The Relationship of Cognitive Development Level, Supervision, and Counselor Skills in Preparing Counselors

Margaret Jean Jensen

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THE RELATIONSHIP OF COGNITIVE DEVELOPMENT LEVEL, SUPERVISION, AND COUNSELOR SKILLS IN PREPARING COUNSELORS

by

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A Dissertation Submitted to the Faculty of Old Dominion University in Partial Fulfillment of the Requirements for the Degree of

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OLD DOMINION UNIVERSITY

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The focus of this study was the exploration of specific developmental dimensions that may have an impact on the counselor training process, which ultimately will affect the quality of care offered by counselors to clients. Specifically, the relationship of cognitive developmental level and counseling competency skills was examined to determine if a relationship exists between the two dimensions and if so, can a counselor trainee’s developmental level predict his or her level of counseling skills. Thirty master level counseling students (trainees) participated in this study during practicum or internship. The trainees were rated by their supervisors on both a measure of developmental level – the Supervisee Level Questionnaire-Revised, and their counseling skills level – the Counseling Skills Scale. The counselor trainees also rated themselves on a developmental measure utilizing the Supervisee Level Questionnaire-Revised. Using Stoltenberg and Delworth’s IDM model as the basis of the principal constructs examined, results of this study indicated the construct of Self/Other Awareness was the strongest predictor of counseling skills level in general. As supervisors are called to be more cognizant of the cognitive developmental level of their counselor trainees and provide avenues to elucidate higher-level developmental dilemmas, so too, should counselor educators incorporate such avenues into their training program and course curricula. Based on the findings from this study that suggest cognitive developmental levels are linked to better counseling skills, counselor trainees at higher stages of cognitive development appear to be better equipped
to deal with the complex problem-solving and social interactions that are needed to successfully engage in the counseling process.

Key Words: Cognitive Development, Supervision, Counseling Skills, IDM, CSS
For my Dad, Commander Cornelius Malcolm Rowley, U.S.N., Ret.
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CHAPTER ONE

Introduction

Overview of the Research Problem

As our society becomes more increasingly complex in nature, the need for counseling services continues to grow just as rapidly. In order to meet society’s emerging needs, counselor educators are put to task in educating and training new counselors in the field to ensure quality of care for clientele. In addition, training programs and academic institutions not only struggle to define what comprises the “effective” counselor, but also work to offer counselors-in-training the most facilitative training environment possible (Eriksen & McAuliffe, 2003). Therefore, the role of supervision is taking on added importance and increased definition in conjunction with the expanding role of counseling in our society. Thus, studying those factors that impact the efficacy and effectiveness of counselor trainees with regard to both clinical supervision and competency skills is an important avenue of inquiry.

The focus of this study, therefore, was to explore specific dimensions which may impact the counselor training process, which ultimately will affect the quality of care offered by counselors to clients. Specifically, the relationship of cognitive developmental level and counseling competency skills was examined to determine if a relationship exists between the two dimensions. This chapter begins with an overview of cognitive complexity theory, highlighting its role in a developmental process. Additionally, this chapter will provide the reader with an overview of clinical supervision with an emphasis on developmental theory, utilizing the Integrated Developmental Model (Stoltenberg &
Delworth, 1987). Finally, this chapter will offer an overview of the complex process of assessing competency skills in counseling programs in the academic environment.

**COGNITIVE COMPLEXITY**

Cognitive complexity is a concept that has been studied for decades in psychology and counseling and seems to have as many definitions as it does research studies supporting those definitions. One of the first and better known theories of cognitive development was established by Piaget (1956; 1971). Piaget was interested in the biological influences on "how we come to know." He believed that what distinguishes human beings from other animals is our ability to do "abstract symbolic reasoning" (Piaget & Inhelder, 1962). As a biologist, Piaget was interested in how an organism adapts to its environment. Behavior, or adaptation to the environment, is controlled through mental organizations called “schemes” that the individual uses to represent the world and designate action. He believed this adaptation is driven by a biological drive to obtain balance between schemes and the environment (equilibration). Piaget described two processes used by the individual in his or her attempt to adapt: assimilation and accommodation. He asserted that both of these processes are used throughout life as the person increasingly adapts to the environment in a more complex manner (Piaget, 1971).

According to Piaget’s theory, assimilation is the process of using or transforming the environment so that it can be placed in preexisting cognitive structures. Accommodation is the process of changing cognitive structures in order to accept new information from the environment. Both processes are used simultaneously and alternately throughout life. As schemes become increasingly more complex (e.g., responsible for more complex behaviors) they are termed “structures.” As an individual’s structures become more
complex, they are organized in a hierarchical manner - from general to specific (Piaget & Inhelder, 1962). A central component of Piaget's developmental theory of learning and thinking is that both involve the participation of the learner. Knowledge is not merely transmitted verbally but must be constructed and reconstructed by the learner. Piaget asserted that for an individual to know and construct knowledge of the world he or she must act on objects and it is this action which provides knowledge of those objects; the mind organizes reality and acts upon it. The learner must be active; he or she is not a vessel to be filled with facts (Sigel, 1979). Using Piaget's theory as a springboard, cognitive complexity has also been defined as "an aspect of a person's cognitive functioning which at one end is defined by the use of many constructs with many relationships to one another (complexity) and at the other end by the use of few constructs with limited relationships to one another (simplicity)" (Pervin, 1984, p. 507).

To further expand previous definitions of cognitive complexity, more recently Labouvie-Vief and Diehl (2000) used a latent variable approach to describe two broad domains of adult development and their interrelations. One domain was cognitive complexity, defined by crystallized intelligence, fluid intelligence, and reflective cognition; the other domain was cognitive-affective integration, operationalized in terms of integrated and defensive coping. These researchers posited a theory of coping and defense that is based on the degree to which affect and cognition are integrated with each other in dealing with conflict. Strategies that integrate cognition and affect are called coping strategies, whereas strategies that do not integrate affect and cognition (e.g., affect is distorted by cognition or is unregulated by it) are called defense strategies. In their study, Labouvie-Vief and Diehl hypothesized that these 2 domains are related to each other and that they
imply different developmental correlates. Structural relations among the latent variables supported a model in which integrated coping showed positive relations with crystallized intelligence and reflective cognition, whereas defensive coping showed negative relations to these cognitive factors. In addition, according to their study, age and education were significant predictors of the cognitive complexity factors, whereas evaluations of the climate in one's current family and family of origin were related to the factors of cognitive-affective integration (Labouvie-Vief & Diehl, 2000). Thus, the cognitively complex individual has versatility in both simple and complex behavioral realms, so to speak, while the cognitively simple individual is versatile in only one realm. Therefore, a cognitively complex person has a relatively differentiated system of dimensions for perceiving the behavior of others, whereas a cognitively simple person has a relatively undifferentiated system of dimensions for perceiving the behavior of others. Cognitive complexity was further defined by Schneider (1977) as "the degree to which a person possesses the ability to perceive behavior in a multidimensional manner" (p. 541).

In general, cognitive models view maturational changes in cognitive capacities, along with transactions of the individual with environmental structures that foster such capacities, as the major source for personal development (Piaget, 1952). Piaget's approach to learning could be conceptualized as a "readiness" approach. Readiness approaches in developmental psychology emphasize that individuals cannot learn new information until maturation gives them certain prerequisites (Brainerd, 1978). Thus, individuals are seen as progressing from simplistic, linear, dichotomous reasoning to more complex, differentiated, flexible, and integrative reasoning. Therefore, for the purposes of this current study, cognitive complexity will be defined as the individual's ability to take multiple
perspectives, be reflective, open-minded, and empathic in his or her cognitive processes when working with clients and/or case conceptualizations (McAuliffe, 2006). Evaluating a counselor trainee's level of cognitive development might best be assessed beyond the classroom and, therefore might be demonstrated more visibly and clearly in the practicum and internship supervision sessions.

**Supervision**

Clinical supervision of counselors, especially in the early years of training, is widely accepted as being important for professional development. Supervised clinical experience has long been considered one of the most significant aspects in the training of professional counselors and improving their competency skills, theoretical development, and case conceptualization (Bernard & Goodyear, 1992; Eriksen & McAuliffe, 2003; Lovell, 1999; 2002). Notwithstanding the broad acceptance of supervision, there has been little empirical investigation to establish whether supervision can achieve its primary goals; that is, of fostering and improving cognitive complexity and moving supervisees forward to another level of competency.

Clinical supervision consists of the construction and implementation of individualized learning plans for supervisees working with clients. It is an agreement between the supervisor and supervisee outlining the process and procedure of supervision and acknowledges its fluid nature. For example, in some supervision sessions the focus might be on the client and in other supervision sessions, the focus might be on the supervisee. Supervision can be done in a number of ways, based on the supervisor's theoretical orientation.
Models of Supervision

A supervisor's theoretical orientation will determine how he or she approaches the supervision process as well as how he or she goes about carrying it out. The systematic manner in which supervision is applied is often called the "model." Both the Standards for Supervision (2005) and the Curriculum Guide for Counseling Supervision (Borders et al., 1991) identify supervisors having knowledge of models as fundamental to ethical practice. Most models of supervision focus attention on five core elements: a safe supervisory relationship, task-directed structure, methods addressing a variety of learning styles, multiple supervisory roles, and communication skills enhancing listening, analyzing, and elaboration.

Due to the importance of clinical supervision to the supervisee's professional growth and development, increasing attention to this topic has been noted in the literature recently (Lovell, 1999; 2002; Scott, Nolin, & Wilburn, 2006). A significant portion of this attention has been toward developmental models of supervision. Those models commonly describe emergence of complexity in supervisees, in which beginning supervisees require more direction and are more dualistic in their thinking than supervisees later in the process (e.g., Blocher, 1983; Loganbill, Hardy, & Delworth, 1982; Lovell, 2002; Stoltenberg, 1981).

Developmental Model of Supervision

One particular developmental supervision model is the Integrated Developmental Model developed by Stoltenberg and Delworth (1987). They described a developmental model with three levels of supervisees: beginning, intermediate, and advanced. Within each level the authors noted a tendency for supervisees to begin each level in a rigid, shallow, imitative way and move toward more competence, self-assurance, and self-
reliance. Their theory focuses particularly on the evolution of three concepts: (1) self-and-other awareness, (2) motivation, and (3) autonomy. These three concepts are described for each of the three levels. They are applied to eight content areas for counselor competence. The eight areas are: intervention, skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment goals and plans, and professional ethics.

**Assessment of Developmental Level**

Stoltenberg and Delworth's (1987) Integrated Developmental Model, a description of supervisees' development while in training, has yielded an assessment instrument, the Supervisee Levels Questionnaire-Revised (SLQ-R; McNeill, Stoltenberg, & Romans, 1992). In their attempt to address the need for reliable, valid assessment procedures for identifying a trainee's level of development, McNeil et al (1992) conducted a study to improve the reliability and validity of the original SLQ. In this study, they administered a revised instrument designed to assess constructs relevant to Stoltenberg and Delworth's (1987) Integrated Developmental Model (IDM) to counseling and clinical psychology trainees of varying levels of graduate education, counseling, and supervision experience. The revised SLQ-R consisted of a total of 30 items (score range = 30–210). Cronbach's alpha reliability coefficients were calculated for the three subscales, resulting in reliability estimates of .83, .74, .64, and .88 for the Self and Other Awareness, Motivation, and Dependency–Autonomy subscales, and total scores, respectively (McNeil et al., 1992). Once a supervisor has established the developmental level of the supervisee, he or she can then address the eight areas of growth, previously mentioned. Combined together, these eight areas highlight the concept of counselor competency.
Counseling Skills

A focus of supervision for students of counseling is their use of effective counseling skills. Counseling skills are broadly defined as comprising three main skill sets: attending behaviors, reflection of feelings, and summarization of feelings (Ivey, 1971). Ivey posited that an important aspect of establishing a sound therapeutic relationship with the client was accomplished by the counselor by being aware of, and responsive to, the communications of the client, while communicating this attentiveness (Ivey, 1971). Reflection of feelings, as well as the ability to summarize those feelings, is contingent upon how well the counselor is “attending” to the communication of the client. It is important that such basic skills be measured so that counselor educators have a means for evaluating their training programs (Eriksen & McAuliffe, 2003; 2006).

Increasing attention is being placed on the identification of competencies, particularly specific therapeutic competencies that have been shown to be associated with positive treatment outcomes (Falender & Shafranske, 2010). This competency movement reflects for some, a major paradigm shift in culture toward an approach that is devoted to providing outcomes-based education and training (Rubin, et al., 2007). Such evaluations can result in a judgment that an "individual is fit to practice a profession autonomously" (McGaghie, 2002, p. 5). Evaluation of professional competence can be done both formally and informally.

There are two kinds of evaluations, in general, summative and formative. Summative evaluations are frequently utilized in the counseling supervision process. Summative evaluations typically examine the effects or outcomes of some process. The supervisors composing these evaluations do so by summarizing the process of the
counseling session. They describe how effective or ineffective, and how appropriate or inappropriate counselor trainees are “in terms of the perceptions of the individual who makes use of the information provided by the evaluator” (Isaac & Mitchell, 1981, p. 2). Globally speaking, counselor supervisors are responsible for submitting the summative evaluations and assessments of supervisees’ competence to university departments, state licensing boards, and agency administrators. Summative evaluation is described by Bernard and Goodyear (1992) as “the moment of truth when the supervisor steps back, takes stock, and decides how the trainee measures up” (p. 105). Therefore, effective evaluations require clearly delineated performance objectives that can be assessed in both quantitative and qualitative terms and that have been made explicit to the trainee during initial supervision contacts (Eriksen & McAuliffe, 2003).

Counselor educators and supervisors who attempt to teach and cultivate a trainee’s skill level typically find several complex and difficult areas. These involve attempting to measure the specific skill, whether or not the measurement used is a reliable and valid instrument, and also, whether or not the supervisors are operating from a specific theory of supervision. First, the very process of evaluating counseling skills is a complex process. Many skills inventories and behavioral checklists abound; however, research suggests these may lack adequate reliability and validity (Eriksen & McAuliffe, 2003). Second, university supervisors recognize the tension between providing a supportive facilitative environment whereby counselors-in-training can feel free to “stretch” themselves and learn counseling skills and the normal anxiety that results from academic grades. Thus, determining what instrument or measurement of evaluation becomes a dilemma for the supervisor. Third, if the supervisors are lacking a specific theory or model of supervision, they might be unable
to articulate desired outcomes for their supervisees and may revert to the evaluation of administrative detail and case management (Bernard & Goodyear, 1992). As a result of these difficulties, numerous areas of competency may be neglected, anxiety may persist, and supervisors may resort to summative evaluation practices in global and poorly measured terms. In order to address this challenge, Eriksen and McAuliffe (2003) developed the Counseling Skills Scale (CSS).

In an attempt to improve both the summative process and previous measures of counselor competency, Eriksen and McAuliffe (2003) designed the Counseling Skills Scale as a revision of Downing, Smaby, and Maddux’s (1999) Skilled Counselor Scale (SCS). In doing so, Eriksen and McAuliffe delineated five criteria deemed pertinent for the measurement of counseling skills. These criteria were: “(a) be valid and reliable; (b) rely of observations of actual in-session performance of counseling skills; (c) be accessible—that is, have face validity, be easy to use, and be relevant for students and instructors as a feedback device; (d) rely on ratings by expert judges, rather than only ones by students, clients, or peers; and (e) require qualitative judgments as to the contextual appropriateness of the use of particular skills” (Eriksen & McAuliffe, 2003, p.123). Cronbach’s alpha conducted on their instrument was .91, indicating a relatively high level of internal consistency (Ericksen & McAuliffe, 2003).

Perosa and Perosa (2010) critiqued the self-report and observer rating measures developed to date to assess the clinical skills of trainees in both the individual and in the family therapy fields. In contrast to other measures, the CSS was described as having “demonstrated acceptable levels of reliability and validity for research purposes” (p. 132). Thus, researchers are able to use this instrument in studies to monitor student growth over
time. Peace and Sprinthall (1998) posited that given all the research that correlates counselor development or "complexity" with higher order counseling skills, a counselor's cognitive development should not be just a process through which a supervisee passes in supervision but should be a supervision goal in and of itself. Thus, supervision during practicum or internships becomes the most logical settings to instigate and promote counselor development/complexity in counselors-in-training.

Purpose

The purpose of this correlational design was to investigate the relationship between counselor's cognitive developmental levels and competency skills level. Counselor developmental levels were assessed using the Student Levels Questionnaire-revised (SLQ-R; McNeil et al., 1992). Counselor competency level was assessed using the Counseling Skills Scale (CSS; Eriksen & McAuliffe, 2003). Participants completed the SLQ-R and CSS-R during their practicum or internships in a graduate counseling program.

Specifically, this research aimed to investigate the following questions:

1) Is there a relationship between counselor developmental level and counselor competency level in students of counseling during practicum or internship in a graduate counseling program?

2) Can the developmental level of a counselor trainee predict his or her competency skill level?
Implications

If cognitive developmental level is shown to relate to counselor competency skills, then there could be significant implications for counselor education programs. Winter and Holloway (1992) support this notion in a study that investigated conceptual level in trainees, calling for an examination of how programs might be tailored to foster increasing cognitive complexity. Additionally, assessing or screening counselor trainees’ cognitive developmental level may provide valuable information regarding appropriate interventions for improving competency skills as well as appropriate placement into various levels of practicum or internships.

In order to investigate such complex dimensions as cognitive developmental level and competency skills of counselor trainees, researchers must be vigilant with regard to the validity and reliability of the instruments and/or assessment tools utilized to measure those dimensions. Validity and reliability help to establish the credibility and soundness of research in quantitative research (Cohen, 1992). The utilization of psychometric instruments that possess these criteria lends support for the results. The primary researcher specifically selected two instruments, the Student Level Questionnaire-Revised and the Counseling Skills Scale, due to their ability to accurately measure the specific domains being investigated (McNeil, et al, 1992; Eriksen & McAuliffe, 2003). In the process, results of this research might help to further inform the reliability and validity of each instrument. Although studies exist examining supervisee developmental level (Lovell, 2002), there are few that link the developmental level of counselor complexity specifically with counselor competency skills. It is important to investigate the relationship between a counselor trainee’s developmental level and counseling skill competency in order to inform course
curriculum, supervision training, and assessment of counselor "readiness" in Counseling graduate programs (Lovell, 2002; Eriksen & McAuliffe, 2006). Counselor educators, supervisors, and others involved in preparing counselor trainees might be able to use this information to assist in the education and training/ supervision of counselors in graduate programs to better meet the students’ developmental needs in learning counseling skills (Lovell, 2002). Helping supervisees identify their own strengths and growth areas enables them to be responsible for their life-long development as both counselors and future supervisors.

**Definitions of Terms**

*Cognitive Complexity* is defined as the individual’s ability to take multiple perspectives, be reflective, open-minded, and empathic in his or her cognitive processes when working with clients and/or case conceptualizations.

*Developmental Level* is defined using the Integrated Developmental Model and refers to where a student is currently at with regard to his or her professional development as a counselor/therapist. In utilizing the IDM for this purpose, the student will be at either Level I, Level II, or Level III.

*Dependency/Autonomy* is defined as the degree to which a counseling student depends upon the supervisor for direction when working with clients verses a sense of independence in working with clients, formulating case conceptualizations, etc.

*Self/Other Awareness* is defined as the degree to which a counseling student is focused on himself/herself more so than the client.

*Motivation* is defined as the degree to which a counseling student’s intrinsic desire to be a counselor fluctuates.
Counseling Skills refers to the counseling student’s ability to integrate counseling micro-skills with a client in an effective manner for the presenting situation.

Importance of Study

A review of the literature shows that the development of cognitive complexity is a pertinent factor to be considered in the training of new counselors. It reveals the need for a developmental framework of supervision that addresses the cognitive complexity or developmental level of the counselor trainees. In particular, how the cognitive developmental level of the counselor trainee impacts the ability to improve counseling skills which ultimately impacts the clients was examined. The focus of this study, therefore, was to explore specific dimensions that may impact the counselor training process, which ultimately affects the quality of care offered by counselors to clients. Specifically, the relationship of cognitive developmental level and counseling competency skills was examined to determine if a relationship exists between the two dimensions. If cognitive developmental level is shown to relate to counselor competency skills, then there could be significant implications for counselor education programs. Winter and Holloway (1992) supported the idea of modifying education programs to meet the developmental levels of students in a study that investigated conceptual level in trainees, calling for an examination of how programs might be tailored to foster increasing cognitive complexity. Additionally, assessing or screening counselor trainees’ cognitive developmental level may provide valuable information regarding appropriate interventions for improving competency skills as well as appropriate placement into various levels of practicum and/or internships.
Summary

This chapter explained the difficulties counselor educators and supervisors face as they attempt to prepare future counselors in the profession. Cognitive complexity was briefly described and a developmental model of supervision, the Integrated Developmental Model, was introduced as a paradigm of supervision for supervisors to utilize with counselors-in-training. Counseling skills were described as well as the difficulties in assessing these types of techniques. The CSS was introduced as a means to effectively evaluate the use of counseling skills. The justification and rationale for the current study were provided as a means to investigate the possible relationship between cognitive complexity or developmental level of the trainee and the demonstration of counseling skill level. A definition of terms was provided. Chapter Two reviews the pertinent literature on each topic as they relate to the current study. Chapter Three presents details regarding methodologies used in this study. Results of the research are presented in Chapter Four, and a discussion of implications and limitations is included in Chapter Five. Chapter Six proffers a manuscript to be submitted for publication.
CHAPTER TWO

Literature Review

The development of competent, ethical clinicians and the clinical supervision that best facilitates this development are complex processes. Researchers have attempted to understand the many components of these processes with regard to individual, environmental, and relational factors that contribute to the personal and professional development of counselors. The purpose of this chapter is to provide an overview of the topics of the development of cognitive complexity, supervision, and assessment of counseling skills, and to review the empirical literature which is pertinent to each topic as it relates to the study of counselor development.

Theoretical Assumptions

The study of human growth and development has been historically fraught with controversy surrounding theories of development and how it progresses. These competing theories tend to be framed within epistemological differences that maintain opposing assumptions. In considering these various theories, it might be helpful to remember that theories serve as conceptualizations of certain features of the real world and are subject to interpretation by the practitioner (Stoltenberg & Delworth, 1987). Adherence to one particular theory can make it difficult to comprehend and understand other perceptions of reality. Since different theories entail different sets of assumptions, the manners in which we understand and interpret observations are likewise influenced by those assumptions (McAuliffe, 2006). In essence, one's epistemology has significant impact on the theoretical orientation chosen. Thus, theories are social creations more so than discoveries (Kegan, 1982; McAuliffe & Lovell, 2006; Stoltenberg & Delworth, 1987).
Acknowledging this proclivity toward epistemological assumptions, the current study focused on developmental theories and perspectives.

**Development and Cognitive Complexity**

The historical research on human growth and development has been traditionally divided into distinct areas of emphasis, each with its own philosophical and epistemological assumptions (Stoltenberg & Delworth, 1987). The first paradigm, the mechanistic view, envisions human beings as machines, metaphorically speaking. Individuals are described as being driven by forces external to their being. As Locke purported, the human mind is considered to be a “tabula rasa,” an empty page, passively waiting whatever knowledge external forces impress upon it (McAuliffe, 2006). Thus, whatever change may occur within the mind is due to the accumulation of externally furnished information.

To the contrary, the second paradigm, the organismic view, envisions human beings as knowledge-seeking individuals (Stoltenberg & Delworth, 1987). From this perspective, a theorist conceives the mind as actively working within and upon its environment, struggling to make meaning of and find relationships between bits of information, which is in direct contrast to the mechanistic view. It is this active meaning making or interpretative process which lends this view its qualitative characteristic. This organismic paradigm is a core component to the developmental construct commonly referred to as “epistemological constructivism.” Developmental theory posits that knowledge or reality is constructed by the individual (Kegan, 1982; McAuliffe & Lovell, 2006; Piaget, 1971; Stoltenberg & Delworth, 1987). Thus, the cognitive emphasis is not placed on the events in and of themselves but rather, on the transformation of these events into meaningful information by
the organism or individual. Piaget's (1971) concepts of assimilation and accommodation are examples of this epistemological concept. For instance, when new information that is not vastly dissimilar from an individual's existing structure, or schema, to use Piaget's terms, is presented to the individual, he or she simply makes room for the new data. He or she assimilates it. Conversely, when the information perceived by individuals is extremely different or more complicated than previous knowledge, they must change their internal structure in order to integrate the new information. This is accommodation.

Additionally, Piaget (1971) hypothesized that structures, or schemas, not only possess unity, but also appear to possess an equilibrium or balance. Disequilibrium occurs when new knowledge does not fit with one's accumulated knowledge. For example, when an individual encounters a novel event, cognitive disequilibrium occurs. The central mechanisms used to restore equilibrium are assimilation, (e.g., fitting new information into a schema), and accommodation (e.g., altering our frame of reference). Piaget (1971) said, "To know is to assimilate reality into a system of transformations" (p. 15). When the equilibrium descends into disequilibrium, the individual must act to reorganize or restructure himself or herself in order to restore a sense of balance (Piaget, 1971). Piaget's theory emphasized the organismic perspective because he believed that experience alone does not explain everything. There is a developmental contribution to experience provided by the organism, or the individual, that serves to organize and interpret events into increasingly more complex and qualitatively different structures (Piaget, 1971).

Cognitive development is a pervasive attribute that dictates an individual's life, worldview, perception, and interpretation (Loevinger, 1979). Developmental theorists Piaget, (1971); Perry, (1970); Loevinger, (1979); and Kohlberg (1976) have described
cognitive development as a sequential qualitative change in reasoning patterns that act as filters through which an individual ascribes meaning to an event, issue or problem. Meaning is established when the individual is able to assimilate the data into present schemata or accommodate new data into his or her existing schema. Likewise, Miller (1977) developed a theory of development by positing qualitatively different stages of development to explain growth. His view was similar to the previously mentioned theories in that each stage of development builds upon the preceding stage, progressing to an increasingly more complex structure or way of making meaning of the information. Thus, the adaptability of the individual to various environmental demands is a function of the complexity of the structures present at each stage, with increasingly complex and adaptive responses available at higher stages of development.

The importance of adaptability to development is also emphasized in another theory, that of Perry (1970). Perry’s model describes developmental progress as beginning with a person’s insight that goes beyond his or her current stage of cognitive development. This insight then becomes an “island” of higher-level functioning within a lower-level stage, which gradually expands until the new structures become predominant. As a result, the individual is then functioning largely within a higher stage of development. This process, generally referred to as the Perry Scheme, describes how individuals can move from a more rigid or concrete (dualistic) manner of thinking through positions of multiplicity, to a more pluralistic and context-sensitive manner of thinking (relativism; McAuliffe, 2006). This is similar to the process Piaget (1971) described, where recognition of conflict or inconsistencies between ideas result in a state disequilibrium, with subsequent more advanced equilibrium through insight at a higher level, (e.g., accommodation).
Additionally, Piaget believed there should be a gradual and sequential upward movement occurring naturally as a result of assimilation and accommodation (Piaget, 1971). The same is the case with Perry's and other developmental models.

There is variation in the rigidity or fluidity of stages in various theories (McAuliffe, 2006). The focus on the process of development as well as the evolving complexity of cognition as an aspect of development is clearly quite pertinent to counselor education and counselors-in-training development, whether one adopts a hard stage versus soft stage thinking (that is, indication of a central tendency for a certain way of knowing versus an all-or-nothing stage emergence). Some theorists argue against the notion of developmental hard stages, which is a description of total movement into a way of thinking (Flavell, 1979; Loevinger, 1979). For example, Loevinger (1979) warns that specific stages of ego development may not be defined by specific behaviors at specific stages, but rather are defined by gradual transitions. Her model of identity development incorporates the concept of cognitive complexity, which delineates nine distinct social-cognitive development levels which develop in an invariant hierarchical sequence, progressing to increased personal and interpersonal awareness, autonomy, ability to think complexly, and an enhanced capacity to self-regulate. Although her model incorporates nine stages or levels of development, it should be noted that she warns against referring to these stages by number because she believed the movement of the self through the developmental process is such an ambiguous and varying process. Despite these warnings concerning stages, Loevinger's work could be considered as a major contribution to developmental theory. Her theory describes how the manner in which we process information about ourselves and our world makes qualitative shifts as we develop.
The particular approach that one adopts regarding human development will affect both the manner in which one perceives human growth and the design of the research to investigate the concept (Kegan, 1982; McAuliffe & Lovell, 2006; Piaget, 1971; Stoltenberg & Delworth, 1987). In support of this notion, Perry (1977) believes no theory is sufficiently robust to encompass all human behaviors. Instead, he proposes that certain theories may be helpful for given aspects of development. It is perhaps more relevant to focus on those concepts in which many developmental theorist agree instead. Thus far, most developmental theorists agree that the individual’s adaptability is stimulated by the complexity of the presenting structures. This is known as developmental complexity and is conceptualized as growth from stage to stage (Lovell, 2002; McAuliffe, 2006; Perry, 1977; Piaget, 1971; Stoltenberg & Delworth, 1987).

Moreover, this growth is characterized by small areas of higher functioning within a given stage, which then expands to other areas until functioning is predominantly at the next higher stage of development (Duys & Hedstrom, 2000; Kegan, 1982; Loevinger, 1979; Lovell, 2002; McAuliffe & Lovell, 2006; Piaget, 1971; Perry, 1977; Pervin, 1984; Stoltenberg & Delworth, 1987). For example, the ability to synthesize and integrate abstract ideas that may have initially appeared incompatible at a lower stage of development will be easily assimilated at the next higher stage of development. Developmental complexity discussed in relation to how one thinks is known as cognitive complexity. A component of cognitive developmental theory is cognitive complexity.

Cognitive complexity is important to the counseling field because the ability to take multiple perspectives and critical thinking is integral to the work of counselors. Cognitive complexity was defined by Pervin (1984) as a continuum that consists of an individual’s
ability to use many constructs that have many relationships to one another (complex) at one end of the developmental continuum, and an individual's use of few constructs with limited relationships to one another (simplicity) at the other end. Schneier (1977) defined cognitive complexity as "the degree to which a person possesses the ability to perceive behavior in a multidimensional manner" (p. 541). For example, a cognitively complex individual would be more likely to understand another person's circumstances from many perspectives. Consistent with that proposal, Holloway and Wampold (1983) found that counselor trainees with higher levels of cognitive complexity were more effective in generating appropriate clinical hypotheses than those who were less cognitively developed.

To illustrate this concept in the educational arena, Granello and Hazier (1998) used a developmental model of cognitive complexity to propose an order to the counseling curriculum that exposes students to more and more cognitively advanced experiences.

Some theorists suggest that cognitive complexity is more of a process rather than as a stable entity, in which factors such as reflection, openness to new experiences, and hypothesis testing are seen as significantly impacting and shaping one's developmental level (Kegan, 1982; Lovell, 2002; McAuliffe, 2006). Thus, counselors-in-training who possess more flexible and open cognitive styles, are able to tolerate ambiguity and can take multiple perspectives, are able to self-assess, form, evaluate, and revise hypotheses easily are better equipped to deal with the intricate complexities of the therapeutic process (Kegan, 1982; Lovell, 2002; McAuliffe, 2006; Wampold, 2001).

In order to test the hypothesis that greater cognitive complexity leads to increased abilities in counseling skills, Duys and Hedstrom (2000) examined the relationship between basic counselor skills training and cognitive complexity levels in counseling trainees.
Cognitive complexity levels of new graduate counseling trainees either enrolled or not enrolled (e.g., the control group) in a basic skills course were measured before and after the course. Results indicated participants who were exposed to the basic skills training course showed significantly higher cognitive complexity than the control group when posttest means were compared (Duys & Hedstrom, 2000). Moreover, understanding the cognitive developmental level of a counselor-in-training may enable the supervisor to choose supervisory interventions to foster movement to the next level for the trainee’s cognitive development. Therefore, the comprehension of how cognitive development accentuates counseling competence is fundamental to supervision strategies and interventions. Thus, supervision during practicum or internships becomes the most logical settings to instigate and promote cognitive complexity in counselors-in-training.

Supervision

Historical Aspects of Supervision

The process and characteristics of clinical supervision have been extensively studied and many theoretical approaches and models of supervision have been developed (Blocher, 1983; Loganbill, Hardy, & Delworth, 1982; McNeill, Stoltenberg, & Pierce, 1985; Stoltenberg, 1981; Stoltenberg & Delworth, 1987). A systematic framework in which supervision is conceptualized is often called a “model” (Loganbill, Hardy, & Delworth, 1982). Working with a set of assumptions or within a framework allows supervisees to work with intention and direction. Both the Standards for Supervision (2005) and the Curriculum Guide for Counseling Supervision (Borders et al., 1991) identify a supervisor’s knowledge of models of supervision as fundamental to ethical practice. Most models of supervision focus attention on five elements: a safe supervisory relationship, task-directed
structure, methods addressing a variety of learning styles, multiple supervisory roles, and communication skills enhancing listening, analyzing, and elaboration. Each of these will be discussed later in the context of developmental supervision.

Historically speaking, supervision routines, beliefs, and practices began emerging as early as the time in which therapists wished to train others. The focus of such early training, however, was on the efficacy of a particular counseling theory such as behavioral, psychodynamic, or client-centered therapy (Blocher, 1983), and the subsequent theory of supervision that complemented a particular therapy. By contrast, much supervision today is characterized by developmental assumptions.

Within the current models of supervision, one approach stands out as blending cognitive developmental theory with supervision. This is the cognitive developmental orientation of supervision. Within counseling supervision, Blocher (1983) presented some of the initial ideas on cognitive development in supervision. His premise was that optimal performance by counselors requires high levels of cognitive functioning. Blocher outlined this cognitive functioning as:

...the ability to take multiple perspectives ... to differentiate among and manipulate a wide range and large numbers of relevant facts and causal factors ... to integrate and synthesize in creative or unusual ways large amounts of information ...[to engage] in this quest in active collaboration with the client (p. 28).

These qualities are characteristic of the previously-mentioned cognitive complexity. In that vein, Blocher argued that the goal of developmental supervision was to focus "on the acquisition of new more complex and comprehensive schemas for understanding human interaction" (p. 29). Within the developmental approach, clinical supervision might
take on added importance in the growth of counselors-in-training. It is aimed at triggering a higher level of developmental abilities in them. Because of their potential to instigate cognitive complexity in supervisees, a developmental model of supervision was explored in this study.

**Developmental Models of Supervision**

Underlying most developmental models of supervision is the notion that individuals can grow mentally, in various degrees and patterns (Blocher, 1983; Skovholt & Ronnestad, 1995; Stoltenberg, 1981; Stoltenberg & Delworth, 1987). In combining emerging clinical experience with accommodation of new information, counselor-supervisees develop new strengths and potential areas of growth. The supervisor and supervisee can identify and maximize those areas that still need additional refinement for the future (Stoltenberg & Delworth, 1987). It is typical to be continuously identifying new areas of growth as developmental models suggest a life-long learning process.

Developmental models of counseling supervision typically share three assumptions. These assumptions move from lower levels of development to higher levels, those requiring more complex reasoning. In Watkin's words: "(1) that psychotherapy trainees pass through a series of identifiable, definable, sequential, hierarchical stages; (2) that different trainee needs exist across the different stages of trainee development ; and (3) that therapy supervisors should vary their supervision to match the needs of their trainees" (Watkins, 1994, pp. 417-418). Developmental models stress the importance of matching the supervisor's behavior or strategies of intervention to the developmental needs of the supervisee (Ronnestad & Stovholt, 2003; Stoltenberg, 1981; Stoltenberg & Delworth, 1987).
Conflict and Readiness

Conflict and readiness are two notions that are central to developmental thinking. Developmental models help the supervisee move to the next stage by using the supervisee’s experience of a conflict or disequilibrium within his or her current cognitive capacity, or meaning-making process (Kegan, 1982; McAuliffe, 2006; Piaget, 1971; Stoltenberg & Delworth, 1987). Such a conflict, for example, might consist of requiring the supervisee to role-play with the supervisor how he or she might counsel a client in the midst of a psychotic episode. In addition to experiencing this “conflict”, the supervisee must also be “ready” mentally to make this shift in thinking patterns (McAuliffe, 2006). According to McAuliffe, readiness consists of those variations in potential to expand one’s mental capacities to meet the demands of professional practice. Once this shift in thinking patterns occur, the supervisee is able to accommodate the new information into his or her new schemas; this results in greater cognitive complexity.

Overall Developmental Supervision Methods

Much like making assumptions about a client based on his or her developmental level and age, supervisors should also be prepared to meet the supervisee “where he or she is at.” During training, the supervisor is expected to address the developmental needs of the supervisee and help to promote movement to the next higher cognitive developmental level. There are methods the supervisor can use to instigate this developmental learning in supervisees. In this effort, McAuliffe (2006) proposes several activities that might trigger the needed conflict or disequilibrium that can move individuals along in their development.

One method lies in the supervisor’s emphasizing multiple perspectives over single perspectives when working with the supervisees. By examining a situation from several
angles, supervisees must integrate their current knowledge with new information, thus
giving up previously conceived “right” ways of operating. For example, a supervisor might
have the supervisee research the cultural background of a client who is not a member of the
dominant group, before reaching a conclusion that a particular behavior is “wrong” or
pathological in nature.

A second task that might facilitate disequilibrium in a supervisee is to ask the
supervisee to reflect upon the origin of his or her own knowledge base. Given the complex
nature of human behaviors, there are no set rules to follow or “right or wrong” answers.
According to McAuliffe (2006), “reflective practice inherently carries within it the seeds of
improved competence” (p. 483). Reflective supervisees are most flexible when faced with
the ambiguity of clinical decisions. A broad conceptualization of counselor development
comes from the work of Skovholt and Ronnestad (1995). Their work shares the basic
assumptions of the developmental perspective, such as the idea that therapists-in-training
progress through sequential stages toward increased competency and autonomy, and that
the supervisory relationship changes over time, as do the needs of the trainee.

The core assumption of this empirically-based model is that therapists either stagnate
or develop depending upon the interaction of a central mediating process that Skovholt and
Ronnestad refer to as “continuous professional reflection” as well as other individual
factors and structuring factors in the supervision or working environment (Skovholt &
Ronnestad, 1995). Personal and professional interactions play a key role in therapist
development, as do time to reflect to oneself, an open and supportive environment, and a
reflective stance. This third component is considered by some to be the most important and
can be thought of as continuous “inward thinking.” Reflectivity is integral to therapist
development across the life span and differentiates therapists who continue to grow and develop throughout their career from therapists who stagnate (McAuliffe, 2006; Skovholt & Ronnestad, 1995; Stoltenberg & Delworth, 1987). In order to demonstrate reflectivity or "higher order" developmental complexity, the supervisee must be able to examine his or her own actions through active and critical inquiry into his or her own covert and overt behavior in a session, display a continued openness to alternatives for interpreting what is being conveyed, and embrace a willingness to become vulnerable and try out new ideas both in supervision and in sessions with clients. A reflective stance is defined as:

...the individual is consciously giving time and energy to processing, alone and with others, impactful experiences. An active, exploratory, searching, and open attitude is of extreme importance. Asking for and receiving feedback is crucial (Skovholt & Ronnestad, 1995, p.107).

Rote or mechanical behaviors will not suffice. The supervisor can play an integral role in fostering this development in the supervisees during supervision sessions. Neufeldt, Kamo, and Nelson (1996) have highlighted the compelling role that reflectivity plays in therapist/counselor development. These authors asserted that reflectivity improves supervisees' work and professional judgment. They argue that an important supervisory responsibility is to "facilitate the process of reflectivity" (Neufeldt et al., 1996, p. 3). In fact, many developmental theorists argue that a critical role of the educator/ supervisor is to teach supervisees to reflect in a systematic way and that the learning of reflective processes (e.g., to think critically) is half the activity of supervision (McAuliffe, 2006; Neufeldt, et al., 1996; Schon, 1983; Stoltenberg & Delworth, 1987; Skovholt & Ronnestad, 1995). It has been argued that the process of reflection helps to bridge the gap between theory and
practice, reconcile prior beliefs with theory and practice, and reconstruct professional knowledge from situational knowledge (Kegan, 1982; McAuliffe & Lovell, 2006; Schon, 1983).

Finally, a third method that McAuliffe suggests for instigating disequilibrium in supervisees is to encourage them to "value approximation over precision" (2006). This method may help supervisees to become desensitized to a state of ambiguity. Overall, such supervision methods might encourage more complex thinking by providing supervisees with multiple higher level challenges and asking them to reflect on the meaning of those challenging experiences. Kegan (1982) referred to this challenge as the "culture of contradiction" and believed that the key for progressing developmentally is for the individual to recognize and acknowledge that his or her former patterns of thinking are no longer adequate. In describing these methods, McAuliffe (2006) notes that there is now evidence that supports the influence educators and supervisors can have on promoting readiness in supervisees by exposing learners to cases that require the new mental frameworks (Granott, Fischer, & Parziale, 2002).

**Developmental Supervision and Cognitive Complexity**

There is considerable evidence supporting the influence of the supervisor on the growth of cognitive complexity in counselor trainees (Borders, 1989; Granello, 1999; McAuliffe, 2006; Ronnestad, & Skovolt, 1993). Fong, Borders, Ethington, and Pitts (1997) found that most of the changes in cognitive complexity in counseling students (as measured by cognitive appraisal of counseling) occurred after some form of initial fieldwork experiences (e.g. practicum and internship), where supervision took on a more active role for the counselors-in-training. Granello (1999) also found that, although counseling
students in her study made cognitive gains throughout their academic experiences, the most significant cognitive advances came during internship where the impact of supervision was thought to have an added or contributed to the growth of the counselor’s development. In a review of research on developmental supervision models, Worthington (1987) noted changing patterns in the supervisory relationship such that the behavior of supervisors changed as supervisees gained experience and the supervisory relationship, thus, also changed. The supervisors’ behaviors were noted to change from being more structured and directive to less structured, directive, and more of a mentor role. These developmental trends seem to support the notion that counselor trainees became more advanced or “complex” in their thinking patterns (Worthington, 1987). In summary, there appears to be ample evidence supporting the notion of developmental approaches to supervision and counselor cognitive complexity. One specific model that describes this process is called the Integrated Developmental Model (Stoltenberg & Delworth, 1987).

Integrated Developmental Model

A developmental model of supervision, the Integrated Developmental Model (IDM), is a description of the process of counselor development (Stoltenberg & Delworth, 1987). Inherent in Stoltenberg and Delworth’s (1987) IDM is the notion that cognitive abilities related to counseling skills advance as supervisees move through the developmental process, that is, increase their cognitive complexity. Thus, as counselors become more expert, they are able to engage in case conceptualization, integrate clinical information, and understand interpersonal communication better than they were able at initial stages of development. This developmental process is the foundation of the novice-to-expert model of counselor development (Hillerbrand, 1989; Ronnestad & Stovholt, 2003; Stoltenberg,
1981; Stolenberg & Delworth, 1987). The importance of developing cognitive complexity through counselor education has been supported in the counseling literature (Eriksen & McAuliffe, 2003; Lovell, 1999, 2002; McAuliffe & Lovell, 2006).

Stoltenberg and Delworth (1987) described the IDM as consisting of three levels of supervisee development: 1) Level One: Beginning, 2) Level Two: Intermediate and, 3) Level Three: Advanced. Within each level the authors noted a trend to move from a rigid, shallow, imitation of the supervisor toward more competence, self-assurance, and self-reliance.

Their theory focuses specifically on three areas of competence or “structures”: (a) self/other awareness, (b) motivation, and (c) autonomy. For example, in the area of autonomy, typical development for Level One supervisees would find them relatively dependent on the supervisor to diagnose clients and establish plans for therapy. Level Two supervisees would depend on supervisors for an understanding of difficult clients, but might become alienated by suggestions from others. Resistance, avoidance, or conflict is typical of this stage, because a supervisee self-concept is easily threatened. Level Three or Advanced supervisees function independently, seek consultation when appropriate, and feel responsible for their correct and incorrect decisions.

**The Three Structures of the IDM**

A closer examination of each of the three structures will be explored before discussing the eight specific domains of their theory.

**Self-Other Awareness:** The first structure of competence in the IDM is Self/Other Awareness, which describes the extent to which a counselor-in-training focuses on himself/herself verses the client (Stoltenberg & Delworth, 1987). According to their
theory, this structure of awareness indicates where the individual (supervisee) is in terms of “self-preoccupation, awareness of the client’s world, and enlightened self-awareness” (p. 38). The authors believed this structure has both affective and cognitive components. The cognitive component describes the content of the thought processes characteristic across levels, and the affective component accounts for changes in emotions such as anxiety. For example, Level One supervisees tend to be overly anxious and focus attention on (1) themselves, (2) the skills they demonstrate and utilize, and (3) the evaluative process of supervision. The predominance of self-focus at this level, while seen as a necessary phase of development by Stoltenberg and Delworth (1987), directly interferes with the supervisee’s ability to empathize and understand the client. Once they gain more experience and confidence in basic counseling skills, the Level One supervisee experiences less anxiety and begins to understand how skills or concepts facilitate the therapeutic process.

As the supervisee begins to focus more on the emotional and cognitive experiences of the client, he or she moves into Level Two of development with regard to self-other awareness. The supervisee at Level Two, while more focused on the needs of the client, also becomes more aware of the impact the client could have on the counselor. It is during this stage of development that the supervisee, now feeling more confident in his or her abilities, may begin to struggle with suggestions or inquiries made by the supervisor. Some conflict in the supervisory relationship is likely to take place at this level, according to Stoltenberg and Delworth’s model.

Level Three supervisees continue to integrate the client’s emotional impact into their counseling approach, as well as how their own behaviors and skills affect the client.
According to Stoltenberg and Delworth, it is at this stage that supervisees begin more easily to move and back forth between a focus on their own emotional and cognitive responses to the client and an awareness of what the client might be experiencing. It is this ability to move between levels with regard to awareness that allows Level Three supervisees to integrate information from both perspectives and develop a deeper understanding of the concepts relevant to the particular task and situation.

**Motivation:** The second structure described in the IDM is *Motivation*. According to Stoltenberg and Delworth (1987), this structure reflects the supervisee’s interest, investment, and effort as expressed in clinical training and practice. They believe that this structure changes over time during the training process. Motivation is seen as being very high early in the training process, and then vacillating from day to day, client to client, and culminating in a stable degree of motivation over time and experience. Thus, Level One supervisees will display a high degree of motivation toward activities associated with becoming a counselor. Stoltenberg and Delworth stipulate that this motivation is not based on an in-depth understanding of the role of the counselor or the process of becoming a counselor. Instead, they believe it reflects the supervisee’s intense desire to become a counselor. At this level, motivation is characterized by a strong desire to learn the “right” way to counsel and demonstrate this new knowledge with clients (Stoltenberg & Delworth, 1987).

Level Two supervisees, who are assumed to have developed a more sophisticated understanding of the counseling process, are likely to be assigned more difficult clients than beginning counselors. Level Two supervisees may realize that they lack sufficient skills and conceptual clarity to work successfully with all clients. In addition, they might
be nudged along by their supervisors to make more decisions regarding case conceptualizations and appropriate skills to employ, thus impacting their motivation to do the work. This change in experiences may result in fluctuating motivation on the part of the supervisees.

According to Stoltenberg and Delworth (1987), Level Three supervisees have successfully navigated the ambiguity and insecurities of Level Two and their motivation is now seen as more consistent. At this level, the supervisees understand their strengths and weaknesses, the limitations of counseling, and have integrated a therapeutic style with their own individual identity. Such a deeper self-knowledge and professional understanding allow the supervisee to respond more appropriately to challenging situations without an adverse impact on his or her motivation level.

**Autonomy:** The third and final structure emphasized in the IDM is that of Autonomy (Stoltenberg & Delworth, 1987). This structure is characterized by the degree of reliance on authority figures by the supervisee. Stoltenberg and Delworth conceptualize this structure with Level One supervisee’s as, “knowing little about necessary skills and, perhaps, knowing little about oneself elicit a strong need to be advised by experts” (p. 40). Based on this description, the Level One supervisee may choose to leave most important decisions up to supervisors and will seek advice on numerous issues on a regular basis.

As supervisees develop more confidence, their desire for more autonomous functioning can be seen in Level Two. It is here that Stoltenberg and Delworth believe a dependency-autonomy conflict is likely to occur in supervision. The supervisee may want to be treated as an independent counselor, while at other, more turbulent times he or she might want to rely upon the supervisor again.
Successful resolution of the previous conflict produces a Level Three counselor. At this level, the supervisee demonstrates more confidence in his or her ability to function independently and will seek out appropriate consultation without giving up primary responsibility for the final decisions made regarding a client. It is important to note that Stoltenberg and Delworth’s model assumes that supervisees may be at different developmental levels in different structures or domains at any given point in time during their training. It is incumbent upon the supervisor to be aware of at what level the supervisee is at and implement appropriate interventions.

Within these three structures, (Self-Other Awareness, Motivation, Autonomy), there are eight domains or growth areas for each supervisee. The eight areas are: intervention skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment goals and plans, and professional ethics.

Although intervention skills competence is categorized as a specific domain, Stoltenberg and Delworth recognize it as an over-arching category as well. Given the plethora of skills necessary for counseling, as well as for the related responsibilities for consultation and programming, the authors urge that the specific counseling approach being enacted by the counselor must be considered when assessing skills competence. To illustrate, it would be naïve to assume that a supervisee who is exceptional in person-centered, supportive counseling is also skilled in behavioral, crisis-intervention techniques.

The domain of assessment techniques encompasses tasks that begin with course work in assessment instruments or training in intake procedures (Stoltenberg and Delworth, 1987). According to the authors, this domain highlights the cognitive self-focus of the
beginning supervisee by which they tend to focus on their counseling techniques and not necessarily the client. The theoretical constructs of assessment become the primary focus as the supervisee attempts to diagnosis clients into neatly defined categories.

The third domain of *interpersonal assessment* may sound like it belongs within the domain of assessment techniques; however Stoltenberg and Delworth argue that it is a separate process. They contend that this domain is a function of the supervisee’s self-focus and reflects his or her inability to take the perspective of the client (Stoltenberg & Delworth, 1987). This inability to stay “in the moment” with the client makes it difficult for the Level One supervisee to respond to unexpected statements or behaviors of the client.

The domain of *client conceptualization* addresses the supervisee’s ability to collect relevant information across a broad spectrum of the client’s experience and then integrate this information into a conceptualization of the case and the subsequent treatment plan (Stoltenberg & Delworth, 1987). This domain addresses how supervisors might encourage a more complex understanding of the client dynamics, as well as the integration of relevant data. Such understanding contrasts the Level One supervisee where the focus tends to be on specific aspects of a client’s history or current situation to the exclusion of other salient information.

As another domain in the IDM, *individual differences* includes both an awareness of sexual, racial, and cultural differences among clients and the diagnostic classifications of disorders (Stoltenberg & Delworth, 1987). According to the authors, if the supervisee relies primarily on their own experiences or on recently learned formal theories, the client is not seen as an important source of information.
The domain of theoretical orientation is defined by Stoltenberg and Delworth (1987) as the ability to develop a counseling approach or style that fits with one's comfort level. Level One supervisees initially tend to attach themselves to the theoretical orientation of their supervisor. Stoltenberg and Delworth state, “in an attempt to become an expert quickly, the neophyte trainee may rule out a number of counseling techniques or theories in favor of one more easily understood or commonly accepted” (p. 57).

Treatment goals and plans as a domain simply refer to the supervisee's ability to see the big picture when working with a client. The authors describe this domain as the supervisee's ability to “visualize the process of therapy from intake to termination” (p. 58).

Finally, the domain of professional ethics is stressed as a pertinent component of the IDM model. Stoltenberg and Delworth note that rote memorization of guidelines and rules can occur rather quickly. However, integrating ethics into one’s personal and professional values and behaviors may occur slower, at later stages of development. Given the complex nature of counseling work, problems can occur, for instance, when details of a sensitive case or situation result in an ethical dilemma. Clearly, at such moments, the supervisor is expected to take charge of the situation and decide the next course of action to be taken. It is expected that every counselor will become experts in each of these eight domains through training and supervision. Overall, these domains are assessed for the supervisee by the supervisor throughout the supervisory relationship and feedback regarding supervisee progress is provided and is the impetus for the supervisee’s growth. For the purposes of this study, our attention will be focused on the domain of “intervention skills competence” or basic counseling skills.
IDM-Informed Supervision

IDM supervision is based upon the assessment of strengths and weaknesses in levels of performance across the specific domains previously mentioned. According to Stoltenberg, McNeil, and Delworth (1998), the process of IDM supervision “places skills and techniques in a context of progressive movement toward a desired end state” (p.142).

Determining the counselor's developmental level is the first step in choosing supervision strategies that might facilitate movement to the next developmental level and thus, forms the foundation from which the other interventions follow. Assessing whether counselors fit in Level One, Two, or Three depends on the degree to which they exhibit a stable motivation for being a counselor, an awareness of self and clients, and dependence on the supervisor versus autonomous functioning (Stoltenberg et al., 1998). The authors created an instrument, the Supervisee Level Questionnaire-Revised, to conduct this assessment of developmental level (Stoltenberg, McNeil, & Delworth, 1998), which will be discussed in further detail later. Attention to individual differences remains an important responsibility of the supervisor if he or she is to instigate growth in the supervisee to the next developmental level. This progression or growth is assumed to proceed in a relatively orderly fashion through the various domains of functioning previously described that is relevant to professional activities in counseling. As mentioned previously, for the purposes of this study, our attention was focused on the domain of intervention skills competence or basic counseling skills.
Empirical Support for the IDM and Cognitive Complexity

As in other developmental models of counseling, later stages are thought to be defined by higher levels of cognitive complexity. Indeed, research examining cognitive complexity of counselors has found it is related to the content domains described by the IDM. According to Stoppard and Miller's (1985) review of the research, counselors with higher levels of cognitive complexity were more flexible in their counseling methods, more empathetic in their communication, more autonomous, and less prejudiced than those at lower levels of complexity. On a similar note, Borders (1989) discovered that higher levels of cognitive complexity were correlated with more sophisticated descriptions of client characteristics. Birk and Mahalik (1996) also found confirmation of the IDM in their conclusion that supervisees with higher levels of cognitive complexity were more confident, more able to focus on their counseling effectiveness, and less anxious and less self-focused than those with lower levels of cognitive complexity. Finally, Martin, Slemon, Hiebert, Hallberg, and Cummins (1989) found that experienced counselors were able to conceptualize information more efficiently than less experienced counselors, and they concluded that higher levels of cognitive complexity yielded more extensive and abstract knowledge structures that assisted experienced counselors in case conceptualization.

These studies support the idea that the supervised experience can be an essential component of enhancing cognitive complexity in supervisees which, in turn, might also enhance the supervisee's counseling skills.
Cognitive Development as a Goal of Supervision

Given the research that associates cognitive complexity with higher order counseling skills (Lovell, 2002; McAuliffe & Lovell, 2006), one could argue that cognitive development should not be just a process through which a supervisee passes in supervision, but should be a supervision goal in and of itself. Indeed, clinical supervision brings an added layer of complexity to the counseling process (Stoltenberg, McNeil, & Delworth, 1998; Benard, 2001). Guidelines for implementing IDM supervision theory into practice have been presented to shed light on the rationale for the various strategies used at differing levels of supervisee development. Supervisors are in a better position to meet the needs of counselor trainees and the clients that they serve when they account for the optimal supervision environment for various levels of counselor development, the roles available to the supervisor, and the variety of related strategies that can be applied.

Counseling Skills

Basic skill acquisition is often seen as a foundation for effective counseling (e.g., Egan, 2007; Ivey, 2002). In acquiring basic skills, counselors-in-training learn to use micro-skills or "communication skill units" (Ivey, 2002, p.12) that help them to act more purposefully with their clients. These counseling skills could be considered the threads that the counselor weaves into techniques to help form the intricate tapestry of counseling. In an effort to learn and develop these skills, that is, the individual threads, counselors-in-training typically begin by practicing the skills with fellow students. The pattern of the tapestry begins to emerge when further development of these counseling skills necessitates the demonstration of these skills with real clients, which takes place during practicum and internships.
In graduate school, practicum and internship are required for counselor trainees in order to further develop basic competencies in the clinical skills of counseling. Clinical supervision, viewed as one of the most important pedagogical practices used in these training experiences, is one avenue for future professional counselors to gain feedback and direction for further improvement and maintenance of these counseling competencies (Bernard & Goodyear, 2002). However, developing these basic skills is only a portion of the task in supervision.

The *Code of Ethics and Standards of Practice Guidelines* (American Counseling Association [ACA], 2005) discusses supervision and consultation for professional counselors. In Section C: Professional Responsibility, counselors are reminded that they must demonstrate competency before practicing and that they must acquire skills to be able to work with diverse populations of clients. Counseling in specialty areas can only be done after training, experience, and appropriate supervision has been achieved and documented. Counselors are also reminded to be vigilant about their own effectiveness as professionals. Specifically, they must, “take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice” (p.9).

The crucial role of clinical supervision in learning counseling skills as well as integration skills has been emphasized in the literature (Bernard & Goodyear, 2004). However, there still exists the question regarding how to go about assessing these counseling skills for counselors-in-training. In response to that need, Eriksen and McAuliffe (2003) developed an instrument called the Counselor Skill Scale, that they believe could meet this need.
Assessing Counseling Skills

In their review of the available instruments used to assess counseling skills, Eriksen and McAuliffe (2003) challenged the reliability and validity of these instruments and concluded that these tools were generally unsatisfactory. In their extensive search of the literature, these authors found that overall methods of assessing counselor competence varied significantly in terms of what exactly was being assessed (e.g., unit of analysis or data assessed), the raters used for these assessments, the validity and reliability of the measure, the method of rating skills, and the nature of the analysis itself (Eriksen & McAuliffe, 2003). These variations were then grouped into five categories: Global versus Specific Measurement, Absence of Validity Checks, Counting versus Making Judgments about Skills. Using these five categories as scaffolding, Eriksen and McAuliffe highlighted five desirable criteria for the measurement of counseling skills. They conclude that such measures must (a) be valid and reliable; (b) rely on observations of actual in-session performance of counseling skills; (c) be accessible—that is, have face validity, be easy to use, and be relevant for students and instructors as a feedback device; (d) rely on ratings by expert judges, rather than on those by students, clients, or peers; and (e) require qualitative judgments as to the contextual appropriateness of the use of particular skills (Eriksen & McAuliffe). Eriksen and McAuliffe modified Urbani et al.’s (2002) Skilled Counselor Scale (SCS) instrument to meet the above-referenced criteria as an instrument for assessing counseling skills. After numerous revisions addressing what they believed to be limitations in the SCS and utilizing a focus group of counselor educators for feedback, the result was the creation of the Counseling Skills Scale (CSS).
Counseling Skills Scale

The CSS (Eriksen & McAuliffe, 2003), which measures counseling skills performance, consists of 19 items and six subscales on which trained raters evaluate students on a Likert-type scale from -2 (major adjustment needed) to +2 (highly developed skills). Item scores are averaged into subscale scores, which are then added to become a total counseling skills score. These items reflect those skills that are addressed in most counseling textbooks (Eriksen & McAuliffe, 2003; Ivey, 2002). Body language, minimal encouragers, vocal tone, and evoking and punctuating strengths are grouped into a subscale titled Shows Interest. Questioning, requesting concrete and specific examples, paraphrasing, and summarizing are grouped into a subscale called Encourages Exploration. Reflecting feelings, using immediacy, observing themes and patterns, challenging/pointing out discrepancies, and reflecting meaning and values are included in the subscale called Deepens the Session. Determining goals/outcomes, creating change, considering alternatives, and planning action/anticipating obstacles constitute the subscale Encourages Change. The two final subscales are Develops Therapeutic Relationship and Manages the Session (Eriksen & McAuliffe, 2003).

To test their new instrument, Eriksen and McAuliffe (2003) conducted a study comparing counselor trainees before and after they had completed a counseling skills course. The CSS was used as a pretest and posttest measure in three sections of a counseling techniques course in a graduate program. Initial construct validation research indicated significant differences in means between students’ scores prior to and after taking the counseling skills course, with an effect size of .80, indicating that the change can be considered meaningful. Cronbach’s alpha indicated an internal consistency of .91 (Eriksen
COGNITIVE DEVELOPMENT, SUPERVISION, COUNSELING SKILLS

Results of their study indicated all items and subscale scores correlated positively with the total score. Ten items correlated more strongly with their own scale than other scales, however, eleven items correlated more strongly with at least one other subscale than with their own. This indicates that, although the scales may have face validity for counselor educators and content validity with counseling skills texts, the items within the scales may not represent true factors. It stands to reason that with more participants and the ability to perform a factor analysis, clear identification can be made regarding what the factors are and which items fit within those factors (Eriksen & McAuliffe, 2003). Eriksen and McAuliffe concluded that “the precision of the CSS items and the context sensitivity of its rating scales are advances over the more global and merely enumerative assessment of counselor competence that characterized previous measures” (p.132).

There is a need for additional research that examines both the counselor trainee’s developmental level and his or her competency skills (Eriksen & McAuliffe, 2006; Lovell, 2002). Quantitative research could help the counseling profession to further understand the relationship between developmental level and competency skills for counselor trainees. Knowing more about this relationship could inform counselor educators regarding a better manner in which to address the instruction of the basic skills class, how to orchestrate the supervision process in graduate programs to better meet the needs of the counselor trainees, as well as how to instigate further movement of the counselor trainees toward a more advanced developmental level. An understanding of the counselor’s developmental level and counseling skills level may lead also to enhanced training for those who supervise the counselor trainees. Counselor educators, supervisors, and others involved in preparing
counselor trainees might be able to use this information to assist in the education and training/supervision of counselors in graduate programs to better meet the students' developmental needs in learning counseling skills (Stoltenberg & Delworth, 1987).
CHAPTER THREE

Methodology

The purpose of this chapter is to describe the design and methodology used in this quantitative study. Included are the following: proposed research, population, sample, data gathering procedures, instrumentation, research design, hypotheses, and data analysis. In addition, specific ethical considerations are discussed.

Proposed Research

The purpose of this proposed study, which utilized a correlational design, was to investigate the relationship between counselor's cognitive developmental levels and competency skills level. Counselor developmental levels were assessed using the Student Levels Questionnaire-revised (SLQ-R) (McNeil et al., 1992). Counselor competency levels were assessed using the Counseling Skills Scale (CSS) (Eriksen & McAuliffe, 2003). Participants completed the SLQ-R and CSS-R during their practicum or internship in a graduate counseling program. Specifically, this research sought to investigate the following questions:

1) Is there a relationship between counselor developmental level and counselor competency level in students of counseling during practicum and internship in a graduate counseling program?

2) Can the developmental level of a counselor trainee predict his or her competency skill level?
Population and Sample

The target population of this study was graduate students in a counseling program who were in practicum and internship. The sample was derived from an accredited-CACREP graduate program of counseling in a public university in southeast Virginia. Given that the research study was conducted using a correlational design, it was deemed necessary to have a minimum sample of 30 (Cohen, 1992), given the number of variables analyzed.

Participants

The ages of the 30 participants ranged from 23 years to 40 years with a mean age of 27 years. There were 23 females (77%) and seven males (23%) in the sample. Of the 30 participants, 18 were White (60%); three were Asian (10%); three were Latino (10%); four were African-American (13.3%); and two identified themselves as “other” (6.7%). The participants were further delineated with ten who were in practicum (33%) and 20 who were in internship (67%). Finally, the average (mean) amount of experience for the total sample of participants was 1.82 years. Further information on the demographic information can be found on Table 4-1.

Data Collection

Method

All participants were provided with a copy of the informed consent agreement to complete prior to participating in the study. The researcher informed faculty supervisors of the doctoral students who were supervising the master students involved in the study, in order to prepare the supervisors to address any possible residual discomfort of the supervisees from participation in the study. With regard to the instrumentation utilized, the
researcher stressed the importance of answering the questions as honestly as possible so that the results would be used to structure the supervision process in the future. Those participants who were interested in obtaining results of the study could complete their request on a separate post card when they submitted their informed consents. Results from the study were sent to those who made requests after the study was completed. In order to secure the population needed, contact was made, via e-mail, by the researcher to all doctoral supervisors and their supervisees who were enrolled in practicum or internship. The email contained a brief summary of the study, a description of each instrument, and a request for their support and participation during one of their supervision sessions. After permission was granted, the researcher contacted the supervisors again to schedule the first meeting and began the data collection. At the time of data collection, the researcher discussed the procedures and the participants were informed of their rights as volunteers. In particular, confidentiality of the students' practicum/internship-related materials, such as video-taped sessions and transcripts, was stressed. All participants' data were numerically coded and names were removed from all forms to further ensure confidentiality and anonymity. Information regarding study participants was kept in a locked file cabinet. Supervisors were coded with a capital "S" and supervisees were coded with a lower-case "s" and then matched accordingly. For example, one set might be coded as "S01-s01." If that supervisor was assigned another student to supervise during that same semester, another code might read as "S01-s04", in order to distinguish the pairs from each other. A master list of names and code numbers was created and maintained separately from the data.
The researcher provided the supervisors with the test packets, which included (1) the demographic sheets to be completed for both supervisor and supervisee, (2) SLQ-R forms to be completed by both supervisor and supervisee during their first or second meeting, and (3) the CSS form to be completed by the supervisor on the supervisee during the semester, once a video-taped session was completed. A description of the CSS was given to the supervisor and explained in detail regarding how it was to be utilized during this study. All scoring of the instruments used in this study followed the specific published directions for each. The supervisee was required to submit a video recording of one of the counseling sessions during the semester along with a typed transcript of the session. These videos were used to complete the CSS form by the supervisor. In addition to the supervisor, several of the CSS forms were scored by another doctoral student trained to utilize this instrument, to provide inter-rater reliability.

**Data Handling Procedure**

Once the videos were viewed and scored, supervisors returned them to the counselor trainee during the next supervision session. No one had access to this data other than the researcher. No one had access to the computer used to enter and store the data.

**Instrumentation**

Four instruments were used in this study. The instruments included the following: (1) Supervisee Level Questionnaire, (2) Counseling Skills Scale, (3) informed consent, (4) and the demographic forms.

**Informed Consent Form**

The informed consent form summarized the study’s procedures, explained the activities that were required of the participants, and described how the results of the study
would be used. In addition, this form advised the participants of their right to withdraw from the study at any time. Space was provided for individuals to sign and date the form if they agreed to participate.

**Demographic Information Form**

A demographic information form was used to obtain information about both the supervisors and counselor trainees. This information included the following: (1) age, (2) gender, (3) race, (4) degrees earned thus far, (5) status in the program (practicum or internship), and (6) years of experience, if any, in the counseling field. A numeric coding system was used to match a participant’s demographic form to his or her SLQ-R and CSS.

**Supervisee Questionnaire Level-Revised**

Stoltenberg and Delworth's (1987) Integrated Developmental Model, a description of supervisees' development while in training, has yielded an assessment instrument, the Supervisee Levels Questionnaire-Revised (SLQ-R; McNeill, Stoltenberg, & Romans, 1992). In their attempts to improve reliability and validity of the original SLQ, McNeil et al., (1992) conducted a study to address the need for reliable, valid assessment procedures for identifying a trainee’s level of development. Their research sought to address this need by administering a revised instrument designed to assess constructs relevant to Stoltenberg and Delworth’s (1987) Integrated Developmental Model (IDM) to counseling and clinical psychology trainees who had varying levels of graduate education, counseling, and supervision experience.

This new SLQ-R consisted of a total of 30 items (score range = 30–210). Cronbach’s alpha reliability coefficients were calculated for the three subscales, resulting in reliability estimates of .83, .74, .64, and .88 for the Self and Other Awareness,
Motivation, and Dependency–Autonomy subscales, and total scores, respectively (McNeil et al., 1992).

In order to assess the construct validity of the SLQ-R, differences were examined in subscale and total scores among beginning, intermediate, and advanced groups. Pearson correlation coefficients calculated on SLQ-R subscale scores indicated that the three subscales were significantly related for Self and Other Awareness and Dependency–Autonomy, \( r = .53 \ p < .001 \); for Self and Other Awareness and Motivation, \( r = .58 \ p < .001 \); and Motivation and Dependency–Autonomy, \( r = .43 \ p < .001 \). Based on their results, McNeil et al (1992) concluded the comparative superiority of the SLQ-R in detecting differences among trainees over the previous version of the SLQ.

**Counselor Skills Scale**

Eriksen and McAuliffe (2003) designed the Counseling Skills Scale as a revision of Downing, Smaby, and Maddux’s (1999) Skilled Counselor Scale (SCS). In an attempt to improve previous measures of counselor competency, Eriksen and McAuliffe delineated five criteria deemed pertinent for the measurement of counseling skills. These criteria were:

“(a) be valid and reliable; (b) rely on observations of actual in-session performance of counseling skills; (c) be accessible—that is, have face validity, be easy to use, and be relevant for students and instructors as a feedback device; (d) rely on ratings by expert judges, rather than only ones by students, clients, or peers; and (e) require qualitative judgments as to the contextual appropriateness of the use of particular skills” (p. 123).
Cronbach’s alpha conducted on the instrument was .91, indicating a relatively high level of internal consistency.

Perosa and Perosa (2010) critiqued the current available self-report and observer rating measures to assess the clinical skills of trainees in the individual and in the family therapy fields. Specifically, they addressed the use of the CSS and described it as having “demonstrated acceptable levels of reliability and validity for research purposes” (p. 132). Thus, researchers are able to use it in studies to monitor student growth over time.

Evidence is beginning to accrue that training and supervision does make a difference in student performance (Perosa & Perosa, 2010). This training is most likely to take place in technique classes, in practicum, and in internships, and in later work with clients. Perosa and Perosa (2010) cited Eriksen and McAuliffe’s (2003) research which found that scores for students in a counseling theories and techniques course changed significantly in a positive direction on the overall score on the CSS and for all subscales except for Develops the Therapeutic Relationship scale. The effect size was .80, indicating that the change was meaningful (Eriksen & McAuliffe, 2003).

Data Analysis

This research design consisted of descriptive and regression analyses on the SLQ-R and the CSS. The data analysis was conducted in two separate sequences. The first step in the sequence of analysis was a correlational analysis between the three scales of the SLQ-R and the scales of the CSS from the factor analysis. The second analysis was a regression analysis to determine if the three scales from the SLQ-R could predict scores from the CSS scales.
Furthermore, descriptive statistics were conducted on the demographic data to determine the means, standard deviations, and modes for the obtained data, and correlational analyses were employed to determine the relationship, if any, among the variables. Considering that research studies have found a significant positive correlation between years of experience and graduate standing (practicum or internship), these variables of influence were therefore included in the regression analyses.

Additionally, Keeyean’s (2005) research examined the effects of the age, gender, education, and counseling experience of Korean supervisees on their Self/Other Awareness, Motivation, and Dependency/Autonomy, that is, the three structures of the Integrated Developmental Model of supervision (Stoltenberg & Delworth, 1987). Results indicated all three structures of the IDM had positive relationships with age, education, and counseling experience but the effects of education on Motivation were not statistically significant. These results provide additional support for the IDM for ethnic Korean supervisees and suggest the potential applicability of the IDM to Korean supervisees.

**Ethical Considerations**

In accordance with the American Counseling Association’s Ethical Code (2005), the Human Subjects Board (IRB) of Old Dominion University, and this researcher’s dissertation chair and committee members, all precautions were considered in protecting the welfare of the participants. A thorough explanation of the study’s procedures was provided and written informed consent was solicited from each participant. It was emphasized that participation was strictly voluntary, and that individuals could remove themselves from the study at any time.
Sound instrumentation was used in an appropriate manner and was scored and interpreted by qualified individuals. Confidentiality of the results was ensured through the use of coding on all instrumentation and data collected.

Hypotheses

The purpose of this correlational study was to investigate the relationship between counselor’s cognitive developmental levels and competency skills level. My first research question explored whether or not there was a relationship between the developmental level and competency skills level of counselors-in-training.

Hypothesis:

• There is a significant relationship between counselor trainees’ developmental level and their counseling competency skills level.

Furthermore, my second research question examined whether the counselor trainees’ developmental level (SLQ-R) score could predict their counseling competency skills level (CSS).

Hypothesis:

• The counselor trainee’s developmental level score will predict the counselor’s competency skills level.

Limitations

The following limitations existed for this study:

1. Those trainees who choose to participate in the study may already possess higher levels of motivation; a construct to be investigated in this study.
2. Since the population used in this study came from only one training program in the Southeastern area of Virginia, the results are not be generalizable to all counseling programs in the country.

3. The results could have been affected by the participants’ tendency to respond to the instruments in a socially desirable manner.

4. The results could be impacted by the supervisor’s lack of experience and understanding of the developmental model of supervision and its components.

5. Due to the nature of the study, as in all research involving human conditions, it is impossible to control for all extraneous variables; therefore, results might be impacted by variables other than cognitive complexity, developmental levels, and counseling skills.

Delimitations

This study was a cross-sectional correlational design which did not allow for measurement of an individual’s movement across developmental levels; it only purported to measure the relationship between selected factors at one point in time across and within groups. The sample was non-random in that all participants in the study were doctoral and master’s level students of counseling at the selected institution.

Differences in training environments and philosophical/educational orientations across the sample universities were unaccounted for. Supervisory variables which may impact developmental outcome were not measured. Due to the fact that doctoral supervisors usually work with two to four supervisees at a time, measuring supervisory factors could yield results which are too homogeneous to be generalizable.
Summary

This chapter described the research methods that were utilized in this study. This study was an attempt to understand the patterns of relationships, if any, between the variables of cognitive developmental level and counseling skill level. Studies such as this one cannot prove causation, but may be useful in predicting one variable from another or building a theory about complex phenomenon, such as cognitive developmental levels and counseling skills.
CHAPTER FOUR

Results

The focus of this study was to explore specific dimensions which may affect the counselor training process. Specifically, the relationship between counselor developmental level and counseling competency skills was examined. Counselor developmental levels were assessed using the Supervisee Levels Questionnaire-Revised (SLQ-R; McNeil et al., 1992). Counselor competency levels were rated by the supervisors using the Counseling Skills Scale (CSS; Eriksen & McAuliffe, 2003). Thirty master's degree-seeking students took part in this study, along with their doctoral-student supervisors. Supervisors completed the SLQ-R and CSS-R forms on their respective counselor trainees during the trainee’s practicum or internship in the graduate counseling program. Counselor trainees also completed the SLQ-R form. Means and standard deviations for each of the scale and total scores for the SLQ-R and CSS are listed in Table 1.
Table 1

Means and Standard Deviations for Demographic and Measured Variables for Practicum and Intern Graduate Counseling Students

<table>
<thead>
<tr>
<th>Variable</th>
<th>Practicum (N=10)</th>
<th>Internship (N=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>25.60 (3.13)</td>
<td>29.00 (4.72)</td>
</tr>
<tr>
<td>Yrs of Exp</td>
<td>.99 (1.42)</td>
<td>2.23 (1.34)</td>
</tr>
</tbody>
</table>

Demographic Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Practicum (N=10)</th>
<th>Internship (N=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S/O</td>
<td>57.60 (13.53)</td>
<td>57.30 (9.98)</td>
</tr>
<tr>
<td>MO</td>
<td>39.40 (9.07)</td>
<td>39.95 (6.92)</td>
</tr>
<tr>
<td>D/A</td>
<td>46.90 (8.43)</td>
<td>45.75 (8.52)</td>
</tr>
</tbody>
</table>

Supervisor Ratings of the SLQ-R

<table>
<thead>
<tr>
<th>Variable</th>
<th>Practicum (N=10)</th>
<th>Internship (N=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S/O</td>
<td>60.70 (5.92)</td>
<td>60.75 (8.86)</td>
</tr>
<tr>
<td>MO</td>
<td>43.20 (4.10)</td>
<td>41.10 (7.08)</td>
</tr>
<tr>
<td>D/A</td>
<td>46.80 (7.14)</td>
<td>45.60 (5.15)</td>
</tr>
</tbody>
</table>

Supervisee Ratings of the SLQ-R

<table>
<thead>
<tr>
<th>Variable</th>
<th>Practicum (N=10)</th>
<th>Internship (N=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest</td>
<td>.97 (.65)</td>
<td>1.50 (.61)</td>
</tr>
<tr>
<td>E-Explore</td>
<td>.92 (.91)</td>
<td>1.30 (.81)</td>
</tr>
<tr>
<td>Deepens</td>
<td>.66 (1.00)</td>
<td>1.12 (1.53)</td>
</tr>
<tr>
<td>E-change</td>
<td>1.47 (2.45)</td>
<td>1.35 (1.28)</td>
</tr>
<tr>
<td>Thx-Rel</td>
<td>1.10 (0.73)</td>
<td>1.50 (.60)</td>
</tr>
<tr>
<td>Manages</td>
<td>.80 (1.03)</td>
<td>1.25 (.85)</td>
</tr>
<tr>
<td>Total</td>
<td>5.93 (5.57)</td>
<td>8.02 (4.56)</td>
</tr>
</tbody>
</table>

Note: Standard Deviations are in parenthesis. S/O = Self/Other Awareness; MO = Motivation Level; D/A = Dependency/Autonomy Level; Interest = Shows Interest; E-Explore= Encourages Exploration; Deepens= Deepens the Session; E-Change= Encourages Change; Thx-Rel = Develops Therapeutic Relationship; Manages = Manages the Session.

Research Question One

The first research question examined whether or not there was a relationship between counselor developmental level and counselor competency level in masters students of counseling during practicum or internship in a graduate counseling program.
In order to address this question, a bivariate Pearson correlation analysis of the main variables (i.e., (1) demographics of: age, years of experience, practicum or internship, and (2) the SLQ-R scales and CSS scales) was conducted utilizing SPSS. Results of the correlation suggested that only the supervisor’s ratings of the counselor trainees on the three scales of the SLQ-R had significant correlations with the CSS scores of the supervisees (See Table 2). Specifically, higher scores on the S/O Awareness and Motivation scales were related to higher scores on all of the CSS scores. In addition, higher scores on the Dependency/Autonomy scale were related to higher scores on the CSS scales with the exception of Deepens the Session, which was not significant.

By contrast, the counselor trainees’ ratings of themselves on the SLQ-R were not significantly related to their CSS scores. In other words, the trainees’ ratings of themselves on cognitive development were unrelated to their counseling skills, as measured by their supervisors. Overall, greater cognitive development as rated by the supervisors on the SLQ-R was related to enhanced counseling skills as measured by the CSS for the counselor trainees.

Table 2
Bivariate Correlation Analysis of CSS Scales with the Demographic variables and the SLQ-R Scale Scores Rated by Supervisees and Supervisors

<table>
<thead>
<tr>
<th>CSS Scales</th>
<th>Variables</th>
<th>Interest</th>
<th>Explore</th>
<th>Deepens</th>
<th>E-Change</th>
<th>Thx-Rel</th>
<th>Manages</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.25</td>
<td>-.01</td>
<td>.07</td>
<td>.28</td>
<td>.00</td>
<td>.02</td>
<td>.00</td>
<td></td>
</tr>
<tr>
<td>Yrs - Ex</td>
<td>-.03</td>
<td>-.27</td>
<td>-.12</td>
<td>.02</td>
<td>-.10</td>
<td>.36*</td>
<td>-.21</td>
<td></td>
</tr>
<tr>
<td>Se-S/O</td>
<td>.15</td>
<td>.18</td>
<td>.20</td>
<td>.31</td>
<td>.13</td>
<td>.08</td>
<td>.11</td>
<td></td>
</tr>
<tr>
<td>Se- MO</td>
<td>.26</td>
<td>.15</td>
<td>.17</td>
<td>.34</td>
<td>.19</td>
<td>.22</td>
<td>.20</td>
<td></td>
</tr>
<tr>
<td>Se- D/A</td>
<td>.15</td>
<td>.31</td>
<td>.23</td>
<td>.11</td>
<td>.11</td>
<td>.07</td>
<td>.14</td>
<td></td>
</tr>
<tr>
<td>SR- S/O</td>
<td>.63**</td>
<td>.63**</td>
<td>.45*</td>
<td>.47**</td>
<td>.59**</td>
<td>.73**</td>
<td>.58**</td>
<td></td>
</tr>
<tr>
<td>SR- MO</td>
<td>.59**</td>
<td>.58**</td>
<td>.36*</td>
<td>.42*</td>
<td>.49**</td>
<td>.74**</td>
<td>.41*</td>
<td></td>
</tr>
<tr>
<td>SR-D/A</td>
<td>.39*</td>
<td>.43*</td>
<td>.35</td>
<td>.40*</td>
<td>.41*</td>
<td>.56**</td>
<td>.43*</td>
<td></td>
</tr>
</tbody>
</table>
Research Question Two

The second research question investigated whether or not the developmental levels of a counselor trainee could predict his or her counseling competency skill level. In order to answer this question, a series of regression analyses was conducted utilizing SPSS in order to determine which of the SLQ-R scale scores could significantly predict each scale of the CSS (See Table 3). Each regression was conducted in the same manner. Step one consisted of entering age, practicum or internship, and years of experience to control for any shared variance between these variables and the CSS scales. Because previous research has found these variables to be related (Keeyean, 2003), it was important to control for their effects on counseling skills. Step two consisted of entering all the SLQ-R scales rated by both the supervisors and counselor trainees.

Table 3
Regression Analysis Predicting CSS Scale Scores with SLQ-R Scores

<table>
<thead>
<tr>
<th>Step</th>
<th>Predictor variables</th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
<th>$F$</th>
<th>$\beta$</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSS Shows Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Age</td>
<td>.21</td>
<td>.12</td>
<td>2.41</td>
<td>.23</td>
</tr>
<tr>
<td></td>
<td>Years of experience</td>
<td></td>
<td></td>
<td></td>
<td>.08</td>
</tr>
<tr>
<td></td>
<td>Practicum/Internship</td>
<td></td>
<td></td>
<td></td>
<td>.20</td>
</tr>
<tr>
<td>2</td>
<td>Se-S/O</td>
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<td>4.44*</td>
<td>-.02</td>
</tr>
<tr>
<td></td>
<td>Se-MO</td>
<td></td>
<td></td>
<td></td>
<td>.07</td>
</tr>
<tr>
<td></td>
<td>Se-D/A</td>
<td></td>
<td></td>
<td></td>
<td>.04</td>
</tr>
<tr>
<td></td>
<td>SR-S/O</td>
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<td></td>
<td></td>
<td>1.15*</td>
</tr>
<tr>
<td></td>
<td>SR-MO</td>
<td></td>
<td></td>
<td></td>
<td>.15</td>
</tr>
<tr>
<td></td>
<td>SR-D/A</td>
<td></td>
<td></td>
<td></td>
<td>-.75*</td>
</tr>
<tr>
<td>CSS Encourages Exploration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>.26</td>
<td>.17</td>
<td>3.04*</td>
<td></td>
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</tbody>
</table>
### COGNITIVE DEVELOPMENT, SUPERVISION, COUNSELING SKILLS

#### CSS Deepens the Session

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Years of experience</th>
<th>Practicum/Internship</th>
<th>Se-S/O</th>
<th>Se-MO</th>
<th>Se-D/A</th>
<th>SR-S/O</th>
<th>SR-MO</th>
<th>SR-D/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>.14</td>
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<td>1.50</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>.64</td>
<td>.48</td>
<td>3.99**</td>
<td>.04</td>
<td>-.38</td>
<td>.10</td>
<td>1.25**</td>
<td>-.37</td>
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</tbody>
</table>

#### CSS Encourages Change

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Years of experience</th>
<th>Practicum/Internship</th>
<th>Se-S/O</th>
<th>Se-MO</th>
<th>Se-D/A</th>
<th>SR-S/O</th>
<th>SR-MO</th>
<th>SR-D/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>.19</td>
<td>.09</td>
<td>1.97</td>
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<td>-.21</td>
<td>.28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>.44</td>
<td>.17</td>
<td>1.66</td>
<td>.42</td>
<td>-.11</td>
<td>-.24</td>
<td>.66</td>
<td>-.70</td>
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</tbody>
</table>

#### CSS Develops Therapeutic Relationship

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Years of experience</th>
<th>Practicum/Internship</th>
<th>Se-S/O</th>
<th>Se-MO</th>
<th>Se-D/A</th>
<th>SR-S/O</th>
<th>SR-MO</th>
<th>SR-D/A</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>.14</td>
<td>.04</td>
<td>1.42</td>
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<td>-.08</td>
<td>.30</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td>.49</td>
<td>.26</td>
<td>2.18</td>
<td>.29</td>
<td>-.17</td>
<td>-.04</td>
<td>1.21**</td>
<td>-.36</td>
</tr>
</tbody>
</table>

#### CSS Manages the Session

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Years of experience</th>
<th>Se-S/O</th>
<th>Se-MO</th>
<th>Se-D/A</th>
<th>SR-S/O</th>
<th>SR-MO</th>
<th>SR-D/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>.34</td>
<td>.26</td>
<td>4.46**</td>
<td>.22</td>
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<td></td>
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</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In the regression analysis model for the CSS *Shows Interest* scale, the covariates were not significant predictors in the first step. In the second step, the regression analysis for the CSS *Shows Interest* scale was significant, $F(9,20) = 4.44$, $p = .00$. Examination of the variables indicated that the only significant predictors of the *Shows Interest* scale were the supervisor’s rating of *Self/Other (S/O) Awareness* and supervisor’s rating of the *Dependency/Autonomy*. The SLQ-R scales of *S/O Awareness* and *Dependency/Autonomy* together accounted for almost 67% of the variance in CSS *Shows Interest*, $R^2 = .67$.

However, they had opposite effects. Counselor trainees who were rated higher by their supervisors on *S/O Awareness* had higher scores on the CSS *Shows Interest* scale.

Contrary to expectations, counselor trainees who were rated higher by their supervisors on the *Dependency/Autonomy* scales of the SLQ-R (i.e., greater autonomy) scored lower on the *Shows Interest* scale.
The second regression model examined the ability of the SLQ-R variables to predict CSS *Encourages Exploration*. The first step of this regression was significant, $F(3, 26) = 3.04, p = .04$. In this regression equation, the variables of practicum or internship and years of experience accounted for 26% of the variance in the CSS *Encourages Exploration*, $R^2 = .26$. In the second step of this regression, the regression equation remained significant, $F(9, 20) = 3.99, p = .00$. Examination of the variables in this model indicated that the only significant predictor of *Encourages Exploration* was the supervisor’s ratings on *S/O Awareness*. Once the supervisor’s ratings of the *S/O Awareness* were entered into the equation, the experience variables were no longer significant predictors in the model. Counselor trainees who were rated higher by their supervisors on *S/O Awareness* had higher scores on the CSS *Encourages Exploration* scale.

The third regression model examined the ability of the SLQ-R variables to predict CSS *Deepens the Session*. The first step of this regression was not significant. Although the regression equation was not significant in the second step either, there was, however, a trend noted ($p = .05$) for the supervisor’s ratings on the *S/O Awareness* scale, in that the higher counselor trainees were rated on the *S/O Awareness* scale by their supervisors, the higher they scored on the CSS *Deepens the Session* scale.

The fourth regression model examined the ability of the SLQ-R variables to predict CSS *Encourages Change*. The first step of this regression was not significant, nor for the second step. Although the regression equation was not significant in the second step, there was a trend noted ($p = .05$) for the supervisor’s ratings on *S/O Awareness*. The $R^2$ for this model was .64, so the lack of significance is likely due to a low N in the sample.
Counselor trainees who were rated higher by their supervisors on S/O Awareness scored higher, though not significantly, on the CSS Explores Change scale.

The fifth regression model examined the ability of the SLQ-R variables to predict CSS Develops Therapeutic Relationship. The first step of this regression was not significant, nor for the second step. Although the regression equation was not significant, there was a trend noted ($p = .05$) for the supervisor’s ratings on S/O Awareness. The $R^2$ for this model was .49, so the lack of significance is likely due to a low N in the sample again.

Counselor trainees who were rated higher by their supervisors on the S/O Awareness scored higher, but not significantly so, on the CSS Develops Therapeutic Relationship scale.

The sixth regression model examined the ability of the SLQ-R variables to predict CSS Manages the Session. The first step of this regression was significant, $F (3, 26) = 4.46, p = .01$. In this regression equation, the variables of practicum or internship and years of experience accounted for 34% of the variance in the CSS Manages the Session scale, $R^2 = .34$. In the second step, the regression equation remained significant, $F (9, 20) = 6.90, p = .00$. Examination of the variables indicated that the only significant predictors of Manages the Session were practicum or internship and years of experience. These variables accounted for almost 76% of the variance in CSS Manages the Session scale.

The final regression model examined the ability of the SLQ-R variables to predict CSS Total Score. The first step of this regression was not significant. In the second step, the regression equation was significant, $F (9, 20) = 2.77, p = .02$. Examination of the variables indicated the only significant predictors were the supervisor’s ratings on the S/O Awareness and Motivation SLQ-R scales. The SLQ-R scales of S/O Awareness and
Motivation accounted for 55% of the variance in the CSS Total Score. Counselor trainees who were rated higher by their supervisors on the S/O Awareness and Motivation scales scored higher on their total CSS scores.

**Conclusion**

This chapter presented results of the data analysis in this study. The purpose of this study was to examine if there was a relationship between cognitive developmental level and counseling competency skills, and if so, could the developmental level of a counseling graduate student predict his or her level of counseling skills.

Generally, the best predictor of counselor trainees’ counseling skills level was S/O Awareness. That variable was a significant predictor of most of the CSS scales. Chapter Five will discuss results of this study. Additionally, limitations, implications for counselors, counselor educators, and future research will be discussed.
CHAPTER FIVE

Discussion

Supervised clinical experience has long been considered one of the most significant aspects in the training of professional counselors to improve their competency skills, theoretical development, and case conceptualization (Bernard & Goodyear, 1992; Eriksen & McAuliffe, 2003; Lovell, 1999, 2002; Milne & James, 2002). For this reason, it was important to study those factors that have an impact on the efficacy and effectiveness of counselor trainees’ with regard to their developmental levels and competency skills beyond the classroom (Milne & James, 2002). Subsequently, given that these constructs might be demonstrated more visibly and clearly in the practicum and internship supervision sessions, counselor trainees were rated by their clinical supervisors using two instruments that measure cognitive developmental level and counseling skill levels respectively; the SLQ-R and the CSS-R.

In addition to examining the existence of a relationship between these two variables, this study further investigated whether or not a counselor trainee’s developmental level could actually predict his or her level of demonstrated counseling skills. For example, can a counselor trainee be rated high on the SLQ-R (higher level of development) and yet, demonstrate poor counseling skills? A correlational design was used to test these questions. I found that a higher cognitive developmental level was positively related to some counseling skills. This chapter explores how the results compare to the literature. It also provides implications of the results for potential future research on the topic. In addition, limitations of this study are discussed.
Summary of Results

Research Question One

The first research question examined in this study was the following: Is there a relationship between a counselor trainee’s developmental level and counseling skills level? As hypothesized, there was a significant relationship between a counselor trainee’s developmental level and counseling skills level, as assessed by the supervisor. Specifically, higher scores on the Self-Other Awareness and Motivation scales of the SLQ-R were related to higher scores on most of the CSS scales for the counselor trainees, according to the ratings of his or her supervisor. Higher scores on the Dependency/Autonomy scale were also related to higher scores on the CSS scales with the exception of Deepens the Session, which was not significant. This specific finding will be discussed later in the chapter.

That a relationship exists between a counselor trainee’s developmental levels, specifically—the three measured constructs of Self/Other Awareness, Motivation, and Dependency/Autonomy, and his or her counseling skill levels, is consistent with other research findings in the field (Duys & Hedstrom, 2000). To “act more purposefully” with a client, the counselor trainee must be able to maintain the focus of his or her attention on the client’s needs, stay present in the moment, and be able to communicate to the client an unconditional positive regard (Egan, 2007; Ivey & Ivey, 2002). These qualities are related to cognitive development.

The very term “counseling skills” denotes a plural set of abilities which requires a multi-tasking performance on the part of the counselor trainee. These abilities include, but are not limited to use of body language, minimal encouragers, questioning, requesting concrete and specific examples, paraphrasing, summarizing, reflecting feelings, using
immediacy, observing themes and patterns, challenging/pointing out discrepancies, reflecting meaning and values, determining goals or outcomes, creating change, considering alternatives, and planning action while anticipating obstacles (Eriksen & McAuliffe, 2003; Ivey & Ivey, 2002). Such a complex weaving of individual and intricate skills into a counseling session may appear daunting to even the “seasoned” counselor with years of experience. A level of mental complexity is required to perform the multiple tasks of counseling work. For clarification purposes, one specific skill will be discussed in more depth to illustrate the possible overall connection between cognitive developmental level and counseling skill levels.

Reflecting feelings to a client requires the foundations of attending, immediacy, and empathy (Ivey & Ivey, 2002; Rogers, 1961). To reflect back to a client means the counselor trainees must relay to the client, in the counselor trainee’s own words, an understanding of the client’s world. Ideally, it elicits meanings behind the client’s literal words. Reflection of feelings and content is effectively expressed empathy—in words. In order to demonstrate this skill, the counselor trainee must be attending to the client and focused on the client’s needs. A counselor trainee who is at a lower cognitive developmental level (Level One), is likely to be anxious, trying to remember techniques learned and, instead, more focused on himself or herself to even hear what the client stated, much less be able to reflect a feeling from the conversation. Thus, there is likely a link between cognitive developmental levels and the ability to demonstrate effective counseling skills in counselor trainees.

One component of this link between cognitive development level and demonstrated counseling skills is the ability of the counselor trainee to attend to the client—to keep his
or her focus of attention on the needs of the client. As Stoltenberg and Delworth (1987) described, the *Self-Other Awareness* construct describes the extent to which a counselor trainee focuses on himself or herself versus the client. According to their theory, this structure of awareness indicates where the counselor trainee is in terms of “self-preoccupation, awareness of the client’s world, and enlightened self-awareness” (p. 38).

For example, counselor trainees on the lower end of this developmental level (Level One) tend to be overly anxious and focus attention on (1) themselves, (2) the skills they demonstrate and utilize, and (3) the evaluative process of supervision (Stoltenberg & Delworth, 1987). The predominance of self-focus at this level, while seen as a necessary phase of development by Stoltenberg and Delworth (1987), directly interferes with the counselor trainee’s ability to empathize with and understand the client. Results of this study support their theory in that those counselor-trainees who were rated higher by their supervisors on the SLQ-R scale of *Self-Other Awareness* were also rated higher on the CSS scales. One example of this link is the CSS scale *Shows Interest and Appreciation*, whereby counselor trainees who were rated higher on the SLQ-R scale of *Self-Other Awareness* demonstrated better skills of maintaining open and relaxed body postures, maintained appropriate eye contact, and repeated key words or phrases as minimal encouragers in the session.

This example illustrates the complexity needed for counseling. Those counselor trainees who are more highly developed on the *Self-Other Awareness* construct are more likely to integrate the client’s emotional experience into their counseling approach, as well as understand how their own behaviors and skills affect the client. According to Stoltenberg and Delworth (1987), as trainees move higher on *Self-Other Awareness*, they
begin to move back and forth more easily between a focus on their own emotional and cognitive responses to the client and an awareness of what the client might be experiencing. It is this ability that allows the counselor trainee to integrate information from both perspectives.

At a higher developmental level on this particular construct, anxiety for the counselor trainee is significantly reduced, perhaps fueling his or her motivation level to continue to learn his or her profession. A counselor trainee’s level of motivation might likewise have an impact on his or her counseling skills level. According to Stoltenberg and Delworth (1987), the structure of Motivation reflects the counselor trainee’s interest, investment, and effort as expressed in clinical training and practice. Stoltenberg and Delworth contend that counselor trainees who are further along the continuum of this particular developmental construct have successfully navigated the ambiguity and insecurities of those at a lower level of development, and their motivation is now seen as being more consistent. Results of this study supported this construct also. Counselor trainees who were rated higher on the SLQ-R and, therefore, also rated higher on the CSS scales were likely to demonstrate more effective skills overall. This was demonstrated in those counselor trainees who had higher ratings on the CSS Total Score. For example, at higher levels of development on the Motivation construct, the counselor trainees understand their strengths and weaknesses, the limitations of counseling, and have integrated a therapeutic style with their own individual identity (Stoltenberg & Delworth, 1987). Such a deeper self-knowledge and professional understanding would allow the counselor trainee to respond more appropriately to challenging situations without an adverse impact on his or her motivation level. With this growing self-understanding and
knowledge on the part of the counselor trainee’s functioning, there may be less dependency upon the supervisor.

Regarding the third scale of Dependency/Autonomy, if a counselor trainee evolves to a higher developmental level on this construct, then he or she is less likely to rely on authority figures, namely, the supervisor (Stoltenberg & Delworth, 1987). One could argue that a neophyte counselor trainee, who may be lacking in the necessary counseling skills, knowledge of theory, and self-reflection, would rely more heavily on the expert advice of the supervisor. Those counselor trainees who are more highly developed on this construct (i.e., more autonomous) demonstrate more confidence in their ability to function independently and will seek out appropriate consultation with supervisors and colleagues without relinquishing primary responsibility for the decisions made regarding a client’s treatment. Consistent with this construct of Dependency/Autonomy, as theorized by Stoltenberg and Delworth (1987), the current study found that those counselor trainees who were rated as more autonomous were also likely to demonstrate higher levels of skills in the following areas: open body language, minimal encouragers, paraphrasing, setting goals, managing a session, and developing a therapeutic relationship, as depicted in Table 2 in Chapter Four.

In sum, according to Stoltenberg and Delworth’s (1987) theory, a counselor trainee who demonstrates higher cognitive developmental processes will be able to (a) focus more on the client’s needs, (b) put forth consistent effort and energy into the counseling process, and (c) rely more on his or her own knowledge base and confidence in his or her abilities and seek consultation when needed. These characteristics described above provide the foundation required to develop effective counseling skills as demonstrated by this study.
Research Question Two

The second research question examined in this study was the following: Can the developmental level of a counselor trainee predict his or her competency skill level? In other words, would a counselor trainee who scored high on the SLQ-R (i.e., higher cognitive developmental level) also score high on the CSS (i.e., effective counseling skills demonstrated) as compared to trainees who scored lower on the SLQ-R (i.e., lower cognitive developmental level)? This question aimed at investigating a more specific predictive component between cognitive developmental levels and counseling skill levels. If cognitive developmental levels can predict counseling skill levels, then counselor educators can integrate specific techniques aimed at moving counselor trainees further along the developmental continuum, to the next higher level.

As hypothesized, a number of counselor trainees’ counseling skill levels were variously predicted by their cognitive developmental level, as measured by the three scales of the SLQ-R. However, this was the case only when using the supervisor’s rating of counselor trainees’ developmental levels. In particular, the Self/Other Awareness was significant for three of the seven CSS scales and showed a trend for three of the remaining scales. On the other hand, the SLQ-R constructs of Dependency/Autonomy and Motivation were significant for only two of the seven CSS scales.

Supervisor ratings on the Self/Other Awareness scale significantly predicted the CSS score on three of the seven regression models, namely Shows Interest, Encourages Exploration, and Total CSS score. In each case, higher ratings on S/O Awareness resulted in higher ratings on those scales of the CSS. In addition, S/O Awareness showed a trend
(p = .05) in predicting CSS scores on three additional scales, namely, *Deepens the Session*, *Encourages Change*, and *Develops a Therapeutic Relationship*.

An analysis of particular items on each of the significant scales is in order. For the CSS *Shows Interest* scale, counselor trainees who were rated higher on the *Self/Other Awareness* scale were also rated by their supervisors as being more efficient at utilizing appropriate eye contact, vocal tone, and nonverbal cues or body language. In order to demonstrate these specific skills, the counselor trainee must be especially attentive to the client, rather than being focused on himself or herself. Thus, self/other awareness is a prerequisite condition for communicating one's interest in and toward the client. In the case of the items on the CSS *Encourages Exploration* scale, counselor trainees who were rated higher on the *Self/Other Awareness* scale were more efficient at the specific skills of utilizing open-ended questions, paraphrasing, summarizing, and requesting concrete and specific examples from the client. It is likely that those counselor trainees who were able to focus on what the client was saying or doing in the session, which requires an intentional focus on the client's needs, would also be able to demonstrate a more efficient and accurate ability to paraphrase or ask open-ended questions in order to encourage the client to explore the presenting issue in further detail. By contrast, those with low self/other awareness would not have been able to demonstrate these intricate skills that seemingly track the session for both the client and counselor.

Finally, the case of those counselor trainees who were rated higher on the *Self/Other Awareness* scale being rated higher on the overall *Total CSS Score*, is indicative of the ability to demonstrate the overall skills necessary to conduct a counseling session.
Finally, the statistical trends noted on the three CSS scales of Deepens the Session, Encourages Change, and Develops a Therapeutic Relationship indicate that those counselor trainees who were rated higher on the *Self/Other Awareness* scale by their supervisors also seemed slightly more adept at using immediacy in the session, observing themes and patterns, determining goals and desired outcomes, considering alternatives and their consequences, and developing a therapeutic relationship. Again, the intentional focus of the counselor on the client results in more proficient skills demonstrated in the counseling session.

An unexpected finding regarding the prediction of cognitive developmental level was the negative influence of the SLQ-R *Dependency/Autonomy* scale in the regression model for the CSS *Shows Interest* scale. In this case, the higher the supervisor rated the counselor trainee on the *Dependency/Autonomy* scale (i.e., greater autonomy), the lower the counselor trainee scored on the *Shows Interest* scale of the CSS, which includes such items as body language, minimal encouragers, vocal tone, and evoking and punctuating strengths. This contradicts the results from the first research question where the correlation between these two variables was positive; that is, greater autonomy was associated with higher scores on *Shows Interest*. It was only after including the *Dependency/Autonomy* scale with the *Self/Other Awareness* scale in the Regression model that the relationship became negative, that is, greater autonomy predicted lower *Shows Interest* ratings. These findings indicate that there is likely an interaction occurring between the two scales; It is possible that counselor trainees’ ability to “show interest” in the client varies as a function of their *Self/Other Awareness* and their *Dependency/Autonomy* levels.
Due to these unexpected results, a further examination was conducted to explore the nature of this relationship. A factorial ANOVA was conducted with the CSS *Shows Interest* scale score as the dependent variable and *Dependency/Autonomy* and *Self/Other Awareness* scales as the independent variables. The results indicated that the interaction between the *Dependency/Autonomy* and *Self/Other Awareness* scales was not significant, which was likely a result of the small sample size (e.g., two cells had fewer than five participants). A cross-tabulation analysis on these scales yielded some small degree of clarity. Counselor trainees who were rated low on the *Self/Other Awareness* scale (i.e., more focused on self rather than client) and low on the *Dependency/Autonomy* scale (i.e., more dependent on the supervisor) showed significant variability on their CSS scale of *Shows Interest* (i.e., scores ranged from -.25 to +2). These results suggest that a wide range of abilities on the CSS *Shows Interest* scale could exist when counselors are both self-focused and dependent. Conversely, those counselor trainees who were rated low on the *Self/Other Awareness* scale (i.e., more focused on self rather than client) but high on the *Dependency/Autonomy* scale (i.e., more autonomous behaviors) had lower scores on the CSS scale *Shows Interest* (i.e., scores of .25 and .75). These latter results seem understandable. A counselor trainee who is both very self-focused and more dependent upon his or her supervisor for guidance would be expected to demonstrate less effective ability to paraphrase, set goals, manage a session, and develop a therapeutic relationship (items from the *Shows Interest* scale) in a session. He or she would be reliant on the supervisor to provide feedback regarding his or her skill level as well as strategies for transitioning his or her focus from self onto the client. In essence, these counselor trainees would be less likely to take risks in the counseling session guided by their own intuitive
sense of what is happening with the client and, instead, would depend upon the supervisor to provide the roadmaps for the steps needed to create a positive experience for the client.

It might be concluded that self-focus and dependency, which are indications of low complexity (Stoltenberg & Delworth, 1987), make it difficult for the trainee to balance multiple perspectives (within him- or herself and about the client). This is important because the work of counseling requires the counselor to be able to conduct multiple tasks simultaneously during a single session. Some of these multiple counseling tasks included in the CSS scale *Shows Interest* are comprised of maintaining appropriate eye contact and an open, relaxed posture; leaning forward slightly when speaking and using minimum encouragers to encourage communication with the client; being mindful that his or her vocal tone matches the atmosphere of the session; positively reframing client experiences; knowing how and when to use silence effectively as another tool in the counseling session. Each of these behaviors requires judgment during a session. At a lower level of development, counselor trainees are more likely to be concrete thinkers who require the step-by-step instructions from their supervisors in performing counseling skills. They have not yet learned to exercise more autonomy in their thinking and decision making. Hence, these counselors at the lower developmental level may have focused their attention on performing skills, rather than on being in the moment with the client and, perhaps felt the need to present themselves favorably to their supervisors, rather than rely on their own intuition in a session. Such self/other balance and dependency are somewhat normative for beginning counselor trainees (Skovholt & Ronnestad, 1995), but they did distinguish more effective trainees from others.
Another unexpected result occurred when none of the SLQ-R scales significantly predicted the CSS scale *Manages the Session*. Instead, two demographic variables predicted *Manages the Session*, namely (1) whether the student was in practicum versus internship status and (2) years of experience. Both were positively related to counselor trainees’ scores on the CSS *Manage the Session* scale. The positive influence of greater experience on counseling skills has some support, albeit ambiguous, in the literature (Jennings, Goh, Skovholt, Hanson, & Banerjee-Stevens, 2003; Lovell, 1999). That literature indicated time and again that the amount of prior experience is an essential, but insufficient, explanation in cultivating counseling skills (Jennings et al, 2003). Adding strength to the explanation of experience as a positive factor, Lovell (1999) found that the amount of prior supervised clinical experience was the strongest predictor of developmental level in trainees. It might be concluded from this research that, the more supervised experience a counselor trainee has in counseling situations, the more adept a counselor trainee is likely to be at managing the session, that is, structuring and directing the client naturally through a session while exploring issues with a client at a level deep enough to promote positive movement, as well as smoothly ending a session with a client. In that same vein, one could also hypothesize that a counselor trainee in a practicum (first level clinical experience) would be less likely to manage a session as well as a counselor trainee in an internship (second level clinical experience).

In the area of prediction of counseling skills, it is important to note the power of one developmental scale over the others. The *Self/Other Awareness* scale on the SLQ-R in this study had the highest predictive value for counselor trainees’ counseling skills, generally accounting for the most variance in the regression models. This finding is
supported in the literature. A counselor trainee rated higher on his or her ability to focus on the clients and their needs is likely to be less anxious and to utilize effective reflection of content and feelings back to the client. Rather than focusing on himself or herself, counselor trainees higher on the Self/Other Awareness scale (i.e., less focused on self) seem able to integrate multiple pieces of information during the session, while still staying “present” with the client.

**Contrast between Supervisor and Supervisee SLQ-R Ratings**

One consistent result for both research questions is the disparity between the supervisor’s ratings of the counselor trainees’ on the SLQ-R and the counselor trainees’ own ratings on the SLQ-R. The SLQ-R ratings from the supervisor predicted counseling skills. On the other hand, the counselor trainee’s ratings did not. In order to explore this phenomenon, a correlational analysis was conducted comparing the supervisor’s SLQ-R ratings to the counselor trainees’ SLQ-R ratings. Results indicated that all of the supervisors’ scales were significantly intercorrelated and all of the counselor trainees’ scales were intercorrelated; however, supervisors’ ratings were not correlated with counselor trainees’ ratings on the SLQ-R. This indicates that the supervisors and counselor trainees were likely approaching the task in a very different manner.

One possible explanation for the lack of correlation between the supervisors’ and trainees’ ratings on the SLQ-R could be response bias, in particular the halo effect (Thorndike, 1920) on the part of the supervisors in the current study. The halo effect is a well-known and often researched phenomenon in psychology. The halo effect is the fallacy of concluding from a perceived single positive trait of a person to the conclusion of a generally positive assessment of that person. This is purported to be an intrinsic
tendency many people have in judging others based on one trait that they perceive as positive and concluding that the person must have other positive traits. For example, people judged to be "attractive" could be assumed to have other qualities such as intelligence or moral virtue to a greater degree than people judged to be of "average" appearance. The halo effect is often thought to be related to cognitive dissonance in that once a person forms a positive impression of another person, he or she seeks to have that impression be consistent.

In this same vein, perhaps there was a predisposition on the supervisor's part to rate the counselor trainee similarly on both measures (i.e., to maintain consistent perceptions). For example, if the supervisor perceived a counselor trainee as being a more highly developed thinker (e.g., one who does not appear anxious and focuses on the client's needs), that supervisor might then rate the counselor trainee higher on the CSS (consciously or unconsciously) in order to maintain congruency with his or her original perception. This could be the case, even without sufficient documenting evidence to support it.

In addition to a "halo effect" on the part of the supervisors, counselor trainees' perceptions of their own development were possibly skewed (Ehrlinger & Dunning, 2003). Ehrlinger and Dunning posited that an individual's knowledge base or "pre-conceived notion" about his or her abilities before attempting a task has a significant influence on his or her analysis of performance. Their research revealed that a significant source of performance estimates were individuals' pre-conceived views of their abilities within the relevant domain. Those subjects with high opinions of their abilities, regardless of actual performance, thought they had done well on any given test. Conversely, those
with a low opinion of their abilities thought they had performed poorly, also regardless of performance results (Ehrlinger & Dunning, 2003). Assessments of counseling skills are subject to the same bias. In fact, it is argued that the skills needed to accurately self-assess are the same skills needed to perform counseling skills well (Dunning, 2005). For example, self-assessment requires the ability to view one’s performance from multiple perspectives. If a counselor trainee is at a lower developmental level, he or she is not likely to possess the requisite skills to complete this task. Perhaps the most fundamental reason for counselor trainees to have incomplete knowledge of their competence level is that in the counseling domain, what is considered “good” is often hard to define. It is generally agreed that counseling is an incredibly complex and often ambiguous process. By contrast, it is easy to define successful math performance. In math, there is specific right answers that come with well-delineated algorithms designed to produce them. Thus, to learn and expand their counseling skills, counselor trainees must learn the art of self-reflection which is likely to improve their self-awareness and independent thinking about a session (Dunning, 2005; Ivey, 2009). To summarize, if counselor trainees are inaccurate in their self-assessments, this is likely to impact their perceptions of their counseling skills also. It may be the case that the counselor trainees in the current study were demonstrating a similar phenomenon. One could argue that the counselor trainees rated themselves higher on the SLQ-R compared to their supervisor due to naivété regarding their skills level. If counselor trainees are not capable of accurately self-assessing their developmental level and counseling skills level, as some studies have shown, (e.g., Dunning, 2005), then utilizing self-report inventories that purport to assess these factors in research studies may not garner valid results.
Implications for Theory and Practice

Theories of cognitive development, such as the IDM, were put forth in an attempt to explain stages of counselor development so appropriate teaching and supervision techniques might be employed during the early stages of skills training. The results of this study indicate that there is some link between a counselor trainee's developmental level and how well he or she is able to demonstrate basic counseling skills. Counselor trainees who are less self-focused are better able to focus their attention on the needs of the client in a session, and therefore, are better equipped to demonstrate the micro-skills of counseling. At least two implications for practice might be drawn from these results.

A first practice suggestion lies in actual supervision work. As noted earlier, the IDM stressed the need for the supervisor to utilize supervision approaches that correspond to the level of the supervisee (Stoltenberg & Delworth, 1987). For example, when working with a counselor trainee at a lower developmental level (Level One), a supervisor would need to balance the trainee's high anxiety and dependence by being supportive and more prescriptive. The same supervisor, when working with a counselor trainee at a higher developmental level (Level Three), would emphasize more autonomy and engage in collegial challenging. By contrast, if a supervisor were to consistently mismatch his or her responses to the developmental level of the counselor trainee, it would likely result in significant difficulty for the counselor trainee to satisfactorily master the current developmental task. For example, a supervisor who demands autonomous behavior from a new counselor trainee (Level One) is likely to intensify that trainee's anxiety. This model is the basis for developmental supervision practice.
The second implication for practice regards overall training. As supervisors are called to be more cognizant of the cognitive developmental level of their counselor trainees and provide avenues to solve for higher-level developmental dilemmas, so too, should counselor educators incorporate such avenues into their training program and course curricula. Counselor educators might be encouraged to instigate development-enhancing moments of disequilibrium in their students, as higher development is a precondition for effective counseling skills. For example, a counselor educator might emphasize dialectical thinking in the classroom setting, that is, the ability to take multiple perspectives. By asking such questions as, “What do you think the client might be feeling?” or “What do you think the experience might mean for the client”, the counselor educator can create moments of disequilibrium for the counselor trainee by asking him or her to embrace the ambiguity of the many possible responses (McAuliffe, 2011). In those ways, developmental levels might be increased in counselor trainees before they begin to work with clients. Indeed, these moments of changes in thinking might even be cultivated before the counselor trainees experience the practicum and internship rigors of working with clients with various levels of life challenges. Counselor educators can mold their class activities to provide more opportunities to trigger disequilibrium in their students. These opportunities are important because cognitive developmental models are defined by progressive stages of counselor trainee development from novice to expert with each stage consisting of discrete characteristics and skills.

Furthermore, since this study lends support to the notion that cognitive developmental level is related to counselor competency skills, there is an implied duty on the part of counselor educators to create environments in the classroom to nudge counselor
trainees in the direction of the next higher developmental level. Such implications include, but are not limited to the following: the type of courses offered, methods of teaching the courses, and types of environments in which the training should take place. For example, a course in constructivist and developmental education theory would surely require accommodation of new information on the part of the student who has been traditionally raised in the environment of the banking deposit model of teaching (McAuliffe, 2011). Another example of nudging the counselor trainees to the next higher developmental level requires a change to the methods typically used to teach a course. Counselor educators might put more effort into utilizing more reflective techniques (e.g., reflection papers), class discussions, and role-playing that emphasize experiential learning (McAuliffe, 2011).

In addition to supervision and teaching implications, the results of this study provide some support for assessment of trainee developmental level, both pre-supervision and after supervision, perhaps using the IDM. In the latter case, such assessment might determine whether any movement to the next higher level has taken place during the counselor trainee’s graduate training and clinical supervision experiences.

In the area of implications for theory, two dimensions might be highlighted. First, the findings indicate that those counselor trainees with higher developmental levels, specifically the construct of Self/Other Awareness, were able to demonstrate counseling skills that were rated higher by their supervisors, which lends support for Stoltenberg and Delworth’s stages of development for counselor trainees. Second, and more specifically, the current findings support the explicit domain of interpersonal assessment. Within the three constructs of the IDM, there are eight domains or areas of growth for each
supervisee (Stoltenberg & Delworth, 1987). The domain of interpersonal assessment is defined by Stoltenberg and Delworth as a function of the trainee’s self-focus and reflects his or her ability to take the perspective of the client (1987). The ability for the counselor trainees to stay “in the moment” with the client could make it difficult for those trainees who scored lower on the Self/Other Awareness scale to respond to unexpected statements or behaviors of the client. This notion was supported in the findings in that counselor trainees who scored lower on Self/Other Awareness also scored lower on those skills requiring paraphrasing or reflecting content.

**Implications for Future Research**

As indicated in the literature review, a number of studies have identified the importance of assessing counselor trainees using a cognitive developmental lens. However, when counselor trainees’ cognitive development level has been discussed, the literature has tended to be more conceptual rather than empirical. This study attempted to address that gap in the literature by having the skills demonstrated on videos so that cognitive level and counseling skills could be assessed within the context of the study.

Future research might focus on determining how assessment techniques can be modified to improve their ability to measure subjective materials in an objective fashion. Such was the case with this study. The results from this study were highly dependent on the accuracy (i.e., the validity) of both the SLQ-R and CSS to measure their intended constructs. In order to improve the choice of instruments used in research, future research might examine the validity of the CSS-R by utilizing a factor analysis. This would prove useful in determining if and how individual items (i.e., skills) load on the model. Items
that do not load on specific skill domains on the CSS can either be modified or discarded in order to strengthen the validity of the instrument.

Additionally, more longitudinal studies are needed to clearly validate or refute the notion that a developmental process in cognitive complexity exists and has a clearly defined impact upon counseling skill levels. As such, counselor educators could then refine the counseling techniques and methods taught during both the introductory skills classes in counseling graduate programs as well as utilizing the supervision process to instigate higher cognitive development of counselor trainees.

There is a need for additional research that examines both the counselor trainee’s developmental level and his or her competency skills (Eriksen & McAuliffe, 2006; Lovell, 2002). Quantitative research could help the counseling profession to further understand the relationship between developmental level and competency skills for counselor trainees. Knowing more about this relationship could inform counselor educators regarding a better manner in which to address the instruction of the basic skills class, how to orchestrate the supervision process in graduate programs to better meet the needs of the counselor trainees, as well as how to instigate further movement of the counselor trainees toward a more advanced developmental level. An understanding of the counselor’s developmental level and counseling skills level may lead also to enhanced training for those who supervise the counselor trainees. Counselor educators, supervisors, and others involved in preparing counselor trainees might be able to use this information to assist in the education and training/supervision of counselors in graduate programs to better meet the students’ developmental needs in learning counseling skills (Stoltenberg & Delworth, 1987).
Limitations of the Study

This study investigated the relationship between cognitive developmental level and counseling skills competency in counselor trainees. The design of the study had its own set of limitations. They included a small sample size, investigating a developmental phenomenon in only one moment in time, a limited sample of trainee behaviors, and sampling biases.

In the first case, the power of the statistical analyses was reduced due to the small sample size. Perhaps because of the small sample size (N= 30), three of the regression models demonstrated only a trend in significance, ranging from .07-.05. However, the $R^2$ for those models explained a large portion of variance in the model (i.e., .49 -.64). These results might have been statistically significant had the overall N been higher.

Another limitation of the design involves the constraints imposed by attempting to investigate a developmental process with a “snapshot” of data, rather than following the participants in a longitudinal manner. A longitudinal design might have provided more efficacious results. By contrast, the present study investigated components of these developmental constructs utilizing only one 20-30 minute video for assessing the counselor trainees’ skills.

The ratings of the counselor trainees were made based on one behavioral observation (i.e., one taped counseling session). One could argue that simply one example of overt behaviors may not always be indicative of an underlying level of cognitive or concept development and skill levels. For example, an individual can demonstrate seemingly competent basic counseling skills without necessarily understanding the intricacies, client dynamics, or other considerations involved in particular skills. A similar limitation of the
observation lay in the fact that these taped sessions usually only portrayed the counselor trainee’s skills with one client. There was no manner by which to observe that counselor trainee’s skills with more difficult or complex clients. That would have enabled the raters to discern whether the trainee had the skill level required to shift to a more complicated case that may necessitate more multifaceted skills. In other words, simply because a counselor trainee is able to demonstrate average counseling skills with one client does not guarantee that same counselor trainee would be able to demonstrate the same skill level with a case that is more difficult.

Two other limitations relate to subject samples. First, both the counselor trainees and their supervisors were all from the same institution and represented a sample of convenience. Thus, the results may not be applicable to other programs. In addition, personal characteristics of the supervisors and counselor trainees were not controlled for in this study. For example, no attempt was made to “match” supervisors with supervisees based on developmental levels for each.

CONCLUSION

A study of cognitive developmental level and counseling skill levels was conducted in the context of supervision in order to determine (1) if there was a relationship between a counselor trainee’s developmental level and his or her level of counseling skill competence, as rated by his or her practicum or internship supervisor and (2) if a counselor trainee’s developmental level could predict his or her counseling skill levels, also rated by the supervisor. It was found that there was a correlation between developmental level and the counseling skill levels. Furthermore, it was found that the
supervisors’ ratings of the counselor trainees’ on the SLQ-R could predict some of the counseling skill competence, as measured by the CSS, but not all of them.

Counselor trainees may be at different stages of skill development based on their cognitive developmental level. In particular, the developmental construct of Self/Other Awareness on the SLQ-R had the strongest predictive value on most counseling skill levels. Those counselor trainees rated to be higher in cognitive development by their supervisors, in particular on their level of Self/Other Awareness, were also rated by their supervisors to be higher on demonstrated counseling skills. Implications for practice included the need for both supervisors and counselor educators to be aware of the developmental level of counselor trainees in order to establish appropriate expectations of current abilities while also providing a safe environment for the trainees to take the needed risks to attempt more complex cognitive tasks spurred on by instances of “disequilibrium” in the trainees’ current repertoire of knowledge. The developmental journey for counselors, and their educators, begins when counselor trainees enroll in their first counseling skills course. From there, counselor educators can trigger the first of many moments of “disequilibrium” in order to move the trainees to higher cognitive developmental levels, which, in turn, leads to greater complexity in counseling skills.
CHAPTER SIX

Manuscript

The Relationship of Cognitive Development Level, Supervision, and Counselor Skills in Preparing Counselors

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Abstract

The focus of this study was the exploration of specific developmental dimensions that may have an impact on the counselor training process, which ultimately will affect the quality of care offered by counselors to clients. Specifically, the relationship of cognitive developmental level and counseling competency skills was examined to determine if a relationship exists between the two dimensions and if so, can a counselor trainee’s developmental level predict his or her level of counseling skills. Thirty master level counseling students (trainees) participated in this study during practicum or internship. The trainees were rated by their supervisors on both a measure of developmental level – the Supervisee Level Questionnaire-Revised, and their counseling skills level – the Counseling Skills Scale. The counselor trainees also rated themselves on a developmental measure utilizing the Supervisee Level Questionnaire-Revised. Using Stoltenberg and Delworth’s IDM model as the basis of the principal constructs examined, results of this study indicated the construct of Self/Other Awareness was the strongest predictor of counseling skills level in general. As supervisors are called to be more cognizant of the cognitive developmental level of their counselor trainees and provide avenues to elucidate higher-level developmental dilemmas, so too, should counselor educators incorporate such avenues into their training program and course curricula. Based on the findings from this study that suggest cognitive developmental levels are linked to better counseling skills, counselor trainees at higher stages of cognitive development appear to be better equipped to deal with the complex problem-solving and social interactions that are needed to successfully engage in the counseling process.

Key Words: Cognitive Development, Supervision, Counseling Skills, IDM, CSS
Introduction

As our society becomes more increasingly complex in nature, the need for counseling services continues to grow just as rapidly. In order to meet society's emerging needs, counselor educators are put to task in educating and training new counselors in the field to ensure quality of care for clientele. In addition, training programs and academic institutions not only struggle to define what comprises the "effective" counselor, but also work to offer counselors-in-training the most facilitative training environment possible (Eriksen & McAuliffe, 2003). Therefore, the role of supervision is taking on added importance and increased definition in conjunction with the expanding role of counseling in our society. Thus, studying those factors that impact the efficacy and effectiveness of counselor trainees with regard to both clinical supervision and competency skills is an important avenue of inquiry.

It is important to investigate the relationship between a counselor trainee's developmental level and counseling skill competency in order to inform course curriculum, supervision training, and assessment of counselor "readiness" in Counseling graduate programs (Lovell, 2002; Eriksen & McAuliffe, 2006). Counselor educators, supervisors, and others involved in preparing counselor trainees might be able to use this information to assist in the education and training/supervision of counselors in graduate programs to better meet the students' developmental needs in learning counseling skills (Lovell, 2002). Helping supervisees identify their own strengths and growth areas enables them to be responsible for their life-long development as both counselors and future supervisors.
The focus of this study, therefore, was to explore specific dimensions which may impact the counselor training process, which ultimately will affect the quality of care offered by counselors to clients. Specifically, the relationship of cognitive developmental level and counseling competency skills was examined to determine if a relationship exists between the two dimensions. Evaluating a counselor trainee’s level of cognitive development might best be assessed beyond the classroom and, therefore was thought to be demonstrated more visibly and clearly in the practicum and internship supervision sessions.

**Cognitive Developmental Level**

Cognitive complexity is a concept that has been studied for decades in psychology and counseling and seems to have as many definitions as it does research studies supporting those definitions. One of the first and better known theories of cognitive development was established by Piaget (1971). Piaget was interested in the biological influences on "how we come to know." He believed that what distinguishes human beings from other animals is our ability to do "abstract symbolic reasoning" (Piaget & Inhelder, 1962).

In general, cognitive models view maturational changes in cognitive capacities, along with transactions of the individual with environmental structures that foster such capacities, as the major source for personal development (Piaget, 1971). Such approaches in developmental psychology emphasize that individuals cannot learn new information until maturation gives them certain prerequisites (Brainerd, 1978). Thus, individuals are seen as progressing from simplistic, linear, dichotomous reasoning to more complex, differentiated, flexible, and integrative reasoning.
Connection between Cognitive Development & Skills

Cognitive complexity is important to the counseling field because the ability to take multiple perspectives and critical thinking is integral to the work of counselors. Cognitive complexity was defined by Pervin (1984) as a continuum that consists of an individual’s ability to use many constructs that have many relationships to one another (complex) at one end of the developmental continuum, and an individual’s use of few constructs with limited relationships to one another (simplicity) at the other end.

In order to test the hypothesis that greater cognitive complexity leads to increased abilities in counseling skills, Duys and Hedstrom (2000) examined the relationship between basic counselor skills training and cognitive complexity levels in counseling trainees. Cognitive complexity levels of new graduate counseling trainees either enrolled or not enrolled (e.g., the control group) in a basic skills course were measured before and after the course. Results indicated participants who were exposed to the basic skills training course showed significantly higher cognitive complexity than the control group when posttest means were compared (Duys & Hedstrom, 2000). Moreover, understanding the cognitive developmental level of a counselor-in-training may enable the supervisor to choose supervisory interventions to foster movement to the next level for the trainee’s cognitive development. Therefore, the comprehension of how cognitive development accentuates counseling competence is fundamental to supervision strategies and interventions. Thus, supervision during practicum or internships becomes the most logical settings to instigate and promote cognitive complexity in counselors-in-training.
Supervision

Due to the importance of clinical supervision to the supervisee’s professional growth and development, increasing attention to this topic has been noted in the literature recently (Lovell, 1999; 2002; Scott, Nolin, & Wilburn, 2006). A significant portion of this attention has been toward developmental models of supervision. Those models commonly describe emergence of complexity in supervisees, in which beginning supervisees require more direction and are more dualistic in their thinking than supervisees later in the process (e.g., Blocher, 1983; Loganbill, Hardy, & Delworth, 1982; Lovell, 2002; Stoltenberg, 1981).

One particular developmental supervision model is the Integrated Developmental Model developed by Stoltenberg and Delworth (1987). They described a developmental model with three levels of supervisees: beginning, intermediate, and advanced. Within each level the authors noted a tendency for supervisees to begin each level in a rigid, shallow, imitative way and move toward more competence, self-assurance, and self-reliance. Their theory focuses particularly on the evolution of three concepts: (1) self-and-other awareness, (2) motivation, and (3) autonomy.

Inherent in Stoltenberg and Delworth’s (1987) IDM is the notion that cognitive abilities related to counseling skills advance as supervisees move through the developmental process, that is, increase their cognitive complexity. Thus, as counselors become more expert, they are able to engage in case conceptualization, integrate clinical information, and understand interpersonal communication better than they were able at initial stages of development. This developmental process is the foundation of the novice-to-expert model of counselor development (Hillerbrand, 1989; Ronnestad &
The importance of developing cognitive complexity through counselor education has been supported in the counseling literature (Eriksen & McAuliffe, 2003; Lovell, 1999, 2002; McAuliffe & Lovell, 2006).

Stoltenberg and Delworth's (1987) Integrated Developmental Model, a description of supervisees' development while in training, has yielded an assessment instrument, the Supervisee Levels Questionnaire-Revised (SLQ-R; McNeill, Stoltenberg, & Romans, 1992). In their attempt to address the need for reliable, valid assessment procedures for identifying a trainee's level of development, McNeil et al (1992) conducted a study to improve the reliability and validity of the original SLQ. In this study, they administered a revised instrument designed to assess constructs relevant to Stoltenberg and Delworth's (1987) Integrated Developmental Model (IDM) to counseling and clinical psychology trainees of varying levels of graduate education, counseling, and supervision experience. The revised SLQ-R consisted of a total of 30 items (score range = 30–210). Cronbach's alpha reliability coefficients were calculated for the three subscales, resulting in reliability estimates of .83, .74, .64, and .88 for the Self and Other Awareness, Motivation, and Dependency–Autonomy subscales, and total scores, respectively (McNeil et al., 1992).

Counseling Skills

A focus of supervision for students of counseling is their use of effective counseling skills. Counseling skills are broadly defined as comprising three main skill sets: attending behaviors, reflection of feelings, and summarization of feelings (Ivey, 1971). Ivey posited that an important aspect of establishing a sound therapeutic relationship with
the client was accomplished by the counselor by being aware of, and responsive to, the communications of the client, while communicating this attentiveness (Ivey, 1971). Reflection of feelings, as well as the ability to summarize those feelings, is contingent upon how well the counselor is “attending” to the communication of the client. It is important that such basic skills be measured so that counselor educators have a means for evaluating their training programs (Eriksen & McAuliffe, 2003; 2006). Therefore, effective evaluations require clearly delineated performance objectives that can be assessed in both quantitative and qualitative terms and that have been made explicit to the trainee during initial supervision contacts (Eriksen & McAuliffe, 2003).

Counselor educators and supervisors who attempt to teach and/or cultivate a trainee’s skill level typically find several complex and difficult areas. These involve attempting to measure the specific skill, whether or not the measurement used is a reliable and valid instrument, and also, whether or not the supervisors are operating from a specific theory of supervision. First, the very process of evaluating counseling skills is a complex process. Many skills inventories and behavioral checklists abound; however, research suggests these may lack adequate reliability and validity (Eriksen & McAuliffe, 2003). Second, university supervisors recognize the tension between providing a supportive facilitative environment whereby counselors-in-training can feel free to “stretch” themselves and learn counseling skills and the normal anxiety that results from academic grades. Thus, determining what instrument or measurement of evaluation becomes a dilemma for the supervisor. Third, if the supervisors are lacking a specific theory or model of supervision, they might be unable to articulate desired outcomes for their supervisees and may revert to the evaluation of administrative detail and case
management (Bernard & Goodyear, 1992). As a result of these difficulties, numerous areas of competency may be neglected, anxiety may persist, and supervisors may resort to summative evaluation practices in global and poorly measured terms. In order to address this challenge, Eriksen and McAuliffe (2003) developed the Counseling Skills Scale (CSS).

In an attempt to improve the assessment of skills and previous measures of counselor competency, Eriksen and McAuliffe (2003) designed the Counseling Skills Scale as a revision of Downing, Smaby, and Maddux’s (1999) Skilled Counselor Scale (SCS). In doing so, Eriksen and McAuliffe delineated five criteria deemed pertinent for the measurement of counseling skills. These criteria were: “(a) be valid and reliable; (b) rely of observations of actual in-session performance of counseling skills; (c) be accessible—that is, have face validity, be easy to use, and be relevant for students and instructors as a feedback device; (d) rely on ratings by expert judges, rather than only ones by students, clients, or peers; and (e) require qualitative judgments as to the contextual appropriateness of the use of particular skills” (Eriksen & McAuliffe, 2003, p.123). Cronbach’s alpha conducted on their instrument was .91, indicating a relatively high level of internal consistency (Eriksen & McAuliffe, 2003).

Perosa and Perosa (2010) critiqued the self-report and observer rating measures developed to date to assess the clinical skills of trainees in both the individual and in the family therapy fields. In contrast to other measures, the CSS was described as having “demonstrated acceptable levels of reliability and validity for research purposes” (p. 132). Thus, researchers are able to use this instrument in studies to monitor student growth over time. Peace and Sprinthall (1998) posited that given all the research that
correlates counselor development or “complexity” with higher order counseling skills, a counselor’s cognitive development should not be just a process through which a supervisee passes in supervision but should be a supervision goal in and of itself. Thus, supervision during practicum or internships becomes the most logical settings to instigate and promote counselor development/complexity in counselors-in-training.

The crucial role of clinical supervision in learning counseling skills as well as integration skills has been emphasized in the literature (Bernard & Goodyear, 2004). However, there still exists the question regarding how to go about assessing these counseling skills for counselors-in-training. In response to that need, Eriksen & McAuliffe (2003) developed an instrument called the Counselor Skill Scale, that they believe could meet this need.

Counseling Skills Scale

The CSS (Eriksen & McAuliffe, 2003), which measures counseling skills performance, consists of 19 items and six subscales on which trained raters evaluate students on a Likert-type scale from -2 (major adjustment needed) to +2 (highly developed skills). Item scores are averaged into subscale scores, which are then added to become a total counseling skills score. These items reflect those skills that are addressed in most counseling textbooks (Eriksen & McAuliffe, 2003; Ivey, 1971). Body language, minimal encouragers, vocal tone, and evoking and punctuating strengths are grouped into a subscale titled Shows Interest. Questioning, requesting concrete and specific examples, paraphrasing, and summarizing are grouped into a subscale called Encourages Exploration. Reflecting feelings, using immediacy, observing themes and patterns, challenging/pointing out discrepancies, and reflecting meaning and values are included in
the subscale called Deepens the Session. Determining goals/outcomes, creating change, considering alternatives, and planning action/anticipating obstacles constitute the subscale Encourages Change. The two final subscales are Develops Therapeutic Relationship and Manages the Session (Eriksen & McAuliffe, 2003).

Methods

Counselor developmental levels were assessed using the Supervisee Levels Questionnaire-Revised (SLQ-R; McNeil et al., 1992). Counselor competency levels were rated by the supervisors using the Counseling Skills Scale (CSS; Eriksen & McAuliffe, 2003). The target population of this study was graduate students in a counseling program who were in practicum and internship. The sample was derived from an accredited-CACREP graduate program of counseling in a public university in southeast Virginia.

Participants

The ages of the 30 participants ranged from 23 years to 40 years with a mean age of 27 years. There were 23 females (77%) and seven males (23%) in the sample. Of the 30 participants, 18 were White (60%); three were Asian (10%); three were Latino (10%); four were African-American (13.3%); and two identified themselves as “other” (6.7%). The participants were further delineated with ten who were in practicum (33%) and 20 who were in internship (67%). Finally, the average (mean) amount of experience for the total sample of participants was 1.82 years. Further information on the demographic information can be found on Table 1.

The researcher provided the supervisors with the test packets, which included (1) the demographic sheets to be completed for the supervisee, (2) SLQ-R forms to be completed by both supervisor and supervisee during their first or second meeting, and (3) the CSS
form to be completed by the supervisor on the supervisee during the semester, once a video-taped session was completed.

Analysis

This research design consisted of descriptive and regression analyses on the SLQ-R and the CSS. The data analysis was conducted in two separate sequences. The first step in the sequence of analysis was a correlational analysis between the three scales of the SLQ-R and the scales of the CSS from the factor analysis. The second analysis was a regression analysis to determine if the three scales from the SLQ-R could predict scores from the CSS scales.

Furthermore, descriptive statistics were conducted on the demographic data to determine the means, standard deviations, and modes for the obtained data, and correlational analyses were employed to determine the relationship, if any, among the variables. Considering that research studies have found a significant positive correlation between years of experience and graduate standing (practicum or internship), these variables of influence were therefore included in the regression analyses.

Results

Means and standard deviations for each of the scale and total scores for the SLQ-R and CSS are listed in Table 1.
Table 1

Means and Standard Deviations for Demographic and Measured Variables for Practicum and Intern Graduate Counseling Students

<table>
<thead>
<tr>
<th>Variable</th>
<th>Practicum (N=10)</th>
<th>Internship (N=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic Variables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>25.60 (3.13)</td>
<td>29.00 (4.72)</td>
</tr>
<tr>
<td>Years of Exp.</td>
<td>.99 (1.42)</td>
<td>2.23 (1.34)</td>
</tr>
<tr>
<td>Supervisor Ratings of the SLQ-R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S/O</td>
<td>57.60 (13.53)</td>
<td>57.30 (9.98)</td>
</tr>
<tr>
<td>MO</td>
<td>39.40 (9.07)</td>
<td>39.95 (6.92)</td>
</tr>
<tr>
<td>D/A</td>
<td>46.90 (8.43)</td>
<td>45.75 (8.52)</td>
</tr>
<tr>
<td>Supervisee Ratings of the SLQ-R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S/O</td>
<td>60.70 (5.92)</td>
<td>60.75 (8.86)</td>
</tr>
<tr>
<td>MO</td>
<td>43.20 (4.10)</td>
<td>41.10 (7.08)</td>
</tr>
<tr>
<td>D/A</td>
<td>46.80 (7.14)</td>
<td>45.60 (5.15)</td>
</tr>
<tr>
<td>CSS Scale Scores</td>
<td>.97 (.65)</td>
<td>1.50 (.61)</td>
</tr>
<tr>
<td>Interest</td>
<td>.92 (.91)</td>
<td>1.30 (.81)</td>
</tr>
<tr>
<td>E-Explore</td>
<td>.66 (1.00)</td>
<td>1.12 (1.53)</td>
</tr>
<tr>
<td>Deepens</td>
<td>1.47 (2.45)</td>
<td>1.35 (1.28)</td>
</tr>
<tr>
<td>E-Change</td>
<td>1.10 (0.73)</td>
<td>1.50 (.60)</td>
</tr>
<tr>
<td>Thx-Rel</td>
<td>.80 (1.03)</td>
<td>1.25 (.85)</td>
</tr>
<tr>
<td>Manages</td>
<td>5.93 (5.57)</td>
<td>8.02 (4.56)</td>
</tr>
</tbody>
</table>

Note: Standard Deviations are in parenthesis. S/O = Self/Other Awareness; MO = Motivation Level; D/A = Dependency/Autonomy Level; Interest = Shows Interest; E-Explore = Encourages Exploration; Deepens = Deepens the Session; E-Change = Encourages Change; Thx-Rel = Develops Therapeutic Relationship; Manages = Manages the Session.

The first research question examined whether or not there was a relationship between counselor developmental level and counselor competency level in masters students of counseling during practicum or internship in a graduate counseling program.

In order to address this question, a bivariate Pearson correlation analysis of the main variables (i.e., (1) demographics of: age, years of experience, practicum or internship, and
(2) the SLQ-R scales and CSS scales) was conducted utilizing SPSS. Results of the correlation suggested that only the supervisor’s ratings of the counselor trainees on the three scales of the SLQ-R had significant correlations with the CSS scores of the supervisees (See Table 2). Specifically, higher scores on the S/O Awareness and Motivation scales were related to higher scores on all of the CSS scores. In addition, higher scores on the Dependency/Autonomy scale were related to higher scores on the CSS scales with the exception of Deepens the Session, which was not significant.

By contrast, the counselor trainees’ ratings of themselves on the SLQ-R were not significantly related to their CSS scores. In other words, the trainees’ ratings of themselves on cognitive development were unrelated to their counseling skills, as measured by their supervisors. Overall, greater cognitive development as rated by the supervisors on the SLQ-R was related to enhanced counseling skills as measured by the CSS for the counselor trainees.

Table 2
Bivariate Correlation Analysis of CSS Scales with the Demographic variables and the SLQ-R Scale Scores Rated by Supervisees and Supervisors

<table>
<thead>
<tr>
<th>Variables</th>
<th>Interest</th>
<th>Explore</th>
<th>Deepens</th>
<th>E-Change</th>
<th>Thx-Rel</th>
<th>Manages</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.25</td>
<td>-.01</td>
<td>.07</td>
<td>.28</td>
<td>.00</td>
<td>.02</td>
<td>.00</td>
</tr>
<tr>
<td>Yrs - Ex</td>
<td>-.03</td>
<td>-.27</td>
<td>-.12</td>
<td>.02</td>
<td>-.10</td>
<td>.36*</td>
<td>-.21</td>
</tr>
<tr>
<td>Se-S/O</td>
<td>.15</td>
<td>.18</td>
<td>.20</td>
<td>.31</td>
<td>.13</td>
<td>.08</td>
<td>.11</td>
</tr>
<tr>
<td>Se-MO</td>
<td>.26</td>
<td>.15</td>
<td>.17</td>
<td>.34</td>
<td>.19</td>
<td>.22</td>
<td>.20</td>
</tr>
<tr>
<td>Se-D/A</td>
<td>.15</td>
<td>.31</td>
<td>.23</td>
<td>.11</td>
<td>.11</td>
<td>.07</td>
<td>.14</td>
</tr>
<tr>
<td>SR-S/O</td>
<td>.63**</td>
<td>.63**</td>
<td>.45*</td>
<td>.47**</td>
<td>.59**</td>
<td>.73**</td>
<td>.58**</td>
</tr>
<tr>
<td>SR-MO</td>
<td>.59**</td>
<td>.58**</td>
<td>.36*</td>
<td>.42*</td>
<td>.49**</td>
<td>.74**</td>
<td>.41*</td>
</tr>
<tr>
<td>SR-D/A</td>
<td>.39*</td>
<td>.43*</td>
<td>.35</td>
<td>.40*</td>
<td>.41*</td>
<td>.56**</td>
<td>.43*</td>
</tr>
</tbody>
</table>

Note: Yrs – Ex = Years of Experience; Se = Supervisee; SR = Supervisor; Explore= Encourages Exploration; Deepens = Deepens the Session; E-Change = Encourages Change; Thx-Rel = Develops Therapeutic Relationship; Manages = Manages the Session; * = p< .05; ** = p< .01
The second research question investigated whether or not the developmental levels of a counselor trainee could predict his or her counseling competency skill level. In order to answer this question, a series of regression analyses was conducted utilizing SPSS in order to determine which of the SLQ-R scale scores could significantly predict each scale of the CSS (See Table 3). Each regression was conducted in the same manner. Step one consisted of entering age, practicum or internship, and years of experience to control for any shared variance between these variables and the CSS scales. Because previous research has found these variables to be related (Keeyean, 2003), it was important to control for their effects on counseling skills. Step two consisted of entering all the SLQ-R scales rated by both the supervisors and counselor trainees.

Table 3
Regression Analysis Predicting CSS Scale Scores with SLQ-R Scores

<table>
<thead>
<tr>
<th>Step</th>
<th>Predictor variables</th>
<th>R²</th>
<th>ΔR²</th>
<th>F</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CSS Shows Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Age, Years of experience, Practicum/Internship</td>
<td>.21</td>
<td>.12</td>
<td>2.41</td>
<td>.23</td>
</tr>
<tr>
<td>2</td>
<td>Se-S/O, Se-MO, Se-D/A, SR-S/O, SR-MO, SR-D/A</td>
<td>.66</td>
<td>.51</td>
<td>4.44*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CSS Encourages Exploration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Age, Years of experience, Practicum/Internship</td>
<td>.26</td>
<td>.17</td>
<td>3.04*</td>
<td>.02</td>
</tr>
<tr>
<td>2</td>
<td>Se-S/O, Se-MO, Se-D/A, SR-S/O, SR-MO, SR-D/A</td>
<td>.64</td>
<td>.48</td>
<td>3.99**</td>
<td></td>
</tr>
</tbody>
</table>

*Significant at p < .05
**Significant at p < .01
### CSS Deepens the Session

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Years of experience</th>
<th>Practicum/Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.14</td>
<td>.04</td>
<td>1.50</td>
</tr>
<tr>
<td>2</td>
<td>.40</td>
<td>.13</td>
<td>1.48</td>
</tr>
</tbody>
</table>

### CSS Encourages Change

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Years of experience</th>
<th>Practicum/Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.19</td>
<td>.09</td>
<td>1.97</td>
</tr>
<tr>
<td>2</td>
<td>.44</td>
<td>.17</td>
<td>1.66</td>
</tr>
</tbody>
</table>

### CSS Develops Therapeutic Relationship

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Years of experience</th>
<th>Practicum/Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.14</td>
<td>.04</td>
<td>1.42</td>
</tr>
<tr>
<td>2</td>
<td>.49</td>
<td>.26</td>
<td>2.18</td>
</tr>
</tbody>
</table>

### CSS Manages the Session

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Years of experience</th>
<th>Practicum/Internship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.34</td>
<td>.26</td>
<td>4.46**</td>
</tr>
<tr>
<td>2</td>
<td>.75</td>
<td>.64</td>
<td>6.90**</td>
</tr>
</tbody>
</table>
In the regression analysis model for the CSS \textit{Shows Interest} scale, the covariates were not significant predictors in the first step. In the second step, the regression analysis for the CSS \textit{Shows Interest} scale was significant, $F(9, 20) = 4.44$, $p = .00$. Examination of the variables indicated that the only significant predictors of the \textit{Shows Interest} scale were the supervisor’s rating of \textit{Self/Other (S/O) Awareness} and supervisor’s rating of the \textit{Dependency/Autonomy}. The SLQ-R scales of \textit{S/O Awareness} and \textit{Dependency/Autonomy} together accounted for almost 67\% of the variance in CSS \textit{Shows Interest}, $R^2 = .67$. However, they had opposite effects. Counselor trainees who were rated higher by their supervisors on \textit{S/O Awareness} had higher scores on the CSS \textit{Shows Interest} scale. Contrary to expectations, counselor trainees who were rated higher by their supervisors on the \textit{Dependency/Autonomy} scales of the SLQ-R (i.e., greater autonomy) scored lower on the \textit{Shows Interest} scale.

The second regression model examined the ability of the SLQ-R variables to predict CSS \textit{Encourages Exploration}. The first step of this regression was significant, $F(3, 26) = 3.04$, $p = .04$. In this regression equation, the variables of practicum or internship and

<table>
<thead>
<tr>
<th>SR- D/A</th>
<th>CSS Total Score</th>
<th>(\cdot.08)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.14</td>
<td>.05</td>
</tr>
<tr>
<td>Years of experience</td>
<td>- .45\textsuperscript{a}</td>
<td></td>
</tr>
<tr>
<td>Practicum/Internship</td>
<td>.34\textsuperscript{a}</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>.55</td>
<td>.35</td>
</tr>
<tr>
<td>Se-S/O</td>
<td>.28</td>
<td></td>
</tr>
<tr>
<td>Se-MO</td>
<td>- .26</td>
<td></td>
</tr>
<tr>
<td>Se-D/A</td>
<td>- .03</td>
<td></td>
</tr>
<tr>
<td>SR-S/O</td>
<td>1.41\textsuperscript{**}</td>
<td></td>
</tr>
<tr>
<td>SR-MO</td>
<td>-1.01\textsuperscript{*}</td>
<td></td>
</tr>
<tr>
<td>SR-D/A</td>
<td>.04</td>
<td></td>
</tr>
</tbody>
</table>

Note: all $\beta$ in table are from the second step; $* = p < .05$; $** = p < .01$; $^a$ = trend in significance.
years of experience accounted for 26% of the variance in the CSS *Encourages Exploration*, \( R^2 = .26 \). In the second step of this regression, the regression equation remained significant, \( F (9, 20) = 3.99, p = .00 \). Examination of the variables in this model indicated that the only significant predictor of *Encourages Exploration* was the supervisor’s ratings on *S/O Awareness*. Once the supervisor’s ratings of the *S/O Awareness* were entered into the equation, the experience variables were no longer significant predictors in the model. Counselor trainees who were rated higher by their supervisors on *S/O Awareness* had higher scores on the CSS *Encourages Exploration* scale.

The third regression model examined the ability of the SLQ-R variables to predict CSS *Deepens the Session*. The first step of this regression was not significant. Although the regression equation was not significant in the second step either, there was, however, a trend noted \( (p = .05) \) for the supervisor’s ratings on the *S/O Awareness* scale, in that the higher counselor trainees were rated on the *S/O Awareness* scale by their supervisors, the higher they scored on the CSS *Deepens the Session* scale.

The fourth regression model examined the ability of the SLQ-R variables to predict CSS *Encourages Change*. The first step of this regression was not significant, nor for the second step. Although the regression equation was not significant in the second step, there was a trend noted \( (p = .05) \) for the supervisor’s ratings on *S/O Awareness*. The \( R^2 \) for this model was .64, so the lack of significance is likely due to a low N in the sample. Counselor trainees who were rated higher by their supervisors on *S/O Awareness* scored higher, though not significantly, on the CSS *Explores Change* scale.
The fifth regression model examined the ability of the SLQ-R variables to predict CSS *Develops Therapeutic Relationship*. The first step of this regression was not significant, nor for the second step. Although the regression equation was not significant, there was a trend noted \( p = .05 \) for the supervisor’s ratings on *S/O Awareness*. The \( R^2 \) for this model was .49, so the lack of significance is likely due to a low N in the sample again. Counselor trainees who were rated higher by their supervisors on the *S/O Awareness* scored higher, but not significantly so, on the CSS *Develops Therapeutic Relationship* scale.

The sixth regression model examined the ability of the SLQ-R variables to predict CSS *Manages the Session*. The first step of this regression was significant, \( F (3, 26) = 4.46, p = .01 \). In this regression equation, the variables of practicum or internship and years of experience accounted for 34% of the variance in the CSS *Manages the Session* scale, \( R^2 = .34 \). In the second step, the regression equation remained significant, \( F (9, 20) = 6.90, p = .00 \). Examination of the variables indicated that the only significant predictors of *Manages the Session* were practicum or internship and years of experience. These variables accounted for almost 76% of the variance in CSS *Manages the Session* scale.

The final regression model examined the ability of the SLQ-R variables to predict CSS *Total Score*. The first step of this regression was not significant. In the second step, the regression equation was significant, \( F (9, 20) = 2.77, p = .02 \). Examination of the variables indicated the only significant predictors were the supervisor’s ratings on the *S/O Awareness* and *Motivation* SLQ-R scales. The SLQ-R scales of *S/O Awareness* and *Motivation* accounted for 55% of the variance in the CSS *Total Score*. Counselor
trainees who were rated higher by their supervisors on the S/O Awareness and Motivation scales scored higher on their total CSS scores.

**Discussion**

Supervised clinical experience has long been considered one of the most significant aspects in the training of professional counselors to improve their competency skills, theoretical development, and case conceptualization (Bernard & Goodyear, 1992; Eriksen & McAuliffe, 2003; Lovell, 1999, 2002; Milne & James, 2002). For this reason, it was important to study those factors that have an impact on the efficacy and effectiveness of counselor trainees’ with regard to their developmental levels and competency skills beyond the classroom (Milne & James, 2002). Subsequently, given that these constructs might be demonstrated more visibly and clearly in the practicum and internship supervision sessions, counselor trainees were rated by their clinical supervisors using two instruments that measure cognitive developmental level and counseling skill levels respectively; the SLQ-R and the CSS-R.

In addition to examining the existence of a relationship between these two variables, this study further investigated whether or not a counselor trainee’s developmental level could actually predict his or her level of demonstrated counseling skills. For example, can a counselor trainee be rated high on the SLQ-R (higher level of development) and yet, demonstrate poor counseling skills? A correlational design was used to test these questions. I found that a higher cognitive developmental level was positively related to some counseling skills. This chapter explores how the results compare to the literature. It also provides implications of the results for potential future research on the topic. In addition, limitations of this study are discussed.
Summary of Results

Research Question One

The first research question examined in this study was the following: Is there a relationship between a counselor trainee’s developmental level and counseling skills level? As hypothesized, there was a significant relationship between a counselor trainee’s developmental level and counseling skills level, as assessed by the supervisor. Specifically, higher scores on the Self-Other Awareness and Motivation scales of the SLQ-R were related to higher scores on most of the CSS scales for the counselor trainees, according to the ratings of his or her supervisor. Higher scores on the Dependency/Autonomy scale were also related to higher scores on the CSS scales with the exception of Deepens the Session, which was not significant. This specific finding will be discussed later in the chapter.

That a relationship exists between a counselor trainee’s developmental levels, specifically—the three measured constructs of Self/Other Awareness, Motivation, and Dependency/Autonomy, and his or her counseling skill levels, is consistent with other research findings in the field (Duys & Hedstrom, 2000). To “act more purposefully” with a client, the counselor trainee must be able to maintain the focus of his or her attention on the client’s needs, stay present in the moment, and be able to communicate to the client an unconditional positive regard (Egan, 2007; Ivey & Ivey, 2002). These qualities are related to cognitive development.

The very term “counseling skills” denotes a plural set of abilities which requires a multi-tasking performance on the part of the counselor trainee. These abilities include, but are not limited to use of body language, minimal encouragers, questioning, requesting concrete and specific examples, paraphrasing, summarizing, reflecting feelings, using
immediacy, observing themes and patterns, challenging/pointing out discrepancies, reflecting meaning and values, determining goals or outcomes, creating change, considering alternatives, and planning action while anticipating obstacles (Eriksen & McAuliffe, 2003; Ivey & Ivey, 2002). Such a complex weaving of individual and intricate skills into a counseling session may appear daunting to even the “seasoned” counselor with years of experience. A level of mental complexity is required to perform the multiple tasks of counseling work. For clarification purposes, one specific skill will be discussed in more depth to illustrate the possible overall connection between cognitive developmental level and counseling skill levels.

Reflecting feelings to a client requires the foundations of attending, immediacy, and empathy (Ivey & Ivey, 2002; Rogers, 1961). To reflect back to a client means the counselor trainees must relay to the client, in the counselor trainee’s own words, an understanding of the client’s world. Ideally, it elicits meanings behind the client’s literal words. Reflection of feelings and content is effectively expressed empathy—in words. In order to demonstrate this skill, the counselor trainee must be attending to the client and focused on the client’s needs. A counselor trainee who is at a lower cognitive developmental level (Level One), is likely to be anxious, trying to remember techniques learned and, instead, more focused on himself or herself to even hear what the client stated, much less be able to reflect a feeling from the conversation. Thus, there is likely a link between cognitive developmental levels and the ability to demonstrate effective counseling skills in counselor trainees.

One component of this link between cognitive development level and demonstrated counseling skills is the ability of the counselor trainee to attend to the client—to keep his
or her focus of attention on the needs of the client. As Stoltenberg and Delworth (1987) described, the Self-Other Awareness construct describes the extent to which a counselor trainee focuses on himself or herself versus the client. According to their theory, this structure of awareness indicates where the counselor trainee is in terms of “self-preoccupation, awareness of the client’s world, and enlightened self-awareness” (p. 38).

For example, counselor trainees on the lower end of this developmental level (Level One) tend to be overly anxious and focus attention on (1) themselves, (2) the skills they demonstrate and utilize, and (3) the evaluative process of supervision (Stoltenberg & Delworth, 1987). The predominance of self-focus at this level, while seen as a necessary phase of development by Stoltenberg and Delworth (1987), directly interferes with the counselor trainee’s ability to empathize with and understand the client. Results of this study support their theory in that those counselor-trainees who were rated higher by their supervisors on the SLQ-R scale of Self-Other Awareness were also rated higher on the CSS scales. One example of this link is the CSS scale Shows Interest and Appreciation, whereby counselor trainees who were rated higher on the SLQ-R scale of Self-Other Awareness demonstrated better skills of maintaining open and relaxed body postures, maintained appropriate eye contact, and repeated key words or phrases as minimal encouragers in the session.

This example illustrates the complexity needed for counseling. Those counselor trainees who are more highly developed on the Self-Other Awareness construct are more likely to integrate the client’s emotional experience into their counseling approach, as well as understand how their own behaviors and skills affect the client. According to Stoltenberg and Delworth (1987), as trainees move higher on Self-Other Awareness, they
begin to move back and forth more easily between a focus on their own emotional and
cognitive responses to the client and an awareness of what the client might be
experiencing. It is this ability that allows the counselor trainee to integrate information
from both perspectives.

At a higher developmental level on this particular construct, anxiety for the
counselor trainee is significantly reduced, perhaps fueling his or her motivation level to
continue to learn his or her profession. A counselor trainee’s level of motivation might
likewise have an impact on his or her counseling skills level. According to Stoltenberg
and Delworth (1987), the structure of Motivation reflects the counselor trainee’s interest,
investment, and effort as expressed in clinical training and practice. Stoltenberg and
Delworth contend that counselor trainees who are further along the continuum of this
particular developmental construct have successfully navigated the ambiguity and
insecurities of those at a lower level of development, and their motivation is now seen as
being more consistent. Results of this study supported this construct also. Counselor
trainees who were rated higher on the SLQ-R and, therefore, also rated higher on the CSS
scales were likely to demonstrate more effective skills overall. This was demonstrated in
those counselor trainees who had higher ratings on the CSS Total Score. For example, at
higher levels of development on the Motivation construct, the counselor trainees
understand their strengths and weaknesses, the limitations of counseling, and have
integrated a therapeutic style with their own individual identity (Stoltenberg & Delworth,
1987). Such a deeper self-knowledge and professional understanding would allow the
counselor trainee to respond more appropriately to challenging situations without an
adverse impact on his or her motivation level. With this growing self-understanding and
knowledge on the part of the counselor trainee’s functioning, there may be less dependency upon the supervisor.

Regarding the third scale of Dependency/Autonomy, if a counselor trainee evolves to a higher developmental level on this construct, then he or she is less likely to rely on authority figures, namely, the supervisor (Stoltenberg & Delworth, 1987). One could argue that a neophyte counselor trainee, who may be lacking in the necessary counseling skills, knowledge of theory, and self-reflection, would rely more heavily on the expert advice of the supervisor. Those counselor trainees who are more highly developed on this construct (i.e., more autonomous) demonstrate more confidence in their ability to function independently and will seek out appropriate consultation with supervisors and colleagues without relinquishing primary responsibility for the decisions made regarding a client’s treatment. Consistent with this construct of Dependency/Autonomy, as theorized by Stoltenberg and Delworth (1987), the current study found that those counselor trainees who were rated as more autonomous were also likely to demonstrate higher levels of skills in the following areas: open body language, minimal encouragers, paraphrasing, setting goals, managing a session, and developing a therapeutic relationship, as depicted in Table 2.

In sum, according to Stoltenberg and Delworth’s (1987) theory, a counselor trainee who demonstrates higher cognitive developmental processes will be able to (a) focus more on the client’s needs, (b) put forth consistent effort and energy into the counseling process, and (c) rely more on his or her own knowledge base and confidence in his or her abilities and seek consultation when needed. These characteristics described above provide the foundation required to develop effective counseling skills as demonstrated by this study.
Research Question Two

The second research question examined in this study was the following: Can the developmental level of a counselor trainee predict his or her competency skill level? In other words, would a counselor trainee who scored high on the SLQ-R (i.e., higher cognitive developmental level) also score high on the CSS (i.e., effective counseling skills demonstrated) as compared to trainees who scored lower on the SLQ-R (i.e., lower cognitive developmental level)? This question aimed at investigating a more specific predictive component between cognitive developmental levels and counseling skill levels. If cognitive developmental levels can predict counseling skill levels, then counselor educators can integrate specific techniques aimed at moving counselor trainees further along the developmental continuum, to the next higher level.

Supervisor ratings on the Self/Other Awareness scale significantly predicted the CSS score on three of the seven regression models, namely Shows Interest, Encourages Exploration, and Total CSS score. In each case, higher ratings on S/O Awareness resulted in higher ratings on those scales of the CSS. In addition, S/O Awareness showed a trend (p = .05) in predicting CSS scores on three additional scales, namely, Deepens the Session, Encourages Change, and Develops a Therapeutic Relationship.

An analysis of particular items on each of the significant scales is in order. For the CSS Shows Interest scale, counselor trainees who were rated higher on the Self/Other Awareness scale were also rated by their supervisors as being more efficient at utilizing appropriate eye contact, vocal tone, and nonverbal cues or body language. In order to demonstrate these specific skills, the counselor trainee must be especially attentive to the client, rather than being focused on himself or herself. Thus, self/other awareness is a
prerequisite condition for communicating one's interest in and toward the client. In the
case of the items on the CSS Encourages Exploration scale, counselor trainees who were
rated higher on the Self/Other Awareness scale were more efficient at the specific skills of
utilizing open-ended questions, paraphrasing, summarizing, and requesting concrete and
specific examples from the client. It is likely that those counselor trainees who were able
to focus on what the client was saying or doing in the session, which requires an
intentional focus on the client's needs, would also be able to demonstrate a more efficient
and accurate ability to paraphrase or ask open-ended questions in order to encourage the
client to explore the presenting issue in further detail. By contrast, those with low
self/other awareness would not have been able to demonstrate these intricate skills that
seemingly track the session for both the client and counselor.

Finally, the case of those counselor trainees who were rated higher on the Self/Other
Awareness scale being rated higher on the overall Total CSS Score, is indicative of the
ability to demonstrate the overall skills necessary to conduct a counseling session.

Finally, the statistical trends noted on the three CSS scales of Deepens the Session,
Encourages Change, and Develops a Therapeutic Relationship indicate that those
counselor trainees who were rated higher on the Self/Other Awareness scale by their
supervisors also seemed slightly more adept at using immediacy in the session, observing
themes and patterns, determining goals and desired outcomes, considering alternatives and
their consequences, and developing a therapeutic relationship. Again, the intentional focus
of the counselor on the client results in more proficient skills demonstrated in the
counseling session.
An unexpected finding regarding the prediction of cognitive developmental level was the negative influence of the SLQ-R Dependency/Autonomy scale in the regression model for the CSS Shows Interest scale. In this case, the higher the supervisor rated the counselor trainee on the Dependency/Autonomy scale (i.e., greater autonomy), the lower the counselor trainee scored on the Shows Interest scale of the CSS, which includes such items as body language, minimal encouragers, vocal tone, and evoking and punctuating strengths. This contradicts the results from the first research question where the correlation between these two variables was positive; that is, greater autonomy was associated with higher scores on Shows Interest. It was only after including the Dependency/Autonomy scale with the Self/Other Awareness scale in the Regression model that the relationship became negative, that is, greater autonomy predicted lower Shows Interest ratings. These findings indicate that there is likely an interaction occurring between the two scales; It is possible that counselor trainees' ability to “show interest” in the client varies as a function of their Self/Other Awareness and their Dependency/Autonomy levels.

Due to these unexpected results, a further examination was conducted to explore the nature of this relationship. A factorial ANOVA was conducted with the CSS Shows Interest scale score as the dependent variable and Dependency/Autonomy and Self/Other Awareness scales as the independent variables. The results indicated that the interaction between the Dependency/Autonomy and Self/Other Awareness scales was not significant, which was likely a result of the small sample size (e.g., two cells had fewer than five participants). A cross-tabulation analysis on these scales yielded some small degree of clarity. Counselor trainees who were rated low on the Self/Other Awareness scale (i.e., more focused on self rather than client) and low on the Dependency/Autonomy scale (i.e.,
more dependent on the supervisor) showed significant variability on their CSS scale of *Shows Interest* (i.e., scores ranged from -.25 to +2). These results suggest that a wide range of abilities on the CSS *Shows Interest* scale could exist when counselors are both self-focused and dependent. Conversely, those counselor trainees who were rated low on the *Self/Other Awareness* scale (i.e., more focused on self rather than client) but high on the *Dependency/Autonomy* scale (i.e., more autonomous behaviors) had lower scores on the CSS scale *Shows Interest* (i.e., scores of .25 and .75). These latter results seem understandable. A counselor trainee who is both very self-focused and more dependent upon his or her supervisor for guidance would be expected to demonstrate a less effective ability to paraphrase, set goals, manage a session, and develop a therapeutic relationship (items from the *Shows Interest* scale) in a session. He or she would be reliant on the supervisor to provide feedback regarding his or her skill level as well as strategies for transitioning his or her focus from self onto the client. In essence, these counselor trainees would be less likely to take risks in the counseling session guided by their own intuitive sense of what is happening with the client and, instead, would depend upon the supervisor to provide the roadmaps for the steps needed to create a positive experience for the client.

It might be concluded that self-focus and dependency, which are indications of low complexity (Stoltenberg & Delworth, 1987), make it difficult for the trainee to balance multiple perspectives (within him- or herself and about the client). This is important because the work of counseling requires the counselor to be able to conduct multiple tasks simultaneously during a single session. Some of these multiple counseling tasks included in the CSS scale *Shows Interest* are comprised of maintaining appropriate eye contact and an open, relaxed posture; leaning forward slightly when speaking and using minimum
encouragers to encourage communication with the client; being mindful that his or her vocal tone matches the atmosphere of the session; positively reframing client experiences; knowing how and when to use silence effectively as another tool in the counseling session. Each of these behaviors requires judgment during a session. At a lower level of development, counselor trainees are more likely to be concrete thinkers who require the step-by-step instructions from their supervisors in performing counseling skills. They have not yet learned to exercise more autonomy in their thinking and decision making. Hence, these counselors at the lower developmental level may have focused their attention on performing skills, rather than on being in the moment with the client and, perhaps felt the need to present themselves favorably to their supervisors, rather than rely on their own intuition in a session. Such self/other balance and dependency are somewhat normative for beginning counselor trainees (Skovholt & Ronnestad, 1995), but they did distinguish more effective trainees from others.

Another unexpected result occurred when none of the SLQ-R scales significantly predicted the CSS scale Manages the Session. Instead, two demographic variables predicted Manages the Session, namely (1) whether the student was in practicum versus internship status and (2) years of experience. Both were positively related to counselor trainees’ scores on the CSS Manage the Session scale. The positive influence of greater experience on counseling skills has some support, albeit ambiguous, in the literature (Jennings, Goh, Skovholt, Hanson, & Banerjee-Stevens, 2003; Lovell, 1999). That literature indicated time and again that the amount of prior experience is an essential, but insufficient, explanation in cultivating counseling skills (Jennings et al, 2003). Adding strength to the explanation of experience as a positive factor, Lovell (1999) found that the
amount of prior supervised clinical experience was the strongest predictor of developmental level in trainees. It might be concluded from this research that, the more supervised experience a counselor trainee has in counseling situations, the more adept a counselor trainee is likely to be at managing the session, that is, structuring and directing the client naturally through a session while exploring issues with a client at a level deep enough to promote positive movement, as well as smoothly ending a session with a client. In that same vein, one could also hypothesize that a counselor trainee in a practicum (first level clinical experience) would be less likely to manage a session as well as a counselor trainee in an internship (second level clinical experience).

In the area of prediction of counseling skills, it is important to note the power of one developmental scale over the others. The *Self/Other Awareness* scale on the SLQ-R in this study had the highest predictive value for counselor trainees’ counseling skills, generally accounting for the most variance in the regression models. This finding is supported in the literature. A counselor trainee rated higher on his or her ability to focus on the clients and their needs is likely to be less anxious and to utilize effective reflection of content and feelings back to the client. Rather than focusing on himself or herself, counselor trainees higher on the *Self/Other Awareness* scale (i.e., less focused on self) seem able to integrate multiple pieces of information during the session, while still staying “present” with the client.
Contrast between Supervisor and Supervisee SLQ-R Ratings

One consistent result for both research questions is the disparity between the supervisor’s ratings of the counselor trainees’ on the SLQ-R and the counselor trainees’ own ratings on the SLQ-R. The SLQ-R ratings from the supervisor predicted counseling skills. On the other hand, the counselor trainee’s ratings did not. In order to explore this phenomenon, a correlational analysis was conducted comparing the supervisor’s SLQ-R ratings to the counselor trainees’ SLQ-R ratings. Results indicated that all of the supervisors’ scales were significantly intercorrelated and all of the counselor trainees’ scales were intercorrelated; however, supervisors’ ratings were not correlated with counselor trainees’ ratings on the SLQ-R. This indicates that the supervisors and counselor trainees were likely approaching the task in a very different manner.

One possible explanation for the lack of correlation between the supervisors’ and trainees’ ratings on the SLQ-R could be response bias, in particular the halo effect (Thorndike, 1920) on the part of the supervisors in the current study. The halo effect is a well-known and often researched phenomenon in psychology. The halo effect is the fallacy of concluding from a perceived single positive trait of a person to the conclusion of a generally positive assessment of that person. This is purported to be an intrinsic tendency many people have in judging others based on one trait that they perceive as positive and concluding that the person must have other positive traits. For example, people judged to be "attractive" could be assumed to have other qualities such as intelligence or moral virtue to a greater degree than people judged to be of "average" appearance. The halo effect is often thought to be related to cognitive dissonance in that
once a person forms a positive impression of another person, he or she seeks to have that impression be consistent.

In this same vein, perhaps there was a predisposition on the supervisor's part to rate the counselor trainee similarly on both measures (i.e., to maintain consistent perceptions). For example, if the supervisor perceived a counselor trainee as being a more highly developed thinker (e.g., one who does not appear anxious and focuses on the client's needs), that supervisor might then rate the counselor trainee higher on the CSS (consciously or unconsciously) in order to maintain congruency with his or her original perception. This could be the case, even without sufficient documenting evidence to support it.

In addition to a "halo effect" on the part of the supervisors, counselor trainees' perceptions of their own development were possibly skewed (Ehrlinger & Dunning, 2003). Ehrlinger and Dunning posited that an individual's knowledge base or "pre-conceived notion" about his or her abilities before attempting a task has a significant influence on his or her analysis of performance. Their research revealed that a significant source of performance estimates were individuals' pre-conceived views of their abilities within the relevant domain. Those subjects with high opinions of their abilities, regardless of actual performance, thought they had done well on any given test. Conversely, those with a low opinion of their abilities thought they had performed poorly, also regardless of performance results (Ehrlinger & Dunning, 2003). Assessments of counseling skills are subject to the same bias. In fact, it is argued that the skills needed to accurately self-assess are the same skills needed to perform counseling skills well (Dunning, 2005). For example, self-assessment requires the ability to view one's performance from multiple
perspectives. If a counselor trainee is at a lower developmental level, he or she is not likely to possess the requisite skills to complete this task. Perhaps the most fundamental reason for counselor trainees to have incomplete knowledge of their competence level is that in the counseling domain, what is considered “good” is often hard to define. It is generally agreed that counseling is an incredibly complex and often ambiguous process. By contrast, it is easy to define successful math performance. In math, there is specific right answers that come with well-delineated algorithms designed to produce them. Thus, to learn and expand their counseling skills, counselor trainees must learn the art of self-reflection which is likely to improve their self-awareness and independent thinking about a session (Dunning, 2005; Ivey, 2009). To summarize, if counselor trainees are inaccurate in their self-assessments, this is likely to impact their perceptions of their counseling skills also. It may be the case that the counselor trainees in the current study were demonstrating a similar phenomenon. One could argue that the counselor trainees rated themselves higher on the SLQ-R compared to their supervisor due to naiveté regarding their skills level. If counselor trainees are not capable of accurately self-assessing their developmental level and counseling skills level, as some studies have shown, (e.g., Dunning, 2005), then utilizing self-report inventories that purport to assess these factors in research studies may not garner valid results.

Implications for Theory and Practice

Theories of cognitive development, such as the IDM, were put forth in an attempt to explain stages of counselor development so appropriate teaching and supervision techniques might be employed during the early stages of skills training. The results of this study indicate that there is some link between a counselor trainee’s developmental level
and how well he or she is able to demonstrate basic counseling skills. Counselor trainees who are less self-focused are better able to focus their attention on the needs of the client in a session, and therefore, are better equipped to demonstrate the micro-skills of counseling. At least two implications for practice might be drawn from these results.

A first practice suggestion lies in actual supervision work. As noted earlier, the IDM stressed the need for the supervisor to utilize supervision approaches that correspond to the level of the supervisee (Stoltenberg & Delworth, 1987). For example, when working with a counselor trainee at a lower developmental level (Level One), a supervisor would need to balance the trainee’s high anxiety and dependence by being supportive and more prescriptive. The same supervisor, when working with a counselor trainee at a higher developmental level (Level Three), would emphasize more autonomy and engage in collegial challenging. By contrast, if a supervisor were to consistently mismatch his or her responses to the developmental level of the counselor trainee, it would likely result in significant difficulty for the counselor trainee to satisfactorily master the current developmental task. For example, a supervisor who demands autonomous behavior from a new counselor trainee (Level One) is likely to intensify that trainee’s anxiety. This model is the basis for developmental supervision practice.

The second implication for practice regards overall training. As supervisors are called to be more cognizant of the cognitive developmental level of their counselor trainees and provide avenues to solve for higher-level developmental dilemmas, so too, should counselor educators incorporate such avenues into their training program and course curricula. Counselor educators might be encouraged to instigate development-enhancing moments of disequilibrium in their students, as higher development is a
precondition for effective counseling skills. For example, a counselor educator might emphasize dialectical thinking in the classroom setting, that is, the ability to take multiple perspectives. By asking such questions as, “What do you think the client might be feeling?” or “What do you think the experience might mean for the client”, the counselor educator can create moments of disequilibrium for the counselor trainee by asking him or her to embrace the ambiguity of the many possible responses (McAuliffe, 2011). In those ways, developmental levels might be increased in counselor trainees before they begin to work with clients. Indeed, these moments of changes in thinking might even be cultivated before the counselor trainees experience the practicum and internship rigors of working with clients with various levels of life challenges. Counselor educators can mold their class activities to provide more opportunities to trigger disequilibrium in their students. These opportunities are important because cognitive developmental models are defined by progressive stages of counselor trainee development from novice to expert with each stage consisting of discrete characteristics and skills.

Furthermore, since this study lends support to the notion that cognitive developmental level is related to counselor competency skills, there is an implied duty on the part of counselor educators to create environments in the classroom to nudge counselor trainees in the direction of the next higher developmental level. Such implications include, but are not limited to the following: the type of courses offered, methods of teaching the courses, and types of environments in which the training should take place. For example, a course in constructivist and developmental education theory would surely require accommodation of new information on the part of the student who has been traditionally raised in the environment of the banking deposit model of teaching.
Another example of nudging the counselor trainees to the next higher developmental level requires a change to the methods typically used to teach a course. Counselor educators might put more effort into utilizing more reflective techniques (e.g., reflection papers), class discussions, and role-playing that emphasize experiential learning (McAuliffe, 2011).

In addition to supervision and teaching implications, the results of this study provide some support for assessment of trainee developmental level, both pre-supervision and after supervision, perhaps using the IDM. In the latter case, such assessment might determine whether any movement to the next higher level has taken place during the counselor trainee’s graduate training and clinical supervision experiences.

In the area of implications for theory, two dimensions might be highlighted. First, the findings indicate that those counselor trainees with higher developmental levels, specifically the construct of *Self/Other Awareness*, were able to demonstrate counseling skills that were rated higher by their supervisors, which lends support for Stoltenberg and Delworth’s stages of development for counselor trainees. Second, and more specifically, the current findings support the explicit domain of *interpersonal assessment*. Within the three constructs of the IDM, there are eight domains or areas of growth for each supervisee (Stoltenberg & Delworth, 1987). The domain of *interpersonal assessment* is defined by Stoltenberg and Delworth as a function of the trainee’s self-focus and reflects his or her ability to take the perspective of the client (1987). The ability for the counselor trainees to stay “in the moment” with the client could make it difficult for those trainees who scored lower on the *Self/Other Awareness* scale to respond to unexpected statements or behaviors of the client. This notion was supported in the current findings in that,
counselor trainees who scored lower on *Self/Other Awareness* also scored lower on those skills requiring paraphrasing or reflecting content.

**Implications for Future Research**

As indicated in the literature review, a number of studies have identified the importance of assessing counselor trainees using a cognitive developmental lens. However, when counselor trainees' cognitive development level has been discussed, the literature has tended to be more conceptual rather than empirical. This study attempted to address that gap in the literature by having the skills demonstrated on videos so that cognitive level and counseling skills could be assessed within the context of the study.

Future research might focus on determining how assessment techniques can be modified to improve their ability to measure subjective materials in an objective fashion. Such was the case with this study. The results from this study were highly dependent on the accuracy (i.e., the validity) of both the SLQ-R and CSS to measure their intended constructs. In order to improve the choice of instruments used in research, future research might examine the validity of the CSS-R by utilizing a factor analysis. This would prove useful in determining if and how individual items (i.e., skills) load on the model. Items that do not load on specific skill domains on the CSS can either be modified or discarded in order to strengthen the validity of the instrument.

Additionally, more longitudinal studies are needed to clearly validate or refute the notion that a developmental process in cognitive complexity exists and has a clearly defined impact upon counseling skill levels. As such, counselor educators could then refine the counseling techniques and methods taught during both the introductory skills
classes in counseling graduate programs as well as utilizing the supervision process to instigate higher cognitive development of counselor trainees.

There is a need for additional research that examines both the counselor trainee’s developmental level and his or her competency skills (Eriksen & McAuliffe, 2006; Lovell, 2002). Quantitative research could help the counseling profession to further understand the relationship between developmental level and competency skills for counselor trainees. Knowing more about this relationship could inform counselor educators regarding a better manner in which to address the instruction of the basic skills class, how to orchestrate the supervision process in graduate programs to better meet the needs of the counselor trainees, as well as how to instigate further movement of the counselor trainees toward a more advanced developmental level. An understanding of the counselor’s developmental level and counseling skills level may lead also to enhanced training for those who supervise the counselor trainees. Counselor educators, supervisors, and others involved in preparing counselor trainees might be able to use this information to assist in the education and training/supervision of counselors in graduate programs to better meet the students’ developmental needs in learning counseling skills (Stoltenberg & Delworth, 1987).

Limitations of the Study

This study investigated the relationship between cognitive developmental level and counseling skills competency in counselor trainees. The design of the study had its own set of limitations. They included a small sample size, investigating a developmental phenomenon in only one moment in time, a limited sample of trainee behaviors, and sampling biases.
In the first case, the power of the statistical analyses was reduced due to the small sample size. Perhaps because of the small sample size (N = 30), three of the regression models demonstrated only a trend in significance, ranging from .07 - .05. However, the $R^2$ for those models explained a large portion of variance in the model (i.e., .49 - .64). These results might have been statistically significant had the overall N been higher.

Another limitation of the design involves the constraints imposed by attempting to investigate a developmental process with a “snapshot” of data, rather than following the participants in a longitudinal manner. A longitudinal design might have provided more efficacious results. By contrast, the present study investigated components of these developmental constructs utilizing only one 20-30 minute video for assessing the counselor trainees’ skills.

The ratings of the counselor trainees were made based on one behavioral observation (i.e., one taped counseling session). One could argue that simply one example of overt behaviors may not always be indicative of an underlying level of cognitive or concept development and skill levels. For example, an individual can demonstrate seemingly competent basic counseling skills without necessarily understanding the intricacies, client dynamics, or other considerations involved in particular skills. A similar limitation of the observation lay in the fact that these taped sessions usually only portrayed the counselor trainee’s skills with one client. There was no manner by which to observe that counselor trainee’s skills with more difficult or complex clients. That would have enabled the raters to discern whether the trainee had the skill level required to shift to a more complicated case that may necessitate more multifaceted skills. In other words, simply because a counselor trainee is able to demonstrate average counseling skills with one client does not
guarantee that same counselor trainee would be able to demonstrate the same skill level with a case that is more difficult.

Two other limitations relate to subject samples. First, both the counselor trainees and their supervisors were all from the same institution and represented a sample of convenience. Thus, the results may not be applicable to other programs. In addition, personal characteristics of the supervisors and counselor trainees were not controlled for in this study. For example, no attempt was made to “match” supervisors with supervisees based on developmental levels for each.

**CONCLUSION**

A study of cognitive developmental level and counseling skill levels was conducted in the context of supervision in order to determine (1) if there was a relationship between a counselor trainee’s developmental level and his or her level of counseling skill competence, as rated by his or her practicum or internship supervisor and (2) if a counselor trainee’s developmental level could predict his or her counseling skill levels, also rated by the supervisor. It was found that there was a correlation between developmental level and the counseling skill levels. Furthermore, it was found that the supervisors’ ratings of the counselor trainees’ on the SLQ-R could predict some of the counseling skill competence, as measured by the CSS, but not all of them.

Counselor trainees may be at different stages of skill development based on their cognitive developmental level. In particular, the developmental construct of *Self/Other Awareness* on the SLQ-R had the strongest predictive value on most counseling skill levels. Those counselor trainees rated to be higher in cognitive development by their supervisors, in particular on their level of *Self/Other Awareness*, were also rated by their
supervisors to be higher on demonstrated counseling skills. Implications for practice included the need for both supervisors and counselor educators to be aware of the developmental level of counselor trainees in order to establish appropriate expectations of current abilities while also providing a safe environment for the trainees to take the needed risks to attempt more complex cognitive tasks spurred on by instances of "disequilibrium" in the trainees' current repertoire of knowledge. The developmental journey for counselors, and their educators, begins when counselor trainees enroll in their first counseling skills course. From there, counselor educators can trigger the first of many moments of "disequilibrium" in order to move the trainees to higher cognitive developmental levels, which, in turn, leads to greater complexity in counseling skills.
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APPENDIX 1

CONSENT TO PARTICIPATE

"Counselor Developmental Level and Competency Skills"

I, ______________________________ (print participant's name) agree to participate in the research project that Margaret Jensen, a doctoral candidate in the Counseling Department at Old Dominion University working under the supervision of Dr. Garrett McAuliffe, professor of Counseling and Human Services, is conducting for her dissertation. This study will explore the experiences of supervisors and their supervisees in practicum or internships in a CACREP accredited graduate counseling program.

As a supervisor, I understand that I will be asked to complete two instruments on my supervisee's developmental level and counseling skills during either a practicum or internship, as portrayed in a required video-taped session and transcript of that session. These will be completed in a private area by only the supervisor alone.

As a supervisee, I understand that I will be asked to complete one instrument (SLQ-R) on my perception of my developmental level during either a practicum or internship, as portrayed in a required video-taped session and transcript of that session. These will be completed in a private area by only the supervisee alone.

I understand that all materials will be kept confidential and locked in a file cabinet. All materials will be numerically coded to ensure anonymity. There will be only two other members of the research team who will be able to view the videos and read the transcripts, after all identifying information has been removed.

I am aware that my participation is voluntary and that I may refuse to participate at any time without consequence. I also understand that a copy of the results of this study will be emailed to me upon request. I am aware that I may report any concerns with any aspect of this research project to the Chair of the Protection of Human Subjects Committee, Dr. George Maihafer (757) 683-4520.

Confidentiality Statement

As a participant in this study, I am aware that all records will be kept confidential and my name will not be associated with any results of this study. I fully understand the above statements, and do hereby consent to participate in this study.

Signed: ________________________________

(participant) (date)
APPENDIX 2

Demographic Sheet

Name: ____________________________

Age: ____________

Sex: ______________

Race: ____________

Practicum or Internship: ______________

Years of Experience in the field: ______________
Supervisee Level Questionnaire

McNeil, Stoltenberg, and Roman’s (1992) Supervisee Levels Questionnaire-Revised

The following instrument is designed to study the behavior of counselor/therapists in training. The gaining of skills as a counselor/therapist is a learning process, and it is therefore necessary to continuously gather new information. Your total honesty will be appreciated.

All information will remain completely anonymous. Thank you for your participation and cooperation!

In terms of your current behavior, please answer the items below according to the following scale.

1: Never  
2: Rarely  
3: Sometimes  
4: Half of the Time  
5: Often  
6: Most of the Time  
7: Always

1). I feel genuinely relaxed and comfortable in my counseling/therapy sessions.

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2). I am able to critique counseling tapes and gain insights with minimum help from my supervisor.

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3). I am able to be spontaneous in counseling/therapy, yet my behavior is relevant.

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4). I lack self-confidence in establishing counseling relationships with diverse client types.

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5). I am able to apply a consistent personalized rationale of human behavior in working with my clients.

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6). I tend to get confused with things don’t go according to plan and lack confidence in my ability to handle the unexpected.

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7). The overall quality of my work fluctuates; on some days I do well, on other days, I do poorly.

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8). I depend upon my supervisor considerably in figuring out how to deal with my clients.

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9). I feel comfortable in confronting my clients.

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10). Much of the time in counseling/therapy, I find myself thinking about my next response, instead of fitting my intervention into the overall picture.

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11). My motivation fluctuates from day to day.

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12). At times, I wish my supervisor could be in the counseling/therapy session to lend a hand.

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13). During counseling/therapy sessions, I find it difficult to concentrate because of my concern with my own performance.

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14). Although at times, I really want advice/feedback from my supervisor, at other times I really want to do things my own way.

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15). Sometimes the client’s situation seems so hopeless, I just don’t know what to do.

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16). It is important that my supervisor allow me to make my own mistakes.

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17). Given my current state of professional development, I believe I know when I need consultation from my supervisor and when I don’t.

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18). Sometimes I question how suited I am to be a counselor/therapist.

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19). Regarding counseling/therapy, I view my supervisor as a teacher/mentor.

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20). Sometimes I feel that counseling/therapy is so complex, I will never be able to learn it all.

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21). I believe I know my strengths and weaknesses as a counselor/therapist sufficiently well to understand my professional potential and limitations.

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22). Regarding counseling/therapy, I view my supervisor as a peer/colleague.

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23). I think I know myself well and am able to integrate that into my therapeutic style.

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24). I find I am able to understand my client’s view of the world, yet help them objectively evaluate alternatives.

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25). At my current level of professional development, my confidence in my abilities is such that my desire to do counseling/therapy doesn’t change much from day to day.

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26). I find I am able to empathize with my clients’ feeling states, but still help them focus on problem resolution.

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27). I am able to adequately assess my interpersonal impact on clients and use that knowledge therapeutically.

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28). I am adequately able to assess the client’s interpersonal impact on me and use that therapeutically.

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29). I believe I exhibit a consistent professional objectively, and ability to work within my role as a counselor/therapist without undue over-involvement with my clients.

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30). I believe I exhibit a consistent professional objectivity, and ability to work within my role as a counselor/therapist without excessive distance from my clients.

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## APPENDIX 4

### COUNSELING SKILLS SCALE (CSS)

Eriksen & McAuliffe, 2003

This scale should be used to assess your performance of counseling skills during your counseling sessions. The scale divides nineteen specific “microskills” into six groupings (in caps following roman numerals). Please first rate the microskills as -2, -1, 0, +1, or +2 according to the scale below. Then summarize each grouping of skills by adding and averaging its individual microskills scores. Place that average in the blank following the grouping heading.

**NOTE:** If a skill is not performed but does not seem necessary, then assign it an “NN” and average only those skills performed into mean grouping scores. If a skill is not performed but should have been, then give it a score of -2 or -1 and average it with the rest of the skills performed under that superheading.

| +2 | Highly developed helpful, well-timed, and consistently well-performed |
| +1 | Well developed helpful and well-timed when performed, but not consistently smooth |
| 0  | Developing skills somewhat helpful but too many missed opportunities |
| -1 | Continue practice not helpful or well-timed, or no skill existent when it should be |
| -2 | Major adjustment needed not at all helpful or well-timed |
| NN | Not performed, but not necessary, (an)other skill(s) within this “grouping” used to effectively meet this grouping’s goals |

### I. SHOWS INTEREST AND APPRECIATION

**Group Score ________**

1. **Body Language and Appearance** — Maintains open, relaxed, confident posture with appropriate eye contact. Leans forward when talking, leans back when client talks on target. Uses head nods and body gestures to encourage client talk. Maintains professional dress.  
   -2 -1 0 +1 +2 NN

2. **Minimal Encouragers** — Repeats key words and phrases. Uses prompts (uh huh, okay, right, yes) to let client know s/he is heard. Uses silence helpfully.  
   -2 -1 0 +1 +2 NN

3. **Vocal Tone** — Uses vocal tone that matches the sense of the session and session goals. Vocal tone communicates caring and connection with the client.  
   -2 -1 0 +1 +2 NN

4. **Evoking and Punctuating Client Strengths** — Includes questions and reflections related to assets and competencies; positively reframes client experiences.  
   -2 -1 0 +1 +2 NN
II. ENCOURAGES EXPLORATION

5. Questioning -- Asks open-ended questions that encourage the client to continue talking and to provide information. Uses when needed and when theoretically consistent. Uses closed questions judiciously. Does not overuse questions.

-2 -1 0 +1 +2 NN

6. Requesting Concrete and Specific Examples -- Asks for concrete and specific instances when clients provide vague generalities. ("Give me an example of how you might feel or behave when facing ________.")

-2 -1 0 +1 +2 NN

7. Paraphrasing (reflection of content) -- Engages in brief, accurate, and clear rephrasing of what the client has expressed.

-2 -1 0 +1 +2 NN

8. Summarizing -- Makes statements at key moments in the session that capture the overall sense of what the client has been expressing.

-2 -1 0 +1 +2 NN

III. DEEPENS THE SESSION

9. Reflecting Feeling -- States succinctly the feeling and the content of the problem faced by the client. ("You feel _____ when _____")

-2 -1 0 +1 +2 NN

10. Using Immediacy -- Recognizes here-and-now feelings, expressed verbally or nonverbally, of the client or the counselor. Can be related to the counselor-client relationship. ("As we talk about _____ problem, I sense you are feeling _____ about me. In turn, I'm feeling _____ about how you are viewing the problem right now.")

-2 -1 0 +1 +2 NN

11. Observing Themes and Patterns -- Identifies more overarching patterns of acting, thinking, or behaving in problem situations. ("In _____ situations, you regularly do _____ [or think _____ or feel _____].")

-2 -1 0 +1 +2 NN

12. Challenging/Pointing out Discrepancies -- Expresses observations of discrepancies. ("You expect yourself to do _____ when facing the problem of _____, but you do _____ instead. When this happens you feel _____ about yourself.")

-2 -1 0 +1 +2 NN

13. Reflecting Meaning and Values -- Reflects the unexpressed meaning or belief/value system that is behind the words the client is saying. ("You feel strongly about making choices based on _________ belief.")

-2 -1 0 +1 +2 NN
IV. ENCOURAGES CHANGE

14. Determining Goals and Desired Outcomes -- Collaboratively determines outcomes toward which the counseling process will aim. Helps client set goals

15. Using Strategies for Creating Change -- Uses theoretically-consistent and intentional intervention strategies to help client move forward toward treatment goals [such as setting up reinforcement systems, using guided imagery, asking the miracle question, directives, self-disclosure, interpretation, advice, opinion, information instruction]

16. Considering Alternatives and their Consequences -- Helps the client review possible solutions and the value of each over the long term (“One option would be _______, and that would mean _______. Another option would be _______”)

17. Planning Action and Anticipating Possible Obstacles -- Reaches agreement about actions to take between sessions, who is responsible for them, and when they will be done. Helps client to list what obstacles might interfere and decide how to handle them (“So, you will do _______ by _______ date. What could prevent you from accomplishing your plan?”)

V. DEVELOPS THERAPEUTIC RELATIONSHIP

18. Consistently engages in caring manner with client, particularly by demonstrating such core conditions as genuineness and authenticity, warmth and acceptance, respect and positive regard, and empathy

VI. MANAGES THE SESSION

19. Opens session smoothly and warmly greets client. Begins work on counseling issues in a timely way. Structures session, directing client naturally through opening, exploration, deeper understanding, creating change, and closing, focuses client on essence of issues at a level deep enough to promote positive movement. Smoothly and warmly ends the session, in a timely way, planning for future sessions or for termination

TOTAL CSS SCORE (add grouping averages): ________________