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The Covert Processes of Counselors in-Training at the First Practicum Level: A Pilot Study

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LOYOLA UNIVERSITY CHICAGO

THE COVERT PROCESSES OF COUNSELORS-IN-TRAINING AT THE FIRST PRACTICUM LEVEL: A PILOT STUDY

A THESIS SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
MASTER OF ARTS
DEPARTMENT OF COUNSELING PSYCHOLOGY

BY
ERIC P. JOHNSON

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ABSTRACT

This pilot study investigated the inner experiences of counselors-in-training during their first practicum experience using a coding scale developed to capture counselors' covert processes across a wide range of levels of training and experience. The participants wrote their inner experiences from a single counseling session using a cued recall procedure. These were then coded and analyzed to assess their level of cognitive complexity according to the coding scale. The results and their implications for future research are discussed.
DEDICATION

Dedicated to my wife, Jennifer, who has given me endless encouragement and support throughout this project, and whose love and friendship have been a constant source of strength for me.
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CHAPTER I
INTRODUCTION

After Eysenck's (1952) challenge regarding the effectiveness of psychotherapy, much psychotherapy research focused on establishing the efficacy of therapy through outcome studies (Bergin, 1971; Smith & Glass, 1977). Later, many researchers began to look at process variables in order to better understand how psychotherapy outcomes are influenced by specific within-session events (Greenberg, 1986; Hill, 1982).

One major theme of psychotherapy process research has been the study of covert processes of therapists in an attempt to ascertain how the inner experiences of therapists affect psychotherapeutic outcome (Elliot, 1985; Hill, 1990; Martin, Martin, Meyer, & Slep, 1986). A number of these studies have paid particular attention to the intentions of therapists as mediators of overt behaviors (Hill & O'Grady, 1985; Kivlighan, 1989). Intentions are seen as important in achieving a better understanding of psychotherapist performance (Morran, 1986; Schmidt, 1984), as well as in devising more effective methods of training students to perform psychotherapy (Morran, 1985; Rezek, 1994).

Studies of the covert processes of experienced therapists have shown that their overt behaviors in therapy tend to reflect their intentions for their interactions with clients (Hill & O'Grady, 1985;
Horvath, Marx, & Kamann, 1990). Studies of the covert processes of therapists-in-training, particularly those in the early stages of training, have shown that they tend to be somewhat less intentional and less focused on their clients than more experienced therapists (Borders, Fong-Beyette, & Cron, 1988; Kivlighan, 1989; Rezek, 1994).

Therapists-in-training at the pre-practicum level have been shown to be considerably more self-conscious and anxious and less insightful than experienced therapists (Flapan, 1984; Sansbury, 1982; Stoltenberg, 1981). At this level, trainees often focus on learning fundamental skills and tend to apply them in a fairly rigid and inflexible manner (Grater, 1985; Sansbury, 1982). In a study of the inner experiences of novice counselors, Rezek (1994) found that most of the inner experiences reported by these pre-practicum level trainees did not fit into existing lists of therapist intentions and that their inner experiences included a great deal of self-focus and very little hypothesizing about client issues.

Coursework in Master's programs and first practicum supervision tends to emphasize the learning and practicing of basic counseling skills such as attending to clients and responding empathically (Carkhuff, 1987; Ivey & Authier, 1978; Kivlighan, 1989). In their study on supervisors' emphases during the Master's practicum, Carey and Lanning (1993) found that skills such as reflection of feelings, open-ended questioning, confrontation, maintenance of a non-judgmental attitude, communication of sincerity and genuineness and conceptualizing client issues within a theoretical framework were among those receiving the most emphasis from practicum supervisors.
Students who have completed more training in basic counseling skills and have had some supervised clinical experience would seem to be likely to be at least somewhat more intentional and less self-focused than novices. Kivlighan (1989) found that trainees who had completed training in interpersonal-dynamic counseling methods made more use of attending and empathy, suggesting that training increases intentionality and client-focus. Borders (1990) found that trainees who have completed a semester of supervised practicum experience perceived themselves to be less anxious and more able to apply their knowledge and skills than they were before beginning their practicum experience.

Need For the Study

This study is an extension of Rezek's (1994) study on the covert processes of novice therapists. It is intended to address the effects of training and supervised practicum experience on the development of intentionality in therapists-in-training. As therapists-in-training progress, it would seem likely that they would begin to move from the more rudimentary forms of thought that Rezek reports toward the more intentional and complex thought reported in a number of studies on more experienced therapists. Greater understanding of this process could be useful in suggesting improvements in the methods in which therapists are trained as well as in adding to a developmental understanding of how the covert processes and intentions of therapists progress over time.

Organization of the Study

This study has five major headings. Chapter I focuses on the purpose of and need for the study and some historical background
about research on the covert processes of therapists-in-training. Chapter II consists of a review of the relevant literature, including process research, research on covert processes, research on the accessing and measurement of intentions, and research on the development of therapists-in-training at the experienced, novice, and advanced beginner (first practicum) level. Chapter III presents the methodology of the study; it describes the participants, measures, procedures, and analyses. Results are presented in Chapter IV. Chapter V consists of a discussion of the results of the study and the implications for future research.
CHAPTER II
REVIEW OF THE RELEVANT LITERATURE

Psychotherapy process research focuses on the determining factors within the therapy process that influence therapeutic outcome and on achieving a better understanding of how client change occurs. Overt behaviors of therapists as well as the covert processes that underlie those behaviors have been of particular interest to many researchers (Elliot, 1985; Hill, 1982; Hill & O'Grady, 1985; Martin, Martin, Meyer, & Slemon, 1986). These researchers have made use of cognitive theory to explain how therapists' overt behaviors are mediated by their covert inner processes.

Therapists' intentions are one area of covert processes that have received a good deal of attention in the literature. Methods of accessing therapist's intentions have generally been developed using data generated by experienced therapists (e.g., Hill & O'Grady, 1985; Horvath, Marx, & Kamann, 1990). More recently, some investigators have become interested in tracing the development of intentionality in beginning trainees (Borders, Fong-Beyette, & Cron, 1988) and the effect of training upon intentionality (Rezek, 1994). Some recent research has been aimed at investigating how the development of intentionality in therapists-in-training may parallel the development of counseling skills through training and supervision (Kivlighan, 1989). This chapter will review literature relevant to the
intentionality and other covert processes of therapists-in-training at the advanced beginner, or first practicum, level.

**Covert Processes**

A number of researchers have examined inner experiences of counselors through various methods of introspection. Through these introspective methods, investigators have assessed various inner processes, such as anxiety, self-talk, and countertransference, among others.

**Accessing covert processes**

Kagan (1975), in developing a program of counselor training, created a method of accessing the in-session covert processes of counselors called interpersonal process recall (IPR). In this method of training, counselors and clients are asked to view videotapes of their sessions and to recall both their cognitive and affective inner experiences. This method of using videotaped sessions to cue the recall of in-session covert processes has been used extensively in research on the inner experiences of counselors (e.g., Horvath, Marx, & Kamann, 1990; Kelly, Hall, & Miller, 1989; Martin, Martin, Meyer, & Slemon, 1986; Rezek, 1994). Other researchers have used audio tapes to cue the recall of covert processes (Kivlighan, 1989).

**Anxiety**

One of the covert processes that has received some attention is counselor anxiety. Kelly, Hall, and Miller (1989) found that counselors who reported experiencing a good deal of anxiety in their sessions tended to rate their sessions and their own performance as less effective than those who reported less anxiety. Hale and Stoltenberg (1988), in a study of novice counselors who were taping
and being evaluated on their interactions, found a relationship between anxiety and self-focus. It is unclear which of these may precipitate the other, but Hale and Stoltenberg (1988) offer that the two may influence each other in a sort of spiraling effect that leads to higher levels of both. In a study of experienced professional psychotherapists, Bandura (1956) found that therapists who reported higher levels of anxiety were rated as less competent than those who reported lower levels.

Countertransference

Countertransference is another covert process that has received some attention in the literature. Normandin and Bouchard (1993) developed a countertransference rating system with categories for three types of countertransference that they identified based on the purpose that each type serves, including: Rational observation, defensive reaction to anxiety, and reflection and interpretation. The authors contend that defensive reaction is the least developed form of countertransference and reflection the most developed and most useful to the therapist. They used this rating system to compare the countertransference of experienced (10 or more years of experience) and novice (one year of experience) therapists. The authors found that novices reported more of the reflective type of countertransference than the experienced therapists. They reasoned that this result may be at least partially due to the experienced therapists being more willing to admit being occasionally less objective than novices, who may tend to be more concerned with maintaining, or at least appearing to maintain, a non-judgmental attitude toward the client.
In another study of countertransference, Peabody and Gelso (1982) found that, of the 22 male doctoral students they studied, those who reported being more open to countertransference were rated as being more empathic than those who reported being less open to countertransference. The authors explain this finding by observing that awareness of countertransference feelings and the ability to process and make use of them may be important in relating empathically to clients.

Cognitive processes

Whereas the above researchers have addressed primarily affective processes, several researchers have focused on various inner experiences of counselors that fall within the cognitive realm.

Self-Talk

One type of cognitive process that has received attention in the literature is the self-talk, or inner dialogue, of counselors. Morran, Kurpius, and Brack (1989) studied the content of counselor self-talk. They found that summarizations of client content, questions about the client, inferences or hypotheses about the client, and self-instructions accounted for over 60% of counselors' self-talk. Morran et al. (1989) also designed a scale for the categorization of self-instruction along two bipolar dimensions: One dimension with attending/assessing at one pole and information-seeking at the other; and the other with integrative understanding at one pole and intervention planning at the other.

Kurpius, Benjamin, and Morran (1985) found that counseling trainees who used a cognitive self-instruction strategy were able to generate what were judged to be superior clinical hypotheses to
those who did not use the strategy. The researchers suggested that this superior performance resulted from more productive internal dialogue. In a study of the within session self-talk and hypothesis formulation of counselors at various levels of training and experience, Morran (1986) was unable to obtain a hypothesized significant relationship between facilitative and distractive self-talk and performance. The only variable studied that was predictive of performance ratings was the formulation of clinical hypotheses. Because formulation of a good clinical hypothesis requires the counselor to perform a number of complex cognitive tasks, Morran (1986) offered that quality, and not quantity, of self-talk may be predictive of performance.

**Conceptual Level**

Holloway and Wolleat (1980) studied the relationship between conceptual level (defined as ability to engage in abstract and relativistic thinking and to choose from a wide range of behavioral and cognitive alternatives) and hypothesis formation. The authors found that conceptual level was related to hypothesis formation, but that clinical experience did not seem to influence conceptual level. On the basis of these findings, they reasoned that quality of training and experience may be more important than quantity in counselor conceptual level and ability to formulate clinical hypotheses.

In a meta-analysis of studies of conceptual level and counseling-related tasks, Holloway and Wampold (1986) found that counselors with a higher conceptual level tended to more frequently perform certain counseling-related tasks such as accurate empathic responding, verbal effectiveness, and labeling of affective responses.
In addition, the authors found that counselors with a higher conceptual level were more flexible in working in either high or low structured environments, although they were less effective than counselors with a lower conceptual level in very highly structured environments. Those with a lower conceptual level required a highly structured environment in order to be effective. The authors note some methodological problems related to the finding that counselors with a higher conceptual level were superior in their performance of certain counseling-related tasks, and, as a result, they placed more emphasis on the finding that matching of conceptual level to an appropriate level of environmental structure leads to more effective counseling performance.

Goldberg (1974), in a study of the conceptual levels of counseling trainees, found that those with a lower conceptual level who were more concrete and less flexible in their thinking tended to engage in more closed-ended questions, were more directive, and tried to exert more control than those with a higher conceptual level. Trainees who were more abstract and more flexible in their thinking were more open and accepting of their clients, responded more often to affect, and asked more open-ended questions.

Self-Evaluation

In a case study of a counseling student's in-session cognitions, Borders, Fong-Beyette, and Cron (1988), found that the student tended to focus on mostly negative self-evaluative thoughts. Little of the student's awareness was focused on the counseling interaction. The authors suggested that this negative self-focus may be a commonly occurring phenomenon in beginning counseling students.
In another article relating to the self-evaluative inner experiences of counseling students, Regan and Hill (1992), studied doctoral students with varying levels of experience and found that these students also reported more negative than positive self-evaluative thoughts.

**Intentions**

In attempting to understand how inner processes mediate the overt behaviors of counselors, several researchers have turned to the concept of intentionality in an attempt to access the reasons why counselors choose particular actions.

**Measurement of Intentions**

Like studies of covert processes more generally, most studies of intentions make use of audiotaped or videotaped sessions as a cue for counselor recollection of in-session intentions. Many of these make use of previously developed choice lists to categorize intentions (e.g., Hill & O'Grady, 1985; Horvath, Marx, & Kamann, 1990). One problem with this approach is that it may cause some of the richness of therapist intentions to be lost by forcing them to fit into pre-existing categories. One solution to this problem has been to have a catch-all "other" category such as the one used by Horvath, Marx, & Kamann (1985). Another approach is to allow therapists to write or tape record their intentions as they remember them and to have raters code the responses to fit them into categories later (Martin, 1994; Rezek, 1994).

One problem with the use of audio tape or video tape cued recall, particularly with experienced therapists practicing in the field who may rarely or never tape their sessions, is that therapists are often unwilling to submit themselves and their clients to a process
they often see as invasive. Wynne and Susman (1994) addressed this problem by using a free recall method in which therapists were simply asked to recall the significant events and their inner experiences immediately following a session.

Hill (1992) has addressed some of the methodological difficulties associated with the measurement of intentions. In response to problems of establishing the reliability of the categorization and coding of intentions, the author argued that measures of test-retest reliability simply amount to tests of the therapist's memory of his or her intentions. Hill (1992) also asserted that measures of inter-rater reliability may result in judges' reinterpretation of subjective inner experiences reported by therapists. Unfortunately, according to the author, giving existing choice lists to therapists also presents a problem in that the pre-existing categories may be subjectively interpreted by therapists.

**Counselor/Therapist Intentions**

Hill and O'Grady (1985) developed a list of 19 therapist intentions and used it to study the intentions of a single therapist over the course of 20 sessions of individual therapy and the intentions of 42 Ph.D. level therapists of various theoretical orientations. In the first study, the authors found that the most commonly used intentions were "insight" (encouraging client understanding of underlying processes), "behaviors" (identifying client behaviors and their consequences), "feelings" (identifying and encouraging awareness and/or acceptance of feelings), "change" (encouraging more adaptive thoughts and behaviors), "challenge" (confronting), and "self-control" (encouraging responsibility and
sense of control). The authors believed the use of these intentions to be congruent with the therapist's self-described active relationship/insight-oriented framework. In the second study, the authors found that seven of the 19 intentions were related to therapist theoretical orientation. "Feelings" and "insight" were most used by those with a psychoanalytic orientation; "change," "set limits" (making arrangements and outlining boundaries), and "reinforce change" (giving positive reinforcement to client efforts to make changes) were most used by those with a behavioral orientation; and "therapist needs" (defending the therapist's personal needs) was most used by those with a humanistic orientation. In addition, they found that the intentions "get information" (soliciting of facts), "support" (creating a warm, safe therapeutic environment), "focus" (focusing the interaction toward specific topics), and "feelings" were predictive of ratings of session quality, and that theoretical orientation was not predictive of quality ratings. Further, Hill and O'Grady (1985) found that "insight," "clarify" (giving or asking for more information), "feelings," and "change" were the most frequently used intentions in both studies. They suggested that these intentions are probably useful within different orientations and in many different situations.

Counselor/Therapist Intentions and Client Perception of Them

Martin (1984) described a "cognitive mediational paradigm" in which the cognitions of both counselor and client are studied as factors mediating the effectiveness of counseling. In order for optimally effective counseling to take place, the author contends that three conditions must be met: First, the counselor's behavior, both
verbal and nonverbal, should reflect his or her intentions; second, the client should correctly discern the counselor's behavior and the intentions which underlie it; and third, the client's understanding of the counselor's behavior and underlying intentions should cause him or her to behave in a manner which is consistent with this understanding and which communicates the client's cognitive processes to the counselor. In this way, counseling is viewed as a feedback loop in which client and counselor each use the other's behavior to make inferences about the other's intentions and to adjust his or her own behavior accordingly.

In a subsequent study, Martin, Martin, Meyer, and Slemon (1986) tested the cognitive mediational paradigm on several experienced and novice (second year Master's students) counselors. They used videotaped sessions to cue the counselors' and clients' recall of their own inner experiences and each one's perception of the other's behavior and intentions. The clients' reported internal processes were then rated as to whether they appeared to follow logically from the counselors' reported intentions for their clients. The authors found that counselors made the most use of certain intentions that the authors labeled associating (helping clients to make connections among concepts related to their issues) and metacognizing (helping clients to monitor their cognitive and affective inner experiences). In addition, counselors made somewhat less frequent use of encoding (helping clients to acquire new information) and retrieving (helping clients to remember relevant information). Martin et al. (1986) found that client cognitive processes were generally closely related to those intended by their
counselors. Some exceptions were that clients tended to make more use of assembling (planning their responses) and less use of encoding than their counselors intended for them. Regarding the effectiveness of sessions, the authors found that, while client perceptions of therapist overt behavior, client cognitive processing of therapist behavior, and client matching of their own behavior to their perceptions were predictive of higher counselor ratings of session effectiveness; client perceptions of counselor intentions were negatively correlated with counselor ratings of session effectiveness. They offered two possible explanations for this finding. First, it would appear that it is easier to understand one's own covert processes and the overt behavior of others than it is to perceive the covert processes of others. Second, it may be that while the processing of familiar material could have enhanced the clients' ability to perceive the intentions of their therapists, therapists may have been more likely to rate highly sessions in which more novel material was processed and to view sessions that contained more familiar material as less effective.

Horvath, Marx, and Kamann (1990), in another study of client perceptions of therapist intentions, used the counselor intention list (CIL) developed by Horvath and Marx (1988) to access specifically those counselor intentions that are most directly aimed at the client, and the client's perception of those client-focused intentions. The authors reasoned that these intentions represent therapists' plans for what they want their clients to do, think, or feel, and should be the most relevant to therapeutic success. Horvath et al. (1990) found that clients most often correctly perceived therapist's intentions for
client awareness of his or her feelings (67% match), forming connections among thoughts, feelings, and behaviors (41% match), experiencing/reliving feelings (35% match), owning of thoughts, feelings and behaviors (32% match), and therapist soliciting of information from clients (26% match). The rest of the intentions on the list were matched less than 20% of the time. In assessing the importance of matches between therapist intentions and client perceptions of them, the authors used client and therapist ratings of the effectiveness of episodes (segments of the videotaped session of length determined by the therapist) during which the therapist recalled having an intention for his or her client. These episodes were used to assess the immediate impact of the interactions. The authors found that matching of therapist intentions and client understanding of them was not predictive of therapist ratings of episode effectiveness, but that there was a small relationship between matching and higher client ratings. Horvath, Marx, and Kamann (1990) concluded that their results did not support the idea that there is a linear relationship between therapist intentions and episode helpfulness. They noted several possible explanations for this finding, among them the possibility that the client and therapist may have different expectations for therapy; clients often come to therapy seeking immediate relief, while therapists are more likely to expect relief to be a result of the therapy process over a longer period of time. The authors also raised the possibility that clients may take what they need from therapy and selectively attend to certain therapist intentions that they perceive as potentially most helpful while not attending to others.
Development of covert processes

Anderson (1982) posited a two stage model of the development of cognitive skills. In the declarative stage, trainees encode information about a skill, which can then be translated into behavior. This translation usually requires a fair amount of cognitive activity (such as rehearsal of learned material). After moving through the declarative stage, trainees are then able to move on to the procedural stage, where they become able to apply a particular skill more automatically without as much cognitive activity.

According to Patterson (1988), the development of automaticity is an important part of the development of counselors-in-training. The author contends that counselors must simultaneously attend to numerous processes, both internal and external to themselves, which occur within the session. They must apply their theoretical knowledge to gain a solid understanding of the client and his or her problem, while at the same time listening empathically to the client, communicating empathy to the client, and formulating responses to material presented by the client. Patterson (1988) believes that doing all of this at once can, at times, be an overwhelming task, particularly for beginners, who may also have to cope with a great deal of anxiety at being in a counseling situation for the first time. The author contends that learning to perform some of the basic skills of counseling, such as attending and communicating empathy, frees the counselor to focus a greater amount of his or her attention on the unique aspects of each client's case and to better formulate clinical hypotheses.

Development of Novice Counselors
The literature on novice counselors, or students just beginning a counselor training program, tends to characterize them as concentrating on mastering newly learned basic skills, experiencing anxiety over their performance, and focusing on themselves rather than their clients (Flapan, 1984; Sansbury, 1982; Stoltenberg, 1981).

Hale and Stoltenberg (1988) found self-focus and anxiety to be positively correlated in a study of novice counselors who were taped and evaluated. The authors did not establish the direction of the relationship and suggested that anxiety and self-focus may be interrelated in such a way that each increases the other. Kelly, Hall, and Miller (1989) found that anxiety was positively correlated with lower counselor ratings of session effectiveness and negatively correlated with ratings of the clarity of counselor intentions.

Kivlighan (1989), in a study of the development of intentions and response modes in trainees following the completion of a counseling skills course, found that trainees who completed the course made more use of intentions in guiding their responses than students who received no skills training. He found that the use of intentions related to attending and empathic skills tended to increase the most, which he believed reflected the emphasis on these basic skills in most counselor training programs. Kivlighan (1989) also found that the trainees who completed the skills course stimulated more therapeutic work in their clients than did those in the no treatment condition.

In a study of the covert processes of novice counselors, Rezek (1994) used a repeated measures design to assess the development of intentions and other covert processes in in-class role plays over
the course of a one semester counseling skills class. The author found that the novices' covert processes tended to include few intentions for their clients and to be characterized by anxiety and self-focus, particularly self-criticism. Because so few of the inner experiences of the novices fit into existing intentions lists, the author developed a "Pre-Intentional Coding Scale" to reflect more accurately the covert processes of the beginning trainees. In assessing development from the first of four in-class role plays (time one) to the last (time two), Rezek (1994) found that the novice counselors became more aware of their clients' emotions, cognitions, problems, and interpersonal issues; and that they increased their use of hypothesizing about their clients. The author also found that the increased hypothesizing by the novice counselors was related to increased instructor skill ratings and that increased awareness of client emotions was related to increased client and observer skill ratings. The author suggested that these results indicate that as novice counselors master some of the basic skills of counseling, they become more focused on their clients and more sophisticated in their thinking about their clients.

In the same study, Rezek (1994) also looked at the relationship between self-efficacy and skill ratings in the novices. One interesting finding was that as client ratings of the novice counselors' skills increased, the counselors' ratings of their own ability to perform basic counseling skills decreased. The author offered the explanation that the novices' self-efficacy ratings may reflect their moving through stages of early development: As novices learn and make increased use of some basic skills, their self-efficacy seems to
increase, but as they begin to move beyond the most basic skills and attempt to use higher level skills such as hypothesizing about their clients, their self-efficacy decreases.

Development of Experienced Therapists

The literature suggests that experienced therapists tend to be intentional in their thinking, to process a large amount of information while simultaneously formulating responses, and to formulate effective goals (Hill & O'Grady, 1985; Patterson, 1988; Tracey, Hays, Malone, & Herman, 1988).

Mallinckrodt and Nelson (1991), in a study of the formation of the psychotherapeutic working alliance of counselors at various levels of experience, found that experienced therapists were more sophisticated in the formation of therapeutic goals and more productive in performing therapeutic tasks than either novice counselors or more advanced trainees, but found no significant difference among experience levels for the formation of a bond between counselor and client. The authors suggested that, in addition to the more basic facilitative conditions for therapy that are emphasized in early counselor training, experienced therapists have acquired many of the more technical skills of therapy, such as the use of advanced techniques coming out of various theories of psychotherapy. They also contended that experienced therapists have greater ability to conceptualize the client's case and to form therapeutic goals and strategies while still attending to the client's in-session behavior and responding empathically.

Martin, Martin, Meyer, and Slemon (1986) observed that novice counselors rated themselves as working harder than did
experienced counselors. They explained this finding by noting that experienced counselors may be able to acquire, process, and respond to client information more automatically and with less effort due to their greater experience in performing the role of counselor. This finding lends support to Hill and O'Grady's (1985) assertion that experienced therapists attend to vast amounts of data (including client problems, client in-session behaviors, therapist responses, and goals and strategies for therapy) and process it in with great speed and sophistication.

Tracey, Hays, Malone, and Herman (1988) found that more experienced counselors tended to be more flexible in their responses than less experienced counselors. The authors contended that this greater flexibility reflected a greater ability to adapt to a wide variety of client responses, and that it therefore reflected increased use of strategizing by the counselor. They further suggested that experienced counselors were more confident in their ability to make use of confrontive and directive responses that less experienced counselors tend to find more difficult, and that they tailored their use of these and other responses to stimuli produced by each client.

**Development of Practicum Trainees**

The literature suggests that graduate students in their second year of training (most of whom have completed some type of basic skills course) tend to continue the development of their fundamental counseling skills as they move into their first supervised practicum experience (Borders, 1990; Carey & Lanning, 1993), and to increase their use of intentions and application of theoretical knowledge in hypothesizing about their clients (Borders, 1990). The literature also
suggests that trainees at this level may exhibit a decrease in self-efficacy as they move from a focus on fundamental skills toward more complex tasks (Sipps, Sugden, & Faiver, 1988).

In a cross-sectional study of the self-efficacy of counseling students in their first, second, third, and fourth years of graduate training, Sipps, Sugden, and Faiver (1988) observed that students in their second year exhibited the lowest efficacy expectations. The authors explained this finding by noting that as they begin to gain counseling experience in their practica, students are faced with the failure of a "common sense" approach and are forced to rethink their approach to counseling.

In a longitudinal study of the development of counseling trainees during their first semester practicum placement, Borders (1990) found that students reported increased awareness of their own motivations and dynamics, less concern about their in-session performance, less dependence on supervisors, more consistent application of skills, and increased use of theoretical knowledge in working with their clients. The author observed that these changes seem to reflect movement over the course of a semester of supervised practicum work from a beginning level to what could be termed an intermediate level of development.

Practicum supervision

Supervision is an integral part of the practicum experience in most counselor training programs (Carey & Lanning 1993). Because of the widespread use of supervision as a tool for the training of counselors, the skills and knowledge emphasized in supervision would appear to play a crucial role in their development during their
practicum experience. In a study of supervisors' emphases in the Master's level practicum, Carey and Lanning (1993) found that supervisors tended to focus on basic relationship and communication skills, and awareness of the counselor's internal processes. The authors found that supervisors tended to place much less emphasis on theoretical knowledge and formation of hypotheses about clients that are consistent with a theoretical understanding of the counseling process.

In a prescriptive model for the supervision of students at the pre-practicum, practicum, and internship level, Sansbury (1982) suggested that, at the practicum level, supervisors should concentrate on assisting the counseling trainee to apply theories and knowledge of the counseling process to their practicum experience. The author contended that the goals for the trainees at this point in their development should consist of moving beyond basic skills learned at a pre-practicum level toward a more integrated theoretical understanding and increased understanding of clients' problems within that framework.

**Summary**

Research on the covert processes of therapists and therapists-in-training suggests that therapist intentionality and hypothesizing about their clients tend to develop as counseling skills develop and with increased experience. Much of the research on intentions has focused on experienced therapists, while much of the research on the development of therapists as they gain training and experience has focused on the acquisition of skills and changes in observable behavior. More recently, some researchers have begun to study the
development of intentions and other covert processes over the course of counselor training. Several authors, including Rezek (1994), have investigated the covert processes of novice counselors and their early development. This preliminary study is intended to be an extension of this research and is designed to assess the development of intentions and other covert processes at the advanced beginner level with the long-term goal of adding to an understanding of how intentions develop through training and experience.
CHAPTER III

METHOD

Participants

The sample for this preliminary study consisted of six master's level graduate students in counseling at Loyola University of Chicago. All six students (four women and two men) were in the second semester of their first practicum experience, and had all completed a counseling skills course that included the use of audio tape recorded sessions as a teaching tool as well as a course in theories of counseling and psychotherapy. All of the students were required to audio tape record several counseling sessions each semester as part of their practicum supervision at Loyola.

Participating student counselors were asked to select an adult or adolescent client and obtain his or her consent to tape record one of their counseling sessions for the purposes of this study. The clients (four women and two men) remained anonymous to the researchers.

All of the counselors were white/European American. Five of the clients were white/European American and one was African American. The mean age of the counselors was 25.0 with a standard deviation of 2.6. The mean age of the five clients for whom ages were given on the demographic questionnaire was 32.6 with a standard deviation of 15.24.
Instruments

Participating student counselors were given a booklet that included instructions for completing their written inner experiences, a demographic questionnaire, and a counseling self-estimate inventory (COSE; Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992). The COSE consists of 37 items on which counselors are asked to respond to statements about self-efficacy beliefs on a six point Likert scale with six being "strongly agree" with the statement and one being "strongly disagree." The COSE is scored in such a way that higher scores (i.e., closer to six) indicate greater self-efficacy.

The researchers used a coding scale developed by the research team to code each of the participants' recorded inner experiences. This scale was developed as an application of both Bloom's (Bloom, Englehart, Furst, Hill, & Krathwohl, 1956) taxonomy of cognitive development and Barrett's (Barrett, 1972) taxonomy of cognitive and affective development to the task of counseling.

The coding scale divides counselor inner experiences into six categories according to the level of the cognitive/affective process reflected in the inner experience. The six categories were: simple observation, comprehension, application, analysis, synthesis, and appreciation/evaluation.

The Simple Observation category consisted of thought units referring to people, things, actions, etc. which required minimal processing or inference on the part of the counselor. Some examples of Simple Observation might be: "Her shirt is red;" or "something
smells funny." Included in simple observation were one word inner experiences such as "what?" and non-words such as "hmmm."

The Comprehension category consisted of thought units requiring at least some inference, use of internal processing, or relating of people, things, actions, etc. to some internal reference. Some examples of Comprehension might be: "I wonder what he means by that;" or "I think she's angry with him."

The Application category consisted of thought units in which the counselor directed him or herself to initiate some action or to stop an ongoing action. Some examples of Application might be: "I need to make an intervention here;" or "I better stop talking and give her a chance." Applications were restricted to those inner experiences which it is realistically within the counselor's power to act upon. For example, "I wish I could go to lunch right this minute," would not be considered an Application since it is highly unlikely the counselor would walk out mid-session to go to lunch.

The Analysis category consisted of thought units which broke ideas, thoughts, actions, etc. into their constituent parts or related two or more ideas, thoughts, actions, etc. to each other. Some examples of Analysis might be: "This issue of getting angry with his girlfriend seems to relate to his frustration with other relationships in his life;" or "I wonder how her difficulty relating to people plays out in her work as a teacher."

The Synthesis category consisted of thought units that put different ideas, thoughts, actions, etc. together to form a more complete understanding of some issue. Essentially, Synthesis was thought of as the reverse of Analysis: putting pieces together to
form a more integrated whole. Some examples of Synthesis might be: "Her difficulty in relating to co-workers and her frustration with work both seem to relate to underlying feelings of inadequacy;" or "I think his hostility and desire to appear problem-free reflect his anger at being forced to seek counseling."

The Appreciation/Evaluation category consisted of thought units that reflected the counselor's understanding and appreciation of deeper meanings within the session or about the therapeutic relationship more broadly. This category was conceptualized as an "a-ha" experience, or a gaining of insight that was likely to have had a strong affective component. Some examples of Appreciation/Evaluation might be: "This feels so comfortable and easy; real healing seems to be going on here;" or "This work has exhausted us both, but she seems to be at peace now."

**Procedure**

The participants were instructed to fill out the questionnaires within a few hours after the counseling session that they audio tape recorded if possible, but definitely before they went to sleep on the day of the session in order to minimize their reprocessing of the events of the session. In the booklet, participants were instructed to just listen to the first ten minutes of the tape to help them get back into the "feel" of the session. Once they had listened to the first ten minutes, they were instructed to stop the tape after each speaking turn (defined as any utterance by either the counselor or the client, including uh-huh and other minimal encouragers). Each time they stopped the tape, the participants were asked to write up to three inner experiences (thoughts, feelings, rationales, bodily sensations,
etc.) on the lines provided in the booklet. This procedure continued until the participant ran out of audio tape or the space provided in the booklet for writing their inner experiences was full.

After the participants finished recording their inner experiences, they were asked to fill out the demographic questionnaire and the COSE (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse 1992) and then turn in both the completed booklet and the audio tape recording of their session to the researchers.

**Coding Procedure**

Copies of the booklets were made and distributed to two teams of three coders each. The six coders (five women and one man) were European American graduate students. The coders were instructed to independently code each written inner experience on the inner experience coding scale, putting it into one of the six categories and then to meet as a group to record agreement and resolve by consensus those inner experience units upon which they disagreed.
CHAPTER IV
RESULTS

Demographic Data

Because this study was a pilot study and the sample size was extremely small, it is likely to be most useful in indicating some apparent trends that may be suggestive of hypotheses that can be pursued by future research. With this in mind, the demographic data generated by the participants of this study were qualitatively analyzed for trends or other information that could help to guide future research in this area.

The six student counselors produced a total of 827 inner experiences. The mean number of inner experiences produced by the student counselors was 137.83 with a standard deviation of 53.21.

The interrater simple agreement on codes assigned to the reported inner experiences was .93 before resolution by discussion. The agreement for team one was .94 and the agreement for team two was .93. Using Fleiss' (1971) extension of the kappa statistic for more than two raters, agreement for all categories was calculated to be .69.

Overall, inner experiences in this study were most frequently categorized as Comprehension by the coders. Of the inner experiences, 74.00% were coded as Comprehension. Application was the next most frequently occurring code at 22.25% of the inner
experiences. Inner experiences were coded as Simple Observation 1.93% of the time; as Analysis 1.09% of the time; as Synthesis 0.48% of the time; and as Appreciation/Evaluation 0.12% of the time (Consensus could not be reached by the coders on 0.12% of the inner experiences).

In the analysis, participants were divided by sex to see if any differences were suggested by the results. The four female participants produced a total of 428 inner experiences (mean=107.00, standard deviation=22.70). The two male counselors produced a total of 399 inner experiences (mean=199.50, standard deviation=34.65).

Of the female participants' inner experiences, 78.74% were coded as Comprehension; 17.76% were coded as Application; 2.10% were coded as Simple Observation; 0.93% were coded as Analysis; 0.00% were coded as Synthesis; and 0.23% were coded as Appreciation/Evaluation. Of the male participants' inner experiences, 68.92% were coded as Comprehension; 27.07% were coded as Application; 1.75% were coded as Simple Observation; 1.25% were coded as Analysis; 1.00% were coded as Synthesis; and 0.00% were coded as Appreciation/Evaluation.

The data was also broken down according to whether participants reported having some form of previous counseling experience or not. Four of the student counselors reported having had some type of counseling or counseling related experience. The mean number of months of experience they reported was 12.00, with a standard deviation of 10.95. The four participants who had had
### TABLE 1
PERCENTAGES OF INNER EXPERIENCES BY CODE

<table>
<thead>
<tr>
<th>Coded category</th>
<th>Overall</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple Observation</td>
<td>1.93%</td>
<td>1.75%</td>
<td>2.10%</td>
</tr>
<tr>
<td>Comprehension</td>
<td>74.00%</td>
<td>68.92%</td>
<td>78.74%</td>
</tr>
<tr>
<td>Application</td>
<td>22.25%</td>
<td>27.07%</td>
<td>17.76%</td>
</tr>
<tr>
<td>Analysis</td>
<td>1.09%</td>
<td>1.25%</td>
<td>0.93%</td>
</tr>
<tr>
<td>Synthesis</td>
<td>0.48%</td>
<td>1.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Appreciation/Evaluation</td>
<td>0.12%</td>
<td>0.00%</td>
<td>0.23%</td>
</tr>
</tbody>
</table>

### TABLE 2
NUMBER OF INNER EXPERIENCES PRODUCED

<table>
<thead>
<tr>
<th>Group</th>
<th>Total</th>
<th>Mean</th>
<th>Standard Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>827</td>
<td>137.83</td>
<td>53.21</td>
</tr>
<tr>
<td>Females</td>
<td>428</td>
<td>107.00</td>
<td>22.70</td>
</tr>
<tr>
<td>Males</td>
<td>399</td>
<td>199.50</td>
<td>34.65</td>
</tr>
<tr>
<td>Some Exp.*</td>
<td>652</td>
<td>163.00</td>
<td>46.74</td>
</tr>
<tr>
<td>No Exp.</td>
<td>175</td>
<td>87.50</td>
<td>0.71</td>
</tr>
</tbody>
</table>

*This group included both male participants
some form of counseling experience produced a total of 652 inner experiences (mean=163.00, standard deviation=46.74). The two participants who had not had any form of previous counseling experience produced a total of 175 inner experiences (mean=87.50, standard deviation=0.71). Of course, at least part of the difference in number of inner experiences produced could be attributed to the fact that both of the male participants were in the previous experience group.

Of the inner experiences produced by the participants who reported having previous experience, 70.86% were coded as Comprehension; 24.85% were coded as Application; 2.30% were coded as Simple Observation; 1.38% were coded as Analysis; 0.60% were coded as synthesis; and 0.00% were coded as Appreciation/Evaluation. Of the inner experiences produced by the participants who reported having no previous experience, 85.71% were coded as Comprehension; 12.57% were coded as Application; 0.57% were coded as Simple Observation; 0.57% were coded as Appreciation/Evaluation; and 0.00% percent were coded as either Analysis or Synthesis.

Another factor that could conceivably have influenced the student counselors' inner experiences was whether or not they had undergone any personal counseling or therapy. Five of the six participants indicated that they were or had been in some kind of counseling or therapy. Of the five participants who had participated as clients in counseling/therapy, four answered the question of how long they had been in counseling/therapy. The mean number of months of counseling/therapy was 16.00, with a standard deviation
TABLE 3
PERCENTAGE OF INNER EXPERIENCE CODES BY EXPERIENCE

<table>
<thead>
<tr>
<th>Coded category</th>
<th>Some experience*</th>
<th>No experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple Observation</td>
<td>2.30%</td>
<td>0.57%</td>
</tr>
<tr>
<td>Comprehension</td>
<td>70.86%</td>
<td>85.71%</td>
</tr>
<tr>
<td>Application</td>
<td>24.85%</td>
<td>12.75%</td>
</tr>
<tr>
<td>Analysis</td>
<td>1.38%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Synthesis</td>
<td>0.60%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Appreciation/Evaluation</td>
<td>0.00%</td>
<td>0.57%</td>
</tr>
</tbody>
</table>

*This group included both male participants
Because only one of the six participants indicated having had no personal counseling or therapy, it is difficult to ascertain what, if any, effects participating as a client in counseling or therapy may have had on these student counselors.

The time elapsed between the actual counseling session and the counselors' review of the tape and writing of their inner experiences could conceivably influence the inner experiences produced. The elapsed time for this group of participants ranged from two to three hours to longer than 12 hours. The participants were divided into two groups: those who did the tape review two to six hours after the session and those who did the tape review eight to twelve or more hours after the session. The two to six hour group produced 486 inner experiences (mean=162.00, standard deviation=69.42), and the eight to twelve or more hour group produced 341 inner experiences (mean=113.67, standard deviation=22.50).

Of the inner experiences produced by the two to six hour group, 70.99% were coded as Comprehension; 25.31% were coded as Application; 1.65% were coded as Simple Observation; 1.03% were coded as Analysis; 0.82% were coded as Synthesis; and 0.21% were coded as Appreciation/Evaluation. Of the inner experiences produced by the six to twelve or more hour group, 78.30% were coded as Comprehension; 17.89% were coded as Application; 2.35% were coded as simple observation; 1.17% were coded as Analysis; and 0.00% were coded as either Synthesis or Appreciation/Evaluation. As with the counseling experience category, any apparent differences between the time elapsed categories may have been due, at least in
TABLE 4
PERCENTAGE OF INNER EXPERIENCE CODES BY TIME POST-SESSION

<table>
<thead>
<tr>
<th>Coded category</th>
<th>2-6 hours*</th>
<th>8-12+ hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple Observation</td>
<td>1.65%</td>
<td>2.35%</td>
</tr>
<tr>
<td>Comprehension</td>
<td>70.99%</td>
<td>78.30%</td>
</tr>
<tr>
<td>Application</td>
<td>25.31%</td>
<td>17.89%</td>
</tr>
<tr>
<td>Analysis</td>
<td>1.03%</td>
<td>1.17%</td>
</tr>
<tr>
<td>Synthesis</td>
<td>0.82%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Appreciation/Evaluation</td>
<td>0.21%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

*This group included both male participants
part, to the fact that both male participants were in the two to six hour group.

The issues dealt with in the counseling relationship might be expected to influence the production of inner experiences. Participants were asked to give the client's presenting problem on the demographic questionnaire. Two of the student counselors indicated that their clients were dealing with drug dependence, the other presenting problems included lack of assertiveness, sex abuse and depression, poor academic performance, and parents' divorce. With such a wide range of presenting problems and a such a small group of counselors, no attempt was made to analyze inner experiences according to client's presenting problem.

Each subject was also asked to indicate his or her reason for choosing the particular client he or she chose to tape for the study. The answers they gave fit into three categories: one counselor indicated that the time he or she met with the particular client was convenient (he or she had a block of time shortly after the session to do the tape review); two of the counselors indicated that they had good relationships with the clients they taped and that the clients were willing to participate; and three of the counselors indicated that the time they received the research materials determined which client they chose to tape.

**Self-Efficacy Data**

Participants' mean scores for all 37 items on the COSE ranged from 4.05 to 4.97. The mean for all participants was 4.46, with a standard deviation of 0.34. There was some difference between the mean scores for male and female participants: the mean score for
the males was 4.20 with a standard deviation of 0.21, while the mean score for females was 4.59 with a standard deviation of 0.33. There was some overlap, however (i.e., the lowest female score was lower than the highest male score). Thus, it is difficult to say with such a small sample size that self-efficacy scores, as measured by the COSE, differed greatly according to gender in this group.
CHAPTER V
DISCUSSION

A discussion of the results of this study must begin with the caution that, because of the small sample size, any conclusions reached from this data must be seen as tentative and as most useful in raising questions and issues that can be pursued in future research rather than in answering them definitively. Also because of the small sample size, sampling error is a fairly strong alternative hypothesis for explaining many of the trends observed in the data. It is hoped that this study will serve to guide larger confirmatory studies by suggesting trends which may be important in studying the inner experiences of counselors-in-training. Given that caveat, there were some interesting trends that appeared in this data.

Production of Inner Experiences

One interesting trend was that the two male participants produced, or at least recorded in the booklets, more inner experiences than the four female participants. In fact, the male who produced the fewest inner experiences (175) produced 45 more than the female who produced the most (130). There are a number of hypotheses in addition to sampling error which might possibly explain this trend.

One possible explanation is that both of the male participants had counseling experience previous to beginning their practica, while only two of the female participants had any prior experience. In
fact, the two female participants who had no prior experience produced the least inner experiences of any of the participants (87 and 88, 50.83 and 49.83 below the mean for the entire group, respectively).

If counseling experience is an important factor in explaining the number of inner experiences produced, it might follow that the greater the length of the counseling experience, at least to a certain point (i.e., a "ceiling"), the more inner experiences one would produce. Indeed, the subject who had the most previous experience (30 months) produced the most inner experiences. Two of the female participants, however, had more previous experience (both 12 months) than the other male subject (six months), and yet still produced fewer inner experiences than that male subject. Thus, although previous experience may have contributed to the production of inner experiences, it may not fully explain the difference in amount of inner experiences produced by male and female participants in this study.

Another possible explanation of the difference in the amount of inner experiences produced between male and female participants in this study is that the length of time between the actual counseling session and the tape review and writing task influenced the number of inner experiences produced. It seems reasonable that those who did the tape review within a few hours after the session would remember more of their inner experiences than those who waited up to 12 or more hours to begin the tape review and writing task. When the participants are divided into two groups of equal numbers according to the amount of time between the session and the tape
review and writing of inner experiences (analogous to splitting at the median), both male participants fall into the shorter delay group (from two to six hours).

The data do seem to lend some support to this explanation; as reported in the results section, the mean number of inner experiences produced for the shorter delay group was 162.00, while the mean for the longer delay group was 113.67. However, there was a good deal of variability, particularly in the lower delay group, which had a standard deviation of 69.42. In fact, the subject who produced the fewest inner experiences (87), actually had the shortest delay between session and tape review (two to three hours), which was from two to four hours shorter than the subject who produced the most inner experiences (224). Of course, such variability might be attributed to having an outlier or outliers that might have been compensated for with a larger sample size. Given the limitations of this study, establishing how delay between the session and the review/writing task affects the number of inner experiences produced should be a variable of interest for future research.

Still another possible explanation of the differences in number of inner experiences produced by male and female participants in this study, which could possibly be subsumed under sampling error, but probably deserves some additional discussion because of the nature of the task that participants were asked to perform, could be differences in patterns of thought or expression among the individual participants. Because of the fairly open-ended nature of the task given to the student counselors, it is possible that those who tend to be more verbose than others, tend to be more aware of thoughts,
feelings, etc. during their counseling sessions, or tend to remember more of their inner experiences, would produce more written inner experiences. This is, of course, difficult to control for in a small N study; these individual differences would presumably "balance out" in a study with a larger and more random sample. Even in a larger study, however, it may be important to keep these characteristics in mind, as they could be influenced systematically by factors such as the requirements of different training programs and the extent to which they encourage the awareness and use of inner experiences in their training of counselors.

Yet another possible explanation for the trend of males producing more inner experiences than females in this study could be that the trend reflects a real difference in the production of inner experiences. This explanation seems counter-intuitive, given the well-known body of literature which characterizes women as being, on the average, more verbal than men. It may be that highly verbal men tend to be attracted to the counseling profession, and that verbal ability is a more salient factor in deciding to pursue training as a counselor for men than it is for women.

All of these possible explanations, are of course, highly speculative as they reflect trends observed in six student counselors from the same Midwestern university. It may be useful, however, for future research to explore questions about the effects of gender, previous experience, delay between session and writing, and individual differences in styles of thinking and expression on the production of inner experiences.
Cognitive Complexity of Inner Experiences

The most obvious trend in the level of cognitive complexity of the inner experiences produced by the student counselors in this study is that the vast majority of them (74.00%) fell under the Comprehension category when coded. Because of the high degree of agreement among coders, this difference may reflect a tendency in these practicum level counselors to produce Comprehension level inner experiences; a lack of sensitivity in the coding scale which makes it difficult to differentiate among inner experiences and causes most of them to be subsumed under Comprehension; a tendency for participants to reprocess their inner experiences during the review/writing task, which, in this particular population, might most resemble the Comprehension level of cognitive complexity; or possibly some of all of these.

First, it may be that the use of Comprehension level inner experiences is characteristic of the population of practicum level student counselors. If the student counselors are similar to novice counselors in other studies ("novice" in these studies referring to students in their first practicum placement) in tending to be focused on performing basic behavioral skills of counseling as observed by Sansbury (1982), and in being less able than experienced counselors to integrate past and present information as observed by Martin et al. (1986), it would make sense that a large proportion of their inner experiences would tend to fall under Comprehension. Given the definition of Comprehension as requiring some inference, i.e., going beyond Simple Observation, but not making more overarching connections as Analysis and Synthesis do, it is not surprising that
these relatively inexperienced counselors would operate mostly at this level of cognitive complexity.

Possibly lending more weight to this explanation is the finding that Application was the second most frequently occurring code in this study (22.20% of the inner experiences). With the more behavioral focus found by Sansbury (1982), it would follow that a fairly high proportion of first practicum level counselors' inner experiences should be primarily focused on initiating some action.

A second possible explanation for the preponderance of Comprehension level codes could be that the coding scale itself is not sensitive enough to relatively subtle differences in inner experiences and tends to force the majority of responses into the Comprehension category. Because the scale is theory-driven (i.e., based on a model of cognitive complexity) rather than data-driven (i.e., based on observations of types of thoughts produced by counselors), it is hoped that the categories will be able to capture inner experiences across all levels of training and counseling experience. Because of this, it is difficult to discern whether the large number of Comprehension level responses is due to the developmental level of the sample population or the properties of the scale itself. In addition to larger samples, this question also awaits investigation of the types of thoughts produced by more experienced counselors and therapists. For example, it may be that doctoral level therapists with years of experience in the field produce many responses that could be coded as Analysis or Synthesis.

A third possibility is that, because of the delay between the counseling session and the review/writing task and possibly the
difficulty in putting oneself "back in the moment" when reviewing the tape recorded session, there was significant reprocessing of inner experiences by the participants and these "reprocessed" inner experiences tended to take the form of Comprehension level inner experiences.

On the other hand, it could be argued that, if the inner experiences reflected reprocessing, there should logically be more Analysis and Synthesis responses because the participants would have had more time to relate the session to previous sessions or to overarching issues. However, there are several arguments as to why this may not be the case.

First, the participants had not yet received any supervision on the sessions which they recorded, and may not have been capable at their present stage of development of producing a large number of Analysis, Synthesis, and Appreciation/Evaluation level responses without supervision. At this developmental level, most reprocessing may be done at the Comprehension level.

Second, the nature of the task may have contributed to reprocessing at the Comprehension level. Participants were asked to stop their tapes after each speaking turn (defined as each time either the counselor or client spoke) and write down their inner experiences. This procedure could conceivably have caused the participants to break down their more overarching inner experiences which might have been coded as Analysis, Synthesis, or Appreciation/Evaluation, into smaller parts which were more likely to be coded as Comprehension or Application.
It may be that all of the above explanations reflect factors contributing to the high percentage of Comprehension level responses in this study. It is also conceivable that sampling error played a role in the level of the inner experiences. It may be that this particular sample was unrepresentative of the population of practicum level counselors-in-training and that this study simply reflects a sample of Comprehension level thinkers.

**Patterns of Cognitive Complexity**

Although it was noted earlier in the discussion that male participants in this study produced more inner experiences than female participants, the patterns of inner experiences appear to be very similar across participants. For male participants, the order of the levels, from most frequently occurring to least frequently occurring, was: Comprehension, Application, Simple Observation, Analysis, Synthesis, and Appreciation/Evaluation. For female participants, the order was: Comprehension, Application, Simple Observation, Analysis, Appreciation/Evaluation, and Synthesis. The percentage of inner experiences that fell under Synthesis and Appreciation/Evaluation for both groups was so small that their being switched in the order of inner experiences for the two groups is probably not meaningful.

**Self-Efficacy**

Scores on the COSE (Larson et al., 1992) seem to indicate that all of the participants in this study were fairly confident in their ability to perform counseling-related tasks. While the female participants seemed to feel slightly more efficacious than the male participants, differences were relatively small. Perhaps a study with
a larger sample size which included more variability on measures of self-efficacy could build self-efficacy into the design by stratifying the sample according to high, medium, and low scores on a measure such as the COSE and relating this variable to the amount and quality of inner experiences produced.

**Counselors' Reasons for Choosing Clients**

An open-ended question was included in the questionnaire asking counselors to indicate the reason why they chose to tape the particular client they did for the research project. The answers given (see results, above) seem to reflect two issues: first, the timing, or convenience of using that client's session, either because the counselor had a block of time shortly after the session to do the review/writing task, or because of the timing of receiving the research materials; and second, the counselor's rapport with the client and/or clients willingness to be taped for research purposes.

It stands to reason that counselors would choose to ask for the help of clients with whom they feel they have developed good rapport, since these are the clients who would probably be most likely to agree to something that could potentially be seen as invasive (although the student counselors already did taping of sessions for the purpose of supervision), and that time and convenience would be important considerations for busy graduate students.

It is possible that the reasons given for choosing clients may reflect a desire on the part of some participants to choose clients who will make them "look good." Although counselors were told that this study was not interested in judging their performance and that
confidentiality would be preserved, there may still be a strong desire to appear competent. It is also possible that, in choosing clients for whom taping would be least problematic, the clients chosen would tend to be the highest functioning clients that the counselor sees, and that the sessions used for research purposes are skewed more toward the so-called "worried well" than toward those dealing with more serious problems and pathology.

The answers to the presenting problem question may qualify this explanation to some extent, however. Two of the clients were in counseling to deal with drug dependence and one was in counseling to deal with issues surrounding sexual abuse and depression. These would certainly appear to be very serious client problems to deal with, particularly at the first practicum level. It may be, however, that these presenting problems are representative of the general population with whom those student counselors work, and that, from that population, they have chosen more highly functioning clients.

**Recommendations for Future Research**

More research investigating the inner experiences of counselors-in-training, both at the first practicum level and at other levels of training and experience, is necessary in order to form a clearer picture of how covert processes develop in the course of training. In addition to the need for more research in this area, there is a need for further refinement of methods, particularly in the continuing development of coding procedures so that they can meaningfully and comprehensively reflect the spectrum of inner experiences not only at a particular level of training and experience,
but also across the developmental continuum of counselors/therapists.

As mentioned earlier, research with larger sample sizes is also necessary in order to make more powerful analyses feasible. It would be interesting to see if the breakdown of inner experience categories would approximate that found in this sample in a study with a larger sample size. One particularly interesting (and counterintuitive) trend observed in this particular sample was the tendency for the males to produce more inner experiences than females. If this were replicated in a larger study less susceptible to sampling error, it would truly be a fascinating finding. In addition, a larger sample would likely have more variability in self-efficacy, and might be able to provide valuable data on how self-efficacy relates to the covert processes of counselors.

Because of the idiosyncratic nature of counselor inner experiences, however, the study of these phenomena may benefit most from the use of diverse methodologies. Whereas studies with large sample sizes would allow researchers to use quantitative methods to look at a relatively small number of variables in a large group, case studies and studies with a smaller sample size that utilize a more qualitative approach would allow researchers to better understand what this development "looks like" in particular counselors-in-training. An ideal approach to this type of research would probably include these different methodologies informing each other in order to form a more holistic understanding of inner experiences and their development.
APPENDIX A

INNER EXPERIENCE RECORDING FORM
APPENDIX A
INNER EXPERIENCE RECORDING FORM

INNER EXPERIENCE RECORDING BOOKLET
PROCESS RESEARCH TEAM
LOYOLA UNIVERSITY OF CHICAGO
INSTRUCTIONS FOR WRITING INNER EXPERIENCES

We all have private thoughts and feelings as we work with our clients. Not only do we talk with our clients, we also maintain a dialogue within ourselves throughout the session. We call this self-talk "inner experience". Thoughts, feelings, rationales, fantasies, and/or bodily sensations comprise our inner experiences.

Our research team looks at what therapists experience internally as they counsel a client/patient. We would like you to report all your inner experiences. Please include even those you may consider unimportant or unrelated to the session. There are no right or wrong inner experiences, and we are not going to critique or judge your responses. We are only interested in your moment to moment inner experiences as you relive the session. Try to avoid the natural tendency to report your post-session reactions or analyses.

It is important for you to complete this booklet immediately following your session because it will be easier for you to recall your inner experiences. If this is not possible, we would like you to complete it on the same day as the session occurred. This will reduce possible contamination of the data since sleep tends to foster reprocessing of the session. You will need to allow approximately 2 hours to complete this booklet.

*We greatly appreciate the time you are taking to participate in this research.*

TRANSCRIBING INNER EXPERIENCES:

Please read the instructions in their entirety before beginning to write.

1. **Now, just listen** to the first 10 minutes of your tape to put yourself back into the atmosphere of the session. Relax, close your eyes for a moment, and try to "relive" the experience by visualizing yourself and your client/patient at the beginning of the session. At approximately 10 minutes into the session, stop the tape at the beginning of the next therapist speaking turn. A speaking turn is defined as a single word, or a segment of any length, excluding only "uh-huh's".

2. Now, turn on the tape recorder and begin listening to the first six words of your speaking turn as therapist. Stop the tape recorder, and write these words on the first line labeled "therapist". (If your speaking turn is less than six words, write down these words.) If applicable, turn on the tape recorder, listen and relive the remaining portion of your speaking turn and then stop the tape recorder.
3. **Now you are ready to write down your inner experiences!**

Use the forms in this booklet to write down your inner experiences. As closely as you can recall, write up to three inner experiences, e.g., thoughts, feelings, fantasies, rationales, bodily sensations, that you experienced during this speaking turn, numbering each one. To help you relive your inner experiences try to write them down in the present tense. Say, "I think..." or "I feel..." instead of "When he said that I thought..." or "Right then I felt...". You do not need to fill every space. Just write down what you were experiencing during this portion of the tape. If you cannot recall an inner experience for a speaking turn, please write down "none" for that turn. Try to "relive" your inner experiences as they were in the session, not post-session reactions. Any response is fine; simply write down what you were experiencing during that speaking turn.

4. **When you have finished writing inner experiences for your turn as therapist, turn on the tape recorder and begin listening to the first six words of the client's speaking turn.** Stop the tape recorder and write down the client's words on the next line labeled "client". If the client's speaking turn is less than six words, stop the tape recorder and write down these words. Resume listening to the remainder of the client's speaking turn, if applicable, and then stop the tape recorder. As closely as you can recall, write up to three inner experiences, e.g., thoughts, feelings, fantasies, rationales, bodily sensations, that you experienced during the client's speaking turn, numbering each one. Try to "relive" your inner experiences as they were when the client was speaking.

5. **Using the instructions in steps 2-4, continue writing your inner experiences for both therapist and client speaking turns until you have completed listening to the audiotape of your session or until you have used all of the pages provided.**

6. **Next, please complete the Working Alliance Inventory, the Self-Estimate Inventory, the Adult Attachment Scale and the Demographic Information Form following the Inner Experience Forms in the booklet.**

7. **Please return the entire booklet and your audiotape to me in the stamped pre-addressed envelope.**

To help you understand this process, examples of inner experiences are provided on the following two pages. Please read them before beginning.

THANK YOU FOR YOUR WILLINGNESS TO CONTRIBUTE TO THIS RESEARCH!!!
REMEMBER: PLEASE WRITE UP TO THE FIRST 6 WORDS OF THE THERAPIST OR CLIENT STATEMENT PRIOR TO WRITING YOUR INNER EXPERIENCES (IEs). THEN LIST UP TO 3 INNER EXPERIENCES NUMBERING THEM BEGINNING WITH #1 WITHIN EACH SPEAKING TURN.

**THERAPIST STATEMENT**

IEs

**CLIENT STATEMENT**

IEs

**THERAPIST STATEMENT**

IEs

**CLIENT STATEMENT**

IEs
APPENDIX B

DEMOGRAPHIC QUESTIONNAIRE
APPENDIX B
DEMOGRAPHIC QUESTIONNAIRE
DEMOGRAPHIC INFORMATION

PLEASE PUT AN X IN EACH BOX OR WRITE IN THE SPACE PROVIDED:

1. Your gender: [ ] female [ ] male

2. Your race: [ ] African-American/Black (not Latino)
[ ] Asian-American/Pacific Islander
[ ] European-American/White (not Latino)
[ ] Latino
[ ] Native American
[ ] other (please specify ______________________)

3. Your age (please write in): __________

4. In what degree program are you enrolled? __________________________________________

5. Have you had any experiences prior to enrolling in practicum in which you provided counseling to others, i.e., mental health worker, resident assistant, hot line volunteer?
[ ] no [ ] yes

   If no, please go to Q. 6

   5a. If yes, please describe ___________________________

5b. How long was this counseling experience?

   ___________________________

5c. Did you receive any training prior to this experience?
[ ] no [ ] yes

   If no, please go to 5d.

   If yes, please describe ___________________________

5d. Were you supervised during this counseling experience?
[ ] no [ ] yes

   If yes, what type of supervision?
[ ] Individual
[ ] Group
[ ] Other (please specify)

   If no, please go to Q. 6

   ___________________________

5e. Number of supervision hours per week ________

5f. In supervision, did you use
[ ] Process notes
[ ] Audio tape
[ ] Video tape (check all that apply)

6. Have you had any courses or training in counseling external to your master’s program?
[ ] no [ ] yes

   If yes, please describe type and duration:

   ___________________________
7. Are you now or have you ever been in personal counseling/therapy?
   [ ] no       [ ] yes If yes, how long have you been in counseling/therapy? ________________
   If no, please go to Q. 8
   In what type of counseling/therapy have you participated? (Please check all that apply)
   [ ] Individual
   [ ] Couples/relational
   [ ] Family
   [ ] Group
   [ ] Career
   [ ] Other ________________

8. Your client's gender  [ ] female  [ ] male

9. Your client's race:
   [ ] African-American/Black (not Latino)
   [ ] Asian-American/Pacific Islander
   [ ] European-American/White (not Latino)
   [ ] Latino
   [ ] Native American
   [ ] Other (please specify) ________________

10. Your client's age (please write in): ________________

11. Your client's presenting problem ________________

12. Prior to this session, how many times have you seen this client? ________________

13. For how many more sessions do you anticipate seeing this client? ________________

14. Please briefly describe why you chose this particular client for this research?
   ________________

FINALLY:

Please indicate the amount of time that elapsed from your counseling session until you began the process of writing your inner experiences:

   [ ] Immediately
   [ ] Within 30 minutes
   [ ] Within 1 hour
   [ ] 1 to 2 hours
   [ ] 2 to 3 hours
   [ ] 3 to 4 hours
   [ ] 4 to 5 hours
   [ ] 5 to 6 hours
   [ ] 6 to 7 hours
   [ ] 7 to 8 hours
   [ ] 8 to 12 hours
   [ ] more than 12 hours

THANK YOU VERY, VERY, MUCH FOR THE TIME YOU ARE GIVING TO THIS RESEARCH PROJECT!!
APPENDIX C
COUNSELING SELF-ESTIMATE INVENTORY
APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

COUNSELING SELF-ESTIMATE INVENTORY

This is not a test. There are no right or wrong answers. Rather, it is an inventory that attempts to measure how you feel you will behave as a counselor in a counseling situation. Please respond to the items as honestly as you can so as to most accurately portray how you think you will behave as a counselor. Do not respond with how you wish you could perform each item; rather, answer in a way that reflects your actual estimate of how you will perform as a counselor at the present time.

Below is a list of 37 statements. Read each statement and then indicate the extent to which you agree or disagree with that statement, using the following alternatives.

KEY: 1 = Strongly Disagree
      2 = Moderately Disagree
      3 = Slightly Disagree
      4 = Slightly Agree
      5 = Moderately Agree
      6 = Strongly Agree

1. When using responses like reflection of feeling, active listening, clarification, probing, I am confident I will be concise and to the point.
   1  2  3  4  5  6

2. When I initiate the end of a session I am positive it will be in a manner that is not abrupt or brusque and that I will end the session on time.
   1  2  3  4  5  6

3. I am likely to impose my values on the client during the interview.
   1  2  3  4  5  6

4. I am confident that I will respond appropriately to the client in view of what the client will express (e.g., my questions will be meaningful and not concerned with trivia and minutia).
   1  2  3  4  5  6

5. I am certain that my interpretation and confrontation responses will be concise and to the point.
   1  2  3  4  5  6

6. I am worried that the wording of my responses like reflection of feeling, clarification, and probing may be confusing and hard to understand.
   1  2  3  4  5  6

7. I feel that I will not be able to respond to the client in a non-judgmental way with respect to the client's values, beliefs, etc.
   1  2  3  4  5  6

8. I feel I will respond to the client in an appropriate length of time (neither interrupting the client or waiting too long to respond).
   1  2  3  4  5  6

9. I am worried that the type of responses I use at a particular time, i.e., reflection of feeling, interpretation, etc., may not be the appropriate response.
   1  2  3  4  5  6

10. I am sure that the content of my responses, i.e., reflection of feeling, clarification, and probing, will be consistent with and not discrepant from what the client is saying.
    1  2  3  4  5  6

11. I feel confident that I will appear competent and earn the respect of my client.
    1  2  3  4  5  6
12. I am confident that my interpretation and confrontation responses will be effective in that they will be validated by the client's immediate response.
   1 2 3 4 5 6

13. I feel confident that I have resolved conflicts in my personal life so that they will not interfere with my counseling abilities.
   1 2 3 4 5 6

14. I feel that the content of my interpretation and confrontation responses will be consistent with and not discrepant from what the client is saying.
   1 2 3 4 5 6

15. I feel that I have enough fundamental knowledge to do effective counseling.
   1 2 3 4 5 6

16. I may not be able to maintain the intensity and energy level needed to produce client confidence and active participation.
   1 2 3 4 5 6

17. I am confident that the wording of my interpretation and confrontation responses will be clear and easy to understand.
   1 2 3 4 5 6

18. I am not sure that in a counseling relationship I will express myself in a way that is natural without deliberating over every response or action.
   1 2 3 4 5 6

19. I am afraid that I may not understand and properly determine probable meaning of the client's nonverbal behaviors.
   1 2 3 4 5 6

20. I am confident that I will know when to use open or close ended probes, and that these probes will reflect the concerns of the client and not be trivial.
   1 2 3 4 5 6

21. My assessments of client problems may not be as accurate as I would like them to be.
   1 2 3 4 5 6

22. I am uncertain as to whether I will be able to appropriately confront and challenge my client in therapy.
   1 2 3 4 5 6

23. When giving responses, i.e., reflection of feeling, active listening, clarification, probing, I'm afraid that they may not be effective in that they won't be validated by the client's immediate response.
   1 2 3 4 5 6

24. I do not feel I possess a large enough repertoire of techniques to deal with the different problems my client may present.
   1 2 3 4 5 6
KEY: 1 = Strongly Disagree
2 = Moderately Disagree
3 = Slightly Disagree
4 = Slightly Agree
5 = Moderately Agree
6 = Strongly Agree

25. I feel competent regarding my abilities to deal with crisis situations which may arise during the counseling sessions — e.g., suicide, alcoholism, abuse, etc.
   1 2 3 4 5 6

26. I am uncomfortable about dealing with clients who appear unmotivated to work toward mutually determined goals.
   1 2 3 4 5 6

27. I may have difficulty dealing with clients who do not verbalize their thoughts during the counseling session.
   1 2 3 4 5 6

28. I am unsure as to how to deal with clients who appear noncommittal and indecisive.
   1 2 3 4 5 6

29. When working with ethnic minority clients I am confident that I will be able to bridge cultural differences in the counseling process.
   1 2 3 4 5 6

30. I will be an effective counselor with clients of a different social class.
   1 2 3 4 5 6

31. I am worried that my interpretation and confrontation responses may not over time assist the client to be more specific in defining and clarifying the problem.
   1 2 3 4 5 6

32. I am confident that I will be able to conceptualize my client's problems.
   1 2 3 4 5 6

33. I am unsure as to how I will lead my client towards the development and selection of concrete goals to work toward.
   1 2 3 4 5 6

34. I am confident that I can assess my client's readiness and commitment to change.
   1 2 3 4 5 6

35. I feel I may give advice.
   1 2 3 4 5 6

36. In working with culturally different clients I may have a difficult time viewing situations from their perspective.
   1 2 3 4 5 6

37. I am afraid that I may not be able to effectively relate to someone of lower socioeconomic status than me.
   1 2 3 4 5 6

APPENDIX D

LETTER OF PERMISSION FOR THE COUNSELING SELF-ESTIMATE INVENTORY
APPENDIX D
LETTER OF PERMISSION FOR THE COUNSELING SELF-ESTIMATE INVENTORY

November 29, 1995
Eric Johnson
1424 W. Lunt Avenue
Apt. 202
Chicago IL 60626

Dear Mr. Johnson,

I appreciate your interest in the Counseling Self-Estimate Inventory (COSE). We have invested a lot of time and energy in its development. We are continuing to use it as a way of applying self-efficacy theory to counseling training.

I am happy to grant you permission to use the instrument. I do ask for the following information in return. A description of the population, other instruments, and procedures used in your study or in your applied application (basically, the methods section of your paper). Second, I would like reliability and validity data on the total score and the five factor scores collected including test-retest reliability, internal consistency, and any convergent, construct, predictive, or discriminant validity values. This would involve sending me a correlation matrix of the COSE total and five factor scores with the other measures. This information allows me to continue to assess the usefulness of the COSE. I am also very interested in how you see the instrument as beneficial or how it could be more helpful. Finally, if you choose to submit your paper, I would like a copy of the paper for my records.

I have enclosed a copy of the instrument. The instructions read for people to indicate their answers on the instrument. An alternative which we are doing is using answer sheets so the inventories can be reused. Also there is no place for the person to indicate demographics and identification. You need to include this on a separate sheet.

The following items on the COSE are reversed scored: items 2, 6, 7, 9, 16, 18, 19, 21, 22, 23, 24, 26, 27, 28, 31, 33, 35, 36, & 37.
The factors consist of the following items:

Factor 1: Microskills: items 1, 3, 4, 5, 8, 10, 11, 12, 14, 17, 32, 34.

Factor 2: Counseling Process: items 6, 9, 16, 18, 19, 21, 22, 23, 31, 33.


Factor 4: Cultural Competence: items 29, 30, 36, 37

Factor 5: items 2, 7, 13, & 35.

Best wishes in your research endeavors. I look forward to hearing from you. Perhaps we will have the opportunity to meet at conventions.

Sincerely,

Lisa M. Larson, Ph.D.
Assistant Professor
121 Bancroft
University of Nebraska-Lincoln
Lincoln, NE 69588-0345
APPENDIX E
CODING SCHEMA
Table 1

**Inner Experience Coding Schema**

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<th>LEVEL II</th>
<th>LEVEL III</th>
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REFERENCES


VITA

The author, Eric Johnson, was born in Minneapolis, Minnesota in 1970.

Mr. Johnson graduated magna cum laude with a Bachelor of Arts degree in psychology in May 1992 from North Park College in Chicago, Illinois. He worked for a year in a group home in Evanston, Illinois before enrolling in graduate school.

Mr. Johnson enrolled in Loyola University Chicago's Master of Arts program in Community Counseling in September 1993. He will receive his Master of Arts degree in January of 1997.

Mr. Johnson is currently enrolled in Loyola University Chicago's Doctor of Philosophy program in Counseling Psychology.
THESIS APPROVAL SHEET

The thesis submitted by Eric P. Johnson has been read and approved by the following committee:

Marilyn Susman, Ph.D., Director
Associate Professor, Counseling Psychology
Loyola University Chicago

Martha Ellen Wynne, Ph.D.
Associate Professor, Educational Psychology
Loyola University Chicago

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the committee with reference to content and form.

The thesis is, therefore, accepted in partial fulfillment of the requirements for the degree of Master of Arts.

3 - 10 - 96
Date

Director's Signature