Counselor Trainees' Experience of Analyzing Their Counseling Sessions During a Master's-Level Practicum

Abbie VanDerWege
Western Michigan University

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COUNSELOR TRAINEES' EXPERIENCE OF ANALYZING THEIR COUNSELING SESSIONS DURING A MASTER'S-LEVEL PRACTICUM

by

Abbie VanDerWege

A Dissertation
Submitted to the
Faculty of The Graduate College
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Advisor: Kelly A. McDonnell, Ph.D.

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One of the central goals of counselor training is to promote and ensure competence in novice counselors (Krasner, Howard, & Brown, 1998), and effective performance of counseling skills is a key source of competence for counselor trainees (Falender & Shafrankse, 2007). Previous research has separately addressed the advantages of skills-based training (e.g., Buser, 2008; Crews et al., 2005; Urbani et al., 2002); factors associated with counseling self-efficacy (e.g., Larson, 1998; Larson & Daniels, 1998); the Integrated Developmental Model (Stoltenberg, McNeill, & Delworth, 1998) of counselor development; and video review in counselor training (e.g., Pelling & Renard, 1999; Scaife, 2001). None of these studies, however, have concurrently explored changes in these factors from the perspective of master’s-level counselor trainees in their first practicum as they use digital recording and playback technology to analyze their counseling skills performance and receive feedback about their performance from their supervisors.

To address this gap, the purpose of this phenomenological qualitative study is to describe the lived experience of counselor trainees as they engaged in the training
phenomenon, which included analyzing counseling skills demonstrations in session recordings and receiving supervisory feedback about that analysis. The present study also explores what the trainees reported about changes in their counseling skills performance, counselor development, and counseling self-efficacy. Each of the eight participants completed two interviews over the course of their semester-long counseling practicum. The findings suggest that counselor trainees benefit from having opportunities to consistently analyze their counseling session recordings, whether independently or with their supervisors; would like their supervisors to incorporate video review during supervision; and prefer specific, timely feedback that is both positive and constructive. The results support certain aspects of counselor development and counseling self-efficacy theories, but also include noteworthy exceptions and ideas for future inquiry. Additional findings and a discussion of limitations and implications for training and research are presented.
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Abbie VanDerWege
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CHAPTER I

INTRODUCTION

One of the central goals of counselor training is to promote and ensure competence in novice counselors (Krasner, Howard, & Brown, 1998). The effective performance of counseling skills is a key source of competence for counselor trainees (Falender & Shafrankse, 2007). As such, skills-based training for beginning counselors is both valid and useful (Hill, Stahl, & Roffman, 2007). In the present study, I was interested in exploring the experience of counselor trainees who engage in a heretofore unstudied skills-based training practice. Within this skills-based training practice, counselor trainees use digital recording and playback software to review and analyze their counseling skills performance during video recorded counseling sessions. They identify and label segments in which they demonstrate specific counseling skills, and then they present these segments to their supervisors who provide feedback about their counseling skills performance. As a doctoral student providing supervision for master’s-level counselor trainees while they engaged in this training practice, I wondered how the trainees would describe their experience and whether they noticed changes in their counseling skills performance, counselor self-efficacy, and counselor development as they took part in it. In addition to my personal interest in the study of this topic, there is evidence in the literature that my investigation could add to the body of knowledge regarding counselor training and supervision.

Key Concepts

In the preceding paragraph, I referred to the particular skills-based training approach of interest in this study, and I alluded to other concepts, including counseling skills performance, counselor development, and counseling self-efficacy. The purpose of
the current chapter is to briefly explain how these key concepts are relevant to the study. I begin by explaining skills-based training and some of the findings associated with it. Then I describe and provide a model of counselor development. After that, I present findings on counseling self-efficacy and feedback, which have a causal link. Finally, I connect all of these concepts in the context of counselor training and supervision that includes review and analysis of video recordings of trainees’ counseling sessions.

The developers of contemporary skills-based approaches derived them from the original models by Carkhuff (1969) and Ivey (1971). Some contemporary approaches include the helping skills model (Hill, 2004), the microcounseling training model (Daniels, Rigazio-Digilio, & Ivey, 1997), and the Skilled Counselor Training Model (SCTM; Smaby, Maddux, Torres-Rivera, & Zimmick, 1999). In skills-based training, the counseling process is reduced to moment-by-moment counselor interventions, and counselor trainees learn and practice these interventions (i.e., counseling skills) in different formats according to the particular training procedure until they reach competence (Urbani et al., 2002). Training based on counseling skills provides counselor trainees with a concrete framework to help them understand the counseling process and gives them confidence in their abilities (Hill, Stahl, et al., 2007). Skills-based training has been found to increase counselor trainees’ counseling self-efficacy (Urbani et al.), level of complex thinking (Little, Packman, Smaby, & Maddux, 2005), and self-monitoring ability (Crews et al., 2005). Most important, skills-based training improves counseling skills performance (Buser, 2008).

The contemporary skills-based approaches have in common their focus on discrete counseling skills, but are unique in their methods of instruction and evaluation. For example, microcounseling (Daniels et al., 1997) breaks down training to teach
counselor trainees counseling skills at a micro-level according to the Microskills Hierarchy (Ivey & Ivey, 2007). Another approach, the SCTM (Smaby et al., 1999), requires that trainees develop a 45-minute videotape featuring demonstrations of the model’s 18 counseling skills to show their competency, and the helping skills model (Hill, 2004) incorporates counseling with volunteer undergraduate student clients as an experiential component to the skills training. What these skills-based approaches do not include is analyses of trainees’ counseling skills performance through ongoing self-observation using video. Interpersonal process recall (Kagan & Kagan, 1997), on the other hand, does have counselor trainees analyze video of their counseling sessions, but their analysis is focused on the interpersonal interactions between therapist and client, not on counseling skills performance. Research findings have shown that these four models contribute to counselor training, but what remains unknown is how master’s-level practicum trainees experience an approach that combines the unique features of these models. Exploring how they experience such an approach is important because of the emphasis on skills-based training for master’s-level practicum trainees who are at a low level of counselor development (Bernard & Goodyear, 2004).

To promote competency among novice counselors, it is important to understand and apply appropriate training and supervision according to their developmental level (Stoltenberg, 2005). Stoltenberg, McNeill, and Delworth (1998) designed the Integrated Developmental Model (IDM) to describe counselor development and to provide recommendations to supervisors about how to interact with trainees based on their developmental level (Bernard & Goodyear, 2004). The IDM provides a description of four levels of counselor development. Within each level, the counselors are considered to vary among “three overriding structures that provide markers in assessing professional
growth" (Stoltenberg et al., p. 16). The three structures are self and other awareness, motivation, and autonomy. Assessment of the self and other awareness structure provides information about the supervisees’ levels of preoccupation with themselves, appreciation of the client’s world, and open-mindedness. The motivation structure describes the counselors’ fluctuating levels of interest in and commitment to their training. Finally, the autonomy structure is characterized by the supervisees’ dependence on or independence from supervisors and the level of structure the supervisees’ desire during their supervision sessions.

Level 1 counselor trainees are inexperienced and have not yet received adequate training in the practice of counseling (Stoltenberg et al., 1998). According to the IDM, most master’s-level supervisees enter their first practicum course as Level 1 trainees, and they likely exhibit the behaviors that characterize this level. In terms of their self and other awareness, these supervisees are highly focused on themselves. They tend to be preoccupied with their high levels of anxiety and low levels of skills competence. Perhaps because of interference from their anxiety and focus on skills acquisition, Level 1 trainees have low levels of other awareness. According to the IDM, Level 1 supervisees have high levels of motivation, although their motivation may be hindered by the anxiety described above. Level 1 counselors are excited to be challenged with learning new skills that are directly related to their chosen careers, meaning that a significant portion of their motivation is focused on acquiring counseling skills. Finally, Level 1 trainees are low on measures of autonomy. They typically depend on their supervisors as role models and sources of information, and they prefer structure, support, and positive feedback as central components of their supervision.
According to Stoltenberg and colleagues (1998), skills-based counselor training might help Level 1 trainees advance to Level 2 of counselor development, but researchers have not reported counselor trainees’ perceptions of what aspects of skills-based training coincide with their movement from Level 1 to Level 2. In chapter 2, I describe how Level 2, Level 3, and integrated Level 3 counselor trainees differ from those at Level 1 in the areas of self and other awareness, motivation, and autonomy. An additional notable difference between Level 1 and Level 2 counselor trainees is in the area of counseling self-efficacy. Leach, Stoltenberg, McNeill, and Eichenfield (1997) found that Level 2 counselors exhibited significantly greater perceptions of counseling self-efficacy than Level 1 counselors. Although this finding suggests the existence of differences in counseling self-efficacy according to counselor developmental level, information in the literature about the relationship among counselor trainees’ changes in counselor development and counseling self-efficacy during skills-based training is inadequate.

In the study of counselor training, counseling self-efficacy is a noteworthy concept due to its understudied relationship with counselor development and because research suggests that it improves with skills-based training (Urbani et al., 2002). Previous research has also established a causal relationship between counseling self-efficacy and counseling skills performance (Larson & Daniels, 1998; Levitt, 2001), such that increasing counseling self-efficacy enhances counselor performance. Given this latter relationship, it was important to understand what experiences affect counselor trainees’ self-efficacy beliefs. According to Larson (1998), mastery or failure experiences influence counseling self-efficacy. For beginning counselors, mastery or failure experiences typically take the form of positive or negative feedback, respectively, about their counseling skills performance. Positive feedback should increase counseling self-
efficacy, and negative feedback should decrease it (Larson et al., 1992). Supervisors provide positive or negative feedback during supervision, and they base their feedback on trainees’ performance of counseling skills as demonstrated in recordings of their counseling sessions (Daniels & Larson, 2001). Trainees who receive positive feedback about their demonstrated counseling skills are expected to have increased self-efficacy about their ability to effectively perform counseling skills. However, there is a dearth of literature describing the counselor trainees’ perceptions of the feedback they receive and what types of changes in counseling self-efficacy they experience during different types of skills-based training. The potential influence of counseling self-efficacy beliefs on counseling skills performance and counselor development might be amplified for Level 1 counselor trainees, who tend to be highly self-focused.

It is important for beginning counselors to focus on themselves, on their skills, and on their development to increase their competence (Hill, Stahl, et al., 2007). Falender and Shafranske (2007) recommended that counselor trainees develop metacompetence, one particular aspect of competence, as part of their training and supervision. Metacompetence is broadly defined as the ability to determine what one knows and does not know (Falender & Shafranske). In the area of counseling skills acquisition, metacompetence is counselor trainees’ use of available skills to solve problems or tasks and their ability to determine which skills are missing, how to acquire them, and whether they are essential to success. According to Falender and Shafranske, counselor trainees can achieve metacompetence through ongoing and structured analysis of their counseling skills performance by reviewing video recordings of their counseling sessions. Although this claim could be accurate, it was uncertain what metacompetence looks like from the perspective of the counselor trainees who develop it in this manner.
In addition to acquiring metacompetence, counselor trainees may also experience growth in their counselor development through review of their counseling session recordings.

How supervisors structure video review of counseling sessions during supervision could determine the effectiveness of the review process for supervisees. Pelling and Renard (1999) described how supervisors could approach videotape review based on each level of Stoltenberg and Delworth’s (1987) developmental model. For the Level 1 practicum student counselors relevant to the present study, the authors recommended that supervisors make video review a consistent aspect of the supervisory process. Specifically, supervisors should focus on their supervisees’ use and execution of counseling skills. The supervisor and supervisee should discuss improving skills and skills that still need improvement and how the supervisees could achieve more competence with those skills. According to Pelling and Renard, in order to advance their supervisees’ counselor development, supervisors should provide supervisees feedback regarding counseling skills demonstrated on videotapes of counseling sessions.

Any skills-based training at Level 1 of counselor development would take advantage of counselor trainees’ focus on themselves by incorporating independent video review of counseling sessions (Stoltenberg et al., 1998). It is a powerful training experience to have counselor trainees watch videos of themselves in the counselor role (Hill, Stahl, et al., 2007). According to published scholarly material, most counselor training programs use videocassette recorders (VCRs) with videotapes to facilitate trainees’ reviews of their counseling sessions (Borders & Brown, 2005). Despite their widespread use, there are disadvantages of using videotape playback systems (Welsh & Dickson, 2005). These systems take lots of available space for storage of videotapes and are apt to malfunction. In addition, it is challenging to incorporate any video editing
technology to the videotape/VCR combination because the technology is complicated and requires extensive training to use (Newman & Abney, 2005; Pretorius, 2006). Digital recording systems offer many advantages compared to analog videotaping (Borders & Brown). Digital recording and playback is fast, flexible, and efficient, making it more attractive for supervisors and counselors-in-training (Welsh & Dickson).

The skills-based training approach of interest in the present study uses a digital playback system that allows supervisees to analyze their counseling skills performance by adding labels of the skills directly on the digital recordings. This type of training focuses beginning counselors on their moment-by-moment interactions in counseling sessions (Hill, Stahl, et al., 2007), which is developmentally appropriate (Stoltenberg et al., 1998) and should increase their counseling self-efficacy (Urbani et al., 2002); however, there is a lack of research on the counselor trainees’ lived experience of engaging in this particular training. In addition, it seems likely that having the counselor trainees use the digital video playback system to prepare for supervision by identifying and labeling segments during which they demonstrated counseling skills would provide supervisors an avenue to structure feedback focused on the trainees’ counseling skills performance, but what was unknown is how counselor trainees perceive this aspect of their skills-based training and supervision and how they would describe their experience engaging in it.

Focus of the Study

The problem. The existing research (e.g., Crews et al., 2005; Little et al., 2005; Smaby et al., 1999; Urbani et al., 2002) provides important information about skills-based counselor training, but the skills-based training procedure in the present study has unique aspects that have not been examined in previous studies. These unique aspects include
The purpose. The purpose of this phenomenological qualitative study was to describe the lived experience of counselor trainees as they engaged in the central phenomenon. The central phenomenon includes a set of experiences that comprise the supervision and training model at the setting for this study. In this model, counselor trainees digitally record and store their counseling sessions. Later, they independently review video recordings of their sessions and analyze their counseling skills performance. As part of this analysis, they identify segments in which they demonstrate specified counseling skills, and the beginning and ending of each segment is displayed on the video so that it is noticeable during review. The counselor trainees might choose a particular segment because they believe they successfully enacted the counseling skill and want to show their supervisors how well they did or because they think that they struggled with
that counseling skill and are seeking guidance for improvement from their supervisors. In some cases, supervisors might instruct counselor trainees to identify a segment demonstrating a certain counseling skill that they discussed during the previous week’s supervision sessions. After identifying the segment, counselor trainees locate the counseling skills listed in the dropdown list of the playback software that correspond to their identified segments and use the system to add the labels to the segments. The list of counseling skills available to trainees for tagging is programmed according to the practicum supervisor’s specification. Finally, the counselor trainees show their supervisors the identified and labeled counseling skills during supervision sessions, which are noted on the screen as the video is playing, and the supervisors provide feedback about how well the counselor trainees performed the counseling skills given the circumstances of the session. This set of experiences is applicable to the specific context of master’s-level counselor trainees in their counseling practicum course in which they see clients for the first time. From this point on in the document, I will refer to this set of experiences as the training phenomenon.

As part of describing the lived experience of counselor trainees who take part in the training phenomenon, I was interested in exploring what changes they went through in areas central for beginning counselors. This study investigated counselor trainees’ perspectives on changes in their counseling skills performance, counselor development, and counseling self-efficacy as they experienced the training phenomenon. Based on the previous research findings suggesting the importance of counseling skills acquisition for beginning counselors, I believed that finding effective and engaging ways of training beginning counselors in these skills would provide valuable information for counselor training programs and their training clinic directors. I decided to design this study
because I believed that its findings might be able to provide information about which aspects of engaging in the training phenomenon are the most beneficial from the perspectives of the counselor trainees.

**The research questions.** The current qualitative study had one central exploratory research question: What is the lived experience of counselor trainees who engage in the training phenomenon? Again, this training phenomenon is described as counselor trainees' recording and reviewing counseling sessions; analyzing, identifying and labeling counseling skills; and presenting to and receiving feedback from their supervisors about the identified and labeled counseling skills. The study included three subquestions: (a) As the trainees engage in the training phenomenon, what do they say about their counseling skills performance, and what if anything about it changes? (b) As the trainees engage in the training phenomenon, what do they say about their level of counselor development, and what if anything about their level changes? and (c) As the trainees engage in the training phenomenon, what do they say about their counseling self-efficacy, and what if anything about it changes?

**The methodological overview.** In this study, I used a phenomenological approach to collect and analyze the qualitative data (Creswell, 2007). The area of interest best fits the phenomenological approach because the focus was on a single phenomenon (Creswell, 2003), which was the counselor trainees' experience of engaging in the training phenomenon. Because all of the participants in this study experienced the phenomenon at the same time and for the same duration, a phenomenological approach was suitable to gain an understanding of their shared, lived experience.
Definition of terms. Description of this study includes the use of several terms related to counselor training and supervision. In this section, I provide definitions of these terms, in alphabetical order, which are referenced in the remainder of the document.

1. Counselor development is a way to describe how counselors evolve professionally as they gain training and supervised experience (Bernard & Goodyear, 2004).

2. Counseling self-efficacy (Larson & Daniels, 1998) is defined as one's beliefs about his or her abilities to successfully provide counseling to a client in the upcoming future.

3. Counseling skills are broadly considered as what counselors do during a counseling session (i.e., interventions), including basic and advanced helping skills, theory-based interventions, procedural skills, and issue-related tasks (e.g., suicide assessment) (Borders & Brown, 2005). In the present study, counseling skills were more narrowly defined as the counselor's moment-by-moment verbal and nonverbal expressions in a counseling session. In the first section of the literature review, I provide examples of counseling skills that comprise different skills-based training models.

4. Counseling skills performance is a term that I use in the present study to convey the effectiveness of the enacted counseling skills as defined above.

5. Counselor training is described as the specified instruction and acquisition of counseling skills (Bernard & Goodyear, 2004).

6. Feedback is described in terms of its use within supervision and counselor training and is defined as information that supervisors communicate to their supervisees about aspects of their skills, attitudes, behavior, and appearance that could influence their
performance with clients or affect the supervisory relationship (Hoffman, Hill, Homes, & Freitas, 2005).

7. **Marking** refers to the process of identifying a particular segment of a recorded counseling session during which a counseling skill was demonstrated using the digital recording and playback system. During video playback, the viewer is able to see exactly where the marked segment begins and ends.

8. **Supervision** is defined as an evaluative process over time that includes enhancing supervisee functioning, monitoring supervisee interactions with clients, and serving as a gatekeeper for the counseling and psychology professions (Bernard & Goodyear, 2004).

9. **Tagging** refers to assigning a label to the identified segment of a recorded session with the name of a counseling skill (e.g., reflection of feeling, challenge, self-disclosure, etc.) using the digital recording and playback system. These labels appear on the video as the recording progresses through each of the marked segments.
CHAPTER II
LITERATURE REVIEW

The purpose of this chapter is to review the existent literature to show how the present study seeks to contribute to the field of knowledge in counselor training. In the first section, I present the findings associated with counseling skills and counseling skills performance. I describe Stoltenberg and colleagues' (1998) IDM of counselor development and the findings supporting the model in the second section. In the third section, I review the research describing counseling self-efficacy and how it has evolved from its roots in Bandura’s (1986) social cognitive theory. In the fourth section, I present the literature associated with feedback in the supervision process. Finally, in the last section, I examine the evolution of counselor supervision with a focus on the use of direct observation through analog and then digital recording and playback technologies.

Counseling Skills and Counseling Skills Performance

In this section, I present research findings related to counseling skills and counseling skills performance. First, I provide descriptions of training models developed to help counselor trainees acquire counseling skills. I then review research regarding the application of skills-based training for beginning counselors.

Counseling skills training models. Previous research indicates that skills-based approaches to counselor training are very effective and useful (Hill, Stahl, et al., 2007). I review four counseling skills training models to illustrate skills-based approaches to counseling skills training for novice counselors. Some models present a broader approach to identifying counseling skills, and others have a much more specific focus on counseling skills as moment-by-moment verbal or nonverbal utterances. Although there
is no consensus among counselor trainers and practicum instructors about the most effective approach to teach counseling skills, there is agreement that the acquisition of counseling skills is a central task for novice counselors (Fitch, Gillam, & Baltimore, 2004). In each of these models, the responses of the counselors are divided into more manageable pieces of information to facilitate trainees’ learning, although the type of responses (e.g., discrete counseling skills or affective behaviors) vary according to the purpose and theoretical underpinnings of the training approach. Additionally, each approach includes learning through the observation of others, either expert demonstrations on video or live observation of peers’ counseling sessions. Finally, each approach includes ongoing supervision of counselor trainees’ execution of the training objectives in their counseling sessions. I present the models in chronological order according to my references: interpersonal process recall (Kagan & Kagan; 1997), the microcounseling paradigm (Daniels et al., 1997), the SCTM (Smaby et al., 1999), and helping skills model (Hill, 2004).

**Interpersonal process recall.** Interpersonal process recall (Kagan & Kagan, 1997) is an approach to counselor training that emphasizes human interaction at the core of its theoretical construct. The first basic element of the theory is that people need one another as part of our basic human nature. The second element, however, is that people learn to fear one another as our greatest source of pain. This fear manifests in a variety of behaviors during counseling sessions, but most of these behaviors reflect an approach-avoidance cycle of moving toward and away from others. The fears translate into anticipated reactions from others, which often produce self-fulfilling prophecies. The approach-avoidance cycle based on anticipated reactions is a hallmark of implicit
communication, in which more is said through what is not actually verbalized. At the secondary level of this process, people develop long-term interpersonal postures, which are adaptive responses in interpersonal situations.

In interpersonal process recall training (Kagan & Kagan, 1997), instructors begin by explaining the theoretical framework described above. The first unit of training includes having counselor trainees view a commercially produced video that features demonstrations of four types of therapeutic responses. These responses are exploratory, listening, affective recognition, and metacommunication, the last of which was formerly called honest labeling. By enacting these four counselor behaviors, trainees learn to focus on their client’s affect and to communicate frankly with their client. In the second unit of training, supervisors inquire about the counselors’ intentions using video recall of recorded sessions to help beginning counselors overcome two dynamics characteristic of them. The first dynamic is trainees’ tendencies to act in session as if they have only interpreted the client’s explicit messages, despite having read the client’s implicit messages as well. The second dynamic is trainees’ tuning out the client for long periods of time during the session because of their high level of internal focus. The next phase of training includes a series of structured exercises in which trainees learn the inquirer role. While reviewing videos of their own recorded counseling sessions, trainees learn to ask assertive questions, such as “How did you want the other person to perceive you?” and “Were there any other thoughts going through your mind?” During the following phase, trainees practice being the inquirer. They practice the inquirer role in a session with a peer trainee’s client using video recall of a peer trainee’s previously recorded counseling session with that same client. The purpose of this phase is to have trainees become competent as counselors and inquirers so that they eventually become their own inquirers.
The client and counselor relationship is emphasized in the final phase of training. At this time, an inquirer joins a counselor and his or her client to help them talk about each other and to each other to use the therapeutic relationship as a mechanism for client awareness into his or her interpersonal relationship style.

Although interpersonal process recall (Kagan & Kagan, 1997) is a training model based on a specific theoretical construct, aspects of this approach are similar to the training phenomenon investigated in this study. Like interpersonal process recall, the current training phenomenon incorporates detailed analysis of video recorded counseling sessions. The training phenomenon in this study differs in its focus on counseling skills performance, an area of importance for beginning counselors (Fitch et al., 2004), rather than focusing primarily on the interpersonal dynamics between counselor and client.

**Microcounseling.** Daniels and colleagues (1997) developed a microcounseling training model. Unlike helping skills that are broadly defined, microskills are names for what behaviorally occurs during a counseling session. Microcounseling is a training approach in which counselor trainees are taught and practice each individual microskill of the Microskills Hierarchy (Ivey & Ivey, 2007). Although the Microskills Hierarchy is divided into 12 levels, the training paradigm groups them so that there are seven steps in the training sequence. Starting at the bottom of the Microskills Hierarchy, the first sequence is culturally appropriate attending behavior, such as eye contact, body language, and verbal tracking (e.g., paraphrasing, reflection of content). The second sequence consists of several skills clustered together as the basic listening sequence, which includes open and closed questions; client observation skills; encouraging, paraphrasing, and summarization; and reflection of feeling. The third sequence is the five-stage
interview structure, a structure that includes defining the problem and establishing a goal.

The next three levels in ascending order are confrontation, focusing, and reflection of meaning, and these comprise the fourth sequence. The fifth sequence includes influencing skills and strategies and development skills, such as interpretation and self-disclosure. Skill integration is the sixth sequence, and determining personal style and theory is the seventh sequence and is the skill at the top level of the Microskills Hierarchy.

The microcounseling program (Daniels et al., 1997) focuses on trainees' acquiring one microskill at a time. At the first stage of the program, trainees conduct a 5-minute baseline recorded interview with a mock client using what they believe is effective performance of the assigned counseling skill. Second, trainees review the written manual for information about the microskill (or skill sequence) to be learned. Third, trainees watch a video with model experts demonstrating the effects of using, misusing, and failing to use the microskill. At the fourth stage of the program, trainees view their own baseline video, and the supervisor gives positive feedback about what trainees did well and evaluates their skill use in reference to a predetermined criterion level for that skill. The trainees then review the skill by discussing its use with their supervisors and plan for their next client interview. Finally, trainees conduct another recorded interview in which the particular skill is emphasized, and then their supervisors review the videos and discuss with trainees their use of the skill. This approach is repeated with all the skills in the Microskills Hierarchy. The developers of the microcounseling approach cited empirical data supporting the effectiveness of this training in promoting counselor trainees' knowledge and acquisition of microskills, and they also noted that counselors
who have completed the training demonstrated high levels of warmth and empathy with their clients and awareness of culturally appropriate behavior.

The training phenomenon investigated in the current study has similarities to the microcounseling program (Daniels et al., 1997) in terms of its focus on the performance of discrete counseling skills, but the training phenomenon in this study assumes that counselor trainees have already participated in a course in which they learned and initially practiced each counseling skill. In the current study, the trainees’ initial practice was in a classroom setting with peer trainees, and then they engaged in the training phenomenon while seeing actual clients for the first time. The training phenomenon might be more appropriate for counselor trainees who are seeking to further practice, refine, and develop competence in their counseling skills in the context of a counseling practicum.

**Skilled Counselor Training Model.** The SCTM (Smaby et al., 1999) is a modification of the Skilled Group Counselor Training Model (Smaby et al.). The SCTM is intended for individual counseling skills training, whereas the Skilled Group Counseling Training Model was designed to train counselors in group counseling skills. The SCTM focuses on 18 counseling skills divided among three stages of counseling: exploring, understanding, and acting (Urbani, 2001). The model provides a purpose, two counseling processes, and six counseling skills for each of these stages. In the exploring stage, the counseling skills are eye contact, body language, verbal tracking, questions, paraphrasing, and summarizing. In the understanding stage, the counseling skills are feeling and content; self-disclosure; concrete and specific expressions; immediacy; situations, actions, and feelings; and confronts caringly. In the acting stage, the counseling skills are deciding, choosing, consequences, agreements, deadlines, and
review goals and action to determine outcome. Elements of the training model were designed to promote counseling self-efficacy and cognitive complexity, the latter of which is described as being able to think conceptually about problems and counseling interactions (Urbani).

Instructors teach the SCTM (Smaby et al., 1999) using didactic lecture, video viewing/demonstration, and experiential work. According to the model, trainees concomitantly participate in a counseling theory and process course and a counseling practicum course. They learn and practice counseling skills in the counseling theory and process course and then apply them in sessions with clients during their counseling practicum course. Supervisors provide trainees with 1 hour per week of individual supervision using a cognitive behavioral model that focuses on the observable demonstrations of trainees' counseling skills. Trainees are required to transcribe some of their audiotaped counseling practicum sessions and create a 45-minute videotape with their clients as they demonstrate all of the 18 counseling skills.

The current training phenomenon is similar to the SCTM in its focus on counseling skills acquisition and performance and its use of video of recorded counseling sessions during supervision sessions. However, instead of creating a 45-minute videotape with demonstrations of counseling skills, counselor trainees who engaged in the training phenomenon in the present study presented labeled segments of their counseling skills demonstrations during their weekly supervision sessions. This distinction reflects the ongoing self-analysis of counseling skills performance required of trainees in the training phenomenon of interest.


Helping skills. Hill (2004) described helping skills in terms of when and how therapists use them within the therapeutic relationship. She presented empirical research findings supporting the use of the three-state model of helping, which includes the exploration, insight, and action stages. The exploration stage involves specific skills in the areas of attending and listening, open questions and probes, restatements, reflections of feelings, and other additional skills. The insight stage includes the use of challenge, interpretation, self-disclosure of insight, and immediacy skills. Finally, the action stage draws on the skills of giving information, providing feedback to the client regarding his or her behavior, process advisement, direct guidance, and disclosure of strategies.

Hill (2004) structured her helping skills model as a 15-week course. Training follows the three stages of counseling from exploration, to insight, and finally to action. The trainees focus on learning and practicing exploration skills for four 3-hour class sessions, insight skills for two 3-hour class sessions, and action skills for two 3-hour class sessions. After 1 month of the course, the trainees begin seeing undergraduate students as volunteer clients. By the end of the semester, the trainees complete 10 to 12 50-minute sessions. The trainees spend 6 hours per week on activities related to this course; they spend 3 hours learning about and practicing skills, 1 hour seeing a volunteer client, 1 hour in individual supervision by an advanced doctoral student, and 1 hour observing a fellow trainee’s session. In addition, trainees read texts on counseling theories during the course. Trainees are also assigned to write a personal theory paper, transcribe one of their counseling sessions, and write a paper evaluating their performance during the transcribed session and comparing their performance to published counseling outcome data.
The helping skills model of counselor training (Hill, 2004) is a straightforward and practical approach to counselor training. Although it incorporates observation of peer counseling sessions and one transcribing assignment, it does not include focus on counseling skills performance through ongoing self-observation with analysis of recorded sessions. In this study, the training phenomenon is practical like the helping skills model, but incorporates counselor trainees’ analysis of their counseling skills and subsequent presentation of the labeled segments to their supervisors.

**Application of counseling skills training models.** In this next section, I present studies conducted to explore or investigate counselor trainees’ acquisitions of counseling skills. The first study has a qualitative research design and is focused on exploring the process of novice counselors. The remaining studies are quantitative and focus on the implementation of the SCTM (Smaby et al., 1999). The findings from these studies indicate the effectiveness of skills-based counselor training and supervision, but also introduce other factors that may interact with acquisition of skills to improve the competence of counselor trainees. One of these other factors is counseling self-efficacy, which I describe in a later section in terms of its relevance to this study.

**Qualitative exploration of counseling skills training.** Hill, Sullivan, Knox, & Schlosser (2007) conducted a qualitative study with novice counselors in their first year of graduate training. The purpose of their study was to explore the experience of becoming psychotherapists by examining the full range of trainees’ lived experience, rather than focusing exclusively on the critical incidents that may occur. The participants in the study were five counseling psychology doctoral students in their first year of graduate training. The participants were enrolled in a 15-week practicum course. This
course followed the Hill (2004) helping skills training model described above. Training followed the three stages of counseling from exploration, to insight, and then to action. After 1 month of practicing the exploration helping skills with each other, the trainees began seeing undergraduate students as volunteer clients. The trainees had completed 10 to 12 50-minute sessions by the end of the semester, and they spent 6 hours per week on activities related to this course, including individual supervision. The first author, who was the instructor of this practicum course, asked participants to write weekly journal entries about their *hot buttons*, which the authors described as strong reactions to clients resulting from the trainees' personal issues. The participants also included thoughts about helping skills, competence, cultural issues, anxiety, self-efficacy, ethics, and other issues related to the process of becoming a psychotherapist.

The researchers (Hill, Sullivan, et al., 2007) analyzed the content of their participants’ journal entries using consensual qualitative research (Hill, Thompson, & Williams, 1997). They found that the participants wrote most about the challenges associated with becoming psychotherapists, and part of these challenges was the process of learning and using helping skills. In particular, the trainees reported uncertainty about when to use exploration skills to facilitate deeper discussions with their clients and when to ask open-ended questions that do not sound repetitive. The participants also wrote about their hesitation regarding the appropriate implementation of insight skills because these skills are different from those used frequently in conversations with friends and family. Both in the areas of challenges of and gains in becoming psychotherapists, the participants wrote little about their learning and use of action skills. In terms of the gains they experienced, the trainees wrote about their increased comfort using exploration skills, especially reflection of feelings, restatement, open questions, and silence. They
also described some increased comfort with using insight skills. The researchers concluded that learning to implement helping skills is a central focus of training for novice counselors and that the trainees became more confident in their competence as psychotherapists as their abilities and comfort using helping skills developed and increased. Although these results cannot be generalized to a broader population of trainees, the study provides rich data about the importance of helping skills acquisition as part of the experience of becoming a psychotherapist. Like Hill, Sullivan, and colleagues’ study, the present study also had a qualitative design and investigated the experience of novice counselors as they participated in training central to their professional development. This study differed because its focus was on the experiences of beginning counselors as they engaged in a skills-based training that occurred after they had already been introduced to counseling skills and theories in other courses. Moreover, this study asked counselor trainees to describe one aspect of the training phenomenon that makes it distinct from the Hill’s helping skills model, which was counselor trainees’ analysis of their recorded counseling sessions that included identifying and labeling segments in which they believe they demonstrated counseling skills.

Quantitative findings for one training model. In the following section, I describe studies assessing the SCTM. I focus on the SCTM and its applicability because the published research on the SCTM includes factors, in addition to counseling skills performance, pertinent to this study. For example, the first study I describe by Urbani and colleagues (2002) examined the impact that completing the SCTM has on trainees’ counseling self-efficacy. The second study, by Little and colleagues (2005), investigated the effects of SCTM on cognitive complexity, and the third study, by Crews and colleagues (2005), compared the SCTM with interpersonal process recall (Kagan &
Kagan, 1997) on their influence of self-monitoring skills. The latter two variables, cognitive complexity and self-monitoring skills, are associated with one model of counselor development, which is an element of this study that I describe in the next major section of this document. Upon presenting the studies using the SCTM, I will discuss the implications of their findings in terms of this study.

Urbani and colleagues (2002) conducted a study to investigate the effects of the SCTM (Smaby et al., 1999) on trainees' counseling skills, accuracy of self-evaluations of counseling skills, and counseling self-efficacy. The participants included 61 1st-year master's-level counselor trainees. The 52 participants in the experimental group completed the 36-hour SCTM, and the 9 participants in the control group completed an introductory counseling course. The researchers collected pretest and posttest data using two instruments: the Skilled Counselor Scale (Smaby et al.) and the Counseling Self-Estimate Inventory (Larson & Daniels, 1998). The 18-item Skilled Counselor Scale is a modified version of the Skilled Group Counseling Scale (Smaby et al.) and was designed to rate counselor trainees' performance of counseling skills. The 37-item Counseling Self-Estimate Inventory is a measure designed to assess counseling self-efficacy beliefs. At both pretest and posttest, researchers told the trainees to demonstrate as many of the skills listed on the Skilled Counselor Scale as they could during a 6-minute mock counseling session. Directly preceding the mock session, participants completed the Counseling Self-Estimate Inventory, and they provided self-evaluations of their demonstrated skills using the Skilled Counselor Scale directly following the mock session. Three doctoral student raters viewed videotapes of the mock counseling sessions to obtain pretest and posttest scores of the Skilled Counselor Scale (Urbani et al.).
Urbani and colleagues (2002) had five hypotheses. Hypothesis 1 stated that participants from the experimental group who had been trained with SCTM (Smaby et al., 1999) would have higher mean scores of counseling skills performance than the control group participants. Hypothesis 2 stated that at pretest participants from the both groups would give themselves higher counseling skills performance ratings than the raters would. Hypothesis 3 stated that at posttest participants from the experimental group would give themselves the same counseling skills performance ratings as the raters would. Hypothesis 4 stated that at posttest participants from the control group would give themselves higher counseling skills performance ratings than the raters would. Hypothesis 5 stated that participants from the experimental group would have higher mean scores of counseling self-efficacy than the control group participants. The researchers reported finding statistically significant support for all of their hypotheses except Hypothesis 3. Urbani and colleagues concluded that trainees who completed the SCTM had significantly improved counseling skills, higher counseling self-efficacy, and less overestimated (although possibly too underestimated) self-evaluations of their counseling skills performance.

In another study, Little and colleagues (2005) examined the success of the SCTM (Smaby et al., 1999) in facilitating novice trainees’ skills acquisition among 59 1st-year master’s-level counselor trainees as participants. The 40 participants in the experimental group completed the 36-hour SCTM, and the 19 participants in the control group completed an introductory counseling course. The experimenters collected pretest and posttest data using the Skilled Counselor Scale (Smaby et al.). Assessment methods followed the same procedure as described above in the review of Urbani et al. (2002), except that participants completed the measure of cognitive complexity rather than the
measure of counseling self-efficacy. In Little and colleagues’ study, the raters were not aware of whether they were viewing pretest or posttest demonstrations from members of the experimental or control groups.

Little and colleagues (2005) had five hypotheses, but I will limit my discussion to the first hypothesis, which is most relevant to this study. Hypothesis 1 stated that participants from the experimental group who had been trained with SCTM (Smaby et al., 1999) would have higher mean counseling skills performance scores than the control group participants. Using an analysis of covariance, the researchers found that the experimental group had statistically significantly higher mean counseling skills performance scores than the control group. The large effect size resulting from this analysis indicates that the SCTM produced a meaningful difference in counseling skills acquisition. Little and colleagues concluded that the SCTM is an approach that can produce significant and meaningful improvements in counseling skills performance among counselor trainees.

Crews and colleagues (2005) conducted an additional study to compare the counseling and self-monitoring skills of counselor trainees who completed the SCTM (Smaby et al., 1999) or training using interpersonal process recall (Kagan & Kagan, 1997), which included skilled trainer demonstrations and practice, affective simulation, simulated recall, and inquirer training. Training in interpersonal process recall is intended to increase counselors’ interpersonal awareness and self-monitoring skills with clients during counseling sessions. The participants included 56 1st-year master’s-level counselor trainees. There were 47 participants in the SCTM group and 9 participants in the interpersonal process recall group. The experimenters collected pretest and posttest data using two instruments: the Skilled Counselor Scale (Smaby et al.) and a scale
intended to measure one’s concern with social comparison and one’s ability to adjust self-presentation according to information gathered from social comparison. Assessment methods followed the same procedure as described above in the review of Urbani et al. (2002) except that participants completed the self-monitoring scale rather than the measure of counseling self-efficacy.

Crews and colleagues (2005) had five hypotheses. Hypothesis 1 stated that participants with high self-monitoring scores would have higher pretest other-rated counseling skills performance scores than participants with low self-monitoring scores. Hypothesis 2 stated that participants with high self-monitoring scores would have higher posttest other-rated counseling skills performance scores than participants with low self-monitoring scores. Hypothesis 3 stated that participants with high self-monitoring scores would have higher pretest self-rated counseling skills performance scores than participants with low self-monitoring scores. Hypothesis 4 stated that participants with high self-monitoring scores would have higher posttest self-rated counseling skills performance scores than participants with low self-monitoring scores. Hypothesis 5 stated that participants who complete the SCTM would demonstrate greater improvement of counseling skills performance from pretest to posttest than the participants who completed interpersonal process recall training (Kagan & Kagan, 1997). None of the first four hypotheses were supported, indicating that participants’ levels of self-monitoring had no significant effect on their self-evaluations or the raters’ evaluations of their counseling skills performance. Conversely, support for Hypothesis 5 was statistically significant: Crews and colleagues found that participants who completed the SCTM compared to those trained with interpersonal process recall demonstrated significantly greater improvement in their abilities to perform counseling skills. The researchers concluded
that concrete and specific counseling skill training is most effective for beginning counselors.

Findings from meta-analyses have supported the effectiveness of skills-based counselor training programs, and research on the use of the SCTM (Smaby et al., 1999) in counselor training has produced encouraging results (Buser, 2008). Using a design that assessed counseling skills performance before the SCTM training, immediately after completing training, and at the conclusion of the master’s-degree program, Schaeffle, Smaby, Maddux, and Cates (2005) concluded that the SCTM is an effective training model for lower and higher level counseling skills and that the effects of the SCTM persisted throughout the trainees’ education. The outcomes of the studies investigating the effectiveness of the SCTM are relevant to the present study. These studies were well designed and provide readers with empirical, quantitative findings. Although these studies suggested that the SCTM is an effective training model, they did not explore the counselor trainees’ perceptions of experiencing this type of training, as in this study.

In the section above, I summarized different models of counselor training and subsequently explained studies in which these models were evaluated or discussed. I described interpersonal process recall (Kagan & Kagan, 1997), the microcounseling paradigm (Daniels et al., 1997), the SCTM (Smaby et al., 1999), and the helping skills model (Hill, 2004) to illustrate how the training phenomenon in this study compares to these established counselor training models. The training phenomenon of interest is similar to the microcounseling paradigm, the SCTM, and the helping skills model in its focus on counseling skills. Like interpersonal process recall, the phenomenon includes frequent and detailed self-analysis through viewing recorded counseling sessions, but interpersonal process recall does not emphasize the performance of counseling skills.
Then I summarized one qualitative research article (Hill, Sullivan, et al., 2007) on Hill’s (2004) helping skills model. The findings from this article highlight the importance of counseling skills training from the perspectives of the counselor trainees, and in this study, I also explored the experience of engaging in a specific training model, but with a model that includes elements of analysis and feedback on counseling skills performance. Finally, I presented several empirical investigations into the effectiveness of the SCTM (Smaby et al.). These studies support the effectiveness of the model in terms of counseling skills performance ratings, and they also demonstrate how skills-based training causes changes in other important areas of counselor training, such as counseling self-efficacy (Urbani et al., 2002) and cognitive complexity (Little et al., 2005), but is not associated with changes in self-monitoring (Crews et al., 2005). In the current study, I investigated how counselor trainees described their experience taking part in the training phenomenon, with its similarities and differences to the other described counselor training models, and whether they experienced changes in their counseling skills performance in the process.

**Counselor Development**

In this section, I describe the construction and application of a developmental model to the supervision and training of novice counselors. The first section explains my rationale for incorporating the framework of the IDM (Stoltenberg et al., 1998) as a central component in this study. In the next section, I describe the components of the IDM using separate sections of text for each level of development. Finally, I present findings related to the application of the IDM to counselor training. This study further explored how the components of the IDM apply to counselor trainees’ particular experience of engaging in the training phenomenon during a counseling practicum.
Developmental models for counselor training and supervision. In the following section, I delineate scholarship on the use of developmental models to understand and facilitate counselor development. The section begins with a brief history of the emergence of counselor development models. Then I present two reviews of developmental approaches to supervision and counselor competency. The contents of this section provide my rationale for investigating how the structures and levels of the IDM correspond to the descriptions of the counselor trainee participants who took part in the training phenomenon in this study.

There are several original models of counselor development (e.g., Loganbill, Hardy, & Delworth, 1982; Rønnestad & Skovholt, 1993; Stoltenberg, 1981), and some authors have produced revisions of their models based on more contemporary research (e.g., Rønnestad & Skovholt, 2003; Stoltenberg & Delworth, 1987; Stoltenberg et al., 1998). Stoltenberg and colleagues refined previous versions of their models and designed the IDM. This model is considered to be descriptive of therapist development and prescriptive in terms of how supervisors may interact with supervisees based on their developmental level (Bernard & Goodyear, 2004). Stoltenberg and colleagues designed the IDM based on research on the cognitive, motivational, and attitudinal aspects of professional development. The findings from this research suggest that counselor professional development does not occur in a simple, linear fashion, but can be understood within a theoretical framework that accounts for multiple facets of development, such as the IDM.

Sansbury (1982) wrote a review of the article presenting the original conceptual model of counselor development written by Loganbill and colleagues (1982). In this
review, Sansbury described the model as the most well-developed and thorough model of supervision yet published. He indicated that supervision has to have a developmental framework because of the cyclical fashion with which counselor issues reappear at different levels of training. It is important to note that Sansbury cited an important weakness of this original model by suggesting that discussion of group supervision techniques to facilitate development was lacking. Since Sansbury wrote this review, Stoltenberg and colleagues (1998) published the IDM, which is the most recent revision to their developmental approach to supervision.

Several years following publication of the IDM (Stoltenberg et al., 1998), Stoltenberg (2005) reflected on the application of developmental models to promote counselor competency. He noted his conviction that the practice of supervision, as part of sound clinical training, is critical in the process of becoming competent for counseling and psychology professionals. Stoltenberg wrote that the path toward competency in various domains of professional functioning is developmental. He explained that the IDM (Stoltenberg et al.) coincides with other models of human development by proposing quantitative changes within stages and qualitative between stages. He wrote that these distinct types of changes reflect Piaget’s (as cited in Stoltenberg) cognitive processes of assimilation and accommodation. In the process of assimilation within each level, counselor trainees interpret information in their external environment according to their existing schema, such as when experiences with clients support preexisting beliefs about their motivation to be counseling professionals. In the process of accommodation during movement between levels, counselor trainees adjust their former schema to better fit the external environment, such as when counselor trainees develop a new belief about their level of autonomy after successfully completing a counseling practicum.
Stoltenberg noted that empirical research supports the propositions of the IDM and that supervisors’ behavior in supervision varies according to the developmental level of supervisees. He concluded that although researchers have paid more attention to developmental models than any other supervision approach, more support was needed to describe what types of experiences and supervisory environments promote counselor competency along the developmental path. This study explored, from the supervisees’ perspective, supervisory experiences and training environments as part of the phenomenon of interest using the IDM as a theoretical construct.

**Integrated developmental model.** The IDM provides a description of four levels of counselor development (Stoltenberg et al., 1998). Within each level, counselors are considered to vary among “three overriding structures that provide markers in assessing professional growth” (Stoltenberg et al., p. 16). The three structures are self and other awareness, motivation, and autonomy. Assessment of the self and other awareness structure provides information about the supervisees’ levels of preoccupation with themselves, appreciation of the client’s world, and open-mindedness. The motivation structure describes the supervisees’ fluctuating levels of interest in and commitment to their training. Finally, the autonomy structure is characterized by the supervisees’ dependence on or independence from supervisors and the level of structure the supervisees desire during their supervision sessions. The model also contains eight specific domains of clinical practice. Development of the overriding structures is assessed in counselors’ performance in the following domains: (a) intervention skills competence, (b) assessment techniques, (c) interpersonal assessment, (d) client conceptualization, (e) individual differences (e.g., competence working with clients from
diverse backgrounds and with diverse issues), (f) theoretical orientation, (g) treatment plans and goals, and (h) professional ethics. Counselors often operate at one level in some domains and another level in the remaining domains (Stoltenberg et al.).

**Level 1 counselor trainees.** Level 1 counselor trainees are inexperienced and have not received adequate training in the practice of counseling (Stoltenberg et al., 1998). It seems likely that most master’s-level trainees enter their first master’s-level practicum course as Level 1 counselors, and they tend to exhibit the behaviors that characterize this level.

**Self and other awareness.** In terms of their self and other awareness (Stoltenberg et al., 1998), these supervisees are generally highly focused on themselves. They tend to be preoccupied with their high levels of anxiety and low levels of skills competence. They focus on the evaluative nature of supervision and their associated fears with that process. Level 1 trainees tend to have anxiety regarding their lack of competence, especially if they anticipate evaluation from their supervisors or if they engage in self-appraisal. In the cognitive realm, Level 1 trainees are concerned with learning information, understanding the counseling process, and performing the relevant skills in the best way. Perhaps because of interference from their anxiety and their focus on learning about and acquiring counseling skills, Level 1 trainees tend to have low levels of other awareness. Minimal other awareness combined with high levels of self-awareness could negatively influence counselor trainees’ abilities to experience empathy for their clients.

**Motivation.** Within the framework of the IDM (Stoltenberg et al., 1998), Level 1 trainees tend to have high levels of motivation, although their motivation may be
hindered by the anxiety associated with their high levels of self-awareness, as described above. In other cases, they may sustain high levels of motivation to learn the skills necessary to feel more comfortable in their new role; in these cases, they are motivated to lessen their feelings of anxiety. Level 1 trainees are excited to be challenged with learning new skills that are directly related to their chosen careers. They tend to have substantial investment in performing the real work of a counselor, and thus a significant portion of their motivation is focused on acquiring skills. Their readiness to learn and motivation to reduce their anxiety contribute to fast progression in their achievement of fundamental counseling tasks, such as counseling skills acquisition. However, it is important to closely monitor Level 1 supervisees’ motivation because it may begin to dissipate as their anxiety decreases and they gain confidence in their abilities to perform as counselors.

**Autonomy.** According to the IDM (Stoltenberg et al., 1998), Level 1 trainees are low on measures of autonomy. They typically depend on their supervisors as role models and sources of information, and they look to their supervisors to facilitate advancement through directives and training to higher stages of development. Level 1 trainees prefer structure, support, and positive feedback as central components of supervision. As trainees progress through Level 1, they may depend less on their supervisors and develop confidence, although sometimes unwarranted, that their basic skills and clinical knowledge are sufficient to address the problems of their clients. This is especially true if trainees have operated at higher levels in other domains; they approach new domains with confidence that they have the abilities to perform adequately without reliance on their supervisors.
**Level 2 counselor trainees.** With time and experience, many Level 1 trainees advance to Level 2 (Stoltenberg et al., 1998). Supervisors may find that their master’s-level trainees progress to Level 2 by the end of the semester-long practicum course.

**Self and other awareness.** The self and other awareness of Level 2 counselors is characterized by a decreased focus on the self and an increased focus on the clients. The trainees experience a greater ability to empathize with their clients, but possibly at the risk of overidentification with them. Some Level 2 counselors may develop countertransference reactions to their clients that impede their abilities to objectively evaluate the needs of and best treatment options for their clients. Overidentified Level 2 trainees believe strongly in their clients’ reports of presenting concerns and generally become strong advocates for their clients. Although these attitudes and behaviors may contribute to counselor professional development, they also put Level 2 trainees at risk of becoming too immersed in their clients’ situations to make appropriate decisions about the direction and goals of counseling. Stoltenberg and colleagues noted that therapist gender differences might emerge at Level 2, during which male counselors may focus more on cognitive aspects, whereas female counselors may focus more on affective aspects of their clients’ presentations.

**Motivation.** Fluctuating levels of autonomy may influence Level 2 supervisees’ motivation level. As they encounter novel and confusing situations, they may experience changes in motivation. Some become more motivated to overcome their challenges, whereas others become discouraged, lose motivation, and question their career choice. Therefore, motivation levels may also fluctuate for Level 2 trainees as they oscillate between confusion and confidence with successful experiences. In some cases,
motivational fluctuations present as forgetfulness; forgetful Level 2 counselors could fail to complete supervisory assignments. In other cases, Level 2 counselors could distance themselves from their counseling role by suggesting referrals for their clients or becoming overly involved in research or other graduate work activities that are not related to their clients.

**Autonomy.** The structure of autonomy seems to receive the most focus for Level 2 trainees because they are constantly oscillating between self-sufficiency and reliance on their supervisors. Their increased confidence in their skills compared to the challenges they face with the complexity of their clients’ issues contributes to these oscillations. Level 2 trainees assert their independence with clients, and some may avoid discussing these clients with their supervisors because they assume that their supervisors will suggest alternative approaches to counseling. When Level 2 trainees have experienced previous success with clients who presented with particular concerns, they generally have confidence that they can function independently of their supervisors with new clients who have similar concerns, and this level of autonomy is generally appropriate. However, when assigned clients who have presenting concerns with which the trainees had previously poor experiences or no experience, Level 2 trainees seek guidance from their supervisors and sometimes return to a Level 1 degree of autonomy. Such a return to a previous level is considered as expected development according to the IDM.

**Level 3 counselor trainees.** As they gain competence in the various domains of professional activity, Level 2 counselors may advance to Level 3 (Stoltenberg et al., 1998). However, it is also possible that Level 2 counselors could revert to manifesting
some Level 1 characteristics, or counselors who advance to Level 3 could return back to Level 2 regarding any of the three IDM structures.

**Self and other awareness.** When counselors advance to Level 3, they are more focused on their personal approach to counseling and psychotherapy (Stoltenberg et al., 1998). Level 3 trainees have attained balance in self and other awareness, which allows them to empathize with their clients. They use what they have gained in self-knowledge to better understand their clients’ perspectives. This focus on their clients yields improved client conceptualization skills. Level 3 trainees are able to pay attention to their clients’ issues and then reflect on their reactions to clients and their professional knowledge about the clients’ concerns. Additionally, Level 3 trainees have the capacity to examine the therapeutic relationship. At this level, trainees draw upon information that is a) obtained from advanced counseling skills, b) regarding cognitive and affective responses to clients, and c) derived from professional literature on human functioning and the therapeutic process.

**Motivation.** Level 3 trainees generally maintain a consistent level of motivation in which they are able to face challenges without becoming discouraged or doubting their global level of therapeutic effectiveness. They are able to tolerate temporary states of confusion or frustration because past successes continue to fuel their motivation. The high motivation of Level 3 trainees is no longer focused on anxiety reduction, but is more directed at learning and practice to achieve professional goals. Level 3 counselors are able to discern their levels of competence in the different domains and realize that there remain domains in which they are operating at Levels 1 or 2. Considering this recognition, they tend to lose motivation for the domains in which they feel less
professionally inclined and continue to focus on competence in their more experienced domains.

**Autonomy.** During the early phases of Level 3, trainees experience conditional autonomy. These trainees desire to integrate their skills and function independently, and their high level of self-understanding supports this autonomous functioning. On the other hand, their self-understanding causes them to realize that additional perspectives and resources are valuable, and they seek supervision for input. As mentioned above, counselors who have reached Level 3 in some domains are aware of the domains in which they continue to operate at Levels 1 or 2. If they choose to focus on their Level 3 domains, their autonomy will increase in these areas. If they choose to broaden their development, supervision may focus on building competence in the remaining areas and then consolidating skills across domains. In most cases, Level 3 trainees use supervision to polish existing skills and assimilate new perspectives into established schema.

**Level 3 integrated counselors.** The IDM (Stoltenberg et al., 1998) describes Level 3i counselors as those who are integrated at Level 3 across the eight domains of professional functioning. Again, these domains are intervention skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment plans and goals, and professional ethics. Colleagues consider Level 3i counselors as masters because they can fluidly transition among the different domains. Movement from Level 3 to Level 3i is less vertical and more horizontal, representing a broadening of abilities and linking of cognitive schema across domains. Although Level 3i counselors continue to grow and refine their skills, they have matured to a level at which they are fully functioning in all domains. Unless a
new domain were to emerge, Level 3i counselors do not likely return to previous levels of
development. Counselors at Level 3i are described as creative in their capacity to
integrate networks of knowledge from multiple domains as they continue to augment
their self-understanding.

Detailed descriptions of the IDM’s (Stoltenberg et al., 1998) structures and levels
were described in the section above. Although training and supervision are valuable for
development of the structures at Levels 1, 2, and 3, the focus of this study was on early
experiences of training and supervision. Therefore, I anticipated that most participants in
this study operated at Level 1 and possibly Level 2 of counselor development.

**Applicability of the IDM.** The next section presents studies in which researchers
investigated the applicability and appropriateness of developmental approaches to
supervision. In each of these studies, the authors discussed the findings of their research
regarding the IDM (Stoltenberg et al., 1998). The following studies are relevant to the
rationale for conducting this study because I investigated the applicability of the IDM
framework to the experience of the counselor trainees who engaged in the training
phenomenon.

Lovell (1999) was interested in whether movement within the levels of the IDM
(Stoltenberg et al., 1998) corresponded with increases in supervisee cognitive complexity.
The IDM was intended to emphasize Stoltenberg’s (as cited in Lovell) Cognitive
Complexity Model, which features a progression of four qualitatively different cognitive
levels. Each of these levels is characterized by increasingly more complex thought, and
counselor trainees are assumed to pass through each level as they advance toward
counseling mastery. The purpose of Lovell’s study was to determine whether scores on a
cognitive complexity measure predicted scores on a counselor development measure based on the IDM. Participants included 83 counseling students in their first master's-level practicum course. Lovell found that cognitive complexity and number of years doing supervised counseling contributed to a significant amount of variance in the regression models for self and other awareness, dependency-autonomy, and the total score on the Supervisee Level Questionnaire-Revised (McNeill, Stoltenberg, & Romans, 1992). Cognitive complexity did not, however, have significant predictive power on the subscale assessing the motivation structure of counselor development. Lovell reported that the motivation subscale is susceptible to fluctuations in reported levels of motivation, which means study participants at Level 2, who typically have fluctuating levels of motivation, may have contributed to the subscale’s lack of predictability in this study. Lovell wrote that counselor trainees’ levels of cognitive complexity are demonstrated in their abilities to make complex discriminations in self and other awareness and negotiate the cognitive pull between dependency and autonomy in their development. I have included a review of this study because Lovell concluded that movement up the levels of the IDM reflects increases in cognitive complexity, meaning Stoltenberg and colleagues’ model of counselor development actually manifests the concept it is designed to manifest. I consider this conclusion as support for the validity of the model and my inclusion of it in this study. Additionally, I reviewed Lovell’s research because he recommended that counselor training programs include counselor self-evaluation by having counselors observe their counseling sessions as one method of increasing cognitive complexity to effect growth in counselor development. The training phenomenon in this study follows Lovell’s recommendation by including counselor trainees’ analysis and self-evaluation as they reviewed video recordings of their counseling sessions. I explored the counselor
trainees' experience of their counselor development according to the IDM as they took part in the training phenomenon.

Tryon (1996) conducted a longitudinal study to investigate how Level 2 supervisees, as they are described within the IDM (Stoltenberg et al., 1998), develop over the course of a practicum. Tryon reported that she intentionally chose to examine Level 2 supervisees because of the change and fluctuation that characterizes trainees at this developmental level. Participants were 25 psychotherapy practicum trainees who were enrolled in an advanced practicum course lasting an academic year that required 14 hours weekly supervised clinical experience in a university counseling center. The participants completed the Supervisee Levels Questionnaire-Revised (McNeill et al., 1992) at 5 weeks, 15 weeks, and 31 weeks into the practicum. The Supervisee Levels Questionnaire-Revised measures levels of the three IDM structures of supervisee development (i.e., self and other awareness, motivation, and autonomy) and provides a total score. Tryon reported that there were significant differences among the three scores of the self and other awareness structure, and these differences were illustrated in steady increases between the beginning to middle and between the middle to end of the practicum. Tryon also reported significant differences among the three scores of the autonomy structure, although mean scores for this structure increased dramatically from the beginning to the middle and then scarcely increased from the middle to the academic year's end. There were no significant differences among the scores for the motivation structure.

Tryon (1996) interpreted these findings as support of the predictions of the IDM (Stoltenberg et al., 1998) for Level 2 supervisees. According to the IDM, Level 2 supervisees experience increases in self and other awareness, which these findings
indicated. Tryon also concluded that Level 2 supervisees have motivational fluctuations as anticipated. Although the mean scores for motivation modestly increased at each assessment, Tryon examined individual scores and found that the majority of participants fluctuated across the three assessments. Finally, the findings showed mean score increases in the autonomy structure. Although these increases were not expected for Level 2 trainees according to the IDM, Tryon noted that 48% of the participants reported fluctuating autonomy scores across the three assessments. Such fluctuations support the autonomy-dependency conflict characteristic of Level 2 supervisees according to the IDM. The present study also examined changes in counselor trainees’ counselor development over a practicum, but differed from Tryon’s study in fundamental ways. For example, this study was phenomenological and therefore focused on lived experience of the trainees as they went through their first counseling practicum. Rather than using the Supervisee Levels Questionnaire-Revised (McNeill et al., 1992), I investigated counselor trainees’ descriptions of the IDM structures and any movement that occurred among the levels as they experienced the training phenomenon.

In an analogue study particularly relevant to the current study, Leach and colleagues (1997) investigated counseling self-efficacy’s relationship to the IDM (Stoltenberg et al., 1998). In particular, the researchers examined two domains of the IDM: Intervention Skills Competence and Individual Differences. Intervention Skills Competence is a domain relevant to counselor trainees’ use of helping skills, and the Individual Differences domain concerns counselor trainees’ abilities to work with clients who are diverse in personality, ethnicity, cultural background, and other demographic characteristics. The participants were 142 master’s-level and doctoral-level counseling practicum students from four universities. The participants completed the Supervisee
Levels Questionnaire-Revised (McNeill et al., 1992), a measure designed to assess counselor development according to Stoltenberg and Delworth’s (1987) IDM. The participants then read an intake description of a fictitious client presenting with either sexual abuse or depression issues; instructions asked participants to imagine that the client was assigned to their caseload, but that the client had not yet been seen in session. With the fictitious client in mind, participants completed the Counseling Self-Estimate Inventory (Larson et al., 1992), which is a measure of their counseling self-efficacy. Counseling self-efficacy beliefs are the counselors’ beliefs about their abilities to successfully provide counseling to a client in the upcoming future (Larson & Daniels, 1998).

Based on the results of the Supervisee Levels Questionnaire-Revised (McNeill et al., 1992), Leach and colleagues (1997) determined the participants’ levels of counselor development. In support of their first hypothesis, the researchers found that Level 2 counselors exhibited significantly greater perceptions of self-efficacy on all five subscales of the Counseling Self-Estimate Inventory (Larson et al., 1992), including the Microskills subscale, than Level 1 counselors. The researchers concluded that the significant difference in scores on the Microskills subscale of the Counseling Self-Estimate Inventory at different counselor development levels is consistent with changes expected in the Intervention Skills Competence domain according to the IDM. The researchers found only partial support for their second hypothesis, which stated that counselor trainees with more reported experience working with clients who present with issues of sexual abuse or depression would have higher scores of self-efficacy on the Counseling Self-Estimate Inventory for working with clients with those presenting concerns. Participants who reported more experience with clients presenting with sexual abuse
issues and who were given the intake summary of the fictitious client with sexual abuse issues reported significantly greater self-efficacy beliefs on the Difficult Client Behaviors subscale of the counseling self-efficacy measure than participants who were given the same intake summary, but reported little experience with clients presenting with those issues. The researchers concluded that the actual type of client issue may determine whether self-efficacy beliefs about working with clients with diverse issues (as measured by the Difficult Client Behavior subscale of the Counseling Self-Estimate Inventory) corresponds to the changes in the Individual Differences domain at different levels of counselor development according to the IDM. The researchers’ general conclusion is applicable to this study: Self-efficacy beliefs are greater for counselors at Level 2 of the IDM than for counselors at Level 1.

Leach and colleagues’ (1997) findings are consistent with Melchert and colleagues’ (1996) conclusions that counseling self-efficacy varies according to developmental level. These researchers used four groups of participants at different levels of experience to validate their measure of counseling self-efficacy. There were four significantly different levels of counseling self-efficacy among the four groups of participants, suggesting that counseling self-efficacy differences corresponded to developmental level. Additionally, the researchers found that level of training accounted for more variance in counseling self-efficacy scores than clinical experience. Rather than replicating these findings with another quantitative study, the current study intended to further explore the relationship between counseling self-efficacy beliefs and counselor development according to the IDM for counselor trainees within the specific context of the training phenomenon.
The literature I presented above included an explanation of the IDM (Stoltenberg et al., 1998) and research on its applicability to counselor trainees and their development. Although this review of counselor development and IDM literature is by no means exhaustive, it is comprehensive enough to describe in detail the IDM’s levels and the operating structures at each level and to provide rationale for incorporating concepts associated with the IDM in the current study.

Counseling Self-Efficacy

In the following section, I address scholarship associated with counseling self-efficacy. I included this information in my literature review because I was interested in what changes in counseling self-efficacy counselor trainees experienced as they engaged in the training phenomenon. First, I describe Bandura’s (1986) social cognitive theory because the concept of self-efficacy is a major component of social cognitive theory. Next, I delineate the parallel relationships between social cognitive theory and self-efficacy and the Social Cognitive Model of Counselor Training (SCMCT; Larson, 1998) and counseling self-efficacy. In the next section, I present the research findings associated with self-efficacy, which include factors of performance feedback, counselor performance, and anxiety.

Social cognitive theory and self-efficacy. I begin this section with a brief summary of Bandura’s (1986) social cognitive theory, which is the basis for the subsequent topics. Then I describe the concept of self-efficacy, which is the central component of social cognitive theory. In the final section, I connect self-efficacy to counseling using the concept of counseling self-efficacy as Larson and Daniels (1998) defined it.
Bandura’s (1986) social cognitive theory includes a perspective that both environmental and cognitive factors interact to influence human learning and behavior. Social cognitive theory has a personal agency approach to human development, adaptation, and change (Bandura, 2006). From this personal agency perspective, people are the agents (i.e., driving force) of their lives and therefore exercise influence over what they do (Bandura, 1997). Within social cognitive theory, human agency operates within an interdependent causal structure involving triadic reciprocal causation (Bandura, 1986). This means that people’s personal factors (i.e., biological, affective, and cognitive experiences), behavior, and environmental events bidirectionally interact with each other as causal factors of human agency. Although the factors of triadic reciprocal causation are referred to as determinants, individuals are considered to be self-reflective, self-organizing, proactive, and self-regulating personal agents within social cognitive theory (Bandura, 2006). Therefore, people are self-determining mechanisms who operate within the structure of triadic reciprocal causation. One of the most influential self-determining mechanisms is an estimation about self called self-efficacy (Bandura, 1977).

Self-efficacy is the belief that individuals have in their ability to produce desired results through their actions (Bandura, 1997). These beliefs influence individuals’ levels of motivation to engage in these actions and their expectations that their behaviors will bring about future success (Bandura, 1997). Therefore, self-efficacy is focused more on beliefs about certain skills than actual performance (Levitt, 2001), but is also a determining factor of performance (Bandura, 2006). According to self-efficacy theory (Bandura, 1997), there are four sources of information that increase or decrease one’s perceptions of self-efficacy: (a) performance enactment, successfully performing a particular behavior; (b) vicarious learning, observing a model successfully performing a
particular behavior; (c) verbal persuasion, listening to an explanation of how to perform a particular behavior; and (d) emotional arousal, most often anxiety that inhibits self-efficacy. Performance enactment is considered the most effective method of change.

Larson and colleagues (1992) defined counseling self-efficacy as one’s beliefs about his or her abilities to successfully provide counseling to a client in the upcoming future (e.g., next day, next hour, or next minute). Counseling self-efficacy acts as a mechanism through which trainees call up and integrate their existing skills to engage in the counseling task (Larson, 1998). Counseling self-efficacy beliefs are specific to the counseling domain. As expected, counselors with high counseling self-efficacy believe that they possess the counseling skills to be effective with clients, whereas counselors with low counseling self-efficacy believe that they do not have the capability to be effective with clients.

Social cognitive model of counselor training. In this section, I provide a brief description of Larson’s (1998) SCMCT, which is a model of counselor training based on Bandura’s (1986) social cognitive theory. The SCMCT is an intricate model, the details of which I cannot fully describe in this brief review. However, I do provide information about the major components of the model and the factors associated with counseling self-efficacy. In this study, I explored counselor trainees’ experience with counseling self-efficacy and its associated factors as they took part in the training phenomenon.

The SCMCT (Larson, 1998) is an extension of social cognitive theory (Bandura, 1986) applied to counselor training. According to the SCMCT, the counselor training environment and trainee personal agency factors together influence counselor trainees’ processes of learning and, ultimately, counseling performance. As such, the three major
components of the model are trainees’ personal agency, trainees’ actions in counseling and supervision, and the proximal environment. Personal agency refers to the trainees’ counseling self-efficacy beliefs in addition to cognitive, affective, and motivational influences. Larson described the trainees’ actions as their choice of responses within sessions, their persistence when challenged, and their risk-taking behaviors in counseling and supervision. The proximal environment consists of the counseling session and the supervision session. Larson presented three assumptions of counseling self-efficacy in the model. First, counseling self-efficacy is the principal mechanism through which effective counseling is accomplished. Second, counselor trainees rely on their high counseling self-efficacy to persevere in the face of challenging counselor responsibilities. Third, counselors with strong counseling self-efficacy are better able to accept and incorporate feedback into their learning experiences.

Within the SCMCT (Larson, 1998) framework, there are four factors that influence self-efficacy: mastery or failure experiences, vicarious experiences, verbal persuasion, and physiological states. Counselor trainees have mastery experiences when their actions (i.e., counseling skills) are effective with clients in counseling sessions. Their actions might be effective despite the difficulty of the task or the amount of effort required to enact them. Vicarious experiences include viewing one’s own successful counseling session on video or viewing live others’ successful counseling. Social persuasion involves supervisors and their role in creating a supportive learning environment for counselor trainees. Finally, physiological state includes anxiety and other sources of affective arousal. Supervisor feedback, which is one component of the proximal environment, provides information about mastery or failure experiences within this framework. Larson wrote that specific, constructive, positive, and changeable
feedback encourages the type of cognitive processing the counselor trainees need to help them identify what effective counseling looks like. In other words, this type of feedback narrows their attention to their counseling skills to increase their performance and improve client outcomes. This narrowing of attention results in trainee regulation or modification of behavior through the mechanism of personal agency. The training phenomenon in this study has elements that are consistent with components of the SCMCT.

The present study investigated trainees’ experiences with changes in counseling self-efficacy, one aspect of personal agency, as they engaged in the training phenomenon. The training phenomenon includes a focus on counselor actions during the counseling session and during individual supervision in addition to the proximal environment that facilitates counselor trainees’ reviewing and analyzing their counseling skills performance and receiving feedback from their supervisors. In others words, the purpose of this study was to explore some of the central factors comprising Larson’s (1998) SCMCT.

Research of self-efficacy. In this section, I review studies investigating factors associated with self-efficacy. Some of these studies attempted to determine how manipulations to supervisory feedback influenced participants’ self-efficacy, and others looked at how participants’ self-efficacy affected outcome variables. The first two studies investigated self-efficacy for individuals out of the counseling context, and the following three studies are specifically related to counseling self-efficacy and counselor trainees. These studies demonstrate causal relationships between self-efficacy and other important variables, including supervisory feedback. The causal relationship between
supervisory feedback and counseling self-efficacy is an important foundational finding that supports aspects of this study.

Waldensee (1994) investigated how anxiety levels and receiving positive or negative feedback influenced self-efficacy and performance. Participants were randomly assigned to receive either negative or positive feedback about their customer service skills. Waldensee examined differences in self-reported self-efficacy and ratings of participant performance by study-blind supervisors. There was an interaction effect for personality trait and sign of feedback, either positive or negative, on the level of self-efficacy, such that participants with higher levels of anxiety at posttest who received negative feedback experienced significantly greater decreases in their self-efficacy than participants in the positive feedback condition or those with lower levels of anxiety. In other words, neither the negative feedback nor the presence of high anxiety levels alone had a significant influence on self-efficacy. Waldensee concluded that these results support the role of anxiety and feedback as causal factors in the development and maintenance of self-efficacy, but also noted the complexity involved with the interaction of these factors.

Nease, Mudgett, and Quiñones (1999) conducted an additional study examining how individuals respond to receiving artificially manipulated positive or negative feedback. The researchers intended to determine the relationships among individuals’ beliefs about self-efficacy, repeated positive or negative feedback about performance, and whether individuals accepted the positive or negative feedback they received. The researcher predicted that feedback acceptance, described as an individual’s belief that the feedback is an accurate response to his or her performance, would determine whether the positive or negative feedback influenced the individual’s self-efficacy. Participants were
80 undergraduate psychology students who completed a computer simulation about military defense on which they received interval scores ranging from -2 points to 2 points for their performance. The researchers randomly assigned the participants to one of two groups: The positive feedback group received computer delivered information that they performed 20% above the goal, and the negative feedback group received computer delivered information that they performed 20% below the goal. The participants completed three computer simulation trials. They completed a measure of self-efficacy before each trial and a measure indicating to what degree they accepted the feedback about their performance after each trial, and then they completed a measure of self-efficacy again at the end of the experiment.

Nease and colleagues (1999) found that participants who began the experiment with high self-efficacy showed a significant decline in their feedback acceptance ratings after three trails of receiving negative feedback. Conversely, although the participants who began the experiment with low self-efficacy showed a decline in feedback acceptance ratings after three trails of receiving negative feedback, the change was not significant. Participants who began the experiment with high self-efficacy showed little change in their acceptance of feedback ratings after three trials of positive feedback, whereas participants with low self-efficacy showed a significant decline in their feedback acceptance ratings after receiving three trials of positive feedback. The researchers concluded that individuals with high and low self-efficacy beliefs tended to interpret repeated feedback in ways consistent with their current level of self-efficacy. Those with high self-efficacy incorporated repeated positive feedback into their belief system, whereas those with low self-efficacy incorporated repeated negative feedback into their belief systems. The researchers suggested that future studies should examine how self-
efficacy beliefs mediate feedback to affect actual performance. The findings from Nease and colleagues’ study suggest that there is a complex relationship among receiving positive or negative feedback, the degree to which one accepts that feedback, and self-efficacy beliefs. Although the results quantify this complex relationship, they do not provide detailed descriptions of what this relationship looks like in an actual setting, such as a counseling practicum.

In another study involving feedback manipulation, Daniels and Larson (2001) tested similar hypotheses to determine the effect of feedback on counseling self-efficacy and anxiety for beginning counselors. Daniels and Larson predicted that positive feedback about a mock counseling session would produce increases in counseling self-efficacy from pretest to posttest, whereas negative feedback would produce decreases in counseling self-efficacy from pretest to posttest. They also predicted that counselor trainees who received positive feedback about their mock counseling session would experience decreased anxiety, whereas counselor trainees who received negative feedback would experience increased anxiety. Participants included 45 students enrolled in counseling, counseling psychology, clinical psychology, and marriage and family therapy graduate programs at four Midwestern universities. The researchers used the Counseling Self-Estimate Inventory-Revised (Larson et al., 1992) to measure counseling self-efficacy, a measure of state anxiety, and a manipulation check instrument asking participants to estimate their counseling performance. The manipulation check was necessary to determine that participants’ self-efficacy beliefs changed as a result of the feedback they received rather than as a result of how they estimated their performance. Researchers asked the participants to complete the pretest measure of counseling self-efficacy, conduct a 10-minute mock individual counseling session, estimate their
performance during the session, and then complete the pretest state anxiety measure. The researcher then provided trainees with bogus feedback according to their random group assignment. Participants in the positive feedback group received verbal feedback in which the researcher said, "... I'll give you more details later, but I just wanted to let you know that you scored 85 out of 100. That's very high compared to others...." (Daniels & Larson, p. 125). Participants in the negative feedback group received verbal feedback that used the same anchor, but varied in key content, "... I'll give you more details later, but I just wanted to let you know that you scored 15 out of 100. That's very low compared to others...." (Daniels & Larson, p. 125). After receiving their feedback, the participants completed another estimate of their performance, the posttest measure of counseling self-efficacy, and the posttest measure of state anxiety.

As expected, Daniels and Larson (2001) found that positive feedback significantly increased participants' counseling self-efficacy measure and decreased their state anxiety, whereas negative feedback significantly decreased participants' counseling self-efficacy and increased their state anxiety. The manipulation check supported the researchers' conclusion that the feedback was a cue to participants about their performance because participants' estimates of their counseling performance changed as a result of the feedback they received. These results lend support to the premises of the SCMCT (Larson, 1998). Daniels and Larson concluded that the participants affiliated the positive feedback with a mastery experience and affiliated the negative feedback with a failure experience. Within the framework of the model and according to Bandura (2006), mastery experiences lead to increases in self-efficacy. In the present study, I explored participants' lived experiences with a specific phenomenon, which includes supervisory
feedback, to see if any connections to mastery experiences or counseling self-efficacy emerged.

The previous studies established a causal relationship between feedback and counseling self-efficacy. The next study examines counseling self-efficacy within the context of counseling skills performance. Levitt (2001) designed a training program for master’s-level counselor trainees that emphasized active listening as a core skill for counseling performance. She predicted that increasing the potential for beginning counselors to experience mastery with active listening will be important for the development of counseling self-efficacy and will improve performance with other skills. The participants for this study included five counselor trainees who were 1st-year master’s-level students enrolled in an introductory counseling laboratory practicum. Students in the practicum learned about counseling skills and practiced with classmates during the first few weeks of the course and then saw two undergraduate volunteer clients for 5 weekly sessions each. The course instructor followed a microskills training model, but placed special emphasis on active listening that lasted the duration of the course. Each week, after reviewing videotapes of their counseling sessions, participants completed self-report measures on their level of self-efficacy and on their use of microskills. The course instructor also completed the same microskills measure for each participant each week for the 10-week duration of data collection.

Levitt’s (2001) hypothesis stated that the emphasis on active listening would produce significant increases in counselor trainees’ self-efficacy and performance of three other microskills: reflection of feeling, challenging, and immediacy. Although the increases did not reach statistical significance because of the study’s small sample size, the five counselor trainees who received instruction focused on active listening
demonstrated improved active listening and improved reflection of feeling, challenging, and immediacy skills according to self-evaluations and supervisor evaluations. The trainees also reported steady increases in self-efficacy over the course of the study. Levitt suggested that the descriptive data provide a probable area for future research to further evaluate the role of self-efficacy in counseling skills performance. In accordance with Levitt’s recommendation, this study investigated connections between counseling skills performance and counseling self-efficacy. I asked counselor trainees to describe their counseling skills performance and counseling self-efficacy within the context of their experience engaging in the training phenomenon. The training phenomenon also includes supervisory feedback, a causal factor in counseling self-efficacy that Levitt did not investigate in her study.

In another investigation of counseling self-efficacy, Lent and colleagues (2006) investigated the relationship between general counseling self-efficacy and client specific counseling self-efficacy and their influence on counselors’ perceptions of session quality. Client-specific counseling self-efficacy is the perceived ability to counsel specific clients (Lent et al.). Unlike general counseling self-efficacy, which is context-free, client-specific counseling self-efficacy is focused on a particular circumstance and may be more useful in predicting the effects of counseling self-efficacy with that client. Participants were 110 novice counselors enrolled in prepracticum courses in which they received helping skills training. The trainees conducted up to five sessions of counseling for volunteer undergraduate clients. Participants completed two subscales of the Counselor Activity Self-Efficacy Scales, an instrument purported to measure counseling self-efficacy. The first subscale had items pertaining to counseling self-efficacy in the use of helping skills, and the second subscale had items pertaining to counseling self-efficacy in
the ability to manage counseling sessions. The researchers asked the participants to complete the counseling self-efficacy items according to their original instructions to generate data about their general counseling self-efficacy beliefs before their first session and 1 to 3 weeks following their final session. The researchers altered the instructions on the self-efficacy measures by asking participants to rate their confidence to perform the tasks associated with each item with the client they were about to see in an upcoming counseling session; participants completed this version of the counseling self-efficacy measure before their second through fifth sessions. Participants also completed another measure used to assess counselors’ and clients’ perceptions of the quality of the counseling session. Both counselors and clients filled out this measure directly following their second through fifth counseling sessions.

Lent and colleagues (2006) found that general counseling self-efficacy and client-specific counseling self-efficacy were related and shared variance in their statistical predictions of session quality. They also found, however, that client-specific counseling self-efficacy uniquely contributed to how the novice counselors evaluated their sessions. The authors concluded that client-specific counseling self-efficacy is a variable worth further inquiry and suggested that the study of the other aspects of counseling self-efficacy could further inform how counseling self-efficacy contributes to counseling skills performance. The present study investigated counselor trainees’ perspective of changes in their counseling self-efficacy as they engaged in the training phenomenon. The counselor trainees engaged in the training phenomenon in the context of their counseling practicum during which they had individual counseling sessions with actual clients with unique issues and diverse characteristics.
Lent and colleagues (2009) were interested in trainees' perception of their counseling self-efficacy after each of their counseling sessions. Participants were master's-level trainees who responded to a set of questions about their counseling self-efficacy directly following their sessions for up to five sessions. These questions asked participants to indicate whether a change in confidence occurred, the magnitude of the change, the direction of the change (i.e., higher or lower), and their beliefs about the source of the change. The researchers found that the majority of trainees indicated that their counseling self-efficacy changed following each of their first three sessions, and half indicated changes following the final two sessions. The trainees reported small or medium degrees of change, mostly in the direction of higher confidence after the second session. The researchers grouped trainees’ perceived sources of counseling self-efficacy changes into categories, and the most frequently reported categories were trainee performance and observations about the client's responses to therapy. Other reported categories included trainee affective state, direct feedback from the client, and observations about the therapy relationship. The authors noted that trainee performance and trainee affective state are consistent with Bandura's (1986) social cognitive theory, but that the other categories reflect relational-contextual information that the trainees used to evaluate their in-session performance. Lent and colleagues suggested that future studies should include further exploration of trainee counseling self-efficacy sources by in-depth interview and should investigate methods of facilitating counseling self-efficacy increases. This study sought to follow both of these recommendations by asking trainees about changes in their levels of counseling self-efficacy and their ideas about aspects of the training phenomenon that may have contributed to those changes.
In the above section, I presented five empirical studies that examine self-efficacy or counseling self-efficacy. The findings from these studies suggest that increases in anxiety lead to lower counseling self-efficacy (Daniels & Larson, 2001; Waldersee, 1994) and that positive feedback leads to higher counseling self-efficacy (Daniels & Larson; Nease et al., 1999; Waldersee, 1994). They also indicate that higher counseling self-efficacy produces better counseling skills performance (Larson & Daniels, 1998; Lent et al., 2006; Levitt, 2001). With the recommendations of Lent and colleagues (2009), these findings support my decision to include the concept of counseling self-efficacy in this study of the training phenomenon, which focuses on counseling skills performance and includes supervisory feedback. Counseling self-efficacy is an important mediating variable between feedback and counseling skills performance, but no previous research has investigated its role within the context of a skills-based training technique like the training phenomenon in this study.

**Feedback in Supervision**

In the upcoming section, I describe different elements of feedback. First, I provide a definition and descriptions of feedback, and then I delineate different elements of feedback. Next, I present a qualitative study about supervisees’ perspectives of receiving feedback in supervision. Finally, I summarize the development and validation of a measurement about evaluation in supervision, including feedback. I included a discussion of feedback in my literature review because positive feedback is a causal factor in the development of counseling self-efficacy (Daniels & Larson, 2001), as described in the previous section. Moreover, the training phenomenon in the present study includes supervisory feedback as one of its components. As previously described, counselor trainees present their identified and labeled counseling skills to their
supervisors during supervision, and their supervisors provide feedback about how the trainees performed the given skills.

**Elements of feedback.** Friedlander, Siegel, and Brenock (1989) defined feedback as the process in which the supervisor verbally shares his or her thoughts regarding the supervisee's progress. Barnett, Erickson Cornish, Goodyear, and Lichtenberg (2007) emphasized that effective supervisors provide constructive feedback in a supportive environment. Within such a supportive environment, supervisors are nonjudgmental and ease their supervisees' worries about being harshly evaluated. Chur-Hansen and McLean (2006) wrote that effective supervisors provide regular, continuous feedback. Moreover, ethical supervisors provide timely feedback that includes specific suggestions for improvement (Barnett et al.). In this study, I asked counselor trainees to describe the role that the feedback they received played in their experience of engaging in the training phenomenon and how the feedback influenced other areas of their counselor training and supervision.

**Supervisees' perspectives of feedback.** Chur-Hansen and McLean (2006) distinguished between formative feedback and summative assessment. According to their definitions, summative assessment requires the supervisor to determine whether the trainee passes or fails the clinical experience. Formative feedback, on the other hand, occurs at midpoints in the training and focuses on helping trainees identify their abilities and strengths in addition to areas in need of improvement. The purpose of formative feedback is to enhance learning, rather than to make pass or fail judgments. Chur-Hansen and McLean asserted that formative feedback is a valuable and important element of supervision, but several factors impede supervisees from receiving adequate formative
feedback. In a qualitative study, Chur-Hansen and McLean elicited the perceptions of 15 trainees at various levels of experience about what comprises a good or poor supervisor. A dominant theme in trainees' responses was that supervisors should provide frequent, ongoing feedback. The researchers identified sub-themes that included findings on the lack of negative feedback some trainees received, the benefits of hearing constructive feedback, and balancing positive and negative feedback. Chur-Hansen and McLean concluded that trainees would like to receive clear formative feedback, both on their strengths and on areas that need more attention. The results of their study were meaningful for the current study, which captured counselor trainees' descriptions of their experience receiving feedback from supervisors about their counseling skills performance.

**Evaluation during clinical supervision.** Lehrman-Waterman and Ladany (2001) developed and validated the measure Evaluation Process Within Supervision Scale (EPWSI) to examine evaluation practices within clinical supervision. Participants were 274 trainees from clinical and counseling psychology programs or American Psychological Association internship sites who had received individual supervision in the last semester. Participants completed the EPWSI (Lehrman-Waterman & Ladany) along with other instruments on the supervisory working alliance, self-efficacy, and supervisee satisfaction. Lehrman-Waterman and Ladany concluded that supervision that positively affects trainees' self-efficacy includes clear goal setting and timely and systematic feedback. The authors recommended that future studies address the importance of goal setting and feedback in supervision practices. In accordance with their recommendation, the current study explored the lived experience of counselor trainees as they engaged in
responding to the goals of supervision related to counseling skills performance and receiving feedback about their performance within the specific context of the training phenomenon. Additionally, I asked the counselor trainees to describe what role counseling self-efficacy played in their lived experience to add descriptive data to the existing correlations.

**Trainees’ responses to procedures of facilitating feedback.** In the following section, I describe counselor trainees’ qualitative responses to taking part in two procedures intended to facilitate feedback during supervision. The first involves transcription of counseling sessions, and the second includes technology allowing counselor trainees to receive immediate and enduring feedback.

**Transcription procedure.** Sobell, Manor, Sobell, and Dunn (2008) developed a procedure to facilitate feedback during supervision and examined counselor trainees’ responses to engaging in the procedure. The authors intentionally used motivational interviewing principles to promote psychology trainees’ acceptance of critical feedback. The participants in the study included 62 doctoral-level graduate students enrolled in a 12-month clinical practicum rotation. The participants were instructed to provide a written transcript and self-critique of one of their audiotaped counseling sessions on a monthly basis. The researchers directed participants to rate segments of their sessions and then justify their positive ratings with a written explanation or make suggestions for alternative behaviors for their negative ratings. Participants gave their supervisors the transcript and self-critique each month, and the supervisors provided written feedback about both elements. At the end of the rotation, researchers asked the participants to evaluate their experiences with the self-critique procedure. Sobell and colleagues
qualitatively analyzed the participants' responses to open-ended questions and found that themes about self-awareness, improvement in skills, and recognition of progress emerged in terms of what participants found helpful about the experience. Participants also expressed negative feelings about how the procedure was time-consuming and required a lot of effort. Like Sobell and colleagues’ study, participants in the current study engaged in a procedure that included self-evaluating their skills and receiving feedback from their supervisors. Contrary to the procedure in the described study, the training phenomenon in this study incorporated weekly self-analysis and feedback from supervisors with the advantages of being facilitated by digital technology and less time-consuming.

**Technology procedure.** Rosenberg (2006) developed a different procedure of providing feedback to psychotherapy trainees. Her procedure, called Real-Time Training, incorporated interactive, computer-mediated technology. Using Real-Time Training, practicum students were recorded through one-way mirrors. The practicum instructor viewing the live session typed text-based feedback, and other practicum students simultaneously viewed the live session and read the instructor’s feedback. The trainee who conducted the counseling session read the feedback when she or he reviewed video of the counseling session at a later time. Rosenberg reported that the two levels of feedback, immediate feedback for observing trainees and enduring feedback for the performing trainee, were distinct advantages of Real-Time Training. Rosenberg also used quotes from former trainees to support Real-Time Training’s connection with cognitive psychology scholarship, such as simultaneous learning of declarative and procedural knowledge, exposure to an expert’s (i.e., practicum instructor) evaluation of performance, and active learning. The findings from Rosenberg’s evaluation of Real-Time Training
suggest that incorporating technology into the process of providing feedback to trainees is valuable and is supported by concepts in the field of cognition. One potential disadvantage of Real-Time Training is that counselor trainees do not have an opportunity to review and analyze their counseling skills performance before receiving feedback from their supervisors.

In the preceding section, I described and provided research findings on the concept of feedback in counseling supervision. The findings suggest that trainees want feedback that occurs frequently and promotes learning (i.e., formative feedback; Chur-Hansen & McLean, 2006) and that goal setting and feedback are important elements in effective supervision and are correlated with counseling self-efficacy (Lehrman-Waterman & Ladany, 2001). I concluded this section with descriptions of two studies that evaluated techniques of facilitating feedback for counselor trainees (Rosenberg, 2006; Sobell et al., 2008). Although the findings suggested that the techniques improved self-awareness, counseling skills, and recognition of progress (Sobell et al.) and coincided with learning concepts from cognitive psychology (Rosenberg), the researchers did not provide information about their research design or method of analyzing the qualitative data, making it difficult to evaluate the rigor of the studies. Conversely, the present study followed a detailed research design to explore the counselor trainees’ experience with formative feedback as one component of a training phenomenon that facilitates feedback by having counselor trainees analyze their counseling skills performance in advance of their supervision sessions.
Recording Technology in Training and Supervision

In this section, I review the literature regarding the training and supervision applications of recording and playback technology. I describe the history of recording and reviewing therapy sessions for supervision and the advantages of videotaping for supervisory purposes followed by descriptions of two applications of videotape review. Then I describe the disadvantages of videotaping, which leads into an introduction to digital technology and its application to counselor training and supervision, including a description of Landro ("Landro Basics," n.d.), the digital system used in this study's training phenomenon.

Videotaping during counselor training and supervision. According to scholarship, videotaping is the most widely used modality and incorporation of technology into the supervision process (Borders & Brown, 2005; Pelling & Renard, 1999). Counselors use videotaping during some skills-based training models (e.g., SCTM; Smaby et al., 1999) to create video representations of their counseling skills acquisition and performance, and videotaping during training with interpersonal process recall (Kagan & Kagan, 1997) is essential to help counselors develop awareness of their interpersonal dynamics within counseling sessions. Carl Rogers is cited as one of the first psychologists to document the advantages of recording and replaying therapy sessions for supervision purposes (Pelling & Renard). In general, scholars (e.g., Welsh & Dickson, 2005) believe that videotaping supervisees' sessions facilitates supervision by aiding in skills training and client conceptualization. Pelling and Renard wrote that videotapes used in a purposeful manner based on theoretical assumptions may be used to monitor, evaluate, and develop the competence of new counselors, and Falender and Shafranske
Advantages of videotaping. Videotaping, as generally compared to audiotaping or no taping, has many advantages (Pelling & Renard, 1999; Scaife, 2001). The most obvious advantage is that it provides a high level of accuracy of the observations (Pelling & Renard) and more information in the visual domain, including nonverbal patterns of communication (Scaife). It allows for detailed review of therapy sessions (Pelling & Renard; Scaife). In some cases, multiple individuals (e.g., therapist, supervisor, peers) review the same videotaped session several times to interpret events within the session from multiple perspectives, and in other cases, the therapist or supervisor reviews several different sessions with the same client to see how the therapist’s skills or client’s presenting concerns change over time (Scaife). Videotaping may also ease beginning therapists’ anxiety about their competence while working with clients. Being able to review their counseling skills via a videotape of the session, their fears are eased, and they are able to approach subsequent sessions with more confidence. Having the videotape as a source of information about the session permits therapists to give their full attention to their clients without having to take notes and create artificial breaks in the flow of the session (Scaife). Videotaping is also advantageous for clients because the tape’s contents could serve as evidence of client welfare, and the presence of recording equipment reminds counselors to observe their ethical guidelines (Scaife, 2001). Counselors may find it therapeutically beneficial to review a videotaped session with their clients to examine interpersonal interactions or behavioral tendencies. In the process of supervision, more experienced therapists may review their videotaped sessions with
beginning therapists to demystify the counseling process and to give those novices opportunities to ask questions and clarify intentions. Finally, researchers use videotaped sessions as objective data for study about the efficacy and process of therapy. The use of videotaping seems to increase a counselor-in-training’s public self-awareness, but it does not contribute to increased levels of anxiety or detrimental effects in therapy (Ellis, Krengel, & Beck, 2002). All in all, researchers have provided evidence for the usefulness of videotaping and have reported findings contrary to anecdotal assertions that videotaping has adverse impacts on the supervisees (Ellis et al.; Pretorius, 2006).

**Video review protocols.** The usefulness of videotaping for training and supervision has motivated some scholars to develop video review protocols. Both of these protocols used developmental models of supervision (e.g., Stoltenberg & Delworth, 1987; Stoltenberg et al., 1998) as the theoretical framework. The authors of each protocol recommended specific supervisory interventions based on characteristics of trainees at each level of counselor development.

Pelling and Renard (1999) created a videotaping review protocol based on a developmental model of supervision. The authors based their suggested protocol on the four developmental levels of Stoltenberg and Delworth’s (1987) model, and they described how supervisors could approach videotape review based on each developmental level. For the Level 1 practicum student counselors who tend to be high in self-awareness and low in autonomy, the authors recommended that supervisors conduct video review to reduce anxiety and provide direction for beginning counselors. Supervisors should make video review a consistent aspect of the supervisory process; its regular use allows supervisors and supervisees to address the anxiety and self-
consciousness of the supervisees. At the Level 1 stage, discussion of the videotaped material needs a clear focus, and supervisors should prioritize the various aspects of the discussion. It may be helpful to focus on concrete steps that the supervisees need to take in the next session with their clients. Supervisors should also focus on the microskills that the supervisees used and how well they were executed. To take advantage of Level 1 counselors' high level of motivation, supervisors should discuss improving skills and skills that still need improvement and how the supervisees could achieve more competence with those skills. The authors noted that supervisees at Level 1 might be overwhelmed from being unskilled across many domains. Supervisors may alleviate these feelings not only through focusing the supervision sessions, but also by viewing the video and choosing segments to discuss with the supervisees in advance of the supervision session.

Pelling and Renard (1999) also described how a supervisor could integrate video review with a developmental model for supervisees at more advanced stages. For Level 2 supervisees who are apt to have decreased self-awareness, video review during supervision should help them maintain some focus on themselves in the context of accurate information about their performance. The increased autonomy characteristic of Level 2 supervisees makes video review important as a source of monitoring for the supervisor. Because motivation at Level 2 is likely to fluctuate, supervisors should modulate the amount of positive and critical feedback they provide to mitigate the vacillation in the supervisees' motivation. Once counselors reach Level 3, consistent use of video review in supervision may be unnecessary. However, Pelling and Renard suggested that supervisors use video to review and provide specific feedback about their
supervisees’ use of new techniques and for occasional monitoring of the more
autonomous Level 3 supervisees.

In conclusion, Pelling and Renard (1999) promoted using videotape to record
counseling sessions and incorporating videotape review in supervision to advance
counselor development according to Stoltenberg and Delworth’s (1987) model. For this
study, I anticipated that some changes in the area of counselor development were likely as
counselor trainees gained counseling experience in their counseling practicum and
especially as they engaged in the training phenomenon. For these reasons, I asked the
counselor trainees to describe any changes they experienced in their counselor
development as they engaged in the training phenomenon.

Huhra, Yamokoski-Maynhart, and Prieto (2008) also developed the following
guidelines for reviewing videotape in supervision based on the IDM (Stoltenberg et al.,
1998). As a general recommendation, the authors suggested that supervisors should
continually use videotape with Level 1 trainees. Specifically, the authors wrote that
trainees may become desensitized to viewing themselves on tape if they consistently
review the tapes of their counseling sessions before and during each supervision session.
This practice may decrease Level 1 trainees’ intense focus on themselves and increase
their focus on clients. Viewing video increases supervisors’ awareness of trainees’
counseling skill performance and perceptions of in-session events with clients. When
videotape review is used to provide evaluative feedback to trainees, supervisors should
provide specific, concrete feedback based on behaviorally observed skills. In order to
maintain Level 1 trainees’ motivation, supervisors should pay special attention to skills
that trainees performed well. Supervision for Level 1 supervisees should be highly
structured to account for their low levels of autonomy. The authors recommended
incorporating structure by having trainees prepare for supervision sessions by detailing their in-session behaviors on paper forms. If trainees are assigned to complete these forms in preparation of supervision, both the trainees and supervisors can track changes in the trainees' observable skill performance to see which skills are improving and which need more attention during supervision.

Huhra and colleagues (2008) made recommendations for reviewing videotapes of trainees' counseling sessions based on characteristics of the IDM's (Stoltenberg et al., 1998) Level 2 counselor. To prevent Level 2 counselors from swinging from extreme self-awareness to extreme other awareness, supervisors may use videotape to help trainees discriminate between their needs and client needs. The authors recommended using a library of videotaped sessions to show trainees how they have grown and improved their counseling skill performance over time to temper the variability in motivation at Level 2 that could occur when trainees question the appropriateness of their professional goals. Although Level 2 trainees may attempt to exercise autonomy by avoiding videotape review during supervision, the authors wrote that supervisors should continue to review videotaped sessions. Using the videotapes, supervisors can help trainees identify underdeveloped skills or skills that are performed in a stereotyped manner.

Finally, Huhra and colleagues (2008) offered suggestions for supervising Level 3 counselors. Because trainees at this level typically have a balanced sense of self and other awareness, supervisors should encourage them to independently review videotapes of sessions to deepen their self-exploration. The authors suggest that supervisors should promote Level 3 trainees to stay motivated by providing direct feedback about trainees' demonstrations of new, higher level counseling skills during videotaped sessions.
Supervisors can acknowledge the autonomy of Level 3 counselors by allowing them to choose the segments of videotape they would like to review and by encouraging them to verbally evaluate their performance during supervision. Huhra and colleagues’ recommendations for videotape review based on the IDM (Stoltenberg et al., 1998) are particularly relevant to the present study. In this study, I explored the experiences of counselor trainees to see whether they believed their training and supervision influenced any changes in their counselor development, which I conceptualized using the IDM.

**Disadvantages of videotaping.** Despite their widespread use, there are disadvantages of videotaping and using VCRs (Welsh & Dickson, 2005). The use of videotapes with VCRs is now considered low-tech because few editing options are available (Lee & Jordan, 2008). This requires some training programs to supplement their VCRs and videotapes with video playback systems (Welsh & Dickson). These systems require specialized equipment, take lots of available space for storage of videotapes, and are apt to malfunction. Additionally, to use video editing technology is challenging and may require too much effort for those who are not comfortable using advanced forms of technology (Newman & Abney, 2005; Pretorius, 2006). When reviewing videotapes of counseling sessions using VCRs, counselor trainees often have to spend time searching through the videotape to find the times when they demonstrated certain counseling skills or have an area of interest about which they would like feedback from their supervisor. This searching might waste valuable time in supervision or could prevent counselor trainees from receiving reinforcing or constructive feedback from their supervisors (Newman & Abney). Because of the potential disadvantages of using VCRs and videotapes, more technologically advanced digital options are being explored.
Digital recording during counselor training and supervision. In the following section, I describe another process of using video analysis in counselor training and supervision. The present study is different from previously described studies because it incorporated digital technology into its video analysis program.

Newman and Abney (2005) designed a program to guide prepracticum students in video analysis of their counseling skills using digital video editing programs available on most personal computers, and the purpose of their article was to describe the program and the initial trainee and supervisor responses. First, a 50-minute session is downloaded from videotape and edited to show only the sections demonstrating microskill use. On the digital file, the students added introductions to each skill with titles, and they added audio tracks with statements regarding their self-evaluation of skill implementation. The students then recorded their video project, which now included their visual titles and audio comments, onto a digital tape and a videotape and submitted both to their supervisors. The supervisors viewed the project using a videotape in a VCR, and they provided feedback on each demonstrated skill to the supervisees using the digital tape and a digital camera. The supervisor returned both the videotape and digital tape to the supervisees. The supervisees then used the video editing programs to transfer their supervisors' feedback from the digital tape to the video project file. According to this program, this procedure was followed for each skill of all 50-minute sessions conducted during the course. In this particular study, the students were divided into two groups. During the first half of the course, the treatment group followed the new program, and the control group used the traditional method of transcribing recorded sessions in which they
wrote out verbatim what was said in the counseling session and identified when they used specific counseling skills. At the midpoint of the semester, group assignment switched.

Newman and Abney (2005) noted advantages and disadvantages of their program. They reported that the typically high cost of using advanced technology was avoided because they used programs and equipment already available at the university, and they reported that the confidentiality of clients was protected by using a computer lab that was accessible only to supervisees and personnel associated with the program. The trainees responded to a survey about their experience and reported liking the new program better than the traditional transcription method because the program allowed them to focus on verbal and nonverbal interactions. The authors suggested that an advantage to supervisors was that they did not have to spend time searching through videotapes for demonstrations of the skills.

The authors described some disadvantages of the program according to the survey responses (Newman & Abney, 2005). Despite having completed training before the program began, participants reported frustration with the technology and apprehension about relying on different aspects of technology. The student participants also reported feeling overwhelmed with learning how to use the technology, and the supervisor participants said that it was very time consuming to provide the evaluative feedback via the digital camera. The authors concluded that implementing such a program requires a well-devised training program and generous access to a video lab and technology savvy personnel. Like Newman and Abney's study, this study intended to employ digital technology in skills-based training (i.e., the training phenomenon) for counseling practicum students. There are important distinctions between Newman and Abney's program and the training phenomenon that support my decision to conduct this study.
For example, the training phenomenon uses digital equipment that is adapted for use with counselor trainees, includes lists of counseling skills in a drop-down menu, can be used on desktop computers housed in the training clinic, and does not require switching equipment or file types from the original video recordings of the counseling sessions.

**Landro Play Analyzer (Landro).** Although I focus more on the participants’ perception of the entire training phenomenon and less on the actual digital equipment they use in this study, I provide readers with a description of the equipment to help them understand how it functions within the training phenomenon.

Landro ("Landro Basics," n.d.) is a digital system used to record, analyze, and present counseling sessions ("Landro and Counseling," n.d.). Iris Technologies is the parent company that developed the Landro software. Originally, Landro was intended for American football or basketball coaches to store and analyze recordings of their games. According to Landro advertising ("New for Football Coaches," n.d.), coaches are able to instantly access game recordings and then identify and label certain plays. Coaches can then study the plays and organize them according to the labels. The developers of Landro have recently adapted the technology to the counseling field and begun marketing their product to counseling training programs. They asserted that Landro can be used to record video of counseling sessions as digital files ("Landro and Counseling"). Then counselors or supervisors can review the digital video, mark demonstrations of certain counseling skills, and tag those segments with the names of the counseling skills that were demonstrated. Counselors and supervisors are able to access any of the tagged skills in less than a second without fast-forwarding or rewinding through videotapes ("Landro and
Counseling”). The tagged plays can be cataloged according to any category and then easily accessed by category.

Landro is not a video editor and does not require users to be experts (“Landro Basics,” n.d.). According to the developers, Landro users require minimal training in the software program, and users can keep all of their current equipment, such as cameras, televisions, computers, or projectors (“Landro Basics”). The Landro Play Analyzer is about the size of a VCR, but does not require videotapes or digital video discs (“Landro Basics”). Landro allows users to instantly move among plays (e.g., marked segments of demonstrated counseling skills) or among categories of plays without having to fast-forward or rewind through hours of tape (“New for Football Coaches,” n.d.). Marked and tagged plays on Landro can be stored indefinitely, providing opportunities for self-evaluation and video support of counseling skills performance for counselor trainees (“Landro and Counseling,” n.d.). The ability of users to analyze their recordings with ease and in detail is what makes Landro a potentially valuable software program for counselor trainees in skills-based training. Despite the remarkable claims of the Landro marketers, researchers had not conducted studies supporting its usefulness or effectiveness in the realm of counseling skills training. Although this study was not focused on providing empirical support for the incorporation of Landro into a counselor training program, I investigated counselor trainees’ experiences using Landro in the context of the training phenomenon and their experience with other factors relevant to counselor training, such as the performance of counseling skills, counselor development, and counseling self-efficacy.

In the sections above, I provided the history and advantages of videotaping in counseling supervision. Then I described two protocols of video review in supervision
that the authors based on the developmental model of supervision (Stoltenberg & Delworth, 1987; Stoltenberg et al., 1998). Both of these protocols provided suggestions based on a well-read theory, but the suggestions have not been investigated in scholarly research. Next I described the disadvantages of videotaping. Although Newman and Abney’s (2005) technique using digital technology in supervision incorporates more advanced technology, it involved many steps and different pieces of equipment. The final section presented information about Landro, a potentially useful, but heretofore, unstudied software program that has been adapted for counselor training purposes.

Summary of Presented Literature

In this chapter, I presented findings that skills-based counselor training varies in construction and implementation, but nonetheless contributes to improved performance of counseling skills among counselor trainees (Little et al., 2005; Urbani et al., 2002). I showed that the literature includes recommendations about how to conduct counselor supervision and training according to counselor development level (Huhra et al., 2008; Pelling & Renard, 1999), by incorporating advanced technology (Newman & Abney, 2005), and to facilitate supervisory feedback (Rosenberg, 2006; Sobell et al., 2008). Additionally, I summarized empirical studies that demonstrated a causal relationship between feedback and counseling self-efficacy (Daniels & Larson, 2001) and skills-based training and counseling self-efficacy (Urbani et al.). Finally, I presented the IDM (Stoltenberg et al., 1998), a theory of counselor development, and the scholarship in which its application was promoted. These findings suggest that the use of a skills-based training program that acknowledges and attempts to advance counselor development, includes supervisory feedback to affect counseling self-efficacy, and incorporates advanced technology that facilitates focus on counseling skills would be beneficial to
counselor trainees and would likely lead to improved counseling skills performance. I believed that the training phenomenon featured in this study included these aspects of skills-based counselor training. Hence, I was interested in the experience of the counselor trainees who engaged in this training phenomenon and what if anything changed about their counseling skills performance, counselor development, and counseling self-efficacy as they took part in it.
CHAPTER III

METHOD

Research Paradigm and Philosophical Anchors

In the following six sections, I describe the philosophical anchors of the present study. Using these descriptions, I provide readers with my assumptions about the researchable world and my rationale for choosing a phenomenological qualitative design to answer my research questions. First, I define and present this study’s research paradigm. Then I present the different dimensions of the research paradigm; these dimensions are ontology, epistemology, axiology, rhetorical structure, and methodology.

Research paradigm. A paradigm is a set of assumptions determining the philosophical and conceptual frameworks that influence how one studies the world (Ponterotto, 2005). Researchers’ paradigms determine the context of the research and their selection of the instruments, tools, participants, and methods to be used in the study. I employed a constructivist research paradigm in the current study. Constructivism is based on the relativist perception that reality is not single or objective. In a constructivist paradigm, there are multiple, accessible realities, and no one individual’s reality is more or less valid than another’s (Ponterotto). I believe that each participant in this study developed his or her own reality in the context of engaging in the training phenomenon. By using a constructivist approach, I explored the multiple realities by asking each individual participant to describe his or her own reality with the phenomenon of interest. I describe each subsequent section in terms of my constructivist research paradigm.

Ontology. Ontology is concerned with the nature of being and reality (Ponterotto, 2005). From the constructivist paradigm, there are multiple realities rather than one true
reality. These realities are subjectively constructed. Multiple influences affect how reality is constructed; these influences include the context of the situation, the experience and perspective of the participant, the researcher-participant interaction, and the social context. Constructivist researchers do not seek to derive one single truth from data analysis. Instead, constructivist researchers hold the perspective that there are multiple meanings of the phenomenon for those who have experienced it, so that it is not necessary to obtain auditor consensus on the themes identified in participants’ descriptions of their experience with the phenomenon. The trustworthiness of the findings is not determined by whether another researcher would make the same conclusions from the findings, but is determined by the quality of constructivist researchers’ composite description (Moustakas, 1994) of what it is like to experience the phenomenon. In this study, I acknowledged the multiple realities associated with experiencing the phenomenon by conducting two open-ended interviews with each participant to collect rich descriptions of their subjective experiences. I incorporated means to ensure the trustworthiness of my findings and closely adhered to the data analysis procedures to develop a quality composite description of the phenomenon.

**Epistemology.** Epistemology is involved with the nature and origin of knowledge (Ponterotto, 2005). For constructivists, reality is socially constructed. As such, knowledge is transactional and subjective. Constructivist researchers believe that knowledge is created through the interaction of researcher and participant and that this interaction is necessary to depict the lived experience of participants. The interaction between researcher and participant is based on the participants’ introspection and often brings the lived experience to the participants’ conscious awareness, allowing them to
share their insights of the experience with the researcher. Constructivist researchers acknowledge that either they or the participants (or both) change as a result of their interaction. My epistemological approach to research was consistent with my choice to interview participants about their experience with the training phenomenon. During the interviews, I asked the participants questions about an experience, and the wording and content of the questions determined the responses they provided. The questions brought their experiences into conscious awareness. As such, it was through our interactions that the knowledge of their experiences with the training phenomenon was created.

Axiology. Axiology is related to the role of the researchers’ values in the process of scientific inquiry (Ponterotto, 2005). From a constructivist viewpoint, the experiences and values of the researchers cannot be separated from the research process. It would be erroneous to believe that researchers could inhibit their experiences from influencing a study’s findings when data collection fundamentally relies on researcher-participant interaction. Rather than ineffectually attempting to eliminate the effect of their experiences, constructivist researchers explicitly identify their biases, values, experiences, and expectations by acknowledging and describing them. In a subsequent section of this chapter, I express my biases, values, experiences, and expectations of what it is like to engage in the training phenomenon. I did not attempt to ignore my values and expectations, but I chose instead to manage their influence by keeping an analytic journal (Morrow, 2005) and discussing my reflections of the research process with my dissertation committee chair. I describe these two processes in the Data Analysis and Researcher-as-Instrument sections of this chapter.
**Rhetorical structure.** The rhetorical structure refers to the language (i.e., rhetoric) that researchers use to write the purpose and procedure of the study (Ponterotto, 2005). In the constructivist research paradigm, researchers present the study from the subjective researcher role. As such, researchers write in the first person and personalize the research report by including robust descriptions of their biases, values, experiences, and expectations. Additionally, researchers often provide a personal reflection on the process and findings of the research study in the written report. As readers can observe, I have written this study’s report in the first person. Moreover, I describe my past experiences with the training phenomenon and my personal reasons for conducting this study. As the first step in data analysis, I analyzed my own experience with the training phenomenon following the same data analysis procedure that I used with the study’s participants, and I presented my textural-structural description in the results section of this manuscript.

**Methodology.** The methodology refers to the procedures that a study follows (Ponterotto, 2005). A study’s method needs to correspond to the assumptions of the research paradigm. Methods associated with constructivism include naturalistic designs focused on the everyday experiences and constructed realities of the participants. Naturalistic designs can be qualitative in nature and often use participant observation and interviewing as the means of data collection. This study used participant interviews as the naturalistic design approach. During these interviews, I asked participants to describe their experience of engaging in the training phenomenon. The participants’ responses in these interviews represented multiple realities as they were socially constructed within the context of our interactions. In the following section, I describe the details of this study’s
research design to fully demonstrate how it corresponded to my philosophical assumptions.

**Research Design**

I conducted this qualitative study using the phenomenological approach. As expected with a phenomenological approach, the primary focus was on understanding several individuals’ shared experiences with a phenomenon. Researchers using phenomenology intend to draw out the common aspects of individuals’ experiences in order to propose a universal description of what it is like to experience the phenomenon. Phenomenological researchers are concerned with individuals’ lived experiences and how they consciously describe them. A phenomenological study’s emphasis is on the participants’ descriptions of their experiences rather than on any explanation or analysis of their experiences (Creswell, 2007). Phenomenology was an appropriate choice for this study because I was interested in what the counselor trainees experienced when they engaged in the training phenomenon and how they experienced it (Creswell, 2007). In this study, the context was narrowly defined, which would cause a study that looked to create a theory to generalize to other contexts inappropriate. Moreover, the phenomenological approach allowed for themes to intuitively emerge from the data and incorporated the interpretive perspective of the researcher. In the next section, I describe my perspective as the researcher.

**Researcher-as-Instrument**

Within the rhetorical structure of the constructivist research paradigm, it is important to describe the subjective researcher role. Accordingly, this section includes explanation of my researcher reflexivity, my experience with the researchable phenomenon, my qualitative methods training, and my approach to subjectivity.
**Researcher reflexivity.** Researcher reflexivity is concerned with the researcher’s self-awareness and ability to modify his or her behavior based on this self-awareness (Morrow, 2005). I remained reflective about my experience as a researcher throughout the duration of this research project by verbally checking in with my dissertation committee chair. I shared with her my responses to the different events that occurred during this research process. During these discussions, I focused on how my experiences in the world had the potential to affect the research process and outcomes. I incorporated feedback from my dissertation committee chair into my self-awareness, and I modified my beliefs and behavior as a researcher and co-constructor of the research findings. I also kept an analytic journal (Morrow) during the process of data analysis. I describe the analytic journal in the data analysis section of this chapter.

**My experience with the phenomenon.** I have had a moderate level of experience with the training phenomenon in this study, but my experience had a few notable characteristics that likely differentiate it from the experience of the participants in the current study. I provide the full details of my lived experience in my textural-structural description in Chapter IV. I was introduced to Landro, the recording and playback software program, when I began my appointment as a Doctoral Associate in the Center for Counseling and Psychological Services—Kalamazoo (CCPS-Kz) at Western Michigan University during my first year as a doctoral student over three years ago. At that time, counselor trainees were not using Landro as the exclusive means of recording and reviewing their counseling sessions. I was first required to use Landro during the following semester when I was a counselor trainee in a doctoral-level group counseling practicum in the CCPS-Kz. I had more recent experience with the training phenomenon
from the perspective of the supervisor. Approximately two years ago, I was enrolled in a supervision practicum course for which I co-instructed one of the master’s-level counseling practicum courses. As co-instructor of the course, I co-led 1½ hours of group supervision and conducted 1 hour of triadic supervision for four of the five counselor trainees each week, meaning that I met with two supervisees at a time. During my experience as a supervisor, I developed some of the biases and expectations that I have about the training phenomenon of the current study. Descriptions of my biases and expectations follow in the section on my approach to subjectivity.

My qualitative methods training. My training in qualitative methods began several years ago when a doctoral student invited me to be a member of her doctoral dissertation research team. This doctoral student provided me with literature and training on the assumptions and methodology of consensual qualitative research (Hill et al., 1997). My participation on this research team included collaboration on the tasks of identifying the research questions, writing the literature review, designing the methodology, collecting and analyzing data, and writing the discussion. My formal training in qualitative research is from the EMR 6480 Qualitative Research Methods course, which is a required course in my doctoral program of study in counseling psychology. This course included the following: (a) readings, lectures, and class discussions on the assumptions and foci of several different qualitative research designs; (b) experiential exercises in research design, data collection, and data analysis; and (c) a research proposal assignment for which I proposed a study using a phenomenological design. From these training experiences, I gained an appreciation for qualitative research and the contribution that its findings make to the field of counseling psychology. Moreover, I have grown to
value and respect constructivism within the process of research as a result of these training experiences. I understand what types of research areas are best understood through qualitative research, and I accordingly chose a phenomenological qualitative design to answer my exploratory research questions.

**My approach to subjectivity.** Explaining my biases as the researcher is an important aspect of this research study (Maxwell, 1996). Phenomenology includes two concepts called *epochés* (Wertz, 2005); in a figurative translation from the Greek meaning, *epochés* are freedoms from assumptions (Moustakas, 1994). The first *epoché* is to let go of biases derived from the natural sciences. This *epoché* requires researchers to bracket out their theories and hypotheses based on what they know from natural science. Researchers designate the bracketed information as natural science knowledge that existed before the current scientific inquiry (Wertz). The first *epoché* does not invalidate the previously understood knowledge about the subject matter, but does permit researchers to access the phenomenon from the perspectives of the participants. The notion of causation was one of my biases that I believe is derived from my previous study in the natural sciences. In the current study, I had to be careful not to imply that the participants’ experience with the training phenomenon caused other changes in counseling skills performance, counseling self-efficacy, or counselor development. Although my prior training in empirical research methods has planted the notion that establishing causation in research is the ultimate goal, I did not seek to establish causation in this study. As a result, I bracketed out the information I had gleaned from previous empirical research (e.g., that receiving positive feedback about their counseling skills performance would increase counselor trainees’ counseling self-efficacy, that improved
counseling self-efficacy about counseling skills performance would result in more effective counseling skills performance, and that skills-based training would produce more effective counseling skills performance). Although presenting causal relationships among the concepts central to this study was important to develop the rationale for conducting the study, I did not seek to replicate these findings or establish evidence for additional causal relationships among the concepts.

The second epoche is abstaining from attitudes about the world that derive from an objective perspective (Wertz, 2005). It requires researchers to bracket out their preconceived ideas about the naïve, observable world and focus their attention on the subjective meanings of the participants’ lived experiences. The second epoche permits researchers to enter the lived experience of the phenomenon from the participants’ perspective. One of my most salient assumptions was based on what I observed as a supervisor, and it was that counselor trainees would benefit from engaging in the training phenomenon. In other words, I anticipated that they would value, and possibly enjoy, the experience of using the technology in this way. I also had expectations that the participants would experience changes in their counseling skills, counseling self-efficacy, and counselor development as the semester progressed. In fact, I expected their counseling skills to improve and their self-efficacy and counselor development to increase as they gained experience over the course of the semester. These expectations reflect my assumptions that the subjective experiences of the participants are measurable in that they can be said to improve or increase. I bracketed out these expectations to allow myself to appreciate the lived experience of the participants as they described it. The initial step in bracketing them out occurred as I pondered and wrote the words above in which I acknowledged my expectations. Next, while developing my interview
questions, I bracketed out my expectations by choosing neutral syntax to prevent leading the participants towards my anticipated responses. While interviewing the participants, I made another conscious effort to bracket my expectations by asking the questions as they were written and being sure that any follow-up questions asked participants to more fully describe what they had already said, rather than asking for a different response altogether. Finally, I bracketed out the potential influence of my expectations during data analysis by first analyzing my past experience with the training phenomenon and second by following the established procedure while analyzing the participants’ responses.

In addition to bracketing them out, I acknowledged my biases and assumptions by embracing my position as the co-constructor of the meaning that participants assigned to their experiences. I deemed my role as a co-constructor of the research because it was through my interaction with the participants as the interviewer that I was able to elicit the meaning they ascribed to the experience. Both the nature of the data and the process of analysis were subjective processes, but that did not limit the trustworthiness of the findings. To ensure the trustworthiness of the findings, I asked participants to provide me with their reactions to the composite description of the experience that I developed in the analytic process. I considered their feedback and examined the few discrepancies that emerged. Then I revised the composite description to more fully account for the entirety of the participants’ experiences with the training phenomenon. I more fully describe this process in the Data Analysis section of this chapter.

**Participants, Access, and Setting**

**Participants.** In the present study, I used purposeful sampling techniques by identifying the participants to recruit and my reason for recruiting them (Creswell, 2007).
To enhance the quality of the findings, I recruited participants through criterion sampling, which occurs when the researcher recruits participants who meet predetermined inclusion criteria for participation in the study (Marshall & Rossman, 2006). In phenomenological research, one criterion for inclusion is experiencing the phenomenon of interest (Creswell, 2007). Therefore, the first criterion for inclusion was being engaged in the training phenomenon. Additional inclusion criteria for participation included being a master's-level counseling student in one of the several master’s programs in the graduate Department of Counselor Education and Counseling Psychology at Western Michigan University and being enrolled in the counseling practicum course CECP 6120 in the fall 2009 academic semester in the CCPS-Kz, the departmental training clinic on the university’s main campus in Kalamazoo, Michigan. Using these criteria and typical number of course enrollees, 20 potential participants were eligible. I recruited the eligible participants in groups of five, which is the typical practicum course class size, and this process resulted in the volunteering of eight participants.

Of the eight participants, two identified as African American or Black, one identified as American Indian and White, one identified as Chinese, one identified as Latina from the Dominican Republic, and three identified as European American or White. All participants described themselves as female. At the time they completed the demographic questionnaire (which was directly preceding the first interview), the participants were fairly inexperienced counselors. The number of hours they had provided counseling in their practicum ranged from 1 hour to 6 hours, with a mean of 3 hours. The participants represented three of the four practicum sections. Seven of the eight trainees were assigned to triadic supervision, which included their supervisor and a fellow practicum student, and one trainee had individual supervision with her supervisor.
Among the participants, six had supervision with a doctoral student, and the remaining two had supervision with their doctoral degreed instructor of record. The term instructor of record refers to the doctoral degreed instructor officially responsible for the course, and doctoral student refers to the doctoral student participating in his or her supervision practicum under the supervision of a doctoral degreed professor. Finally, four of the participants indicated that both their instructor of record and doctoral student supervisor led their group supervision, whereas the other four participants indicated that their instructor of record led their group supervision.

**Access.** After receiving approval from the WMU Human Subjects Institutional Review Board (HSIRB; see Appendix A), I consulted with the Director of the CCPS-Kz to ask for permission to recruit participants from the counseling practicum and to use the training clinic for research purposes (see Appendix B). Upon securing permission, I asked the director for the phone numbers and email addresses of the instructors of record for the four sections of master's-level counseling practica. I explained to the director that I would be contacting the instructors of record to ask if I could arrange a time to describe and explain the purpose of this study to the counselor trainees in their practicum course section.

My second step in collecting data was approaching the practicum instructors of record to ask for permission to attend their course meeting to invite the counselor trainees to participate in this study. Using the contact information that the director of the CCPS-Kz provided, I called or emailed the instructors using a prewritten script (see Appendix C). I asked the instructors for 10 minutes of their class time to recruit counselor trainees from their practicum sections. Three of the four practicum instructors granted me
permission, and then I arranged to attend a course meeting near the end of September 2009. When I attended the course meetings, I asked the instructors of record and doctoral student supervisors to step out of the room for the duration of my presentation to reduce their influence on the counselor trainees’ decisions to volunteer as participants. Using a prewritten script (see Appendix D), I explained why I had come to their class time. Then I distributed the informed consent document (see Appendix E) to the potential participants and went over its contents. I gave each of them two copies of the informed consent document, one to retain and one to sign and give to me if they decided to participate. Then I returned to the script and told potential participants that I would be available in a separate and confidential room for the remainder of their class time to answer questions and collect the signed informed consent documents from those volunteering to participate. The participants were able to approach me during breaks in their class time or after their class time, and I collected their signed informed consent documents. I then arranged with each participant the date and time of the first interview, which took place in October 2009. I assigned participants a code number and wrote this code number on the demographic questionnaire (see Appendix F) that they received before the first interview. I kept a master list of the code numbers corresponding to the participants in a locked cabinet in the office of my dissertation committee chair.

I arranged the date and time of the second interview with the participants directly after the first interview was complete. As planned, I conducted the second interviews in mid-December, during both the last week of class and finals week of the fall 2009 semester.
Setting. In this study, I considered both the physical setting and the current CCPS-Kz procedures. The physical setting was the CCPS-Kz, which is one of two departmental training clinics. The purpose of the training clinic is to serve university students and members of the surrounding community by offering no or low cost counseling services, to provide training for master's and doctoral level counselor trainees, and to promote scholarship by facilitating faculty and student research. There are typically four master's counseling practicum sections with five counselor trainees in each section during both fall and spring semesters. In some sections, there is a doctoral degreed instructor of record and a doctoral student supervisor-in-training who co-lead the practicum's group supervision lasting 1½ hours weekly, and in other cases, there is only an instructor of record. The doctoral students are enrolled in a supervision practicum course in which they receive supervision of their supervision with the master's students. Either the instructors of record or the doctoral student supervisors provide 1 hour weekly of individual or triadic supervision. In addition, they observe counseling sessions live, provide didactic instruction, and review session notes.

Recording, playback, and analysis technology. The CCPS-Kz houses Landro ("Landro Basics," n.d.), a digital recording, playback, and analysis software system. At CCPS-Kz, the recording equipment include two video cameras and a microphone in each counseling room, which capture the counseling sessions and save digital video data into the Landro system, which includes a personal computer hard drive. These recordings are stored on a secure closed network that is password-protected. The data are accessible using the CCPS-Kz desktop computers that interface with the Landro software, and there are several workstations in the clinic from which to access the system. The counselor
trainees initiate session recordings, and the trainees and supervisors can either watch live
or view digitally video recorded counseling sessions at any of these workstations.

**Typical practice within the setting.** Although the following description includes
the training phenomenon of interest in this study, the description delineates typical
practice in the CCPS-Kz for all counselor trainees regardless of their participation in the
study. Each week, counselor trainees typically participate in 1½ hours of group
supervision, 2 hours of individual personal or couples counseling, 1 hour of individual or
triadic supervision and ½ hour of case management (e.g., writing session notes, calling
clients, consulting literature, etc.) as part of their enrollment in the counseling practicum
course. Counselor trainees use Landro for digital recording and playback for individual
analysis and in supervision. They use Landro to record, review, and analyze their
counseling sessions and to identify and label certain counseling skills. The CCPS-Kz
staff members provide orientation at the beginning of the semester during which
counselor trainees learn how to use the Landro system according to the written guidelines.
These written guidelines include explicit instructions on how to use Landro to record and
playback counseling sessions and how to mark and tag the counseling skills as they are
demonstrated within each recorded counseling session. Counselor trainees use usernames
and passwords to access Landro to protect the confidentiality of the clients served at the
clinic.

After receiving orientation to the CCPS-Kz during the first week of the semester,
including instructions on how to use Landro, practicum supervisors assign counselor
trainees their first clients for the semester. During the following week, many counselor
trainees will have their first counseling sessions, and they will use Landro to digitally
record them. Before the next practicum course meeting, counselor trainees meet with their supervisors for individual/triadic supervision. At some point after their counseling sessions but before their supervision, counselor trainees sit at a Landro workstation and use the system to review and analyze their counseling sessions. During this independent review process, the counselor trainees identify a segment of the session during which they demonstrate a particular counseling skill. They use the marking feature of Landro to mark off this section by designating a start time and a stop time; this procedure creates a segment. To label the segment with an identifying counseling skill, counselor trainees choose among a dropdown list of counseling skills provided within the Landro system. The dropdown list includes skills on The Counseling Skills Scale (CSS; Eriksen & McAuliffe, 2003) although practicum supervisors are able to modify or add counseling skills to the list available to their supervisees. The following counseling skills comprised Landro’s dropdown list: nonverbal encourager, verbal encourager, open-ended question, close-ended question, requesting examples, paraphrasing, summarizing, reflecting feeling, using empathy, determining goals, evoking/focusing on strengths, identifying themes and patterns, challenging/confronting, use of immediacy, use of self-disclosure, and use of silence. Counseling skills on the CSS are listed in ascending order from most basic to most advanced, and the dropdown list in Landro maintained this order. Landro makes the tag of the selected skill appear on the screen as playback of the counseling session progresses through the marked segment. The counselor trainees repeat marking and tagging with as many counseling skills as their supervisor recommends, a number that might vary as the semester progresses.

During their weekly individual/triadic supervision sessions, counselor trainees show their supervisors the segments that they have marked and tagged from their most
recent counseling sessions. The supervisors provide formative verbal feedback about the performance of the counseling skills demonstrated in the marked and tagged segments. The supervisors might suggest that counselor trainees mark and tag some of the same counseling skills or different skills using the recordings from their next counseling sessions for the following week’s supervision session. At the present time, the supervisors vary in how they use Landro within the supervision sessions and how they provide feedback about the counseling skills that trainees mark and tag to review during their individual supervision sessions. Moreover, counselor trainees vary in how much time they spend analyzing their counseling sessions and how many counseling skills they mark and tag to present during supervision. I did not attempt to control for these variations in this study because of its exploratory purpose. What was important was that I elicited a rich description from the perspectives of the participants about their experience engaging in the training phenomenon.

**Researcher roles and relationships.** First, I acknowledge that I had a preexisting and continue to have an ongoing relationship with the Director of the CCPS-Kz. She is the chair of my dissertation committee, the Primary Investigator for this study (for the purposes of the HSIRB), and my former supervisor when I was a Doctoral Associate in the CCPS-Kz. To manage the influence of our relationship, I followed the prewritten script (see Appendix B) when I phoned her for the practicum instructors’ contact information. Second, I needed to ensure that my previous acquaintance with the instructors of record for the practicum courses did not influence their decision to allow me to have class time to speak with their supervisees. To address this consideration, I followed the prewritten script (see Appendix C), and I did not attempt to persuade the
instructors to give me class time. Third, I needed to recognize that the participants could have wished to please me as the researcher by making assumptions about what I anticipated for findings and responded to the interview questions according to those assumptions. I addressed this possibility by following qualitative research interview protocol that suggested that I refrain from offering verbal and explicit nonverbal reinforcement to participants' responses.

**Sources of Data**

**Informed consent document.** I provided participants with an informed consent document (see Appendix E) explaining the purpose and general procedures of the study. The informed consent document included information about the potential benefits, risks, and costs to the counselor trainees who volunteered to participate in the study. It also informed potential participants that their participation in the study was voluntary and that they could withdraw from the study at any time without penalty.

**Demographic questionnaire.** The demographic questionnaire (see Appendix F) asked participants to respond to items indicating their race, their gender, the number of hours they had conducted individual counseling in their current counseling practicum, whether they had individual or triadic supervision, whether their individual/triad supervision was conducted by the instructor of record or a doctoral student, and whether their group supervision was led by the instructor of record or the instructor of record and a doctoral student.

**Interviews.** In this phenomenological study, I used a semistructured, open-ended interview protocol. There were two interview protocols, one for the first interview (see Appendix G) and the other for the second interview (Appendix H). The wording in these
protocols differed to reflect that the first interview occurred when the participants had just begun engaging in the training phenomenon and that the second interview occurred when the participants were nearly done engaging in the training phenomenon. Each interview was informal and interactive. I created the interview questions to elicit information about the phenomenon under investigation. Before beginning each interview, I reintroduced myself to the participant and again explained the purpose of the study. I asked participants a couple conversational questions (e.g., “How are you doing today?” or “How is your semester going?”) in order to put them at ease. I provided participants a paper displaying my description of the phenomenon under study and the interview questions to read over before the interview began. I provided a few minutes time for them to contemplate how they would like to respond to the interview questions and prompts. During this time for contemplation, I asked participants to consider their experience with the phenomenon, the moments of their experience that seemed to have the most impact, and how they could fully describe their experience with the phenomenon. These considerations were also written on the interview protocol.

Each interview consisted of several open-ended questions. I followed the interview questions with prompts if the participants did not address the content of the questions during their original answers. I also asked a few questions that were not listed on the interview protocol for clarification or further elaboration of a response. The interview questions addressed the participants’ experience of engaging in the training phenomenon and tapped into the participants’ descriptions of their counseling skills performance, beliefs about counseling self-efficacy, and aspects of counselor development.
The interviews took place in an individual counseling room at the CCPS-Kz. These counseling rooms have a “Vacant/In Use” sign that I set accordingly to protect the confidentiality of the participants being interviewed. I audio recorded the interviews to ensure accuracy of the data, and I downloaded the digital audio files to a flash drive. I labeled the files with the participants' code numbers, and I stored the flash drive in a locked file cabinet in the office of my dissertation committee chair. After the data analysis was complete, I erased the audio files.

Data Analysis

Data management. After conducting all of the participants’ first interviews, I removed the flash drive from the office of my dissertation committee chair to transcribe the interviews, and I returned the drive to the locked file cabinet in the office once transcription was complete. I transcribed the interviews by listening to the audio recordings and typing the interview content verbatim in Microsoft Word. I identified the transcripts with only participants’ code numbers to protect their confidentiality. I saved electronic copies of the transcripts by the participants’ code numbers on a flash drive, which was stored in a locked file cabinet in the office of my dissertation committee chair. I printed out the transcripts and stored the original paper copies in a locked file cabinet in the office of my dissertation committee chair. For analysis purposes, I made photocopies of the original transcripts. I removed the photocopies from my dissertation committee chair’s office for the purpose of data analyses. I read through the photocopied transcripts to generate any additional questions or prompts for the second interview. Any additional questions remained focused on the phenomenon under investigation and probed for more
detail or changes in their response as a result of time. I followed the same transcription, deidentification, and storage processes after conducting the second set of interviews.

**Analysis approach.** I used a data analysis approach based on the philosophical assumptions of phenomenology and attempted to honor the foundations upon which the viewpoint was developed. As such, I was the sole researcher involved in data analysis. Because my dissertation chair had not bracketed out her biases and expectations, she did not read the transcripts or analyze the data. Moustakas (1994) adapted the actual methodological approach from three distinct methodologies of the researchers Stevick, Colaizzi, and Keen (as cited in Moustakas) and called this approach the Modification of the Stevick-Colaizzi-Keen Method of Analysis of Phenomenological Data. The data analysis procedure included *phenomenological psychological reduction* and *imaginative variation*. The task of phenomenological psychological reduction is "describing in textural language just what one sees, not only in terms of the external object but also the internal act of consciousness, the experience as such, the rhythm and relationship between phenomenon and self" (Moustakas, p. 90). To fulfill this task, phenomenological researchers look at and describe the full nature of the experience. They focus on all qualities of the experience, including its textural aspects, intensity, and place in time. Researchers attempt to capture and describe the multiple perspectives of the experience within its context. Upon fully describing the phenomenon, researchers complete the process by reducing the experience to themes that elucidate the meaning of what is. The method of phenomenological psychological reduction includes several steps (Moustakas). Bracketing, as I have previously described, is the process of clarifying the focus of the study into brackets and excluding all extraneous information. Bracketing occurs before
data collection and analysis. The second step is horizontalizing. Horizontalizing is a data analysis process of shifting from giving all statements equal value to deleting statements that are irrelevant and repetitive. What remains after this process are horizons, which are the meanings and invariant elements of the phenomenon. The next steps are clustering the horizons into themes and then organizing the horizons and themes into a coherent textural description of the phenomenon.

According to Moustakas (1994), the task that follows phenomenological psychological reduction is imaginative variation. Imaginative variation is a procedure to develop an intuitive knowing of the phenomenon's essences (Wertz, 2005). The procedure involves (a) imagining the possible structural meanings that inform the textural meanings; (b) recognizing the context from which the phenomenon emerged; (c) accounting for the universal constructs, such as time, place, relation to self, and relation to others, that influence the meaning of the phenomenon; and (d) isolating descriptions that epitomize the meaning and stable elements of the phenomenon. This process shows researchers that there is not a single, true way or set of structures inherent to experiencing the phenomenon; instead, there are variations in the stable structures that comprise the essence and meaning of the experience (Moustakas). Through this process, researchers tease apart the distinguishing features of the phenomenon from the extraneous variables to arrive at the core essence of the phenomenon (Wertz).

During Phase 1 of data analysis, I produced a full description of my experience with the phenomenon, and then I analyzed the description using Moustakas' method, the steps of which I outline below. During Phase 2 of data analysis, I completed each step of data analysis with every participant's interviews. I started by reading verbatim the transcripts from both interviews, and then I analyzed the participants' descriptions using
the procedure described below. Because each of the participants had two interviews, I deviated slightly from the procedures that Moustakas (1994) outlined by adding a step during which I repeated the first four steps with the second interview transcript.

Step 1. While reading the transcript of the first interview, I considered each statement with respect to its significance for the description of the participant’s experience. In this study, the significant statements described the participant’s experience with the training phenomenon.

Step 2. I recorded all relevant statements from the first interview.

Step 3. I reviewed the list of relevant statements from the first interview and retained each nonrepetitive, nonoverlapping statement. I created a new list of these statements. These were the invariant horizons or meaning units of the experience (Moustakas, 1994). Invariant horizons are unique qualities of the participant’s experience with the phenomenon.

Step 4. I related and clustered the invariant horizons (i.e., meaning units) into themes (Moustakas, 1994) of the first interview. Each theme consisted of related meaning units.

Step 5. I repeated steps 1 through 4 using the transcript from the second interview.

Step 6. I synthesized the invariant meaning units and themes into a description of the textures of the participant’s experience (Moustakas, 1994). This description included what the participant described as his or her lived experience. It essentially answered the question of what the participant experienced with detailed descriptions of the situation, conditions, and relationships present at the time. As part of this step, I included examples of descriptions that the participant provided.
Step 7. I reflected on the participant’s textural description. Through imaginative variation (Moustakas, 1994), I constructed a description of the structures of the participant’s experience (Moustakas). This description detailed the setting and context influencing the phenomenon and how the setting and context affected the participant as he or she experienced the phenomenon. It essentially answered the question of how the participant experienced the phenomenon. The structural description included vivid descriptions of the underlying dynamics of the experience and the qualities of the experience that evoked the participant’s salient emotions.

Step 8. I constructed a textural-structural description (Moustakas, 1994) of the meanings and essences of the participant’s experience. This step involved synthesis of the textural description and the structural description. It combined the meanings and essences of the experience. In other words, it provides readers with a vibrant fusion of the what and how of the participant’s experience.

After completing these steps for my experience and all of the participants’ individual experiences, I completed Phase 3, the final step, of data analysis. Using each participant’s textural-structural description, I developed a composite textural-structural description of the meanings and essences of the group experience. As such, I integrated all of the individual textural-structural descriptions into a universal description of the experience representing the group as a whole. This step culminated my exploration of the phenomenon.

Discrepant findings. Once I developed a sense of the shared experience of the participants, I engaged in a deliberate search for data that could disconfirm my preliminary findings (Morrow, 2005). This step was important to establishing
trustworthiness in my findings because it demonstrated my awareness of and commitment to combat confirmatory bias. In other words, I acknowledged my inherent tendency to be drawn to bits of data that confirmed my expectations. Because this tendency would ultimately bias the results of the present study if left unchecked, I reviewed the data with the explicit goal of finding aspects of each participant’s experience that were discrepant to the themes I had already identified. After Step 4 of creating themes from the invariant horizons, I reviewed the invariant horizons again, this time explicitly analyzing them with the purpose of identifying meaning units that were inconsistent with the theme in which I placed them. In a few instances, I found invariant horizons that seemed subjectively distinct from the others of that theme. I analyzed the discrepancies, and in all cases, I moved the invariant horizons to other themes that better described them. This step did not result in the addition or modification of any themes.

**Participant checks.** The final step in my qualitative data analysis was respondent validation (Maxwell, 1996). In this process, I explicitly solicited feedback from the study participants about how well the findings represented the experiences they described during the interviews by sending a separate email to each of them. Consistent with the phenomenological approach (Moustakas, 1994), the email message included the composite textural-structural description of the meanings and essences of the phenomenon and did not contain any individual participant’s identifying information. I asked participants to examine the composite description and offer suggestions about any information that needed to be added or corrected (Moustakas) and to do so in a response email. Seven of the eight participants responded to my email, and four of these respondents indicated that the composite description was wholly consistent with their
lived experience. The other three respondents wrote that most aspects of the composite description accurately described their experience, but they also pointed out one or two areas in which their experience differed from what the description entailed. I revised my composite textural-structural description in consultation with my dissertation chair to more fully account for all of my participants’ lived experience with the training phenomenon.

**Analytic journal.** I kept an analytic journal (Morrow, 2005) during data analysis. This journal contained my notes about theory or analysis that came to mind while I reviewed the data. I did not write any notes that included participants’ identifying information or direct quotes; rather, this journal accounted my thought processes as I read through the interview transcripts and engaged in data analysis and synthesis. The majority of my journal entries focused on the process of analyzing the data. The entries began with my general impressions about the data, which included surprise about some of the participants’ responses and anxiety regarding the tasks ahead. Then I wrote about how certain analysis steps intimidated me and how I felt more confident and comfortable after completing them. For example, I commented that Step 6 of creating a textural description of each participant’s experience was the most difficult step. In my experience, it was much easier to take apart the interview responses than it was to put them back together as a synthesized whole. At times, I felt tentative about Step 7, which was using imaginative variation to create the structural description, because I did not want my imagination with its biases and expectations to stretch too far and distort the participant’s actual experience. I wrote in the journal about being cautious to not make connections that were not appropriate for data analysis. Instead of including these
connections in the analysis, I made notes of them in my journal to inform my discussion of the results. As I progressed with analysis, I commented about the commonalities I noticed among the participants’ responses, but I also wrote about idiosyncrasies for individual participants. For example, I wondered whether one participant hesitated to identify the counseling skills for which she has achieved competence because of her cultural norms valuing humility. On a few occasions, I generated ideas for how to make the analysis process smoother and how to keep my thoughts on track after writing in my journal (e.g., I printed out my research questions and kept the paper on the table to keep myself focused while I analyzed the data). All in all, I thought it was useful to keep the analytic journal to monitor my thoughts and emotions during the process and to put my ideas in writing so that I could return to them later. This level of transparency into my thought processes was consistent with the constructivist research paradigm of this study and is intended to let readers know that I followed the data analysis procedures.

**Trustworthiness and Rigor**

I engaged in several steps to augment the trustworthiness and rigor of the present study. First, I explicitly outlined my philosophical assumptions and how the present study aligned with those assumptions. Then I discussed my researcher-as-instrument role. Within this discussion, I described how I maintained reflexivity by sharing my thoughts and feelings about the research process with my dissertation committee chair. I also provided information about my experience with the phenomenon and my qualitative methods training. To end this discussion, I explained my biases, values, assumptions, and expectations, and then I described how I managed these biases: I bracketed them out in two epochés.
I designed my participant recruitment, data collection, and data management processes to protect the confidentiality of the participants. I employed Moustakas' (1994) data analysis procedure that Creswell (2007) recommended as "the most practical, useful approach" (p. 159) to data analysis within phenomenological research. This approach included several steps that are designed to fully elicit the textural and structural descriptions of the participants' experience. After completing Step 4 of Moustakas' data analysis procedure, I looked for discrepant findings among the participants' descriptions. This process enhanced the trustworthiness of my findings because it reduced the influence of confirmatory bias. The analytic journal was another aspect of the data analysis process that contributed to the trustworthiness of my findings. Following data analysis, I asked participants to validate the composite description or suggest how their experience differed in an effort to enhance the rigor of the analyzed qualitative data (Maxwell, 1996; Moustakas; 1994). Finally, when I present the findings in this final document, I use a name, rather than a letter or number, to represent each individual participant. These pseudonyms protect the confidentiality of the participants.
CHAPTER IV

RESULTS

Following is a rich description of my previous experience with the training phenomenon. This description is the final result of Phase 1 of data analysis, during which I first created a full written description of my experience with the phenomenon. After that, I analyzed the description following the steps from Moustakas’ method. The textural-structural description below reveals my detailed perspective of and experience with the phenomenon before I became the researcher-as-instrument. Phenomenological qualitative research includes this component because it provides readers with a sense of my motivation and interest in exploring the phenomenon.

Researcher Textural-Structural Description

I had two distinct experiences with the training phenomenon. First, as a master’s-level practicum supervisor, I provided triadic supervision to four supervisees who recorded and analyzed their counseling sessions. During most supervision sessions, they showed me their marked and tagged counseling skills or a particular section of the session that I had noticed during live observation. Because I was trying to balance my role as an authoritative figure with my desire to be approachable to my supervisees, I hesitated to enforce their ongoing assignment to review, mark, and tag their counseling sessions. In retrospect, I might have been apprehensive that they would challenge my authority and try to override my instructions. I gave a lot more positive feedback to my supervisees at the beginning of the semester when I knew they were nervous, but I also initiated discussions about what might have been a better way of approaching a certain skill or a different skill. Admittedly, I had favorites as a supervisor. I noticed who was trying harder, and I offered those supervisees more positive feedback than the supervisees I perceived as doing just
enough to get by. There were a few supervision sessions during which I either left too little time at the end or did not ask to review videos of their sessions during supervision. I realized the contradiction that I really valued the process of watching video during supervision, but then found myself leaving too little time to really get into it at the end of our sessions. There are definitely some things that I regret about my first supervision experience that I would change if I had another chance to supervisee trainees experiencing the training phenomenon.

I was motivated to learn skills relevant to the role of supervisor, which was new to me. At the time, I had some sense that I might be a better supervisor than I was a therapist. Although I see things differently now, I think that I was motivated to develop my supervisory role in case I really was that much better as a supervisor. I considered the faculty supervisor who co-led the group supervision an expert. I liked working with the faculty supervisor, and I wanted her to think I was doing a good job. I observed her interactions with the supervisees to see how they responded to different things, and in many cases I modeled my supervisory interventions after her approach. I was motivated to provide my supervisees with a beneficial training experience. In particular, I wanted them to grow in confidence, skills, and self-awareness. I thought that being open to feedback was important for growth in these areas, so I tried to stay warm and encouraging, even when providing constructive feedback. Having reviewed the self-efficacy and counselor development literature, I was aware of those factors while interacting with my supervisees. I was especially careful to provide a good amount of positive feedback in order to increase their counseling self-efficacy, but I sometimes wonder whether I should have challenged them more as well, especially in the areas of self-knowledge and countertransference. In addition, I was motivated to demonstrate
competence for my supervision practicum supervisor because I knew I was being recorded and evaluated in the supervisory role.

I look forward to another opportunity to supervise. Given another opportunity to supervise trainees who have access to this kind of playback technology, I would be more assertive in making sure my supervisees spend adequate time reviewing their sessions. In addition, I would have them mark and tag counseling skills and moments during the session in which they made a mistake or experienced a client reaction different from what they had anticipated. I would conduct individual supervision instead of triadic to create an environment in which the supervisees could explore their personal responses to clients and growth in self-knowledge throughout the semester.

My other experience with the training phenomenon was from the perspective of a group practicum member. During the practicum, I led two groups each with a fellow practicum student. My experiences were slightly different depending on the group, which I refer to here as A or B. My interactions with the two group co-leaders greatly influenced my experience as a leader during those groups. In Group B, I felt like the more prepared, more experienced co-leader, and in Group A, I felt dominated and submissive. The topic of Group B, relaxation, was also more conducive to an egalitarian relationship between the co-leader and me. For both groups, I recorded all of my sessions and then reviewed them. My co-leaders and I spent about 45 minutes each week to mark and tag group counseling skills to show to our supervisor and the other group practicum students during group practicum, which met each week. Sometimes my co-leaders and I met to review our sessions together, and sometimes we did it on our own just based on convenience. When I did it by myself, I sometimes moved through the session to the parts during the sessions that I remembered being important to mark and tag. I was most
often interested in reviewing the sessions quickly and efficiently to find something I did well in order to receive positive feedback from the group. I was not as interested in taking time to reflect and analyze my sessions. My co-leader and I showed our marked and tagged counseling skills to our instructor and the rest of the class. In most cases, the other practicum members provided feedback rather than our instructor, who did not comment much on our performance. Although I benefited from being held accountable for the group skills I chose to show the other course members, I did not really value the feedback from the group members because I assumed they were more concerned with looking good for our instructor than improving my group facilitation skills.

It would be difficult for me to accurately rate my group counseling skills based on my experience with the training phenomenon for the group practicum because (a) I never received specific feedback from my instructor about my counseling skills performance and (b) I have had a lot of group counseling experience since then. I had mixed feelings about not receiving more specific feedback. I wanted to improve my skills at the same time that I wanted to avoid extra work and disappointment. I think that I might have learned more if I had taken it more seriously myself and had another supervisor with a different approach. It was my supervisor’s first time teaching this course, and I think that she was not quite sure what to expect or what we were expecting. If I had to rate myself, I would say about 6 or 7 out of 10, with 10 as most competent. I assume that my estimate might be consistent with the rating from my supervisor.

I do not remember looking forward to Group A. Perhaps this was an indication of my confidence, although I am guessing it had more to do with the underlying power struggle between my co-leader and me. I think that she believed that she was more competent than I, which influenced how much control she exhibited during our sessions.
It is possible that her lack of confidence in me influenced how much confidence I had in myself. While reviewing my sessions from Group A, I was not able to separate my personal counseling skills from my displeasing interactions with my co-leader, making it difficult to feel more confident about my abilities based on what I saw in the video. However, when I noticed that I successfully executed a particular skill, I did feel more confident about my ability with that skill. Having confidence for the next Group A session was challenging because this group was generally unstructured, but I was fairly confident in my ability to be successful in Group B, which involved carrying out an established plan. I also felt more confident when I noticed positive responses from the group members who attended and then returned to the group. I could tell that at least some of them were benefiting from their experience in the group, and some of the group members provided immediate feedback after relaxation exercises during Group B. Group A members expressed positive feelings during their individual feedback portion of the final session, which did not really help me feel more confident because it was the end of the semester.

It is difficult for me to clearly remember what I focused on during my group practicum sessions now that a couple years have passed. I remember focusing on the interactions happening in the room, including my role as a co-leader, the words of my co-leader, the interactions among the group members, and the interactions between the group members and my co-leader and me. On some occasions I was focused on myself and what I had just said and how the group members responded to it. The more that I think about Group A, the more I remember being focused on the interactions between my co-leader and me and what the group members might perceive about us based on those interactions. I was worried that they would see me as less competent because my co-
leader saw me as less competent. I do not remember now whether I did anything to compensate for that. Group B just seemed easier to me, and I was able to focus more on the content of the sessions and the responses the clients were having to what was happening.

My current motivation to be a skillful group leader is much greater than my concern with becoming competent was at the time of the group practicum course. As a group practicum student, I did things I was confident I would do well and did not take many risks during the sessions. If I could, I would take another opportunity to go through the training phenomenon as a group leader, and I would pay more attention to my intentional skill use during group sessions and spend more time individually reviewing my sessions, marking and tagging my skill use, and observing how my clients responded to our interactions. In addition, I would be more assertive about asking for specific feedback about my skills if my supervisor did not directly offer it. My primary source of motivation as a group practicum student was fulfilling the requirements of the class. It was stressful making sure that we had enough clients for the groups to run because if the groups did not run, we did not have the hours; if we did have the hours, our supervisor made it very clear that we would not pass the course. I was not really motivated to put any extra work into improving my skills, especially knowing that it would not matter what my skills were like if I did not have any members in my group. I was also anxious about recording our groups and presenting them to the rest of the students. This was especially true for Group A because I was afraid that the other students would be able to sense that I was being dominated in that group, and I did not want to be seen as less competent, even if it were true.
Reflecting on my experience as a group practicum student, I noticed that I did not seek much guidance from my supervisor. Perhaps it was because my supervision occurred in a group setting, and I did not see my supervisor as very approachable in the company of my classmates. I did not really try to seek guidance, but it was definitely possible that I would have been pleasantly surprised, so I have to take ownership of my choice not to try. I did, however, seek guidance from texts and other resources, and I also learned from watching my co-leader and the other students in the course. If I had felt more comfortable asking for guidance, I would have likely asked for direction regarding basic helping or record-keeping skills. I sought the most guidance about recruiting and establishing sizable groups, which was actually a very frustrating part of the course. Our supervisor expected us to recruit and maintain a certain number of group members, but she failed to provide any support for us to achieve those expectations. In addition to guidance with recruitment, I would have liked to learn more about how to engage group members so that they become active in responding to other group members. Perhaps I would have done more to obtain the level of guidance I needed to be successful if I had realized how valuable the course could have been.

**Composite Textural-Structural Description**

The counselor trainees provided rich descriptions of their experience with the training phenomenon, which I have compiled into one composite description. As a reminder, the training phenomenon included counselor trainees’ recording and reviewing counseling sessions; analyzing, identifying and labeling counseling skills; and presenting to and receiving feedback from their supervisors about the identified and labeled counseling skills. The trainees used a digital video playback system called Landro to mark (i.e., identify) and tag (i.e., label) their counseling skills or other moments of
interest while reviewing their counseling session recordings. The composite description begins with the trainees’ overall impressions of the training phenomenon during their counseling practicum. Experiences with supervision and feedback are components of this overall portrayal of the training phenomenon. Following the global description are composite narratives specific to certain aspects of the training phenomenon, including counseling skills, self and other awareness, motivation, autonomy, and counseling self-efficacy. Some exemplary quotations illustrate the trainees’ reported experiences with the training phenomenon. Any names provided with these quotations are not the actual names of the participants; rather, they are pseudonyms that I generated for the purpose of this composite description.

On the whole, the counselor trainees had positive perceptions of the training phenomenon throughout the semester. Most had at least some anxiety about seeing clients and recording those sessions, but they soon became grateful for the opportunities to review recordings of their sessions because the video provided an “objective” perspective of what occurred with their clients. For example, Barb indicated that what she saw objectively on the video of her sessions was often very different from her in-session impressions, and she considered what she saw on the session recordings to be the more accurate of the two. The counselor trainees also felt more prepared for their next sessions after being able to analyze video of their last session and discuss what happened with their supervisors. Maria described her global experience with the training phenomenon:

Overall, I feel that the whole idea of doing counseling and then being able to go back and watch what I did, how my clients reacted to my statements, really gave me a lot of feedback that I wouldn’t have noticed as much if I hadn’t gone through
the Landro after the session. I have to tell you, like, it really helps you to grow, whether you’re watching yourself in the sessions later on Landro, or with the supervision where you play them back or just to talk about the sessions and what you analyzed from them. It helps you so much to see where you’re going, how you feel about it, things you don’t even notice sometimes, what your reaction is to what you did or how the client reacted himself, so I feel that it is a very useful tool. Um, Landro, supervision, everything, I think that it is necessary, and I’m really relieved that I had that support.

Throughout the semester, the counselor trainees incorporated the digital playback system as a central component of the training phenomenon, using Landro to review their counseling session recordings once per week. They began the semester spending about an hour analyzing because they had just one client (and therefore one session to review), but as they began seeing two or three clients, most trainees spent 2 to 3 hours analyzing their sessions each week. Typically, the trainees watched the full video of their session to jog their memories and gain an overall impression of the session before analyzing any particular segments. While analyzing those segments, they sometimes repeatedly watched them to gain understanding of what was happening during that particular moment and to see what worked well with their clients, and other times they marked and tagged counseling skills or other segments to show their supervisors. Toward the end of the semester, they were less likely to spend time analyzing their counseling skills demonstrations and were more interested in video segments that informed their conceptualization of their clients. Gretchen described the shift in focus from just counseling skills to conceptualization as well:
I see it as more, um, like getting myself prepared for the next session than I do going through and looking at my skills. I’m still looking at my skills in it, or lack thereof, but I am also looking more at like the client than I was in the beginning. In the beginning, I was kind of just analyzing myself.

To conceptualize their clients, the trainees looked for recurring themes and other information relevant to specific aspects of their theoretical approaches to counseling.

The counselor trainees believed that Landro was a useful component of the training phenomenon. According to them, the helpfulness of using Landro to analyze counseling sessions was due to how easily and efficiently the system worked. For example, Barb described how her experience of watching the video, stopping it, and marking segments was much easier than when she used videotape in a previous counseling techniques course, during which she spent a lot of time trying to find specific sections of the tape to show her instructor. Using Landro, however, she was able to focus her energy on reviewing session segments rather than finding them. Barb said:

You were in there, you could go to your section, it was very easy to open and create and start recording. Doing the tagging and the marking, if you were doing that, was also a very easy process: a few buttons to punch and simple to do and easy to review. So I think the Landro process itself is very elegant, so to speak, and it works. I never had a problem.

Rachel had a similar opinion: She was pleased with the Landro system and thought it was easier than using a videotape with a VCR. Rachel indicated that she liked being able to skip around the session to find the segments she wanted to review, and using Landro probably shortened the time she needed to identify certain segments of the session because it was so convenient. At the beginning of the practicum, reviewing their sessions
with Landro was useful because it helped the trainees determine how effective their counseling skills were because they could see and evaluate their clients’ responses (e.g., body language) at a level of subtly and detail that they had missed during the actual session. They also learned how to improve their counseling skills by marking moments that seemed awkward or unproductive. At the end of the semester, Landro was a useful tool for developing case presentations, which included showing meaningful sections of their sessions to their practicum supervisors and classmates. Linda described how she created her case presentation by first finding the segment during which her client described his “problem,” then choosing segments during which he revealed important details about his problem because of Linda’s questioning, and finally picking the segment during which her client appeared to have a “revelation,” leading to the resolution of his problem.

Individual or triadic supervision was a central component of the counselor trainees’ experience with the training phenomenon. At the beginning of the semester, the counselor trainees felt self-conscious reviewing video of their sessions with their supervisors, but with time they felt less threatened and became more comfortable. For Pam, this comfort came from knowing that her fellow practicum students were also reviewing their session videos during supervision, and Maria felt more comfortable because she believed her supervisor was supportive and eased her self-consciousness. The trainees began the semester following their supervisors’ instructions for marking and tagging counseling skills demonstrations. However, as the semester progressed, the trainees noticed that their supervisors rarely asked to review those video segments during supervision, and the trainees began marking and tagging only those segments that seemed most relevant to them as trainees. The trainees felt disappointed that their supervisors did
not incorporate the marked and tagged segments, but continued to engage in the process for their own benefit. Rachel described her disappointment by saying:

And to be honest, we never really went over [the segments], and so I was kind of like, okay, even though I was going to go in regardless to do my own work for it, I was kind of like, okay, you know, I was a little bummed about it.

On the few occasions that they did review video of their sessions during supervision, the trainees thought it was helpful to make sense of confusing moments during the session or develop treatment plans for future sessions. Olivia described her experience of reviewing her session recordings during supervision as the following:

We would talk about, it would depend on the clip and the reason why I tagged the clip. Sometimes I would be asking the supervisor to look at my behavior, um, or sometimes I would have a question about what she thought was going on between the two of us or what was going on with the client in that moment or whether or not this skill was used correctly.

Linda’s supervisor asked to see video segments in which her clients described their presenting problems to provide background for Linda to discuss her treatment plans with those clients.

During their experience with the training phenomenon, the counselor trainees received feedback from their supervisors about their counseling sessions. The trainees were surprised by the degree and amount of positive feedback their supervisors offered because they had anticipated receiving more constructive or negative feedback. The trainees believed that more specific or constructive feedback would have better facilitated their growth and that their supervisors would have had a more complete source of information had they reviewed the entire session instead of short segments. For example,
Maria thought that her supervisor was being too easy on her and was not pointing out the areas that needed improvement. She was more critical of her counseling performance than her supervisor was, and Maria sometimes wanted more explicit direction regarding what she could have done differently. Rachel shared her feelings about not receiving more specific feedback: “I mean, if I’m doing okay, that’s fine, but how can we have a supervision that’s about the specifics of what I’m doing if it’s never reviewed in the first place?” Barb had a noteworthy response describing how constructive supervisory feedback helped her identify what she referred to as a countertransference reaction to a client:

And when [the supervisor] said that and with me internalizing it, then it like just blew apart the way I was handling the client. I switched then, and in the very next session, I was able to, like, take it in a completely different direction. So, in that case, it wasn’t so much me looking at the tapes, but it was certainly in the feedback. And it was interesting. That was very eye opening.

Counseling skills performance is a central focus of the training phenomenon. In general, the counselor trainees recognized that they were novices in terms of their counseling skills performance. Nonetheless, the trainees’ counseling skills consistently improved during the semester, and Olivia said she had advanced “from a beginner to an intermediate level, at least” by the end of the practicum. For example, when the semester started, the trainees’ counseling skills performance was not necessarily consistent with their in-session intentions; at times, their efforts fell short. By the semester’s end, however, they realized how much they had improved when they analyzed their sessions and saw themselves on video enacting the skills how they had essentially intended. At that point, they believed that they were able to successfully use their counseling skills
with their clients and had an acceptable level of competence. The trainees indicated that their competence with counseling skills improved because they used Landro to analyze their performance and determine which skills needed more attention and which they had essentially mastered.

The counselor trainees reflected on which skills they performed with higher levels of competence and which they performed at lower levels of competence over the course of their experience with the training phenomenon. At the beginning of the semester, the counselor trainees assigned higher competence ratings to their use of the basic counseling skills, such as active listening, open-ended questions, summarizing, clarifying, and reflections of feelings and content. Their previous experience in a prepracticum counseling techniques course focused on these skills and made the trainees more comfortable using them. As the semester progressed, the trainees assigned higher competence ratings to additional skills, such as identifying themes and patterns. By the end of the semester, the trainees' successful experience using certain skills and supervisory feedback determined which counseling skills had higher ratings. For example, one trainee assigned use of self-disclosure higher competence ratings at the end of the semester based on her supervisor's indication that it was "meaningful" for her clients when the trainee disclosed on two occasions.

From the start of the semester, the counselor trainees gave themselves lower competence ratings on the more advanced counseling skills, such as challenging and confronting. They indicated that there were also other areas that they worked to improve over the course of the semester. Typically based on feedback from their supervisors, the trainees learned that they could have used reflections of feeling more effectively or more often to encourage their clients to express more emotion during their sessions. In
While reviewing video of their sessions, the counselor trainees implicitly evaluated their counseling skills performance, and when their supervisors provided feedback, the trainees gained a sense of how consistent their evaluations were with their supervisor's evaluations. Throughout the semester, the counselor trainees were more critical of their counseling skills performance than their supervisors were. Rachel wondered if her mistakes were "slipping by a little bit" because her supervisor had not reviewed video of her sessions, but was providing positive feedback. The trainees did not have explicit knowledge of their supervisors' overall assessments of their counseling skills performance, but they were able to make inferences based on the bits and pieces of the feedback they had received. Barb explained how she gleaned her supervisor's implicit evaluation: "... and that would seem to be the indication that I got from my supervisor, too, that I was generally improving at the rate that they would have expected. Where I should be, I am." The trainees generally believed that their supervisors' assessments were valid and fair, and they also assumed their supervisors were better trained than they were to evaluate competence. Leslie explained it like this: "I think that we are pretty on for the most part, but she is very skilled at picking up on things that I think I would not have for the most part picked up."

During their experience with the training phenomenon, the counselor trainees experienced changes in their levels of self and other awareness. The counselor trainees began the semester believing that they should pay attention to their clients during their counseling sessions. Despite this belief and their genuine attempts to focus on their
clients, many found themselves focused on themselves and the thoughts racing through their heads. Maria said:

...my mind just goes away, and I’m thinking of possibilities of where to go so sometimes I find myself like really trying to make an effort to be present and um at the same time have ideas of, “Hmm, where is this taking me?”

Pam described her in-session experience like this: “During the session, I think I kind of focused too much on what I said, like what I should have said, like I [was] thinking like what to respond while I was listening to her.” As the semester progressed, the trainees were less anxious, and they focused more on what their clients were verbally and nonverbally communicating to them during the sessions. Barb described how she focused on her clients’ body language during the sessions and then used video review of the sessions to examine when changes in her clients’ body language occurred, such as when Barb’s own posture relaxed. The trainees began to pay attention to aspects of the session that had special meaning within their therapeutic approaches. For example, Rachel, who indicated that she was developing a cognitive behavioral approach, described how she focused on her clients’ maladaptive thoughts, and she responded to those thoughts by asking clarifying questions with intentions of having her clients see their thinking errors on their own. The trainees progressively let go of their pre-established plans for the sessions and were more flexible in directing the sessions according to the clients’ needs. They had more success with their intentions of being present in the moment with their clients. For Maria, it was like this: “I really was concentrating on my client’s abilities and his problems and things that I thought were common themes, so I kind of shifted the focus from me to the client completely.”
Mostly at the beginning of the semester, the counselor trainees’ high levels of self awareness manifested as concerns with their competence. The trainees felt a great deal of responsibility because the clients were real people with real problems who were relying on them for help. The trainees were sensitive to how well they believed their sessions were going, and challenging sessions made the trainees more anxious about their competence and about being recorded. Olivia was concerned about her competence during sessions that felt “slow and forced” due to her focus on her own agenda rather than following the client’s lead. As the counselor trainees developed therapeutic alliances with their clients and became more confident in their counseling skills performance, they had fewer concerns about their counseling competence. In fact, they focused more on their clients as they worried less about themselves. Gretchen indicated that she was not as concerned about her performance during her sessions after watching video of past sessions with her clients. For a few trainees, previous experiences being evaluated or in roles similar to counselor kept them from feeling concerned with their competence during counseling sessions. For instance, one trainee had formerly worked on an inpatient mental health unit. This trainee indicated that because of this previous professional experience, she was not anxious about seeing clients, but still believed that achieving high levels of competence was important.

In addition to describing aspects of their self and other awareness, the counselor trainees revealed information about their levels of motivation. The counselor trainees’ experience with the training phenomenon had the potential to influence their motivation to continue pursuing a counseling related role in their future profession. Before beginning the counseling practicum, two of the trainees had already decided that they did not want their career to focus on personal counseling or on the population served at the
training clinic; however, their experience with the training phenomenon was still beneficial. As an example, Pam explained that she was motivated to “keep myself like working hard and learning and practicing.” She believed that going through the training phenomenon helped her build professionalism and made her aware of referral issues for her future work in assessment. The remaining trainees were excited and motivated for their futures as counselors after their experience with the training phenomenon. Barb described how excited she was for her future career based on her success with her practicum clients:

My last, this past [day of practicum], I was just giddy after my sessions. I just felt so good about it, and I was having fun doing it—not that I wasn’t dealing with serious problems, not that I wasn’t serious in the session, I was—but it just felt so good to be doing it and that I felt able to do this. And so in terms of that, this experience has been very enjoyable because this is what I wanted to see, if I could do this, and I found that I felt pretty comfortable, even to the point that I thought it was fun.

Gretchen felt motivated after reviewing a successful moment in a counseling session:

That was affirming, and I enjoy when I, you know, how when you watch the tapes, and you’re like, “Oh my goodness, I got it! I got it! I think I got it!” So, you know, having moments like that, you know, really helped me to solidify that this is what I’m called to do. I feel like I’m pretty good at it.

The trainees believed that their experience with the training phenomenon made them better therapists and reinforced their previous goals to be therapists in the future.

Most counselor trainees identified their sources of motivation as they experienced the training phenomenon. At the beginning of the semester, the trainees were motivated
to engage in the training phenomenon because it allowed them to demonstrate their
competence to their supervisors and receive feedback from their supervisors. Olivia said:

I think I’m strongly motivated to demonstrate things, and so then when I’m
marking and tagging, I’m like, oh cool, I used that skill right here, so I’m going to
mark and tag that, and then I can show my supervisor, “Look, I can do this.”

As the semester progressed, the trainees were more motivated by their perceived potential
to grow and become competent counselors. They were interested in gaining self-
awareness and their ability to improve from analyzing their counseling skills
performance. Gretchen said:

I feel like I’m good at [counseling], and maybe I can be great at it in the future
once I get, you know, more experience. It’s fun being in those rooms and talking
to real people and being able to problem solve and figure out real things. It’s sort
of like CSI, you know. It’s exciting! I like the mental process of everything,
being able to analyze things deeper and have it matter that it’s being analyzed, not
just like analyzing a textbook. And it’s like, oh, I have this new information now,
and I’m able to make it applicable to what I’m doing.

Barb described how she was motivated to develop competence in order to feel
empowered to effect change among challenging clients, a population to which she was
especially drawn. She voiced her desire to learn as much as possible during her
experience with the training phenomenon to avoid feelings of helplessness as a future
professional. The times when the counselor trainees viewed their clients having
significant responses to something the counselor trainees said (as reviewed on Landro)
were especially influential because these outcomes reinforced their engagement in the
training phenomenon and motivated them to continue engaging in it. Maria described it this way:

The responses that I get, not only from my client, but also from my supervisors and my peers, I feel that it’s very positive overall, and it really, really pushes me to think that this is what I was... this is all that I thought it would be.

The counselor trainees gave voice to various aspects of their autonomy during their experience with the training phenomenon. They described changes in their general perspectives on seeking guidance and direction from their supervisors, shifts among the factors influencing their autonomy, and modifications among those areas in which they experienced high or low levels of autonomy. The counselor trainees provided their perspectives on seeking guidance and direction from their supervisors, and these perspectives provide some indication of their sense of autonomy as beginning counselors.

At the beginning of the semester, the counselor trainees were open to and anticipated receiving a lot of guidance and direction from their supervisors. The trainees wanted and valued the perspectives of their supervisors. As the semester progressed, the trainees believed it was less important for them to seek direction in areas in which they had gained experience or felt more confident, although they continued to want guidance from their supervisors when they were confused or uncertain about the best approach to the situation. Supervisory guidance was helpful for these “gray areas,” according to Linda. Pam described the shift in her attitude about seeking guidance:

At first she gave me more suggestions and more guidelines to do what I should do, but later on I can come up with my own ideas, more ideas, and more different perspectives and directions I may go with the client, and I think that’s the more mature thinking compared to like just getting suggestion[s] from the supervisor.
Several factors influenced how much autonomy the counselor trainees had as they engaged in the training phenomenon over the course of the semester. Trainees who were more independent trainees or had more confidence in their skills were more autonomous and less likely to seek guidance from their supervisors regardless of how much of the semester had passed. For example, Rachel said:

I would try to figure out things for myself, and I would try to identify my weaknesses and strengths of what I thought and then if I thought there was something I really needed feedback about or a new perspective, I would go to [my supervisor].

When trainees were especially anxious about a situation or had low self-efficacy beliefs in their ability to deal with that particular situation (e.g., implementing a novel intervention, feeling stuck with a client, or confused about what happened during a session), their sense of autonomy decreased, and they sought as much direction from their supervisors as possible. At these times, trainees wanted concrete ideas for addressing specific client issues, which varied by client but included underlying issues contributing to their presenting problems, such as family-of-origin dynamics or dysfunctional thinking. For example, Linda said:

So I’m able to talk about all the pieces, all the things that really could be happening so I could work with my supervisor to formulate some way to figure out what’s going on and make it a less multifaceted issue and figure out what’s the real root, real cause, whatever we need to fix here.

At other times, trainees did not seek guidance because they were conscientious of their supervisors’ workload and did not want to be a burden. The counselor trainees were also not likely to seek guidance related to personal problems or countertransference because
they believed it was their responsibility to privately address and resolve these issues. Olivia explained how her reservations about burdening her supervisor were entwined with her fear of exposing personal issues during supervision:

> It was more like I felt like I’d be burdening the other [supervisee] or taking something from them, like I might be taking their time by discussing something that was like—it’s silly when I think about it now because it’s all part of the process and it’s all valid to talk about—but I think also there was part of me that didn’t want to be vulnerable during the supervision sessions.

The counselor trainees began the semester with hardly any areas in which they had high levels of autonomy, although they were able to identify areas in which they had higher levels of autonomy compared to other areas. They generally had more autonomy when they were in the initial phase of counseling with their clients, when they could use active listening skills, or when they felt comfortable addressing their clients’ presenting concerns. By the end of their experience with the training phenomenon, the trainees refrained from seeking guidance from their supervisors when they felt confident with how their clients were progressing. Linda described her confidence like this:

> Yeah, one of my clients, I feel like we’re kind of in that golden spot where I have the knowledge base to give you what you need, so I really don’t seek a lot of guidance with that person because I feel like I’ve done this one, I’ve done this type of thing before. I know what you need.

The trainees also had higher levels of autonomy related to their ability to deal with their own personal lives and reactions to clients and did not want direction from their supervisors in these areas. Barb explained that she felt adequately capable of managing
any personal issues that might arise to prevent them from affecting her role as a counselor.

The trainees had low levels of autonomy at the beginning of the semester regarding most aspects of the training phenomenon. Linda explained the breadth of her low autonomy: “You know, so there’s not really any specific area, wherever we’re talking or I’m seeing things that I’m not quite sure about, I’ll ask. It doesn’t matter what it is.” As the semester progressed, the trainees tended to limit their guidance seeking to the areas with which they had limited experience or had doubts about their knowledge or competence. These areas included setting goals with clients or identifying interventions consistent with the trainees’ theoretical approaches. Barb described her experience of seeking guidance for tasks with which she was initially unfamiliar:

> Once you point me in the right direction, I didn’t have any problem remembering, “Okay, I have to do all this, and I have do to this,” so I’m pretty much a self-starter. Once that happens, I don’t really go back and ask for a lot of supervisory help, but if I don’t know something, I ask whoever I can find around here, so I’m not afraid either.

Trainees continued to seek guidance from their supervisors about specific client issues, such as suicidality, or before attempting advanced counseling interventions, such as confronting.

As a final component of the composite textural-structural description, the counselor trainees identified the sources of their counseling self-efficacy and how the sources and their counseling self-efficacy changed as they gained experience with the training phenomenon. From the beginning of the semester, the counselor trainees typically had high levels of counseling self-efficacy based on their experience with
specific components of the training phenomenon. For instance, they felt confident after reviewing video of their sessions, either independently or during supervision, because they were able to see their clients positively respond during counseling. As one example, Leslie saw her clients’ communication skills within their counseling sessions improve. Although the intensity of the counseling sessions increased as Leslie’s clients made progress, she understood what was happening based on her “logical” analysis of the session recordings and felt more confident in her ability to be successful. Moreover, analyzing video of the previous session helped the trainees uncover the unknown, generate ideas, and identify concrete areas needing improvement, all of which facilitated their developing a good plan for their next session. Although the above sources of counseling self-efficacy from the training phenomenon were present at the beginning of the semester, they were more influential at the end of the semester when they evolved from separate sources into one integrated source. Olivia described her experience with this integrated source:

I felt really good about [my ability to be successful in my next counseling session] because being able to watch the whole [session] just really cemented all the facts in my head and what we were trying to do in that last session and that kind of thing. So, I felt prepared. For me, it would be the session, and then the next day was the review, and then the next day was supervision. So, boom, boom, boom. And it was all just kind of lodged in my brain.

In other words, trainees were able to develop a sense of capacity from having the session, analyzing the session, and having supervision, which then facilitated their counseling self-efficacy. In a different vein, Leslie developed sources of counseling self-efficacy that were not necessarily related to any particular aspects of the training phenomenon. She
found confidence in her ability to be successful with clients based on the therapeutic relationship she had established with them. Her counseling self-efficacy was also related to the trust her supervisor demonstrated when she allowed Leslie to pursue the hypothesis she had generated about her clients.

Throughout the semester, the same aspects of the training phenomenon increased the counselor trainees’ counseling self-efficacy. They felt more confident about their own counseling ability after viewing live video of their colleagues in session. In addition, they felt increased counseling self-efficacy after receiving supportive and encouraging feedback from their supervisors and classmates. Pam said, “Like every time I go to supervision, I will feel like strengthened or more confident for what I will be doing in the [next] session with the client.” Independently analyzing their counseling session recordings also increased their counseling self-efficacy. Barb described how analysis of a previous session made her feel more confident:

The other thing is just watching [the session], you know, you have a mental, you have your own interior picture of how things are going. When you sit down and watch it, then you have confirmation: Oh, I was summarizing; oh, I was showing empathy here; oh, I did do this. So you can see the concrete things that you’re doing. So I think it gives you a better sense of, “Yeah, I’m getting this. Yeah, I’m headed down the right path.”

The trainees also experienced a reciprocal process between competence and self-efficacy in which increased competence produced increased counseling self-efficacy, which then produced increased competence. For example, Leslie described how she prepared for counseling sessions by researching client issues and practicing interventions. She believed these preparation activities made her more competent to address her clients’
issues. When she reviewed her sessions on Landro, she was able to see that she had, in fact, performed competently in her sessions, and each of these realizations increased her confidence (i.e., counseling self-efficacy). Then Leslie believed in her abilities, which made her enact them with less anxiety and more competence.

Although the counselor trainees' counseling self-efficacy increased due to many features of the training phenomenon, there were some features that did not produce positive effects. Different aspects of the counselor trainees' supervisory feedback decreased their counseling self-efficacy, or as they sometimes described it, prevented their counseling self-efficacy from improving as much as it could have. The trainees had lower counseling self-efficacy when the feedback was based on no more than a small segment of their session, was not constructive enough, was difficult to accept, or was not timely. Gretchen believed that her counseling self-efficacy would have increased more if she had received constructive feedback based on her supervisor's viewing the full video of her sessions. This trainee thought that receiving only positive feedback decreased her counseling self-efficacy because she did not feel empowered to have higher levels of competence. In other words, she wanted feedback about each and every aspect of her counseling sessions to be able to improve as much as possible, although she acknowledged that this was too much to ask of her supervisor. On the other hand, Olivia described how disagreeing with supervisory feedback impeded her counseling self-efficacy:

Um, I want to be able to accept criticism and feedback graciously, and you know, everybody does I think, and that's hard for me when it's something that I'm trying so hard to be good at. So sometimes that would be a hindrance because I was
thinking about it a lot or I was worried about, you know, how I was coming off to my peers and my supervisors.

Timing of supervision was a particular concern for Maria, who had supervision directly following her individual counseling sessions. She did not have an opportunity to review her session recordings before supervision and had to show her supervisor segments from the previous week’s sessions. She believed that her counseling self-efficacy would have been higher if she had been able to receive feedback about her most recent session instead of the session from the week before.

At the beginning of the semester, the trainees’ anxiety about being in the counselor role produced doubts about their ability to be successful with clients, but their anxiety subsided as the semester continued. Barb explained her anxiety when neither of her clients showed for their sessions for two consecutive weeks even after she had left reminder voicemails:

Then [my clients] didn’t respond to the messages, and I just left them another message, and [they] didn’t come this week, and you start to think…. Well, okay, you know, it’s frustrating and you can imagine, you know, 50,000 reasons why they didn’t come in, putting yourself at the center of all of them, and it very well has nothing to do with you as an individual, which is why supervisors are there to say it’s not about me—it could be where they are at this point in their life.

In summary, both the trainees’ personal issues and their perspectives of supervisory feedback had at least some negative influence on their counseling self-efficacy over the course the semester.

This composite description illustrates the counselor trainees’ experience with the training phenomenon during their first counseling practicum course. The trainees
described general aspects of their experience as well as more specific details about supervision and feedback, counseling skills performance, self and other awareness, motivation, autonomy, and counseling self-efficacy.
CHAPTER V
DISCUSSION

This chapter includes several sections that address the outcome of the current study. In the first section, I discuss how the results presented in the previous chapter address my research questions and relate to the key concepts and theoretical foundations of the present study. The following section includes a description of the limitations of this study’s design and findings. Next is a section describing the implications of this study’s findings for (a) training and supervision and (b) theory and future research. Finally, I present my conclusions based on the information presented in each of the previous sections.

Interpretation of Results

In this portion of the chapter, I discuss the findings presented in the previous chapter. I begin with a discussion of the central research question regarding the counselor trainees’ overall experience with the training phenomenon. After that, I expand the discussion to address each of the research subquestions. In addition to responding to the research questions, I present my perspective regarding how this study’s findings correspond to the scholarship on the key concepts described in my review of the relevant literature. More specifically, I illustrate how this study’s findings support or provide ideas contrary to previously articulated theories. In addition, I suggest potential hypotheses for future research studies based on the findings from the present exploratory study.

Central research question. This study featured a central exploratory research question, which was the following: What is the lived experience of counselor trainees
who engage in the training phenomenon? This research question is based on the understanding that counselor trainees’ experience with the training phenomenon consists of recording and reviewing counseling sessions; analyzing, identifying and labeling counseling skills; and presenting to and receiving feedback from their supervisors about the identified and labeled counseling skills.

The composite description begins with a brief depiction of the trainees’ perceptions of their global experience with the training phenomenon. This description features a basic shift from anxiety about engaging with clients and recording their sessions to feeling grateful for the opportunities to analyze their sessions and monitor their progress. They considered the Landro system as an important tool that facilitated their development in the role of counselors. The trainees believed that reviewing their recorded sessions, whether independently or with their supervisors, provided them with valuable data about their competence. Based on the participants’ descriptions, I conclude that their overall experience with the training phenomenon was positive and made them believe they were more competent counselors by the semester’s end, which is consistent with the perspectives of scholars who described the advantages of using video in counselor supervision (e.g., Pelling & Renard, 1999; Scaife, 2001).

One aspect of the participants’ overall experience with the training phenomenon was their use of Landro, a digital video playback system. The trainees reported that they did not have firm guidelines from their supervisors about how they were supposed to use Landro, although one supervisor did provide a list of suggested types of video segments to mark and tag in preparation for supervision. In general, the counselors spent approximately one hour analyzing their sessions with Landro for each counseling session they had per week. The trainees thought it was valuable for them to review their sessions
from start to finish before going back through to pick out specific segments for further analysis. The participants’ focus shifted away from analyzing counseling skills performance during the semester, which is an interesting finding considering Hill, Stahl, and colleague’s (2007) position that counseling skills training is an important priority for beginning counselors. Although the participants’ reported lack of attention to their counseling skills performance does not necessarily indicate that they were not engaged in counseling skills training, it does suggest that they were not as concerned with their counseling skills as they were with other areas (e.g., client conceptualization, clients’ body language, or determining why their clients responded in the ways they did) while analyzing their sessions. It seems possible the trainees’ levels of attention toward counseling skills could have reflected their supervisors’ levels of attention. However, the shift from analyzing their counseling skills performance to conceptualizing their clients might suggest movement from high self-awareness to high other-awareness, using the language of the IDM (Stoltenberg et al., 1998), which I discuss further in the relevant section below.

The trainees provided their perspectives on the usefulness of Landro within the training phenomenon. Their description of its usefulness seemed linked to their perspective on how easy the system was to operate. The counselor trainees seemed to prefer Landro, despite its technological novelty and their inexperience with it, to the combination of VCR and video they had used for session recording playback in a previous course. The participants’ appreciation for the efficiency of Landro is consistent with the position of scholarly writers (e.g., Newman & Abney, 2005) who have argued that the technology of VCRs and videotapes is too cumbersome and wastes time while users locate particular segments of video. The participants’ perception of the usefulness
of Landro to their training as counselors evolved as the semester progressed. When they first began using Landro to analyze their counseling sessions, they focused most on how well they enacted their counseling skills and how their clients responded. According to this description, the trainees balanced their levels of self and other focus while analyzing their counseling sessions, which is noticeably different from their in-session focus, as described in the upcoming section on the IDM (Stoltenberg et al., 1998). At the end of the semester, the trainees liked using Landro to choose segments of video over a series of sessions for their case presentations. When developing my research questions, I had not considered asking the trainees about using Landro to develop case presentations; rather, they generated these responses without prompting and described how convenient it was for them to create their end-of-semester presentations. The finding that the counselor trainees liked using Landro to develop case presentations is consistent with Scaife’s (2001) position that the ability to generate case presentations is one advantage of video recording counseling sessions. If trainees incorporated the playback and analysis features of Landro in their case presentations, supervisors could more efficiently evaluate their trainees’ competence as part of their gate keeping function, which is an important role for supervisors according to Falender and Shafranske (2007).

In addition to gate keeping, supervisors have many other roles within the training phenomenon, and the participants reflected on their encounters with their supervisors and in supervision as part of their overall experience with the training phenomenon. The trainees expressed feeling self-conscious while reviewing their session recordings in supervision at the beginning of the semester, but they became more relaxed as the semester progressed. Perhaps this initial anxiety was an acceptable tradeoff for the ease of incorporating the trainees’ analysis in their supervision sessions. Newman and
Abney’s (2005) program, designed to facilitate supervisors’ video analysis of practicum students’ counseling skills, required supervisors to digitally record their experience viewing the participants’ videotaped analysis. Although it may be less anxiety provoking for trainees to privately view digital recordings of their supervisors’ feedback, the participants in the current study who reviewed their analyzed sessions with their supervisors indicated that their anxiety decreased from its elevated state as the semester continued, which is consistent with research findings on the topic (Ellis et al., 2002). Moreover, the training phenomenon does not require trainees and supervisors to communicate about the trainees’ counseling skills and subsequent analysis via video because they are able to do so directly and on one system, and as described above, it included a digital system that was simple to operate.

I believe that one of the most interesting findings from this study relates to the participants’ reporting that their supervisors rarely asked to view the trainees’ marked and tagged sessions during supervision. This result reveals a deviation from what I explained as the anticipated training experience (i.e., training phenomenon) in this particular departmental training clinic. Although it is beyond the scope of this study to explore why the supervisors did not often review their supervisees’ session recordings or actively follow-up on their supervisees’ marking and tagging, it is possible and valuable to describe the effect this absence had on the participants’ experience. One participant described how she was disappointed that she was not able to receive explicit feedback regarding her session analyses. She and the other participants noted that they continued to analyze their sessions because they wanted to become more competent and recognized how analyzing video of their counseling could facilitate that. Instead of marking and tagging the counseling skills they thought their supervisor might want to view, they
marked and tagged any moment that stood out as important or relevant to them. Although this reveals that the participants sustained high levels of motivation (which is further described below in the section on motivation), it also has implications for the focus and structure of the supervision they received. Perhaps their supervision was not as focused on counseling skills as recommended by scholars (Bernard & Goodyear, 2004), or perhaps it was, but without the use of video demonstrations of the counseling skills. Supervisors who do not focus on or view demonstrations of their supervisees’ counseling skills may find it difficult or impossible to accurately assess competence in this area (Falender & Shafranske, 2007).

The participants reported that reviewing their counseling session recordings in supervision was helpful on the few occasions it occurred. According to one participant, these experiences allowed her to receive general feedback about her and her client’s in-session behaviors, their therapeutic relationship, or how she had enacted a particular counseling skill. The other participants said that reviewing their sessions helped them gain understanding of meaningful moments in their sessions and make plans for their foci in future sessions. Reviewing video during supervision is a useful way to monitor trainees’ counseling skills competence, fully review therapy sessions, and provide meaningful feedback (Pelling & Renard, 1999; Scaife, 2001). Although I am not asserting that the participants received inadequate supervision, I do wonder whether their supervisory experience and its subsequent effect on their counseling skills competence could have been enhanced had their supervisors spent more time reviewing the trainees’ analyzed session video during supervision.

The counselor trainees described what it was like for them to receive supervisory feedback during their experience with the training phenomenon. In general, they
indicated that their supervisory feedback was nearly too positive and that they wanted some constructive or negative feedback to provide direction on ways to improve their counseling skills. This finding coincides with Chur-Hansen and McLean’s (2006) assertion that trainees would like to receive clear feedback, both on their strengths and on areas that could be improved. One participant discussed how she had expected her supervision to focus on specific aspects of her sessions, and she believed that her supervisor could have achieved this level of focus by reviewing her session recordings. In fact, the participants seemed to suggest that their ideal supervision experience would have been based on their supervisors’ reviewing the whole of their sessions before supervision, although they were quick to note how much time such an arrangement would have required. Despite the improbability of the participants’ ideal situation, their wishes do reveal new information about the preferences of supervisees. The supervisees did not want to review analyzed portions (i.e., marked and tagged segments) of their session recordings during supervision. They would have liked their supervisors to review every moment of their sessions and then provide feedback about specific aspects during supervision. In other words, the participants wanted their supervisors to engage in analysis and then review and provide feedback about certain segments with the supervisees. Of course, there is no reason to assume that the supervisors of the participants in this study did not in fact review the entirety of the trainees’ sessions; the supervisors could have also watched the trainees’ sessions live. Moreover, there would be nothing to prevent the trainees from engaging in independent analysis in addition to their supervisors’ reviewing and analysis if the “ideal” situation were to actualize. It is important to note, however, that the current conceptualization of the training phenomenon includes more focus on creating and reviewing marked and tagged counseling skills,
which are segments of the sessions, than on viewing entire counseling sessions. It seems that we have more to learn about the difference between analyzing discrete parts and examining the whole session in counselor training and supervision.

The trainees' desires for explicit and specific feedback are consistent with Barnett and colleagues' (2007) description of good supervisory feedback. The trainees believed that they could have grown more as counselors had they received more constructive feedback. This perception is consistent with Larson's (1998) position that specific, constructive, positive, and changeable feedback encourages the type of cognitive processing the counselor trainees need to help them identify what effective counseling looks like, which allows them to focus on what actually needs improvement. One trainee's epiphany after receiving specific and constructive feedback about her client supports this belief. This trainee described how she accepted her supervisor's feedback, examined the focus of the feedback, and then dramatically changed her approach to counseling with the client. Perhaps there exists some connection between the type of feedback the trainees received and the frequency with which their supervisors asked to see video of their sessions during supervision. The participants certainly seemed to believe that they would have received more useful feedback if that feedback were based on the whole of their sessions. It seems interesting to note that the participants did not say anything positive about receiving so much positive feedback. I will address some potentially unrecognized positive consequences of so much positive feedback in the section below on counseling self-efficacy.

The preceding several paragraphs integrated the participants' descriptions of their overall experience with the training phenomenon with literature in the areas of interest. From my perspective as researcher, the surprising findings were the trainees' reported
number of hours spent analyzing video of their sessions, the trainees’ disappointment that their supervisors rarely reviewed their session recordings during supervision, and the trainees’ desires for less positive and more constructive feedback. These three results seem to be strong indicators of the trainees’ aspirations to learn and improve as counselors. Although I have not been able to locate research findings about the amount of time supervisees in counseling practicum courses regularly review video of their sessions, I could use anecdotal data to surmise that few trainees dedicate an hour per session hour to analyzing their counseling sessions unless that amount of time is specifically required to earn credit for the course. The trainees’ disappointment and their desire for more constructive feedback appear related. It almost seems as though the trainees were willing to be critiqued to achieve their goal of becoming more competent counselors. Rather than comfortably accepting waves of positive feedback about what they verbally recalled occurring during their sessions, they wanted to metaphorically get their hands dirty in the mud of their actual in-session behavior, as recorded and viewed on video.

Research subquestions. To enhance the information gleaned from the central research question, I developed additional research questions regarding specific concepts relevant to the purpose of this study. These concepts include counseling skills performance, counselor development, and counseling self-efficacy. In the following section, I provide a discussion of each additional research subquestion.

Counseling skills performance. A primary component of the training phenomenon is a focus on the counselor trainees’ counseling skills performance. As a result, I included the following research subquestion: As the trainees engage in the
training phenomenon, what do they say about their counseling skills performance, and
what if anything about it changes? A portion of the composite description explicitly
describes the counselor trainees’ perspectives about their counseling skills performance
and how their competence in this area changed over the course of the semester.

Consistent with the literature describing beginning counselors (Hill, Stahl, et al.,
2007), the participants acknowledged their lack of experience and need to become more
competent in their execution of counseling skills. On the other hand, I was not able to
locate literature on how quickly beginning counselors advance and achieve competent
counseling skills. The participants in this study believed that after a semester long
practicum course they were no longer novices in the area of counseling skills. They
reported that their counseling skills had greatly improved and that their enactment of
these skills had become consistent with their intentions, at least according to their
independent video analysis of their sessions. In the section about using Landro to analyze
session recordings, the trainees indicated that they spent more time analyzing their
counseling skills use at the beginning of the semester, and this report is consistent with
their statement in the current section that their competence in enacting counseling skills is
due to their analysis of session recordings and their subsequent focus on the skills
requiring improvement. The literature on counseling skills performance has described
training procedures that incorporate a prepracticum counseling skills lab or something of
that nature. It is important for me to acknowledge, just as the participants did, that they
engaged in a counseling techniques course focused on their acquisition of counseling
skills before enrolling in the counseling practicum. Consequently, their advancement
from novice to a more intermediate level should be interpreted with recognition of their
previous experience learning and practicing counseling skills without weekly access to
video of their performance.

Considering their previous training, it is not surprising that the participants were
able to identify counseling skills for which they believed they had higher levels of
competence compared to others. I interpreted the participants' competence ratings within
the structure of Eriksen and McAuliffe's (2003) CSS, from which the skills on the drop
down menu of options in the Landro system were drawn. At the beginning of the
semester, their higher competence ratings were limited to those counseling skills that had
likely been the focus of their prior training. It seems that most of these counseling skills
are associated with the Shows Interest and Appreciation and Encourages Exploration
subscales, which include skills such as keeping an open body language and professional
appearance and paraphrasing (reflection of content), respectively. With time, the
participants included other counseling skills in their list of those with higher competence
ratings, and these additional skills represented the Deepens the Session subscale, which
has skills such as observing themes and patterns. The participants also provided lower
competence ratings for certain counseling skills. At the beginning of the semester, they
said that they had lower competence for skills associated with the Deepens the Session
subsacle, which includes challenging and pointing out discrepancies.

When describing their competence ratings, the counselor trainees provided hints
about how they decided which skills to assign higher or lower competence ratings. As
indicated above, some of the participants' counseling skills had higher ratings because
they had practiced them in a previous course and felt comfortable using them, a finding
that supports scholars' rationale for a specific focus on counseling skills training for
novice counselors (Hill, Stahl, et al., 2007). Other counseling skills received higher
competence ratings because the trainees had positive experiences with them over the
course of the semester. In some cases, these experiences could be described as mastery
experiences (Larson, 1998) because they gave the participants the sense that they had
developed the full level of competence for a specific counseling skill. Supervisory
feedback was the source of information indicating both mastery and a need for continued
practice. Participants gave lower competence ratings to the counseling skills for which
their supervisors had given them constructive feedback, but they rescinded the lower
ratings after changing how they were using those particular counseling skills. Similarly,
the participants adjusted their body language and use of nonverbal encouragers after
reviewing their performance on video, and then they assigned these skills higher ratings.

Based on their receiving a majority of positive feedback, as described in the
feedback section above, the participants thought that their supervisors' ratings of their
counseling skills were inconsistent with their self-imposed ratings. The trainees
wondered if they were getting away with mistakes because their supervisors did not
provide much constructive feedback about their counseling skills, perhaps because their
supervisors had not seen their sessions. Although the participants realized that they were
receiving a great deal of positive feedback, they still seemed unsure about how their
supervisors would actually rate the competence of their counseling skills. As described in
my review of the literature, Nease and colleagues (1999) found that participants who
began with high self-efficacy showed little change in their acceptance of feedback ratings
after three trials of positive feedback, whereas participants with low self-efficacy showed
a significant decline in their feedback acceptance ratings after receiving three trials of
positive feedback. In other words, the participants in the present study who had high self-
efficacy might have simply taken in the positive feedback without questioning its
accuracy, and the participants with low self-efficacy might have stopped accepting the positive feedback because they believed it was not accurate.

According to the participants, most of their supervisors had not provided them with formative feedback, which by definition would have occurred at different points of the practicum semester and would have focused on helping the trainees identify their abilities and strengths in addition to areas in need of improvement (Chur-Hansen & McLean, 2006). Without explicit formative feedback, these trainees had to make assumptions about what their supervisors would rate as their strengths and weaknesses, and then they focused on developing the counseling skills that they as novice counselors determined needed improvement. It is interesting to note that the participants took this self-directed approach despite reportedly holding the beliefs that their supervisors were better equipped to evaluate competence than they were.

**Counselor development.** Unlike counseling skills performance, the trainees’ counselor development was not an explicit focus of their experience with the training phenomenon. Regardless, I determined from Stoltenberg and colleagues’ (1998) IDM that counselor development is an important concept for beginning counselors. As a result, I asked the following research question: As the trainees engage in the training phenomenon, what do they say about their level of counselor development, and what if anything about their level changes? The composite description does not include explicit sections describing the counselor trainees’ views of their counselor development. Rather, the composite description provides an account of the counselor trainees’ experiences with self and other awareness, motivation, and autonomy, which are the three structures of counselor development according to the IDM (Stoltenberg et al.). I divide the following discussion according to each of the IDM structures.
Self and other awareness. According to the IDM (Stoltenberg et al., 1998), self and other awareness (in addition to the other structures) are presumed to vary according to counselor development. Beginning counselors are called Level 1 counselors within IDM language. Level 1 counselors are high in self awareness and low in other awareness. In other words, they focus on themselves and are preoccupied with their anxiety and perceived lack of competence as counselors. With so much attention paid to themselves, Level 1 counselors tend to have little remaining attention to direct towards their clients, resulting in low levels of other awareness.

The results of my exploratory study provide interesting qualifiers to the patterns of Level 1 counselors’ self and other awareness as described within the IDM (Stoltenberg et al., 1998). In support of the IDM, the participants began the semester with high levels of self-awareness during their counseling sessions. Because the participants were not sure they possessed the skills to be competent counselors, they typically experienced a notable amount of anxiety about being in session with clients. They worried about what to say in response to their clients while also attempting to navigate where the session was going. Although concerns about competence were evident in my results, there were definite variations among the participants in terms of the degree of concern and how it manifested. Those participants who had previous professional experience that included interacting with clients or being directly observed by a supervisor tended to be less anxious about the analogous activities of the training phenomenon. In other words, these trainees had lower levels of anxiety and self-awareness for particular tasks, making it possible that they were either already transitioning to or at the next level of counselor development by the beginning of the semester. However, these participants’ decreased
levels of self awareness does not necessarily denote that they had higher levels of other awareness, which seems to be the true hallmark of the IDM’s Level 2 counselors.

Consistent with the IDM (Stoltenberg et al., 1998), the participants who communicated uncertainties about their competence were concerned with the evaluative components of the training phenomenon. They were anxious about being recorded (and presumably about their supervisors' evaluating them based on the recordings), especially when they believed their competence was in question. Interestingly, it seems as though the trainees were most worried about their counseling performance during sessions in which they had the high levels of self-awareness. This was likely because they recognized that their high preoccupation with themselves meant that they were missing information from their clients that would have likely made their sessions go more smoothly and feel more successful. Restated, their high self-awareness was detrimental to their competence when they realized it was keeping them from focusing on their client in the here-and-now of the counseling session. The participants’ fear of evaluation in the form of high self-awareness likely decreased the quality of the recorded session to be evaluated.

Although the participants’ responses revealed that they had high levels of self-awareness at the beginning of the semester, they also demonstrated insight into their high self-awareness. Before ever seeing clients, they had developed the belief that they should focus on their clients and be present in the session and recognized that clients would likely benefit from their having lower self-awareness and higher other awareness. The trainees described intentions to be more focused on their clients and continue efforts to bring their attention back to the here-and-now of their counseling sessions when they noticed it had wondered. The participants were able to reflect on their high self-
awareness after the sessions and make sense of it in terms of their anxiety, lack of confidence in their abilities, and desire to be helpful to their clients. The IDM does not seem to give credence to the insight of Level 1 trainees in their apparent attempts to achieve more balanced levels of self and other awareness. Rather, the IDM seems to include descriptions of Level 1 counselors as too inexperienced to even realize that they need to pay attention to their clients. Perhaps the model would be more accurate if it accounted for the mismatch between the trainees' intentions and their ability to enact those intentions.

According to the IDM (Stoltenberg et al., 1998), Level 1 trainees' high self-awareness and low other awareness could combine to incite difficulty establishing empathy for their clients. Although there is no evidence among my results to refute this aspect of the model, it is interesting that the participants reported that their concerns about competence (i.e., high self-awareness) decreased once they felt secure in their therapeutic relationships with their clients. A strong therapeutic relationship depends on the counselors' capacity to empathize with their clients (Horvath & Symonds, 1991). In other words, the participants cited the development of empathy for their clients and the therapeutic relationship as the causes for their decreased self-awareness and increased other awareness, rather than suggesting that increased other awareness produced feelings of empathy as suggested within the IDM.

According to the IDM (Stoltenberg et al., 1998), shifts in self and other awareness could be indications of advancement from Level 1 to Level 2 of counselor development. As alluded to in the above paragraph, changes in the participants' levels of self and other awareness are apparent in the composite description of their experience with the training phenomenon. In addition to changes resulting from establishing therapeutic alliances
with their clients, the participants described differences that hinted at increased other awareness and decreased self-awareness over the course of the semester. The participants described how they began focusing more on the content of what their clients communicated and how that verbal and nonverbal information fit into the context of their conceptualization of their clients. The participants described how they gradually paid more attention to information that would help them understand their clients within their theoretical approach to counseling. Perhaps the trainees were less focused on themselves and able to focus more on their clients as the semester progressed because they were no longer anxious about evaluation from their supervisors, who reportedly rarely viewed the trainees' session recordings.

The trainees' heightened other awareness was present outside of the counseling sessions as well. As I first mentioned in the section on their experience using Landro, the trainees began to focus more on client conceptualization issues as they independently reviewed video of their counseling sessions as their experience with the training phenomenon progressed. Just as their self-awareness decreased and their other awareness increased during their counseling sessions as the semester progressed, so did their self-awareness decrease and their other awareness increase during analysis of their counseling session recordings as the semester progressed. This latter finding follows Lovell’s (1999) recommendation that trainees accelerate their counselor development by reviewing their session recordings because it increases their cognitive complexity.

The IDM (Stoltenberg et al., 1998) indicates that Level 2 counselors have increased levels of other awareness and could experience so much empathy for their clients that they overidentify with them. Trainees who overidentify with their clients might be at risk of developing countertransference reactions that impede their ability to be
competent counselors. One trainee described how the feedback she received from her supervisor helped her perceive an issue she was having with a client in terms of countertransference. It is possible that this participant was too focused on her client and not focused enough on herself that she was unaware of how her client's circumstances elicited her countertransference reaction. In this example, supervisory feedback, as one aspect of the training phenomenon, initiated a more constructive balance between self and other awareness in this developing counselor. The supervisor's feedback challenged what seemed like inappropriate, although normal and expected, shifts in extreme levels of self and other awareness to move the trainee to a better balance, which is typical of more advanced counselors.

Motivation. According to the IDM (Stoltenberg et al., 1998), counselors have varying levels of motivation as determined by their developmental level. The composite description provides information about the participants' motivation to pursue a counseling related role in their professional future. It was interesting to compare the levels of motivation between those participants who had already determined that they were not interested in having a role similar to their role as a practicum student and those who were. Although those who were interested in different types of careers, such as psychological assessment, described having high levels of motivation to learn and benefit from their experience with the training phenomenon, they did not seem to express the same degree of enthusiasm as those who believed their experience with the training phenomenon was directly connected to their future role. Within the IDM, Level 1 trainees are often highly motivated to learn the skills likely to make them successful in their chosen profession. However, when practicum opportunity does not include the practice of the specific skills they perceive as necessary for success in the counselors'
desired professions, it seems possible that their motivation could waver, as might be the circumstances described among a few of my participants. Perhaps it is important to recognize that the counselors’ motivation to acquire skills relevant to their future roles might sustain only if they have opportunities to practice those skills. On the other hand, the participants with aspirations of having a professional role similar to their role as practicum students expressed having high levels of motivation to engage in the training phenomenon. The trainees shared their excitement after viewing video of themselves having successful therapeutic interactions with their clients. They were also enthusiastic after having positive experiences in the counselor role because these experiences reinforced their career decisions. These types of exciting moments support the claim within the IDM that Level 1 trainees are especially motivated to learn to successfully perform the real work of a counselor.

In addition to comparing motivation among participants at Level 1, I explored whether the participants reported experiencing any changes in their motivation to engage in the training phenomenon over the course of the semester. A proposition within the IDM (Stoltenberg et al., 1998) indicates that Level 1 counselors tend to begin training with high levels of motivation, but that their motivation decreases as they transition to Level 2 because they feel more confident and have less anxiety. In contrast with the IDM, the participants in this study did not reveal decreases in their levels of motivation to engage in the training phenomenon as the semester progressed. It is important to note, however, that the participants could have provided socially desirable responses to my interview questions regarding their motivation. Perhaps their motivation had decreased by the second interview, but they thought it necessary to report otherwise. It is also possible that their motivation had decreased, but as they approached finals week when...
they would have their final supervisory evaluations, their motivation temporarily spiked as they made the final push to the end of the semester.

Although the participants in this study did not report shifts in the amount of motivation they had to engage in the training phenomenon, they did indicate changes in the sources of their motivation. At the beginning of the semester, it seemed as though the participants had external sources of motivation. They described engaging in the training phenomenon because it provided opportunities to demonstrate their competence to their supervisors. It seems possible that demonstrating competence was important for the participants because they started the semester with concerns about their competence, as described in the above section on self and other awareness. The trainees believed that their marked and tagged counseling skills provided evidence of their competence, and having established a certain degree of competence, the trainees' levels of self awareness decreased. This potential relationship between self-awareness and motivation is consistent with one proposition of the IDM (Stoltenberg et al., 1998): Level 1 trainees’ high levels of motivation to learn the skills necessary to feel confident in their new role as counselors function to reduce their feelings of anxiety. The IDM also indicates that Level 1 counselors’ high self-awareness in the form of anxiety could inhibit their motivation. There was not any evidence in the composite description that the participants’ anxiety hindered their motivation to engage in the training phenomenon.

At the beginning of the semester, the participants also had external motivation to engage in the training phenomenon because they were interested in receiving feedback from their supervisors. The counselors indicated that they wanted supervisory feedback to give them direction and ideas about how to improve their skills and become more competent. However, as described in earlier sections about supervision, the trainees
reported that they were not satisfied with their supervisors’ reviews of their marked and tagged skills or the quality of their supervisory feedback. As this source of the trainees’ motivation lost its importance, one might expect their motivation to decline. However, the participants revealed that they continued to engage in the training phenomenon, specifically analyzing recordings of their counseling sessions, because they believed that they could learn and grow as counselors by engaging in this activity.

I interpret the participants’ ongoing engagement in the training phenomenon as an indication of a shift from external to internal motivation. Although the participants indicated that they were disappointed that their supervisors did not review their marked and tagged segments very often, the trainees kept on analyzing their session recordings. They reported that they continued to engage in this aspect of the training phenomenon because they thought it would benefit their development as counselors, specifically to help them grow and develop insight into their in-session behavior. The participants expressed their desire to take advantage of their time as practicum students based on their assumptions that they would not have access to something like the training phenomenon in their future training experiences. Additionally, they wanted to increase their competence to effect change with their clients and thought that analyzing video of their sessions was a way to accomplish this goal. The participants described how they were motivated by positive responses in their clients. Each of these experiences supported their assumptions about what it is like to be a counselor and might have reinforced their choice in the profession.

I described how the participants in this study began the semester with high levels of motivation, which is consistent with the description of Level 1 trainees according to the IDM (Stoltenberg et al., 1998). I examined the composite description to determine if
any of the participants revealed information about their motivation to engage in the training phenomenon that is consistent with Level 2. According to the IDM, Level 2 counselors have fluctuating levels of motivation. When confronted with a difficult situation, some Level 2 counselors face the challenge with increased motivation whereas others shy from the challenge and experience declines in their motivation. With decreased motivation, trainees may develop doubts about their career choice or avoid tasks associated with their role as a counselor. The participants in this study did not directly discuss any fluctuations in motivation. However, while describing her experience with a different aspect of the training phenomenon, one trainee provided a description of how she became more motivated to analyze video of her clients and identify their underlying issues after experiencing several weeks of confusion without concrete direction. Another trainee described how receiving supervisory feedback helped ease her confusion about one of her clients. In both of these examples, the trainees described increases in their motivation to understand their clients and address their clients’ needs in session. Although they did not explicitly report having decreased motivation during their moments of confusion, they did describe having increased motivation after gaining clarification. These examples might be evidence of fluctuations in motivation, which would indicate that these trainees had advanced to Level 2, at least for this structure of the IDM.

**Autonomy.** Similar to the self and other awareness and motivation structures described above, the IDM (Stoltenberg et al., 1998) includes a description of trainees’ autonomy at different levels of counselor development. Trainees at Level 1 tend to depend on their supervisors for guidance regarding many activities of a counselor. Consistent with this proposition of the IDM, the participants in this study reported that
they wanted and expected to receive a lot of guidance from their supervisors. The
trainees asked for direction from their supervisors and then followed the directives of
their supervisors without second guessing them. They trusted the information their
supervisors provided and saw them as role models who could provide valuable and useful
guidance.

According to the IDM (Stoltenberg et al., 1998), Level 1 trainees tend to want
supervisors to facilitate their development as counseling professionals. Counselors at this
level expect to receive explicit direction from supervisors that will advance their
development and help them become more competent. They want supervision to be highly
structured, but also to be supportive and include positive feedback. Although the
participants in this study seemed to report similar expectations about the structure of
supervision and desire for their supervisors to facilitate their development, they seemed to
have different ideas about how such facilitation should occur. Even towards the
beginning of the semester, the participants reported wanting less positive feedback from
their supervisors. They voiced surprise that they were receiving so much positive
feedback and worry that they were not receiving enough constructive feedback, which
they believed would have provided them with explicit ideas for how to grow and improve
in their role as counselors. Perhaps Level 1 trainees expect and prefer a balance of
positive and constructive feedback, both of which can occur in a supportive, structured
supervisory environment.

When trainees are near the midpoint of Level 1, they tend to depend less on their
supervisors (Stoltenberg et al., 1998). The counselors might become more confident in
their own abilities, believing that their skills and clinical knowledge are sufficient to help
their clients. Considering their relatively novice status as counselors, trainees at the
midpoint of Level 1 might have too much confidence and could overstep their actual level of competence. The perspectives of participants in this study on seeking guidance from their supervisors seem to support this particular aspect of the IDM (Stoltenberg et al.). The trainees indicated that they had gained experience and developed confidence in some areas, and they thought it was less important for them to seek supervisory guidance related to those areas. They continued, however, to think it was important for them to seek direction for areas in which they felt less confident. The participants’ attitude gives the impression that they were at the midpoint of Level 1 in regards to autonomy at the midpoint of their experience with the training phenomenon. This finding is consistent with Leach and colleagues’ (1997) conclusions that increases in counseling self-efficacy for specific skills correspond to advances in counselor development in a particular domain.

The IDM (Stoltenberg et al., 1998) indicates that counselors experience more fluctuation in their autonomy when they advance from Level 1 to Level 2. In fact, Level 2 counselors are described as constantly shifting between independence and dependence on their supervisors. When describing their perspective on depending on their supervisor, the participants in this study reported at the end of the semester that they believed they should seek their supervisors’ approval for their self-generated ideas, rather than seeking ideas from their supervisors as they had at the beginning of the semester.

Regardless of their perspective on autonomy, the factors influencing how much guidance the trainees actually sought varied over the course of the semester. At the beginning of the semester, both trait and state related factors influenced the trainees’ autonomy. The participants who reported being independent in other areas of their lives indicated that they carried this personal trait into their experience with the training
phenomenon. Similarly, the participants who started the semester with some degree of confidence in their counseling competence tended to seek less guidance from their supervisors. The trainees began the semester with a wide breadth of areas in which they were inexperienced and lacked confidence, and they provided those factors as reasons for their low levels of autonomy. To integrate these findings with other concepts relevant to this study, the trainees' autonomy was related to their levels of self and other awareness and counseling self-efficacy at least at the beginning of the semester when they were at Level 1. When the participants' self-awareness (i.e., anxiety) was high and their counseling self-efficacy was low, they tended to seek more guidance than when their self-awareness was lower and their counseling self-efficacy was higher.

The trainees' reported reasons for not seeking supervisory guidance are consistent with the IDM's (Stoltenberg et al., 1998) description of Level 2 trainees, which indicates that these trainees are likely to exercise autonomy with their clients. In fact, counselors at Level 2 of the autonomy structure might avoid discussing certain clients or client issues with their supervisors to be able to sustain independent functioning with those clients. In other words, the counselors may resist their supervisors' supposed interference with their clients. The participants in this study revealed an aspect of this sentiment. However, they did not talk as much about functioning independently with their clients, but instead reported that they avoided discussing personal issues with their supervisors. The participants revealed having high levels of perceived autonomy around their ability to deal with countertransference reactions to clients, but they also mentioned being afraid to disclose their vulnerability with their supervisors. The trainees reported that they did not seek guidance from their supervisors because of both factors and the factors' interaction with each other.
The participants in this study reported another reason that they did not seek supervisory guidance, but on the surface, this other reason seems less related to autonomy. As included in the composite description, the trainees reported that they did not seek as much guidance as they wanted to or thought they should because they did not want to burden their supervisors. The participants viewed their supervisors as busy with large workloads and recognized that their supervisors had several other supervisees. Trainees in triadic supervision described making sure that they did not use too much of the supervision sessions focusing on their issues rather than appropriately splitting time and supervisory attention with their cosupervisee. I wonder whether to conceptualize the trainees’ fear of burdening their supervisors as a barrier to developing autonomy because they reportedly did not have their questions answered or receive the feedback they sought. Perhaps the trainees’ autonomy would have increased more steadily had their supervisors seemed more available to help.

According to the IDM (Stoltenberg et al., 1998), Level 2 counselors tend to have high levels of autonomy from their supervisors when they have clients who present with similar issues as clients with whom the counselors previously had success. Although some Level 2 counselors overshoot their actual competence, the type of autonomy based on previous success with clients is appropriate and promotes further competence. There is evidence of this type of autonomy within the composite description of this study. One trainee described how she had high levels of autonomy near the end of the semester when her experience with a client was very similar to former experiences. The trainee integrated her independence with feelings of confidence. Her words provide additional support for a potential positive association between autonomy and counseling self-efficacy. This finding is consistent with the findings of Leach and colleagues (1997) and
Melchart and colleagues (1996) who documented that higher counseling self-efficacy was associated with more advanced counselor development.

Although the participants in this study gave descriptions of their autonomy that suggested their advancement to Level 2 by the end of the semester, they also indicated that they did not apply their increased autonomy to the full breadth of counseling tasks. Rather, they sometimes returned to Level 1 levels of autonomy, a revisit for which the IDM (Stoltenberg et al., 1998) accounts and deems appropriate. Similar to the description of this occurrence according to the IDM, the participants in this study described asking for more supervisory input, even at the end of the semester, when they encountered a new or challenging counseling situation. However, the trainees also said that they returned to acting autonomously once they experienced initial success with the previously novel or difficult situation. The results of this study appear to support the notion that Level 2 counselors oscillate between self-sufficiency and dependence.

Counseling self-efficacy. As previously defined in my review of the literature, counseling self-efficacy (Larson & Daniels, 1998) is one’s beliefs about his or her abilities to successfully provide counseling to a client in the upcoming future. To gain additional understanding of this concept, I explored the following final research subquestion: As the trainees engage in the training phenomenon, what do they say about their counseling self-efficacy, and what if anything about it changes? The composite description represents the counselor trainees’ perspectives on their confidence to be successful in their next counseling session and the sources of and factors affecting their confidence.

The participants were able to identify several sources of counseling self-efficacy, and these sources seem to coincide with Larson’s (1998) ideas about the development of
counseling self-efficacy within the SCMCT. The trainees indicated that seeing themselves enacting their counseling skills, even those that required improvement, was a source of counseling self-efficacy because reviewing video of their sessions provided them with a sense of direction for their next session. According to the SCMCT, this counseling self-efficacy source is best described as a vicarious experience because the trainees analyzed themselves on video, which provides a different perspective than when they were in the moment of the session. The participants also reported that the trust they perceived from their supervisor was a source of counseling self-efficacy. Perhaps this trust could be interpreted as a type of implicit supervisory feedback, in which case it would relate to Larson’s assertion that verbal persuasion is a source of counseling self-efficacy.

Furthermore, the participants identified sources of counseling self-efficacy that are not congruent with Bandura’s (1986) social cognitive theory, but could be consistent with Larson’s SCMCT. The trainees readily identified feedback in the proximal environment (i.e., the counseling session) as a source of counseling self-efficacy. The participants described using their clients’ responses during the recordings of the former counseling session as indicators of their potential to be successful in the next session. Finally, the participants developed confidence based on the therapeutic relationship they established with their clients. This source of counseling self-efficacy is not specific to training or supervision and perhaps reflects the trainees’ beliefs that their success as therapists is more strongly related to their ability to develop strong therapeutic alliances than it is to their ability to complete any particular task. Such a perspective would be consistent with Horvath’s (2006) view that the development of therapeutic alliances includes a series of complex relational processes that might occur within or distinct from specific counseling
skills. Although these relational processes may be too intricate to translate into training guidelines for beginning counselors, they are nonetheless a critical component of effective therapy and client change (Horvath).

In addition to identifying distinct sources of counseling self-efficacy during the practicum, the trainees also described how the complete training phenomenon served as a source of counseling self-efficacy. They reported that the integration of having a session, independently reviewing the session, and then participating in supervision about the session was different from the cumulative effects of each of these aspects separately. In other words, the participants stated that the training phenomenon as a whole was more influential than the sum of each of its parts. This total experience was an important source of counseling self-efficacy because it seemed to provide the trainees with a mastery experience (Larson, 1998). With the three components of the training phenomenon in combination, they developed confidence in their ability to be successful in their next session with the client.

Along with describing their sources of counseling self-efficacy, the participants identified those components of the training phenomenon that actually increased their counseling self-efficacy. Like the sources, these increasing factors were consistent with Larson’s (1998) SCMCT. For example, the participants’ counseling self-efficacy increased after they viewed their fellow practicum students engage in successful counseling with their clients. This is a clear example of vicarious learning within Larson’s model. Similarly, the participants expressed increased counseling self-efficacy after receiving positive feedback from their supervisors, which supports Larson’s assertion that positive feedback positively influences counseling self-efficacy. Finally, the participants reported that seeing their successful performance on their counseling
session recordings increased their counseling self-efficacy. Within Larson’s framework, this is another example of a vicarious experience. The participants in this study became more confident each week that they observed their effective use of counseling skills. Then their counseling self-efficacy positively influenced their counseling skills performance in the following session, such that a positive feedback loop between counseling self-efficacy and competence was created.

To my knowledge, scholars have not addressed the potential for trainees to experience reciprocal increases in their counseling self-efficacy and competence as a possible effect of self-observation and analysis during video review. Although this component of the training phenomenon is certainly not unique to these participants, they described how this component in particular led to their increased competence. Perhaps future research could attempt to ascertain what specifically about trainees’ analyses of their session recordings contributes to increased counseling self-efficacy and counseling skills competence. Is it simply the amount of time they spend reviewing their session recordings? Is it how many counseling skills they mark and tag while analyzing their session recordings? Or could it have more to do with a heretofore undetermined underlying concept, such as the degree of self-awareness attained while seeing oneself interact with one’s clients? As described in my review of the literature, Sobell and colleagues (2008) found that doctoral trainees who transcribed and critiqued one audio recorded counseling session per month benefitted from the assignment because it increased their self-awareness. It seems plausible to suggest that the participants in the present study also grew in self-awareness because they were analyzing video recordings, which provide visual as well as audio data, and because they engaged in weekly analysis of up to three sessions. An interesting caveat to this suggestion is the notion within the
IDM (Stoltenberg et al., 1998) that counselor trainees should have less self-awareness as they develop as counselors. Perhaps the participants’ self-awareness evolved from a hindering anxiety to a constructive self-knowledge, meaning that the level of self-awareness may not be as important as the type and function of it.

In any case, the finding in this study that counseling self-efficacy contributes to competence supports previous research findings (e.g., Larson & Daniels, 1998; Lent et al., 2006; Levitt, 2001) that increases in counselor trainees’ counseling self-efficacy produced improved counseling skills performance. However, it seems as though researchers have not focused as much on an alternative perspective that increased competence could contribute to increases in counseling self-efficacy, as found in the present study and asserted within the SCMCT (Larson, 1998). Using a small sample of counselor trainees, Levitt (2001) found that focused training on active listening (i.e., encouraging mastery of active listening) was associated with increased counseling self-efficacy and performance on other counseling skills. Lent and colleagues (2009) reported that trainee performance was a main source of counseling self-efficacy for beginning counselor participants. Additional empirical studies with larger sample sizes should attempt to support the qualitative and descriptive findings of the present study and Levitt’s study, respectively, to determine whether mastery of counseling skills does in fact produce increased counseling self-efficacy.

The participants in the present study were also able to identify aspects of their experience with the training phenomenon that either decreased or impeded increases in their counseling self-efficacy. Trainees believed that receiving too much positive feedback prevented increases in their counseling self-efficacy because they found the nonspecific positive feedback too vague to be useful. In these instances, constructive
feedback would have provided the trainees means by which they could grow and improve their skills. Therefore, the participants did not feel confident in their ability to be successful in their next counseling session because they had not gained enough from the supervisory feedback they received. At other times, negative supervisory feedback led to perceived decreases in counseling self-efficacy because the participants had difficulty accepting criticism, especially during triadic supervision when another practicum student was present. In general, this finding that negative feedback decreased counseling self-efficacy is consistent with Larson’s (1998) model, but it is also important to consider the findings of Nease and colleagues (1999) that counselor trainees tended to interpret repeated feedback in ways consistent with their current level of self-efficacy. Perhaps the participants in the present study who struggled with accepting negative feedback had begun their experience with the training phenomenon with low levels of counseling self-efficacy, thereby influencing their interpretations of potentially neutral feedback as negative.

Although researchers have consistently found that positive feedback increases counseling self-efficacy, previous studies have not always incorporated practical issues that could influence this causal relationship in an actual practicum setting. For example, the participants in the present study noted the importance of timing in regards to supervisory feedback. One participant in particular described having a strong alliance with her supervisor, and although her supervisor’s feedback was generally positive and could have been useful, it always came too late. Because this trainee had supervision directly following her counseling sessions, she did not have a chance to independently review her sessions before supervision and always had to focus on the previous week’s sessions with her supervisor. In light of this finding, it seems as though the trainees who
had opportunities to analyze their counseling session recordings before supervision benefited more from the supervisory feedback they received. Unlike Rosenberg’s (2006) Real-Time Training, which by design does not include time for trainees to review their counseling skills performance before receiving feedback from their supervisors, the training phenomenon allows for trainees to independently review their sessions before supervision and seems most beneficial to their counseling self-efficacy when that option is taken. Perhaps future quantitative studies could examine differences in counseling self-efficacy between supervisees who do and do not analyze their session recordings before supervision.

**Limitations**

**Internal validity.** The purpose of the present study was to explore the experiences of the participants as they engaged in the training phenomenon, and I achieved this goal by providing a rich description of the participants’ shared experience. I have discussed how the participants’ experiences compared to the descriptions of trainees who are theoretically similar. Despite the benefits of these descriptions, my choice to use descriptive qualitative research resulted in limitations to the internal validity of the study. Whereas I provide rich descriptions of the participants’ experience with the concepts of interest, I am unable to claim cause-and-effect relationships between any of the variables representing these concepts. The results of this study could be a solid foundation for the rationale of a controlled quantitative study with aspirations of determining causal relationships among variables.

**External validity.** With this descriptive study, I was able to explore and describe the experiences of my participants in rich detail, but this level of depth limited the
number of participants I could feasibly include in the study. The small sample size is an external validity limitation of the findings. One should refrain from generalizing my findings across other counselor trainees because it is possible that characteristics specific to the individual members of my sample influenced their perceptions of the training phenomenon. In other words, I cannot suggest that another group of counselor trainees that experiences the training phenomenon will have the same perceptions and feelings as my participants did. Therefore, the findings from this study are not intended for use in the development of theories to explain the experiences of all trainees, but are instead most appropriately used as rich descriptions of trainees who experience the training phenomenon. On the other hand, the participants identified with several historically underrepresented ethnic groups, meaning that diverse perspectives were included in the composite description of the study.

**Participant recruitment.** Participation in this study was completely voluntary. It is important to recognize that the counselor trainees who volunteered might share personality traits related to their willingness to participate in the study. The urge to be involved as a participant in a dissertation study might be related to the findings that the participants were all highly motivated and dedicated to developing competency as counselors. In other words, perhaps there are personality characteristics (e.g., ambition, anxiety, or deference to perceived authority) that predisposed these counselor trainees to be both participants in the present study and dedicated students in their practicum courses. It is additionally possible that the participants naturally had higher motivation and autonomy, both traits that could have influenced their decision to continue marking
and tagging their counseling session recordings despite believing that they would not review this material during supervision.

Data collection. Although I was certainly able to generate an illustrative composite description of the participants’ experience with the training phenomenon based on their responses during the interviews, the possibility exists that I could have elicited more evocative information using a different data gathering technique. For example, perhaps a more structured interview format or a focus group would have yielded more descriptive or useful data. In a similar vein, perhaps asking different interview questions or asking questions that were inadvertently not included would have elicited more descriptive data. As noted earlier, there is also the chance that demand characteristics influenced the participants’ responses, such that they provided answers that they believed I wanted to hear based on assumptions about the purpose of the study.

Implications of Findings

Implications for training and supervision. The findings from this study have several implications for the training and supervision of beginning counselors. First, it seems that counselor trainees may benefit from having opportunities to consistently analyze their counseling session recordings, whether independently or with their supervisors. However, it is difficult to determine whether this analysis needs to include marking and tagging features to be most effective. Perhaps having the ability to easily jump from moment to moment on a digital system would be sufficient. Second, supervisors may consider incorporating video review during supervision. It seems as if novice counselors prefer at least some guidance from their supervisor and want to know that their supervisors are aware of their competence. Moreover, the participants in this
study were highly motivated and continued to analyze the video of their sessions without being held accountable by their supervisors, but it seems likely that this would not be the case with all practicum students. Third, supervisors could follow the recommendations of scholars in the field (e.g., Huhra et al., 2008) and the preferences of the participants in the present study by providing specific, timely feedback that is both positive and constructive. Fourth, supervisors may want to assess and monitor the counselor development of their supervisees to provide them with the optimal level of autonomy, keep them motivated, and balance their self and other awareness. Supervisors should also design interventions specifically aimed at advancing their supervisees from one level to the next while keeping in mind that this advancement may not be consistent across all domains of the counselor role.

The results of this study suggest that the training phenomenon could be altered to provide a more beneficial experience for the counselor trainees. Pelling and Renard (1999) noted that supervisees at Level 1 might be overwhelmed from being unskilled across many domains. The results of the present study support this assertion and also suggest that trainees trust their supervisors' judgments regarding their counseling skills performance and desire constructive feedback about ways to improve. Supervisors could alleviate their supervisees' overwhelmed feelings and provide them with useful and skill-promoting feedback by analyzing video of their counseling sessions prior to supervision sessions. Rather than asking the trainees to choose counseling skills to mark and tag, supervisors could draw on their experience to choose the segments that they would like to review with the supervisees. This approach would focus the supervision sessions on those particular segments, thereby facilitating the supervisors' providing direct, timely, and constructive feedback. Having this level of structure during supervision might
relieve the trainees’ anxiety and reduce their tendency to become overwhelmed with the task of independently analyzing their session recordings in preparation for supervision. It could also encourage a shift from high self-awareness to high other awareness because trainees would have more energy to focus on their clients. Using this approach, trainees would likely have a better sense of their competence for each of the counseling skills because their supervisors would be providing explanations for why they chose to mark and tag a particular skill demonstration. To accommodate their trainees’ developmental advancement to the IDM’s (Stoltenberg et al., 1998) Level 2, supervisors could gradually decrease their analyzing responsibilities and foster autonomy by requiring their supervisees to begin engaging in presupervision analysis of their session recordings. These changes to the current training phenomenon could enhance the trainees’ experience and provide supervisors with a more reliable means of ensuring their counseling skills competence.

Implications for theory and future research. Findings from this descriptive study lay enticing groundwork for future research. First, I think there is a need to further investigate the relationship between marking and tagging specific counseling skills and counseling skills competence. Second, researchers should examine the relationship between marking and tagging and counseling self-efficacy. In both cases, the primary question is whether there is a specific component of analysis with marking and tagging that contributes to increased counseling skills competence and increased counseling self-efficacy. A secondary research question is whether counseling skills competence (i.e., counseling skills mastery) mediates the relationship between marking and tagging counseling skills and counseling self-efficacy. If analysis with marking and tagging
counseling skills provides additional benefits above and beyond a straightforward video review process, training programs might invest in the more expensive software with peace of mind that it would likely increase the competence of their trainees.

In the same line of thought, researchers in the future should also evaluate the best time for beginning counselors to receive counseling skills training. Should this training occur in a prepracticum course before trainees begin seeing clients? Should counseling skills training begin during the prepracticum course and then taper off, as it seemed to do with the participants in the present study? Or should the majority of counseling skills training take place while beginning counselors are seeing clients during their practicum course? Perhaps, as Stoltenberg and colleagues (1998) suggested, counseling skills training is optimal when it coincides with trainees’ high levels of self-awareness during Level 1 of counselor development. These are potential questions for future research investigations, but based on the results of this study, I hypothesize that beginning counselors would benefit the most from counseling skills training that begins one semester in counseling techniques course and proceeds at a more advanced level during the following semester in the counseling practicum.

Future study might clarify any discrepancies between the results of my exploratory study and counselor development according to the IDM (Stoltenberg et al., 1998). As I noted above, the IDM seems to underestimate the intentions of Level 1 counselors. As Level 1 counselors, the participants in the present study began the practicum experience with ambitious intentions to focus on their clients, but they were without the comparable skill set to make this happen. It seems important to clarify between lack of awareness and intentions that do not manifest because of low competence or counseling self-efficacy. In addition, the findings presented above revealed a great deal of complexity regarding the
relationships among self and other awareness, autonomy, and counseling self-efficacy. However, due to the descriptive nature of the present study, I was not able to make any claims about the causality of these relationships. Does the participants’ high counseling self-efficacy decrease their anxiety (i.e., self-awareness), thereby increasing their autonomy? Or could it be that the participants low self-awareness was a physiological source of their counseling self-efficacy as asserted in the SCMCT (Larson, 1998), in which case their lack of anxiety increased their counseling self-efficacy and then increased their level of autonomy? There is support from both the findings in this study and previous research (e.g., Leach et al., 1997; Melchert et al., 1996) that counseling self-efficacy and counselor development according to the IDM are related, but more research is needed to clarify the causal nature and direction of these relationships.

**Personal Reflection and Conclusions**

I am challenged to produce a concise description of my experience as researcher during the present study. During the development of the literature review and research design, I was at times underwhelmed with the seemingly straightforward nature of my research questions and exploratory purpose. I would have never imagined the complexity of the findings gleaned from my analysis. In stark contrast to my expectations, I have at times been overwhelmed with the findings. For example, my perspective on the theoretical concepts has shifted dramatically from when I started this study to this time of reflection. During my initial delve into the literature, I easily compartmentalized the material on counseling skills, counselor development, counseling self-efficacy, and counselor training and supervision. Although I was certainly aware of the obvious relationships among these concepts, my mind had yet to appreciate the complex and dynamic way they were connected.
In reflection on my composite textural structural description as a whole, I am moved by the personification of the research findings and theoretical models. My participants brought the ideas to life. Of course, with this personification comes the person, and the previous experiences, interpersonal dynamics, and cultural influences of my participants repeatedly reminded me that no rule is without exception. For as much detail as I was able to incorporate into the composite description, there was plenty of interesting information that I could not include because it was too unique to the experience of the individual participant. I was reminded as a researcher that because aggregate data necessarily excludes the distinctive characteristics of the individual, one participant's fascinating story could go unnoticed.

The findings of this study indicate the possibilities for counselor trainees to develop competence in their counseling skills, advance their counselor development, and increase their counseling self-efficacy. The rich details of the composite textural structural description provide context for the complex relationships among these concepts and give readers a sense of how relatively small variations among supervision practices and processes could affect the growth and progress of trainees. Despite the vividness of this description, there is much more we have to learn about training and supervision for beginning counselors, and the findings from this descriptive study provide many avenues for future researchers to investigate.
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Appendix A

Approval Letter From the Human Subjects Institutional Review Board

Date: September 24, 2009
To: Kelly McDonnell, Principal Investigator
    Abbie VanDerWege, Student Investigator for dissertation
From: Amy Naugle, Ph.D., Chair
Re: HSIRB Project Number: 09-09-22

This letter will serve as confirmation that your research project entitled “Counselor Trainees’ Experience of Reviewing, Identifying, and Labeling their Counseling Skills using Landro Play Analyzer during a Master’s-Level Practicum: A Phenomenological Qualitative Design” has been approved under the expedited category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals

Approval Termination: September 24, 2010
"Hello, Dr. McDonnell.

My name is Abbie VanDerWege. I am calling to ask for your help with recruiting participants for my dissertation research. I am asking for the names, phone numbers and email addresses of the instructors of record who are teaching CECP 6120 Counseling Practicum courses in your clinic this semester. I will use this information solely for the purposes of contacting the instructors to ask them permission to have about 10 minutes of class time to meet with their students. I intend to arrange a time with the instructors when I could attend one of their practicum course meetings to discuss my study with the trainees and recruit participants.

I am also asking your permission to conduct research and to use the training clinic facility to collect data through interviews with the counselor trainees who will participate in my research project.

Thank you."
Appendix C

Script for Discussion with Instructors of Record

"Hello, [Name of Instructor of Record].

My name is Abbie VanDerWege, and I am a doctoral student in the Department of Counselor Education and Counseling Psychology at Western Michigan University. I am contacting you because I am interested in recruiting counselor trainees in your practicum section as participants for my dissertation study. If possible, I would like to come into your class meeting time for about 10 minutes on September XX or October XX to invite your counselor trainees to participate in my study. The Human Subjects Institutional Review Board and my doctoral committee have approved this study, and the Director of CCPS in Kalamazoo has given permission for me to conduct my study in the clinic. Do you have any questions about the recruitment process for the study?"

Option 1: The instructor indicates that the student researcher may have class time to recruit counselor trainees from his or her practicum to participate in the study. The instructor and student researcher establish the data and time for recruitment. The student researcher thanks the instructor.

Option 2: The instructor indicates that he or she is not interested in having the student researcher attend the class to recruit participants. The student researcher thanks the instructor.
“My name is Abbie VanDerWege, and I am a 3rd-year doctoral student here in the Department of Counselor Education and Counseling Psychology at Western Michigan University. I am currently working on my dissertation, and I would like to take a few minutes today to describe my study and to see if any of you are interested in being a participant. My study is about counselor trainees and their experience of taking part in a certain technique of skills-based training.”

“I am going to pass out and go over an informed consent document that describes my study in detail. Please feel free to ask for clarification as I review the document.” (Student researcher will now pass out two copies of the informed consent document and verbally review information; see Appendix D).

“I would like you to carefully read and think about what I am asking of participants in this study. Once you have taken time to do this, please consider whether you would like to participate.”

“If you are interested in participating, please sign one copy of the informed consent document and retain the other copy for your records. Please look for me in room XXXX during your class time breaks where I’ll be available to answer any additional questions and collect your signed informed consent document. If you are not sure today whether you would like to participate, you may take a day to consider it and let me know that you would like to participate by calling me at the phone number listed on your informed consent document. If you are not interested in participating, please shred both copies of the informed consent document.”

“I appreciate your time. Thank you.”
Appendix E

Informed Consent Document

Principal Investigator: Kelly McDonnell, PhD
Student Investigator: Abbie VanDerWege, MA

Title of Study: Counselor Trainees' Experience of Reviewing, Identifying, and Labeling their Counseling Skills using Landro Play Analyzer during a Master's-Level Practicum: A Phenomenological Qualitative Design

I am inviting you to participate in a study titled, Counselor Trainees' Experience of Reviewing, Identifying, and Labeling their Counseling Skills using Landro Play Analyzer during a Master's-Level Practicum: A Phenomenological Qualitative Design. This project will serve as Abbie VanDerWege's dissertation project for the requirements of the doctorate degree in Counseling Psychology, under the supervision of her doctoral program chair, Dr. Kelly McDonnell. This consent document will explain the purpose of this research project and will go over the time commitment, the procedures used in the study, and the risks and benefits of participating in this research project. Please read this consent form carefully and completely, and please ask any questions if you need more clarification.

What are we trying to find out in this study?
The purpose of this study is to understand and describe your lived experience as a counselor trainee as you engage in the training phenomenon during your counseling practicum course. In this training phenomenon, you use Landro to review and analyze your counseling skills performance during your recorded counseling sessions. Next you mark and tag segments in which you demonstrated specific counseling skills, and then you present these segments during supervision to receive feedback about your counseling skills performance. This study also seeks to understand and describe changes in your counseling skills performance, counselor development, and beliefs about your counseling abilities.

Who can participate in this study?
To participate in the study, you need to meet the following criteria: (a) be enrolled and participating in a master's level counseling practicum course and (b) be engaged in the training phenomenon in this counseling practicum course. I am inviting you to participate based on meeting these criteria. Please consider if your relationship with the Principal Investigator or me gives you any reason to think that participating in this study would not be in your best interest. I will not reveal to your practicum supervisors whether you have decided to participate in this study.

Where will this study take place?
The data collection process of this study will take place in the Center for Counseling and Psychological Services—Kalamazoo (CCPS-Kz) on the university's main campus in Kalamazoo. Data collection will take place in the CCPS-Kz, and I will use email for follow-up correspondence with you. Data transcription and analysis will take place in the CCPS and the student investigator's home.
What is the time commitment for participating in this study?
If you volunteer to be a participant, I will ask you to take part in two individual interviews. Each interview will last between 45 and 60 minutes. The first interview may take a few minutes longer than the second because I will ask you to complete the demographic questionnaire before the interview begins. Several weeks following the final interview, I will email you a description of the findings. I will ask you to read this description and respond to the email with feedback about the description. I estimate that this process will take 30 to 45 minutes. If you take part in both interviews and respond to the email, you will have a total time commitment ranging from 2 hours to 2 hours, 45 minutes.

What will you be asked to do if you choose to participate in this study?
I am asking you to participate in two individual interviews during a 10-week period, and then I will ask you to review the findings several weeks later. The first interview will occur at the end of September or the beginning of October, and the second will occur in mid-December. Before the first interview, I will also ask you to complete a demographic questionnaire. On both interview occasions, I will give you a paper copy of the interview questions for you to review 5 minutes before beginning the interview. The interview questions will focus on your experience of engaging in the training phenomenon. I will also include follow-up questions that ask you to describe specific aspects of this experience. The questions will vary slightly from the first to second interview to reflect the duration of the semester. I will digitally audio record both interviews to ensure accuracy of the data. Several weeks after the second interview, I will send you an email with a description of the findings. This description will describe what it is like to engage in the training phenomenon according to all of the participants’ data (and therefore will not identify data belonging to specific participants). I will then give you an opportunity to provide feedback about the findings by sending me an email in response.

What are the benefits of participating in this study?
The benefits of participating in this study are having the opportunity to be a participant in research as a master’s student and contributing to the knowledge base about counselor training. You could enhance your experience as a counseling practicum student by having increased self-awareness and additional learning opportunities by taking part in the study.

What are the risks of participating in this study and how will these risks be minimized?
I expect that the risks, if any, of participating will be minimal and could include discomfort in talking about unpleasant experiences in your counseling practicum. I anticipate that the risks would not constitute something significantly different from a classroom learning experience. I would address any concerns that you might raise by identifying the nature of your concerns and referring you to the appropriate resources.
What are the limits of confidentiality for this study?
I will take precautions to protect the confidentiality of your data. Although the interview is not a form of counseling, if you discuss harming yourself or others, and/or share information that involves abuse of children or vulnerable adults, I may need to inform any necessary professionals, in accordance with American Psychological Association ethical guidelines.

Are there any costs associated with participating in this study?
The time commitment required for participation in this study is a cost to you. Your total time commitment will range from 2 hours to 2 hours, 45 minutes.

Who will have access to the information collected during this study?
I will download the audio files from the digital recorder to a flash drive. I will store the original data, including paper documents, flash drive, and transcripts of the interviews in a locked file cabinet in the Principal Investigator’s office. When you sign the informed consent document, I will give you a participant code number. I will keep a master list of each participant’s code number in the locked file cabinet in the Principal Investigator’s office. I will ask that you write this code number on the demographic questionnaire in place of your name. I will use your code number to label the audio files on the flash drive, the transcripts, and any subsequent paper documents. I will remove the flash drive from the Principal Investigator’s office only for the purpose of transcription, and I will return the flash drive and original transcripts to the locked file cabinet once transcription is complete. From this point forward, I will only remove coded photocopies of the original transcripts from the Principal Investigator’s office for the purpose of data analysis and report writing. The Principal Investigator will also have access to the transcripts labeled with the code number. After the data analysis is complete, I will erase the audio files from the flash drive. The researchers will retain and securely store the study records for a minimum of 3 years in a locked file cabinet in the Principal Investigator’s office. The student researcher will present all data in aggregate form only and will not identify specific participants during her dissertation defense and if the researchers use the data for a professional presentation or publication.

What if you want to stop participating in this study?
You can choose to stop participating in the study at any time for any reason. You will not suffer any prejudice or penalty by your decision to stop your participation. You will experience NO academic or personal consequences if you choose to withdraw from this study. You may choose not to participate or you may withdraw from the study at any time without any penalties by contacting either researcher.
Should you have any questions or concerns about this study, you may contact either Abbie VanDerWege, MA at 269-377-7627 or Kelly McDonnell, PhD at 269-387-5107. You may also contact the Chair of The Human Subjects Institutional Review Board, Amy Naugle, PhD, at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions arise during the course of the study.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is more than one year old.

By signing this informed consent document, you are indicating that I have explained the purpose, conditions, risks, and benefits of study participation. Your signature also indicates that you agree to participate in this study.

________________________________________
Name (please print)

________________________________________   ________________
Signature                                      Date

________________________________________   ________________
E-mail Address                                Phone Number
Appendix F

Demographic Questionnaire

Please complete the following questionnaire as accurately as possible.

<table>
<thead>
<tr>
<th>Participant Code Number: ____________________________</th>
</tr>
</thead>
</table>

**Race (please circle):**

- African American/Black
- Latino/Latina
- American Indian/Alaska Native
- Multiracial (please specify): ____________________________
- Asian American/Pacific Islander
- Other (please specify): ____________________________

**Gender (please circle):**

- Male
- Female
- Transgender

**Number of hours you have conducted counseling in CECP 6120:** ________ hours

**Section of CECP 6120 (please circle):**

- Monday
- Tuesday
- Wednesday
- Thursday

**Type of Supervision (please circle):**

- Individual (you and your supervisor)
- Triadic (you, another student, and your supervisor)

**Individual/Triadic Supervision conducted by (please circle):**

<table>
<thead>
<tr>
<th>Instructor of Record</th>
<th>Doctoral Student</th>
</tr>
</thead>
</table>

**Group Supervision conducted by (please circle):**

<table>
<thead>
<tr>
<th>Instructor of Record</th>
<th>Both Instructor of Record &amp; Doctoral Student</th>
</tr>
</thead>
</table>
Appendix G

Interview One Questions and Prompts

The purpose of this study is to describe the lived experience of counselor trainees who engage in the training phenomenon. In this training phenomenon, you use Landro to review and analyze your counseling skills performance during your recorded counseling sessions. Next you mark and tagged segments in which you demonstrated specific counseling skills, and then you present these segments during supervision to receive feedback about your counseling skills performance. Please consider your experience with the phenomenon, the moments of your experience that seem to have the most impact, and how you could fully describe you experience with the phenomenon.

1. Please describe your experience of engaging in the training phenomenon.
   - How often do you analyze, mark, and tag your counseling skills?
   - How much time do you spend analyzing, marking, and tagging your counseling skills in a given week?
   - How useful is it to analyze, mark, and tag your counseling skills?
   - What is it like to present your marked and tagged skills during supervision?
   - What is it like to receive feedback during supervision about your marked and tagged counseling skills?

2. How would you describe or rate your counseling skills as you analyze them in the recorded counseling sessions?
   - How consistent are your descriptions and ratings with the feedback that you receive in supervision? Explain.

3. After you’ve analyzed the previous week’s work and received supervision, what are your beliefs about your ability to provide successful counseling to your client(s) during your next counseling session?
   - What factors contribute to your beliefs?
   - What factors hinder your beliefs?

4. Reflect on your weekly counseling sessions with your clients. What are you paying attention to? What are you thinking about? What are you focusing on?
   - How concerned are you with your performance as a counselor during counseling sessions?
5. How do you feel about your desire to do counseling in your professional future based on your experience with the training phenomenon?
   What is your primary source of motivation while engaging in the training phenomenon?
   What factors have influenced your current feelings?

6. As you engage in the training phenomenon, what is your perspective on seeking guidance and direction during supervision?
   What factors influence how much guidance you seek?
   In what areas do you feel less inclined to seek guidance from your supervisor?
   In what areas do you feel more inclined to seek guidance from your supervisor?
Appendix H

Interview Two Questions and Prompts

The purpose of this study is to describe the lived experience of counselor trainees who engage in the training phenomenon. In this training phenomenon, you used Landro to review and analyze your counseling skills performance during your recorded counseling sessions. Next you marked and tagged segments in which you demonstrated specific counseling skills, and then you presented these segments to your supervisor, who provided feedback about your counseling skills performance. Please consider your experience with the phenomenon, the moments of your experience that seemed to have the most impact, and how you could fully describe you experience with the phenomenon.

1. As you reflect on the past semester, please describe your experience of engaging in the training phenomenon.
   How often did you use Landro to analyze, mark, and tag your counseling skills?
   How much time did you spend analyzing, marking, and tagging your counseling skills in a given week?
   How useful was it to analyze, mark, and tag your counseling skills?
   What was it like to present your marked and tagged skills during supervision?
   What was it like to receive feedback during supervision about your marked and tagged counseling skills?

2. Thinking about the past semester, how would you describe or rate your counseling skills as you analyzed them in the recorded counseling sessions?
   How consistent were your descriptions or ratings with the feedback that you receive during supervision? Explain.

3. After analyzing each of your previous week's work and receiving supervision, what were your beliefs about your ability to provide successful counseling to your client(s) during the next counseling session?
   What factors contributed to your beliefs?
   What factors hindered your beliefs?

4. Reflect on the weekly counseling sessions that you had with your client(s) during this past semester. What did you pay attention to? What were you thinking about? What were you focusing on?
   How concerned were you with your performance as a counselor during counseling sessions?
5. Since experiencing the training phenomenon, how do you feel about your desire to do counseling in your professional future?

   What was your primary source of motivation while engaging in the training phenomenon?
   What factors influenced your current feelings?

6. As you engaged in the training phenomenon during this past semester, what was your perspective on seeking guidance and direction during supervision?

   What factors influenced how much guidance you sought?
   In what areas did you feel less inclined to seek guidance from your supervisor?
   In what areas did you feel more inclined to seek guidance from your supervisor?