates this mother/child bond.

In 1969, Bowlby published *Attachment*, describing the biological basis, the evolution, and the behavioral control system that governs the mother-child bond. The emotional intensity of this bond is evident in the severe distress of the infant when separated from the mother. According to Bowlby (1969), this bond is the foundation of emotional development. Long-term consequences result when this bond is not developed. Humans are designed for social reciprocity and emotionally satisfying mutual engagement from early infancy. As social creatures from birth, we expect to be cared for and loved by our caregivers. Further research showed that

children have an innate sense of right and wrong and that they may have an ability to be empathic in early childhood (Damon, 1988; Gopnik, 2009). At birth, babies are capable of compassion, empathy and the beginnings of a sense of fairness. From these beginnings, adults develop their sense of right and wrong, their desire to do good and, at times, their capacity to do undesirable things. The earliest signs are the glimmerings of empathy and compassion, tears or a sad face at the pain of others, which could be inferred from the reactions an infant makes to the sound of another baby that is crying and how the child may try to comfort a crying person (Damon, 1988). Once they are capable of coordinated movement, babies will often try to soothe others who are suffering, by patting and stroking. A sense of fairness changes and progresses through childhood and adulthood. For young children, fairness can be reduced to equality and reciprocity; everyone gets the same. It is only with moral development that people begin to appreciate the complex ways in which fairness diverges from simple equality. For instance, when one person deserves more by working harder, perhaps is in greater need or has been discriminated against in the past. Even adults differ in their perception of what is, and what is not, fair. In this fascinating interplay between innate capacities, cultural learning, and the individual exercise of reason exists (Gopnik, 2009).

Studies of the relationship between clinicians' childhoods and/or adult trauma histories and vicarious trauma's effects have exhibited inconsistent findings. Some researchers have examined the relationship between a clinicians' general trauma history (without distinguishing between childhood or adult trauma) and the vicarious trauma effects experienced as an adult (Follette, Polusny, & Milbeck, 1994; Ghahramanlou & Brodbeck, 2000; Kassam-Adams, 1999; Pearlman & Mac Ian, 1995). Of these researchers, Ghahramanlou and Brodbeck (2000), Kassam-Adams (1999), and Pearlman and Mac Ian (1995) found that having a general trauma history

predicted the greater presence of vicarious trauma effects in clinicians. In contrast, Follette et al. (1994) found no significant differences in presence of vicarious trauma for clinicians with or without a general trauma history. Other studies found no difference in trauma effects for clinicians with and without interpersonal trauma histories, when not distinguishing trauma type or age (Jenkins & Baird, 2002; Schauben & Frazier, 1995).

In contrast to studies that examined general trauma histories, other studies focused on childhood maltreatment histories specifically. VanDeusen and Way (2006) examined the relationship between any form of childhood maltreatment and vicarious trauma effects. The researchers found that a clinician's history of any form of childhood maltreatment predicted greater vicarious trauma effects for clinicians who provide treatment for offenders or survivors when compared to clinicians with no such history. In contrast, Benatar (2000) and Way, VanDeusen, Martin, Applegate, and Jandle (2004) found that a history of any childhood maltreatment did not predict greater vicarious trauma effects when compared to no such history. Cunningham (2003) examined the history of childhood sexual abuse specifically and found that clinicians who provide sexual abuse treatment and had this history reported greater vicarious trauma effects than clinicians without such a history.

In considering what contributes to maintaining a state of normalcy, development was influenced by theories on stress and coping and on life span development. Factors in several areas, identified as correlates of stress and coping, include social support and relationships, education, lifestyle, autonomy-interdependence-social-connectedness, personal therapy, and intrapersonal behavior (Baltes & Silverberg, 1994; Folkman & Lazarus, 1980; Laliotis & Grayson, 1985; Lazarus, 1966; Maslach, 1986; Matteson & Ivancevich, 1987; Rodolfa et al., 1994). Over the life span, critical transitional periods raise the level of stress and will lead one to

either ongoing positive development or low resilience or even regression (Erikson, 1980), both in men (Levinson, Darrow, Klein, Levinson, & McKee, 1978) and women (Roberts & Newton, 1987). These moments are important and could influence how individuals process stressors and in turn give them a characteristic trait that could develop into a want or need to help others, causing an individual to pursue a career in a helping profession such as counseling.

With the aforementioned information, those in leadership positions have an advantage in how they can proceed with gatekeeping responsibilities. Research to clarify how character traits develop and how healthy development can be compromised becomes useful in knowing if someone has the necessary resilience and understanding to become a competent counselor (Gaubatz & Vera, 2002). If a potential counselor does not show evidence of resiliency in an assessment such as how the individual coped with life stressors, an interview process, or in their writing for admission applications, it would appear that this individual is not a “good-fit” for a counseling program (Bernard & Goodyear, 2004).

With this knowledge, there have been gatekeeping tools and practices developed in order to appropriately select counselors thus protecting clients and the counseling profession. Gatekeeping in counselor education is an ethical obligation of counselor educators and the professional counselor to both the profession and the clients served, as well as an American Counseling Association (ACA; 2014) designated responsibility. Foster and McAdams (2009) defined gatekeeping as “the responsibility of all counselors, including student counselors, to intervene with professional colleagues and supervisors who engage in behavior that could threaten the welfare of those receiving their services” (p. 271). At its core, gatekeeping is a mechanism used to sustain the health of the profession by controlling access to who becomes a professional practicing counselor (Brear & Dorrian, 2010). To ensure the integrity of the

profession, counselor educators must “graduate only those students who are adequately prepared ... in regard to ... knowledge, skills, and dispositions” (Dugger & Francis, 2014, p. 135). One way in which to continue the process of gatekeeping is using ongoing assessments that are used as evaluation tools of the individuals seeking entrance to a counseling program.

In counselor education programs, professional performance evaluation processes should be comprehensive, ongoing, and based on behaviorally specific student assessment categories (Lumadue & Duffey, 1999). These evaluations should include multiple aspects of a student counselor’s skills and dispositional qualities. Aspects of gatekeeping in counselor education may include examining knowledge, personality, values, clinical abilities, openness to feedback, adherence to ethical codes, and personal characteristics of students that may influence their ability to become effective counselors (Lumadue & Duffey, 1999; Ziomek-Daigle & Bailey, 2010). Other scholars have designated three categories of competence: (a) knowledge, (b) skills, and (c) attitudes and values necessary for professionalism in the counseling field (McLeod, 2003).

Although suggested best practices of gatekeeping within counselor education were first explored and published in the late 1990s (e.g., Frame & Stevens-Smith, 1995; Lumadue & Duffey, 1999), student counselor impairment was not as widely researched. Researchers have suggested that 4% to 5% of those screened for challenges may lack the relational abilities or mental well-being to become effective counselors (Gaubatz & Vera, 2002). Although this research is limited, it validates the necessity of gatekeeping procedures. However, even if counselor educators know and understand the importance of gatekeeping, they do not easily accept the role of gatekeeper. Generally, members of the counseling profession focus on providing support and enhancing strengths rather than evaluation and consequences of student

counselors (Bhat, 2005; Gaubatz & Vera, 2002; Lumadue & Duffey, 1999); thus, fulfilling the duties of a gatekeeper can be a role for which professional counselors and counselor educators have little enthusiasm. Simply put no one wants to be the “bad guy” by having to confront ill-suited student counselors with the possibility that this profession is not a “good fit” for them and that careers other than counseling would be more appropriate.

Statement of the Problem

The admission process in counselor education is a crucial part of the ethical and legal responsibilities counselor educators should embrace as gatekeepers for the counseling profession (ACA, 2005; Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009). Scholars have defined gatekeeping as the counselors’ responsibility to intervene with counseling professionals who “engage in behavior that could threaten the welfare of those receiving their services” (Foster & McAdams, 2009, p. 271). Specifically, within the academic environment, counselor educators serve as gatekeepers in selecting, retaining, and remediating students who have the potential to become effective, ethical counselors, but do not meet (Ziomek-Daigle & Christensen, 2010).

The ACA Code of Ethics (ACA, 2005) includes a general statement related to counselor educators’ gatekeeping responsibilities without specifically addressing the admission process. However, the CACREP (2009) Standards identify three key areas (i.e., academic aptitude, career goals, and ability to form interpersonal relationships) for interviewers to consider when selecting individuals for a master’s-level counseling program. In addition, CACREP identifies another five areas (i.e., doctoral-level academic aptitude; professional experience; professional fitness; communication skills; and scholarship, leadership, and advocacy potential) to consider in the selection of doctoral students. Although ACA and CACREP have articulated the ethics of

gatekeeping and standards for selecting students, the full extent to which counselor educators use these guidelines in selecting students for their programs remains unclear. Until the variables that contribute to the competence of counseling students can be identified, counselor educators face a struggle in the admissions process to their programs for a “goodness of fit” and/or potential success of counseling students. The purpose of this study is to develop a set of variables that can help predict the reasons students seek out counseling profession, how that impacts their level of empathy and if those variables can be somehow tied to their ability to finish the program, and eventually find success in the counseling field.

Purpose of the Study

The purpose of the study is to investigate a variety of character traits, stressors or traumatic event variables in order to develop a possible predictor model for individuals that seek out to become a student in a counseling program and how those variables related to their level of empathy. The purpose of using a multiple linear regression analysis is to help determine if a linear relationship exist between the dependent variable and a set of independent variables. The multiple linear regression analyzes the data to determine if the residuals are homoscedastic and approximately rectangular-shaped. A multiple linear regression allows the researcher to assess for the absence of multicollinearity in the model, meaning that the independent variables are not highly correlated. The multiple linear regression analysis determines the single fit for the variables through a scatter plot. More specifically the multiple linear regression fits a line through a multi-dimensional space of data points in order to determine their correlation to each other (O’Brien, 2018).

Research Questions and Hypotheses

Research Question 1: Are grief/loss, natural disasters/trauma, illness personal/family, mental health personal/family, counseling experience and family/peer support related to whether individuals apply to counseling programs, and do they correspond to the counseling students levels of empathy?

H₀1: There is no linear combination of grief/loss, natural disasters/trauma, illness personal/family, mental health personal/family, counseling experience and family/peer support that relates to levels of empathy.

Research Question 2: Do grief/loss, natural disasters/trauma, illness personal/family, mental health personal/family, counseling experience and family/peer support build a significant model for predicting levels of empathy?

H₀1: Grief/loss, natural disasters/trauma, illness personal/family, mental health personal/family, counseling experience and family/peer support do not provide a significant model for predicting levels of empathy.

Definition of Terms

American Counseling Association (ACA) – The ACA (2017) is a not-for-profit, professional, and educational organization that is dedicated to the growth and enhancement of the counseling profession. Currently, the ACA is the world's largest association that represents professional counselors in various practice settings and seeks to advance ethical and accreditation standards, the professional growth, and national recognition of its counselors.

Association for Counselor Education and Supervision (ACES) – ACES (2018) is an organization dedicated to quality education and supervision of counselors in all

work settings. The primary purpose of ACES, in accordance with the purpose of ACA, is to advance counselor education and supervision in order to improve the provision of counseling services in all settings.

Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) --

ASERVIC (2016) is a division of ACA devoted to professionals who believe that spiritual, ethical, religious, and other human values are essential to the full development of the person and the discipline of counseling.

Biopsychospiritual Homeostasis – The state when one has adapted physically, mentally, and spiritually to a set of circumstances whether good or bad. The adaptation process begins when one's protective factors begin to interact with life events (Richardson et al., 1990).

Council for Accreditation of Counseling and Related Educational Programs (CACREP) –

Established in 1981, CACREP (2016) is an independent accrediting body with a mission to promote the professional competence of counseling and related practitioners through (a) the development of preparation standards, (b) the encouragement of excellence in program development, and (c) the accreditation of professional preparation programs.

Cycle of Caring – The basis of the helping professions, including counseling, a relational process, a one-way helping relationship that serves as an incubator for the client's development. The Cycle of Caring-- of Empathetic Attachment, Active Involvement, and Felt Separation--describes the continual relational process that summarizes the work of the counselor (Skovholt, 2005).

Gatekeeping – The ongoing responsibility of faculty members and clinical supervisors to

monitor trainee progress and appropriateness to enter professional practice. It has two primary purposes: (1) to protect the integrity of the clinical professions and (2) to prevent harm to clientele receiving services from incompetent clinicians (ACA, 2017).

Resilience - The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences (Richardson et al., 1990; Richardson, 2002).

Resiliency Model - The process of psychological reintegration as the ability to learn new skills from the disruptive experience and put one's life perspective back in a way that will increase abilities to negotiate life events. The model also identifies four points during the disruptive process, where health educators/prevention specialists can intervene to protect, enhance, support, and facilitate reintegration (Richardson et al., 1990; Richardson, 2002).

CHAPTER II

LITERATURE REVIEW

Overview

As the role of gatekeeping has become very significant in many counseling programs, understanding how to take an applicant's past experiences and their characteristics in order to determine their fit for a counseling program is vital information that counselor educators should consider. This chapter will review several models that are valuable to counselor educators such as the model of resilient therapists, the development of therapist, and the cycle of caring. There will also be discussion of personal and organizational risk factors, competency and proficiency of therapists, and what causes therapist depletion. The chapter will end with literature on gatekeeping, its importance, and procedures that are followed during the gatekeeping process.

Theoretical Foundations of Highly Resilient Therapists

Influenced by Flach's *Law of Disruption and Reintegration* (1988, 1997), Richardson and colleagues (Richardson, Neiger, Jensen, & Kumpfer, 1990) proposed The Resiliency Model. According to Richardson (2002), resilience is referred to as a linear model that "depicts a person (or group) passing through the stages of biopsychospiritual homeostasis, interactions with life prompts, disruption, readiness for reintegration and the choice to reintegrate resiliently, back to homeostasis, or with loss" (p. 310). This shows that there is a pattern that can be followed when an individual encounter a life stressor and the course in which they can return to a state of normal functioning.

In the Resiliency Model, biopsychospiritual homeostasis is a state in which “one has adapted physically, mentally, and spiritually to a set of circumstances whether good or bad” (Richardson, 2002, p. 311). Individuals’ biopsychospiritual homeostasis, called the “comfort zone,” is constantly challenged by both life prompts and one’s own perceptions and feelings about one’s life circumstances. The adaptation process begins when one’s protective factors begin to interact with life events. One’s resilience qualities are, therefore, fostered through the adaptation process. Once individuals can maintain a routine in coping with life prompts, they are able to maintain homeostasis, otherwise, disruptions occur. Disruptions may be unexpected (e.g. natural disasters, human tragedies, losing a job) or planned (e.g. career transitions, getting married, immigrations) and will result in emotions and introspection. Richardson (2002) referred to disruptions as:

An individual’s intact world paradigm is changed and may result in perceived negative or positive outcomes. It means that a new piece of life’s puzzle is there to potentially add to an individual’s view of the world. To add to the piece of the puzzle, the pieces of one’s paradigms that are affected by the new piece fall apart, thereby allowing the new piece to be incorporated into the worldview. Once individuals can process emotions (e.g., hurt, loss, guilt, perplexity, confusion, and bewilderment) and move forward from dwelling in negative emotions and disruptive status, they are ready to begin the reintegration process. (p.311)

Four different outcomes may result from reintegration: (1) Resilient Reintegration: through the insights of introspection regarding disruptions, one restores, grows, and acquires resilience qualities, (2) Reintegration Back to Homeostasis: one is healed, able to cope with disruptions, and return to a comfort zone without particular gains or growth from the retrospective

experience, (3) Recovering With Loss: one may appear to be healed through the introspection of disruptions while their hopes and motivations fade away after the life prompts, and (4) Dysfunctional Reintegration: one engages in maladaptive behaviors as a way to cope with stressful life events.

Resilient reintegration is personal and multidimensional and includes both negative and positive components (Blais et al., 2009; Newby et al., 2005). Experiences of a life stressor is likened to an emotional roller-coaster experience, comprised of intense and often conflicting emotions (Davis, Ward, & Storm, 2011). On the one hand, individuals may experience negative emotions such as fear, loss, powerlessness, and worry; whereas on the other hand, they may experience periods of increased self-confidence and self-discovery (Davis et al., 2011). Thus, focus should be on both positive (e.g., experiences of personal growth) and negative (e.g., experiences of personal difficulties and struggles) aspects of personal reintegration (Blais et al., 2009). Reintegration back to homeostasis can be seen in a review of recent evidence that indicates positive emotions help buffer against stress (Folkman & Moskowitz, 2000). For instance, positive coping strategies, such as positive reappraisal, problem-focused coping, and infusing ordinary events with positive meaning are related to the occurrence and maintenance of positive affect (Folkman & Moskowitz, 2000) and predict increases in psychological wellbeing and health (Affleck & Tennen, 1996). These findings suggest that positive emotions are valuable tools for establishing enhanced outcomes in well-being. Recovering with a loss could result in the individual experiencing life, but without trying to fulfill any hopes and dreams they may previously have had (Schmeelk-Cone, & Zimmerman, 2003). This could be school failure, no longer spending time with friends and family, or any type of activity that in the past brought them contentment or joy. This results in some disturbances in their mental health functioning

(Rasmussen, Aber, & Bhana, 2004). Dysfunctional integration can be seen as sexually compulsive behaviors, alcohol and drug abuse (Weiss, 2004). Society is affected immeasurably by the rampant growth of sexually compulsive behaviors along with drug and alcohol use and abuse states Weiss. These dangerous behaviors put the individual in a variety of risky situations from developing life-threatening infections to incarceration from participating in illegal activity. The chronic behavior and the adverse outcomes may be particularly detrimental to couples and families (Manning, 2006). The Resilience Model has been supported by several dissertation studies investigating college students (Neiger, 1991), married women with dependent children (Dunn, 1994), and adult children of alcoholics (Walker, 1996). Showing how resilience can be a pattern and how important it is to see how those individuals are able to cope with the life stressors that they encounter and how to best help the individuals that are not able to return to homeostasis is key information for counselor educators. This information can help counselor educators formulate questions for writing prompts that may help them gauge the applicants' resiliency level.

Phases of Therapist/Counselor Development

In determining whether applicants possess the sufficient qualities that enable them to succeed in the counseling profession, it is important to look at the development that student counselors take throughout the course of their program and career. Skovholt and Rønnestad (1995) investigated the development of therapists and counselors, based on an $N=100$ qualitative interview study of therapists from various stages of their professional development, and proposed a Therapist/Counselor Development model. The authors revised the five-phase model of Therapist/Counselor Development in 2013 (Rønnestad & Skovholt, 2013). Based on developmental tasks and therapists' responses to challenging tasks, Rønnestad and Skovholt

(2013) labeled therapist/counselor development into the following five phases. The Novice Student Phase referred to graduate students in the mental health professions, including those who just began practicum experiences. The developmental tasks of novice students are to be familiar with information, knowledge, and basic therapy/counseling skills learned in the class. For novice students, critical developmental tasks are applying theories and skills when encountering real clients in their practicum, maintaining openness yet be selective of theoretical orientations and techniques.

The Advanced Student Phase referred to graduate students in their final stage of training. Supervised practicum or internship is usually the major part of the remaining requirement of the training (Bernard & Goodman, 2013). Similar to the developmental tasks of novice students, advanced students strive to comprehend knowledge, be familiar with basic therapeutic skills and assessment, but stay open to and be selective of theoretical orientations and techniques. In addition to gaining basic professional competence, practitioners in this stage also begin to encounter a new round of insecurity and vulnerability, and while realizing the complexity of psychotherapy and counseling.

In the Novice Professional Phase the novice mental health practitioners during their first two to five years of post-graduate work. The developmental tasks in this stage focus on the transition from the professional training to the professional world. Another important task is to (re-) confirm their professional identities/roles.

The Experienced Professional Phase refers to mental health practitioners with five or more years of postgraduate practice who are confident in working with various types of clients and work settings. After five years of practice, dealing with burnout, stagnation, boredom, or apathy is the primary developmental tasks in this phase. Also, practitioners in this phase are in a

deeper search for integration and congruence between the work role and authentic self.

The Senior Professional Phase referred to mental health practitioners who have more than twenty-five years of postgraduate clinical experience in a mental health profession. In addition to maintaining continually professional growth and professional vitality, as well as to continue ongoing integration of the professional self and personal self, senior professionals also begin to deal with tasks pertaining to adjustments of reduced workload and preparation for retirement due to age and reducing energy and desire for an expanded self beyond work.

Concepts in the Experienced Professional and Senior Professional Phases seem to overlap with constructs of resilient therapists. Knowing these stages of development of student counselors help counselor educators determine if an applicant that may be lacking in an area to determine if they can learn that particular area during their training in the program.

The Cycle of Caring

Another model that is important when considering the counseling profession is the The Cycle of Caring. This gives a look into how counselors continue a cycle of caring when working with clients. The ability to care for clients is imperative to becoming a successful therapist in the counseling profession. The Cycle of Caring provides a comprehensive framework for our understanding of how and why mental health practitioners must use their vulnerable side or their ability to feel compassion and empathy in order to successfully help clients—one after another.

Based on his years of research, teaching, workshops and clinical practice, Skovholt (2001, 2005) proposed this theoretical model to describe three phases of caring practitioners' one-way caring relationships in the helping process: (1) empathetic attachment, (2) active involvement, and (3) felt separation. Later in Skovholt and Trotter-Mathison (2011), a fourth phase (4) re-creation was added.

According to Skovholt (2005), in order to establish a successful and professional attachment without under attachment or over attachment, practitioners must use their caring side—“the underside of the turtle” (empathy) (p. 88) instead of the hard shell. Mental health practitioners must learn “how to be emotionally involved yet emotionally distant, united but separate” (boundaries) (p. 88). With a successful empathetic attachment, practitioners will be able to continually be involved in the one-way caring process until the time to separate and perform a professional termination with clients. Later, when working with the next client, caring practitioners reveal their caring side again and engage in a new Cycle of Caring. Although the therapists should always be able to remain in control of themselves and their clients, they must be able to have a genuine connection and show empathy and caring for their clients in order to be effective in the counseling relationship. So, in showing that “under side of the turtle” they can continue that from client to client and produce effective results.

Personal Risk Factors

Risk factors are also crucial when considering which applicants are a “good fit” for a counseling program. Abundant researchers have investigated personal risk factors that might have caused or served as predictive factors for the negative effects of counseling work. Examining the therapists’ childhood trauma history appears to be a sub-line of risk-factor oriented studies. For example, VanDeusen and Way (2006) examined counselors’ childhood maltreatment history and its relation to clinical work with sexual abuse victims or sexual offenders. In an anonymous survey, participants ($N=573$) were recruited from the Association of the Treatment of Sexual Abusers (ATSA) and the American Professional Society on the Abuse of Children (APSAC). Using the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998), participants’ childhood maltreatment histories were assessed using various assessments

(e.g. emotional, physical, and sexual abuse). Employing the Trauma Stress Institute Belief Scale (TSIBS-R-L; Pearlman, 2003) and its later version the Trauma Attachment Belief Scale (TABS; Pearlman, 2003), participants' self-esteem and self-intimacy were examined. Results indicated an association existed between participants' emotional neglect history and their trust or lack of trust of others. Participants' emotional neglect history was also associated with participants' or lack of intimacy with others.

Way, VanDeusen and Cottrell (2007) conducted a follow-up study to further investigate age and gender differences among the respondents ($N = 383$, male = 150 and female = 233) who participated in VanDeusen and Way's 2006 study. Results of sequential regression analysis indicated a significant relationship between self-intimacy versus age, gender, and history of emotional neglect. Younger counselors were found to have higher cognitive disruptions about self-intimacy than older counselors. Male counselors were found to have higher cognitive disruption about self-esteem and self-intimacy than female counselors. The results show that age and gender play a role in the ability of student counselors for self-intimacy.

Similar findings related to childhood abuse history as a risk factor for therapists' vicarious trauma were also indicated in earlier studies (Ghahramanlou & Brodbeck, 2000; Kassam-Adams, 1995; Nelson-Gardell & Harris, 2003; Pearlman & Mac Ian, 1995). However, inconsistent findings related to the influence of therapists' childhood abuse history as a risk factor were found in other studies.

Follette, Polusny, and Milbeck's (1994) quantitative study, the link between therapists' ($N = 225$) personal trauma history, caseload with sexually abused clients, and symptoms of vicarious trauma was examined. These authors found no significant correlation between therapists' childhood abuse history and negative clinical responses resulting from working with

clients experiencing childhood abuse. Follette et al. (1994) concluded that therapists' personal trauma history and their caseloads of sexual trauma clients seemed not to be associated with therapists' vicarious trauma related symptoms.

Similar results were also found in Benatar's (2000) qualitative study. Those participants ($N = 12$) consisted of counselors with histories of childhood abuse and those without abusive history, who were working with sexually abused clients. Participants were interviewed for this study. Results revealed no evidence that counselors' vicarious trauma symptoms were related to childhood abuse history.

Studies of the risk factor of childhood trauma history depicted a sub-line of the trend of risk-factor oriented studies. With regard to other prevalent risk factors, similar to the literature discussed above, age and years of clinical experiences were examined and found to have no difference in their experienced of working with victims of childhood abuse (Arvay & Uhleman, 1996; Ghahramanlou & Brodbeck, 2000). Other prevalent person risk factors identified in literature included therapists' educational level (Baird & Jekins, 2003), "social anxiety," "escape coping," and "low confidence" (Leiter & Harvie, 1996. p.98), destructive mindsets (i.e. well-trained counselors do not need self-care because they were immunized from professional deficiency; Barnett, Baker, Elman, & Schoener, 2007), and lack of knowledge about how to practice self-care (Sapienza & Bugental, 2000) were also identified as personal risk factors for therapists. Also perceiving risk factors from the individual level, Skovholt, based on 42 years of experience and research on counselor development and burnout prevention, identified 20 Hazards that caring practitioners often encounter during their practice (Skovholt & Trotter-Mathison, 2011, p. 106-138). Only the following are relevant to this line of inquiry due to their connection to trauma, empathy and past experiences:

Hazard Five: Sometimes clients project negative feelings onto their counselors. Clients often carry excess baggage containing painful, negative, or hurt feelings from past interactions with powerful adults in their lives such as authority figures or caring professionals. Caring professionals can be attacked when they are unaware of the resentment, anger, or resistance coming from the dynamic of projection and transference.

Hazard Twelve: Constant Empathy, Interpersonal Sensitivity, and One-Way Caring. Even when greeted by client negativity (Hazard 5), caring practitioners must care for the other. They become vulnerable during the empathy process when the temptations of countertransference are sensed. Risks increase when the one-way caring relationship is broken due to a lack of an ability to continue caring.

Hazard Nineteen: Practitioner emotional trauma discusses how distress emotions, vicarious traumatization or secondary trauma stress occur because caring practitioners repeatedly listen to and absorb clients' trauma. Hazard nineteen is different from hazard five due to clients' intense affect (rudeness, anger outbursts, hostility, verbal threats, etc.) also can cause practitioners' emotional trauma.

Hazard Twenty: Practitioner can experience physical trauma from stress, anger, fear, and despair that occurs if caring professionals or their family's safety is threatened by current or past clients. Personal risk factors are valuable to help inform counselor educators what type of information that an applicant includes in the writing prompts might give a clue into the individual's resilience. The individual may also reveal "baggage" or past experiences that the applicant brings with them that could cause the individual issues when faced with a client who is presenting with symptoms that mirror the past experiences of the counselor. If this "baggage" or past experience has not been resolved, then the counselor will have difficulties and possibly

regress.

Organizational Risk Factors

A synthesized review of organizational risk factors that were investigated in published literature is provided here. It is worthy to note that in the same studies literature that examined personal risk factors also investigated organizational risk factors in the same studies.

Organizational risk factors such as caseload, work hours, availability of supervision (Follette et al., 1994, Kassam-Adams, 1995; Pearlman & Mac Ian, 1993), and level of trauma-related client exposure (Chrestman, 1999; Schauben & Frazier, 1995) are prevalent topics in positive relation to vicarious trauma, professional burnout, and compassion fatigue. In Raquepaw & Miller's (1989) study, researchers investigated the relationship between caseload and work stress among psychologists ($N = 68$). Results showed a positive association between perceived excessive caseload, job dissatisfaction, and professional burnout.

In another study pertaining to professional burnout, Rosenberg and Pace (2006) included predictors of burnout. Research participants were marriage and family therapists ($N = 116$) recruited from the American Association of Marriage and Family Therapy (AAMFT). Results showed that the number of weekly work hours was associated with therapists' fatigue and stress. Researchers also concluded that quality of supervision was another risk factor that was related to professional burnout, such that better supervision lessened the risk of burnout.

In addition, to understand the link between job satisfaction and clinical supervision, substance abuse counselors ($N = 505$) were recruited by Evans and Hoheshi's (1997). These researchers found that lack of clinical supervision or poor-quality clinical supervision and support from colleagues significantly related to therapist' dissatisfaction in the work place. Risk-factor oriented studies of therapists have been the mainstream research for decades; therefore, it

is not surprising to find a few systematic literature reviews investigating the prevalence and trend of professional burnout across the mental health professions.

In a systematic literature review of professional burnout, Leiter and Harvie (1996) examined research published between 1985 and 1995 across a variety of mental health disciplines. The researchers concluded the most common personal and environmental risk factors contributing to professional burnout were excessive caseload, lack of resource for clients, and inadequate social support from professional and personal relationships. In addition, Maslach and Leiter (2005), Maslach, Schaufeli, and Leiter (2001), and Schaufeli and Enzmann, (1998), Maslach and Leiter (2008, p. 500-501) identified seven domains that may best synthesize organizational risk factors:

Domain 1. Workload: overloaded job demands cause exhaustion and depletion.

Domain 2. Control: role ambiguity or conflicts caused by high work demands yet low personal control in the work place.

Domain 3. Reward: lack of self-efficacy, satisfaction, and recognition by low financial, organizational, or social recognition and rewards.

Domain 4. Community: lack of a sense of community due to insufficient support from social interactions with supervisors and coworkers.

Domain 5. Fairness: feelings of unfairness and inequality caused by imbalanced reciprocity or social exchanges.

Domain 6. Values: value conflicts caused by the gap between individual and organizational values.

Domain 7. Job-Person Incongruity: perceived mismatch or misfit between individuals and the work environment.

Therefore, for an individual to not fall prey to burnout there must be several factors in place to help lessen the effects of their client case load. Such factors seem to have positive impacts on the professional counselor and their ability to continue being successful in their career and not end up with counselor burnout.

Therapist Competence and Proficiency

Coster and Schwebel (1997) investigated the way therapists maintain “well-functioning”. In their study, well-functioning was defined as “the enduring quality in an individual’s functioning over time and in the face of professional and personal stressors” (p. 5). In the first section of their qualitative study, the factors that contributed to therapists’ “well-functioning” were investigated. Experienced and well-regarded therapists ($N = 6$) recommended by faculty members were recruited for in-depth interviews. In the second portion of the study, using quantitative methods, attributions of well-functioning among licensed therapists ($N = 339$) were investigated using two questionnaires developed by the researchers. Based on the combination of the two studies, the researchers concluded that support (e.g., peers, mentors, supervisors, spouses, family, friends) and self-care (e.g., self-awareness, self-monitoring, self-regulation, professional development) were the key contributors to maintain a balanced well-functioning life for therapists. There is similarity between Coster and Schwebel’s findings and what was discussed in the earlier section—risk-factor and protective-factor oriented studies. However, Coster and Schwebel’s definition of well-functioning therapists can inform our understanding of resilient therapists.

Beginning with Harrington’s (1988) dissertation, Skovholt supervised a series of dissertations exploring the characteristics of master therapists (Jennings, 1996; Mullenbach; 2000; Sullivan, 2001). This was at a time when American Board of Professional Psychology

(ABPP) Certification was at the expert level. It is now at the competent level. In Harrington's (1988) dissertation, psychologists who obtained ABPP certification were recruited for a quantitative investigation. To better study the criteria of master therapists, three dissertation projects supervised by Skovholt, between 1995 to 2002, used a qualitative inquiry as the research methodology. These three dissertation projects had a similar focus, uncovering the characteristics of peer nominated master therapists. Ten master therapists were interviewed an average of six times. A final 63-90-minute interview with these three researchers was conducted by Skovholt with the intention of refining the portrait of the highly functioning master therapist. The results are presented in a book chapter in *Master Therapists* (Skovholt & Jennings, 2004). The four varieties of characteristics (Paradoxical, Identifying, Word, and Central) of master therapists may best capture and represent this series of master therapist studies. According to Skovolt and Jennings, these Paradox Characteristics range from a drive to mastery, to things such as being drawn to the complexity of the human condition. They also discuss word characteristics that describe master therapists and central characteristics that can be categorized into three domains. A list can be found in the appendix.

Limitations of these studies need to be considered. Repeated interviews of the 10 participants may reduce the validity and create biased results. These samples were limited with all participants were Caucasians and all were from the Minneapolis-St. Paul area. However, the professional wisdom refined from three studies and 6000 hours of research provided rich data for conclusions about master therapists. The studies provide an in-depth look at what might be considered a resilient therapist. For example, although it is unknown whether resilience or expertise comes first in a counselor's professional life, characteristics of highly functioning counselors provide additional aspects (e.g., emotion, cognition, or relationships) for an

understanding of the characteristics of resilient counselors. Through training and experiences with many clients, a therapist may develop resilience and no longer suffer from childhood or young adult traumas they experienced. This developed resilience emerged from learning appropriate ways to cope with triggering issues and life stressors.

The study of master therapists was later expanded within a cross-cultural context. The characteristics of master therapists have been explored in South Korea (Kwon & Kim, 2007), Singapore (Jennings et al., 2008), Canada (Smith, 2008), and Japan (Hirai, 2010). The Singapore study (Jennings et al., 2008) also provided a comparison with the U.S. study (Jennings & Skovholt, 1999). These studies have enriched our understanding of a master therapists from a cross-cultural perspective.

In the Singapore study (Jennings et al., 2008), nine peer-nominated Singaporean master therapists (male=5, female=4) were interviewed in a cross-national study. Specifically, participants' personal characteristics, developmental influences, and therapy practices were examined. The age of participants ranged from 40 to 59 years old with years of clinical experienced ranging from 10 to 34 years. Participants varied in racial, educational, and credential backgrounds, as well as theoretical orientations.

Grounded theory procedures (Strauss & Corbin, 1998) and analytic procedures adopted from consensual qualitative research (Hill et al., 2005), following with a cross-case analysis (Patton, 2002) were conducted to analyze data collected from eighteen open-ended interview questions. Four categories and sixteen themes emerged. They were (Jennings et al., 2008, p. 511-515):

Category A. Personal Characteristics. Three themes were included: empathic, nonjudgmental, and respectful.

Category B. Developmental Influences. Four themes were included: experience, self-awareness, humility, and self-doubt.

Category C. Approach to Practice. Six themes were included: balance between support and challenge, flexible therapeutic stance, empowerment/strength-based approach, primacy of the therapeutic alliance, comfortable addressing spirituality, and embraces working within a multicultural context.

Category D. Ongoing Professional Growth. Three themes were included: professional development practices, benefits of teaching/training others, and challenges to professional development in Singapore.

Jennings and Skovholt (1999) conducted a qualitative meta-analysis in order to compare results between this study and a previous similar study that used U.S. samples. Twelve out of 25 themes between the two studies were found strongly related. These 12 related themes, centered on the therapeutic relationship, the alliance, and therapists' experiences and suggested expert therapists' universal characteristics differ across nations. It is noteworthy that the following four themes of this study diverged from the U.S. study: (a) challenges to professional development, (b) embraces working within a multicultural context, (c) comfortable addressing spirituality, and (d) self-doubt (Jennings et al., 2008, p. 519). Authors noted that the last three divergent themes might be significant multicultural elements for the study of master therapists. Meaning, these are areas that some therapist seems to struggle with mastering.

To deepen the understanding of multicultural elements found in the previous study (Jennings et al., 2008), a follow-up qualitative study (Jennings et al., 2012) was examined. In the 2012 study, 6 out of 9 Singaporean master therapists (male=3, female=3) from the 2008 study were recruited. To understand these therapists' conceptualizations and methods of cross-cultural

counseling was the aim of this follow-up study. Using 12 open-ended questions and using the same data analysis procedures from the previous study, two categories and eight themes emerged (Jennings et al. 2012, p.138-140):

Category A. Multicultural Knowledge, including four themes: Self-Knowledge, Cultural Immersion, Cultural Knowledge, and Knowledge of Systematic/Historic Oppression.

Category B. Multicultural Skills, including four themes: Respect, Cultural Misunderstandings Lead to Humility and Growth, Ask (Don't Assume), Suspended Judgment and Avoid Imposing Values.

These themes are important due to therapists who seem to be lacking in this area of multicultural competence.

Therapist Development and Depletion

With an interest in understanding psychotherapists' development, Orlinsky, Rønnestad, and the Collaborative Research Network (2005) assembled a database from 5,000 world-wide collected over a span of fifteen years. The researchers created the Development of Psychotherapists Common Core Questionnaire (DPCCQ), a 392-item instrument, and conducted multiple sample procedures, and systematic, qualitative analysis. Using a number of research questions— (a) “How does development influence their [psychotherapists’] work and their personal and professional lives?”, (b) “To what extent are there patterns of professional development and to what extent do they differ by profession, nationality, theoretical orientation, etc.?”, (c) “How and to what extent do psychotherapists develop over the course of their careers?” and (d) “What professional and personal circumstances positively or negatively impact development?” (p. 7) intended to understand psychotherapists’ vocational choices, changes over

time, and the daily problem they experienced.

Results of the Orlinsky et al. (2005) study showed both positive and negative catalysts for therapists' therapeutic work and were presented based on three broad strands of involvement: (a) Healing Involvement, (b) Stressful Involvement, and (c) Controlling Involvement. The first two involvements were the major focus of the study. Healing Involvement refers to "therapists' affirming and attending manner in relating to patients, his or her sense of being invested and efficacious instrumentally, as having current skillfulness, generating flow feelings in therapy sessions, and meeting any difficulties that arise with constructive coping" (p. 82). In contrast, Stressful Involvement refers to "therapists' experiences of low current skillfulness, high total difficulties, avoiding therapeutic engagement in the face of difficulties, and tending to be feeling anxiety and boredom during therapy sessions" (p. 82).

According to the interactions between high and low levels of Healing Involvement and high and low levels of Stress Involvement, together, the researchers identified four practice patterns: (a) Effective Practice, (b) Challenge Practice, (c) Disengaged Practice, and (d) Distressing Practice. Effective Practice refers to therapeutic work associated with high levels of Healing Involvement and little Stressful Involvement. Challenge Practice refers to high level of Healing Involvement and a slight amount of Stressful Involvement. Disengaged Practice refers to little Healing Involvement but also little Stressful Involvement. Distressing Practice refers to slight amount of Stressful Involvement and little Healing Involvement. Results showed 50% of the Western therapists reported a pattern of Effective Practice; 10 % of the Western therapists reported a pattern of Distressing Practice, which indicated a practice pattern of more than a little Stressful Involvement and not much Healing Involvement.

Regarding counselor development, Orlinsky et al. (2005) used the term "currently

experienced development” (p. 106) to describe current and continual transformation processes of both improvement and impairment. Through a further factor analysis, researchers indicated two dimensions of development among research participants: (1) Currently Experienced Growth and (2) Currently Experienced Depletion. The dimension of Currently Experienced Growth was defined by six positive questions: “becoming more skillful, deepening understanding of therapy, overcoming limitations as a therapist, current change as progress/improvement, currently changing as a therapist, and experience sense of enthusiasm” (p. 110). On the other hand, four negative questions related to the dimension of Currently Experienced Depletion: “performance becoming routine, losing capacity to respond empathically, becoming disillusioned about therapy, and sense of current decline/impairment” (p. 110). Results showed a strong bivariate correlation between therapists’ experience of Healing Involvement and Currently Experienced Growth. Not surprisingly, therapists’ experience of Stressful Involvement was found to correlate strongly with Currently Experienced Depletion.

Although this study has an extremely large sample across different nations, solely relying on self-reported measurement through opened-ended survey questions limits the validity of this study. Participants’ individual and cross-national differences may also compromise generalize ability. However, with 15 years of data collection from an $N = 5000$ international sample, this study contributes significantly to the database and research on counselor development. In addition, based on years of extensive research on counselor development, the following Ten Themes of Therapists’ Professional Development proposed by Rønnestad and Skovholt (2013) are also valuable for our understanding of resilient therapists from the perspective of therapist and counselor development. Theme 1 is about the integration of the personal and the professional self in one cohesive self. Theme 2 discusses how the therapist functioning shifts from internal to

external and back over time. Theme 3 deems continuous reflection as a vital part of all levels of a therapist development. Themes 4-6 indicate that a therapist must maintain professional development as a life-long process and must remain committed to it, but that professional development can also be intermittent and cyclical. Theme 7 centers around how beginning therapists face anxiety, but that over time the therapist will be able to maintain that anxiety and find coping measures that work for them. Theme 8 is about how professional development becomes more of an interpersonal, rather than intrapersonal source of influence. Theme 9 says not all therapists develop to their optimal level for various reasons. Finally, theme 10 refers to the realignment of self and the power that brings to the therapist.

It is important to note that, in Theme 9, researchers indicated several personal characteristics significantly related to therapists' continually optimal development. They are "intelligence," "brightness," "a capacity for empathy," "emotional control," and "patience" (p. 158). These characteristics sustain the therapists' on-going optimal development may parallel characteristics that retain therapists' resilience. This can significantly impact the therapist and their ability to be successful with their clients. If the therapist is not able to have empathy for his/her clients, he or she will be unable to see that client come to a resolution in the therapeutic environment.

A Counselor's Personality

As gatekeepers, counselor educators have considered the therapist's personal characteristics to be related to counselor effectiveness. In addition to counselor training and theoretical orientation, Herman (1993) encouraged counselor educators to redefine the definition of counselor competence to encompass non-specific factors such as therapist personality. In this section, the specific characteristics that scholars in the field of counseling and psychology have

identified as important personal characteristics related to counselor effectiveness are explored.

There is a consensus in the literature regarding the belief that counselors' personality is an important factor in interpersonal counseling effectiveness. However, researchers have had little success validating these assertions (Beutler et al., 2004). Beutler et al. contended that recent research concerning the effect of counselor personality is "notably sparse, or even absent" (p.290). Several scholars have hypothesized that this lack of research may be due to the ambiguous nature of the subject of personality as the emphasis of the mental health field has shifted to validated, objective, and time efficient outcome studies in response to the demands of managed care (Beutler et al., 2004; Smith, 2004; Weaver, 1999).

The following section highlights counseling scholars, theorists, and researchers who have supported the assertion that counselors' personality characteristics are related to their clinical effectiveness. Due to the somewhat limited current systematic research on this topic, the literature I reviewed for this section includes systematic research and scholars' opinions. Kerl et al. (2002) believed that effective counselors are those who demonstrate competence above and beyond factual or theoretical content. As a result, these scholars developed the Counseling Performance Evaluation Form (CPEF) to assess for personal characteristics in addition to clinical skills and professional standards. Although the CPEF is not exclusively devoted to personality characteristics related to counselor effectiveness, Kerl et al. emphasized personality characteristics as necessary dimensions of the overall evaluation and assessment of counselors-in-training. It is noteworthy that no researcher yet has published outcome research that included the use of the CPEF.

A commonly held belief among researchers and clinicians is that characteristics of therapists are related to or predictive of therapeutic outcomes (Asay & Lambert, 1999; Beutler et

al., 2004; Miller, 1993). Luborsky, McLellan, Diguier, Woody, and Seligman (1997) compared the outcomes of 22 therapists' caseloads with 7 patient samples and concluded that differences in client's demographics, background, or symptom severity did not predict their treatment outcomes. However, Luborsky et al. identified differences in treatment outcomes that correlated to the efficacy of the counselor. If the therapist is one that has established empathy and the ability to do what is best for the client based on what they have derived from what the client wants and needs, then treatment outcomes are superior to those of the therapist not able to do so.

Counselors' personality traits, coping patterns, emotional well-being, and values were among the traits that Beutler et al. labeled. Beutler et al. classified inferred traits as being subjective cross-situational – traits that are enduring and not subject to frequent change. Conversely, subjective therapy-specific traits are traits that counselors develop systematically through training. Beutler, Machado, and Neufeldt (1994) asserted that “traits endure, [whereas] states may change” (p. 231). Simply put, if the subjective therapy traits are not learned, then the therapist will not be effective in the therapeutic environment.

Scholars also believe that effective counselors are those who possess the interpersonal skills necessary to foster a therapeutic environment (Kottler, 2003; Rogers, 1980). According to Brammer and MacDonald (2003), effective counselors do not possess a fixed cluster of traits, but, rather, effective counselors work to create desirable therapeutic conditions that foster clients change. Bachelor and Horvath (1999) examined the therapeutic alliance from a theoretical, empirical, and clinical viewpoint and concluded that preexisting dispositional characteristics of counselors influence the therapeutic relationship. From Bachelor and Horvath's review of literature, they concluded that counselors forge the therapeutic relationship through the establishment of a safe environment. Counselors communicate this safety, in part, by listening

attentively, communicating understanding, and exhibiting respect for the client.

Emphasizing the essential nature of the therapeutic environment for client change, Ronnestad and Orlinsky (2005) recommended that candidates selected for psychotherapy education, “should have, and experience themselves as having, already well-developed basic interpersonal skills and a warm manner in close personal relationships” (p. 182).

Similarly, Rogers (1980) contended that counselors’ manifested attitudes and ways of being with clients has a far greater impact on the therapeutic relationship than counselors’ theoretical orientation and techniques. Kottler (2003) claimed that who one is as a counselor is who that therapist is as a person. Wosket (1999) noted that counselors in service to clients employ the therapeutic use of self. Consequently, counselors’ primary therapeutic tool is their personality, awareness, and presence (McLeod, 1992). In essence, the counselor’s spirit as a human being radically fuels change (Bachelor & Horvath, 1999). Corey, Corey, and Callanan (2002) maintained that counselors’ professional functioning is greatly influenced by personal beliefs, life experiences, and ways of living. Clinical helpfulness results from the utilization of counselors’ personalities, which include a willingness to be with clients in caring and respectful ways (Kottler, 2003).

Strong’s (1968) model is often referenced in current literature pertaining to characteristics of counselor effectiveness. The essence of Strong’s model is that clients’ perceptions of counselors’ level of expertness, attractiveness, and trustworthiness affect the therapeutic relationship. Strong and Dixon (1971) referred to the social influence and persuasive power that counselors can establish early in the client-counselor relationship, when clients perceive the aforementioned qualities. Paulson, Truscott, and Stuart (1999) studied clients’ perceptions of helpful experiences in counseling and concluded that counselors’ interpersonal

style can be a key ingredient in clients' perceived successful counseling outcomes.

Weaver (1999), another researcher interested in personality traits of counselors, studied counselors-in-training to understand the relationship between personality characteristics, academic readiness, and counselor effectiveness. Her participants were enrolled in practicum or internship, courses the students completed toward the conclusion of their master's training, from eight Midwestern CACREP accredited counselor education programs. Participants completed the California Psychological Inventory (CPI), a reliable assessment commonly used in personality research.

Several researchers have conducted intensive literature reviews and systematic investigation in search of specific characteristics linked to counselor effectiveness. One such researcher, Smith (2004), reviewed pertinent literature that included 56 sources spanning 68 years, including relevant research studies and experts' opinions. She divided cited characteristics into the two categories of cognitive-behavioral and personal-emotional. She found that authors most often cited characteristics in her cognitive-behavioral category of independent/self-managing and developed coping mechanisms, followed by good problem-solving skills. Smith also found that authors most often cited characteristics in her personal-emotional category of developed personal skills, followed closely by warm and respectful. Smith concluded that the above listed "abilities and qualities often cannot be developed within the brief time limit programs have to educate students, if at all" (p. 96).

Additionally, participants' respective supervisors completed the Counselor Evaluation Rating Scale (CERS), developed by Myrick and Kelly (1971), as a measure of counselor effectiveness. Weaver isolated and studied the scales of Empathy, Sense of Well-being, Tolerance, and Psychological Mindedness of the CPI. She also conducted a post hoc analysis of

the participants' undergraduate GPA and GRE scores. Weaver concluded that the inclusion of personality variables along with current academic criteria of GPA and GRE could improve the predictability of counselor effectiveness. She found that the personality variables of Empathy and Sense of Well-being had a significant impact on CERS scores of counselor effectiveness. When evaluating this study for the purpose of the prediction of counselor effectiveness at the time of admissions a conclusion might be that one limitation would be that Weaver did not account for counseling skills, self-awareness, or theoretical knowledge that participants could have acquired during counselor training.

Next, Smith (2002) classified cognitive complexity, spirituality, and self-actualization as essential personality traits of counselors and examined the relationship between those personality traits and trainee effectiveness. His 33 participants were counselors-in-training who had completed at least 30 semester hours of course work at a CACREP accredited counseling program. They completed three instruments: (a) the Personal Need for Structure (PNS) designed to measure cognitive flexibility, (b) the Spirituality Assessment Scale (SAS) designed to measure spirituality, and (c) the Short Index (SI) designed to measure self-actualization. Qualified independent raters used the Counselor Rating Form Short Version (CRF-S) and a modified version of the Counselor Skill and Personal Development Rating Form (CSPD-RF) to evaluate participants' counseling effectiveness in their performance in counseling sessions with community clients. Through multiple regression analysis, Smith provided empirical support for the importance of self-actualization in predicting counselor effectiveness. Smith's (2002) results also indicated no statistically significant relationship between cognitive flexibility and spirituality and counselor effectiveness.

In an attempt to bring coherence to the common factors of the therapeutic process,

Grencavage and Norcross (1990) reviewed 50 articles and identified the most often cited therapeutic common factors. They identified the qualities of warmth and positive regard, empathic understanding, cultivates hope, and acceptance as the most commonly cited factors of an effective therapist.

Pope and Kline (1999) also studied stable personality characteristics of effective counselors. First, through an extensive literature review, Pope and Kline identified 22 personality characteristics that authors cited in the literature as being related to counselor effectiveness. Next, 10 scholars in the field of counseling, each with at least five years of teaching and supervisory experience, ranked the 22 identified characteristics in order of importance to counselor trainee effectiveness as well as to responsiveness to training – how easily trainees could develop the characteristic through the process of training. The researchers combined the rankings of importance and responsiveness to training to form a total ranking for each characteristic. Pope and Kline considered the characteristics with the highest ordinal rankings to be the most crucial personality characteristics to the development of effective counselors. They found the top 10 characteristics most important to counselor effectiveness and least responsive to training were acceptance, emotional stability, open-mindedness, empathy, genuineness, flexibility, interest in people, confidence, sensitivity, and fairness. They concluded that these personality characteristics should serve as the foundation and focus of the counseling admissions process.

Another researcher, Wheeler (2000), interested in the distinguishable criteria of “good” and “bad” supervisees, discovered that the characteristics counselor educators and supervisors selected most often were personal variables. Wheeler had 27 counselor educators and supervisors completed a triangulated repertory grid on which they identified five students whom they

considered potentially “good”, as well as five students whom they considered relatively “bad” supervisees. In addition, she asked the participants to elicit constructs with their identified students in mind and then rate each identified student on each construct, on a scale from 1 to 5. Independent raters classified the resulting constructs and identified 22 conflated constructs. Of the 22 constructs, Wheeler found that some constructs were closely related to personality and some were more related to teachable counseling skills. Of the constructs Wheeler identified as related to personality, counselor educators and supervisors most frequently cited personable-alloof, open-closed, secure-insecure, and self-aware-unaware. It is noteworthy that the list of constructs Wheeler found included all 10 personality traits. Pope and Kline (1999) found counselor educators and supervisors considered unlikely to change as a result of counselor training.

Unlike researchers whose studies cited so far in this section, Woodyard (1997) focused not on the indicators of counselor effectiveness but rather on counselor impairment. She studied a panel of counseling experts in an attempt to reach a consensus regarding specific indicators of impairment in incoming master’s-level counseling students. Using the Delphi technique to gain consensus, she asked a panel of experts to identify five categories of indicators of impairment for incoming students, which included problems with self-expression, problems with receiving from others, problems with self-awareness, overlapping of relationship skills, and moral and/or ethical problems. The first category, problems with self-expression, included behavior such as attempting to fake feelings and displaying anger toward a specific characteristic such as gender, race, or sexual orientation. Other indicators in this category included inappropriate disclosure, inactivity during interviews, and poor performance in group interaction. The second category, problems with receiving from others, included the inability to listen, inability to integrate the

viewpoints of others, and intolerable of diversity. The next category, problems of self-awareness, included the inability to learn from experiences, lacking self-awareness, and externalizing blame. The category of overlapping relationship skills included the behaviors that Woodyard judged as overlapping with the previous three categories, including inability to empathize, lacking personal boundaries, acting judgmental, and interrupting people. The final category, moral or ethical problems, included behaviors of lying, misrepresenting credentials, and not accepting diversity. Woodyard concluded that further research is needed to validate the assumption that when the above behaviors are present counselor effectiveness is negatively affected and vice versa.

Empathy

An important asset that a counselor must possess is the ability to be empathic. A broad review of previous definitions and models of empathy reveals an array of conceptual frameworks for understanding empathic ability and practice. Despite this variety, definitions can largely be grouped along affective, moral, cognitive, behavioral, and neurological dimensions (Clark, 2004; Stepien & Baernstein, 2006). Empathic neutrality and mindfulness are presented by Patton (2014) as a “balancing of your critical and creative sides, your cognitive and affective processes”. The concept of empathy has long been emphasized as vital to not only the counseling and qualitative research fields, but also to many other interpersonal relationships as well.

The origin of the word empathy dates to the 1880s, when German psychologist Theodore Lipps coined the term “*einfuhlung*” (literally, “in-feeling”) to describe the emotional appreciation of another’s feelings. Empathy has further been described as the process of understanding a person’s subjective experience by vicariously sharing that experience while maintaining an observant stance. (Pederson, 2007) It seems that empathy plays an important role in a therapeutic relationship (Ioannidou & Konstantikaki, 2008). Empathy means to recognize

others' feelings, the causes of these feelings, and to be able to participate in the emotional experience of an individual without becoming part of it (Keen, 2007). Gagan (1983) indicates that empathy is the ability to perceive one's feelings on one hand, while transmitting them on the other. Interpersonally, empathy is crucial throughout a relationship and is especially important in the relationship-building stage. Carl Rogers (1980) describes empathy in the counseling relationship as "the therapist's sensitive ability and willingness to understand the client's thoughts, feelings, and struggles from the client's point of view" (p. 85). Multiple research studies have supported that empathy is a significant element of an effective counseling relationship (Myers, 2000; Norcross, 2009).

Additionally, the ability to not only feel empathy for a client but also to communicate it to the client is important to relationship building (Myers, 2000). It is important to note that empathy does not imply that someone must share experiences with or directly relate to another. Presuming that empathy must denote similar personal experiences or characteristics could lead to some impediments in research including lessened insight, understanding, and accuracy in representing participants' narratives (Watson, 2009). With an enhancement of empathic understanding, clients generally increase their level of therapy satisfaction, likelihood of compliance, and involvement in the treatment process (Bohart, Elliot, Greenberg, & Watson, 2002). If an individual is lacking in the ability to be empathic with others, then they will not be successful in a profession as a counselor. This is an important aspect to keep in mind as a counselor educator when reviewing and admitting individual applicants into counseling programs.

Gatekeeping Responsibilities of Counselor Educators

Counselor educators are charged with populating the mental health field with competent counselors. In addition to academic performance, counseling students are expected to possess personal characteristics and demonstrate adequate preparation conducive to therapeutic practice. Monitoring for such competencies as a means of gatekeeping is the responsibility of counselor education faculties (Kerl, Garcia, McCullough, & Maxwell, 2002; Lumadue & Duffey, 1999; Nagpal & Ritchie, 2002; Wheeler, 2002). In this section, counselor educators' gatekeeping responsibilities including professional, ethical, and legal implications are examined. Counselor educators and supervisors have the responsibility of gatekeeping in an effort to protect the rights of the public, including potential clients, by ensuring that only qualified students are permitted to progress toward graduation and licensure (Bernard & Goodyear, 2004; Lumadue & Duffey, 1999). The ACA Code of Ethics (2014) and the ACES Ethical Guidelines for Counseling Supervisors (1993) contain similar mandates that emphasize ongoing assessment and evaluation of supervisees to ensure awareness of limitations of supervisees that might impede clinical performance. Furthermore, the ACES Guidelines states that "supervisors have the responsibility of recommending remedial assistance to the supervisee and of screening from the training program ... supervisees who are unable to provide competent professional services" (Section 2.12). Serving as gatekeepers, counselor educators face a difficult dilemma. They are ethically mandated to dismiss students whom they judge incompetent or irremediable.

However, this responsibility to protect the public can leave them litigiously vulnerable. In describing their experiences of being sued by a dismissed student, counselor educators McAdams et al. (2007) referred to a "no-win" dilemma. The court found in favor of the defendants; however, for several reasons, McAdams et al. reported feeling little sense of

vindication. First, resources of time and energy that could otherwise have been given to the community, the program, or other students were exhausted on the case. Next, “the loss of an admitted student might be seen as a failure by a counselor preparation program committed to the careful selection of applicants who can and will matriculate, graduate, and ultimately provide productive community service” (McAdams et al., p.220). McAdams et al. attributed the favorable legal ruling to their routine practice of careful documentation of student competency concerns. In an age of bureaucratic accountability, counseling program faculties must establish detailed criteria for the selection and evaluation of students in order to insure transparency and concreteness (Wheeler, 2002).

To learn more about the evaluation and dismissal of students in master’s level clinical programs, Oklin and Gaughen (1991) surveyed 100 programs in mental health including clinical and counseling psychology programs, counselor education programs, and marriage and family counseling programs. They received usable responses from the faculty representatives of 54 programs. As part of the survey, the researchers listed seven possible reasons for remediation and dismissal of students and asked respondents to identify and rank their programs’ top four. The most frequent problems the faculty representatives identified were academic deficits (88%), clinical skills (77%), pervasive interpersonal problems (70%), and resistance to supervision (58%). Oklin and Gaughen concluded that counseling students need to possess the scholastic competence to cope with the academic rigor of a graduate program as well as be clinically proficient and appropriate. Therefore, counselor educators’ gatekeeping responsibilities include the assessment of both academic and interpersonal competence.

Wheeler (2002) contended that the gate should exist throughout counselor training including at the beginning and at the end of the training process. Therefore, gatekeeping

responsibilities include predicting at admissions applicants are likely to be successful. Wheeler assumed that the more carefully applicants are chosen, the more likely those applicants will develop into competent counselors, thus decreasing the frequency of remediation and dismissal of students. It is noteworthy, however, that no researcher yet has tested Wheeler's hypothesis. Several scholars have concluded that applicants who desire to be trained as counselors may be motivated but not suited for a career in counseling (Gladding, 2007; Guy, 1987). In addition to the motivation to become counselors, Gladding contended that counselors' personalities play a crucial role in their clinical success.

Students who are not suitable for clinical practice may lack the characteristics inherently needed to be helpful, may lack the proper training, or may be motivated by dysfunctional needs (Guy, 1987). Furthermore, when comparing mental health professionals to the general public, White and Franzoni (1990) found that mental health professionals have higher rates of depression, elevated anxiety, and more relationship problems. This assertion further endorses the importance of gatekeeping as a means of only producing competent counselors who are mentally healthy and high functioning. Finally, Gladding (2007) believed counselor educators should not allow into the field of counseling those applicants who possess personality characteristics incongruent to the demands of the field.

In summary, the professional counseling literature supports counselor educators' professional, ethical, and legal obligation to assess counselor trainees' potential and actual counseling effectiveness at all stages of the training process. The next question to address is how best to carry out that obligation.

Current Counseling Admissions Procedures

The focus in this section is on admissions procedures as conducted within counselor education programs. First, highlighted are the pertinent CACREP admission standards. Next, the current counseling admissions criteria and highlight the utilization and efficacy of the GRE and undergraduate GPA as admissions criteria. Finally, I review the relevance and effectiveness of the admissions interview.

CACREP Admission Standards

Counseling experts emphasize the importance of admitting students based on aptitude as well as personal and professional development. The CACREP 2016 Standards stated that program admissions criteria should include consideration of the following:

1. Each applicant's potential success in forming effective and culturally relevant interpersonal relationships in individual and small-group contexts
2. Each applicant's aptitude for graduate-level study
3. Each applicant's career goals and their relevance to the program (p. 3)

Although CACREP program admissions standards provide the admissions criteria underpinnings, accredited programs are left to decide how best to meet the CACREP standards (Smith, 2004). Furthermore, Smith found that CACREP program admissions standards and the characteristics of effective counselors as specified in the literature were only loosely related.

Counseling admissions criteria

In addition to personal characteristics related to counselor effectiveness, counselor educators have also considered academic achievement as being related to counselor effectiveness. Most counselor educators indicate that they rely heavily on GRE-V (verbal

portion) and GRE-Q (quantitative portion) sections of the GRE and undergraduate GPA during the master's admissions process (Pope & Kline, 1999). However, these measures are not highly predictive of personal development (Hosford, Johnson, & Atkinson, 1984; Smaby, Maddux, Richmond, 2005) or overall success in counseling master's programs (Markert & Monke, 1990).

Interested in the predictive ability of the GRE, Morrison and Morrison (1995) conducted a meta-analysis of systematic research to examine the relationship between performance on the GRE-V and GRE-Q and graduate level achievement as measured by graduate GPA. Morrison and Morrison examined 22 relevant studies published between 1955 and 1992 in psychological and educational literature. Studies included student samples from education, psychology, humanities, fine arts, math and science, library science, and counseling. Results of their meta-analysis suggested that the GRE-V and GRE-Q are minimal predictors of graduate GPA, with GRE-V and GRE-Q performance accounting for an average of 6.3% of the variance in graduate GPA. The researchers concluded that the GRE-V and GRE-Q are “virtually useless from a prediction standpoint” (p. 314).

In an effort to review, revise, and validate one counseling program's admissions criteria, Morrow (1993) studied the admissions procedures and applicable historical data at Western Carolina University (WCU). In a three-phase study, Morrow found that the GRE-A was the best predictor of graduate GPA. It is important to note that Morrow's 1993 study preceded the 2002 introduction of the GRE-AW (analytical writing portion) and subsequent discontinuation of the GRE-AW assessment. Morrow found no significant correlation between the GRE-V and GRE-Q scores and the faculty's rating of overall counseling performance. However, the GRE-AW score was positively correlated ($r = .79, p < .01$) with the faculty rating. Previous admissions standards in the WCU counselor education program included a minimum undergraduate GPA requirement

of 2.5, the GRE-V and GRE-Q minimum of 800, and the GRE-AW score was not included in the criteria. As a result of their research, they changed their admissions criteria to include a minimum undergraduate GPA requirement of 3.0 and a combined GRE-V or –Q with –A minimum of 900. It is noteworthy that after the WCU counselor education program faculty revised the admissions standards to include the new criteria, several faculty members and clinical supervisors anecdotally reported their perceptions of improvements in the academic and clinical performance of the program’s students.

As cited previously, the GRE-AW replaced the GRE-A assessment in 2002. According to Rosenfeld, Courtney, and Fowles (2004), the GRE-AW increases the predictability of graduate GPA as compared to the GRE-A. The GRE-AW is a performance-based assessment of critical reasoning and analytical writing. The GRE-AW “assesses a test taker’s ability to articulate and support complex ideas, analyze an argument, and sustain a focused and coherent discussion” (Rosenfeld et al., p. 1). The GRE-AW consists of two-timed analytical writing tasks: Present Your Perspective on an Issue and Analyze an Argument (Rosenfeld et al.). Through review of literature, I was unable to identify any research pertaining to the efficacy of the GRE-AW as a counseling admissions tool.

Several researchers have studied the current trends of the admissions criteria and practices of counseling program faculties in an effort to determine the trends and efficacy of such practices. Below, are outlined four such studies. First, in an effort to simply analyze current admissions practices, Schweiger et al. (2008) surveyed counselor education program faculties in the United States of America, both CACREP accredited and non-accredited. The researchers determined that 61% of the 511 programs surveyed offer a community counseling or school counseling master’s graduate degree program. Of the 269 program faculties that responded to the

admissions portion of the survey, approximately 60% required the GRE, 7% required the Miller Analogies Test (MAT), and 33% required either the GRE or the MAT. Among responding program faculties, the average undergraduate GPA of students admitted was 2.87; however, the researchers did not report on the minimum GPA criteria for admittance. The researchers also surveyed program faculties to determine additional admission criteria. Results included criteria such as relevant work experience, letters of recommendation, and interviews. Of the 468 program faculties that responded to this portion of the survey, 92% required letters of recommendation, 62% conducted screening interviews, and 14% required relevant work experience.

Smaby, Maddux, Richmond (2005) examined academic admissions criteria as predictors of counselor effectiveness. Participants in the study consisted of 80 students who received a master's degree in counseling from a CACREP accredited counseling program between 1997 and 2003. The researchers compared the participants' GRE-V and GRE-Q scores and undergraduate GPA's to counseling knowledge, personal development, and counseling skill. The instruments the researchers used included the Skilled Counselor Scale (SCS) designed to measure observable counseling skills (Urbani et al., 2002), the Counselor Preparation Comprehensive Examination (CPCE) designed to measure knowledge of the eight CACREP domains, and the Counselor Skills and Personal Development Rating Form (CSPD-RF) designed to measure emotional sensitivity, listening skills, multicultural skills, influencing skills, and counseling skills (Wilber, 1991, as cited in Smaby, Maddux, Richmond et al.). An in-depth examination of these instruments is beyond the scope of this literature review; the interested reader can refer to Smaby, Maddux, Richmond et al. for a comprehensive explanation.

From their systematic research, Smaby, Maddux, Richmond et al. (2005) first inferred

that academic requirements including the GRE-V and GRE-Q were predictive of knowledge acquisition, as measured by the CPCE. Next, the researchers concluded that undergraduate GPA could be emphasized by counselor education faculties during admissions due to the motivation required for strong academic performance, which could translate into the effort needed to acquire and fine-tune counseling skills. Finally, academic tests and grade performance were not highly predictive of personal development, as measured by the CSPD-RF. As a result of these findings, the researchers called for other means of assessing personal development at admissions.

Schmidt, Homeyer, and Walker (2009) also examined the use of the abovementioned CPCE, an outcome measure of students' mastery of professional counseling academic content. The researchers studied the relationship between counseling students' performance on the CPCE at the conclusion of their graduate preparation and admissions requirements, including undergraduate last-60-hours GPA, GRE-V scores, and GRE-Q scores. Through multiple regression analysis, the researchers determined that the GRE-Q and GRE-V were valid predictors of success on the first administration of the CPCE. The GRE-V was the most statistically significant predictor regarding the CPCE overall as well as all eight subtests. Schmidt et al. acknowledged that although the GRE-V and GRE-Q may be useful measures to predict students' potential for mastery of counseling content prior to granting admittance, they do not account for counseling skills and professional development needed to become an effective and competent counselor. It is important to note that the researchers did not evaluate GRE-A or GRE-AW scores in their study.

Smith (2004) surveyed 18 CACREP accredited counseling program faculties concerning their admissions procedures, and 15 of the 18 program faculties surveyed expressed the belief that most counseling program faculties do not adequately screen for personal or emotional

characteristics related to counselor effectiveness. As a result, an increased burden exists for counselor educators to attend to gatekeeping responsibilities once students are admitted. The researcher divided the responding program faculties into the two categories, Academically Focused Admissions Requirements (AFAR) and Personally Focused Admissions Requirements (PFAR), based on the focus of their admissions criteria. The nine program faculties that the researcher classified as having AFAR all cited empathic understanding, interpersonal skills, insightful, good problem-solving skills, and trusting as the most important characteristics of an effective counselor. However, only six of the nine AFAR program faculties reported screening for empathic understanding, five reported screening for interpersonal skills, three reported screening for insightful, three reported screening for good problem-solving skills, and three reported screening for trusting. The other nine program faculties the authors classified as having PFAR cited trusting, independent, intuitive, and persistent as the most important characteristics of an effective counselor.

However, only four of the nine PFAR program faculties reported screening for trusting, three reported screening for independent, two reported screening for intuitive, and two reported screening for persistent. Smith pointed out a discrepancy between what the program faculties professed to value in candidates and what they reportedly assessed at the time of admissions.

Admissions interview

Many counselor educators have endorsed the individual and group interview as a preferred selection procedure to assess for applicants' interpersonal skills (Bradey & Post, 1991; Leverett-Main, 2004; Nagpal & Ritchie, 2002). In this section, the opinions of scholars and researchers regarding the utilization and efficacy of the admissions interview are highlighted.

Leverett-Main (2004) surveyed program directors of CACREP accredited counselor

education programs to determine the perceived effectiveness of applicant screening measures. Of the 91 respondents, representing all regions of the United States, 62% ranked the personal interview as the most important screening measure. It is noteworthy that respondents ranked the GRE and letters of recommendation as the least effective measures.

Counselor educators informally and subjectively screen and evaluate applicants based upon personality characteristics (Pope & Kline, 1999). Some counseling scholars and researchers have expressed concern regarding the efficacy of this subjective screening, as it can be uncontrolled. Pope and Kline called for a screening device that formalizes the assessment of personality characteristics and reliably predicts counselor effectiveness. Leverett-Main (2004) evaluated the effectiveness of the structured interview versus the unstructured interview format and concluded:

The creation of a structured interview format for counselor education screening committees, including defined questions and rating scales that are consistently administered to all applicants, may improve the screening process and assist screening committees to select graduate students who will succeed both in the classroom and as future counselors. (p. 218)

Wheeler (2002) encouraged counseling program faculties to use admissions interviews to explore the applicants' inner world in order to determine applicants' potential to establish collaborative therapeutic relationships with clients. "The interviewer's countertransference provides valuable insight into the candidate's interpersonal functioning and his/her ability to tolerate intimacy and feedback from others" (Wheeler, p. 437). Similarly, Nagpal and Ritchie (2002) asserted that the personal interview is the best assessment of personal characteristics and interpersonal skills that are related to counselor effectiveness as compared to other methods used

in applicant selection.

However, results of Markert and Monke's (1990) evaluation of studies indicated that selection interviews lack validity in predicting therapeutic effectiveness. In Markert and Monke's (1990) frequently cited survey of counseling program admissions procedures, no program faculties surveyed at the time were utilizing sociometric ratings as admissions criteria. However, Holden et al. (1999) confirmed that the Northern Illinois University counselor education program faculty had used sociometric evaluations in their admissions process for over 30 years.

In 1993, the University of North Texas (UNT) counseling program followed suit and instituted a similar admissions procedure. In it, a faculty member and doctoral student co-lead a semi-structured small group interview designed to maximize participants' self-disclosure, and then the co-leaders independently completed sociometrical ratings of each applicant. Holden et al. asserted that sociometric ratings can potentially identify a variety of interpersonal factors that may be predictive of counseling program applicants' success.

Next, Holden et al. (1999) studied the relationship between counseling students' GRE-A, group interview sociometric ratings, and ratings of effectiveness by counseling theory and counseling skills instructors at the end of the first semester to the instructors' ratings of students' practicum performance. Highlighted below is Holden et al.'s study, including the format of the group interview upon which co-leaders based their sociometric ratings.

In Holden et al.'s (1999) study, during the third-class meeting of the semester, the researchers randomly divided provisionally admitted students into small groups of five to eight members. Faculty member and doctoral student co-leaders of each group conducted a 2.5-hour semi-structured group with exercises designed to maximize group participants' self-disclosure. The group activities consisted of personal introductions, a value clarification/group consensus

activity, and brainstorming positive and negative traits of counselors. At the conclusion of the group, participants and co-leaders completed a form both rating and ranking each member's potential as a counselor. At the conclusion of the same semester, the instructors of the courses rated and ranked all participants in terms of their perceived potential as counselors. The researchers completed data collection when the participants completed practicum. At the conclusion of practicum, the practicum instructor rated each participant's performance as a counselor.

Holden et al. (1999) conducted a regression analysis that failed to yield significant correlations, which contrasts with anecdotal evidence they presented. The authors reported that faculty members at three different universities that had implemented the semi-structured group interview with sociometric ratings reported a decrease in the number of problem students admitted. As a result, the researchers called for further research to determine what exactly the group interview sociometric ratings detect that appear to screen out applicants with low potential as future counselors. Holden reported two major weaknesses of the study. The first limitation was the use of a single assessment item, "potential effectiveness as a counselor." The second limitation of the study was that one of the group leaders reportedly dominated the group interview sessions he/she led, so the resulting applicant ratings probably lacked validity.

Nagpal and Ritchie (2002) hypothesized that researchers have not found selection interviews to be a valid measure of counselor effectiveness for three reasons. First, counselor educators lack consensus about those applicant characteristics that are most desirable and should, therefore, be assessed during admissions. Second, the characteristics applicants should possess are not well defined. However, research from the field of psychology and medicine indicate that structuring the interview based on the identification of key dimensions pertinent to task tends to

improve interview validity and reliability (Campion, Palmer, & Campion, 1997; Conway, Jako, & Goodman, 1995; Nagpal & Ritchie, 2002). Therefore, Nagpal and Ritchie suggested that if counselor educators could identify specific criteria for evaluation, then the interviews could provide a more valid measure of counselor effectiveness. Finally, the interview decision-making process can affect validity of selection due to extraneous factors including “the type of attributions made by applicants, the interviewers’ moods, personal liking and the ‘similar-to-me’ effect, racial composition of the interview panel, and the similarity between the interviewers’ and the interviewee’s race” (p. 209).

In a qualitative study, Nagpal and Ritchie (2002) examined counselor educators’ decision-making processes during selection interviews. They interviewed nine counselor educators from four counselor education programs in the state of Ohio; however, the authors did not specify whether the counselor education programs were CACREP accredited. The participants consistently reported subjective screening for applicants’ professional attributes, personal attributes, and interpersonal skills. Professional attributes included goal and motivational appropriateness and professional and academic preparedness. Personal attributes included personal maturity, flexibility, and emotional stability. Interpersonal skills included social appropriateness, presence, and verbal skills. A consensus existed among participants regarding the information gathering process including their subjective impressions, which refers to “intuitive and subjective responses to an applicant’s behavior” (p. 214). Although a high degree of agreement existed among the participants concerning the evaluation criteria, less agreement existed concerning the final decision-making process; some participants cited the processes of individual analysis and other participants cited group influence.

Nagpal and Ritchie (2002) also observed that counselor educators seemed to be using

interviews as a screening tool instead of a selection tool: utilizing interviews to make certain that no applicants were admitted who were undoubtedly inappropriate. For example, participants of the study reported that interviewees were admitted “as long as they did not display any extremely undesirable characteristic” i.e.: mental instability, unwilling to take criticism, and unable to self-reflect (p. 216). As a result of these findings, the researchers suggested that counselor educators might be reluctant to use interviews to select the best candidates rather than screen for the worst candidates due to the lack of specific criteria to support their selection. The researchers called for more research to correlate existing measures of counselor effectiveness with the criteria used in the interview selection process. It is noteworthy that generalizability of this study may be limited due to the small sample size. After review of the literature regarding the admissions interview process, it seems clear that a need exists for counselor educators to establish the intentionality and functionality of the process.

CHAPTER III

METHODOLOGY

Research Design

The relationship of themes found in the life histories of students in a CACREP accredited program will be examined using a Multiple Linear Regression (MLR). Because MLR is used as an analytic approach to explain relationships between a combination of predictor variables and an outcome variable (Petrocelli, 2003), this research design was particularly relevant for the current study. MLR is a linear approach to modelling the relationship between a scalar response (or dependent variable) and one or more explanatory variables (or independent variables). The relationships are modeled using linear predictor functions whose unknown model parameters are estimated from the data. Such models are called linear models. Most commonly, the conditional mean of the response given the values of the explanatory variables (or predictors) is assumed to be an affine function of those values; less commonly, the conditional median or some other quantile is used. Like all forms of regression analysis, multiple linear regression focuses on the conditional probability distribution of the response given the values of the predictors, rather than on the joint probability distribution of all of these variables (Sirkin, 2006). Although an MLR was used, the dependent and independent variables were derived from phenomenological qualitative data causing this research study to be considered a mixed-methods piece.

Population and Sampling

The participants in the study consisted of $N=200$ master's level counseling students who took Developmental Counseling at Mississippi State University. In this course they were required to write a narrative about their life story that chronicled their developmental milestones, any significant events, or obstacles that may have hindered or enhanced their development. These events, milestones, and obstacles include a range of variables depending on what they felt comfortable including. These life story papers had been collected by a professor over a 10-year period. No identifying information was kept on file with the life story. There is no breakdown available on the demographics of the participants but can be noted to include male and female participants in a variety of ages, with youngest being around 21 years of age, and a racial makeup to include, but not limited to African-American, Caucasian, and International ethnicities.

Procedures

The first step was to contact the Internal Review Board at Mississippi State University in order to determine the way archival data should be used. The IRB Board determined that the use of this archival data set was acceptable if no names or identifying information of the author was included. Once permission from the IRB was granted the data set was collected and copied without personal identifying information. The data set has been collected for a period of 10+ years by a Full Professor at Mississippi State University. This data set was an assignment that the master level students complete as part of the core course Developmental Counseling and Mental Health class. The assignment was for the students to write a narrative of their developmental experience from birth to the present day. The directions and questions for the assignment are added in the appendix.

Once the papers had been read through and a set of themes were noticed and deemed to

be the variables to be used as the independent variables for the MLR, there was an additional read through done with the primary researcher and two other individuals that are not counselors or have degrees in such fields. This read through was done using a Likert scale for empathy. Each person read the paper, gave a rating of 1-5 for empathy based on the Likert scale and anchors for each number value (see Appendix C for the scale).

Then each person came back to see if identical ratings were given for each paper. If the ratings were not identical, the raters had a discussion and came to a mutual agreement on the rating of empathy for that paper. This gave an inter-rater reliability for empathy.

Data Analysis

The total sample of participants will be examined using a MLR using SPSS Version 23 (IBM; 2013). The level of significance was defined at 0.05. The statistical approach allowed for investigation into relationships among the themes being assessed and for the research questions to be answered.

Research Question 1

Are grief/loss, natural disasters/trauma, illness personal/family, mental health personal/family, counseling experience and family/peer support related to whether individuals apply to counseling programs, and do they correspond to the counseling students' levels of empathy?

Hypothesis 1: To address hypothesis 1, an MLR will be conducted using the variables: grief/loss, natural disasters/trauma, illness personal/family, mental health personal/family, counseling experience and family/peer support to determine if there is a relation to levels of empathy.

Research Question 2

Do grief/loss, natural disasters/trauma, illness personal/family, mental health personal/family, counseling experience and family/peer support build a significant model for predicting levels of empathy?

Hypothesis 2: To address hypothesis 2, an MLR will be conducted using the variables: grief/loss, natural disasters/trauma, illness personal/family, mental health personal/family, counseling experience and family/peer support to determine if they produce a significant model of predictor variables for levels of empathy.

Operational Definitions

Empathy – defined in the counseling relationship as “the therapist’s sensitive ability and willingness to understand the client’s thoughts, feelings, and struggles from the client’s point of view” (Rogers, 1980).

Traumatic Event/Natural Disaster – an experience of an event that causes an individual to become stressed or fearful of their surroundings and may lead the individual to a change in behaviors that are maladaptive.

Grief/Loss – an experience with the death of friend, relative or pet. This can also include the loss of a job, relationship or something of meaning to the individual.

Personal/Family Illness – an experience with a severe health illness whether it be an immediate family member, close friend/relative or even themselves.

Family/Peer Support – individual has in place a relationship with family or friends in which they seek comfort and support in times of need or has an appreciation for them in which they find value in having them in their life.

Personal/Family Counseling Experience – the individual has experience with counseling whether it be with family or themselves.

Personal/Family history of Mental Health Issues – someone in their family, close relative, friend or they have been diagnosed with a mental health disorder or issue.

CHAPTER IV

RESULTS

Analysis of the Data

The purpose of this study was to investigate a variety of character traits, stressors or traumatic event variables in order to develop a potential predictor model for individuals that seek enrollment in a master's level program in a counseling program and the impact those variables have on their level of empathy. The purpose of using a multiple linear regression analysis is to help determine if a linear relationship exists between the dependent variable (level of empathy) and a set of independent variables (grief/loss, natural disaster/event, illness personal/family, mental personal/family, counseling experience, and family/peer support). The participants consisted of 200 master's level counseling students who enrolled in and completed Developmental Counseling at Mississippi State University over 10 years. Requirements of the course included writing a narrative of the counseling student's life story which chronicles their developmental milestones, relates significant events, traumas and problems, and clarifies obstacles that may have hindered or enhanced their development. These events, milestones, and obstacles included a range of variables depending on what the counseling students chose to include. Once the narratives had been read, processed, and evaluated, a set of themes or domains were observed and judged to be the variables appropriate for use as the independent variables for the MLR. A second reading and evaluation was conducted with the primary researcher and two other evaluators who are not counselors or do not have degrees in that field. This second reading

and evaluation was conducted using a Likert scale to assess for empathy. Each person read the paper, gave a rating of 1-5 for empathy based on the Likert scale and anchors for each number value. There are no demographics available of these counseling students, because all identifying information had been removed from the narratives. Examination of the data from the department records indicate that the sample probably included male and female participants of a variety of ages, with youngest being around 21 years of age, and a racial makeup to include, but not limited to African-American, Caucasian, and International ethnicities. In Table 1 identifies the variables identified in the sample and the number of counseling students who indicated that they had experienced these identified variables in their childhood, adolescence, or as emerging adults.

Table 1

Participant totals for each variable N = 200

Variable	Number of Participants		Experienced	Not Experienced
	Y	N		
Grief/Loss	182	18	91%	9%
Natural Disaster/Trauma	190	10	95%	5%
Illness Personal/Family	180	20	90%	10%
MH Personal/Family	163	37	81%	19%
Counseling Experience	154	46	70%	30%
Family/Peer Support	169	31	84.5%	15.5%

The percentage statistics indicate that of the 200 counseling students in the study 91% experienced grief and loss experiences, whereas only 9% had not experienced grief and loss that was important enough for them to write about it in this narrative. Of the participants, 95% of the

participants experienced a natural disaster or a major trauma in childhood or adolescence. Additionally, 90% experienced a major illness in the family or personally and another 81% experienced a family or personal mental illness. Also, more than 70% of the participants had some form of experience with counseling. The summary statistics of the dependent and independent variables scores follows in Table 2.

Table 2

Summary Statistics of Dependent and Independent Variables

<i>Variable</i>	<i>M</i>	<i>SD</i>
Level of Empathy	3.42	.595
Grief/Loss	1.09	.287
Natural disaster/event	1.05	.218
Ill Personal/Family	1.10	.301
MH Personal/Family	1.19	.389
Experience	1.23	.422
Family/Peer	1.16	.363

Assumptions were tested by examining normal probability plots of residuals and scatter diagrams of residuals versus predicted residuals. A violation of normality, linearity, or homoscedasticity of the residuals was detected among the variables in the study. The variable ‘natural disasters/traumatic event’ was found to violate homogeneity AEB $p = .01$ value on test, suggesting that it is not equal across groups. A natural log transformation was performed, and

descriptive statistics were run again to correct the violation. However, the log transformation applied to the variable ‘natural disasters/traumatic event’ did not correct the issue with normality/homogeneity as intended. In addition, box plots revealed no evidence of outliers. The lack of presence of outliers indicates that there are no extreme data values that are skewing the results. The results of the multiple linear regression analysis revealed that 5.8% of the total variance could be accounted for in the predictor model. The results follow in Table 3.

Research Question 2. Does grief/loss, natural disasters/trauma, illness personal/family, mental health personal/family, counseling experience and family/peer support build a significant model for predicting levels of empathy?

Table 3

Summary of Regression Analysis

Model	R	R²	Adjusted R²	Std. Error of the Estimate
1	.241	.058	.029	.578

Examination of the R² values indicate that the model accounts for little variance in the outcome variables, (grief/loss, natural disaster/traumatic event, illness personal/family, mental health personal/family, counseling experience, and family/peer support). In this case R² = 0.06, revealing there is a weak relationship. This current model produced an R² = .058, suggesting that 5.8 % of the variance in the outcome variables can be explained by the predictor variables in the model; the model is a relatively poor predictor of the outcome for level of empathy.

Research Question 1. Are grief/loss, natural disasters/trauma, illness personal/family, mental health personal/family, counseling experience and family/peer support related to whether individuals apply to counseling programs, and do they correspond to counseling students levels

of empathy?

A standard multiple regression was performed between the dependent variable (level of empathy) and a set of predictor variables. The summary statistics of the level of empathy scores follows in Table 4.

Table 4

Correlations of Study Variables

	1	2	3	4	5	6	7
Level of Empathy (1)	1.00	-.01	-.12	.05	-.03	.02	-.21
Grief/Loss (2)		1.00	.01	-.05	-.10	.04	-.13
Natural Disaster/Event (3)			1.00	.00	-.05	-.02	.09
Illness Personal/Family (4)				1.00	-.07	-.10	-.05
MH Personal/Family (5)					1.00	.01	-.03
Counseling Experience (6)						1.00	-.00
Family/Peer Support (7)							1.00
Mean	3.42	1.09	1.05	1.10	1.19	1.23	1.16
Standard Deviation	.59	.29	.21	.30	.39	.42	.36

An examination of the coefficient matrix indicated negative correlations. Negative correlations were found between ‘Grief/Loss’ and ‘Empathy’. There was also a negative correlation between ‘Natural disaster/Traumatic event’ and ‘Empathy’. ‘Illness Personal/Family’ and ‘Grief/Loss’ also showed a negative correlation. Results showed a negative correlation between ‘MH Personal/Family’ and ‘Illness Personal/Family’, ‘Natural Disaster/Traumatic

Event', 'Grief/Loss' and 'Empathy'. There also was found a negative correlation between 'Counseling experience' and 'Illness Personal/Family'. 'Grief/Loss', and 'Family/Peer Support', 'MH Personal/Family', Counseling Experience', Illness Personal/Family', 'Grief/Loss' and 'Empathy' all also had negative correlations.

The negative correlations between these variables indicate that as one variable increases, the other decreases. For example, as grief and loss increase, empathy decreases. These negative correlations are very low, suggesting that there is little relationship between the two variables. The variables under study should be correlated somewhere between +/- 0.3 and +/- 0.7. If the variables are not correlated at least .3, it is unlikely that they will be significant variables in the model. In other words, in order for one independent variable to predict the dependent variable, there must be some relationship between the two. Therefore, a decision was made to remove all variables except those that were significantly correlated, and a new MLR analysis was performed. The results for the second MLR analysis will follow (in tables 6-7); Results for the initial MLR are presented below in Table 5.

Table 5

Summary of Regression Coefficients

	Unstandardized Coefficients		Standardized Coefficients	<i>t</i>	<i>p</i>
	<i>B</i>	<i>SE B</i>	β		
Empathy	4.160	.402		10.359	<.001
Grief/Loss	-.091	.148	-.044	-.615	.539
Nat D/Event	-.285	.191	-.105	-1.488	.138
Illness P/F	.068	.140	.035	.489	.625
MH P/F	-.065	.108	-.042	-.599	.550
Counseling	.030	.099	.021	.304	.761
Family/Peer	-.331	.117	-.202	-2.842	.005

The regressions coefficients output indicates that one variable (Family/Peer Support) is significant in the model; thus, this model indicates that Family/Peer Support is the only viable predictor of Empathy. Given these findings, the researcher decided to perform a second MLR analysis using only one predictor variable (Family/Peer Support) to determine if dropping the other predictor variables from the model would improve model fit. The results of the second analysis are provided in the following Tables (6-7).

Table 6

Summary of Regression Analysis

Model	R	R²	Adjusted R²	Std. Error of the Estimate
1	.206	.043	.038	.584

Examination of the R^2 values indicate that the model accounts for little variance in the outcome variable, (family/peer support). In this case $R^2 = .043$, revealing there is a weak relationship. This model produced an $R^2 = .043$, suggesting that 4.3 % of the variance in the inferred empathy level can be explained by the predictor variable (mention of family/peer support) in the model; the model is a relatively poor predictor of the outcome for level of empathy. The R^2 value in this MLR analysis is slightly lower than the R^2 produced in the first MLR analysis, suggesting a slightly poorer model fit. However, this decrease is expected because there are fewer variables in the model. The R^2 value increases as the number of predictor variables in the model increases because with additional variables, there is greater predictive power. Thus, this decrease in R^2 was expected. Results for the second MLR are presented below in Table 7.

Table 7

Summary of Regression Coefficients

	Unstandardized Coefficients		Standardized Coefficients	<i>t</i>	<i>p</i>
	<i>B</i>	<i>SE B</i>	β		
Empathy	4.160	.402		10.359	<.001
Family/Peer	-.338	.114	-.206	-2.965	.003

The table of regression coefficients shows that ‘Family/Peer Support’ is a significant predictor of Empathy AEB, having an unstandardized regression coefficient value of -.338. This value for the coefficient indicates that as participants’ family/peer support value increased by one unit (from no support to support), estimated level of empathy decreased by approximately 0.34 units.

Summary

The results of this study did not support the hypothesis that exposure to events and circumstances that an individual would deem stressful or emotional (i.e., grief/loss, natural disaster/traumatic event, illness personal/family, mental health personal/family, counseling experience, and family/peer support) would yield an increase in level of empathy.

Research Question 1. Are grief/loss, natural disasters/trauma, illness personal/family, mental health personal/family, counseling experience and family/peer support related to whether individuals apply to counseling programs, and do they correspond to their level of empathy? and Research Question 2. Do grief/loss, natural disasters/trauma, illness personal/family, mental

health personal/family, counseling experience and family/peer support build a significant model for predicting levels of empathy? was not supported by the results of this study after two different MLR analyses were ran to find model fit for the independent predictor variables (grief/loss, natural disaster/traumatic event, illness personal/family, mental health personal/family, counseling experience, and family/peer support) and the dependent variable level of empathy. Further discussions and recommendations will be presented in chapter 5 of this study.

CHAPTER V

DISCUSSION, LIMITATIONS AND FUTURE RESEARCH

In chapter 5, the discussion will serve to connect the results of the current study with the contemporary literature that addresses empathy and resilience. A discussion of the conclusions based upon the data analysis presented in chapter 4 is presented. A review of the practical and theoretical implications of the research is provided. Finally, the limitations of the study and recommendations for future research are presented.

Summary

The purpose of this study was to investigate a variety of character traits, stressors and traumatic event variables in order to develop a possible predictor model for individuals who seek to become a student in a counseling program and how those variables affect their level of empathy. The basis for using an MLR analysis was to help determine if a linear relationship existed between the dependent variable and a set of independent variables. The study methodology was a mixed research design using multiple linear regression analysis. The participants for this study were master's-level, students enrolled in a CACREP-accredited counseling program. A total of 200 life story narratives developed by these counseling students, collected from a course in developmental counseling over a 10-year period, were used for gathering the phenomenological data. The researcher read through each narrative and was able to identify one dependent variable and 6 independent variables. The researcher then had two other evaluators to read through each narrative using a Likert scale for empathy. Once each narrative

had received a score for empathy, the data was entered SPSS and analyzed using an MLR analysis.

The original hypothesis that stated that the predictor variables (grief/loss, natural disaster/trauma, illness personal/family, mental health personal/family, counseling experience, and family/peer support) would influence the empathy levels of the individual counseling student was not supported by the MLR analyses conducted in the current study. Pederson (2007) found that those who experienced stressors or traumatic events were found to be more empathic to others experiencing the same stressors or traumatic events. Pederson's conclusions were not consistent with the results of the data analysis of this study. The results in the original analysis showed that the only significant variable in the model predicting level of empathy was family/peer support. A second MLR analysis was conducted using only the family/peer support predictor variable. The second analysis did give a significant model. The relationship among the predictor and outcome variables was negative, indicating that an increase in family/peer support resulted in a decrease in empathy. These results are contrary to Stepien and Baernstein (2006) who found that empathy levels increased when an individual had a family or peer support in place. The original hypotheses of this study are not consistent with researchers who found empathy in counselors to be influenced by their experiences. However, important information can be gained from these results. The following will discuss the implications, limitations and future research that can be of further assistance in gatekeeping efforts for CACREP accredited counseling programs.

Discussions and Implications

Previously published research stated that experiencing stressors such as, traumatic or disturbing events or other types of life stressors that are like those of other people, may increase development of emotional understanding and empathy, due to the sharing of a similar experience (Pederson, 2007). Orlinsky et al (2005) discussed how negative and positive catalysts (stressors/events) can affect a therapist's ability to be successful with their clients in the therapeutic environment. These researchers concluded that if counselors successfully coped with highly stressful events and developed resilience in their approach to life, they can be emotional with clients by creating an empathetic therapeutic environment. The results of the current study do not support those findings.

Thus, what is called into question, is whether the counselor's empathy evolves from experience or is a result of a decision-making process to use experience to inform the counselor's behaviors toward the client. A possible explanation of the results of this study is that empathy does not evolve from emotional experience but from cognitive experience and is a therapeutic behavior that allows the counselor to perceive the client and their situation from the client's unique perspective. Rogers (1980) described empathy in the counseling relationship as "the therapist's sensitive ability and willingness to understand the client's thoughts, feelings, and struggles from the client's point of view" (p. 85). The current study appears to reinforce Roger's definition of empathy as a willingness to move from the counselor's personal view into the client's personal view. That is, there seems to be a choice on the part of the individual to be willing to view the struggles of their clients from the client's point-of-view. Conceptualizing of empathy as a choice rather than an automatic response may indicate that empathy is a skill that can be taught. Thus, those counselors-in-training who do not enter the program with high levels

of empathy can become more empathetic throughout their education in a counseling program. Patel et al. (2019) suggests that training can enhance empathy and compassion in counselors in training. Researchers suggest that the curriculum should have training that incorporates specific behaviors that communicate understanding and empathy to the client. Patel et al. includes behaviors, such as sitting in close proximity to the client, consistent eye contact with the client, and educating clinicians on the importance of listening and reflective listening skills. Counselors should be trained to identify opportunities to express empathy and compassion as well as providing guidance with and examples of how to respond to these opportunities with statements of support, acknowledgement and validation (Patel et al., 2019).

In this study, examination of the individual counselor student's childhood and adolescent experiences narrated in the data indicate that these persons have had a variety of traumatic and painful early life events. Of these 200 counseling students, 91% indicated that they had experienced grief and loss, whereas 95% stated that they had endured a natural disaster or had personal experience with trauma. The majority of these counseling students (90%) also recounted they had either experienced a major physical illness in their family with over 80% having family or personal experience with mental illness. These early experiences may be the genesis of their choosing to pursue a career in the helping professions. Additionally, many of the students had experienced all of these traumatic experiences and stressors in childhood, adolescence or early adulthood.

The life events that these counseling students recounted appear to motivate them to pursue counseling and a role as a helping professional. The counseling program then has a willing agent to develop an empathetic stance, which is key to a positive therapeutic relationship. Beutler et al. (2004) stated that there was a consensus in the literature that counselors'

personality is an important factor in interpersonal counseling and their ability to be effective, but that researchers had little success in validating those assertions. Is it plausible to think that what is happening in counseling programs is that the individual is taught the skill of being empathic? Perhaps, having empathy for another individual is to be willing to make the choice to see the other individual's perspective, rather than having an interpersonal quality that emerges from experience. Choosing to see another person's perspective can be and is taught in every counseling program across the country.

Empathy is a behavior that is taught throughout counseling programs. If one were to examine specific classes, such as Clinical Supervision, Counseling Theories, Counseling Skills, Group Counseling, Multicultural Counseling, Practicum/Internship focus on empathetic behavior and understanding of diverse persons. Each content area is teaching the students to be conscious of their choices and behaviors when dealing with and relating to their clients. These classes teach how to approach a client in an empathic way in order to meet that client where they are, see their situation from their perspective, assess what the client wants and ultimately guide them to setting goals for optimal therapeutic gains.

Assignments related to case conceptualization and treatment planning should be incorporated throughout courses. This is another way of teaching the skill of empathy using a person-centered approach. The counselors-in-training are taught to call clients by name and, set goals that the client wants, not what the therapist or parents want, unless it is an adolescent client. This is teaching the student to make a conscious effort to view information, devices and tools from the perspective of the client. Viewing empathy in this way could allow counselor educators to conceptualize empathy as an analytical approach to understanding and helping the

client, due to having to see the client's perspective and then create goals and objectives using the client's perspective.

Limitations

One of limitations of this study includes potential limits the generalizability to other CACREP programs and counseling students due to the small sample size of this study. The sample size could have been expanded to include all counseling students in different areas, such as marriage and family counseling, rehabilitation counseling, etc. and included other CACREP accredited programs from various universities across the country. Another limitation is that the data used for this study was initially an assignment given in a Developmental Counseling class. As an assignment, it is likely that the volume and depth of information about the individual would be nowhere as rich a source of data as would individual interviews with the candidates.

Other limitations could also include that there is not enough previous research with clearly articulated definitions for variables such as life stressors, traumatic events, and how those affect levels of empathy. If this assignment was originally developed for use in gathering data for a specific research activity, then there could have been more clearly articulated prompts for which participants were to respond in their assignment. Also, a more structured response from the participant to lend to a more systematic response instead of a narrative response.

Recommendations for Future Research

Future research should focus on clarifying and quantifying empathetic responses in counseling student training and what components of the counseling program foster development. Research might include administering a pre-test/post-test assessment that may measure changes in empathy level at the beginning of a counseling program and at the end of a counseling

program. The field-based classes, such a practicum and internship, allow counseling students to work with real clients in an agency, hospital, or school setting. Evaluation of their empathetic responses prior to these field-based experiences and afterward might add information about what is a more efficacious way of developing empathetic behaviors in counseling students.

The counseling accrediting body, CACREP, has mandated a number of competencies that appear to emerge from a desire to have counseling students exposed to diversity of beliefs, values, and life styles of the clients that they will serve. Another recommendation is to add an additional class that teaches diversity and exploring diversity on a deeper level. One class focusing on diversity is not enough for students to gain knowledge and implement that knowledge in their counseling sessions. This could be done as a pilot program using a pre-test/post-test assessment measuring empathy and then compare it to other pre-test/post-test assessment results of other university programs that use only one class to explore diversity. The results could be compared to see if the additional training class helps to increase empathy levels versus the one class that most programs use to teach diversity and skills with diverse populations.

Another proposal of future research is to administer a pre-test/post-test assessment measuring empathy in a course that is teaching a person-centered approach to case conceptualization/treatment planning called Recovery to Practice. The pre-test/post-test data could be used to measure any shifts in the individual students' levels of empathy to see if empathy can truly be a skill that is taught.

Implications for Counselor Educators

Gatekeeping is an ongoing issue of importance for counselor educators. There are times when a counselor educator may not wish to deal with gatekeeping issues, so they let it “slide” in hopes that the next person in the process will address the responsibility of gatekeeping. All

counselor educators are ethically bound to take responsibility for those students that are allowed, not only into counseling programs, but who are allowed to graduate from them. Counselor educators have the responsibility to uphold the integrity, legitimacy, and trustworthiness of the profession through their gatekeeping responsibilities. With this being said, this study could help bring a greater awareness to those faculty in counseling programs as reminders of how important their role as a counselor educator is to the counseling field and all the clients. Counselor Educators are not merely providing instruction in classes but are teaching the necessary skills for counseling students to become successful in their profession as a counselor. This study helps to emphasize the additional task that is set before counselor educators, teaching the skill of empathy.

Conclusion

The purpose of this study was to investigate a variety of character traits, stressors or traumatic event variables in order to develop a possible predictor model for individuals that seek admission to a counseling program and how the identified variable affect their level of empathy. The results of the MLR analysis did not support the original hypothesis of the study. Which were:

Research Question 1

Are grief/loss, natural disasters/trauma, illness personal/family, mental health personal/family, counseling experience and family/peer support related to whether individuals apply to counseling programs, and do they correspond to their level of empathy?

Research Question 2

Do grief/loss, natural disasters/trauma, illness personal/family, mental health personal/family, counseling experience and family/peer support build a significant model for predicting levels of empathy?

The results indicated that individuals who experience some form of a stressor find themselves wanting to help others who have or are experiencing a stressor. A personal desire to help others often leads to a career choice in a helping profession. The results also gave thoughts to empathy being a skill that can be taught, rather than an emotion. Additionally, the results suggest that additional relevant information related to education and skills develop in the area of empathy are critical in the content of counselor education programs and gatekeeping.

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APPENDIX A
PERSONAL CHARACTERISTICS OF MASTER THERAPISTS

Cognitive Domain

Category A: Master Therapists are Voracious Learners

Theme 1. Respondents are intensely curious, and driven to learn more about the human condition, human behavior, and therapy practices.

Theme 2. Respondents gained valuable knowledge from positive mentoring experiences.

Theme 3. Accumulated experiences have become a major resource for Respondents.

Theme 4. Respondents' commitment and openness to learning allowed them to glean the maximum benefit from their experiences.

Category B: Master Therapists are Reflective and Self-Aware

Theme 1. Respondents are highly reflective, introspective, and self-aware.

Theme 2. Respondents utilize their awareness and reflective stance to skillfully manage transference and countertransference.

Category C: Master Therapists are Comfortable with Ambiguity and Complexity.

Theme 1. Respondents value cognitive complexity and the ambiguity of the human condition.

Theme 2. Respondents are cognizant of the multitude of cultural/individual differences among clients.

Theme 3. Respondents use complex and multiple criteria in judging therapy outcomes.

Category D: Master Therapists Appear to be Open and Non-Defensive

Theme 1. Respondents willingly engage in intense feedback processes such as therapy, supervision, and peer consultation to enhance their professional development.

Theme 2. Respondents have a non-defensive posture which enables them to learn from client feedback.

Theme 3. Respondents openly acknowledge their limitations as therapists.

Emotional Domain

Category E: Master Therapists are Emotionally Mature Individuals Who Attend to Their Own Well Being.

Theme 1. As an indicator of emotional health, Respondents appear to act congruently in their personal and professional lives.

Theme 2. Respondents seem to have a healthy perspective on their sense of importance.

Theme 3. In their work, Respondents appear to have a deep sense of meaning and spiritual connection. This serves to enhance their emotional well-being.

Theme 4. Respondents attend to their well-being through personal therapy and other self-care practices.

Category F: Master Therapists are Aware of How Their Emotional Health Affects the Quality of Their Work.

Theme 1. Respondents know their own emotional well-being directly impacts their therapy work.

Theme 2. Through increased experience and emotional maturity, Respondents' level of pervasive professional anxiety has markedly decreased, permitting confidence to be present while working.

Relational Domain

Category G. Master Therapists Possess Strong Relationship Skills

Theme 1. Many Respondents learned a number of their relationship skills by taking on the role of therapist in their family of origin.

Theme 2. Respondents own emotional wounds have increased their compassion for others' pain.

Theme 3. Respondents possess a number of personal qualities (e.g. warmth, empathy, respect) that are conducive to establishing a strong working alliance.

Category H. Master Therapists Appear to be Experts at Applying Their Relationship Skills in Therapy.

Theme 1. Respondents believe that the foundation for therapeutic change is a strong working alliance.

Theme 2. Respondents believe in the clients' ability to change which may instill hope and strengthen the working alliance.

Theme 3. Not only are Respondents safe and supportive, they can also be strong with clients.

Theme 4. Respondents expressed no fear of their clients' strong emotions.

Theme 5. Respondents are highly skilled at the art of timing, pacing, and "dosage" while maintaining a strong working alliance.

Theme 6. Respondents learned the rules of science, but became masterful by artistically applying the rules within a therapeutic relationship.

APPENDIX B

PARADOXICAL CHARACTERISTICS OF THE MASTER THERAPIST

Paradoxical Statements

1. Drive to Mastery AND Never a sense of having fully arrived
2. Able to deeply enter another's world AND Often prefers solitude
3. Can create a very safe client environment AND Can create a very challenging client environment
4. Highly skilled at harnessing the power of therapy AND Quite humble about self
5. Integration of the professional/personal self AND Clear boundaries between the professional/personal self
6. Voracious broad learner AND Focused, narrow student
7. Excellent at giving of self AND Great at nurturing self
8. Very open to feedback about self AND Not destabilized by feedback about self

APPENDIX C
EMPATHY LIKERT SCALE

- **Level 1** - low level (little or no awareness of feeling).
- **Level 2** - moderately low level (some awareness).
- **Level 3** - reciprocal level of empathic responding (accurate reflection of client's message reflected at the level in which it was given - paraphrasing with the appropriate feeling word).
- **Level 4** - moderately high level of empathic responding (reflecting not only the accurate feeling but the underlying feeling).
- **Level 5** - high level of empathic responding (accurate reflection of feeling, plus underlying feelings in greater breadth and depth (also for some interpretation such a deep disappointment or long-range goals

Examples:

Level 1:

Participant 1: Sees a friend lose their house to fire and does not really understand what that person is experiencing

Level 2:

Participant 2: Sees a family member struggling with finances and knows what that means, but unable to tie an emotion to it

Level 3:

Participant 3: Sees a friend grieving the death of a loved one and is able to understand and tie an appropriate emotion to it

Level 4:

Participant 4: Sees a family member fighting an illness and can not only understand and tie an appropriate emotion to the experience, but also knows that the person fears the family member possibly dying

Level 5:

Participant 5: Sees friend diagnosed with mental health disorder and understands the friends emotional feeling and can reciprocate that on a very deep level because of their experience of having a mental health disorder as well.

APPENDIX D

ASSIGNMENT DIRECTIONS/GUIDELINES AND QUESTIONS

- As part of this assignment, trace your personal development from infancy, childhood, and adolescence using personal experiences or instances that illustrate the influence of one or more theories of individual and family development.
- Using personal experiences how do or did genetic, biological, neurological, and physiological factors influence your personal development.
- Discuss the issues and consequences of any traumatic events (i.e., personal and community crises, disasters, etc.) on your personal development, family and relational health, physical integrity, and emotional stability.
- Address how your childhood and adolescence influence you as an adult.

The students are also given the following questions to help guide them in their writing:

- Who were significant persons in your life and how did they influence your development?
- What was the impact of family successes and failures on you as a child or adolescent?
- What incidents or experiences have been "turning points" in your personal journey?
- What school, work, religious, and community experiences shaped your developmental journey?
- What has been the impact of significant decisions you have made on your personal journey?
- What struggles and conflicts that you faced as a child or adolescent have molded and shaped you as a person?
- What is your earliest memory and how does it serve as a metaphor for your life?

- What significant world events serve as markers of your personal development?

APPENDIX E
EXAMPLES OF INDEPENDENT VARIABLES

Examples of Independent Variables

Grief/Loss:

Participant 54: Lost their mother when they were 10 years of age and had to move in with her grandparents and had a hard time adjusting to the loss of her mother

Illness:

Participant 97: Was diagnosed with Lymphoma when they were 7 years of age and had a very long course of radiation and chemotherapy treatments for nearly a year

Family/Peer Support:

Participant 136: Spoke of how her family was close and there for her when ever she needed them and helped her through some bullying that took place during her middle school years.

Counseling experience:

Participant 198: Spoke about how his family sought counseling to help one of his siblings with their addiction and how the counseling was very instrumental in helping his family cope and his brother to become sober.

Mental Health Illness:

Participant 17: Spoke about her battle with depression and how at times she did not know if she would ever get past it.

APPENDIX F
IRB APPROVAL FOR ARCHIVAL DATA

IRB APPROVAL EMAIL

RC-IRB <IRB@research.msstate.edu>

Feb 2, 2018, 2:56 PM

to me

Hi Hope,

Thanks for the clarification. It doesn't seem like you would need to submit a protocol, but if you would like something more formal than an email you can always submit a protocol. There is an option within the protocol that is Not Human Subjects Research. It is fairly simple, that you complete a checklist and then summarize what you are doing on the first page. At that time, we then look over it and give you the Not Human Subjects Research determination. This will give you an email and a letter that will be within the protocol, so you will have it for future use. If you have any questions, please let us know.