

COUNSELOR TRAINEE PERSONAL GROWTH FACTORS AND SELF-EFFICACY:

‘WALKING THE WALK’ USING SOCIAL COGNITIVE THEORY

AND BOWEN THEORY

A DISSERTATION IN

Counseling Psychology

Presented to the Faculty of the University
of Missouri-Kansas City in partial fulfillment of
the requirements for the degree

DOCTOR OF PHILOSOPHY

by

LARISSA FLORENCE SEAY

M.Ed., Wichita State University, 2010

B.A., Wichita State University, 2007

Kansas City, Missouri
2015

© 2015

LARISSA FLORENCE SEAY

ALL RIGHTS RESERVED

COUNSELOR TRAINEE PERSONAL GROWTH FACTORS AND SELF-EFFICACY:
'WALKING THE WALK' USING SOCIAL COGNITIVE THEORY
AND BOWEN THEORY

Larissa Florence Seay, Candidate for the Doctor of Philosophy
University of Missouri-Kansas City, 2015

ABSTRACT

Counselors and counselor trainees are expected to engage in intense personal work and self-awareness efforts in order to become effective counselors. The growth that counselors expect to see clients commit to and engage in for their own benefit can be seen as parallel to counselors' personal and professional growth. Thus, the goal of this study was to examine the personal growth factors and the inhibiting factor of anxiety through the lens of social cognitive theory and Bowen's theory of differentiation of self in predicting counselor self-efficacy in counseling trainees. Personal growth initiative, differentiation of self, experience with personal counseling, and anxiety correlated with counselor trainees' beliefs in their ability to effectively counsel clients. Two aspects of differentiation of self—Emotional Cutoff and Fusion with Others—partially mediated the relationship between personal growth initiative and counseling self-efficacy. Training implications, limitations, and future directions are discussed.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the School of Education, have examined a dissertation titled, “Counselor Trainee Personal Growth Factors and Self-Efficacy: ‘Walking the Walk’ Using Social Cognitive Theory and Bowen Theory”, presented by Larissa F. Seay, candidate for the Doctor of Philosophy degree, and certify that in their opinion it is worthy of acceptance.

Supervisory Committee

Nancy Murdock, Ph.D., Committee Chair
Division of Counseling and Educational Psychology

Chrisanthia Brown, Ph.D.
Division of Counseling and Educational Psychology

Jacob Marszalek, Ph.D.
Division of Counseling and Educational Psychology

Johanna Nilsson, Ph.D.
Division of Counseling and Educational Psychology

Laurel Watson, Ph.D.
Division of Counseling and Educational Psychology

CONTENTS

ABSTRACT iii

LIST OF TABLES viii

LIST OF ILLUSTRATIONS ix

ACKNOWLEDGMENTS x

Chapter

1. INTRODUCTION 1

 Self-Efficacy 5

 Counselor Self-Efficacy 7

 Personal Growth 10

 Counselor Personal Growth and Development 11

 Professional Growth and Development 12

 Personal Growth Initiative 16

 Bowen Family Systems Theory 18

 Differentiation of Self 19

 Differentiation of Self and Social Cognitive Theory 21

 Therapist Differentiation in the Counseling Context 22

 Empirical Support for Differentiation of Self 24

 Personal Counseling Experience 27

 Personal Counseling Experience and Social Cognitive Theory 32

 Anxiety 33

 Social Cognitive Perspective of Anxiety 33

 Research Support for Anxiety and Counselor Self-Efficacy 34

Research on Anxiety and Differentiation of Self.....	36
Rationale and Hypotheses.....	37
2. METHODOLOGY	43
Participants.....	43
Measures	46
Demographic Form.....	46
Personal Growth Initiative Scale.....	46
Differentiation of Self Inventory - Short Form	47
State-Trait Inventory for Cognitive and Somatic Anxiety (Trait Subscale)	49
Counseling Self-Estimate Inventory	50
Procedure	51
3. RESULTS	54
Data Screening.....	54
Preliminary Analysis.....	54
Missing Data	56
Main Analysis	60
Path Analytic Model	61
Alternate Model	62
Second Alternate Model	62
4. DISCUSSION	65
Hypothesis 1	66
Hypothesis 2	69
Path Analytic Model	74

Personal Counseling Experience.....	75
Training Implications	79
Limitations	83
Future Directions	86
Appendix	
A. DEMOGRAPHIC FORM.....	89
B. PERSONAL GROWTH INITIATIVE SCALE.....	92
C. DIFFERENTIATION OF SELF INVENTORY – SHORT FORM	94
D. STATE-TRAIT INVENTORY FOR COGNITIVE AND SOMATIC ANXIETY	97
E. COUNSELING SELF-ESTIMATE INVENTORY	100
F. SOLICITATION EMAIL.....	107
G. INFORMED CONSENT	109
H. INCENTIVE FORM.....	112
REFERENCE LIST	114
VITA.....	126

TABLES

Table	Page
1. Demographics	44
2. Descriptive Statistics for All Variables.....	57
3. Intercorrelations among Study Variables.....	58
4. Intercorrelations among Demographic Variables and Study Variables.....	59
5. Bootstrap Analysis of Indirect Effects of Mediators in Model.....	61
6. Number of Therapy Sessions Attended during Graduate School	76

ILLUSTRATIONS

Figure	Page
1. Model of Hypotheses	42
2. Final Path Model.....	64
3. Relationship between COSE and PCE.....	85

ACKNOWLEDGMENTS

I would like to take the opportunity to show appreciation for all of those who helped support me in this rewarding and exhausting graduate school journey at UMKC:

Nancy Murdock, my advisor, who challenged me to ground myself in theory, always provided prompt and thoughtful feedback, and provided so much support in all of my efforts throughout my time at UMKC. And who provided me the opportunity to attend my first ballet! I feel like my success in progressing at UMKC was due in part to having your support all along the way. Thank you so much!

The members of my committee and all UMKC faculty (Dr. Nilsson, Dr. Brown, Dr. Watson, Dr. Marszalek, Dr. Barber, Dr. Berkel, and Dr. Langrehr): I had an amazing journey at UMKC and feel honored to have worked with all of you in one form or another. I felt supported in my efforts from all of you and very much appreciated your feedback in various forms and at different times. All of your tireless efforts have helped me get where I am today. I feel very fortunate to be graduating from such an amazing educational program!

My UMKC cohort (Katie, Sonya, Chris, Genevieve, Jillian, Morgan), my research team, and other students in the program I got to know: I had a great time with all of you and felt very supported by all of you. I do not know if I would have persisted in the program without the friendships I made here. It was such a gift to get to connect with all of you.

Tracey, who was always a year ahead and gave me a heads up as to what to expect. You supported me in more ways than I can describe and made everything seem manageable. I cannot even begin to express my gratitude to you, but I am feel so lucky that I've gone

through this experience with you by my side during those final tough years of graduate school.

Annie, who stuck with me and listened to me complain countless times about all of my school obligations. And who made tea with me, watched Golden Girls with me, and was always willing to go to Holy Land when I wanted good Middle Eastern food. You have been an amazing friend and I miss being your roommate.

My family, who helped me become the person I am today and believed in me.

Anyone else I forgot to mention: thank you for supporting me in whatever ways you did, large and small, obvious and unseen. I hope that I can repay those kindnesses as I set out to take the next step in my professional and personal journey.

CHAPTER 1

INTRODUCTION

Rogers (1951) defined the self as an “organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the ‘I’ or the ‘me,’ together with values attached to these concepts” (p. 498). One of the maxims in counseling is that counselors “can only take their clients as far as they have been themselves,” (Donati & Watts, 2005, p. 475). In other words, the counselor’s self inherently influences the counseling process: each counselor brings his or her personal characteristics and life experiences to the counseling session when working with clients. The counselor’s use of self is considered a tool and means by which clients can grow and move towards psychological health, and is seen as an important part of all counseling approaches (Johns, 2012). As a result, great responsibility is placed upon the counselor to develop and utilize several skills, attitudes, and abilities, such as the ability to relate and/or emotionally attune to others (Reinkraut, Motilsky, & Ritchie, 2009). In addition, counselors are expected to develop a degree of self-awareness (Johns, 2012) and confidence in their abilities to counsel effectively (Barnes, 2004; Larson, 1998). The goal of developing these skills and abilities is to create practitioners who “feel well, think well, and act well” (Reinkraut et al., 2009, p. 7), with the underlying assumption that counselors who exhibit these attitudes and/or develop these qualities are more effective with clients than those who do not value this kind of development.

Historically, however, the scientific community has valued practicing objectivity and observation through an unbiased, detached perspective, thus ignoring any possible effect of

the perceiver. Indeed, the tradition of positivism arose from the belief that human beings can objectively gain knowledge via observation (Heppner, Kivlighan, & Wampold, 2008). In the field of psychology, this perspective has been evident in the numerous counseling outcome studies of the efficacy of treatments and the neglect of counselor attributes or counselor effects. A large body of research has highlighted the role of theoretical approach and specific interventions in terms of outcomes; this includes studies on the efficacy of approaches or manualized treatments in randomized controlled trials for specific mental health concerns (for a more comprehensive discussion, see Wampold, 2001). However, research suggests that there are no differences in effectiveness among different counseling approaches for most mental health concerns (Wampold et al., 1997). Ahn and Wampold (2001) conducted a meta-analysis of component studies in psychotherapy and found that the counselor himself or herself accounted for more variability in outcome than treatment specific factors. Based on this finding, Reupert (2006) concluded that “who the counsellor [sic] is, rather than his or her theoretical orientation, or the specific techniques used, appears to be an important and consistent variable within the counselling [sic] context” (p. 99).

Other efforts in outcome research focused on counselor training, but ignored personality traits and/or values. This line of research has focused on comparing trained counselors to individuals who have not had graduate training in counseling. The results of research addressing the link between counselor training and client outcomes have been mixed (e.g., Berman & Norton, 1985; Beutler, Machado, & Neufeldt, 1994; Buser, 2008; Christensen & Jacobson, 1994; Stein & Lambert, 1995). A meta-analysis of several studies from mental health disciplines by Berman and Norton (1985) found that paraprofessional

therapists (those without therapy training) and professional therapists (those with specialized therapy training) achieved similar levels of client improvement, even after controlling for treatment approaches and differences in client problems. However, in their meta-analysis of 36 studies, Stein and Lambert (1995) found that trained therapists showed a modest advantage over untrained therapists and experienced lower rates of client dropout than did paraprofessionals in community settings. More research is needed to help answer the question of whether training programs create more efficacious counselors. If the training component alone does not necessarily lead to positive client outcomes, it would appear that counselor traits and attributes might play an equal role in clients' improvement in functioning.

Researchers have also explored the factors common across all therapists of varying theoretical orientations that contribute to positive client outcomes (Glencavage & Norcross, 1990; Rosenzweig, 1936; Wampold, 2001). Therapist common factors that contribute to client outcomes have gained attention in the literature, but the definition of common factors is somewhat nebulous and open to interpretation (Blow, Sprenkle, & Davis, 2007). The working alliance, the most often researched common factor, has been found to account for about 5% of the variance in client outcomes alone (Wampold, 2001). Several studies have supported the effect of the counselor's ability to form a positive relationship with the client in the counseling process (Horvath & Symonds, 1991; Horvath, 2001; Lambert & Barley, 2001; Martin, Garske, & Davis, 2000). However, despite the abundant research in working alliance, studies have failed to clarify the particular counselor attributes or personality traits

that underlie the development and maintenance of a strong therapeutic relationship that leads to client growth.

From a theoretical standpoint, scholars have long recognized the vital importance of the counselor in the therapeutic context. Maslow (Maslow, Frager, & Fadiman, 1970) posited that the personality of the therapist is “if not all-important, certainly one of the crucial considerations” (p. 253). Rogers’ person-centered theory emphasized the congruence, genuineness, and empathy of the therapist to encourage client growth (Rogers, 1957). Satir (1987), a systems theorist, posited that a therapist’s self is present in counseling and that the counselor and client inevitably affect each other.

Thus, perhaps the growth processes that the counselor may experience personally and professionally parallel the growth that the client is expected to undergo in counseling, as well. Johns (2012) insisted that in order to fulfill the demands of enabling growth in others, practitioners must engage in both personal and professional development, “working towards self-knowledge, self-awareness, awareness of and openness to others, openness to personal growth and self-acceptance” (p. 15). Ideally, these and other factors affecting self-development and growth would lead to greater confidence in one’s counseling ability, which has been shown to be correlated with one’s counseling performance when rated by observers (Beverage, 1989; Daniels, 1997; Larson et al., 1992, 1996, 1998). Thus, counselor self-efficacy may be an important factor in gauging one’s growth and development as a counselor.

Self-Efficacy

According to Bandura's social cognitive theory (1977), self-efficacy is defined as the degree to which an individual considers himself or herself capable of performing a particular activity. Self-efficacy determines one's outcome expectancy, which is an individual's estimate that a given behavior will lead to certain outcomes (e.g. success). Thus, one's efficacy expectation is the conviction that one can successfully execute the behavior required to produce a desired outcome. One's expectations of self-efficacy in a given situation can influence how much effort he or she will expend and how long he or she will persist in the face of obstacles (Bandura, 1977). In addition, the stronger one's self-efficacy, the more active one will be in facing these obstacles. Thus, one who persists in subjectively threatening activities will have corrective experiences that reinforce one's sense of efficacy, which decreases defensive behavior and fear (Bandura, 1977).

Bandura (1997) further described four mechanisms from which self-efficacy expectations are derived: (a) performance accomplishments (personal mastery), (b) vicarious experience, (c) verbal persuasion, and (d) emotional arousal. Performance attainments (or personal mastery experiences) are successes that one has in a particular domain that raise mastery expectations (and thus raise self-efficacy). In a counseling setting, an example of mastery could involve counseling a client and having the perception that the session went well, which may lead to greater confidence in one's counseling abilities. Furthermore, mastery experiences generalize not only to similar activities, but to situations that are substantially different from those which the performance was focused (Bandura, 1977). In addition to increasing one's self-confidence, performance accomplishments enhance one's

ability to cope with anxiety-provoking experiences, which is a generalizable skill that can be used in other settings.

Another form of information used to enhance self-efficacy, vicarious experience, is a form of social comparison, and refers to seeing others perform (or model) threatening activities without adverse consequences. In turn, these vicarious experiences generate expectations in observers that they can also perform the same task if they persist in their efforts (Bandura, 1977). Examples of vicarious experiences include observing a counselor-client role play in a counseling methods course and seeing the other student perform well as the “counselor,” or observing a tape of another student counseling a client successfully in a practicum course. Because vicarious experience is a form of social comparison, Bandura (1977) argued that it was less reliable as a source of information about one’s own capabilities and was theorized to be less influential than performance attainments in increasing self-efficacy, but he maintained that it still affects self-efficacy.

The third source of information used to enhance efficacy expectations is verbal persuasion, which is leading individuals by suggestion into believing that they possess the capabilities to cope successfully with anxiety-provoking situations (Bandura, 1977). For example, a supervisor may provide supportive encouragement or feedback to a supervisee who has expressed concern regarding his or her counseling abilities. Although generally considered a form of social persuasion by others, individuals can also persuade themselves via self-instruction that they can face challenging situations. Individuals can learn to use coping self-instructions to both counteract negative thought patterns and to guide themselves to solutions with regard to behavior (Bandura, 1997).

The final source of information used to inform one's efficacy expectations, emotional arousal, involves using physiological information to determine confidence in one's abilities (Bandura, 1977). If anxiety level is too high in a performance situation, one's perceived self-efficacy will be lower as a result. For example, if counselors are in a session with a client and feel a high level of physical arousal because of anxiety, they are less likely to feel confident about their performance in the moment. In sum, these sources of information may influence one's confidence in counseling abilities, so it is important to examine how growth-related factors are related to these constructs.

Counselor Self-Efficacy

Bandura's notion of self-efficacy has been incorporated into multiple domains (e.g. Lent, Brown, & Hackett, 1994), and can be easily adapted to the counseling context. Larson and Daniels (1998) adapted Bandura's self-efficacy construct to the counselors' experiences, defining counselor self-efficacy (CSE) as one's beliefs about his or her capabilities to effectively counsel a client in the near future (Larson & Daniels, 1998). In their initial development of the Counseling Self-Estimate Inventory (COSE), Larson et al. (1992) found five dimensions underlying counseling self-efficacy: (a) confidence in executing microskills, (b) attending to process, (c) dealing with difficult client behaviors, (d) behaving in a culturally-competent way, and (e) being aware of one's values. Applying Bandura's theory to the counseling context, the higher the counselor's counseling self-efficacy, the greater the likelihood of the counselor expending more effort and persisting in counselor behaviors, and thus, when encountering challenges with clients, he or she would be expected to persist and face these challenges head on rather than retreating from them (Larson et al., 1992).

Research seems to indicate that counselor self-efficacy is related to several constructs. Small positive correlations have been found between age and CSE ($r_s = .12, .22$; Alvarez, 1995; Larson, Cardwell, & Majors, 1996), and time spent in counseling as a client and CSE ($r = .11$; Newcomb & Zinner, 1993). In addition, small positive correlations were found between counselor self-efficacy and positive self-concept, as well as CSE and social desirability (Larson et al., 1992). More recent research has demonstrated a positive relationship between CSE and mindfulness and CSE and empathy (Greason & Cashwell, 2009). Counselor affect has also been explored in relation to CSE. Trait and state anxiety, emotional exhaustion, depersonalization, and negative affect have demonstrated negative correlations to CSE (Alvarez, 1995; Daniels, 1997; Friedlander et al., 1986; Larson et al., 1992; Larson et al., 1993; Larson et al., 1996). Furthermore, Martin et al. (2004) and Easton, Martin, and Wilson (2008) demonstrated a link between emotional intelligence and CSE, suggesting that counselors who were more emotionally self-aware and aware of others' emotions were more confident in their counseling abilities.

The relationship between counselor level of training and CSE seems to be more complex, however, with some researchers finding that the relationship is not linear during training (Johnson & Seem, 1989; Potenza, 1990), whereas other researchers found that CSE is significantly higher for students more advanced in their training (Friedlander & Snyder, 1983; Melchert et al., 1996; O'Brien et al., 1997). Kozina et al. (2010) assessed CSE in counseling trainees during their first practicum experience at two time points during the semester, and trainees demonstrated a significant increase from time one to time two, although the effect size was very small. As expected, CSE and counseling outcome

expectancies of counselors were strongly correlated ($r_s = .77, .75$, at first and second assessments, respectively; Larson et al., 1992; Sipps, Sugden, & Faiver, 1988). However, Larson et al. (1996) found a smaller association between CSE and outcome expectancies ($r = .18$), a finding that was thought to be the result of the methodology (i.e., Larson et al., 1996, conducted a survey study as opposed to a mock counseling session as conducted in the former two studies). In addition, some studies have reported moderate to strong positive correlations between CSE and self-evaluations of counseling performance (Beverage, 1989; Daniels, 1997; Larson et al., 1992, 1996; Larson & Daniels, 1998). Positive correlations between counselor performance (as measured by trained raters) and CSE have also been found (Munson, Stadulis, & Munson, 1986; Watson, 1992). In sum, counselor self-efficacy has been linked to variables that indicate health and higher functioning on the part of the counselor, and counseling performance as rated by self or observers.

Because self-efficacy has been linked to favorable outcomes, it is important to examine factors that may promote or impede CSE. Results from several studies suggest that anxiety negatively affects CSE (Alvarez, 1995; Daniels, 1997; Friedlander et al., 1986; Larson et al., 1992). In addition, as discussed previously, counselor training literature has focused on elements of supervision, level of experience, and other training-related factors in relation to CSE. However, less explored is the link between personality traits and behaviors that contribute to a sense of self-efficacy in counselors outside of the training context. Counselor self-efficacy has never been explored in relation to growth factors such as personal growth initiative, differentiation of self, or personal counseling experience.

Personal Growth

With regard to the self, the exploration and delineation of the nature of growth and development is paramount to the foundation of humanistic theories. Rogers (1951) posited that all organisms have a tendency to move in the direction of growth, self-enhancement, and maturation, and all needs arise from this fundamental need to grow. This striving leads to better functioning in life, and represents movement towards greater autonomy and movement away from control by external forces (Rogers, 1951). According to Maslow's (Maslow et al., 1970) theory of motivation, human beings have different kinds of basic needs in life for which they seek satisfaction: (a) physiological needs, (b) belongingness and love needs, (c) esteem needs, and (d) self-actualization. In order for one to reach self-actualization, one must also have met his or her needs for the earlier levels in the prescribed order (Maslow et al., 1970). Self-actualization as described by Maslow (1962; Maslow et al., 1970) involves a person being true to his or her own nature and reaching self-fulfillment via achieving greater levels of congruence and consolidation. Maslow viewed healthy or self-actualized people as embodying several characteristics, such as self- and other- acceptance (accepting of all aspects of themselves and others, good or bad), spontaneity of expression, having a continued appreciation and awe for the world around them, and experiencing a general sense of goodwill and sympathy toward everyone, among other desirable traits (Maslow et al., 1970). In this view, humans are innately motivated to achieve their potential and grow toward self-actualization. More recently, Ryff (1989) stated: "optimal psychological functioning requires...that one continue to develop one's potential, to grow and expand as a person. The need to actualize oneself and realize one's potentialities is central to the clinical perspectives

on personal growth” (p. 1071). Further, a fully-functioning individual is seen as continually developing rather than reaching an end result of all problems being solved (Ryff, 1989).

Counselor Personal Growth and Personal Development

Counselor training programs have long encouraged personal growth and development among trainees. Several books have been published that specifically address counselor personal development in relation to training (e.g. Hughes & Youngson, 2009; Johns, 2012; Klein, Bernard, & Schermer, 2011). The underlying belief in many training programs is that a counselor needs to engage in self-awareness work and self-care in order to help others do the same (Donati & Watts, 2005). However, despite the frequent mention of personal development and personal growth in the literature, these terms have historically been ill-defined and are often used interchangeably (Irving & Williams, 1999). Irving and Williams (1999) conceptually compared the terms, suggesting that development was a neutral term that implies measurable changes relevant to training experiences, and that growth implies positive change that is, by nature, immeasurable. They further posited that personal development is a purposeful, specifiable, and structured activity that seeks to develop skills or qualities for the purpose of increasing a trainee’s effectiveness professionally (Irving & Williams, 1999).

Irving and Williams (1999) argued that although personal growth also includes a directional change toward a future outcome, it is a holistic process that focuses on becoming a certain kind of person (i.e. a self-actualized person as described by Maslow or Rogers) rather than gaining abilities or skills. Because the focus of this study is personal growth, for the purposes of this study and for parsimony, the definition of personal growth by Irving and Williams (1999) was adapted. Thus, personal growth is seen as a holistic process of positive

change throughout the lifespan that is nonspecific in nature and encompasses all domains of life (e.g. career, academic, interpersonal, emotional, spiritual, etc.). Personal development is further seen as a facet of personal growth.

Professional Growth and Development

Several scholars and researchers have suggested that *personal* and *professional* development and growth are inextricably linked (e.g. Donati & Watts, 2005; Johns, 1996; Ronnestad & Skovholt, 2003; Wilkins, 1997). Indeed, Wilkins (1997) attested that personal development and professional development are related and sometimes inseparable elements of the process of counselor development. Donati and Watts (2005) defined professional development as a range of specific activities directed at the maintenance and development of therapeutic effectiveness, such as conferences, workshops, continuing review of developments in the field, supervision, and other practices. Because the current study aimed to explore personal growth directly rather than professional growth, the definition of professional development by Donati and Watts (2005) sufficed for this study. Further, because the following research reviewed makes no distinction between professional growth and professional development, both were treated as the same for the purposes of this study.

Although most professional development research tends to focus on one's training, more recent research has supported the notion that professional growth and development is a lifelong process rather than being bound by one's years in training and early professional career. A descriptive study by Orlinsky et al. (1999) of 3,958 psychotherapists of various experience levels found that most counselors reported that they currently experienced growth regardless of years of experience. More specifically, the majority of counselors at every

career level ranging from zero years up to 52 years of practice perceived that they currently experienced growth as counselors in terms of improvement of skills, a deepening of understanding of therapy, and overcoming limitations as a therapist. Orlinsky et al. (1999) further split the participants into groups based on number of years of practice for further analysis (0 to <1.33 years, 1.33 to <3.15 years, 3.15 to <5 years, 5 to <7.25 years, 7.25 to <10 years, 10 to <12 years, 12 to <15 years, 15 to <18 years, 18 to <23 years, and 23-52 years). They assessed the level of currently experienced growth on a scale of 0 (“not at all”) to 5 (“very”) in four questions relating to how much growth was occurring in different ways. Orlinsky et al. (1999) found that an average of 33% of counselors in each cohort indicated that they currently experienced a high level of growth professionally (a high level of growth was defined as any score above 3.5 on the scale, which was the overall sample mean). This was an unexpected finding that may support the notion of a lifelong trajectory of professional growth and development. However, the authors failed to report the rest of the percentages relating to low growth in each cohort, so the results seem nebulous (Orlinsky et al., 1999).

In addition to the notion that professional development is lifelong, a growing body of qualitative research suggests that professional growth is inherently linked to personal growth and the counselor’s self and experiences. A qualitative study of 100 counselors and counselors-in-training by Skovholt and Ronnestad (1992) revealed several relevant themes in counselor development that pointed to a link between the counselor’s self and professional development. The first theme, professional development as growth toward professional individuation, involves integration between one’s professional self (methods and techniques used) and personal self (one’s values and theory of choice). Skovholt and Ronnestad (1992)

suggested that individuation is an expression of the depth of the counselor's self, and that this process blends the developed professional and personal selves. Another relevant theme is continuous professional reflection constituting the central developmental process (Skovholt & Ronnestad, 1992). In simpler terms, continuous self-reflection in relation to one's life and counseling experiences is a central focus as the counselor develops. All intense interpersonal interactions tend to stimulate reflection on the part of developing counselors, whether within the counseling context or without. In addition, Skovholt and Ronnestad (1992) posited that one's working style becomes more congruent with one's personality over time. Each of these processes is not bound by time in a training program, but seems to reflect lifelong professional development.

Ronnestad and Skovholt (2001) conducted a qualitative study of the learning experiences of 12 senior psychotherapists. Although they failed to define senior psychotherapist, the psychotherapists in the study had between 25 and 52 years of post-doctoral experience as licensed psychologists. Ronnestad and Skovholt (2001) found that profound positive or negative experiences in one's personal life affected therapists' professional practice, and that processing or reflecting on these events was crucial for one's competence as a therapist. Personal experiences as early as childhood were found to influence professional functioning and development (Ronnestad & Skovholt, 2001).

Some large-scale descriptive studies have also supported the notion that the self influences professional development. Lorentzen, Ronnestad, and Orlinsky (2011) obtained data from over 2,500 Norwegian and German psychologists and psychiatrists who completed the Development of Psychotherapists Common Core Questionnaire (DPCCQ; Orlinsky et al.,

1999) and found that, on average, practitioners rated receiving personal therapy and experiences in their personal lives as having a positive influence on their professional development. Orlinsky et al. (2011) used an international dataset from the Collaborative Research Network that surveyed over 4,500 psychotherapists with the same measure and found the same results. Indeed, the experience of getting personal therapy was the third most salient positive influence (out of over 13 rated factors) on professional development for psychotherapists in the United States, Norway, and Switzerland, and was found to be the second most salient positive influence in Germany, Portugal, and Spain, second only to providing therapy (Orlinsky et al., 2011). Experiences in one's personal life outside of therapy were ranked as the fourth most salient factor positively influencing professional development among four of the top seven nations sampled (Orlinsky et al., 2011).

These studies support the ubiquitous influence of personal work and experiences—and in a broader sense, the “self”—on professional development in the counseling context. However, they reveal little about the process or goals of growth, or what particular traits or behaviors of therapists are conducive to the growth process. Indeed, although it appears that experiences outside of professional development activities may contribute to professional growth and confidence in one's abilities to counsel, the development process of the self into a higher functioning and more confident therapist is nebulous. Personal growth initiative, a construct developed by Robitschek (1998) may shed some light on growth and commitment to growth behaviors.

Personal Growth Initiative

Robitschek (1998) incorporated aspects of humanistic theory, Bandura's self-efficacy concept, and theory of change and stages of change by Prochaska and DiClemente (1982) to construct the notion of personal growth initiative (PGI). Robitschek (1998) defined personal growth initiative as an active, intentional engagement in personal growth work, which includes both cognitive and behavioral components. Cognitive components include self-efficacy, beliefs, attitudes, and values, as well as a readiness to change (Robitschek, 1998). The behavioral component is the active counterpart to the cognitive aspects of personal growth initiative, and is the enactment of behaviors that lead to change. This self-growth orientation includes all areas of one's life (Robitschek, 1998). Further defined, personal growth initiative is the active and intentional involvement in cognitive and behavioral self-change in any life domain (Robitschek, 1999, 2003; Robitschek et al., 2012). In its simplest terms, it is the commitment to self-growth and behaviors that support this growth. The underlying assumption is that continued personal growth throughout the lifespan is important for one's health and functioning (Robitschek, 1998, 1999).

Robitschek (1998) created an empirical measure of personal growth initiative, called the Personal Growth Initiative Scale (PGIS). The initial scale contained nine items that loaded onto one factor, and demonstrated convergent validity, discriminant validity, and adequate test-retest reliability. Robitschek (Robitschek et al., 2012) revised the scale to create multiple factors representing personal growth initiative. The final scale included 16 items that loaded onto four factors: Readiness for Change, Planfulness, Using Resources, and

Intentional Behavior, all of which Robitschek argued fit with the construct of PGI (Robitschek et al., 2012).

Although PGI has not been extensively researched, empirical studies have linked the construct with several traits and beliefs. Positive correlations have been found between PGI and assertiveness, instrumentality (focus on completing one's goals), and an internal locus of control, and negatively correlated with external locus of control in a sample of adults enrolled in a wilderness retreat (Robitschek, 1998). PGI was not correlated with social desirability, age, or SAT scores, suggesting that one's desire and intentions for growth do not relate to one's age, one's need to do things that are socially acceptable, or one's academic achievement (Robitschek, 1998). In a sample of college students, PGI was positively related to satisfaction with life, self-acceptance, and positive relations with others, and was negatively related to depression symptoms and anxiety symptoms (Robitschek & Kashubeck, 1999). Also among college students, PGI has been associated with higher levels of positive affect and lower levels of negative affect and social anxiety (Hardin et al., 2007). Using PGI as a criterion variable, Stevic and Ward (2008) found that recognition and praise increased life satisfaction, which in turn led to higher PGI. Finally, Yakunina, Weigold, and Weigold (2013) found that individualism-collectivism among a sample of international students studying in the U.S. was not related to three of the four subscales of the PGIS-II, and only weakly related to Using Resources, suggesting that PGI might be a relevant construct for those from either individualistic or collectivist cultures.

Despite the promising findings relating to mental health and happiness, no study has yet been conducted to assess counselors' level of personal growth initiative and how it relates

to counselor self-efficacy. In broad terms, self-efficacy theory posits that mastery experiences lead to higher self-efficacy, and that these experiences generalize to other domains. If one views personal growth initiative as the awareness of where one needs to grow and commitment to engage in behavioral efforts to grow, these efforts should result in engaging in mastery of skills that will increase counselor self-efficacy, even if the growth is in an area not directly related to counseling, such as interpersonal functioning or emotional functioning. Thus, it is important to determine what factors would mediate this relationship between personal growth initiative and counselor self-efficacy. Emotional functioning, as described in Bowen Family Systems Theory, may partially explain the relationship between personal growth initiative and counselor self-efficacy.

Bowen Family Systems Theory

Bowen Family Systems Theory (BFST) is a comprehensive theory of individual behavior and development in the context of family functioning (Kerr & Bowen, 1988). Kerr and Bowen (1988) drew from evolutionary theory to suggest that all organisms have an emotional system that guides behavior. The emotional system is broadly defined as a naturally occurring system in all forms of life that enables an organism to receive information, integrate it, and respond (Kerr & Bowen, 1988). It can be viewed either individually or within the context of a family system, because much of the emotional functioning of the organism is oriented toward relationships with others and with the environment (Kerr & Bowen, 1988). Kerr and Bowen (1988) further suggested that while all organisms have emotional systems, humans are different from other organisms in that they have a feeling system and intellectual system in addition to an emotional system. The feeling

system is defined as the emotional or cognitive awareness of the more superficial aspects of the emotional system; stated another way, the feelings that overlie the emotions (Kerr & Bowen, 1988). In contrast, the intellectual system refers to one's capacity to know and to understand, and can be influenced by the emotional and feelings systems, but can also be objective (Kerr & Bowen, 1988). All systems are interrelated, they mutually influence one another, and they underlie all behaviors.

Kerr and Bowen (1988) further posited that the operation of the emotional system reflects the balancing of two life forces: individuality and togetherness. The inability to balance the two opposing forces leads to physical, emotional, and social dysfunction (Kerr & Bowen, 1988). Indeed, BFST links all clinical symptoms to the emotional system, because a disturbance in the balance of the system can trigger symptom development (Kerr & Bowen, 1988). Thus, those who are able to adapt and successfully balance individuality with togetherness are considered healthy individuals. The level at which one is able to balance togetherness and separateness is called differentiation of self from the family of origin (Kerr & Bowen, 1988).

Differentiation of Self

Kerr and Bowen (1988) further defined differentiation of self as “the ability to be in emotional contact with others yet still autonomous in one's emotional functioning” (p. 145). Complete differentiation in a person is manifested by attaining emotional maturity and fully resolving the emotional attachment to his or her family of origin (Kerr & Bowen, 1988). An individual who is highly differentiated will listen without reacting, communicate without antagonizing others, tolerate intense feelings without trying to alleviate them, and be

relatively autonomous (Kerr & Bowen, 1988). However, Kerr and Bowen (1988) noted that the capacity for autonomous functioning “does not mean a person lacks emotions and feelings. It means that while the person may respond to input from others on an emotional, feeling, and subjective level, he [sic] has the capacity to process these responses on an objective level” (p. 70). Conversely, one who is low in differentiation will be emotionally needy, highly reactive to others, and unable to differentiate between thoughts and feelings (Kerr & Bowen, 1988). These individuals will also be less able to adapt to stress in their lives and will experience poorer relationships and more chronic anxiety (Kerr and Bowen, 1988).

Furthermore, Kerr and Bowen (1988) suggested that individuals fall on a spectrum of differentiation of self. Those at various levels of differentiation differ in the degree to which they are able to distinguish between the feeling process and the intellectual process, which includes the ability to choose between having one’s functioning guided by feelings or by thoughts (Kerr & Bowen, 1988). Individuals who are able to distinguish between feelings and thoughts and act objectively are said to be more differentiated, and thus strike a balance between intimate emotional closeness and personal goal-directed activity (Kerr and Bowen, 1988). Thus, level of differentiation affects not only emotional functioning and interpersonal relationships, but functioning in any domain in life. Those with a higher level of differentiation are said to be capable of tolerating intense feelings without alleviating them, are adaptive and flexible, can listen to viewpoints without reacting, are not dogmatic and can incorporate new beliefs as needed, and assume total responsibility for themselves and their actions in life (Kerr & Bowen, 1988). They are also said to be inner directed as adults.

Bowen's description of the highly differentiated individual and a self-actualized individual in the humanistic theories of Maslow and Rogers seem to parallel. Indeed, one could argue that in describing the highly differentiated individual, Bowen may also be describing the self-actualized person, because both Rogers and Maslow describe such a person as being autonomous and true to himself/herself, and less influenced by external forces (Rogers, 1951; Maslow et al., 1970). The similarity of the language used to describe a self-actualized individual and an individual with a high level of differentiation provides a basis for exploring differentiation in the greater context of personal growth and development.

Differentiation of self and social cognitive theory. Social cognitive theory posits that one of the factors that promotes self-efficacy is verbal persuasion (Bandura, 1977). Differentiation of self is an important component of differentiation of self is the ability to objectively observe one's emotions and thoughts and use this objective information to decide how to respond in an event or an interaction with another person (Kerr & Bowen, 1988). This internal cognitive process can be viewed as a form of self-instruction, and thus a form of verbal persuasion. In short, differentiation of self includes the cognitive component of instructing oneself on how to respond based to both emotional and cognitive information as a problem-solving strategy in a given situation. Thus, one's level of differentiation of self can also be seen as an indirect form of verbal persuasion, which should, in theory, predict one's level of confidence in dealing with interactions with others and emotionally charged-situations. Because counseling is one such environment where both of these elements are likely to be present, counseling self-efficacy should be predicted by differentiation of self.

In addition, according to Bandura (1977) one's level of emotional arousal can impede self-efficacy such that anticipating a situation can arouse fear and anxiety that lead to avoidance behaviors. These avoidance behaviors result in continued deficits in skills in a domain, which then inhibit growth in self-efficacy. In counseling, this may appear as avoidance of exploring anxiety-provoking topics with clients (i.e. the therapeutic relationship, emotions, trauma, cultural issues), which may affect one's confidence in effectively counseling clients. One aspect of differentiation of self, emotional cutoff, reflects a tendency for individuals to withdraw and/or emotionally disengage when anxiety or distress arises (Kerr & Bowen, 1988). In the context of counseling, this may appear as the therapist moving away from emotional topics, avoiding use of immediacy, and other ways of distancing from the client so as to reduce feelings of vulnerability and anxiety in the therapist. According to social cognitive theory, these kinds of avoidance behaviors would negatively affect one's self-efficacy, so differentiation of self (and in particular, emotional cutoff) should predict counseling self-efficacy.

Therapist Differentiation in the Counseling Context

Guerin and Hubbard (1987) theorized that autonomy and emotional freedom of psychotherapists were best measured by therapists' level of differentiation and adaptive level of functioning within their own family systems. Kerr and Bowen (1988) suggested that the more the therapist has worked on differentiation of self in his or her own family of origin, the better prepared he or she will be to work with families in a clinical setting. More specifically, if the therapist is engaged in personal therapy or works to improve his or her differentiation of self, it will enhance the therapist's ability to monitor the effect of his or her

own emotional functioning on clinical work (Kerr & Bowen, 1988). Bowen (1978) further suggested that the successful introduction of a significant other person (such as a therapist) into a disturbed relationship system has the capacity to modify relationships within the system, thus underscoring the importance of the therapist's self in client change. In addition, the therapist should be cautious not to become overinvolved in the intensity of the emotional system of the family members, instead maintaining a non-blaming and non-reactive stance, equally open to all family members (Bowen, 1978).

In broader terms, Kerr and Bowen (1988) theorized that individuals higher in differentiation have confidence in their ability to navigate relationships without feeling the need to seek affirmation from others for their own well-being and without feeling inordinately responsible for enhancing someone else's well-being. This self-confidence leads to a sense of calm, both psychologically and physically (Kerr & Bowen, 1988). In a counseling setting, one could infer that therapists higher in differentiation of self will be more calm and confident in their abilities to work with clients and less emotionally reactive. These qualities may improve the counseling relationship and potentially increase counselor effectiveness. It is important to note that although Kerr and Bowen (1988) specifically referred to working with families when discussing their theory, they also posited that regardless of the number of family members seeking counseling, the basic rules of differentiation apply. This assertion suggests that differentiation of self is a construct that is meaningful for individual therapy as well as family therapy.

Empirical Support for Differentiation of Self

Skowron and Friedlander (1998) created the first empirically-validated measure to test this construct, the Differentiation of Self Inventory (DSI). During the development of the scale, the original 96 items were scaled down to 43 items that loaded at least .40 on one of the four factors identified in a factor analysis. The resulting DSI measure contains four subscales: Emotional Reactivity (ER), I-Position (IP), Emotional Cutoff (EC), and Fusion (FO), from which scores can be combined to create a total score of differentiation of self. Skowron and Schmitt (2003) revised the DSI as they suggested that only three of the four subscales are theoretically and psychometrically sound: Emotional Reactivity (ER), the “I” Position (IP), and Emotional Cutoff (EC). They conducted a study to improve the Fusion subscale (FO), and were able to create a 12-item, revised Fusion subscale with improved internal consistency reliability and construct validity (Skowron & Schmitt, 2003). Skowron and Schmitt (2003) did not conduct a confirmatory factor analysis with the new Fusion subscale, but the Fusion subscale was significantly correlated with the other subscales and the total DSI-R scale score. The resulting scale is called the Differentiation of Self Inventory-Revised, or the DSI-R.

Several studies of differentiation of self have been conducted since the introduction of the DSI and the DSI-R. However, the only study relating to counselor differentiation to date is an unpublished dissertation by Connery (2012). Connery (2012) examined differentiation of self, emotional self-awareness, and destructive countertransference behaviors among licensed counselors and counselor trainees in an analogue study ($N = 262$). Results indicated a positive correlation between differentiation of self and clarity of emotions, and an inverse

relationship between differentiation of self and state anxiety (Connery, 2012). In addition, differentiation of self predicted overinvolved countertransference behaviors and underinvolved countertransference feelings, such that those higher in differentiation of self exhibited fewer overinvolved countertransference behaviors and fewer underinvolved countertransference feelings.

However, the bulk of differentiation of self research has focused on undergraduate and graduate students, clinical samples, and married couples. Despite the paucity of research regarding counselor differentiation, there is a growing body of research that has examined differentiation of self and its relationship to stress, physical symptoms, or psychological symptoms. According to BFST, those higher in differentiation will be more able to cope with stress and anxiety, and those lower in differentiation will experience more stress, anxiety, and physical symptoms. Supporting this claim, Skowron, Wester, and Azen (2004) found that differentiation of self mediated college stress and adjustment. College stress was negatively correlated with differentiation of self, and differentiation of self was positively correlated with level of personal adjustment (Skowron et al., 2004). Murdock and Gore (2004) found that differentiation moderated the effects of perceived stress in predicting psychological functioning. In short, they found that perceived stress, differentiation of self, and their interaction significantly predicted psychological distress (Murdock & Gore, 2004). Specifically, under low perceived stress conditions, differences in symptoms between those with higher differentiation and lower differentiation were less pronounced. However, under higher perceived stress conditions, the differences in severity of symptoms between those

with higher differentiation and lower differentiation were more pronounced such that those in the lower differentiation group had much higher severity of symptoms.

In a study assessing differentiation, symptom distress, and psychological adjustment in older adults, Kim-Appel et al. (2007) found a significant, positive relationship between level of differentiation and psychological adjustment. They also found a strong inverse relationship between differentiation and psychological symptoms. Fusion (FO) was not significantly correlated with symptomology, but it is important to note that Kim-Appel et al. (2007) used the DSI to assess differentiation and not the DSI-R in their study. These results provide support for differentiation of self and its relationship to healthy functioning, whether personally or interpersonally.

In addition, Heintzelman et al. (2013) explored differentiation of self, forgiveness, and post-traumatic growth among individuals who experienced infidelity with their romantic partners. Differentiation of self predicted higher rates of forgiveness, and those higher in differentiation of self experienced less trauma overall than those lower in differentiation. However, differentiation of self did not predict post-traumatic growth, although forgiveness did predict growth. Although it appears that differentiation of self is linked to several outcomes of healthy functioning, its relationship to growth-related constructs has not been clarified. In addition, despite the call from Kerr and Bowen for counselors to be aware of their own levels of differentiation of self, and their possible impact on the counseling relationship, there is a surprising lack of research examining counselor differentiation and its relation to counselor self-efficacy. Viewed through a lens of BFST, one's self-confidence should be higher if one experiences higher differentiation of self, providing a theoretical link

between differentiation of self and counselor self-efficacy that has yet to be explored. Thus, personal growth variables and differentiation of self and their relationship to counselor-self efficacy would expand the breadth of knowledge in counselor self-efficacy literature, and extend Bowen Family Systems Theory to counselors and their perception of their abilities.

Personal Counseling Experience

In addition to counselor personal growth, professional development, and self-care, attending personal counseling may contribute to counselor self-efficacy. BFST posits that therapists need to be aware of their own level of differentiation of self from family of origin and work on becoming more differentiated to prevent doing harm to clients (Kerr & Bowen, 1988). Thus, counselors are encouraged to attend therapy or engage in personal work to increase their levels of differentiation of self. In addition, several scholars have suggested counselor personal therapy as a way to maintain psychological health. Willingness to attend therapy reflects not only one's attitudes towards seeking professional help, but also has personal relevance. McCarthy (2008) posited that counselors have an obligation "to model self-care behaviors, which include maintaining their own mental, physical, and spiritual wellness and, when necessary, seeking help from others" (p. 71). Indeed, counselors experience the same kinds of life stressors that other individuals do, and given the traumatic nature of some of the stories that they hear in their practice, may be at a greater risk for mental health problems resulting from burnout, countertransference, vicarious traumatization and compassion fatigue (Pope & Tabachnick, 1994).

Practicing psychologists and psychology program directors also support personal counseling as a way to maintain optimal functioning. In a survey that consisted of 107

program directors of counseling, clinical, and school psychology programs accredited by the American Psychological Association and 339 practicing psychologists, Schwebel and Coster (1998) found that 78 program directors encouraged personal counseling for trainees, and 16 program directors required it. In addition, professional psychologists rated personal therapy as the most important means to maintain or enhance functioning, outranking relationship with spouse/partner/family, balanced lifestyle, and personal values (Schwebel & Coster, 1998). More recently, Bearnse et al. (2013) surveyed a random sample of psychologists from the American Psychological Association directory and found that 86% of the 258 respondents had sought personal counseling at some point in their lives. Interestingly, 59% of respondents also answered affirmatively when asked if there was a time in which they chose not to seek counseling when they thought it would benefit them. Self-care aside, Ronnestad and Skovholt (2001) suggested that personal therapy is a means of self-reflection that leads to professional development. Humanistic theorists also encourage personal therapy for counselors: Maslow (Maslow et al., 1970) spoke of the necessity of self-understanding on the part of the therapist and Maslow, Rogers (1951), and Yalom (2002) encouraged therapy for the psychotherapist as a means of growth.

Thus, personal counseling may serve multiple ends: self-care, personal growth, and professional development. However, despite these purported benefits, not all counselors are willing to seek personal counseling. This reluctance seems surprising given that counselors rely upon the willingness of their clients to seek the same services in times of need.

Although this is a fascinating area of inquiry, there is a paucity of research in the area of

help-seeking behaviors among counselors. The few studies that do assess counselor help-seeking behaviors are generally found in the counselor training literature.

Holzman, Searight, and Hughes (1996) conducted a large-scale survey study examining help-seeking attitudes and behaviors of over 1,000 trainees in clinical psychology programs accredited by the American Psychological Association. They found that 75% of participants sought personal counseling at some point in their lives, and 74% of trainees had sought personal counseling during their training. Mean counseling experience of graduate students was 79.5 sessions during graduate school. The most common reasons endorsed for seeking therapy included personal growth, the desire to improve as therapist, adjustment or developmental issues, and depression (Holzman et al., 1996). The majority of trainees who did not seek counseling cited having no need for counseling or financial reasons as the main reasons for not seeking services (Holzman et al., 1996).

Dearing, Maddux, and Tangney (2005) also surveyed clinical and counseling psychology trainees to assess which factors predicted seeking mental health services. They found that 70% of trainees sought therapy before graduate school and 54% were in counseling during their graduate training. In addition, Dearing et al. (2005) found that trainees' perceptions that counseling was important, their attitude toward seeking professional help, and concerns regarding confidentiality significantly related to initiating counseling. Digiuni et al. (2013) surveyed clinical psychology trainees in Argentina (n = 121), England (n = 211), and the United States (n = 130), and found that, of the three groups, Americans reported the highest level of perceived social stigma for receiving therapy. Furthermore, social stigma predicted students' attitudes toward seeking professional help

among the American and English trainees, suggesting that stigma may continue to be a problem even among helping professionals.

Finally, Bearse et al. (2013) explored barriers to seeking treatment among psychologists and found that most barriers listed received mean ratings below 3 on the scale ranging from 1 (“never” experienced) to 5 (“often” experienced), which Bearse et al. (2013) interpreted as indicating that the barriers were not severe. However, the factor that was cited most as an issue was finding an acceptable therapist ($M = 2.61$), followed by lack of time ($M = 2.36$), lack of money ($M = 2.01$), difficulty admitting distress ($M = 1.72$), and professional and personal stigma ($M = 1.66$; $M = 1.40$, respectively). Mean number of sessions attended was 221.7 among those who reported having sought counseling services (Bearse et al., 2013).

One study that assessed process and outcomes of 727 psychologists, counselors, and social workers seeking personal therapy was a replication study conducted by Bike, Norcross, and Schatz (2009). The overwhelming majority of psychotherapists surveyed (84%) reported that they attended at least one session of personal therapy, compared with 71% in the 1987 sample (Norcross et al., 1988). The results of the 1987 study indicated that women were more likely to attend personal counseling than men, but the replication study found no such discrepancy in attendance by gender. In addition, 60% of therapists reported attending counseling for personal reasons, 5% cited professional reasons, and 35% reported attending counseling for both personal and professional reasons, as compared with 55%, 10%, and 35% in the 1987 study, respectively (Bike et al., 2009; Norcross et al., 1988). The percentage of psychotherapists reporting improvement across behavioral-symptomatic, cognitive-insight, and emotion-relief domains remained fairly constant across both studies,

ranging from 86-92%. The mean number of hours of personal counseling attended was 103 for the first course of therapy and 110 for the second course, which was defined as the number of treatment episodes during one's lifetime. Bike et al. (2009) extended the study by assessing attitudes toward personal therapy; overall, respondents indicated that therapy was "moderately" important as prerequisite for clinicians and for ongoing development.

Clearly, the reasons for counselors seeking (or not seeking) professional help seem to be numerous. Research on attitudes towards professional help seeking among college students has been linked with discomfort with emotions, gender, perceived stigma, and lower psychological distress (Komiya, Good, & Sherrod, 2000). However, because this research was not conducted among counselors or counselor trainees, these relationships cannot be generalized to counselors. More research is needed in this area to determine if other factors relate to counselors' behaviors in seeking psychological help. Because personal counseling is encouraged by BFST, professionals, and directors of training programs, it is worthwhile to determine whether counselors have sought services themselves. Although number of counseling sessions have been reported in prior studies (e.g. Holzman et al., 1996), these studies examined counseling attitudes, reasons for attending counseling, and demographic variables; they failed to examine personality traits and other factors involved in help-seeking behaviors. One goal of the current study is to clarify whether personal counseling experience, in terms of number of sessions attended, is related to personal growth and confidence in one's counseling abilities.

Personal Counseling Experience and Social Cognitive Theory

According to social cognitive theory (Bandura, 1977), one's efficacy expectations are enhanced by vicarious experience, or watching another successfully perform in anxiety-provoking situations--among other factors. Psychotherapy for a counselor is a unique situation in which one has the opportunity to observe another counselor at work while engaged in self-growth efforts as a client. Having the opportunity to observe another successfully meet a challenge (counseling a client) is an experience that, according to Bandura, may increase one's belief in his or own capabilities.

In addition, counseling itself serves as a growth experience (that will commence after seeing a need for growth via personal growth initiative), in which one may work on improving interpersonal functioning and emotional functioning. Personal counseling may also serve as a mastery experience that may generalize to other domains, including counselor self-efficacy, if one is able to successfully face anxiety-provoking situations within and beyond counseling sessions. However, only attending one or two sessions of counseling may not have much of an effect on growth or self-efficacy, so it is important to assess the number of sessions of personal counseling that one has attended. No studies to date have examined these variables together to determine how they relate to confidence in counseling ability. Thus, the current study sought to extend social cognitive theory to examine this possible partial mediating effect of personal counseling experience on personal growth initiative and counselor self-efficacy, as well as extending BFST to incorporate concepts of growth and self-efficacy.

Anxiety

As previously indicated, one factor that should be considered when exploring correlates of counselor self-efficacy is anxiety, which is an organism's response to a threat, whether real or imagined (Kerr & Bowen, 1988). Bowen theorized that differentiation of self and chronic anxiety are the two factors that explain one's level of functioning, and that those who experience a low level of differentiation of self experience higher levels of chronic anxiety. Kerr and Bowen (1988) defined chronic anxiety as a general response to imagined threats that is not time-limited in nature. Chronic anxiety occurs as a fear of what might be; it is not caused by any one stimulus in particular, but instead is learned in the family system during the developmental years and carried through life (Kerr & Bowen, 1988). However, while seen as a somewhat stable characteristic set during one's childhood, Bowen posited that when individuals increase their levels of differentiation of self via psychotherapy, their chronic anxiety decreases, and the chronic anxiety experienced in the family system may decrease as well. Thus, although one's chronic anxiety can be seen as fairly enduring, there is potential for change. Bowen's concept of chronic anxiety is analogous to the construct of trait anxiety found in the anxiety literature. Spielberger et al. (1983) defined trait anxiety as "relatively stable individual differences in anxiety-proneness," or differences between people in the tendency to perceive a situation as dangerous or threatening (p. 8). Individuals with high trait anxiety interpret a large range of situations as threatening (Spielberger et al., 1983).

Social Cognitive Perspective of Anxiety

Social cognitive theory posits that anxiety is an emotion stemming from a physiological state of arousal or subjectively perceived agitation (Bandura, 1988). In both

cases, anxiety is influenced by one's cognitive beliefs about what is happening situationally or contextually. Bandura (1977) posited that people who perceive anxiety as stemming from their own inadequacies (rather than situational factors) are less likely to experience self-efficacy. Although Bandura was referring to state anxiety (anxiety experienced in the moment) rather than trait anxiety, his ideas could be extended to include anxiety experienced as a fairly stable trait of anxiety-proneness. For example, counselors who experience anxiety regularly in different contexts may perceive the anxiety as stemming from some kind of personal failure or inadequacy, which may in turn affect their confidence in counseling.

However, when considering anxiety and its relationship to self-efficacy, it is important to note that Bandura (1988) posited that it is not only physiological arousal that provides individuals information they use to form beliefs about their self-efficacy, but the meaning derived from the experience of anxiety (i.e., cognitive component) that may lead to one's beliefs about his or her ability to perform. In his review of the self-efficacy literature and anxiety, Bandura (1988) suggested that evidence for the relationship between arousal (the physiological component of anxiety) and self-efficacy is ambiguous and inconsistent. Thus, when assessing the relationship between counselor trait anxiety and self-efficacy, it is important to utilize a measure that captures both the cognitive experience of anxiety (thoughts about one's experience of anxiety and worries) and the physiological symptoms.

Research Support for Anxiety and Counselor Self-Efficacy

Research on counselor anxiety is scant. Like counselor self-efficacy, the existing studies are found in counselor training literature. In an analogue study, Friedlander et al. (1986) assessed role conflict, self-statements, anxiety, and performance of 52 graduate

students in counseling related programs and found that state anxiety was inversely related to performance (as measured by observers) and counselor self-efficacy. Kelly, Hall, and Miller (1989) also conducted an analogue study with 38 master's and doctoral students from counseling programs and found that state anxiety was negatively correlated with counselors' perceived outcome of their counseling sessions. Hiebert et al. (1998) examined self-talk, anxiety, and counseling skill among 95 counselor trainees at Canadian universities. Trainees completed measures at two points during a semester (the beginning and the end), and their actual counseling performance in a video-taped session was rated by instructors for the course. High state anxiety was related to high negative self-talk (as rated by trainee) and lower ratings of counselor performance (as rated by the course instructor). In addition, Hiebert et al. (1998) found that anxiety level tended to be consistent across time. Unfortunately, these studies did not specifically examine trait anxiety.

One study that did assess trait anxiety in counselor trainees was a quasi-experimental study by Al-Darmaki (2004), who compared counselor trainees in the United Arab Emirates taking their first practicum course ($n = 73$) with trainees who had not yet taken the course ($n = 40$). Both groups were surveyed at the beginning and the end of the semester to determine level of anxiety and self-efficacy. Results indicated that those who were taking the practicum course experienced a significant decrease in state and trait anxiety and a significant increase in counselor self-efficacy at posttest. Al-Darmaki (2004) suggested that counselor training and supervision caused the changes in anxiety and self-efficacy. In short, research seems to support the notion that counselor anxiety negatively relates to self-efficacy

and performance outcomes (as rated by observers), and is positively correlated with negative self-talk.

Research on Anxiety and Differentiation of Self

Outside of the self-efficacy literature, a few studies link differentiation of self and anxiety. Peleg-Popko (2002) assessed differentiation of self, social anxiety, and psychological symptoms among Israeli undergraduate studies ($N = 117$). Differentiation of self was examined at the subscale level and the full scale score was assessed. Consistent with Bowen theory, results indicated that all four subscales (ER, EC, IP, and FO) and the total scale score significantly predicted social anxiety and somatic symptoms in the expected directions. Peleg and Yitzhak (2011) assessed differentiation of self and separation anxiety among married couples ($n = 60$) in Israel and found that higher levels of fusion correlated with higher levels of separation anxiety among men on the Severe Situations subscale of the Separation Anxiety Test (SAT; Hansburg, 1980). However, for female spouses, the Emotional Reactivity (ER) subscale of the DSI-R was negatively correlated with separation anxiety on the Severe Situations subscale of the SAT. It should be noted that ER measures ones ability to *not* be emotionally reactive, so higher ER suggests lower emotional reactivity.

Finally, in a study assessing differentiation of self, psychological distress, and chronic anxiety among Filipino individuals and their parents, Tuason and Friedlander (2000) found that trait anxiety significantly predicted differentiation of self, such that low levels of anxiety predicted higher levels of differentiation among participants. However, when correlations were examined at the subscale level, Fusion with Others (FO) did not correlate significantly with trait anxiety, and the correlation was in the positive direction, which was contrary to

prediction. In addition, “I” Position (IP) predicted anxiety such that those who scored high in IP showed low levels of trait anxiety. Thus, research suggests that anxiety negatively relates to differentiation of self and counselor self-efficacy. Each of these variables is relevant to BFST and social cognitive theory, and therefore it would be helpful to examine personal growth efficacy and personal counseling experience in relation to these variables.

Rationale and Hypotheses

Counselors and counselor trainees are expected to engage in intense personal work and self-awareness efforts in order to become confident counselors, a characteristic that sets counseling apart from other career paths. The growth and change efforts that counselors expect to see clients commit to and engage in for their own benefit are parallel to what is expected of counselors, and should be evident in their confidence in counseling clients. However, no research has thus far addressed counselor commitment to growth and learning throughout life, nor its relationship to counselor self-efficacy.

Self-efficacy is informed by several processes, including mastery, verbal persuasion, vicarious experience, and emotional arousal. Awareness of growth areas and commitment to growth in life (via personal growth initiative) should lead to engaging in efforts that enhance self-efficacy. Thus, the goal of this study was to examine the relationship between personal growth initiative, differentiation of self, personal counseling experience, anxiety, and counselor self-efficacy in counseling trainees. Because personal counseling experience and differentiation of self reflect behaviors and emotional development that should follow from one’s personal growth initiative (or commitment to changing and engaging in mastery and vicarious learning), these factors were hypothesized to partially mediate the relationship

between personal growth initiative and counselor self-efficacy. In addition, anxiety, a construct critical to both social cognitive theory and BFST, has demonstrated an inverse relationship to both counselor self-efficacy and differentiation of self. Therefore, anxiety was also hypothesized to partially mediate the relationship between personal growth initiative and counselor self-efficacy.

In sum, research has demonstrated relationships between these variables and level of functioning among non-counselors, but very little research has explored these variables with counselors except for counselor self-efficacy and personal counseling experience, which are unique to counseling contexts. As previously discussed, personal growth and personal development work are valued highly in our profession, and thus the degree to which we practice what we preach warrants empirical investigation. Because little has been explored in the way of counselor variables and counselor self-efficacy, multiple hypotheses were examined.

Hypothesis 1(a): Differentiation of self negatively correlates with anxiety. Bowen theory posits an inverse relationship between differentiation of self and anxiety such that the higher the level of differentiation, the lower the level of anxiety. Prior studies have supported this link (Peleg-Popko, 2002; Peleg & Yitzhak, 2011; Tuason & Friedlander, 2000). Thus, a negative relationship was expected between all components of differentiation of self (Emotional Cutoff, Emotional Reactivity, Fusion with Others, and I-Position) and trait anxiety.

Hypothesis 1(b): Those who have attended a greater number of counseling sessions have a higher level of differentiation of self. Bowen (Kerr & Bowen, 1988) suggested

personal counseling as an option to separate from one's family of origin, or stated another way, to increase differentiation of self and overall functioning. One who is aware of the need to increase differentiation will find ways to do so, namely by attending counseling and maintaining counseling attendance until these issues are resolved. Thus, a positive correlation was expected between personal counseling experience (PCE) and each component of differentiation of self (EC, ER, FO, IP).

Hypothesis 1(c): Those who have attended a greater number of counseling sessions experience a lower level of anxiety. Because mental health counseling among counselors is associated with positive outcomes in multiple areas of functioning (Bike et al., 2009), I expected that the greater the number of counseling sessions that counselors attend (personal counseling experience), the greater their ability to function in a broad sense. More specifically, there should be a negative correlation between one's personal counseling experience and one's level of anxiety.

Hypothesis 2: Differentiation of self, personal counseling experience, and anxiety fully mediate the relationship between PGI and CSE. Personal growth initiative relates to counselor self-efficacy via the primary mechanisms of differentiation of self, personal counseling experience, and anxiety. That is, individuals are aware of areas of and are committed to growth are more likely to stay in counseling. According to Bandura (1977), one's efficacy expectations are affected by vicarious experience, or watching another successfully perform. Psychotherapy for a counselor is a unique situation in which one has the opportunity to observe another counselor at work while engaged in self-growth efforts as a client. Having the opportunity to observe another person successfully meet a challenge

(counseling a client) is an experience that, according to Bandura, increases one's belief in his or own capabilities in that task. Thus, counseling experience should positively relate to counselor self-efficacy.

In addition, the more one is oriented and motivated to grow in life, the more likely the individual will be self-actualized in the language of Maslow (Maslow et al., 1970) or Rogers (1951). From a Bowenian perspective, such individuals should have a higher level of emotional functioning. Bowen (1978; Kerr & Bowen, 1988) described individuals with a high level of differentiation as inner directed, aware of their own emotions and thoughts and the differences between them, and flexible. In defining personal growth initiative, Robitschek et al. (2012) posited that one who experiences a high level of personal growth initiative is aware of one's need for growth/change and will set intention to do so. In short, one who has the awareness, intention, and adaptability to grow personally is likely to have a high level of differentiation of self. Furthermore, social cognitive theory posits that one of the factors that promote self-efficacy is verbal persuasion (Bandura, 1977). Differentiation of self involves the ability to objectively observe one's emotions and thoughts and use this objective information (cognitively) to decide how to respond in a given situation (Kerr & Bowen, 1988). Thus, one's level of differentiation of self can also be seen as an indirect form of verbal persuasion, which should, in theory, predict one's level of confidence in dealing with interactions with others and emotionally charged-situations such as counseling clients. Attending personal counseling may also partially mediate the relationship between personal growth initiative and counselor self-efficacy.

When considering self-efficacy and differentiation of self, one must also consider the role of anxiety, because it is negatively related to both constructs. If one considers the relationship between personal growth initiative and counselor self-efficacy, anxiety should partially mediate this relationship because it is theoretically inseparable from differentiation of self when both are considered fundamental to human functioning in BFST (Kerr & Bowen, 1988). Social cognitive theory posits that anxiety is influenced by one's cognitive beliefs about what is happening situationally or contextually, and can negatively affect self-efficacy (Bandura, 1988). Bandura (1977) suggested that people who perceive anxiety as stemming from their own inadequacies (rather than situational factors) are more likely to experience lower self-efficacy. According to Robitschek (1998), people who demonstrate a high level of personal growth initiative will seek out growth across multiple domains and are open to change. Thus, they would likely seek out experiences that would reduce chronic anxiety, which would, in turn, be expected to increase one's self-efficacy across domains of functioning, including confidence in one's counseling abilities. Taken together, one's differentiation of self, trait anxiety, and personal counseling experience should fully mediate the relationship between personal growth initiative and counseling self-efficacy. Hypotheses 1 and 2 are represented in Figure 1.

Figure 1

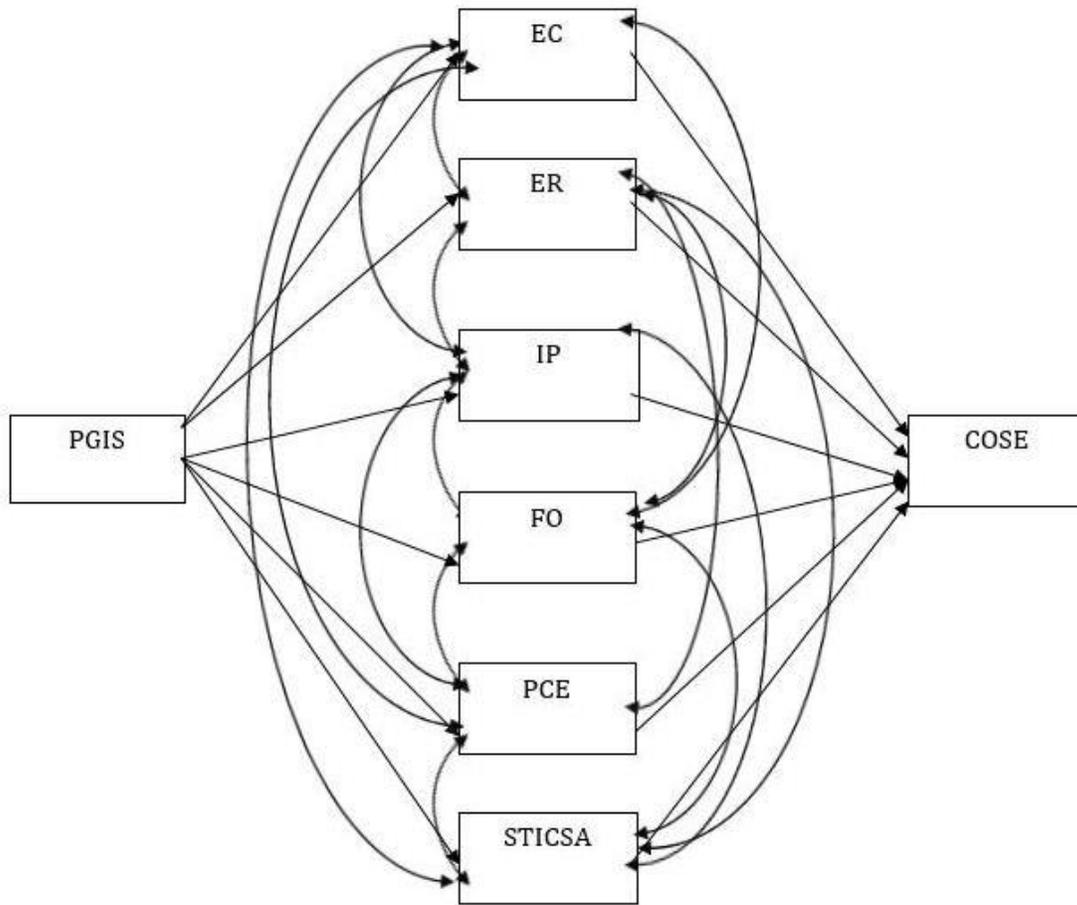


Figure 1. Hypothesized path model. PGIS = Personal Growth Initiative Scale – II. EC = Emotional Cutoff. ER = Emotional Reactivity. FO = Fusion with Others. IP = I-Position. PCE = Personal Counseling Experience (number of counseling sessions attended while in graduate school). STICSA = State-Trait Inventory of Cognitive and Somatic Anxiety – Trait. COSE = Counseling Self-Estimate Inventory.

CHAPTER 2

METHOD

Participants

Non-probability sampling was utilized for the current study. Participants included doctoral students with experience counseling clients who were currently enrolled in American Psychological Association (APA) accredited counseling and clinical psychology doctoral programs in the United States. When using path analysis, the minimum ratio of cases (N) to the number of model parameters (q) is 5:1 (Bentler & Chou, 1987). In the current study, there were 45 model parameters, indicating a required minimum sample size of 225 participants.

A total of 283 participants were included in the present study, which exceeded the minimum targeted sample size. Of these, 78.4% were female, 20.8% were male, and 0.7% (2 participants) identified as transgender. This closely matched APA doctoral student demographics, given that 77.3% students identified as female and 22.68% identified as male (APA, 2010). The vast majority of respondents (79.2%) identified as Caucasian/European American, whereas 7.4% identified as Asian, 4.9% were Biracial, 4.9% were Hispanic, 2.8% were Black/African American, and 0.7% identified as American Indian/Alaskan Native. According to APA's doctoral student demographics (APA, 2010), Caucasians were overrepresented in the current study: 68.5% of students in APA identified as Caucasian, 7.6% identified as Asian, 3.1% were Biracial, 10.2% were Hispanic, 7.0% were Black/African American, and 0.7% identified as American Indian/Alaskan Native.

The average age of the participants was 28.65 ($SD = 5.28$), with a range of 20 to 59. The majority of participants were from clinical psychology doctoral programs (67.1%), and the remaining 32.9% were from counseling psychology doctoral programs. Most respondents (96.8%) indicated that their graduate program did not require graduate students to seek personal counseling, while the remaining 3.2% reported that personal counseling was required. Prior personal counseling experience was endorsed by 77.0% of participants, whereas the remaining 23% stated that they had no prior personal counseling experience. Indeed, 72.5% of trainees reported attending personal therapy while in graduate school (with a range of 1-500 sessions). For the current study, number of personal therapy sessions attended in graduate school was utilized as the continuous variable personal counseling experience (PCE) in order to capture the wide range of personal therapy experiences (PCE; see Results section). Demographic information is displayed in Table 1.

Table 1
Demographics

Characteristics	N(%)	Minimum	Maximum	<i>M</i>	<i>SD</i>
Age	275	20	59	28.65	5.29
Direct Client Contact Hours (DCH)	274	10	5000	535.60	545.58
Therapy Sessions in Grad School					
Yes	172 (72.5%)	1	500	37.60	64.85
No/None	106 (37.5%)	-	-	-	-

(table continues)

Characteristics	N(%)	Minimum	Maximum	<i>M</i>	<i>SD</i>
Gender					
Female	222 (78.4%)				
Male	59 (20.8%)				
Transgender	2 (0.7%)				
Doctoral Program					
Clinical	190 (67.1%)				
Counseling	93 (32.9%)				
Race/Ethnicity					
Caucasian	224 (79.2%)				
Asian American	21 (7.4%)				
Hispanic	14 (4.9%)				
Biracial	14 (4.9%)				
African American	8 (2.8%)				
American Indian	2 (0.7%)				
Attended Personal Therapy					
Yes	218 (77.0%)				
No	65 (23.0%)				
Graduate Program Requires Personal Counseling					
Yes	9 (3.2%)				
No	274 (96.8%)				
Total Months of Personal Counseling Attended in Lifetime					
Never Attended	59 (20.8%)				
< 6 Months	80 (28.3%)				
6 < 12 Months	37 (13.1%)				
12 < 24 Months	33 (11.7%)				
24 < 36 Months	21 (7.4%)				
36+ Months	53 (18.7%)				
Year of Study (Graduate)					
1 st Year	12 (4.2%)				
2 nd Year	37 (13.1%)				
3 rd Year	80 (28.3%)				
4 th Year	65 (23.0%)				
5 th Year	63 (22.3%)				
6 th Year or More	26 (9.2%)				

Measures

Instruments. The instruments used to measure demographic characteristics, personal growth initiative, differentiation of self, anxiety, and counselor self-efficacy are described below. See Appendices A to E for the demographic questionnaire and all measures used in this study.

Demographics. Participants were asked to report their age, racial/ethnic information (coded as 0 = Caucasian, 1 = Black/African American, 2 = Asian, 3 = Hispanic, 4 = American Indian/Alaskan Native, 5 = Biracial, or 6 = Other), gender (coded as 0 = Male, 1 = Female, 2 = Transgender), type of graduate program (coded as 0 = Counseling, 1 = Clinical), and year in the program (coded as 0 = 1st, 1 = 2nd, 2 = 3rd, 3 = 4th, 4 = 5th, or 5 = 6th or more). In addition, they were asked about experience with counseling clients (coded as 0 = Yes or 1 = No), number of hours of direct counseling as part of a formal practicum course, prior experience with personal counseling (coded as 0 = Yes or 1 = No), number of sessions of counseling attended while in graduate school (this question was used as the variable “Personal Counseling Experience”), total number of months of counseling attendance in their lifetime (coded as 0 = Never Attended, 1 = < 6 months, 2 = > 6 months < 12 months, 3 = > 12 months < 24 months, 4 = > 24 months < 36 months, and 5 = 36+ months) and whether their graduate program requires counseling attendance (coded as 0 = Yes, 1 = No; see Appendix A).

Personal Growth Initiative Scale. Personal growth initiative was measured using the Personal Growth Initiative Scale (PGIS; Robtischek, 1998). The PGIS is a 9 item self-report measure and is unidimensional. The PGIS assesses commitment to life growth; sample items

include: “I have a plan for making my life more balanced” and “If I want to change something in my life, I initiate the transition process.” Items are rated on a 6-point rating scale ranging from 0 (“definitely disagree”) to 5 (“definitely agree”). Scores are summed and range from 0 to 45, with higher scores indicating greater levels of personal growth initiative. Internal consistency estimates are robust: Robitschek (1998, 1999) reported Cronbach’s alphas ranging from .78 to .88. Among college students, test-retest reliability was .74 for 8 weeks (Robitschek 1998, 1999). Confirmatory factor analysis supported a single-factor structure (Robitschek, 1998). The PGIS has demonstrated convergent validity via significant positive correlations with measures of assertiveness, instrumentality, growth in awareness, and internal locus of control. In addition, discriminant validity has been supported through significant negative correlations with chance locus of control and growth that is out of awareness and unintentional (Robitschek, 1998, 1999). Discriminant validity has been supported through non-significant correlations with age, social desirability, and Scholastic Aptitude Test scores. In the current study, Cronbach’s alpha for the PGIS was .87, indicating acceptable reliability.

Differentiation of Self Inventory – Short Form. The Differentiation of Self Inventory – Short Form (DSI-SF; Drake & Murdock, 2012) is a 20-item self-report measure used to assess level of differentiation of self, or the level at which one is able to balance togetherness and separateness (Kerr & Bowen, 1988). The DSI-SF, like its predecessors (DSI-R and DSI; Skowron & Schmitt, 2003; Skowron & Friedlander, 1998), is a multidimensional measure of differentiation that focuses on adults, their significant relationships, and their current relations with family of origin. The original DSI (Skowron &

Friedlander, 1998) was derived from 96 items that were created from analyzing the writings of Bowen Family Systems Theory scholars. Using a factor analysis, the original 96 items were scaled down to 43 items that loaded at least .40 on one of the four factors identified, which became the following subscales: (a) Emotional Reactivity (ER), the degree to which a person experiences hypersensitivity to environmental stimuli and reacts emotionally, (b) I-Position (IP), the ability of a person to adhere to one's own convictions when pressured to do otherwise, (c) Emotional Cutoff (EC), the degree to which a person feels threatened by intimacy, and (d) Fusion with Others (FO), the level of emotional over-involvement with others (Skowron and Friedlander, 1998). Each of these subscales includes a rating scale that ranges from 1 (*not at all true of me*) to 6 (*very true of me*), and some items are reverse scored. These subscales can be summed to create an overall score of differentiation, with higher scores indicating higher differentiation of self.

The DSI was modified to include a more reliable and valid construct of Fusion with Others, which resulted in the DSI-R (Skowron & Schmitt, 2003). The DSI-SF follows the same factor structure of the previous versions, but contains fewer items. The DSI-SF has demonstrated internal consistency estimates of $\alpha = .79$ for the EC subscale (3 items), $\alpha = .80$ for the ER subscale (6 items), a coefficient alpha of .68 for the FO subscale (5 items), $\alpha = .70$ for the IP subscale (6 items), and a DSI-SF-Full scale coefficient alpha of .88 (Drake & Murdock, 2012). The DSI-SF subscales and full scale score show evidence of convergent validity, as they are negatively related to depression, state anxiety, trait anxiety, and perceived stress (Drake & Murdock, 2012). In addition, the DSI-SF subscale and full scale scores were positively related to self-esteem (Drake & Murdock, 2012). Test retest

reliabilities of the subscales ranged from .65 to .85, with the test retest reliability of the full scale being .85 after four to five weeks (Drake & Murdock, 2012). Due to the multidimensionality of the DSI-SF and support for subscale use (e.g. Skowron & Schmitt, 2003), subscale scores were utilized in the current study (see Appendix C). Cronbach's alpha for the full scale DSI-SF in the current study was .88. Cronbach's alpha for each subscale in the current study was as follows: .86 for the EC subscale, .84 for the ER subscale, .63 for the FO subscale, and .75 for the IP subscale. Although the FO subscale alpha was found to be below .7, which is the typical cutoff for acceptable internal consistency, it should be noted that FO internal consistency of the DSI-SF in the original study was also less than .7, and the FO subscale has not been without problems; thus, this finding is not entirely surprising (Skowron & Schmitt, 2003).

Stait-Trait Inventory for Cognitive and Somatic Anxiety – Trait Subscale. The Stait-Trait Inventory for Cognitive and Somatic Anxiety (STICSA; Ree et al., 2000) is a 42 item self-report measure in which participants respond to 21 items related to their anxiety symptoms experienced at the time of administration and 21 items related to how much anxiety they experience in general. Participants rate the items on a four-point scale, ranging from 1 (“not at all”) to 4 (“very much so”). Sample items from the STICSA trait anxiety subscale include “I feel agonized over my problems,” and “I have butterflies in my stomach.” Confirmatory factor analysis supported four dimensions: State-Somatic, State-Cognitive, Trait-Somatic, and Trait-Cognitive Symptoms. All subscales are intercorrelated significantly at the $\alpha = .05$ level (Ree et al., 2000). The measure has been shown to have good internal consistency for the trait scale ($\alpha = .91$) and for the state scale ($\alpha = .92$), and all

factors loaded strongly on the predicted factors on a confirmatory factor analysis (Ree et al., 2000). The STICSA has also been shown to have moderate concurrent validity with the Stait-Trait Anxiety Inventory – State, the Stait-Trait Anxiety Inventory – Trait, and Depression Anxiety Stress Scales – Anxiety Subscale ($r = .58$ to $r = .68$; Gros et al., 2007). The trait subscale was used in the current study (see Appendix D). Cronbach’s alpha for the STICSA trait subscale for this study was determined to be good at .89.

Counseling Self-Estimate Inventory. The 37-item Counseling Self-Estimate Inventory (Larson et al., 1992) assesses counselors’ perceptions of counseling performance in the immediate future. The measure includes the following subscales: (a) Microskills, (b) Counseling Process, (d) Dealing with Difficult Client Behaviors, (e) Cultural Competence, and (f) Values. The Microskills subscale (12 items) reflects the quality and relevance of a practitioner’s responses. The Counseling Process factor (10 items) refers to an integrated set of actions that are reciprocally determined by the client and the practitioner. Difficult Client Behaviors (7 items) includes both the knowledge and skills required in dealing with challenging client issues such as suicidality, a lack of motivation, and silence. The Cultural Competence factor (4 items) refers to one’s competence with respect to ethnicity and social class. Values (4 items), the final factor, reflects the counselor’s self-awareness of his or her personal biases. Sample items include “I feel confident that I will appear competent and earn the respect of my client” and “I am unsure as to how to deal with clients who appear noncommittal and indecisive.” Total summed scores range from 37 to 222, with higher scores indicating greater counseling self-efficacy.

Larson et al. (1992) reported an internal consistency of .93 and a three-week test-retest reliability of .87. Evidence of convergent validity includes positive correlations of the COSE with self-esteem, self-evaluation, positive affect, and outcome expectations (Daniels & Larson, 2001; Larson et al., 1992). In addition, the COSE correlated negatively with state and trait anxiety providing further evidence of convergent validity. Discriminant validity has been demonstrated in that the COSE is minimally related to aptitude, personality, defensiveness, and achievement (Larson et al., 1992). Using exploratory factor analysis with a varimax rotation, 14 factors emerged explaining 63% of the variance in scores, the first of which explained 25% of the variance, with an eigenvalue of 13.05 (Larson et al., 1992). In addition, all items with factor loadings greater than .40 were found to be internally consistent ($\alpha = .93$). Thus, Larson et al. (1992) suggest use of the total scale score (see Appendix E). The COSE showed excellent internal reliability for the current study, with a Cronbach's alpha of .94.

Procedure

Commencement of the study began upon approval from the University of Missouri – Kansas City's Social Sciences Institutional Review Board (IRB). Once approval was granted, the APA website for accredited doctoral psychology programs was used to create a list of programs that were APA accredited. Email addresses for doctoral psychology program training directors were retrieved from their school's website. In addition, the APA Society of Counseling Psychology (Division 17) was utilized to disseminate the solicitation email on the Division 17 discussion LISTSERV. The APA Society of Clinical Psychology

(Division 12) was also utilized to disseminate the solicitation email on the Division 12, Section 10 - Graduate Students and Early Career Psychologists LISTSERV.

Training directors of clinical and counseling psychology doctoral programs were sent a solicitation email. Training directors were asked to forward the email to students within their doctoral psychology program (see Appendix F). The solicitation email provided some information about the study (including the requirement of participation of having had prior experience with counseling clients) and a link to the survey. The survey link led them to a page that reiterated brief information about the study and asked for informed consent (see Appendix G). Participants were informed that they were not eligible to participate if they had no prior experience with counseling clients as part of informed consent; this was the only explicit requirement for participation (because the links were only provided to training directors from APA-accredited programs and on APA LISTSERVs, it was assumed that all participants met the requirements of being doctoral students in APA-accredited programs). After consenting, participants had the option to complete the survey via SurveyMonkey.

Participants were asked to complete the following measures: a demographic form, measures of personal growth initiative, differentiation of self, anxiety, and counselor self-efficacy. The demographic form required all answers to be completed before clicking “next” to respond to the survey measures. In addition, the demographic form automatically directed participants who answered that they had no prior experience with counseling clients to a thank you page that immediately ended participation in the study. All measures (except for the demographic form) were counterbalanced via SurveyMonkey to prevent order effects. All participants were free to withdraw from the study at any time.

After the survey was completed, participants were redirected to a link to enter their name and email address in order to participate in the raffle for one of four \$25 Amazon.com gift cards. Participants' identifying information for the raffle (name and email address) was not linked to their survey responses. Four winners were selected at random using a random number generator (at <http://www.random.org>) after data collection ended. They were contacted via email and provided the electronic gift cards to Amazon.com.

CHAPTER 3

RESULTS

Data Screening

Upon completion of data collection, 369 individuals had accessed the survey. However, 40 respondents indicated that they had no experience counseling clients, a requirement of the study, and were thus excluded from further study participation. One respondent was removed for reporting zero hours of experience counseling clients, and one other participant dropped out of the study before responding to a single measure and was thus removed. Twenty-two respondents reported no personal counseling experience and left the following question blank: “How many estimated counseling/therapy sessions have you attended while in your graduate program?”. The missing values were replaced with zero because it was assumed that they had not attended any counseling sessions as indicated by the prior response. Moving forward, a total of 327 participants were included in the data analysis.

Preliminary Analysis

Preliminary analyses were conducted to examine the data for normality. Z-scores of all variables were examined to assess univariate outliers that exceeded three standard deviations from the mean. The PGIS included two cases that exceeded three standard deviations; the two outliers were dropped from the study. Two cases were removed due to being FO subscale outlier z-scores, and one case from the IP subscale of the DSI-SF was removed due to being an outlier. Three cases were dropped due to exceeding three standard deviations from the mean of the STICSA. Three cases were deleted from Personal

Counseling Experience (PCE) for being z-score outliers. Finally, although Direct Client Hours (DCH) was not part of the hypothesized model, DCH was correlated with the outcome variable, and thus was included in further analyses. Six cases of DCH fell outside the acceptable z-score range and deleted. All 17 scores that were removed exhibited extreme responses (extremely low PGI, extremely high anxiety, etc.). Separate analyses were run with the outliers included, but significance did not change in the model when the outliers were retained, although coefficients were slightly altered. Thus, the outliers were removed from the study. Moving forward, 310 cases were retained for further analysis.

To assess normality of the distribution, histograms were created for each variable of interest, and skewness and kurtosis values were examined. All variables were deemed acceptable except for Personal Counseling Experience (PCE) and Direct Client Hours (DCH), which were positively skewed beyond the limit of $|3|$ and kurtotic beyond the acceptable limit of $|10|$. As per Kline's (2011) recommendations, PCE was log transformed with a constant added, and DCH was log transformed. After the transformation, the skewness and kurtosis of PCE and DCH were found to be within acceptable bounds. With regard to multivariate outliers, Mahalanobis D and Leverage values were examined. No scores exceeded the Mahalanobis cutoff, and no Leverage values exceeded 0.2 (Field, 2005).

To test the assumption of homoscedasticity, a scatter plot for prediction values and residuals for the dependent variable was inspected to make sure data fell equally above and below the line of best fit. One standardized regression residual case was found to be 3.67 standard deviations from the mean residual. This case was dropped from the study, leaving 309 cases for further analysis. The Watson and Durbin statistic was utilized to test for

homoscedasticity, which showed values around the desired value of 2.00. Additionally, the Durbin-Watson test statistic was observed to show no autocorrelation between variables. All values were found to be within appropriate limits.

Multicollinearity among the variables was assessed via tolerance and VIF statistics. Tolerance scores were well above .2 and VIF scores were well below 5, indicating that there were no violations of this assumption. Scatter plots were run on all pairs of variables to ensure there was a linear relationship between all pairs, in order to meet the assumption of linearity. Personal Counseling Experience (PCE) was observed to be nonlinear in a scatterplot. Due to the limitations of analyses with nonlinear variable in the model, PCE was retained as is for further analysis, but with noted limitations of interpretation due to not meeting a required assumption for SEM analysis. Moving forward, the sample included 309 cases.

Missing Data

Missing data were observed in the sample, such that 86 cases (30.39%) were missing at least one score for the variables of interest. A missing values analysis was conducted in SPSS to further clarify the pattern of missingness, and 5.89% of the total data collected was found to be missing. Percentage of missingness for each variable of interest ranged from 1.8% to 21.2%. Little's Test was conducted considering all variables of interest (i.e., including all scale scores for the PGIS, EC, ER, FO, IP, STICSA, and COSE; and scores for PCE and DCH) to determine if data were missing completely at random (MCAR). Results were not significant, $\chi^2(163) = 157.90, p = .598$. Follow up t-tests between all variables of interest were not significant at the $p < .01$ level. Therefore, it could be assumed that data

were missing completely at random. Expectation Maximization (EM; Enders & Peugh, 2004) is an appropriate choice for data missing at random (MAR) or MCAR (Cheema, 2014), and was utilized to estimate scale scores for further analyses. Prior to conducting EM, 26 cases were deleted due to missing excessive amounts of data (2/3 or more of the scores missing). The final sample size for the currently study was 283. Tables 2, 3, and 4 show descriptive statistics for variables, correlations between all variables.

Table 2
Descriptive Statistics for All Variables

Variable	<i>M</i>	Range	<i>SD</i>	Skewness (<i>SE</i>)	Kurtosis (<i>SE</i>)
1. PGI	36.78	17-54	7.27	.26 (.15)	-.22 (.29)
2. EC	4.68	1.33-6	1.13	-.84 (.15)	.04 (.29)
3. ER	3.73	1.5-6	.94	-.04 (.15)	-.49 (.29)
4. FO	4.34	2-6	.78	-.14 (.15)	-.26 (.29)
5. IP	4.35	2.33-6	.73	-.32 (.15)	-.18 (.29)
6. STICSA	32.39	21-55	6.91	.85 (.15)	.42 (.29)
7. PCE*	.92	.3-2.7	.61	.65 (.15)	-.45 (.29)
8. DCH*	2.51	1-.3.7	.49	-.69 (.15)	.22 (.29)
9. COSE	190.1	119-255	23.47	-.16 (.15)	.13 (.29)

Note. PGI = Personal Growth Initiative. EC = Emotional Cutoff Subscale. ER = Emotional Reactivity Subscale. FO = Fusion with Others Subscale. IP = I-Position Subscale. STICSA = Stait-Trait Inventory of Cognitive and Somatic Anxiety - Trait Subscale. PCE = Personal Counseling Experience (number of sessions attended while in graduate school). DCH = Direct Client Hours. COSE = Counseling Self-Efficacy.

*Variables PCE and DCH have been log transformed, and do not reflect meaningful values. See Table 1 for pre-transformation means.

Table 3
Intercorrelations among Study Variables

Variable	1	2	3	4	5	6	7	8	9
1. PGI	-	.26**	.25**	.40**	.48**	-.36**	-.19**	-.08	.44**
2. EC		-	.19**	.27**	.17**	-.29**	-.23**	-.02	.30**
3. ER			-	.68**	.57**	-.53**	-.19**	.04	.45**
4. FO				-	.55**	-.48**	-.18**	.08	.53**
5. IP					-	-.58**	-.18**	-.00	.45**
6. STICSA						-	.21**	-.08	-.42**
7. PCE							-	.10	-.16**
8. DCH								-	.28**
9. COSE									-

Note. PGI = Personal Growth Initiative. EC = Emotional Cutoff Subscale. ER = Emotional Reactivity Subscale. FO = Fusion with Others Subscale. IP = I-Position Subscale. STICSA = State-Trait Inventory of Cognitive and Somatic Anxiety – Trait Subscale. PCE = Personal Counseling Experience (during Graduate Studies). DCH = Direct Client Hours. COSE = Counseling Self-Estimate Inventory.

* $p < .05$. ** $p < .01$

Table 4
Intercorrelations among Demographic Variables and Study Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Age	-	-.17**	.12*	-.12*	.23**	-.14*	.25**	-.06	-.01	-.07	.05	.06	.05	-.04	.09	.18**	.03
2. Gender		-	-.03	-.07	-.10	.02	.01	.01	.16**	.09	-.03	.00	-.08	.04	-.09	-.05	.04
3. Ethnicity			-	-.00	-.06	-.06	-.00	.04	.13*	.01	.13*	.12	.19**	-.15*	-.05	-.01	.10
4. Doc. Prog.				-	.11	.10	-.04	-.13*	-.04	-.05	-.05	-.05	.06	-.05	.08	-.02	-.03
5. Year Study					-	-.13*	.12*	-.08	-.06	.04	-.00	.02	-.06	-.03	.19**	.64**	.17**
6. Couns. Exp.						-	-.62**	.05	.14*	.15*	.19**	.11	.20**	-.19**	-.50**	-.09	.10
7. Months Co.							-	-.02	-.18**	-.22**	-.23**	-.13*	-.21**	.22**	.62**	.01	-.15*
8. Req. Couns.								-	-.01	-.03	-.15*	-.11	-.11	.08	-.16**	-.08	.11
9. PGI									-	.26**	.25**	.40**	.48**	-.36**	-.19**	-.08	.44**
10. EC										-	.19**	.27**	.17**	-.29**	-.23**	-.02	.30**
11. ER											-	.68**	.57**	-.53**	-.19**	.04	.45**
12. FO												-	.55**	-.48**	-.18**	.08	.53**
13. IP													-	-.58**	-.18**	-.00	.45**
14. STICSA														-	.21**	-.08	-.42**
15. PCE															-	.10	-.16**
16. DCH																-	.28**
17. COSE																	-

Note. Doc. Prog = Doctoral Program (1= Counseling, 2 = Clinical). Year Study = Year in Graduate School (1, 2, 3, 4, 5, 6 or beyond). Couns. Exp. = Counseling Experience (1= Yes, 2 = No). Months Co. = Total Months of Personal Counseling Experience in Lifetime. Req. Couns. = Required Counseling in Graduate Program (1= Yes, 2= No). PGI = Personal Growth Initiative. EC = Emotional Cutoff Subscale. ER = Emotional Reactivity Subscale. FO = Fusion with Others Subscale. IP = I-Position Subscale. STICSA = State-Trait Inventory of Cognitive and Somatic Anxiety – Trait Subscale. PCE = Personal Counseling Experience (during Graduate Studies). DCH = Direct Client Hours. COSE = Counseling Self-Estimate Inventory.

* $p < .05$. ** $p < .01$

Main Analysis

Hypotheses 1(a) – 1(c) were tested via Pearson correlations. Each component of differentiation of self negatively correlated with anxiety, supporting Hypothesis 1(a). More specifically, (a) Emotional Cutoff was correlated with anxiety, $r = -.29, p < .01$; (b) Emotional Reactivity, $r = -.53, p < .01$; (c) Fusion with Others, $r = -.48, p < .01$; and (d), I-Position was correlated with anxiety, $r = -.58, p < .01$. PCE correlated negatively with components of differentiation of self, which did not support Hypothesis 1(b): (a) PCE and EC, $r = -.23, p < .01$; (b) PCE and ER, $r = -.19, p < .01$; (c) PCE and FO, $r = -.18, p < .01$; and (d) PCE and IP, $r = -.18, p < .01$. PCE was positively correlated with anxiety, $r = .21, p < .01$; thus, Hypothesis 1(c) was not supported.

Preacher and Hayes' (2008) INDIRECT macro was utilized in SPSS to analyze the multiple mediation model in Hypothesis 2. In addition, a bootstrapping procedure was utilized with 5000 iterations. Direct Client Hours (DCH) was entered as a covariate in the model due to the observed correlation with counseling self-efficacy, $r = .28, p < .001$ (Field, 2005). Results indicated that the overall model was significant $F(8, 274) = 26.64, p < .01$, with approximately 43.75% ($R^2 = .44$) of the variance in counseling self-efficacy scores explained by the variables in the model. As a covariate, DCH was found to have a significant partial effect on COSE, $b = 11.77, p < .0001$, lending support for its inclusion in the mediation model. It was found that PGI had a significant indirect effect on COSE through EC; $b = .11, 95\% \text{ CI } (.02, .24)$. PGI also had a significant indirect effect on COSE through FO; $b = .13, 95\% \text{ CI } (.13, .54)$. However, four hypothesized indirect effects were not significant. PGI did not have a significant indirect effect on COSE through ER; $b = .08,$

95% CI (-.02, .24). PGI also failed to have a significant effect on COSE through IP; $b = .16$, 95% CI (-.05, .36). In addition, PGI did not have a significant effect on COSE through STICSA; $b = .08$, 95% CI (-.09, .26). Finally, PGI did not have a significant effect on COSE through PCE; $b = .01$, 95% CI (-.05, .08). Thus, Hypothesis 2 was partially supported. See Table 4 for tests of indirect effects.

Table 5
Bootstrap Analysis of Indirect Effects of Mediators in Model

Predictor	Mediator	Criterion	Standardized		Bootstrap Estimate	95% Confidence	
			Indirect Effect			Interval	
			B	β	SE	Lower Bound	Upper Bound
1. PGI	EC	COSE	.115	.115	.055	.024	.244*
2. PGI	ER	COSE	.083	.085	.064	-.091	.237
3. PGI	FO	COSE	.306	.300	.100	.131	.536*
4. PGI	IP	COSE	.162	.166	.104	-.050	.363
5. PGI	STICSA	COSE	.077	.078	.090	-.091	.261
6. PGI	PCE	COSE	.012	.012	.033	-.054	.080

Note. PGI = Personal Growth Initiative. EC = Emotional Cutoff Subscale. ER = Emotional Reactivity Subscale. FO = Fusion with Others Subscale. IP = I-Position Subscale. STICSA = State-Trait Inventory of Cognitive and Somatic Anxiety – Trait Subscale. PCE = Personal Counseling Experience (during Graduate Studies). DCH = Direct Client Hours. COSE = Counseling Self-Estimate Inventory.

* $p < .05$

Path Analytic Model

The model depicted in Figure 1 was tested using SPSS Amos to assess overall model fit and to alter paths to improve model fit. Direct Counseling Hours (DCH) was added as an exogenous variable with a path to COSE in order to control for its effect on COSE, as with the model tested using the INDIRECT macro. Model fit statistics were examined to determine goodness-of-fit. The hypothesized path model was theoretically identified. The

suggestions of Kline (2011) were primarily used to determine model fit: (a) χ^2 is not significant; (b) CFI is greater than .95; (c) RMSEA is less than .08, and (d) SRMR is less than .08. Fit statistics for the hypothesized model were $\chi^2(8) = 21.61, p < .01$, CFI = .982, RMSEA = .078 (90% CI [.04, .12]), and SRMR = .034. AIC, a measure generally used as a comparison between competing models (with lower scores indicating better fit), was 95.614. Because the full mediation model tested using the INDIRECT macro indicated a significant direct path between PGI and COSE ($b = .59, t(282) = 3.30, p < .01$), this pathway was added for the alternate model.

Alternate Model

The first alternate model in which the pathway between PGI to COSE was added was tested to determine whether better model fit could be achieved. Fit statistics for the first alternate model were $\chi^2(7) = 10.43, p > .05$, CFI = .995, RMSEA = .042 (90% CI [.00, .09]), SRMR = .027, and AIC = 86.427. Given better model fit, differences between the original model and the modified model were significant, $\Delta\chi^2(1) = 11.18, p < .001$. The adjusted model met Kline's (2011) criteria, suggesting overall good model fit. However, based on regression weights that were not significant, it appeared that some pathways could be trimmed from the model. All pathways that did not have significant coefficients were trimmed from the model to determine if model fit would improve (PCE to COSE, ER to COSE, STICSA to COSE, and IP to COSE).

Second Alternate Model

The second alternate model differed from the original model such that pathways between PCE and COSE, ER and COSE, IP and COSE, and STICSA and COSE were

removed. Fit statistics for the third model were $\chi^2(11) = 23.95$, $p < .05$, CFI = .983, RMSEA = .065 (90% CI [.03, .10]), SRMR = .038, and AIC = 91.948. Despite an improvement in CFI and RMSEA over the original model, there was no significant difference between the original hypothesized model and the second alternate model, $\Delta\chi^2(3) = 2.34$, $p > .05$. However, there was a significant difference between the first alternate model and the second alternate model $\Delta\chi^2(4) = 13.52$, $p < .01$, such that the fit of the third model was significantly *worse* than the first alternate model. Only the first alternate model fully met Kline's criteria; thus, the original hypothesized model was rejected and the first alternate model with the direct path from PGI and COSE was retained as the final model.

All of the variables in the first alternate model explained 42.7% of the variance in COSE. In addition, PGI explained 6.7% of the variance in EC, 6.3% of the variance in ER, 22.7% of the variance in IP, 16.3% of the variance in FO, 13.2% of the variance in STICSA, and 3.6% of the variance in PCE. Most of the standardized path coefficients for direct links between variables were significant; however, there were four non-significant paths including paths between PCE and COSE, STICSA and COSE, IP and COSE, and ER and COSE. In addition, covariances between EC and IP, FO and PCE, and IP and PCE were non-significant. Figure 2 displays the final model with standardized coefficients.

Figure 2

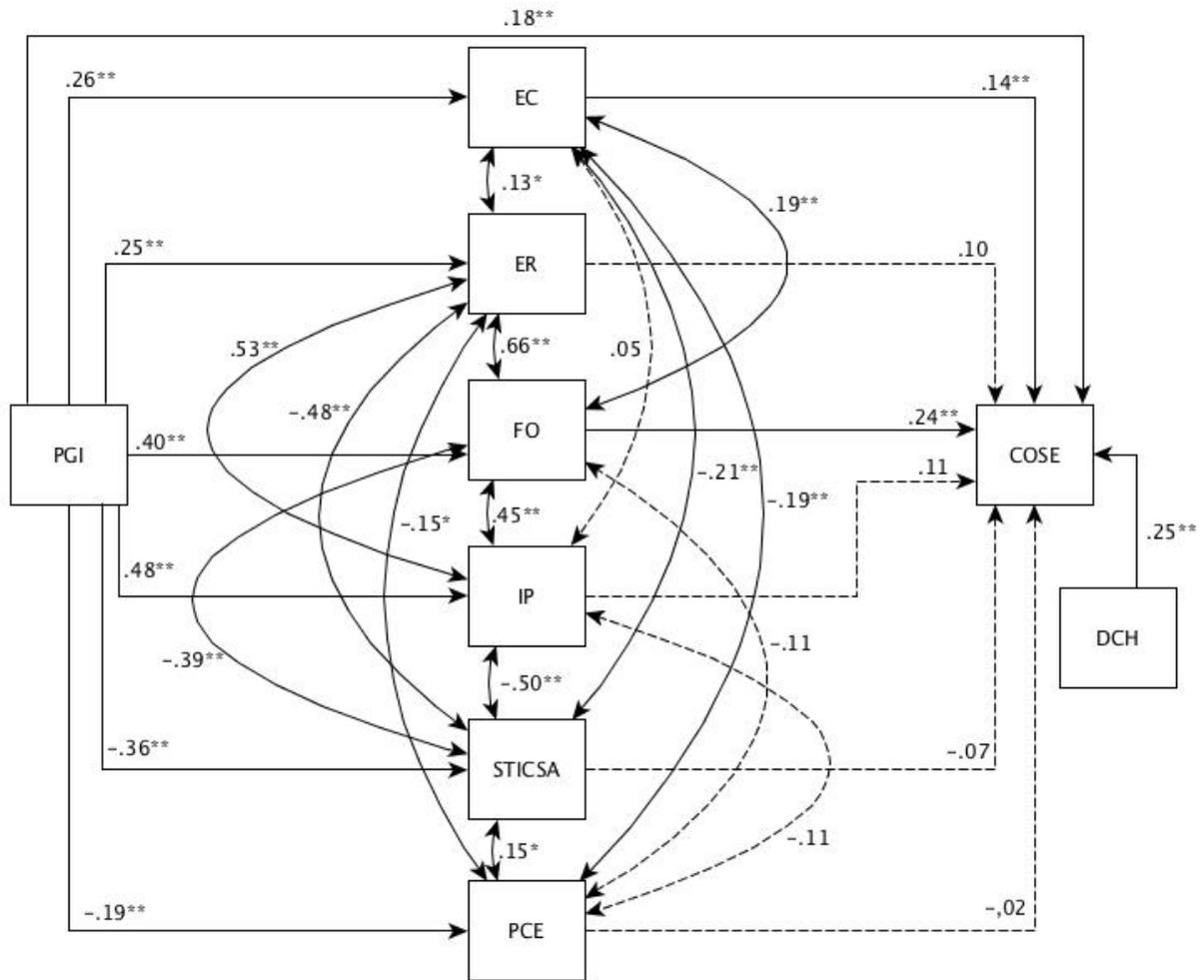


Figure 2. Final path model. PGI = Personal Growth Initiative. EC = Emotional Cutoff. ER = Emotional Reactivity. FO = Fusion with Others. IP = I-Position. STICSA = State-Trait Inventory of Cognitive and Somatic Anxiety – Trait. PCE = Personal Counseling Experience (number of counseling sessions attended while in graduate school). COSE = Counseling Self-Efficacy. DCH = Direct Client Hours. Standardized coefficients for paths are displayed, as well as covariances between endogenous variables. Non-significant paths and non-significant covariances are represented by dotted lines.

* $p < .05$; ** $p < .01$

CHAPTER 4

DISCUSSION

The current study was the first of its kind to explore whether personal self-awareness work, commitment to self-growth efforts in life, and emotional/interpersonal functioning lead to confidence in one's abilities to counsel clients effectively. More specifically, the current study aimed to test social cognitive theory (SCT; Bandura, 1977), which posits that activities including mastery, verbal persuasion, vicarious experience, and emotional arousal should lead to greater self-efficacy that generalizes to multiple domains in life. Within this framework, awareness of and commitment to personal growth in life, personal counseling experiences, and emotional and interpersonal functioning should affect self-efficacy in counseling.

In addition, the current study extends Bowen theory (Bowen, 1978) by incorporating personal growth factors, such as personal growth initiative and personal therapy, and determining their relationship to differentiation of self and counseling self-efficacy, specifically within a counselor trainee population. Because personal counseling experience and differentiation of self reflect behaviors and emotional development that should follow from one's personal growth initiative (or commitment to changing and engaging in mastery and vicarious learning), these factors were explored in relation to personal growth initiative and counselor self-efficacy. Finally, anxiety, a construct critical to both SCT and Bowen Family Systems Theory was examined as a factor affecting counseling self-efficacy because of its well-demonstrated inverse relationship to both counseling self-efficacy and

differentiation of self. In sum, very little research has explored counselor variables and counseling self-efficacy; thus multiple hypotheses were examined in this study.

Hypothesis One

Hypothesis 1(a) examined the relationship between differentiation of self and trait anxiety. Specifically, an inverse relationship between differentiation of self and anxiety was hypothesized. Differentiation of self, as represented by Emotional Cutoff (EC), Emotional Reactivity (ER), Fusion with Others (FO), and I-Position (IP), related to anxiety inversely as predicted, with each correlation reaching significance at the $p < .01$ level. This finding lends further empirical support to Bowen Family Systems Theory, which posits that high chronic anxiety and lower differentiation of self go hand in hand. Indeed, this relationship has been demonstrated in a few studies of differentiation of self (Connery, 2012; Peleg-Popko, 2002; Peleg & Yitzhak, 2011; Tuason & Friedlander, 2000). However, prior to this study, only Peleg-Popko (2002) demonstrated that all four subscales related to anxiety as expected. Thus, this study lends clear support for the inverse relationship between all subscales of differentiation of self and trait anxiety as predicted by Bowen (Kerr & Bowen, 1988).

Hypotheses 1(b) examined the relationship between differentiation of self and personal counseling experience, such that there would be a positive relationship between differentiation of self and number of therapy sessions attended by counselor trainees in graduate school. However, this hypothesis was not supported: differentiation of self *negatively* related to personal counseling experience, with each negative correlation reaching significance at the $p < .01$ level. Because there is no prior research examining differentiation of self among counselor trainees other than Connery's (2012) unpublished dissertation

(which did not explore this relationship), reasons for this relationship can only be tentatively offered. Kerr and Bowen (1988) encouraged counseling as a way to separate from one's family of origin, which would increase emotional and interpersonal functioning. However, in the present study, it may have been that those who were attending more counseling sessions during graduate studies were struggling more with differentiation of self from family of origin than those who were not seeking therapy during graduate school (at all or as much), which thus may explain the need for more counseling sessions.

Moreover, prior research has linked differentiation of self with adjustment and college stress in college students (Skowron, Wester, & Azen, 2004). In addition, Murdock and Gore (2004) found that differentiation of self significantly predicted psychological distress in college students. Being part of the graduate student college population, it may be that counselor trainees who are struggling to differentiate from their family of origin may have greater struggles coping with the stress of attending graduate school, thus causing the students to seek more therapy while in graduate school. In short, trainees may be experiencing higher levels of psychological distress if they have lower levels of differentiation of self. The Skowron et al. (2004) and Murdock and Gore (2004) studies may provide some insight into why counselor trainees with lower levels of differentiation of self sought more counseling in graduate school than their peers.

Another possibility is that trainees who have lower levels of differentiation of self may be having more difficulties in the counseling field due to the interpersonal and intrapersonal factors inherent to differentiation of self, such as difficulties with emotional cutoff, emotional reactivity, fusion with others, and/or difficulty taking an I-position in

relationships, as supported by the negative correlations between personal counseling experience and differentiation of self components. Because counseling relies heavily on communication and the relationship between counselor and client, trainees who have difficulty with any of the aforementioned areas of differentiation of self may seek personal therapy in graduate school to address these concerns that may affect counseling abilities and/or performance in graduate school. Indeed, those who sought more counseling in graduate school seemed to be struggling in multiple domains as evidenced by a negative correlation between personal counseling experience and counseling self-efficacy, and a positive correlation between personal counseling experience and trait anxiety, as discussed below.

Hypothesis 1(c) posited that those who have attended a greater number of personal counseling sessions in graduate school would experience lower levels of anxiety. However, those who attended more therapy sessions in graduate school experienced higher levels of anxiety ($p < .01$); thus, this hypothesis was not supported. Bike et al. (2009) found that the vast majority of professional therapists experienced positive outcomes from personal therapy with regard to symptom reduction, cognitions-insight, and emotion relief; however the study did not explore the relationship between number of counseling sessions attended and symptoms or functioning. There is a paucity of research regarding counselor trainees and personal therapy seeking behaviors; research with counselor trainees has primarily examined the effects of anxiety in relation to counseling performance and/or evaluative/supervisory contexts (e.g. Friedlander et al., 1986). In the current study with graduate student trainees and their experience of anxiety, much like hypothesis 1(b), it seemed that seeking more

therapy in graduate school was related to higher levels of difficulty in a particular domain (trait anxiety). Given that the relationships between personal counseling experience (PCE) and other variables were opposite of what I hypothesized, I examined the variable of personal counseling experience more closely; the results of this examination are discussed in a separate section that follows the discussion of the main hypotheses.

Hypothesis Two

A mediation model was proposed for Hypothesis 2, such that differentiation of self, anxiety, and number of personal counseling sessions attended in graduate school would fully mediate the relationship between personal growth initiative and counseling self-efficacy. Interestingly, only *some* components of differentiation of self partially mediated the relationship between personal growth initiative and counseling self-efficacy. Results indicated that Emotional Cutoff ($p < .05$) and Fusion with Others ($p < .05$) partially mediated the relationship between personal growth initiative and counseling self-efficacy. Explained another way, one's ability to stay engaged with important others emotionally when under stress (EC) and one's ability to remain independent from others and not fuse with them (FO) partially explained the relationship between one's commitment to growth in life and one's counseling self-confidence.

In sum, it is interesting to note that one's interpersonal functioning in terms of balancing emotional engagement with the ability to maintain a sense of independence in close relationships seems key in determining the relationship between one's orientation to growth in life and counseling self-efficacy. With regard to one's awareness of one's growth areas in life, personal growth initiative correlated positively with all aspects of differentiation

of self, suggesting higher levels of self-awareness of growth areas with higher levels of differentiation of self; however, emotional cutoff and fusion seem to more directly influence the relationship between personal growth initiative and counseling self-efficacy in particular. This finding may indicate that one's awareness of growth areas in life is related to one's behaviors in close relationships and ability to stay appropriately engaged in relationships when anxious/stressed, which may lead to a more confident stance in terms of interpersonal functioning (including counseling clients in professional settings). Perhaps those who are emotionally engaged with others but not overly fused with others may experience greater self-awareness regarding growth areas in life, and will not become either over-involved or under-involved with the needs or experiences of others, which may predict a more realistic and/or objective assessment of one's abilities in working with clients.

According to social cognitive theory, emotional arousal (i.e. high levels of anxiety) may lead to avoidance behaviors that prevent skill growth, which negatively affects self-efficacy (Bandura, 1977). Emotional cutoff may be viewed as an avoidance behavior that counselors may employ as a strategy to avoid uncomfortable feelings when counseling clients, which can appear as distancing behaviors (i.e. shifting topic in session away from vulnerable/emotional content or outright refusal to ask certain types of questions). Counselors with lower levels of emotional cutoff may utilize this strategy frequently with clients, which prevents skill growth interpersonally. In turn, this skill deficit would be expected to lead to lower counseling self-efficacy. Connery (2012) found that those with lower differentiation of self demonstrated more over-involved or under-involved countertransference behaviors with clients in her analogue study. Although she did not test

at the subscale level, theoretically, those who are more likely to experience emotional cutoff would be more likely to exhibit under-involved countertransference behaviors with clients, such as the aforementioned avoidance behaviors. The results of the current study may provide tentative support to this notion.

In contrast, those who are more fused with others may become over-involved when working with clients. Those who are fused with others would be expected to lack objectivity when counseling clients such that they may over-identify with clients and their concerns. If so, the mediation relationship found in the current study supports the notion that Emotional Cutoff and Fusion with Others are key variables to both performance and self-confidence in one's counseling abilities, as well as awareness of personal growth needs in life. Conversely, perhaps those who struggle with self-awareness regarding growth areas in life are quicker to withdraw from others emotionally or quicker to fuse with others because they may be unaware that relational balance is an area of personal growth, which may also reflect uncertainty in terms of self-confidence professionally.

However, Emotional Reactivity and I-Position did not significantly partially mediate the relationship between personal growth initiative and counseling self-efficacy ($p > .05$). This finding is baffling in some ways, since all subscales are expected to behave in similar ways as components of Bowen theory. However, it is important to note that one's ability to think before reacting emotionally in situations (ER) and one's ability to express one's own views and maintain a sense of identity (IP) were significantly positively correlated with counseling self-efficacy, as were Emotional Cutoff and Fusion with Others. Thus, there is a

positive relationship between all differentiation of self variables and counseling self-efficacy, even if EC and FO were not significant mediators in the model.

The relationship between differentiation of self and counseling self-efficacy seems to be complex. Historically, most researchers have used the full scale score rather than assess relationships at the subscale level, perhaps because prior research of differentiation of self has demonstrated mixed relationships between the four subscales and other variables, whereas the full scale score tends to behave in expected ways. For example, Kim-Appel, et al. (2007) found an inverse relationship between subscales of differentiation of self and psychological symptoms, except for Fusion with Others (FO), which was not significantly correlated. As previously mentioned, Peleg and Yitzhak (2011) found that only Fusion with Others significantly predicted separation anxiety among male and female spouses; for female spouses, Emotional Reactivity (ER) also predicted separation anxiety. However, the other two subscales (EC, IP) were not significant predictors in the model. Thus, it is possible that the psychometric properties of the subscales may influence the relationships to other variables in studies, and may not be related to theoretical considerations. Clearly, more research using both full scale scores and subscale scores should be conducted to dispel some of the confusion.

Results also indicated that anxiety and number of personal counseling sessions attended were not partial mediators in the model ($p > .05$). Given the lack of correlation between PCE and COSE, and its inverse relationship to other variables in Hypotheses 1(a) - (c), the fact that it does not partially mediate personal growth initiative and counseling self-efficacy is not surprising. PCE is further discussed in its own section below. With regard to

anxiety, it is considered to be theoretically inseparable from differentiation of self and social cognitive theory, and was thus included as a partial mediator in the model. Despite its failure to partially mediate PGI and COSE, trait anxiety is negatively correlated with counseling self-efficacy, suggesting a relationship to counseling self-efficacy that was not adequately captured in the mediation model. In most studies of differentiation of self, symptoms, adjustment, or psychological well-being/distress have been used as outcomes (e.g. Chung & Gale, 2006; Murdock & Gore, 2004; Skowron et al., 2004), so perhaps the relationship would have been significant if level of anxiety was predicted *by* differentiation of self. From a theoretical standpoint, Kerr and Bowen (1988) posited that efforts to increase one's own level of differentiation of self from one's family of origin would decrease chronic anxiety, supporting its placement *after* differentiation of self in the mediation model. However, Bandura (1977) posited that anxiety decreases via exposure to threatening situations and mastering them, which would lead to greater self-efficacy, suggesting theoretical placement prior to counseling self-efficacy, although this finding did not hold in the current study. In sum, perhaps anxiety did not partially mediate the relationship because it was misplaced in the model.

Another possibility is that trait anxiety may behave differently than state anxiety in terms of counseling self-efficacy. Prior research in counselor self-efficacy supported a negative relationship between anxiety and self-efficacy (Alvarez, 1995; Daniels, 1997; Friedlander et al., 1986; Larson et al., 1992), but the aforementioned studies assessed state anxiety rather than trait anxiety because the focus of the studies related to performance and/or evaluation in more immediate contexts. Counselor self-efficacy has been shown to

change over time with training and development experiences (Kozina et al., 2010), but perhaps trait anxiety does not reflect one's current level of counseling self-efficacy as well as state anxiety. Future studies examining both state and trait anxiety and their relationship to counseling self-efficacy to further clarify this relationship would be helpful.

Path Analytic Model

The hypothesized path model in which differentiation of self components, anxiety, and personal counseling experience fully mediated counseling self-efficacy failed to pass the Chi square test in AMOS, although other fit indices supported good model fit. This was most likely due to the failure to account for the significant direct affect of personal growth initiative (the predictor) on counseling self-efficacy, indicating partial mediation. Indeed, the first alternate path model with a direct path added between personal growth initiative and counseling self-efficacy indicated good model fit, and was retained as the final model. The final model was consistent with the mediation model used with the INDIRECT macro (Preacher & Hayes, 2008) such that only emotional cutoff and fusion with others partially mediated the relationship between personal growth initiative and counseling self-efficacy. Variance in counseling self-efficacy explained by personal growth initiative, direct counseling hours, and the mediators in the model approached a medium effect size (42.7%). This finding combined with several significant correlations between study variables and counseling self-efficacy suggests that the variables chosen in the model were influential when considering counseling self-efficacy. In addition to other factors that have been previously studied (such as level of training), findings of the present study indicate that variables such as emotional functioning, interpersonal functioning, personal orientation

toward growth in life, personal counseling experiences and anxiety may also be appropriate to include when considering how to increase trainees' self-efficacy in counseling contexts.

Personal Counseling Experience

An interesting finding in this study was that those who reported attending a greater number of counseling sessions tended to have lower levels of differentiation of self, as measured by the EC, ER, FO, and IP subscales. In addition, those who attended a greater number of personal counseling sessions while in their graduate program also experienced higher anxiety levels and lower personal growth initiative. This phenomenon seems to suggest that those who are attending therapy more consistently and/or more often during graduate school seem to be currently struggling in multiple domains, including emotional functioning, relationships, and self-awareness regarding personal growth areas in life. Personal counseling experience failed to adequately capture the nuanced and varied experiences of those who were in therapy versus those who were not attending therapy in graduate school. Indeed, because PCE included both individuals who had not attended therapy and individuals who had attended therapy in graduate school, it failed to account for differences between the two groups, which may have partially obscured the relationship to other variables in the mediation model. Thus, further exploration of the variable was warranted. PCE showed a wide range of personal therapy experience, from 0 to 500 sessions during graduate school, and with 37.5% reporting 0 sessions of therapy during graduate school (see Table 6).

Table 6

*Number of Therapy Sessions Attended
During Graduate School*

	Frequency	Percent
Sessions 0	106	37.5
1	4	1.4
2	7	2.5
3	9	3.2
4	7	2.5
5	7	2.5
6	5	1.8
7	3	1.1
8	12	4.2
9	1	.4
10	15	5.3
12	7	2.5
14	1	.4
15	13	4.6
16	6	2.1
17	2	.7
18	1	.4
20	12	4.2
22	1	.4
23	1	.4
24	2	.7
25	6	2.1
30	6	2.1
35	2	.7
40	5	1.8
41	1	.4
47	1	.4
48	1	.4
50	8	2.8
60	4	1.4
70	1	.4
75	1	.4

Sessions	Frequency	Percent
85	1	.4
100	1	.4
130	1	.4
140	1	.4
150	7	2.5
198	1	.4
200	1	.4
225	1	.4
250	3	1.1
300	1	.4
500	1	.4

Note. $N = 278$.

Thus, PCE was recoded as a categorical variable to compare those who had sought counseling versus those who had not sought counseling in graduate school. Seven independent samples *t*-tests were conducted with a Familywise Error Rate of $p = .007$ (.05/7). Results indicated that the group of trainees that had attended *any* sessions of therapy in graduate school experienced significantly higher levels of Emotional Cutoff ($p < .007$), higher levels of Emotional Reactivity ($p < .001$), lower ability to take I-Position ($p < .007$), and significantly higher levels of trait anxiety ($p < .007$). Differences between the two groups in Fusion with Others, counseling self-efficacy, and personal growth initiative were not significant at the $p < .007$ level. Considering these findings, it may be that, contrary to what was initially hypothesized, those who engage in personal therapy during graduate school may be doing so due to high levels of distress rather than an explicit interest in personal growth, professional growth, or self-awareness.

Personal counseling experience (PCE) demonstrated significant correlations with all variables of interest (aside from Direct Counseling Hours, a covariate that did not relate to any variable except counseling self-efficacy). PCE had an inverse relationship to personal growth initiative, suggesting that those who sought more counseling in graduate school were less likely to have an awareness of growth areas in life. Further, PCE inversely related to Emotional Cutoff; however, it should be noted that the higher the score of EC, the *less* emotionally cutoff one is, so this relationship suggests that those who attend more counseling in graduate school experience higher levels of emotional cutoff. In addition, those who attend more counseling in graduate school tend to be more emotionally reactive, more fused/enmeshed with others, and less able to take an independent position when making decisions. Finally, those who attend more counseling in graduate school experience lower counseling self-efficacy and higher anxiety. In sum, all of these results support the notion that the more personal therapy in graduate school a trainee sought, the higher the level of difficulty in all domains of functioning explored in the current study.

In order to determine which area(s) of functioning best predicted one's attendance in therapy, a multiple regression was performed with PGI, EC, ER, FO, IP, STICSA, and COSE as predictors, and with PCE as the outcome variable. The overall model regression model was significant, $F(7, 282) = 3.84, p < .01$, with 8.9% of the variance in personal counseling experience explained by the predictors. Emotional Cutoff was found to be a significant predictor in the model ($\beta = -.17, p < .01$). Thus, it appears that, after controlling for all of the variables in the model, one's experience of Emotional Cutoff was the sole significant factor in determining one's attendance of personal therapy in graduate school. More specifically,

those who were more likely to engage in emotional cutoff were likely to seek more therapy while attending graduate school. Thus, it seems that Emotional Cutoff has emerged as a key variable in predicting trainees' number of personal therapy sessions attended in graduate school as well as partially mediating the relationship between personal growth initiative and counseling self-efficacy. In sum, a trainee's attendance of personal therapy is predicted by emotional functioning in terms of maintaining emotionally connected to others despite feeling distress (or the inability to do so).

Finally, because there was no assessment of counseling trainees' motivations and/or intentions for personal therapy, there was no means to differentiate those who were seeking self-growth or professional growth and those who were seeking a way to cope with stress. Thus, given the lack of ability to differentiate between self-growth/professional growth seeking trainees and stress-coping trainees, it is possible that both groups were collapsed into the PCE variable, further obscuring the relationship of PCE to other variables in the current study. Due to these limitations and the evidence in this study suggesting that trainees who are seeking more counseling may not be doing so for personal/professional development but for stress management, it is not surprising that PCE as a variable did not behave in expected ways in this study.

Training Implications

Prior research has examined the relationship between counselor self-efficacy and counseling performance as measured by trained raters, with findings indicating moderate to strong positive correlations between counselor self-efficacy and performance (Munson et al., 1986; Watson, 1992). Thus, counseling self-efficacy seems to be an important factor in

counselor development. Applying Bandura's theory to the counseling context, the higher the counselor's counseling self-efficacy, it is assumed that the counselor is more likely to expend effort and persist in counselor behaviors, and thus, when encountering challenges with clients, he or she would be expected to face these challenges head on rather than retreating from them (Larson et al., 1992). The current study sought to examine if personal counseling experiences, interest and commitment to self-growth, and differentiation of self contributed positively to counseling self-efficacy, and whether anxiety negatively contributed to self-efficacy. Although only Emotional Cutoff and Fusion with Others significantly partially mediated the relationship between PGI and COSE, all variables of interest were correlated with counseling self-efficacy. Thus, these factors may contribute to increasing counseling self-efficacy.

When considering training implications, personal counseling experience did not relate to counseling self-efficacy as expected, despite some research supporting a positive relationship between duration of counseling and counselor self-efficacy (Newcomb & Zinner, 1993). Thus, making personal counseling a requirement in graduate school to further one's personal and professional development may or may not have the intended effect of increasing confidence in counseling abilities, given the mixed findings in the current study and the Newcomb and Zinner (1993) study. Ultimately, making therapy a requirement in graduate school can be controversial in terms of financial burden, time constraints, and other factors. In addition, interestingly, findings in the current study indicated that despite personal counseling not being a requirement for more than 9 of the 283 participants, 62.5% of trainees sought counseling during graduate school, suggesting that many doctoral graduate students

are seeking therapy of their own volition. Thus, it seems unnecessary to require counseling when the majority of graduate students are voluntarily pursuing personal counseling, particularly those who are experiencing higher levels of emotional cutoff.

Moreover, paths to personal growth can take multiple forms (resulting not just from therapy per se); perhaps graduate programs can find other ways to help facilitate graduate students' personal growth and self-awareness, such as hosting or providing brief workshops or seminars focused on personal growth and development, rather than simply focusing on educational efforts explicitly aimed at professional development, such as trainings. Graduate programs can also seek to be more intentional about incorporating more self-growth elements in coursework, such as incorporating personal practice of some of the interventions taught in classes and/or supervision experiences (i.e. such as mindfulness, deep breathing, keeping a diary card of thoughts/emotions). These and other efforts may provide extra opportunities for developing self-awareness and exploring the self, which may provide opportunities for differentiation from one's family of origin and lead to decreased anxiety and increased counseling self-efficacy.

Because the differentiation of self components of emotional cutoff and fusion with others partially explained the relationship between personal growth initiative and counseling self-efficacy, efforts aimed at exploring these particular facets may be important. For example, Emotional Cutoff (EC) is one's tendency to emotionally disengage and withdraw, rather than emotionally engage with others when situations are stressful. Thus, developing one's awareness of emotional experiences with interacting with others may be important to facilitating one's own self-efficacy in counseling clients. As previously mentioned,

Connery's (2012) analogue study found that trainees with lower differentiation of self demonstrated more over-involved or under-involved countertransference behaviors with clients. Although Connery did not test at the subscale level, theoretically, those who are more likely to experience emotional cutoff would be expected to exhibit more under-involved countertransference behaviors with clients. Future research could examine this possible relationship; however, at present, it seems as though one's ability to remain emotionally engaged with others is important to foster during one's graduate training experiences.

In addition, fusion with others addresses one's tendency to enmesh with a significant other to strengthen his or her own identity, which can lead to maintaining unhealthy relationships due to a loss of self and the inability to extricate from the relationship. One who is fused with others may have difficulty maintaining objectivity in therapy, which may relate to Connery's (2012) study that supported low differentiation of self being related to *over-involved* countertransference behaviors, which is consistent with the concept of fusion. Thus, a trainee who struggles with these concerns while counseling clients would be theorized to experience lower self-confidence, which makes exploration of one's role in relationships critical to understanding interpersonal functioning in a trainee's counseling experiences with clients.

In sum, given that these components of differentiation of self may affect counseling self-efficacy, perhaps graduate supervisors or graduate programs could formally assess trainees' levels of differentiation of self either during practicum experiences or prior to beginning clinical training and possibly as a post-test upon completing their graduate

program. Clinical supervisors may also encourage open dialogue to help trainees increase their awareness of problematic behaviors that may arise in their practice due to struggling with differentiation of self (i.e. avoidance/distancing behaviors, over-identifying with clients, or reacting to clients without maintaining perspective). Finally, clinical supervisors may also encourage trainees to reflect on their own patterns of relating to others outside of training/academic settings.

Limitations

This study only reflected the experience of a small sample of counseling and clinical psychology doctoral students in APA-accredited graduate programs in the United States, and was a non-random convenience sample, thus limiting the external validity and the generalizability of the study's findings to a broader population. There is no way to determine whether there are differences between those who chose to participate and those who did not participate, which is a limitation of convenience sampling. Because participants who had no experience counseling clients were excluded from participating at the outset, no comparisons could be made, which was a loss of information that could have provided insight into counseling self-efficacy and its development. Also, the sample size itself was ultimately smaller than expected due to the necessity of dismissing 40 participants who attempted to start the survey but reported no prior experience with counseling clients. The use of email LISTSERVs as avenues to participant solicitation may have created a barrier to everyone in the population having an equal chance of being selected for the sample.

In addition, missing data was observed in 30.39% of cases in the current study. Although Expectation Maximization (EM) is an appropriate means of estimating values and

was used in the current study, EM may potentially underestimate standard errors (Allison, 2001). This potential underestimation of error may have led to lower alpha values being observed with some of the relationships, thus potentially slightly inflating results. In short, the use of EM as a means to offset missing data is a limitation of the current study, given that ideally, the entire data set would have been observed and means would not have needed to be estimated. Thus, caution should be exercised when interpreting findings from the current study, particularly when considering inferential hypothesis testing. Furthermore, the variable personal counseling experience collapsed those who sought counseling during graduate school and those who did not seek therapy during graduate school into one group, creating a complex relationship with counseling self-efficacy (see Figure 3).

Figure 3

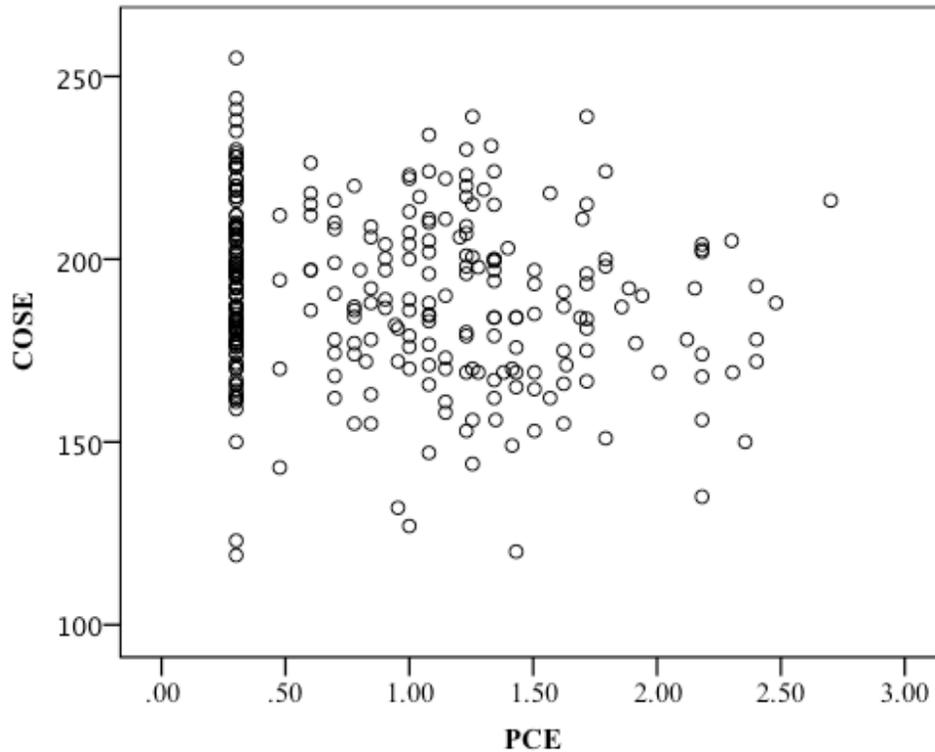


Figure 3. Relationship between total Counseling-Self Efficacy and Personal Counseling Experience. COSE = Counseling Self-Efficacy. PCE = Personal Counseling Experience. PCE was log transformed and a constant was added to bring all values above zero; thus, the values depicted are not meaningful values.

Finally, it should be noted that a more diverse sample would have been beneficial in the current study. The majority of respondents (79.2%) identified as Caucasian/European American, whereas 7.4% identified as Asian, 4.9% Biracial, 4.9% Hispanic, 2.8% Black/African American, and 0.7% identified as American Indian/Alaskan Native. Based on 2010 statistics for doctoral clinical and counseling psychology programs, Caucasian participants were slightly overrepresented in this study by about 10%, because approximately

68.5% of students in these programs identified themselves as Caucasian (APA, 2010). Thus, the current sample of students did not reflect the demographic makeup of APA's findings.

Future Directions

Future studies could examine reasons for seeking therapy in addition to the variables included in this study to determine if there are differences in PGI and counseling self-efficacy between those who seek therapy for increased self-awareness or professional development versus those who are seeking therapy for coping with stress. From a theoretical perspective, those who are seeking therapy specifically for self-growth and/or professional development would be expected to experience higher levels of personal growth initiative, higher levels of differentiation of self, lower levels of anxiety, and higher counseling self-efficacy as initially hypothesized in this study. Because the current study did not assess motivations for seeking personal therapy, this is an area that remains to be explored further.

In addition, it may also be helpful to gather a larger sample of individuals who are required by their graduate program to attend personal therapy and compare the groups of those who are required to attend versus those who do not attend to determine if there are any differences in personal growth initiative, differentiation of self, anxiety, and counseling self-efficacy between the two groups. Because only 9 out of 283 individuals reported that their program required personal therapy, it may be challenging to find a larger sample of graduate students who are required to attend unless one administers the surveys in person rather than via email LISTSERVs. This may be a viable option for future research.

One avenue of future research that may also be fruitful to explore in terms of self-growth and its relationship with professional growth would be an experimental design. For

example, graduate students who begin weekly therapy at the onset of the study could be pre- and post-tested and compared to a control group that did not experience counseling to determine if there are any changes over time in personal growth initiative, differentiation of self, anxiety, and counseling self-efficacy while controlling for other variables relating to training and/or direct client contact hours. A pre- and post-test design would provide stronger support for potential causal links between personal growth efforts, differentiation of self, anxiety, and counseling self-efficacy.

Finally, future studies could further clarify the relationship between personal growth initiative, differentiation of self, counseling experience, anxiety, and counseling self-efficacy, as the hypothesized multiple mediation model did not adequately explain the relationships between variables. This study provided support for relationships between all variables via bivariate correlations, and provided support for Emotional Cutoff and Fusion with Others being partial mediators between personal growth initiative and counseling self-efficacy. However, the nature of the relationships of the mediators that were not significant in the model are perplexing and would be important to investigate further in future studies. For example, respecification of the mediation model may be necessary to determine the role of anxiety to the other variables in the model. As mentioned before, Bowen theory (Kerr & Bowen, 1988) would posit that anxiety follows one's level of differentiation of self; however, SCT (Bandura, 1977) would suggest placement of anxiety as was used in the current model or as a predictor. In addition, according to Bowen theory, differentiation of self would be an independent variable and precede other variables in the model, since differentiation of self from one's family of origin happens at an early age and prior to development of symptoms

and prior to counseling self-efficacy. However, in the current model, it was theorized to mediate the relationship rather than predict counseling self-efficacy. Future research may be able to shed light on a model that more appropriately fits Bowen theory.

Lastly, the variable personal counseling experience would need to be modified such that it would only capture the experiences of those who sought counseling or be left as a categorical variable (yes or no), so that the relationship would be easier to interpret. For example, two separate path models could be created for those who attended therapy in graduate school versus those who did not attend graduate school to examine differences between the two groups, although a much larger sample size would be necessary to run separate models. In sum, the current study was exploratory in nature, given that personal counseling experience, personal growth initiative, differentiation of self, and counseling self-efficacy had not been researched. Additional research exploring the relationship between personal counseling experience and its relationship to the other factors is warranted.

APPENDIX A
Demographic Form

Demographic Form

Please respond to the following:

1. Gender:

- a. Male
- b. Female
- c. Transgender
- d. Other

2. Age: ____ (Fill in the blank)

3. Which doctoral program are you currently enrolled in?

- a. Counseling
- b. Clinical

4. What year of study are you in your doctoral program?

- a. 1st
- b. 2nd
- c. 3rd
- d. 4th
- e. 5th
- f. 6th or beyond

5. Race/Ethnicity

- a. Caucasian/European American
- b. Black/African American
- c. Asian
- d. Hispanic
- e. American Indian/Alaskan Native
- f. Biracial
- g. Other _____

6. I have counseled clients as part of a formal practicum course.

- a. Yes
- b. No

7. Hours of direct client contact:

_____ (Fill in the blank)

8. Have you attended counseling/therapy as a client?

- a. Yes
- b. No

9. How many estimated counseling/therapy sessions have you attended while in your graduate program?

_____ (Fill in the blank)

10. How many months have you attended counseling as a client TOTAL in your lifetime?

- a. 0 (never attended)
- b. < 6 months
- c. 6 < 12 months
- d. 12 < 24 months
- e. 24 < 36 months
- f. 36+ months

11. Does your graduate program require that all graduate students attend personal counseling?

- a. Yes
- b. No

APPENDIX B

Personal Growth Initiative Scale (PGIS)

Personal Growth Initiative Scale

Using the scale below, circle the number which best describes the extent to which you agree or disagree with that statement.

0 = Definitely Disagree

1 = Mostly Disagree

2 = Somewhat Disagree

3 = Somewhat Agree

4 = Mostly Agree

5 = Definitely Agree

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. I know how to change specific things that I want to change in my life. | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. I have a good sense of where I am headed in my life. | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. If I want to change something in my life, I initiate the transition process. | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. I can choose the role that I want to have in a group. | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. I know what I need to do to get started toward reaching my goals. | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. I have a specific action plan to help me reach my goals. | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. I take charge of my life. | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. I know what my unique contribution to the world might be. | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. I have a plan for making my life more balanced. | 0 | 1 | 2 | 3 | 4 | 5 |

APPENDIX C

Differentiation of Self Inventory – Short Form (DSI-SF)

Differentiation of Self Inventory – Short Form

These are questions concerning your thoughts and feelings about yourself and relationships with others. Please read each statement carefully and decide how much the statement is generally true of you on a 1 (not at all) to 6 (very) scale. If you believe that an item does not pertain to you (e.g., you are not currently married or in a committed relationship, or one or both of your parents are deceased), please answer the item according to your best guess about what your thoughts and feelings would be in that situation. Be sure to answer every item and try to be as honest and accurate as possible in your responses.

	Not at all characteristic of me.					Very characte- ristic of me.
	1	2	3	4	5	6
I tend to remain pretty calm even under stress.	1	2	3	4	5	6
I usually need a lot of encouragement from others when starting a big job or task.	1	2	3	4	5	6
No matter what happens in my life, I know that I'll never lose my sense of who I am.	1	2	3	4	5	6
I tend to distance myself when people get too close to me.	1	2	3	4	5	6
When my spouse/partner criticizes me, it bothers me for days.	1	2	3	4	5	6
At times my feelings get the best of me and I have trouble thinking clearly.	1	2	3	4	5	6
I'm often uncomfortable when people get too close to me.	1	2	3	4	5	6
I feel a need for approval from virtually everyone in my life.	1	2	3	4	5	6
At times, I feel as if I'm riding an emotional roller-coaster.	1	2	3	4	5	6
There's no point in getting upset about things I cannot change.	1	2	3	4	5	6
I'm overly sensitive to criticism.	1	2	3	4	5	6
I'm fairly self-accepting.	1	2	3	4	5	6
I often agree with others just to appease them.	1	2	3	4	5	6
If I have had an argument with my spouse/partner, I tend to think about it all day.	1	2	3	4	5	6
When one of my relationships becomes very intense, I feel the urge to run away from it.	1	2	3	4	5	6

If someone is upset with me, I can't seem to let it go easily.	1	2	3	4	5	6
I often feel unsure when others are not around to help me make a decision.	1	2	3	4	5	6
I'm very sensitive to being hurt by others.	1	2	3	4	5	6
My self-esteem really depends on how others think of me.	1	2	3	4	5	6
I tend to feel pretty stable under stress.	1	2	3	4	5	6

APPENDIX D

State-Trait Inventory for Cognitive and Somatic Anxiety – Trait (STICSA)

Stait-Trait Inventory for Cognitive and Somatic Anxiety – Your General Mood State

Instructions: Below is a list of statements which can be used to describe how people feel. Beside each statement are four numbers which indicate how often each statement is true of you (e.g. 1 = *not at all*, 4 = *very much so*). Please read each statement carefully and circle the number which best indicates how often, in general, the statement is true of you.

	Not at all	A little	Moderately	Very Much So
1. My heart beats fast.	1	2	3	4
2. My muscles are tense.	1	2	3	4
3. I feel agonized over my problems.	1	2	3	4
4. I think that others won't approve of me.	1	2	3	4
5. I feel like I'm missing out on things because I can't make up my mind soon enough.	1	2	3	4
6. I feel dizzy.	1	2	3	4
7. My muscles feel weak.	1	2	3	4
8. I feel trembly and shaky.	1	2	3	4
9. I picture some future misfortune.	1	2	3	4
10. I can't get some thoughts out of my mind.	1	2	3	4
11. I have trouble remembering things.	1	2	3	4
12. My face feels hot.	1	2	3	4
13. I think that the worst will happen.	1	2	3	4
14. My arms and legs feel stiff.	1	2	3	4
15. My throat feels dry.	1	2	3	4
16. I keep busy to avoid uncomfortable thoughts.	1	2	3	4
17. I cannot concentrate without irrelevant thoughts intruding.	1	2	3	4
18. My breathing is fast and shallow.	1	2	3	4
19. I worry that I cannot control my thoughts as well as I would like to.	1	2	3	4
20. I have butterflies in the stomach.	1	2	3	4

21. My palms feel clammy.

1

2

3

4

APPENDIX E

Counseling Self-Estimate Inventory (COSE)

Strongly Disagree **Strongly Agree**
1 2 3 4 5 6 7

37. I am afraid that I may not be able to effectively relate to someone of lower socioeconomic status than me.

Strongly Disagree **Strongly Agree**
1 2 3 4 5 6 7

APPENDIX F

Solicitation Email

Dear Training Director,

My name is Larissa Seay and I am a counseling psychology doctoral candidate at the University of Missouri-Kansas City. I am conducting a research study examining factors related to the personal growth and functioning of counselors-in-training. This study has been approved by the UMKC Social Science Institutional Review Board. I am requesting your help with my research. Please consider forwarding this participation request to students currently enrolled in your doctoral psychology program. (If this email has reached you in error, please forward it to the appropriate faculty member). Thank you!

Students:

Participants will be asked to complete a few questionnaires examining factors related to the personal growth and functioning of psychology doctoral students engaged in counseling practice. Participation should take approximately 15 minutes. Those who complete this survey will have the opportunity to win one of four \$25 Amazon.com gift cards.

There no known risk in participating in this study and you are free to withdraw participation at any time. If you would like to participate, please click the link below, which will take you to an informed consent page with more information about the study.

(<https://www.surveymonkey.com/s/8FRLKF7>)

Thank you kindly for your help!

Sincerely,

Larissa Seay, M.Ed.
Counseling Psychology Doctoral Candidate
University of Missouri-Kansas City
lscv2@mail.umkc.edu

Dissertation Chair:
Nancy Murdock, Ph.D.
Professor
University of Missouri-Kansas City

APPENDIX G
Informed Consent

Informed Consent

Dear Student,

My name is Larissa Seay and I am a Counseling Psychology doctoral student at the University of Missouri-Kansas City. You are invited to participate in my research study examining personal growth and emotional functioning of psychology doctoral students. This study has been approved by the UMKC Social Science Institutional Review Board.

You will be asked to complete a few questionnaires, which should take approximately 15-20 minutes. There will be no identifying information asked of you on any part of the survey so your responses are completely anonymous and confidential. There is no known risk in participating in this study and you are free to withdraw your participation at any time. There are no direct benefits to participating in this study. However, the information acquired from this study will help to extend knowledge regarding factors that enhance counseling effectiveness and counselor self-awareness. **In order to participate, you must have experience in counseling clients as part of your practicum experience.**

If you complete this survey, you will be eligible to enter your information to receive one of four \$25 Amazon.com gift cards. A link will take you to a separate page where you can enter your contact information. Your contact information will in no way be connected to your responses.

If you have any questions about this study, you can email me at: lscv2@mail.umkc.edu. If you are interested in participating, please click on the link below and follow the directions on the first page.

Clicking below indicates that I have read the description of the study and I agree to participate.

Next

Thank you for your help!

Sincerely,

Principal Investigator:
Larissa Seay, M.Ed.
Counseling Psychology Doctoral Candidate
University of Missouri-Kansas City
lscv2@mail.umkc.edu

Dissertation Chair:
Nancy Murdock, Ph.D.
Professor
University of Missouri-Kansas City
murdockn@umkc.edu

APPENDIX H

Incentive Form

(This page appears when participants have completed survey)

Reward Link Page

As a 'thank you' for your participation, you are eligible to enter into a raffle for one of four \$25 Amazon.com gift cards. If you are interested in entering the raffle, please click on the link below to enter your name and email address.

This information will not be connected to your responses.

Thank you!

Click here to enter the raffle: <https://www.surveymonkey.com/s/83K2LKV>

REFERENCE LIST

- Allison, P. (2001). *Missing data*. Thousand Oaks, CA: Sage publications.
- American Psychological Association. (2010). 2010 doctoral student demographics: Clinical and counseling psychology programs. Retrieved from <http://www.apa.org/ed/accreditation/about/research/clinical-counseling-table.pdf>
- Al-Darmaki, F. R. (2004). Counselor training, anxiety, and counseling self-efficacy: Implications for training psychology students from the United Arab Emirates University. *Social Behavior and Personality: An International Journal*, 32 (5), 429-439.
- Alvarez, A. (1995). *Perceptions of fraudulence, counseling self-efficacy, and satisfaction with work*. Unpublished doctoral dissertation, State University of New York, Albany.
- Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review*, 84 (2), 191-215.
- Bandura, A. (1988). Self-efficacy conception of anxiety. *Anxiety Research*, 1 (2), 77-98. doi:10.1080/10615808808248222
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W. H. Freeman/Times Books/Henry Holt & Co.
- Barnes, K. L. (2004). Applying self-efficacy theory to counselor training and supervision: A comparison of two approaches. *Counselor education and supervision*, 44 (1), 56-69.
- Barron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173-1182.
- Bearse, J. L., McMinn, M. R., Seegobin, W., & Free, K. (2013). Barriers to psychologists seeking mental health care. *Professional Psychology: Research and Practice*, 44 (3), 1-8.
- Bentler, P. M., & Chou, C. P. (1987). Practical issues in structural modeling. *Sociological Methods & Research*, 16 (1), 78-117.
- Beutler, L., Machado, P., & Neufeldt, S. (1994). Therapist variables. In Beutler, L., Machado, P., Neufeldt, S., Garfield, S., & Bergin, A. (Eds.). *Handbook of psychotherapy and behavior change*. New York: Wiley.

- Berman, J. S., & Norton, N. C. (1985). Does professional training make a therapist more effective? *Psychological Bulletin*, 98 (2), 401.
- Beverage, P. (1989). *The relationship of evaluation in counseling supervision and counselor self-efficacy*. Unpublished doctoral dissertation, University of Virginia, Charlottesville.
- Bike, D. H., Norcross, J. C., & Schatz, D. M. (2009). Processes and outcomes of psychotherapists' personal therapy: Replication and extension 20 years later. *Psychotherapy: Theory, Research, Practice, Training*, 46 (1), 19-31. doi:10.1037/a0015139
- Blow, A. J., Sprenkle, D. H., & Davis, S. D. (2007). Is who delivers the treatment more important than the treatment itself? The role of the therapist in common factors. *Journal of Marital and Family Therapy*, 33, 298-317. doi:10.1111/j.1752-0606.2007.00029.x
- Bowen, M. (1978). *Family therapy in clinical practice*. New York, NY: J. Aronson.
- Beutler, L., Machado, P., & Neufeldt, S. (1994). Therapist variables. In A.E. Bergin & S.L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed.) (pp. 229-269). New York: John Wiley & Sons.
- Buser, T. J. (2008). Counselor training: Empirical findings and current approaches. *Counselor Education and Supervision*, 48 (2), 86-100. doi:10.1002/j.1556-6978.2008.tb00065.x
- Cheema, J. R. (2014). A Review of missing data handling methods in education research. *Review of Educational Research*, 84 (4), 487-508.
- Christensen, A., & Jacobson, N. S. (1994). Who (or what) can do psychotherapy: The status and challenge of nonprofessional therapies. *Psychological science*, 5 (1), 8-14.
- Chung, H., & Gale, J. (2006). Comparing self-differentiation and psychological well-being between Korean and European American students. *Contemporary Family Therapy*, 28 (3), 367-381.
- Connery, A. (2012). *The role of differentiation of self on emotional self-awareness and destructive countertransference behaviors* (Doctoral dissertation). Retrieved from <https://mospace.umsystem.edu/xmlui/bitstream/handle/10355/12572/ConneryRolDifSel.pdf?sequence=1>
- Cooper, J., & Ng, K. (2009). Trait emotional intelligence and perceived supervisory working alliance of counseling trainees and their supervisors in agency settings. *International*

- Journal for the Advancement of Counselling*, 31, 145-157. doi:10.1007/s10447-009-9074-4
- Daniels, J. (1997). *The influence of performance feedback and causal attributions upon ratings of counseling self-efficacy*. Unpublished doctoral dissertation, University of Nebraska – Lincoln.
- Daniels, J. A., & Larson, L. M. (2001). The Impact of Performance Feedback on Counseling Self- Efficacy and Counselor Anxiety. *Counselor Education and Supervision*, 41 (2), 120-130.
- Dearing, R. L., Maddux, J. E., & Tangney, J. P. (2005). Predictors of psychological help seeking in clinical and counseling psychology graduate students. *Professional Psychology: Research and Practice*, 36 (3), 323-329.
- Digiuni, M., Jones, F. W., & Camic, P. M. (2013). Perceived social stigma and attitudes towards seeking therapy in training: A cross-national study. *Psychotherapy*, 50 (2), 213-223.
- Donati, M., & Watts, M. (2005). Personal development in counsellor training: Towards a clarification of inter-related concepts. *British Journal of Guidance & Counselling*, 33 (4), 475-484.
- Drake, J., & Murdock, N. (2012). *Differentiation of self -short form: Construction and validation*. Unpublished manuscript.
- Easton, C., Martin, W. E., & Wilson, S. (2008). Emotional intelligence and implications for counseling self - efficacy: Phase II. *Counselor Education and Supervision*, 47 (4), 218-232.
- Enders, C. K., & Peugh, J. L. (2004). Using an EM covariance matrix to estimate structural equation models with missing data: Choosing an adjusted sample size to improve the accuracy of inferences. *Structural Equation Modeling*, 11 (1), 1-19.
- Field, A. (2005). *Discovering statistics using SPSS*. Thousand Oaks, CA: Sage Publications.
- Friedlander, M. L., & Snyder, J. (1983). *Trainees' expectations for the supervisory process: Testing a developmental model*. *Counselor Education and Supervision*, 22 (4), 342-348.
- Friedlander, M. L., Keller, K. E., Peca-Baker, T. A., & Olk, M. E. (1986). Effects of role conflict on counselor trainees' self-statements, anxiety level, and performance. *Journal Of Counseling Psychology*, 33 (1), 73-77. doi:10.1037/0022-0167.33.1.73

- Glencavage, L. M., & Norcross, J. C. (1990). Where are the commonalities among the therapeutic common factors? *Professional Psychology: Research and Practice*, 21 (5), 372.
- Greason, P., & Cashwell, C. S. (2009). Mindfulness and counseling self-efficacy: The mediating role of attention and empathy. *Counselor Education And Supervision*, 49 (1), 2-19. doi:10.1002/j.1556-6978.2009.tb00083.x
- Grimes, W. R., & Murdock, N. L. (1989). Social influence revisited: Effects of counselor influence on outcome variables. *Psychotherapy: Theory, Research, Practice, Training*, 26, 469-474. doi:10.1037/h0085465
- Grös, D. F., Antony, M. M., Simms, L. J., & McCabe, R. E. (2007). Psychometric properties of the State-Trait Inventory for Cognitive and Somatic Anxiety (STICSA): Comparison to the State-Trait Anxiety Inventory (STAI). *Psychological Assessment*, 19 (4), 369-381. doi:10.1037/1040-3590.19.4.369
- Guerin, P. J., & Hubbard, I. M. (1987). Impact of therapist's personal family system on clinical work. *Journal of Psychotherapy & the Family*, 3, 47-60. Retrieved from <http://www.informaworld.com/smpp/title~content=t792306895~db=all>
- Hansburg, H. G. (1980). *Adolescent separation anxiety*. New York: R.E. Krieger Publishing.
- Hardin, E. E., Weigold, I. K., Robitschek, C., & Nixon, A. E. (2007). Self-discrepancy and distress: The role of personal growth initiative. *Journal of Counseling Psychology*, 54 (1), 86-92.
- Heppner, P. P., Kivlighan, D. M., Jr., & Wampold, B. E. (2008). *Research design in counseling (3rd Ed.)*. Pacific Grove, CA: Brooks/Cole.
- Heintzelman, A., Murdock, N. L., Krycak, R. C., & Seay, L. (2014). Recovery from infidelity: Differentiation of self, trauma, forgiveness, and posttraumatic growth among couples in continuing relationships. *Couple And Family Psychology: Research And Practice*, 3 (1), 13-29. doi:10.1037/cfp0000016
- Hiebert, B., Uhlemann, M. R., Marshall, A., & Lee, D. Y. (2007). The relationship between self-talk, anxiety, and counselling skill. *Canadian Journal of Counselling and Psychotherapy*, 32 (2), 163-171.
- Holzman, L. A., Searight, H., & Hughes, H. M. (1996). Clinical psychology graduate students and personal psychotherapy: Results of an exploratory survey. *Professional Psychology: Research And Practice*, 27 (1), 98-101. doi:10.1037/0735-7028.27.1.98

- Horvath, A. O. (2001). The alliance. *Psychotherapy: Theory, Research, Practice, Training*, 38 (4), 365.
- Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, 38 (2), 139.
- Hughes, J., & Youngson, S. (Eds.) (2009). *Personal development and clinical psychology*. New York: John Wiley & Sons.
- Irving, J. A., & Williams, D. I. (1999). Personal growth and personal development: concepts clarified. *British Journal of Guidance and Counselling*, 27 (4), 517-526.
- Johns, H. (2012). *Personal development in counsellor training*. Sage Publications.
- Johnson, E., & Seem, S. (1989, August). *Supervisory style and the development of self-efficacy in counseling training*. Poster session presented at the annual meeting of the American Psychological Association, New Orleans.
- Kaplowitz, M. J., Safran, J. D., & Muran, C. J. (2011). Impact of therapist emotional intelligence on psychotherapy. *Journal of Nervous and Mental Disease*, 199, 74-84. doi:10.1097/NMD.0b013e3182083efb
- Kelly, K. R., Hall, A. S., & Miller, K. L. (1989). Relation of counselor intention and anxiety to brief counseling outcome. *Journal of Counseling Psychology*, 36 (2), 158-162.
- Kerr, M., & Bowen, M. (1988). *Family evaluation: An approach based on Bowen theory*. New York, NY: Norton.
- Kim-Appel, D., Appel, J., Newman, I., & Parr, P. (2007). Testing the effectiveness of Bowen's concept of differentiation in predicting psychological distress in individuals age 62 years or older. *The Family Journal*, 15, 224-233. doi:10.1177/1066480707301291
- Klein, R. H., Bernard, H. S., & Schermer, V. L. (Eds.) (2011). *On becoming a psychotherapist: The personal and professional journey*. New York: Oxford University Press.
- Kline, R. B. (2011). *Principle and practice of structural equation modeling* (3rd Ed.). New York: Guilford Press.
- Knerr, M., & Bartle-Haring, S. (2010). Differentiation, perceived stress and therapeutic alliance as key factors in the early stage of couple therapy. *Journal of Family Therapy*, 32, 94-118. doi:10.1111/j.1467-6427.2010.00489.x

- Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47* (1), 138-143. doi:10.1037/0022-0167.47.1.138
- Kozina, K., Grabovari, N., De Stefano, J., & Drapeau, M. (2010). Measuring changes in counselor self-efficacy: Further validation and implications for training and supervision. *The Clinical Supervisor, 29* (2), 117-127. doi:10.1080/07325223.2010.517483
- Lambert, M.J., & Barley, D.E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. In Norcross, J. (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 17-32). New York, NY: Oxford University Press.
- Lambert, M. J., & Bergin, A. E. (1994). The effectiveness of psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (4th ed., pp. 143-189). New York: Wiley.
- Larson, L. (1998). The social cognitive model of counselor training. *The Counseling Psychologist, 26* (2), 219-273.
- Larson, L., Cardwell, T., & Majors, M. (1996, August). *Counselor burnout investigated in the context of social cognitive theory*. Paper presented at the American Psychological Association National Convention, Toronto, Canada.
- Larson, L. M., & Daniels, J. A. (1998). Review of the counseling self-efficacy literature. *The Counseling Psychologist, 26* (2), 179-218.
- Larson, L., Daniels, J., Koraleski, S., Peterson, M., Henderson, L., Kwan, K., & Wennstedt, L. (1993, May). *Describing changes in counseling self-efficacy during practicum*. Paper presented at the annual convention of the American Association of Applied and Preventative Psychology, Chicago.
- Larson, L. M., Suzuki, L. A., Gillespie, K. N., Potenza, M. T., Bechtel, M. A., & Toulouse, A. L. (1992). Development and validation of the counseling self-estimate inventory. *Journal of Counseling Psychology, 39* (1), 105.
- Lent, R. W., Brown, S. D., & Hackett, G. (1994). Toward a unifying social cognitive theory of career and academic interest, choice, and performance. *Journal of Vocational Behavior, 45* (1), 79-122.
- Lorentzen, S., Rønnestad, M. H., & Orlinsky, D. (2011). Sources of influence on the professional development of psychologists and psychiatrists in Norway and Germany. *European Journal of Psychotherapy & Counselling, 13* (2), 141-152.

- Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: a meta-analytic review. *Journal of Consulting and Clinical Psychology, 68* (3), 438.
- Martin, W. E., Easton, C., Wilson, S., Takemoto, M., & Sullivan, S. (2004). Salience of emotional intelligence as a core characteristic of being a counselor. *Counselor Education and Supervision, 44* (1), 17-30.
- Martins, A., Ramalho, N., & Morin, E. (2010). A comprehensive meta-analysis of the relationship between emotional intelligence and health. *Personality and Individual Differences, 49*, 554-564. doi:10.1016/j.paid.2010.05.029
- Maslow, A. (1962). *Toward a psychology of being*. Princeton, NJ: Van Nostrand.
- Maslow, A. H., Frager, R., & Fadiman, J. (1970). *Motivation and personality* (Vol. 2). New York: Harper & Row.
- McCarthy, J. (2008). Helping counselor trainees overcome barriers to seeking help. *The Journal of Humanistic Counseling, Education and Development, 47* (1), 71-81.
- Melchert, T. P., Hays, V. L., Wiljanen, L. M., & Kolocek, A. K. (1996). Testing models of counselor development with a measure of counseling self-efficacy. *Journal of Counseling & Development, 74* (6), 640-644. doi:10.1002/j.1556-6676.1996.tb02304.x
- Munson, W. W., Stadulis, R. E., & Munson, D. G. (1986). Enhancing competence and self-efficacy of potential therapeutic recreators in decision-making counseling. *Therapeutic Recreation Journal, 20* (4), 85-93.
- Murdock, N., & Gore, P. (2004). Stress, coping, and differentiation of self: A test of Bowen theory. *Contemporary Family Therapy: An International Journal, 26*, 319-335. doi:10.1023/B:COFT.0000037918.53929.18
- Mutchler, M., & Anderson, S. (2010). Therapist personal agency: A model for examining the training context. *Journal of Marital And Family Therapy, 36* (4), 511-525. doi:10.1111/j.1752-0606.2010.00198.x
- Myers, I. (1962). *The Myers-Briggs Type Indicator*. Palo Alto, CA: Consulting Psychologists Press.
- Newcomb, D. C., & Zinner, E. S. (1993). *A normative study utilizing the Counseling Self-Estimate Inventory*. Unpublished manuscript.

- Ng, K., & Smith, S. D. (2012). Training level, acculturation, role ambiguity, and multicultural discussions in training and supervising international counseling students in the United States. *International Journal for The Advancement Of Counselling*, 34 (1), 72-86. doi:10.1007/s10447-011-9130-8
- Norcross, J. C., Strausser-Kirtland, D., & Missar, C. D. (1988). The processes and outcomes of psychotherapists' personal treatment experiences. *Psychotherapy: Theory, Research, Practice, Training*, 25 (1), 36.
- O'Brien, K. M., Heppner, M. J., Flores, L. Y., & Bikos, L. H. (1997). The Career Counseling Self-Efficiency Scale: Instrument development and training applications. *Journal of Counseling Psychology*, 44 (1), 20-31.
- Orlinsky, D., Ambühl, H., Rønnestad, M., Davis, J., Gerin, P., Davis, M., ... & SPR Collaborative Research Network. (1999). Development of psychotherapists: Concepts, questions, and methods of a collaborative international study. *Psychotherapy Research*, 9 (2), 127-153.
- Orlinsky, D., Schofield, M., Schroder, T., & Kazantzis, N. (2011). Utilization of personal therapy by psychotherapists: a practice - friendly review and a new study. *Journal of clinical psychology*, 67 (8), 828-842.
- Osborn, D., & Costas, L. (2013). Role-playing in counselor student development. *Journal of Creativity in Mental Health*, 8 (1), 92-103. doi:10.1080/15401383.2013.763689
- Peleg-Popko, O. (2002). Bowen theory: A study of differentiation of self, social anxiety, and physiological symptoms. *Contemporary Family Therapy*, 24 (2), 355-369.
- Peleg, O., & Yitzhak, M. (2011). Differentiation of self and separation anxiety: Is there a similarity between spouses? *Contemporary Family Therapy: An International Journal*, 33 (1), 25-36. doi:10.1007/s10591-010-9137-z
- Pope, K. S., & Tabachnick, B. G. (1994). Therapists as patients: A national survey of psychologists' experiences, problems, and beliefs. *Professional Psychology: Research and Practice*, 25 (3), 247-258. doi:10.1037/0735-7028.25.3.247
- Potenza, M. (1990). *The impact of experience, supervision, and educational degree on counselor perceptions of self-efficacy*. Unpublished master's thesis, University of Nebraska - Lincoln.
- Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior research methods*, 40 (3), 879-891.

- Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research & Practice*, 19 (3), 276-288.
- Ree, M. J., MacLeod, C., French, D., & Locke, V. (2000, November). The State–Trait Inventory for Cognitive and Somatic Anxiety: Development and validation. Poster session presented at the annual meeting of the Association for the Advancement of Behavior Therapy, New Orleans, LA.
- Reinkraut, R., Motilsky, S. L., & Ritchie, J. (2009). Developing a competent practitioner: Use of self in counseling psychology training. *Asian Journal of Counseling*, 16, 7-29.
- Reupert, A. (2006). The counsellor's self in therapy: An inevitable presence. *International Journal for the Advancement Of Counselling*, 28 (1), 95-105. doi:10.1007/s10447-005-9001-2
- Riley, H., & Schutte, N. S. (2003). Low emotional intelligence as a predictor of substance-use problems. *Journal of Drug Education*, 33, 391-398. doi:10.2190/6DH9-YT0M-FT99-2X05
- Robitschek, C. (1998). Personal growth initiative: The construct and its measure. *Measurement and Evaluation in Counseling and Development*, 30, 183-198.
- Robitschek, C. (1999). Further validation of the Personal Growth Initiative Scale. *Measurement and Evaluation in Counseling and Development*, 31, 197-210.
- Robitschek, C. (2003). Validity of Personal Growth Initiative Scale scores with a Mexican American college student population. *Journal of Counseling Psychology*, 50 (4), 496-502.
- Robitschek, C., Ashton, M. W., Spering, C. C., Geiger, N., Byers, D., Schotts, G. C., & Thoen, M. A. (2012). Development and psychometric evaluation of the Personal Growth Initiative Scale–II. *Journal of Counseling Psychology*, 59 (2), 274.
- Robitschek, C., & Kashubeck, S. (1999). A structural model of parental alcoholism, family functioning, and psychological health: The mediating effects of hardiness and personal growth orientation. *Journal of Counseling Psychology*, 46 (2), 159-172.
- Rønnestad, M. H., & Skovholt, T. M. (2001). Learning arenas for professional development: Retrospective accounts of senior psychotherapists. *Professional Psychology: Research and Practice*, 32 (2), 181.

- Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30* (1), 5-44.
- Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of consulting psychology, 21* (2), 95.
- Rogers, C. (1951). *Client-centered therapy: Its current practice, implications and theory*. Boston: Houghton Mifflin.
- Rosenzweig, S. (1936). Some implicit common factors in diverse methods of psychotherapy. *American Journal of Orthopsychiatry, 6* (3), 412-415.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57* (6), 1069.
- Satir, V. (1987). The therapist story. *Journal of Psychotherapy & the Family, 3* (1), 17-25.
- Scheier, M. F., & Carver, C. S. (1985). Optimism, coping, and health: Assessment and implications of generalized outcome expectancies. *Health Psychology, 4*, 219-247. doi:10.1037/0278-6133.4.3.219
- Schwebel, M., & Coster, J. (1998). Well-functioning in professional psychologists: As program heads see it. *Professional Psychology: Research and Practice, 29* (3), 284-292.
- Sipps, G. J., Sugden, G. J., & Faiver, C. M. (1988). Counselor training level and verbal response type: Their relationship to efficacy and outcome expectations. *Journal of Counseling Psychology, 35* (4), 397-401.
- Skovholt, T. M., & Rønnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development, 70* (4), 505-515.
- Skowron, E. A., & Friedlander, M. L. (1998). The Differentiation of Self Inventory: Development and initial validation. *Journal of Counseling Psychology, 45*, 235-246. doi:10.1037/0022-0167.45.3.235
- Skowron, E. A., & Schmitt, T. A. (2003). Assessing interpersonal fusion: Reliability and validity of a new DSI Fusion with Others subscale. *Journal of Marital and Family Therapy, 29*, 209-222. doi:10.1111/j.1752-0606.2003.tb01201.x

- Skowron, E. A., Wester, S. R., & Azen, R. (2004). Differentiation of self mediates college stress and adjustment. *Journal of Counseling & Development*, 82, 69-78. Retrieved from <http://aca.metapress.com/app/home/main.asp?referrer=default>
- Spielberger, C. D., Gorsuch, R. L., Lushene, P. R., Vagg, P. R., & Jacobs, G. (1983). *Manual for the state-trait anxiety inventory*. Palo Alto, CA: Consulting Psychologists Press.
- Stein, D. M., & Lambert, M. J. (1995). Graduate training in psychotherapy: Are therapy outcomes enhanced? *Journal of Consulting and Clinical Psychology*, 63 (2), 182.
- Stevic, C. R., & Ward, R. M. (2008). Initiating personal growth: The role of recognition and life satisfaction on the development of college students. *Social Indicators Research*, 89 (3), 523-534.
- Tabachnick, B.G., & Fidell, L.S. (2001). *Using multivariate statistics* (4th ed.). New York NY: Harper Collins.
- Tang, M., Addison, K. D., LaSure-Bryant, D., Norman, R., O'Connell, W., & Stewart-Sicking, J. A. (2004). Factors that influence self-efficacy of counseling students: An exploratory study. *Counselor Education And Supervision*, 44 (1), 70-80. doi:10.1002/j.1556-6978.2004.tb01861.x
- Tuason, M., & Friedlander, M. L. (2000). Do parents' differentiation levels predict those of their adult children? and other tests of Bowen theory in a Philippine sample. *Journal Of Counseling Psychology*, 47 (1), 27-35. doi:10.1037/0022-0167.47.1.27
- Wampold, B. E. (2000). Outcomes of individual counseling and psychotherapy: Empirical evidence addressing two fundamental questions. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (4th ed., pp. 711-739). New York: Wiley.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Erlbaum.
- Wampold, B. E., & Brown, G. (2005). Estimating variability in outcomes attributable to therapists: A naturalistic study of outcomes in managed care. *Journal of Consulting and Clinical Psychology*, 73, 914-923. doi:10.1037/0022-006X.73.5.914
- Wampold, B. E., Mondin, G. W., Moody, M., Stich, F., Benson, K., & Ahn, H. N. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies: Empirically, "all must have prizes." *Psychological bulletin*, 122 (3), 203.

Watson, D. (1992). *Counseling self-efficacy and counseling competence: A comparative study of clergy and counselors in training*. Unpublished doctoral dissertation, Purdue University.

Wilkins, P. (1997). *Personal and professional development for counsellors* (Vol. 4). Thousand Oaks, CA: Sage.

Yakunina, E. S., Weigold, I. K., & Weigold, A. (2013). Personal growth initiative: Relations with acculturative stress and international student adjustment. *International Perspectives in Psychology: Research, Practice, Consultation*, 2 (1), 62-71.

Yalom, I. (2002). *The gift of therapy*. New York, NY: Harper Perennial.

VITA

Larissa Florence Seay was born on May 9, 1983 in Oak Harbor, Washington. She attended public schools throughout her elementary, middle school, and high school education, graduating from Lawrence High School (Lawrence, Kansas) in 2001. Ms. Seay next completed her Bachelor of Arts in Psychology and Anthropology (dual degrees) at Wichita State University (Wichita, Kansas) in 2007, graduating summa cum laude. She was also recognized as a United States Achievement Academy All-American Scholar in 2007.

Shortly after graduation, Ms. Seay worked as a mental health worker at a Psychiatric Residential Treatment Facility in Newton, Kansas. She also simultaneously attended Wichita State University to pursue a Master's degree in Counseling. She completed her Master's in Education degree in Community Counseling in 2010. She then moved to Kansas City, Missouri to begin a Ph.D. program in Counseling Psychology at the University of Missouri-Kansas City in 2010. After four years of graduate school and one year of internship at Montana State University (Counseling and Psychological Services), Ms. Seay will complete her Ph.D. in Counseling Psychology (August 2015).

Upon completing her doctoral degree, Ms. Seay intends to pursue a postdoctoral psychologist position in California. After completing her postdoctoral hours, Ms. Seay plans to become a Licensed Psychologist in California.

Ms. Seay is a member of the American Psychological Association.