

## CHAPTER TWO

### Literature Review

This chapter presents a review of literature related to effective counselor characteristics (ECC) and admission requirements, and procedures. First, research on the characteristics of effective counselors is presented. Second, graduate college admission requirements and procedures are examined. Third, professional development and standards of preparation are investigated.

These three areas relate to the threefold purpose of this study, which is to identify effective counselor characteristics (ECC), describe existing admission requirements, and develop a framework for a standardized set of admission requirements for assessing prospective counseling students. This study is based on the fact that (a) many aren't sure, and cannot agree on, what the characteristics of effective counselors are or should be, (b) personal-emotional characteristics of effective counselors are usually minimally addressed or absent in admissions, and (c) there is not a framework for a standard set of admission requirements.

#### Characteristics of Effective Counselors

Effective Counselor characteristics (ECC) are just one general area related to “good” counselor performance. Research has shown that counselor competence and effectiveness is unavoidably tied to a counselor's personality (Smith, 2003). This researcher and others (Bergin & Garfield, 1994; Loesch, 1995), believe that “effective” counselors have unique and identifiable personal characteristics, and that if identified, those characteristics could be used as selection criteria for prospective counseling students. These personal characteristics are often referred to as *common factors* and are credited with having a significant role in therapy. Loesch (1995) reports that the investigation into common factors has continued because of the

recognition that clients react differentially to counselor characteristics (sometimes irrespective of the counselor's skills) and that those reactions are important components of counseling outcomes. Strupp, Butler, and Rosser (1988) reported, "techniques can never be offered in a context free of interpersonal meaning." "There is some resistance to acknowledging the importance that common factors have, possibly as Frank (1976) states because 'little glory derives from showing that the particular method one has mastered with so much effort may be indistinguishable from other methods in its effects,'" (Bergin & Garfield, 1994, p. 167).

To distinguish some personality characteristics that experts think define a potentially good counseling student, Pope (1999) conducted a study whereby he had 10 expert counselors rank 22 personality characteristics of potential students for importance and responsiveness to training. He (Pope, 1999) found that the most important personality characteristics included empathy, acceptance, and warmth, while the least important included resourcefulness, sympathy and sociability. The 22 personality characteristics used in Pope's 1999 study were extracted from a literature review he conducted for a study he did in 1996 when developing the Counselor Characteristic Inventory. In his 1996 study, Pope had 10 experts in the field of counseling to rank order the importance of the 22 literature-defined characteristics of effective counselors and then rate how teachable each characteristic was. The results of this study (Pope, 1996) indicated that the ten most important characteristics (Acceptance, Emotional Stability, Open-Mindedness, Empathy, Genuineness, Flexibility, Interest in People, Confidence, Sensitivity, and Fairness) were the least teachable, thus supporting the idea that some characteristics must be present upon entry into a program.

Characteristics of counselors have been considered important ever since much of the research analyzing studies comparing a wide range of psychotherapies, reached the conclusion

that there are no differences between therapies (Bergin & Garfield, 1994; Bergin & Lambert, 1994; Bergin & Suinn, 1975; Beutler, 1979; Goldstein & Stein, 1976; Kellner, 1975; Luborsky, Singer, & Luborsky, 1975; Meltzoff & Kornreich, 1970; Rachman & Wilson, 1980). Meta-analytic methods have now been extensively applied to large groups of comparative studies and these reviews generally offer similar conclusions (i.e., little or no difference between therapies) (Bergin & Garfield, 1994). Smith, Glass, and Miller (1980) in conducting 475 controlled studies of mental health patients and Sloane, Staples, Cristol, Yorkston, and Whipple (1975) in their book, Short-term Analytically Oriented Psychotherapy vs. Behavior Therapy, also concluded from their studies that the differences between therapies were minimal to none. However, the evidence accumulated over the last 47 years is relatively clear: Counseling is a process from which most clients who remain involved for at least a few sessions benefit (Lambert et al., 1986; Talmon, 1990).

One explanation for this finding of no differences, first hypothesized by Rosenzweig (1936) and Frank (1979), was that different therapies embody *common factors* that are curative although not emphasized by the theory of change central to a particular school (Bergin & Garfield, 1994). All counselors do not develop the same relationships with clients even when they presume to be operating from the same frame of reference and are presumably using the same techniques (Diamond & Shapiro, 1973; Fiedler, 1950; Lieberman, Yalom, & Miles, 1973).

#### Common Characteristics of Effective Therapists and Therapeutic Processes.

It appears that factors common across treatments are accounting for a substantial amount of improvement found in counseling clients. These so-called common factors may even account for most of the gains that result from counseling interventions (Frank, 1976). The common factors of the therapist, typical across therapies, that are associated with positive outcomes

include: Support Factors such as an ability to develop positive relationships, reassuring, can provide structure, can form therapeutic alliances, actively participates, expertness, trusting, warm, respectful, empathetic, accepting, and genuine; Learning Factors such as the ability to provide advice, feedback, insight, and rationale, and affectively experience; and Action Factors such as the ability to encourage and model (Bergin & Garfield, 1994). Client-Centered therapy describes these common factors as "necessary and sufficient conditions" for client personality change: accurate empathy, positive regard, nonpossessive warmth, and congruence or genuineness (Bergin & Garfield, 1994).

#### Other Effective Counselor Characteristics.

In addition to common factors/characteristics such as empathy, positive regard, nonpossessive warmth, and congruence and genuineness, three counselor characteristics were identified as discriminating more helpful from less helpful counselors: 1) the counselor's adjustment, skill and interest in helping clients (Luborsky, McLellan, Woody, O'Brien, & Auerbach, 1985); 2) the purity of the treatment each offered; and 3) the quality of the counselor-client relationship (Bergin & Garfield, 1994). Bergin and Garfield (1994) attempted to organize and clarify the broad term of 'common factors' by grouping common factors in three categories: support, learning, and action.

Additionally, still other characteristics of a counselor that affect the counseling relationship are the counselor's role, theoretical orientation, work context, and personal experience (Holiman & Lauver, 1987). Past research of effective counselor characteristics suggests that interpersonal and emotional elements of the individual prospective counselor are the most crucial in becoming an effective counselor. In agreement, Holiman and Lauver (1987) in their research of filters or sources of distortion (i.e., role, orientation, context, and counselor as

person) inherent in the counselor culture believed that the most pervasive filter through which counselors operate was composed of the individual counselor's own background and cultural heritage. Personal history and the identity of the individual counselor are crucial to how a counselor will perform and respond with clients. Hence, lack of self-awareness such as awareness of one's limitations or imperfections can and will cause counselors to lose some direction and purpose in their functioning. However, if counselor trainees are aware of their limitations, imperfections and of themselves, and are emotionally healthy, they can improve and enhance their functioning as a counselor (Holiman & Lauver, 1987).

Review of the literature on effective counselors has been consistent in concluding that therapist well-being is related to good treatment outcomes (Bergin & Garfield, 1994). For instance, Beutler, Crago, and Arizmendi (1986) reviewed 10 empirical studies of process and outcome with all but one indicating the value of therapist well-being. Similarly, in their qualitative review of the literature trying to answer questions such as is psychotherapy effective, what are therapist factors, etc., Lambert and Bergin (1983) concluded that therapists' emotional health facilitates treatment outcome and, conversely, those therapists who lack emotional well-being inhibit client progress.

#### Personal Feelings and Issues.

Counselors inevitably bring their personal feelings and issues into the therapeutic relationship so that prior experiences, values, and beliefs influence their interactions with clients (Sumerel & Borders, 1996). The major assumption in Altucher's (1967) research of supervision approaches and looking at the supervisory process is that learning to be a counselor is both an emotional and an intellectual experience, and of the two, the emotional part is the most crucial. After reviewing similar literature, Janson (1998), in expressing his feelings about becoming a

counselor, recognized that knowing oneself, having confidence, and focusing on the relationship between self as a counselor and each client, were the most critical elements of being an effective counselor.

Miller, Taylor & West (1980) investigated the comparative effectiveness of various behavioral approaches aimed at helping problem drinkers control their alcohol consumption. Their study, consisting of 45 subjects who began treatment for problem drinking and who were treated in 1 of 4 groups, found a strong relationship between counselor empathy and client outcome. These results strongly advocate the importance of counselor communicative skills even with behavioral interventions. Lafferty, Beutler, and Crago's (1991) study exploring differences between more and less effective trainee psychotherapists, specifically examining which of several therapist variables most consistently distinguished between them, found that the less effective therapists were shown to have lower levels of empathetic understanding and patients frequently attributed their success in treatment to the counselor's personal qualities and relationship skills. Similarly, in her study evaluating changes in empathy and spirituality in a group of Christian graduate students from the clinical and non-clinical counseling programs at Regent University, Maciak (2002) found counselors' empathic ability closely correlated with their therapeutic effectiveness. Lastly, in Lazarus' (1971) uncontrolled follow-up study of 112 patients he had seen in therapy, patients believed that the personal qualities of the therapist were more important than specific technical factors, about which there was little agreement.

#### Therapist's Personality.

The personality characteristics of effective counselors have been widely studied, but results remain inconclusive. Various theorists have proposed many models of the personal and interpersonal qualities necessary for effective counselors, but empirical studies have had little

success in validating these models (Zinn, 1996). Careful studies such as Ricks' (1974) which examined cultural, individual, and scientific factors that determine the appropriateness of a given theory for an individual give strong support to traditional clinical beliefs regarding the effects of therapist personality and countertransference phenomena on outcomes (Bergin & Garfield, 1994). Interpersonal, social and affective factors common across therapies continue to be major stimulators of client improvement. Beutler, Crago, and Arizmendi (1986/1994) developed a taxonomy (Figure 1, below) of therapist variables with the idea that most of the major therapist characteristics that have been studied fall along two dimensions. The first dimension represents a dichotomy of externally observed versus inferred qualities and the second, represents a two-part separation of general or cross-situational qualities and qualities that are specific to the therapy setting.

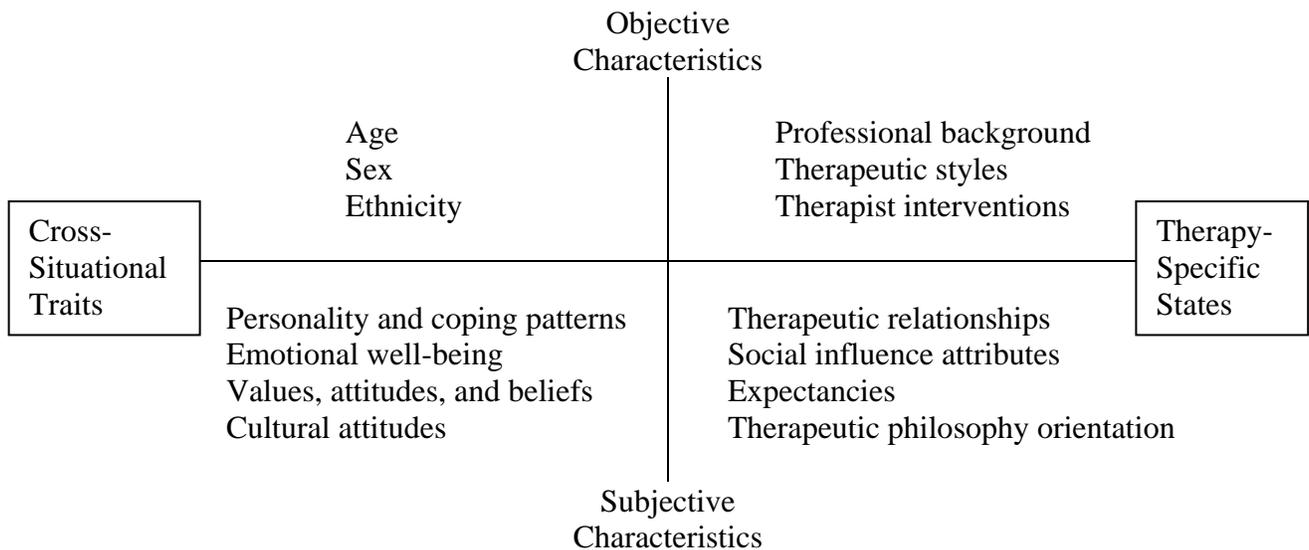


Figure 1. Classification of Therapist Characteristics.

Source. Beutler, Crago, & Arizmendi (1986/1994).

This taxonomy included “objective” qualities (i.e., those that can be observed by an external rater without benefit of therapist self-report) and “subjective” qualities (i.e., cannot be assessed meaningfully without benefit of therapist self-report and representing internal qualities of the present in the therapist that cannot be inferred). In their taxonomy, Beutler, Crago, and Arizmendi (1986/1994) identified enduring subjective therapist traits as personality and coping patterns, emotional well-being, values, attitudes, and beliefs, and cultural attitudes. Likewise, other indicators of an effective counselor are open-mindedness (Harvey & Weary, 1985), flexibility, locus of perceived control (Deysach, Rooss, & Hiers, 1977), and emotional well-being (i.e., positive self-concept) (Bergin & Garfield, 1994; Beutler et al, 1986/1994; Lambert & Bergin, 1983/1994; Leverett-Main, 2004; Li, 2001; Wiggins & Giles, 1984).

Many researchers have concluded that effective counseling is based more on the personality characteristics of the counselor than on specific techniques used, therefore, effective screening of prospective counseling students needs to be based on personality characteristics in order to predict clinical success (Frame & Stevens-Smith, 1995). A study by Williams (1999) of 64 counselors-in-training from a Master of Arts degree program in counseling examined the relationship between counselor trainee personality and family characteristics and counselor trainee effectiveness. In this study, Williams (1999) confirmed that family of origin functioning and personality traits do contribute to the prediction of counselor trainee effectiveness. Specifically, that counselor trainees who are better adjusted, alert, social, assertive, confident, and verbally fluent, tend to be more effective than trainees who appear socially awkward, distant, or who have difficulty establishing relationships. Further, William’s (1999) study supports the notion that certain personality characteristics can be used to predict counseling effectiveness.

Much of the research indicates that personal characteristics (i.e., common factors) of counselors are “crucial,” “most important overall,” and so on, yet few have attempted to study, develop or foster these characteristics (Carney, Cobia, & Shannon, 1998). Counselor educators implicitly agree that their programs and supervisors need to do more than follow an educational (i.e., cognitive) model. Unfortunately, the literature has revealed limited efforts to advocate for a model of counselor development and supervision that emphasizes the human element (i.e., personal-emotional characteristics) in admissions or the counseling processes and relationships (Carney, Cobia, & Shannon, 1998). The ability of counselor educators to recognize these characteristics during admissions could provide valuable information regarding the training needs of individual students.

#### Graduate Admission Requirements and Procedures

This section examines the extent to which personal characteristics are assessed in graduate admissions. A great deal of time, effort and money is involved in the training of counselors; hence it is most important that the selection process discriminates between those candidates who are likely to achieve the standard required at the end of the training and those who are not (Wheeler, 2002). Counselor education program admission procedures have struggled to predict who might become an effective counselor (Pope, 1996). Counselor Educators “charged with making admissions decisions are increasingly assuming the role of gatekeepers of the counseling profession and as such seek students who not only fit their program, but who show the most promise of being effective and competent counselors” (Loesch, 1988). Yet most would admit their job is complicated by the lack of any clear-cut guidelines for what screening methods are the most effective or even appropriate. Because of this, the requirements for admission to a graduate counseling program vary greatly from university to university, and few educators

express complete satisfaction with their approach (Loesch, 1988). Admission standards have mostly kept to a traditional set of criteria that may predict academic success, but have limited effectiveness in predicting the clinical success of prospective counseling students (Pope, 1996). The need for assessment of counselor characteristics has a direct relation to the counseling profession

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) does provide some guidance involving the admissions process. According to Section V, Paragraph I of the Accreditation Standards and Procedures Manual (2001), program admissions criteria should include consideration of the following:

1. input from regular, adjunct and affiliate program faculty;
2. each applicant's potential success in forming effective interpersonal relationships in individual and small group contexts;
3. each applicant's aptitude for graduate-level study, including technological competence and computer literacy;
4. each applicant's career goals and objectives and their relevance to the program; and
5. each applicant's openness to self-examination and personal and professional self-development. (p. 16-17, on-line).

While the CACREP recommendations provide a good foundation for establishing an admissions screening process, institutions are left to decide how best to achieve the objectives.

Almost all schools of counseling accept the notion that counselor variables are important for significant progress in psychotherapy and are in fact, fundamental in the formation of a working alliance (Lambert, 1983/1994). With this notion, "The counseling profession has historically searched for characteristics, traits, behaviors, and other variables that contribute to

successful helping relationships” (Schmidt, 1994, p. 3). Purkey and Schmit (1987) believe that counselors who are keenly aware of their own development, frailties, competencies, and limitations are better prepared to perform and interact with clients, as well as educators.

The most recent trend in the assessment of counselor performance has been to broaden the perspective on what it means to be an effective counselor; that is, to acknowledge that there is more to being a good counselor than just counseling skill (Bell & Acker, 1990). Gaubatz and Vera (2002), in their investigation of whether formalized gatekeeping procedures and program-level characteristics influenced the rates at which deficient trainees were graduated from counseling programs, surveyed 118 faculty members in accredited and non-accredited counseling programs. Their findings support the implementation of both broad, program-wide training standards and specific, formalized procedures to more effectively screen deficient trainees (Gaubatz & Vera, 2002). To date, there is no framework for a standard method of assessment of prospective master's counseling students, however, most would agree that a framework of a standard set of guidelines is needed. Counselor Education programs have primarily focused on behavioral skill training and acquisition of knowledge (i.e., theories), with evidence to suggest this has been effective, in which the focus is on discrete behaviors and content areas that have been identified (Borck & Fawcett, 1982). Emphasis has been placed on possessing content knowledge (analytical) and knowing theories, with some attention to application, but little attention to the interpersonal and emotional elements of the person learning to be a counselor. Many programs, whether credentialed or not, subscribe to the eight core foundation areas of the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The eight core areas are a) Professional Identity, b) Social and Cultural Diversity, c) Human Growth and Development, d) Career Development, e) Helping

Relationships, f) Group Work, g) Assessment, and h) Research and Program Evaluation (CACREP, 2001, p. 1-2, on-line) and include counseling skills (Carney, Cobia, & Shannon, 1998). These areas are the easiest to assess and measure and only minimally address the counselor as a person – the interpersonal and personal-emotional elements that comprise the individual.

It is interesting to speculate on whether accreditation practices have unintentionally led to the practice of apparently ignoring or reducing the human element to things to do or roles to play. Most counselor educators believe that the personal development of a prospective counselor is very important and admit wanting to focus on this area. However, they cite personal and psychological wellness or the student's appropriateness for the profession as the most difficult area of a student's development to evaluate (Carney, Cobia, & Shannon, 1998). Evaluations of performance have been defined as assessment that "requires students to actively accomplish complex and significant tasks, while bringing to bear prior knowledge, recent learning, and relevant skills to solve realistic or authentic problems" (Herman et al., 1992). Although the evaluation of the interpersonal and emotional elements of beginning counselors is essential, they are usually the most difficult areas to assess. Equally as difficult is evaluating an individual's personal development and how they synthesize material, as well as a program's ability to predict how well counselors will occupy and carry out their professional role. This raises relevant questions for research in the areas of clinical assessment and the evaluation of personal development of counselor training and professionals in the field. And although counseling professionals may implicitly agree that their programs and supervisors need to do more than follow an educational model, the literature does little to advocate for a model of counselor

training/supervision emphasizing the human element in the process/relationship (Carney, Cobia, & Shannon, 1998; Leverett-Main, 2004).

Most CACREP programs have not attempted to utilize comprehensive admission requirements that include evaluating personal characteristics (Carney, Cobia, & Shannon, 1998). Likewise, there is no evidence related to existing characteristics of CACREP admission requirements that demonstrate the examination or consideration of personal characteristics. Part of the problem is the difficulty of measuring such abstract concepts as life experiences and personal-emotional characteristics. Many researchers have pointed out that in practice, one's professional and personal values become so intertwined that it is virtually impossible to differentiate among them (e.g., Bergin, 1980; Bergin & Garfield, 1994; Beutler, Clarkin, Crago, & Bergan, 1991/1994; Khan & Cross, 1983; Leverett-Main, 2004; Seymour, 1982). Additional research in this area would help to establish some measurable criteria for identifying prospective counseling students' personal-emotional characteristics and maturity. As Sternberg (1988) stated, "If we want to measure intelligence, we can and should measure it broadly rather than in the narrow ways that have failed to give a true picture of human capacities."

Furthermore, life experiences (i.e., work experiences) of individuals in general have an effect on personal development and will effect how we interact with others. Witmer (1985) states in his book Pathways to Personal Growth that the process of counseling is essentially an interpersonal relationship. The responses a client might have are a function of the relationship between the client and the counselor. "The results of outcome research strongly suggest that more of the determinants of therapeutic success lie in the personal qualities of the patient and the therapist...than in the therapeutic method" (Frank, 1979).

One counseling individual, in an on-line discussion forum for Counselor Education and Supervision (CESNET-L listserv, June 1998), stated “a counselor training program might do well to challenge the notion that the skill building phase of counselor training, once completed, will ensure that these skills, even when done appropriately, guarantee that trainees will become change agents” (i.e., effective counselors). Roffers, Cooper, & Sultanoff (1988), after conducting a comparative study of a skill-based training method (Carkhuff’s Human Relations Development Model) with a conceptual-based training method, conducted with 14 male and 34 female master’s degree students, also agreed that additional studies that measure skill retention, skill application and client outcome are needed.

#### Screening of Prospective (incoming) Students.

Biaggio et al. (1983) insisted, “There is a paucity of research, or even anecdotal material, on procedures for evaluating and dismissing unsuitable clinical students” (p. 11). Overall, counselor educators have not been pleased with the methods or procedures used for admitting students. In a 1976 study by Redfering and Biasco comparing what counselor educators perceived as ideal screening methods and what was then being used, they found:

There is considerable disparity between what counselor educators would like to see happen and what is actually taking place in the selection and elimination of candidates for counselor education programs. The greatest disparity existed among the actual and ideal selection procedures. (p. 303)

Similarly, a study by Biaggio et al. (1983) of 167 licensed psychologists found that approximately one-half opposed and one-third favored a “mental health checkup” as a prerequisite for admission in psychology programs or for psychotherapy to be required as part of

the graduate training. While these methods of screening are seldom used, the actual criterion for admission almost always includes aptitude tests (e.g., GRE).

### Tests.

There is an abundance of research related to the use of the Graduate Record Exam or Miller's Analogies Test as screening tools for counseling and psychology programs. The GRE and undergraduate GPA along with personal statements and letters of recommendation are some of the most commonly used screening measures by counselor education admissions committees (Leverett-Main, 2004). Studies repeatedly show that test scores and grades complement one another in providing the best estimate available of the likelihood that a student will succeed in a particular academic program. However, while these traditional criteria concentrate on academic ability and should be considered, it is known that grades and test scores do not reflect all aspects of accomplishment or personal-emotional characteristics (Willingham & Breland, 1982). In some studies, researchers have discussed the use of these tests as a method of admissions criteria and have compared various cut-off scores used by counselor education or psychology programs, however have found, like many others, that these tests do not account for personal-emotional characteristics (Childers & Rye, 1987; Gimmestad & Goldsmith, 1973; Leverett-Main, 2004; Markert & Monke, 1990; Millimet & Flume, 1982; Nevid & Gildea, 1983; Pope, 1996; Purdy, Reinehr, & Swartz, 1989; Redfering & Biasco, 1976; Rem, Oren, & Childrey, 1987; Weaver, 2000). Still other researchers have related scores on these tests to academic and clinical success in the students' graduate programs, some indicating relationship and others questioning their validity for this purpose (Anthony, Gormally, & Miller, 1974; Camp & Clawson, 1979; Hosford, Johnson, & Atkinson, 1984; Ingram, 1983; Littlepage, Bragg, & Rust, 1978; Omizo & Michael, 1979; Wiggins, Blackburn, & Hackman, 1969; Wittmer & Lister, 1971). One such researcher,

Weaver (2000), conducted a study to explore the value of broadening current academic criteria to include personal qualities for the prediction of counselor effectiveness. In her study, Weaver (2000) had 88 masters-level counseling students from eight Midwestern universities complete the California Psychological Inventory to obtain data on specific personality dimensions. Weaver (2000) then had these students' supervisors to rate their effectiveness as a counselor using the Counselor Effectiveness Rating Scale. Results indicated that undergraduate GPA and GRE scores have no significant relationship either individually or combined to counselor effectiveness and that the personal variables do significantly improve the prediction of counselor effectiveness. Conclusively, in none of the research cited in this literature review is there a relationship suggested between these tests and students with limited personal-emotional characteristics.

Because of their widespread use, reports of the use of tests must be included in a review of literature on screening procedures. In Bradey and Post's (1991) survey of 133 counselor education programs, 99% reported using either the GRE or Miller's as part of their admission procedures. Stickle and Schnacke (1984) report that 76.9% of the CACREP-accredited counselor education programs required these tests. Even though they are used by most programs, when ranked by APA internship programs on the importance of these tests as part of their admissions criteria, the tests were ranked 10<sup>th</sup> out of 10 (Boxley et al., 1986). The literature demonstrates that counseling students' success in graduate school cannot be consistently predicted on the basis of GRE scores. "Success in a counselor education program may depend on criteria, such as ability to cope with and adjust to the multiple demands..., that are not measured by the GRE" (Leverett-Main, 2004, p. 209).

### Undergraduate Grade Point Average.

The undergraduate grade point average (GPA) is also frequently used in admissions criteria into psychology and counselor education programs. Several studies and authors have discussed their use as a means of evaluation for admission into these programs (Atkinson, Staso, & Hosford, 1978; Boxley et al., 1986; Childers & Rye, 1987; Gimmestad & Goldsmith, 1973; Ingram, 1983; Leverett-Main, 2004; Markert & Monke, 1990; Millimet & Flume, 1982; Nevid & Gildea, 1983; Purdy et al., 1989; Redfering & Biasco, 1976; Rem et al., 1987). In Gimmestad and Goldsmith's 1973 study of 59 counselor education programs, they found 100% of the surveyed programs had a minimum GPA requirement. A later study by Bradey and Post's (1991) of 133 counselor education programs found 94% of the programs still using GPA as a method of screening. While heavily used by these programs, GPA was ranked fifth in order of importance out of a listing of ten different criteria used for admission by APA internship programs (Boxley et al., 1986), even though studies have shown that counseling students' success in graduate school and effectiveness as a counselor cannot be consistently predicted on the basis of GRE scores and/or undergraduate GPA (Leverett-Main, 2004; Weaver, 2000).

### Personality Assessments.

The criterion for admissions that seems most directly related to personal-emotional characteristics of prospective counselors and impairment in students is standardized personality assessments; however, only 15% of psychology master's-level programs reporting in Biaggio et al.'s (1983) research reported using them. One study (Whiteman et al., 1982) of 107 trainers of school psychologists found that "although a substantial majority (85%) indicated that graduate school applicants are evaluated on the basis of personal and emotional readiness, only six of the respondents reported that they employ any form of standardized testing procedures to do the

assessment” (p.228). Another study in which Boxley et al. (1986) asked representatives at APA training programs to cite the factors most often associated with intern impairment found similar results. Eighty percent of the programs reported they assessed the psychological suitability of their applicants, yet 94% did not utilize standardized psychological assessments. None of the 32 master’s-level counseling programs found in Markert and Monke’s (1990) study concerning changes in counselor education admissions criteria and the use of tests as a method of admissions criteria reported using personality assessments as part of their admissions criteria, but did report using letters of recommendation 93% of the time. Believing that personality tests, and some tests of ability, are interpreted in terms of attributes for which there are no adequate criteria, Cronbach & Meehl (1955) would approve of these programs for not using personality assessments. Furthermore, Meehl (1986), in his discussion of the problem of actuarial prediction, stated that there is still the misconception that mathematical descriptions of persons in terms of scores require that persons achieving identical scores should be identical or indistinguishable with respect to the traits so quantified. However, we know this to be false when we compare individuals with similar scores and find differences.

Advocates for the use of personality tests as part of admissions criteria claim that this would be one way to better protect the public from impaired professionals. However when Stevens (1981) surveyed clinical psychology training directors about evaluating personalities of doctoral students, he found that 75.3% of APA training directors opposed the use of personality evaluation as part of admissions procedures. They “based this on the applicant’s right to privacy and the inadequacies of assessment alternatives” (p. 889). Assessments that are sometimes used include the Minnesota Multiphasic Personality Inventory (Whiteley, 1969; Wood et al., 1985), the Personality Factor Questionnaire (Myrick, Kelly, Ju, & Wittmer, 1972; Wittmer & Lister,

1971), the Kagan Affective Sensitivity Scale (Jackson, 1986), and the Omnibus Personality Inventory (Gimmestad & Goldsmith, 1973; Jones, 1974).

### Interviews.

While most of the 104 APA trainers of school psychologists in Whiteman et al.'s (1982) study did not use personality assessments, 86 of them indicated that they did use the personal interview as a method of evaluating mental and emotional health. Studies have shown that interviews are used by approximately 54% of the master's-level psychology programs (Biaggio et al., 1983) and by 57% of the master's-level counselor education programs (Bradey & Post, 1991). While only used by about 50% of these programs in Boxley et al.'s (1986) study, interviews were second in importance of a listing of ten criteria often used for admissions standards. Personal interviews, in Leverett-Main's (2004) study of program directors' perceptions of the effectiveness of applicant screening measures currently used in CACREP-accredited counselor education programs and their perceptions of the effectiveness of measures of graduate student success, were identified as the most effective screening measure currently used in identifying and placing students and evaluating personal-emotional characteristics, whereas GRE scores were ranked as the least effective measure.

The interview is used by many programs to assess the interpersonal functioning and clinical potential of students (Atkinson et al., 1978; Childers & Rye, 1987; Hosford et al., 1984; Leverett-Main, 2004; Murphy & Hudson, 1982; Nevid & Gildea, 1983; Redfering & Biasco, 1976; Rem et al, 1987; Rickard & Clements, 1986; Whiteman et al., 1982). However, Nevid and Gildea (1983) have warned against too strong a reliance on these criteria for admissions:

Although it may be intuitively appealing to suggest that the appraisal of clinical potential and other interview evaluations should be considered in the selection of clinical

psychology students, it has not been demonstrated that admissions committee members are well equipped to make such decisions on the basis of a brief interview or that their evaluations predict future performance. (p. 24)

Other educators and supervisors warn that the interview is far from being a standardized technique, and it “offers enormous possibility for personal bias and capricious application of standards, as well as the possibility of projection and poor judgment on the part of the evaluators” (Whiteman et al., 1982, p. 228). Interviews remain one of the preferred methods of assessing possible emotional and mental characteristics and problems in prospective students, though their validity and reliability have been questioned.

#### Professional Development and Standards of Preparation

Professional development and standards of preparation are investigated for this study because they are similar to the admissions of graduate counseling programs and their evaluations of students. By having professional development and standards of preparation, those in the profession are attempting, much like counselor educators conducting admissions, to assess individuals for effective counselor characteristics and for their potential to be a good counseling student, then counselor. “Assessment of counselor performance is frequently discussed in professional counseling literature, yet it remains a topic that includes numerous significant issues and few points of agreement” (Loesch, 1988, p. 1). The need for assessment of counselor characteristics has a direct relation to the counseling profession. “A profession evolves positively only when its members continue to improve their functioning. Such development in the counseling profession depends upon having effective methods of evaluating common and innovative ways of functioning” (Loesch, 1988, p.1). Assessment of effective counselor characteristics and performance thus has the potential to improve the counseling profession.

At the heart of professional development are standards of preparation. And although licensure has the advantage of giving legal status to a profession, in and of itself, it only establishes minimum levels of competency for practice. In fact, after examining licensure and the counseling professions as self-regulating groups, Sweeney and Sturdevant (1974) reported that licensure is limited in value in that it defines a minimum level of competence rather than the highest level of competence possessed by the licensed. They also suggested that licensure does not address the interpersonal and emotional side of the counselor as an individual.

Combining their standards with those of CACREP, the American Counseling Association (ACA), in conjunction with National Board of Certified Counselors (NBCC), has determined categories of criteria for mental health counselors that include education, experience, supervision, standards of practice, ethical standards, national clinical examination, competency-based criterion (work sample), and statutory regulation (Smith & Robinson, 1995). However, once again, the interpersonal and personal-emotional elements of the counselor as a person are not addressed. The issue of what constitutes competence and of the testing and measurement of competence to perform in a given job setting are not simple or noncontroversial matters (Messina, 1979).

The American Counseling Association's (ACA) Code of Ethics and Standards of Practice (1995) provided a more specific directive for screening students who are impaired. Section F.3 of the code addressed the responsibility of counselor educators and supervisors to evaluate and appraise their students and supervisees:

Counselors, through ongoing evaluation and appraisal, are aware of the academic and personal limitations of students and supervisees that might impede performance.

Counselors assist students and supervisees in securing remedial assistance when needed,

and dismiss from the training program supervisees who are unable to provide competent service due to academic or personal limitations. Counselors seek professional consultation and document their decisions to dismiss or refer students or supervisees for assistance. Counselors assure that students and supervisees have recourse to address decisions made, to require them to seek assistance, or to dismiss them.

This directive clearly requires that counselor educators and supervisors screen students and supervisees whom they believe exhibit academic or personal limitations that might impede their counseling abilities. The Ethical Guidelines for Counseling Supervisors (1993) for the Association for Counselor Education and Supervision reiterated these instructions and added: “Supervisors should not endorse a supervisee for certification, licensure, completion of an academic training program, or employment if the supervisor believes the supervisee is impaired in any way that would interfere with the performance of counseling duties.” (2.13). Counselor Educators’ first priority is to ensure that clients and others are protected from harm (Frame & Stevens-Smith, 1995).

In a 1996 edition of the Journal of Humanistic Education and Development, Witmer and Young addressed what they believed was necessary to meet the minimum standards for preventing impairment in counseling students. They stated “A well-being philosophy based on the literature and credentialing standards must be instituted for use in personnel selection” (p.143). They outlined what they believed such a philosophy should include:

1. Recruiting criteria for faculty and students should include statements of personal adjustment and wellness.

2. Regular review of students' progress should incorporate personal adjustment, self-development, as well as knowledge and skill competencies from start to finish of the program.
3. Attitudes and behaviors that put one at risk of impairment need to be discussed with students (p.143).

Witmer & Young (1996) suggested that a well-being philosophy should include a statement that students are expected to make a commitment to personal growth and professional competence through holistic opportunities for mental, emotional, social, physical, vocational and spiritual experiences that enhance well-being. Also suggested was that faculty demonstrate a healthy lifestyle and provide opportunities for students to develop their human potential. "An ounce of prevention is worth a pound of cure" (Witmer & Young, 1996, citing Benjamin Franklin).

We know that life experiences create the risk of impairment within each student entering the counseling profession and that a significant number of students who are attracted to the counseling and psychology profession appear to have serious personality or adjustment problems (Witmer & Young, 1996). We also know that students as well as faculty may be impaired when they are admitted to or employed by an institution. For these reasons, the first step in preventing impairment is the selection of faculty and students for counselor education programs.

Unfortunately, as Olkin and Gaughen (1991) reported, only six surveys (Bernard, 1975; Biaggio et al., 1983; Boxley et al., 1986; Keppers, 1960; Sweeney, 1969; Tedesco, 1982) addressing the evaluation and dismissal procedures used by clinical training programs have been conducted in thirty years. One of these, Boxley et al.'s 1986 study of APA internship programs, found that 54% had no formal policies and procedures for screening. Respondents from these same programs indicated factors most associated with intern impairment as being personality disorder

(35%), depression (31%), and emotional problems (31%), with maturity listed in approximately 23% of the cases. Bradey and Post's (1991) results of a study of 133 counselor education programs found a similar lack of policies and an indication that the criteria for admission of students to a majority of counselor education programs are predictors of academic success only (e.g., cognitive-behavioral characteristics as defined by this researcher). Furthermore, Markert and Monke (1990) found no evidence that predictors of academic success were predictors of counselor competency or counselor mental health.

Though ethically required to screen for impaired students, without specific guidelines and policies, counselor educators and supervisors have been given a responsibility that leaves them vulnerable personally and professionally (Biaggio et al., 1983; Lalotis & Grayson, 1985; Leverett-Main, 2004; Woodyard, 1997). When students with problems are recognized, many educators and supervisors are hesitant to respond. Irby, Fantel, Milam, and Schwartz (1982) explained faculty hesitation:

Faculty are reluctant to evaluate students...in non-cognitive skills because of the subjective nature of such judgments, the limited opportunity to observe non-cognitive development, and the potential for allegations of personality clashes and lawsuits. Thus only rarely have faculty been willing to dismiss students for inadequacies in this area.

(pp.105-6)

The literature on the number of students screened often does not directly address which students are eliminated for personal limitations as opposed to academic problems. In Bradey and Post's (1991) survey, they asked 133 counselor education programs to indicate how many master's-level students had been conditionally dismissed from their programs in the past five years. A mean of 5.3 students was reported, with a range of 0 to 40. Seventy-nine percent

indicated that students had been dismissed for academic difficulties, 73% for emotional or psychological reasons, and 24% for ethical violations. More evidence to reinforce the need and importance for admissions' screenings to closely assess emotional and/or psychological characteristics.

### **Summary**

The review of literature in the area of effective counselor characteristics, graduate admissions, and professional development and standards of preparation supports the need for this proposed study. The literature strongly calls for the mental health professions to become more proactive in and to improve their methods of screening incoming students. In discussing selection in the field of mental health, Zemlick (1980) stated that to neglect this is to jeopardize the profession:

The foundation of the profession rests on the caliber of the individual selected and trained to function as an independent, responsible psychologist. Nevertheless, there are frequent incidents in graduate student selection itself which make a mockery of the state of the art of screening and evaluation of students. (p. 9)

While the literature reveals that there is no clear definition of an effective counselor and no agreed-upon behavioral indicators which describe the personal limitations displayed by potential students which would indicate impairment, it also indicates that monitoring and responding to impairment in incoming prospective counseling students is an ethical directive. Programs seem to have a clearer idea of *how* to screen students for academic problems, albeit fairly ineffectively when you consider that 79% of students in Bradey & Post's (1991) survey study were dismissed for academic difficulties, but they seem much more unsure of what procedures to follow when the problems are related to emotional or personal difficulties (Rowe, Murphy, De Csipkes, 1975;

Whiteley, 1969). The literature demonstrates that the most common methods used to screen incoming students (tests, GPA, interviews, and letters of recommendation) do not normally address personal limitations indicating impairment (Biaggio et al, 1983; Bradey & Post, 1991; Carney, Cobia, & Shannon, 1998; Leverett-Main, 2004; Loesch, 1995; Market & Monke, 1990; Sweeney & Sturdevant, 1974; Weaver, 2000).

In order to screen more effectively, the literature reviewed calls for clearer guidelines for use by educators and supervisors. It also presents a challenge to the mental health profession to become more proactive in the area of screening, a move that might benefit students, faculty, the profession, and society as a whole. Consequently, educators' and supervisors' seemingly continuing avoidance of their ethical duty to screen for emotionally and personally impaired students may pose a greater threat to society and to the profession than does the impaired individual (Bergin & Garfield, 1994; Carney, Cobia, & Shannon, 1998; Loesch, 1995/1998; Witmer & Young, 1996; Zemlick, 1980).