AN EXPLORATION OF FACTORS IMPACTING PROFESSIONAL IDENTITY AMONG MASTER'S LEVEL COUNSELING STUDENTS

by

James William McMullen II

A dissertation submitted to the faculty of
The University of North Carolina at Charlotte
in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in
Counseling

Charlotte

2016

Approved by:

_____
Dr. Phyllis Post

_____
Dr. Henry Harris

_____
Dr. Susan Furr

_____
Dr. Richard Lambert

_____
Dr. Bob Herman-Smith

ABSTRACT

JAMES WILLIAM MCMULLEN II. An exploration of factors impacting professional identity among master's level counseling. (UNDER THE DIRECTION OF DR. PHYLLIS POST.)

The purpose of this study was to examine the relationships between program track, clinical experience, and supervisory relationship of counselors-in-training and their professional identity defined as counseling philosophy, beliefs about the profession, and professional engagement (Puglia, 2008). The respondents were 100 masters' level counseling students in CACREP accredited programs. A three-step hierarchical multiple regression analysis was computed. The measures of professional identity yielded low internal reliability which indicates the findings of the analyses should be considered with caution. The final model indicated that program track, clinical experience, and supervisory relationship in counselors-in-training were unrelated to professional identity. This finding suggests that continued and additional research into measures that examine the professional identity of counselors-in-training is necessary. This study and related future research will be influential in understanding the relationship between counselors-in-training's programs and their professional identity.

ACKNOWLEDGEMENTS

There are so many individuals who have made an impact in my life and without them I would not be where I am today. As my dissertation chair, Dr. Phyllis Post has always been there for me since day one. Thank you for your constant encouragement and believing in me. I thank Dr. Henry Harris for always having an open door whenever I needed him and his positive attitude. Dr. Susan Furr, I thank her for making me want to be a better teacher. Her unconditional positive regard for her students is evidenced by future clinicians who embody this same spirit. I am thankful to Dr. Richard Lambert for his humor and ability to make statistics feel not so overwhelming. Dr. Bob Herman-Smith, I thank for his flexibility and contributing to my research I am so passionate about.

To my best friends, Micah Peed, Charles Skelton, Rusty McIntosh, and Scott Gerwe, I am thankful for them always lending an ear when I needed them, our many adventures, and for being the epitome of loyalty. To all family members and grandparents, thank you for backing my journey and stressing the importance of learning. To my grandmother Bebe Sicilia, thank you for teaching me whatever will be, will be (que sera, sera). To my father Jim McMullen, thank you for your love and supporting my education. I thank you for my desire to try new things, even if they might seem frightening.

To my pack members, Kelly and Stephanie McMullen, I thank for their constant inspiration. My sister Stephanie, my original playmate, I thank for her desire to take care of our family and making me realize the importance of taking care of myself. Thank you for being my ally. I thank my mother Kelly for her omnipresence at every meaningful

stage of my life and helping me to see the magic in everything I do. Thank you for being my advocate.

To my wife and lobster, Meagan McMullen, I thank for calming my restless soul and being my number one cheerleader. Thank you for the late-night cheese sandwiches, reruns of our favorite Netflix shows, and for those second set of eyes whenever I was stuck during the writing process. Thank you for your patience and pushing me to achieve my dreams. Thank you for being my rock.

DEDICATION

I dedicate this achievement to my family, my pack. Thank you for never giving up on me and believing that I could accomplish something I never thought possible.

TABLE OF CONTENTS

CHAPTER I: INTRODUCTION

Professionals in the counseling field have been striving to establish a strong foundation in the professional helping world, as it is one of the youngest professions that fit under this umbrella (Kaplan & Gladding, 2011; King & Stretch, 2013; Puglia, 2008). Developing a strong, clear professional identity has been an integral part of the process of uniting the counseling field, specifically by calling upon all professional counseling organizations, regardless of licensing bodies and specializations, to ascribe to a consensus definition of "professional counseling" (Kaplan & Gladding, 2011). According the Bureau of Labor Statistics (2012), over 428,000 individuals in the United States identify as school, career, clinical mental health counselors or marriage and family therapists. One of the major challenges for the counseling profession is having individuals affiliate with their specialty first and as a professional counselor second (Kaplan & Gladding, 2011).

Developing an identity as a profession is imperative because it helps counselors be more effective, responsible clinicians. Alternatively, a fragmented professional identity could result in unintentional client harm resulting from burnout (Wilkerson, 2009) and role confusion (Wilkerson, 2009; Young & Lambie, 2007). Counselors who lack a strong professional identity may not be as likely to pass on the professional attitudes and values to their future supervisees, which could perpetuate the cycle of a weaker sense of professional identity. In developing a clear professional identity, there is also a need to define what the professional identity of a counselor entails. Puglia (2008)

defined counselor professional identity as counseling philosophy, beliefs about the profession, and professional engagement.

The need to assess characteristics related to professional identity has been examined by numerous researchers over the years (Emerson, 2010; Gray, 2001; Healey, 2009; Kaplan & Gladding, 2011; LaFleur, 2007; Moore-Pruitt, 1994; Puglia, 2008; Woo, 2013). Prosek and Hurt (2014) suggested that even more quantitative evidence is needed to better understand counselor professional identity development in master's level students. It is important for counselor educators to understand factors that influence professional identity, as this developmental process begins early in counselor training programs (Moss, Gibson & Dollarhide, 2014).

One way to unite various counseling professionals is through the accreditation of their programs of study. Individual institutions seek endorsement from accrediting bodies and maintain their standards by being held accountable by the larger accrediting body and not only the individual institution (Urofsky, 2013). In the counseling field, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2015) has developed standards for the accreditation process. In the United States, there are a total of 617 CACREP accredited programs for master's level students (CACREP, 2015). Currently there is no comprehensive list of all counseling programs that are not CACREP accredited in the United States.

Of these programs, the two most common tracks in counselor education are clinical mental health (or community counseling) and school counseling. A search of clinical mental health master's programs on CACREP's website (CACREP, 2015) returned 177 results, and a search of the previously named community counseling yielded

79 results, for a total 256 programs. The other common track search of school counseling indicated 245 programs, meaning that both tracks make up over 80% of the search results. These numbers further suggest that clinical mental health and school counseling are the two most popular tracks for master's students. As each specialization faces challenges to its distinctiveness, it is evident that the field is struggling to first identify and then implement a cohesive professional counseling identity. This is difficult because the experiences that students have regarding these specializations in different work environments tend to be drastically different. For instance, school counselors consistently find themselves balancing the responsibilities of both helping professionals and educators (Gibson, Dooley, Kelchner, Moss & Vacchio, 2012; Nassar-McMillan, Karvonen, Perez & Abrams, 2009). On the other hand, clinical mental health counselors struggle to maintain their identity separate from those helping professions that follow a medical model of diagnoses without considering the holistic, interpersonal aspects of individuals' lives (Hansen, 2003; McLaughlin & Boettcher, 2009). It has been the experience of many to first define their professional identity by specialty rather than as a professional counselor (Kaplan & Gladding, 2011).

According to CACREP standards, students are required to participate in clinical experiences (CACREP, 2009) where they experience the real world application of their training. They encounter how other professionals in the field define their professional identity as counselors and test the skills they have learned in the classroom. During practica and internships, students begin to understand the realities of the profession, as well as how personal characteristics are integrated into their professional identity. Critical incidents (Howard, Inman & Altman, 2006) are moments of these realizations that

students experience while in the field that lead to greater professional awareness. Studies show that a significant portion of reported critical incidents involve students who experience greater development in their skills and professional identity compared to those who did not (Furr & Carroll, 2003; Howard, Inman & Altman, 2006).

During these clinical experiences, CITs also develop influential relationships with supervisors during their training programs. These supervisory relationships may include not only a clinical focus but also supervision regarding therapeutic skills learned in classes taught by both doctoral and faculty facilitators. These relationships are integral in a students' professional identity development as CITs recognize professional qualities that influence their own growth as future counselor (Efstation, Patton, & Kardash, 1990; Fernando & Hulse-Killacky, 2005; Gnilka, Chang, & Dew, 2012).

It is important to consider when and how professional identity, defined as counseling philosophy, beliefs about the profession, and professional engagement (Puglia, 2008) develops. Previous research has revealed factors that may influence how CITs define their professional identity are program track (Gibson, Dooley, Kelchner, Moss & Vacchio, 2012; Hansen, 2003; McLaughlin & Boettcher, 2009; Nassar-McMillan, et al., 2012), clinical experience (Furr & Carroll, 2003; Howard, Inman & Altman, 2006), and supervisory relationship (Efstation, Patton, & Kardash, 1990; Fernando & Hulse-Killacky, 2005; Gnilka, Chang, & Dew, 2012). By increasing the knowledge of the relationships among these variables, counselor educators will be able to assist CITs to develop a strong foundation of their professional identity.

Overview of Major Concepts

Professional Identity

Professional identity is a multifaceted concept that has been traditionally difficult to define on a large scale. While a definition has emerged as to the function and responsibility of a counselor (Kaplan, Tarvydas & Gladding, 2014), there still exists a need to examine the characteristics that encompass a counselor's professional identity. In 2008, Puglia designed a study to determine professional identity in master's level counselors enrolled in a CACREP accredited training program. Certain actions and beliefs were determined to define professional identity for CITs (Puglia, 2008).

Professional identity is influenced by three constructs that includes counseling philosophy, beliefs about the profession, and professional engagement (Puglia, 2008). Counseling philosophy represents the beliefs counselors hold about the clients they serve. These beliefs are humanistic and focus on a developmental perspective, prevention, wellness, and empowerment. These ideas are very different from other helping professions such as psychology, psychiatry, or social work. Beliefs about the profession include a professional orientation that entails seeking preparation programs that are CACREP-accredited, acquiring licensure/certification, ACA membership, and supervision by licensed counselors. Beliefs about the profession also include pride in being a professional counselor as opposed to a psychiatrist, psychologist, licensed clinical social worker, or other related professional. Professional engagement refers to expected and desired behaviors of professional counselors. These behaviors are defined as activities that students engage in: presenting at conferences, attending conferences,

networking, etc. This could also include advocacy for counseling and clients as well as leadership within the counseling field.

Program Track

Program track refers to the counseling concentration that a CIT chooses to focus on throughout their training program. The counseling profession has a number of concentrations and specializations for students to choose from; however, the two most popular choices are school counseling and clinical mental health counseling (CACREP, 2015). This was particularly key for this study, as the experiences that a CIT has in each setting are specific to that concentration (Gibson et al., 2012; Hansen, 2003; McLaughlin & Boettcher, 2009; Nassar-McMillan et al., 2009). It is acknowledged among practitioners that many define themselves as their specialization first and as a counselor second (Kaplan & Gladding, 2011). This study addressed the relationship between a CIT's program track and their professional identity.

Clinical Experience

Clinical experience refers to the supervised time period CITs work in the counseling field that is a requirement of CACREP programs (CACREP, 2015). The clinical experience differs from other instruction as they are putting into practice what they have learned in the classroom in real-world situations. It is during this time that a CIT must integrate what it means to be a professional counselor with their own personal characteristics.

CITs may also have moments where they are required to define or defend their role during this time. For example, these moments of critical incidents during a clinical experience (Furr & Carroll, 2003; Howard et al., 2006) can lead to greater professional

identity for CITs. This study sought to examine the relationship between the presence of a clinical experience and professional identity.

Supervisory Relationship

The supervisory relationship is one that develops when CITs are undergoing their clinical experience and are under supervision from a professional in the counseling field. They will experience multiple supervisors and have a unique relationship with each one. A CIT's supervisor can be a professor in the program, a doctoral student learning how to supervise, or a professional in the field who may or may not be a licensed professional counselor. Multiple supervisory relationships occur at the same time for CITs. These relationships are of interest in this study as they can influence the professional identity of the CIT, who will identify traits they value or discount in their supervisors (Efstation et al., 1990; Fernando & Hulse-Killacky, 2005; Gnilka et al., 2012). The findings of one study suggested that consistent evaluation of the working alliance between the supervisor and supervisee is necessary to encourage growth and ownership of the experience for the supervisee (Fernando & Hulse-Killacky, 2005). It is also important to note that CITs anticipate these supervisory relationships as being impactful and that the supervision working alliance can influence a CIT's confidence in their clinical skills (Gnilka et al., 2012). This study explored the relationship between a CIT's supervisory relationship and their professional identity.

Purpose of Study

During a time of growth and development for the counseling profession in the mental health field, it is imperative that counselor educators be aware of factors related to professional identity. One avenue for understanding this issue is to better understand

those who are just beginning to develop their identities as a counselor – CITs at the master's level. This is particularly timely as these students are just beginning to conceptualize what it truly means to be a counselor in both disposition and action. Furthermore, within this training period, there are a number of choices a student can make to personalize their experience in their program. This is of particular interest as CITs are expected to graduate with a universal definition of professional counselor identity. The purpose of this study was to examine the relationship between the program track, clinical experience, and supervisory relationship of counselors-in-training and professional identity (counseling philosophy, beliefs about the profession, and professional engagement).

<div align="center">Significance of the Study</div>

Professional identity in the counseling field has long been identified as an important factor in solidifying the profession's unique definition apart from other professions in the mental health field. It is important to understand those variables that play a part in the development of a CIT's professional identity as it relates to the future direction of counseling overall. To this end, this study sought to examine a CIT's program track, clinical experience and supervisory relationship relative to their professional identity (counseling philosophy, beliefs about the profession, and professional engagement).

Although master's level CIT's professional identity has been examined (Emerson, 2010; Gray, 2001; Healey, 2009; LaFleur, 2007; Moore-Pruitt, 1994; Prosek & Hurt, 2014; Puglia, 2008; Woo, 2013), this study sought to expand the body of research by also examining the CIT's program track, clinical experience, and supervisory relationship. As

there may be many different factors that influence CITs throughout their counseling program, it is important to examine their impact on professional identity development.

This study also sought to expand the body of literature related to the definition of professional identity. Although the term can be all encompassing, it is important for researchers to identify beliefs and behaviors that best identity what it means to be a counselor. By adopting Puglia's (2008) parameters of defining professional identity as counseling philosophy, beliefs about the profession, and professional engagement, counselor educators can continue the task of preparing future counselors in a more informed manner and further this definition of professional identity through continued research.

Counselor educators may benefit from this research. As counselor educators, these individuals are the first to impart to their students the attitudes, beliefs, and actions that comprise a professional counselor and therefore empower the counseling profession with new counselors who embody the professional identity. Counselor educators could also use this information to assist with developing and refining curricula and accreditation policies to encourage a strong professional identity.

Two significant ideas arise from the literature on counselor professional identity: it increases professional cohesion and responsibility; and CITs choices and interactions during their training programs can influence their own developing professional identity. Considering these positions, this study explored the relationships between program track, clinical experience, and supervisory relationship and professional identity (counseling philosophy, beliefs about the profession, and professional engagement).

Research Questions

The purpose of this study was to determine how factors in students' training programs were related to their professional identity (counseling philosophy, beliefs about the profession, and professional engagement). The specific research questions were:

1. How do program track, clinical experience, and supervisory relationship relate to counseling philosophy?

   a. Is program track associated with agreement with counseling philosophy?

   b. After controlling for program track, is clinical experience associated with agreement with counseling philosophy?

   c. After controlling for program track and clinical experience, is supervisory relationship associated with agreement with counseling philosophy?

2. How do program track, clinical experience, and supervisory relationship relate to beliefs about the profession?

   a. Is program track associated with level of beliefs about the profession?

   b. After controlling for program track, is clinical experience associated with level of beliefs about the profession?

   c. After controlling for program track and clinical experience, is supervisory relationship associated with level of beliefs about the profession?

3. How do program track, clinical experience, and supervisory relationship relate to professional engagement?

   a. Is program track associated with level of professional engagement?

   b. After controlling for program track, is clinical experience associated with level of professional engagement?

c. After controlling for program track and clinical experience, is supervisory relationship associated with level of professional engagement?

Research Design

This research was a correlation research study. A hierarchical multiple regression research analysis was utilized to examine the relationships between the variables. This study investigated the impact of program track, clinical experience, and supervisory relationship on professional identity (counseling philosophy, beliefs about the profession, and professional engagement). A three-step hierarchical multiple regression analysis was used to determine the amount of variance that will be accounted for in professional identity by program track, clinical experience, and supervisory relationship.

Assumptions

The following assumptions were made in relation to this study:

1. Participants would respond willingly and honestly.

2. Participants would accurately comprehend and respond to the survey items.

Delimitations

The following delimitations were identified by the researcher for this study:

1. This study would only include students who are currently enrolled in master's level CACREP accredited counseling programs from across the United States.

2. This study was administered through both an online survey and in-person, paper and pencil survey. The online portion was limited to those participants who have access to a computer with Internet capabilities.

3. The participation was limited to individuals who are able to read and respond in English.

Limitations

The following limitations was true of this study:

1. A convenience sample is dependent upon participants' choice of whether or not to participate in the study.

2. Social desirability may have limited this study. Participants may have attempted to answer survey questions in a way that is viewed as favorable by the researcher and other counselors.

3. The majority of the survey respondents are from schools in the southeastern region of the United States. The results may not be generalizable to other geographic regions.

Threats to Validity

Threats to Internal Validity

Internal validity is related to the extent to which the results can be accurately interpreted (Cook & Campbell, 1979). In order to increase internal validity, the instruments that were used have been examined for validity and reliability in previous studies. A threat to internal validity is social desirability. To counteract this, the survey was anonymous to increase the chances that a participant will answer honestly.

Threats to External Validity

External validity is related to the extent to which the research can be generalized and applied to the greater population (Wiersma & Jurs, 2009). The research was transparent in regards to generalizability. A convenience sample was used to select programs. The current study examined the information from students who were enrolled

in a CACREP program and the results were able to generalize to those in other CACREP accredited programs.

<div align="center">Operational Definitions</div>

The following operational definitions were used while conducting this study:

Professional Identity

Professional identity (Puglia, 2008) was examined in terms of three separate constructs: counseling philosophy, beliefs about the profession, and professional engagement.

Counseling philosophy. Counseling philosophy was assessed by 18 items from the PIES (Puglia, 2008) using a 5-point Likert-type scale. Higher scores indicated higher levels of agreement with counseling philosophy.

Beliefs about the profession. Beliefs about the profession were assessed by the Counselor Profession Scale (CPS) (Gray & Remley, 2000). The CPS is composed of 14 questions with a 5-point Likert-type scale with higher scores indicating higher levels of beliefs about the counseling profession.

Professional engagement. Professional engagement was assessed by the Professional Identity and Engagement Scale (PIES) (Puglia, 2008), which examined the extent of respondents' professional behaviors. This section includes 16 items with higher scores indicating higher levels of professional engagement (see the Professional Engagement Scoring Protocol in Appendix A).

Program Track

Program track was determined by self-report on the participant's Demographic Survey. Participants had the option to select: school counseling, clinical mental health counseling, or other.

Clinical Experience

Clinical experience was determined by self-report on the participant's Demographic Survey. Participants had the option to select if they are currently enrolled in either practicum or internship or if they have been previously enrolled in practicum or internship.

Supervisory Relationship

The supervisory relationship can impact CITs professional identity on a number of levels. The supervisory relationship was determined by the Supervisory Working Alliance Inventory – Trainee Version (SWAI; Efstation et al., 1990). The overall score is used to determine the supervisory relationship. This measure contains 19 items and was ranked on a seven-point Likert-type scale. Higher scores indicate the perception of a high working alliance by the supervisee.

<div align="center">Summary</div>

Understanding professional identity in CITs is an integral part of developing a cohesive identity as a profession overall. It is important to consider the factors that impact a CIT's professional development throughout their training program. Using Puglia's definition (2008) of professional identity (counseling philosophy, beliefs about the profession, and professional engagement), this research explored the relationship of these factors with program track, clinical experience, and supervisory relationship.

Organization of Study

There are five chapters presented in this dissertation. In Chapter I, purpose of the study, significance of the study, research questions, research design, assumptions, delimitations, limitations, threats to validity, operational definitions, and summary were reviewed. In Chapter II, the literature regarding each variable and the relationship between each of the independent variables (program track, clinical experience, and supervisory relationship) and the dependent variable (professional identity) were addressed to demonstrate the need for this research. In Chapter III, the research methodology that was used in this research will be described. The description of participants, research questions, procedures, instrumentation, research design, and data analysis were discussed. Chapter IV included the results of this study and a discussion of those results was presented in Chapter V. The final chapter also included recommendations for future research.

CHAPTER II: REVIEW OF THE LITERATURE

The purpose of this study was to examine the relationship between the program track, clinical experience, and supervisory relationship of counselors-in-training (CITs) and professional identity (counseling philosophy, beliefs about the profession, and professional engagement). This chapter contains a review of the conceptual and empirical literature related to these factors to demonstrate the need for this research.

This chapter is comprised of six main sections. The first section provides an overview of the research related to professional identity, as well as a discussion of the constructs of counseling philosophy, beliefs about the profession, and professional engagement. The subsequent sections address each of the dependent variables in turn. First, the literature related to the program track CITs choose is presented, as well as research related to program track and professional identity development. This structure is used for the remaining variables of clinical experience and supervisory relationships. In the last section, a summary of the literature provided highlights the need for this study as is relates to CITs and professional counselor identity development.

Overview of Professional Identity

The conversation as to how professional identity impacts the education, supervision, and practice of current and future counselors has grown over the years. Swickert (1997) found that one major issue for counselors comes from the need to educate about the profession because practicing counselors spent the majority of their

time trying to inform others about the role of the counselor. In 2003, the achievement of professional status did little to promote the collective professional identity (Gale & Austin, 2003). Rather, the authors called for each of the major counseling bodies (American Counseling Association, Counsel for Accreditation of Counseling and Related Educational Programs, National Board of Certified Counselors, and American Association of State Counseling Boards) to come together and present a unified identity to the world to increase the marketability of the profession and to bring reciprocity to state licensure. Continuing the professional identity conversation, Young and Lambie (2007) stated there is still a risk of becoming just "another member of the mental health profession" (p. 101). However, they did suggest that professional development was necessary and may come in many forms to assist defining the counseling profession.

The 20/20 Vision for the Future of Counseling, referred to as the 20/20 Initiative, was developed by the American Counseling Association in response to the need for unity in the counseling profession (Kaplan & Gladding, 2011). While the initiative brought together public cohesiveness for the profession and a consensus definition of counseling, there continues to be arguments as to whether or not this definition will assist the profession. For instance, an analysis by King and Stretch (2013) suggested that in spite of the consensus definition, counseling remains in a state of professional identity crisis. The authors further suggested that the profession is in the adolescent stage of development asit strives to define itself as unique from other helping professions and the medical model of diagnoses. On the other hand, Mellin, Hunt, and Nichols (2011) found that

practicing counselors perceive their identity as more similar to other counselors even though there continues to be a debate in the national forum.

It is evident that the discussion around professional identity has grown in importance over the last two decades (Kaplan & Gladding, 2011; King & Stretch, 2013; Prosek & Hurt, 2014; Swickert, 1997; Young & Lambie, 2007). By clarifying the counseling profession's identity, it may be easier to communicate the counselor's role and assist with the portability of licensure (Kaplan & Gladding, 2011; Mascari & Webber, 2013). However, a characterization of what fosters a professional counseling identity has yet to be developed. This research attempted to address this concern by examining the factors related to professional identity development in the training programs.

Previous Research

Professional identity in counseling is not a new concept but the majority of the research remains largely conceptual (Mellin et al., 2011; Prosek & Hurt, 2014). The sparse empirical work that examines the development of professional identity is reviewed in this section. In a quantitative study, researchers investigated the manner in which counseling specializations viewed the profession (Mellin et al., 2011). Two hundred thirty-eight practicing counselors were surveyed to determine how they perceived counseling as distinct from other helping professions, such as psychology and social work. They found that professional counselors, regardless of specialization, were strongly committed to a developmental, prevention, and wellness model. This finding indicated that counselors embraced a professional identity that reflects harmony among the specializations rather than discord. This recent investigation added to the body of

knowledge on professional identity by stating that counselors hold the same fundamental values regardless of specialization.

It has been suggested that professional identity begins at the start of a counselor's training program and continues over time (Healey & Hays, 2012; Moss, Gibson & Dollarhide, 2014). The professional identity process is a continuous growth and development experience that integrates both the professional self and the personal self (Moss et al., 2014). To better identify the developmental shifts that new counselors experience during the course of their careers, Moss et al. (2014) examined the development of counselors at different experience levels to identify themes that emerge based on time in the field. A stratified purposeful sample of 26 participants in varied years of counseling experience (1-2, 5-15, 20+ years) was used to investigate this question. Participants were those either working toward or who had gained the Licensed Professional Counselor (LPC) credential and were either working in community settings or as school counselors. At the conclusion of the focus groups, six themes emerged: adjustment to expectations, confidence and freedom, separation versus integration, experienced guide, continuous learning, and work with clients (Moss et al., 2014). Three transformational tasks also were identified: idealism towards realism, burnout toward rejuvenation, and compartmentalization toward congruency. Moss et al. concluded that new counselors typically begin their careers with an idealism of the profession and will eventually move through the other transformational tasks throughout the course of their career. The researchers recommended awareness of this process of idealism to realism to counselor educators and supervisors, suggesting that addressing these expectations early will aid in their professional identity development. This study added to the literature by examining the counselor's identity development

through years of experience, in particular the idealism of new counselors who have just completed their training programs.

While the previous study (Moss et al., 2014) investigated the beliefs of working professional counselors, it is important to consider the process of training counselors when discussing professional identity development. If counselor educators are not aware of the experience of counselors in training programs, then intentional professional identity development training may be lacking (Gibson, Dollarhide, & Moss, 2010). Gibson et al. attempted to answer this question by providing a theory of professional development from program entry through the clinical internship experience. Forty-three participants identified three transformational tasks that counselors-in-training progress that included (1) definition of counseling, (2) responsibility for professional growth, and (3) transformation to the collective counseling identity. This study provided the groundwork for counselor educators and future researchers as the researchers recommended awareness of these developmental tasks in conjunction with professional identity development.

Prosek and Hurt (2014) added to the professional identity conversation by attempting to establish a valid and reliable measure of professional identity. In a study that involved 161 graduate students enrolled in CACREP master's level programs, the researchers used a demographic survey and the Professional Identity and Values Scale–Revised (PIVS-R; Healey, Hays, & Fish, 2010). The PIVS-R consists of two subscales: the Professional Orientation and Values subscale and the Professional Development subscale. Cronbach's alphas for the Professional Orientation Values and the Professional Development subscales were .56 and .80, respectively. The researchers also found that

clinical experience and expectations of trainees were both related to the development of professional identity. It is evident that adhering to a professional identity is important to members of the counseling field; therefore, how identity develops must be considered to further the understanding of the profession (Prosek & Hurt, 2014). This research added to the current knowledge about professional identity by exploring how the expectations of trainees impacts the development, as well as supplementing research on the validity and reliability of a measure of professional identity.

By examining the literature surrounding professional identity, the largely conceptual nature of the work is slowly developing into more empirical studies on the factors that influence a counselor's development and professional identity. While there is varied research on professional identity available (Gale & Austin, 2003; Gibson et al., 2010; Healey & Hays, 2012; Kaplan & Gladding, 2011; Mellin et al., 2010; Moss et al., 2014), there is a lack of one comprehensive definition of professional identity that they each share (Woo, Henfield, & Choi, 2014). Though the landmark 20/20 Initiative (Kaplan & Gladding, 2011) set the cornerstone for solidifying a professional identity, there still exists numerous variations on the definition for both CITs and counseling professionals.

Given the void in the literature, Puglia (2008) sought to empirically establish a way to measure levels of professional identity with master's level counseling students in CACREP-accredited programs and offered a distinct, measureable definition of professional identity for CITs (Puglia, 2008). By defining professional identity as both attitudes and actions, the researcher developed a scale to measure factors related to level of professional identity (Woo et al., 2014). Puglia's definition of professional identity emerged from a review of the available literature and consisted of three dimensions:

counseling philosophy, beliefs about the counseling profession, and professional engagement (Gray & Remley, 2000). From these constructs, the Professional Identity and Engagement Survey (PIES; Puglia, 2008) was developed to define the concept of professional identity development at the master's level.

Counseling philosophy. Puglia (2008) defined counseling philosophy as the foundational ideas upon which the practice of counseling is built. This includes an orientation of development, wellness, prevention, and empowerment. This viewpoint serves to distinguish counseling from other similar professions in the mental health field such as psychology, which favors a medical model (Hansen, 2003). In Swickert's (1997) examination of professional counselors, similar themes were present as the participants' described counseling as developmental, holistic, relational, preventative and health-oriented. Critical incidences are considered any positive or negative situations where CITs have learning moments, realize their own input, or experience a turning point (Furr & Carroll, 2003; Howard et al., 2006). In a study conducted that examined the critical incidents of counselor trainees, 10% of the incidents were related to the philosophy of counseling (Howard, Inman, & Altman, 2006). For the trainees, these critical incidences helped build their conceptual frameworks by contributing to a larger perspective of the counseling process and effectiveness (Howard et al., 2006).

Beliefs about the profession. Beliefs about the counseling profession involve pride in being a professional counselor, which include seeking accredited training programs, acquiring licensure/certifications, ACA association membership, and seeking supervision by other counselors (Puglia, 2008). This follows with the idea that counselors have a stronger professional identity if they have pride and satisfaction in their field of

choice (Gray, 2001; Myers, Sweeney, & White, 2002; Remley & Herlihy, 2014). For instance, in the development of the Counselor Profession Scale, Gray (2001), examined the relationship between supervisor traits and the satisfaction with their supervisor of newly graduated counselors seeking state licensure. Of the 331 participants in this study, 47% of the supervisors held the Licensed Professional Counselor (LPC) credential. The researcher found that supervisees were more satisfied with their supervision and the profession overall if their supervisors were credentialed as a Licensed Professional Counselor.

Professional engagement. Puglia (2008) defined professional engagement as actions that are specific to how professional counselors conduct themselves. Additionally, engagement was also defined as the activities of those who are actively participating in the desired professional behaviors such as advocacy efforts, involvement in professional organizations, and professional development that improves counseling practice (Puglia, 2008). Mascari and Webber (2013) included involvement in national and state counseling organizations as ways of demonstrating professional engagement. Similarly, Young and Lambie (2007) found that counselors learn to advocate for the profession as a part of their development. In a study regarding student involvement as chapter leader in Chi Sigma Iota (CSI), the international honor society for counselors, Luke and Goodrich (2010) found that leadership in CSI was related to their future professional identity and engagement. Those who had participated in leadership roles as graduate students were more likely to be a part of professional associations and organizations, which in turn influenced their membership and involvement in the profession as early counselors. Professional engagement can involve a number of different activities such as advocacy

and involvement in professional organizations that will impact the professional identity development of CITs.

Puglia (2008) identified three dimensions of professional identity development of CITs as counseling philosophy, beliefs about the profession, and professional engagement. While Puglia's study as well as other research supports these constructs and their importance on professional identity development (Furr & Carroll, 2003; Gray, 2001; Hansen, 2003; Howard et al., 2006; Luke & Goodrich, 2010; Mascari & Webber; 2013; Myers et al., 2002; Remley & Herlihy, 2014; Swickert, 1997; Young & Lambie, 2007), more research is needed to examine factors influence these dimensions. The current study addressed the impact of factors on these dimensions of professional identity.

<center>Program Track</center>

As counselors work to develop a cohesive professional identity, it is important to consider the areas of specialty in counseling. Mascari and Webber stated:

> Individual identity is the way that professionals see themselves – influenced by the identity of their preparation program. Students in preparation programs can benefit from establishing a clear professional identity and recognizing the limits to their scope of practice that are defined by statutes and regulations. (2013, p. 16)

While counselors strive toward a cohesive definition and identity, the area of specialty or work environment are influential factors that inform the CITs scope of practice and their limits as practitioners. Two such distinct specialties in roles and responsibilities are school counseling and clinical mental health counseling, the largest two program tracks accredited by CACREP (CACREP, 2015; Reiner, Dobmeier, & Hernandez, 2013).

Relationship between Program Track and Professional Identity

School counseling. School counselors have long debated if their professional identity truly fits counselors or educators (Gibson et al., 2012). This is due, in part, to the number of roles that school counselors must engage in on a day-to-day basis. School counselors not only conduct individual counseling, group counseling, and classroom guidance activities, but they also serve as consultants and coordinators; team leaders with teachers, administrators, and other school personnel; collaborators with families and the larger community; and leaders in violence prevention, crisis intervention, and advocacy (Nassar-McMillan et al., 2009). Balancing these roles, as well as incorporating them into their professional identity can be a challenge, particularly for new professionals. The counselor identity process for school counselors begins as a self-identified professional and works towards integrating skills and professional attitudes while perceiving themselves as a part of the counseling community (Gibson et al., 2012). The struggle of uniting the professional identity of counselor with the roles that school counselors are consistently called on to play may significantly impact how school counselors define themselves. This struggle is due in part to the lack of understanding that the majority of educational administrators and classroom teachers have regarding the counselors' preparatory programs and services that school counselors are qualified to provide (Johnson, 2000). This issue has been addressed directly by Young and Lambie (2007) who suggested that school counselors should work actively and collaboratively within the hierarchy of the school system to reduce role ambiguity as early as possible.

Culbreth, Scarborough, Banks-Johnson, and Soloman (2005) investigated the impact of role conflict, role incongruence, and role ambiguity on the role stress of school

counselors at the elementary, middle, and high school levels using the Role Questionnaire (Rizzo, House, & Lirtzman, 1970). The researchers found that school counselors at the high school level had higher levels of role conflict and incongruence than those at the elementary school level. However, there were still issues of role conflict, incongruence, and ambiguity among all school counseling levels. The single significant factor related to lower role stress was the perceived match between the initial expectations of the job and the actual experiences as a school counselor throughout all levels. This study added to the current research regarding program type and professional identity development as it infers that the school counselor's expectation of what they experience on the job versus what they actually experience has an impact on their experience of role ambiguity and stress as practicing school counselors.

Wilkerson (2009) examined the impact of role ambiguity on counselor burnout by exploring a random sample of 198 professional school counselors. The measures for this study included the Role Questionnaire (Rizzo et al. 1970), the Counselor Occupational Stress Inventory (Gray, 1982), the Coping Inventory for Stressful Situations (Endler & Parker, 1999), and the Maslach Burnout Inventory-Educators Survey (Maslach, Jackson, & Leiter, 1996). The results indicated that school counselors reported higher levels of emotional exhaustion the more years they were in the field. Researchers also found that role incongruity also had a significant impact on emotional exhaustion, as well as an impact on higher sense of personal accomplishment. According to Wilkerson (2009) this may reflect that those who experience high levels of role incongruity appreciate minimal professional achievements as they attempt to align their job with their expectations. This study added to the knowledge of program type and professional identity by illuminating

the potentially harmful impact of role incongruity associated with professional school counselors.

Clinical mental health counseling. Clinical mental health counselors also struggle with professional identity as they must maintain a holistic, interpersonal method of practice when working with clients (Hansen, 2003; McLaughlin & Boettcher, 2009). This philosophy can lead to identity confusion for these counselors if they are steered toward a medical model of diagnosis. Hansen identified that a key component for this discrepancy is the need to diagnose clients. The 2009 CACREP standards stated the importance of diagnosis for mental health counselors, although previous editions did not include this information (CACREP, 2009). Examining clients through the lens of a medical model of diagnosis may put a substantial strain on clinical mental health counselors' identity, which includes respect for the client, a focus on developmental wellness, and the view of counseling as an educational and empowering process (McLaughlin & Boettcher, 2009). When students are presented with the use of diagnosis, they may be concerned about the credibility of contradictory beliefs of diagnosing with the humanistic theories they are taught in their programs (Hansen, 2003; McLaughlin & Boettcher, 2009).

In an early quantitative study (Vacc, Loesch, & Guilbert, 1997), the researchers attempted to answer the question of the role of the clinical mental health counselor. Of the 736 participants, 17% worked in community mental health centers, 63% worked in private practice, and 18% worked in other settings, such as hospitals or college counseling centers. The participants in this study were all counselors who were certified by the National Academy of Certified Clinical Mental Health Counselors. A survey was sent to each of the identified participants that included the 18 categories of diagnosis in

the Diagnostic and Statistical Manual of Mental Disorders III-R, and participants were instructed to identify the percentage of clients they worked with in the previous year for each category. Of these responses, only 5% of their clients were not assigned diagnoses. Of the remaining diagnoses, 6% of the clients that the counselors interacted with were considered severe mental disorders by the researchers (Vacc et al., 1997). The majority of diagnoses the participants reported were either depression or anxiety related. This study added to the body of literature by providing an early framework for the variety of individuals that a clinical mental health counselor works with, as well as suggesting that the majority of counselors in this study provided a diagnosis for their client long before it was required by the CACREP standards for training.

In a more recent study, Falvey (2001) compared how mental health professionals conceptualize cases and treatment planning in a clinical mental health setting. Of the 168 participants, 60 were clinical mental health counselors, 49 were psychologists, and 59 were social workers. All participants were actively practicing on the East Coast, in either agency work or private practice. The researcher compared the clinical judgment of each group of participants using Clinical Treatment Planning Simulations. These were presented as case examples in the form of sealed reports. Individual scores were given for both Case Conceptualization (CC) and Treatment Planning (TP). Two raters independently coded the responses, and a computer program scored the responses to establish both a CC and a TP score for each case. The researcher found that, overall, clinical mental health counselors scored higher in both case conceptualization and treatment planning. However, it is interesting to note that while the majority of participants in this study were clinical mental health counselors, a humanistic theoretical

viewpoint was not the majority. Instead, the researchers found that the primary orientations were psychodynamic and cognitive-behavior. This study added to the literature by providing an example of the type of work that those in the clinical mental health track will be participating in and suggested that the environment impacts their professional identity development.

Summary

While trained in similar programs, school counselors and clinical mental health counselors are required to fulfill their roles in settings that require similar, yet different, proficiencies. In spite of the call for unity, many find it easier to define their identity first by their track or specialization. The literature on the roles a counselor must fulfill in different tracks has grown in recent years (Culbreth et al. 2005; Falvey, 2001; Gibson et al., 2012; Hansen, 2003; McLaughlin & Boettcher, 2009; Vacc et al., 1997; Wilkerson, 2009). However, no studies were found comparing individual program track (school or clinical mental health counseling) that CITs must choose during their training programs with professional identity development (counseling philosophy, beliefs about the counseling profession, and professional engagement). The current study attempted to fill this gap by investigating the influence of CITs program track on their professional identity development.

Clinical Experience

A key component to the master's degree preparation program, regardless of instructional delivery method or chosen specialization, is the completion of the clinical field experience requirement. This is a significant point in many CITs' development, as it is the first time they are putting their clinical skills to the test in real world situations. In

one study by Nelson and Jackson (2003), students reported a process during which the field experiences assisted them in changing initial anxiety to excitement about a new identity as a professional counselor. One participant stated that while the discussion in the classroom helped to prepare him or her, the hands-on experience is what made the biggest impact (Nelson & Jackson, 2003). A part of the clinical experience, which was identified as crucial by Young and Lambie (2007), includes developing and enhancing social networks in the workplace.

Relationship between Clinical Experience and Professional Identity

Critical incidents during practicum or internship experiences are any positive or negative situations of significance that stimulate learning moments, realizations of their own contributions, or turning points in counselor development (Furr & Carroll, 2003; Howard et al., 2006). In the study by Howard et al., students were required to self-report these critical instances through use of a journal. In these journals, 157 critical incidents were recorded, and nearly a third of those were related to professional identity. In this case, students began to view themselves in relation to professional helping as cohesive with their own sense of self. Four content areas were covered by professional identity: personal identification with the counselor role, recognition of counseling responsibilities, thoughts about and motivations to remain in the counseling career, and understanding one's professional identity during the field experience (Howard et al., 2006). In understanding the importance of critical incidents and identifying which incidents were deemed the most critical (in this case, professional identity incidents), counselor educators could then maximize the critical incidents through course and fieldwork (Furr & Carroll, 2003; Howard et al., 2006). For instance, the manner that counselor educators

speak to the discrepancies in the idealized role of counselors, as opposed to what CITs experience as interns, could enhance their learning of what it means to be a professional counselor (Culbreth et al., 2005). The interactions that CITs have with those in the field may also have a significant impact on their professional development. These experiences may also provide CITs a more realistic reference for the counselor experience, which may in turn further CITs' professional development (Prosek & Hurt, 2014).

Summary

The clinical experiences of CITs can influence their professional identity development by engaging in the lived counselor experience (Culbreth et al., 2005; Furr & Carroll, 2003; Howard et al., 2006; Prosek & Hurt, 2014). The available research indicated that when counselor educators purposefully engage in open conversations about the lived experience in clinical experiences, as opposed to the ideal experiences, they can influence the professional identity development for students at the master's level. However, no studies were found examining CITs clinical experience with professional identity development (counseling philosophy, beliefs about the counseling profession, and professional engagement). The current study attempted to fill this gap by exploring the influence of CITs clinical experience on their professional identity development.

<div align="center">Supervisory Relationship</div>

As a part of their clinical experience, CITs have regular access to a number of supervisors, which is a critical element to their development as counselors (Fernando & Hulse-Killacky, 2005). Previous research into supervision has focused on how the supervisory working alliance has impacted the supervisee in their work with clients (Gnilka et al., 2012). However, supervision is not only a way to protect client safety and

monitor CITs skill development, it is also an element of the socialization process of CITs into the counseling field, as well as other types of expert-novice interaction (Gordon & Luke, 2015). Young and Lambie (2007) found that supervisors of CITs need to consider the areas where CITs need to grow, in addition to the immediate issues of client care. It is through the use of supervisory experiences that CITs have the opportunity to recognize professional characteristics that might influence their own growth and professional identity (Efstation et al., 1990; Fernando & Hulse-Killacky, 2005; Gnilka et al., 2012).

Relationship between Supervisory Relationship and Professional Identity

There have been a number of studies over the years examining the counseling supervisory relationship, and a recent trend in the research relates to how the supervisory relationship impacts professional identity (Brott, 2006; Culbreth et al., 2005; Howard et al., 2006; Mascari & Webber, 2013; Young & Lambie, 2007). In the previously stated study by Howard et al. (2006), critical incidents played a significant role in the CITs development. Of these critical incidences, just over 10% were supervision related. These interactions during supervision sessions (or stemming from interpersonal dynamics between the CITs and their supervisors) marked critical moments in these first-time supervisees' thoughts and feelings about their counseling work and their relationships with supervising professionals (Howard et al., 2006). This study added to the literature by exploring how the supervisory relationship is related to counselor professional identity.

Fernando and Hulse-Killacky (2005) examined the relationship between the style of the supervisors and the perceived self-efficacy of CITs. In this study, 82 CITs from CACREP accredited counseling programs in Florida, Iowa, Louisiana, North Carolina, New Jersey, and Pennsylvania were surveyed. Each participant was enrolled an

internship course and received weekly individual supervision. The survey used the Supervisory Styles Inventory (Friedlander & Ward, 1984), the Supervisory Satisfaction Questionnaire (Ladany, Hill, Corbett, & Nutt, 1996), and the Counseling Self-Estimate Inventory (Larson, 1990; Larson et al., 1992). The styles of supervision were attractive, interpersonally sensitive, and task-oriented. The results indicated that a supervisor's style was somewhat related to both the satisfaction of the supervisee with supervision and the self-efficacy of CITs. The satisfaction with supervision was stronger with both the supervisor attractive style and the task-orientation style. While satisfaction with supervision across all variables was more significant than perceived self-efficacy, there was also a significant relationship between lower self-efficacy and the supervisor attractive style. This study added to the literature by exploring how a supervisor's interaction with their supervisee can impact their working relationship as well as the supervisee's belief in their abilities. The satisfaction with supervisor is an important part of the clinical experience of CITs, which may impact their professional identity development.

Gnilka, Chang, and Dew (2012) examined the relationship of perceived stress, coping, and the working alliance, and the supervisory working alliance. The participants of this study were 232 CITs enrolled in either practicum or internship. An online survey link was distributed to students that included the Working Alliance Inventory-Short Form (Tracey & Kokotovic, 1989), the Supervisory Working Alliance-Trainee Version (Efstation et al., 1990), the Perceived Stress Scale (Cohen, Karmack, & Mermelstein, 1983) and the Coping Resources Inventory-Short Form (Curlette & Matheny, 2010). The researchers found that supervisee stress both in and outside of the counselor role had a

significant negative relationship on both the working alliance with their clients and the supervisory working alliance. However, demonstrated coping skills had a positive relationship on both the working alliance and the supervisory working alliance. One coping skill of significance in relation to the supervisory working alliance was situational control. This coping skill indicates that the more ownership the supervisee felt about the process of supervision (such as discussing the way they like to receive feedback), the higher the alliance with their supervisor. This added to the research by suggesting that CITs' interaction with their supervisors can be influenced by outside stressors; therefore, it is important for supervisors to allow CITs the option of more control in supervision to assist with their growth as counselors. While knowledge regarding the influences on CITs interactions with their supervisors is beneficial, more knowledge is needed to understand the impact of the supervisory working alliance on CITs professional identity development.

Summary

This section reviewed the literature about the importance of supervision as a critical incident, how the type of supervisor impacts satisfaction with supervision and confidence in overall counseling abilities, and the impact of stress and coping on the supervisory relationship. There has been an increase of literature on supervision and CITs in recent years. However, no studies were found comparing the supervisory relationships CITs have during their clinical experiences with professional identity development (counseling philosophy, beliefs about the counseling profession, and professional engagement). The current study attempted to fill this gap by examining the influence of CITs' supervisory relationship on their professional identity development.

Summary and Conclusions

This review of the literature provided a comprehensive examination of the research related to counselor professional identity development. The conversation regarding the definition of counselor professional identity had been spotlighted in the recent years, as the profession has continued to grow and establish itself as unique in the helping professions world. Professional identity development for CITs can be influenced by a number of factors. The literature about professional identity development, and the factors that can influence it, has grown in recent years. These factors begin in the training programs; however, few studies attempted to examine the relationship between factors in the training programs and professional identity. The constructs that comprise professional development (counseling philosophy, beliefs about the counseling profession, and professional engagement) were discussed earlier in this chapter. The current study attempted to fill the gap in the literature by investigation the relationship between factors that influence CITs during their training program (program track, clinical experience, and supervisory relationship) with their professional identity development.

CHAPTER III: METHODOLOGY

Introduction

The purpose of this study was to explore the relationships between professional identity (counseling philosophy, beliefs about the profession, and professional engagement) and program track, clinical experience, and supervisory relationship. The following sections of this chapter describe the participants, data collection procedures, instrumentation, research design, and data analysis procedures that will be used in this study.

Description of Participants

Counselors-in-training (CITs) in training programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2015) who either have a school or clinical mental health track were invited to participate in this study. The researcher used a convenience sampling method to survey programs that are both in the state of North Carolina and outside the state. All students who receive the survey were eligible for the study. According to A.Priori sample size calculation, the minimum number of participants for a medium effect size is 119.

Data Collection Procedures

The researcher developed the demographic section of the survey independently. In order to establish content validity for these items, a talk-aloud was conducted with two

individuals who did not have previous knowledge of the survey or research topic. Examples of the talk-aloud informed consent and instructions are available under Appendices B-C.

After receiving approval from the University of North Carolina at Charlotte's Institutional Review Board (IRB), a convenience sampling method was used to select programs appropriate for this study. Training programs were deliberately selected based upon whether or not they are CACREP-accredited. The researcher distributed the survey both in person and online. The overall data for the study was a combination of both the online and paper and pencil survey responses.

For the online participants, the researcher contacted the program chair or representative of the counseling graduate program to request permission for conducting the study (see Appendices D-E), including a link via email for the director/representative to distribute to their students. To increase participant response rate, each participant had the option to enter their email address into a random drawing to receive one of two $25 gift cards to Amazon.com. The research took place during the spring and summer semesters of 2016 and the survey was administered via the online survey software and questionnaire tool, SurveyShare. An informed consent form (see Appendix F) was given before the assessment, outlining the purpose, risks, benefits, and study criteria. It also stated that participation was voluntary and anonymous. After indicating their consent, participants were directed to the survey (see Appendix K) section of the website.

For in-person participants, the researcher contacted various courses at counseling programs within reasonable driving distance. Upon receiving permission from the course instructors, the researcher then distributed paper and pencil surveys to counseling classes

in person. The researcher first distributed the informed consent form (see Appendix F) and reviewed the purpose, risks, benefits, and study criteria. Students who participated in the paper and pencil survey also had the option to enter the random drawing and were given a separate sheet of paper with the link directing them where to enter their email addresses. The researcher then distributed the surveys (see Appendix K).

While participants took complete assessments shown in Appendix K, only the first 77 survey items were used in the data analysis. As a result, participants responded to three additional items in the Knowledge scale. This was done to gain additional knowledge about CITs and to replicate Puglia's (2008) original study.

Instrumentation

The four instruments that were used (see Appendices F-I) were uploaded via SurveyShare as one complete survey. The creators of each original instrument granted the researcher permission to use their instrument and develop an electronic version: a copy of Puglia's (2008) Professional Identity and Engagement Scale (see Appendix F), a copy of Gray's (2000) Counselor Profession Scale (see Appendix G), the Supervisor Working Alliance Inventory – Trainee Version (see Appendix H), and the Demographics Survey, developed by the researcher (see Appendix I). The following section includes a description of each of these instruments.

Professional Identity and Engagement Scale (PIES)

The PIES (Puglia, 2008) measures CITs professional identity and includes scales related to counseling philosophy and level of professional engagement. Counseling philosophy refers to the viewpoint that a counselor has about serving their clients. Professional engagement is identified by the expected and desired behaviors of

professional counselors, including conference attendance, advocacy, and leadership (Puglia, 2008). The researcher examined the internal consistency of the PIES with the present study.

Counseling philosophy. This component of professional identity is the humanistic viewpoint from which counselors practice. The first section of PIES measures counseling philosophy and is comprised of 18 items that reflect the four dimensions of counseling philosophy: wellness (e.g., "Addressing the mind-body-spirit connection is preferable in counseling"), development (e.g., "Client issues can be viewed as natural phases of change across the lifespan"), prevention (e.g., "A counselor's role is to educate clients about dealing with future life stressors"), and empowerment (e.g., "A goal of counseling is for clients to develop their ability to make their own choices"). Each item is a 5-point Likert-type scale (1 = strongly disagree, 5 = strongly agree). Items 2, 4, 5, 6, 9, 15, 17, and 18 are reversed scored. Scores can range from 18 to 90, with higher scores indicating higher levels of agreement with the counseling philosophy. For the purposes of this study, a total score from the first section was used to describe participants' agreement with counseling philosophy. This portion of the survey took participants approximately three minutes to complete.

To establish validity, a panel was established to rate each item on its agreement with the four components of counseling philosophy (0 = Not at all, 7 = Totally) for construct validity. The participants identified as experts were Caucasian male counselor educators who had published on the subject of professional identity in peer-reviewed journals. After incorporating feedback from this panel review, a second panel was created to establish content validity by creating reverse-scored items. This panel of reviewers

consisted of three male counselor educators with over 20 years of experience in the field who had published on the subject of professional identity. The feedback resulted in the final 18 items present on the survey (Puglia, 2008). In the initial study of the PIES, internal consistency of counseling philosophy was reported for the instrument. This study involved 1011 participants from CACREP accredited programs across the United States. Of these programs, 73.9% only offered master's level coursework, while the remaining 27.1% offered both master's and doctoral level coursework. The Cronbach's alpha estimate of internal consistency for counseling philosophy was .65 (Puglia, 2008).

Professional engagement. This scale of PIES consists of 16 items designed to measure level of professional engagement through behaviors related to professionalism, such as participation in organizations, research, advocacy, and conference activities. Each item is rated as low level (3 points), mid-level (10 points), and high level (20 points). The exception to these rankings is the membership in professional organizations, where participants were assigned 1 point for one membership, 3 points for two memberships, and 6 points for three or more memberships. Additional points are also assigned for conference behaviors: local, state, regional, and national/international. The scores can range from 0 – over 200 points, with higher scores indicating higher levels of professional engagement. The scoring protocol for this section of the assessment can be found in Appendix A. For the purposes of this study, a total score from this section was used to describe participants' level of professional engagement. Participants were asked to complete 16 items, and it took about three minutes to do so.

To establish validity, this section was reviewed by the same expert panel. The reviewers were instructed to give their feedback by comments only, which the author

then incorporated on the final 16 items that are present on the PIES. In the initial study of

the PIES, internal consistency of professional engagement was reported for the

instrument. This study involved 1011 participants from CACREP accredited programs

across the United States. Of these programs, 73.9% only offered master's level

coursework, while the remaining 27.1% offered both master's and Doctoral level

coursework. The Cronbach's alpha estimate of internal consistency for professional

engagement was .56 (Puglia, 2008).

Counselor Profession Scale (CPS)

Beliefs about the profession were measured using the CPS (Gray, 2000). This

instrument was developed to measure the degree to which individuals believe counselors

should have strong professional identities. The CPS is comprised of 14 items, which

reflect the principles of action and disposition that demonstrate a commitment to

professional identity (Gray, 2000). All items are measured on a 5-point Likert-type scale

(1 = strongly disagree, 5 = strongly agree). To reduce response bias, items 2, 5, 7, 10, 12,

and 13 are negatively worded and therefore reverse scored. For the purposes of this study,

the total score from the CPS was used to reflect the participants' beliefs about the

profession. This portion of the survey took participants approximately three minutes to

complete.

To establish validity, the CPS was first expertly reviewed by five counselors in

the field. Two of these reviewers were executive directors of professional credentialing

agencies, two served previously as presidents of the American Counseling Association

(ACA), and three were also professional counselor educators. A pilot study was also

conducted to assess test-retest reliability. The Pearson product moment correlation was

found to be high between the two administrations, with r = .81. A second pilot study was

done at the same time to establish readability, where the instruments and procedures were

deemed appropriate (Gray & Remley, 2000). In the initial study of the PIES, internal

consistency of beliefs about the profession was reported for the instrument. This study

involved 1011 participants from CACREP accredited programs across the United States.

Of these programs, 73.9% only offered master's level coursework, while the remaining

27.1% offered both master's and Doctoral level coursework. The Cronbach's alpha

estimate of internal consistency for beliefs about the counseling profession was .56

(Puglia, 2008).

Supervisor Working Alliance Inventory – Trainee Version (SWAI-T)

The SWAI-T (Efstation, Patton & Kardash, 1990) was used to assess the

participants' level of working alliance with their supervisor. This instrument is comprised

of 19 items, is ranked on a 7-point Likert-type scale (1 = almost never, 7 = almost

always) and is comprised of two subscales, rapport and client focus, derived from factor

analysis. The total score from this measure was used to describe participants' working

alliance with their supervisor. The scores can range from 19 to 133. Higher scores

indicate a stronger working alliance with the supervisor. This portion of the survey took

participants approximately three minutes to complete.

Demographics Survey

The Demographics Survey (see Appendix J) was created to assess the

respondents' demographic information both for descriptive statistics and some of the

independent variables. The survey contains eight questions for descriptive statistics,

which ask participants their age, gender, race, previous degree, current university,

enrollment status, and supervisor information. Participant responses to two of the questions are the independent variables: program track and clinical experience. This portion of the survey wook participants approximately two minutes to complete.

Knowledge Sources. This section of PIES (Puglia, 2008) was used to describe the sample. This section collects information regarding the way CITs gained information regarding the counseling philosophy as well as counseling licensure and credentialing and counseling professional institutions. The knowledge sources section is comprised of three items and took students approximately one minute to complete.

Research Design

In this study, a hierarchical multiple regression analysis was used to examine the relationship between the dependent variables of professional identity (counseling philosophy, beliefs about the profession, and professional engagement) and three independent variables: program track, clinical experience, and supervisory relationship. The program track was entered into the regression model first because it was predicted to have the greatest impact on professional identity. The second variable entered was clinical experience as it is where a CIT begins to practice the skills learned in class in a setting related to their program track. The final variable entered into the regression equation was supervisory relationship, as this can be one of the final instructional interactions a CIT has at their clinical site before program completion.

Research Questions

The research questions for this study are:

1. How do program track, clinical experience, and supervisory relationship relate to counseling philosophy?

a. Is program track associated with agreement with counseling philosophy?

b. After controlling for program track, is clinical experience associated with agreement with counseling philosophy?

c. After controlling for program track and clinical experience, is supervisory relationship associated with agreement with counseling philosophy?

2. How do program track, clinical experience, and supervisory relationship relate to beliefs about the profession?

a. Is program track associated with level of beliefs about the profession?

b. After controlling for program track, is clinical experience associated with level of beliefs about the profession?

c. After controlling for program track and clinical experience, is supervisory relationship associated with level of beliefs about the profession?

3. How do program track, clinical experience and supervisory relationship relate to professional engagement?

a. Is program track associated with level of professional engagement?

b. After controlling for program track, is clinical experience associated with level of professional engagement?

c. After controlling for program track and clinical experience, is supervisory relationship associated with level of professional engagement?

Data Analysis

The data was collected from SurveyShare and entered into the data analysis software. The Statistical Package for the Social Sciences (SPSS, 2012) was used to screen data, provide descriptive statistics, and conduct the hierarchical multiple

regression analysis. As the data was collected in a two different formats, the researcher also was testing for any variance between the online survey and the paper and pencil survey responses.

Screening Data

Relevant to all multivariate statistics, the data was screened prior to analyses to verify that all statistical assumptions are addressed. Data was evaluated for accuracy of data entry, outliers, missing data, and normality of distribution, as well as other assumptions specific to multiple regression (e.g. homoscedasticity, linearity; Tabachnick & Fidell, 2013).

Descriptive Statistics

Descriptive statistics were used to describe the participants in the study: age, gender, race, previous degree, current university, type of program, enrollment status, concentration area, clinical experience, supervisor information, and knowledge sources.

Hierarchical Multiple Regression Analysis

A hierarchical multiple regression analysis was used to analyze the data collected in this study. The first variable that was entered was the program track, followed by clinical experience, and supervisory relationship as the final variable entered. The amount of variance accounted for by each variable will be reported, in addition to the overall variance accounted for by the set of independent variables.

Summary

The purpose of this chapter was to outline the methodology that was utilized in the proposed study of professional identity and factors that may influence CITs. The previous sections detail the description of participants, data collection procedures,

instrumentation, research design, research questions, and data analysis for use in this

study.

CHAPTER IV: RESULTS

The purpose of this research study was to examine the relationship between program track, clinical experience, and supervisory relationship and professional development (counseling philosophy, beliefs about the profession, and professional engagement). The research questions were:

1. How do program track, clinical experience, and supervisory relationship relate to counseling philosophy?

   a. Is program track associated with agreement with counseling philosophy?

   b. After controlling for program track, is clinical experience associated with agreement with counseling philosophy?

   c. After controlling for program track and clinical experience, is supervisory relationship associated with agreement with counseling philosophy?

2. How do program track, clinical experience, and supervisory relationship relate to beliefs about the profession?

   a. Is program track associated with level of beliefs about the profession?

   b. After controlling for program track, is clinical experience associated with level of beliefs about the profession?

   c. After controlling for program track and clinical experience, is supervisory relationship associated with level of beliefs about the profession?

3. How do program track, clinical experience and supervisory relationship relate to professional engagement?

    a. Is program track associated with level of professional engagement?

    b. After controlling for program track, is clinical experience associated with level of professional engagement?

    c. After controlling for program track and clinical experience, is supervisory relationship associated with level of professional engagement?

This chapter presents the results of this study. The first section is a description of the participants. The second section is a review of information regarding instrument reliabilities. The third section is a presentation of the data screening information, followed by a description of the results from the statistical analyses used to examine the research question. The final section is a summary.

Description of Participants

For the first phase of participant sampling, the online link was sent to various CACREP accredited master's counseling programs. The researcher contacted the program chair or representative of the counseling graduate program to request permission for conducting the study (see Appendices D-E), including a link via email for the director/representative to distribute to their students. Given the nature of the survey distribution, it is unknown how many CITs received the survey link. Of the 114 respondents to the online survey, only 28 were considered viable survey participants.

The second phase of participant sampling was implemented due to issues with the online sampling method. In this phase, the researcher distributed a paper-and-pencil survey to CACREP accredited counseling programs within driving distance to the

researcher's home institution. These programs were identified in both North Carolina and South Carolina. All of the 72 participants that elected to take the paper-and-pencil survey were viable responses.

A total of 114 CITs responded to the online survey link. Of the 114 respondents, 86 respondents were not viable due to incomplete responses, not agreeing to the informed consent, or responding to variables out of the bounds of the survey (e.g., enrollment in a track other than school or mental health counseling). This resulted in a total of 100 viable participant responses. Given that the total number of participants invited to participate in the online survey is unknown, it is not possible to state the exact response rate for the total study.

Of those who met eligibility requirements frequencies and percentages of the demographic variables in this study are reported in Table 1. Demographic data indicated that 86% of the participants were female and 14% were male. The majority (80%) of the participants self-identified their race as Caucasian, and 14% self-identified as African American. The average of age of participants was 28.6 years. Seventy-four percent of participants were enrolled full-time in counseling programs.

Demographic information that was used as independent variables include the CITs' track and clinical experience. Thirty-six percent of participants identified their track as school counseling, and 64% identified their track as mental health counseling. In relation to their clinical experience, 19% of participants were currently enrolled in practicum, 67% were currently enrolled in internship, and 14% had completed both practicum and internship. Related to the independent variable of supervisory relationship, participants have several supervisors, so they identified which one they were using for

their response to these questions. Just over half (51%) of the participants responded about their site supervisors, 32% responded about faculty member university supervisors and 17% about their doctoral student university supervisors. Participants completed either an internet-based or a paper-based survey. Twenty-eight participants responded to the internet survey, and 72 participants responded to the paper survey.

Table 1: *Numbers and percentages of demographic variables*

Variable	Number	Percentage
Gender		
Female	86	86%
Male	14	14%
Race		
Caucasian	80	80%
African American	14	14%
Hispanic	3	3%
Biracial/Multiracial	2	2%
Other	1	1%
Bachelor's Degree Major		
Psychology	56	56%
Other Majors	44	44%
Track		
School Counseling	36	36%
Mental Health Counseling	64	64%
Clinical Experience		
Enrolled in Practicum	19	19%
Enrolled in Internship	67	67%
Completed Both	14	14%
Supervisor		
Site Supervisor	51	51%
University – Faculty	32	32%
University – Doctoral	17	17%
Survey Delivery Method		
Online	28	28%
Paper	72	72%

Reliability of Instruments

This section provides information regarding instrument reliabilities. Cronbach's alpha internal consistency measures were used to estimate the reliability of the counseling philosophy, beliefs about the profession, and professional engagement. The means, standard deviations, number of items, and alpha coefficients for the variables are shown in Table 2.

Total scores on the counseling philosophy could range from 18 to 90. Scores closer to 18 indicated lower agreement with counseling philosophy and scores closer to 90 indicate a high agreement with counseling philosophy. Reported scores ranged from 66 to 86. Participants had mean scores of 77.18 (SD = 4.14). The mean score illustrates that participants had a fairly high belief in the overall principles of counseling, meaning their view of counseling is preventative, empowering, and wellness based. The Cronbach's alpha reliability estimate for counseling philosophy section was .51 indicating an inadequate internal consistency.

Total scores professional beliefs could range from 14 to 70. Scores closer to 14 indicated a lower agreement with beliefs about the profession and scores close to 70 indicate a high agreement with beliefs about the profession. Reported scores ranged from 39 to 63. Participants had mean scores of 50.77 (SD = 4.96). The mean score illustrates that participants had a moderate level of belief that counselors should take steps to separate their professional identity from other helping professions. Cronbach's alpha reliability estimate for beliefs about the profession was .49, which indicated an inadequate internal consistency.

The total scores on engagement could range from 0 to over 200. Scores closer to zero indicated lower levels of professional engagement and scores closer to 200 indicate a higher level of professional engagement. Reported scores ranged from eight to 145 with a mean score of 52.69 (SD = 32.71). The mean score illustrates that participants were not very engaged in professional development activities. The estimate of internal reliability for engagement yielded an alpha of .65, indicating low internal consistency. Given the

low internal consistencies found for the three professional identity assessments, it is important to note that all results should be viewed with caution.

The total scores on the SWAI-T examining CITs relationship with their supervisors could range from 19 to 133. Scores closer to 19 indicated a low level of working alliance with their supervisor while scores close to 133 indicate a high level of working alliance. Participants had mean scores of 109.94 (SD = 18.34). The mean score indicates that participants had a positive professional relationship with their identified supervisor indicating that they were comfortable discussing client issues or personal awareness in session. For supervisory relationship, an alpha level of .96 was identified, which demonstrates a high internal consistency.

Table 2: *Cronbach's alpha, number of itemss, means, and standard deviations*

Instrument	Coefficient α	Items	M	SD
Philosophy	.51	18	77.18	4.14
Engagement	.65	16	52.69	32.71
Beliefs	.49	14	50.77	4.96
Supervisor Relationship	.96	19	109.94	18.34

Data Screening

The Statistical Package for the Social Sciences (SPSS) was used to analyze the data. Prior to running the analysis, all variables were examined for outliers, missing data, normality, linearity, homoscedasticity of residuals, and collinearity. Outliers were examined and considered to be acceptable. Therefore, the data were not transformed. Variations were found in skew levels for two variables. A symmetrically distributed skew level is -0.5 and 0.5. Kurtosis and skewness generally did not indicate major departures for normality for the predictor variables of counseling philosophy and beliefs about the

profession. The predictor variable of engagement scale indicated a moderate, positive

skew distribution of .792. The outcome variable of supervisory relationship indicated a

significant negative skew of 1.773. However, a scatterplot did not indicate areas for

concern for either of the scales with cases of extreme outliers. Scatterplots also did not

indicate major problems concerning the value of the other predictor variables.

Table 3: *Skewness and kurtosis values*

Variable	*Skewness*	*Kurtosis*
Philosophy	-.194	-.297
Engagement	.792	.019
Beliefs	-.002	-.108
Supervisor Relationship	-1.773	5.386

An analysis of the data was also performed to examine the difference between the

two delivery methods. The analysis did not indicate any major differences in overall

scores based upon whether the participant took the online- or the paper-based survey.

Details are reported in Table 4.

Table 4: *Delivery methods, means, and standard deviations of measures*

Delivery Method	*Participants*	*M*	*SD*
Internet	28		
Philosophy		76.68	4.22
Beliefs		50.96	6.16
Engagement		48.64	30.13
Supervisory Relationship		108.89	22.78
Paper	72		
Philosophy		77.34	4.11
Beliefs		50.69	4.46
Engagement		54.26	33.73
Supervisory Relationship		110.34	16.46

Pearson correlations were performed using the continuous predictor variable (supervisory relationship) and outcome variables (professional identity: counseling philosophy, beliefs about the profession, and professional engagement). The correlation matrix is displayed in Table 5.

A significant correlation was found between beliefs about the profession and professional engagement ($r = .23$, $p < .05$). This finding suggests that CITs who assert that counselors should have a strong identity separate from other helping professions are more likely to engage in professional development opportunities. In addition, there was a statistically significant correlation between counseling philosophy and one of the predictor variables, supervisory relationship ($r = .21$, $p < .05$). This relationship suggests that the higher the supervisory relationship, the higher the agreement with the counseling philosophy. Due to the low or inadequate internal consistencies of the measures, results should be considered with caution.

Table 5: *Correlation coefficient for the outcome and predictor variables*

Variable	Philosophy	Belief	Engage.	Sup. Rel.
Phil.	1	.180	.053	.209*
Beliefs	---	1	.230*	.004
Engage.	---	---	1	-.019
Sup. Rel.	---	---	---	1

Note. *. Correlation is significant at the $p < .05$ level (2-tailed).

Hierarchical Multiple Regression Analyses

A 3-step hierarchical multiple regression was conducted to examine how program track, clinical experience, and supervisory relationship relate to the professional identity of CITs (counseling philosophy, beliefs about the profession, and professional engagement). Predictor variables were ordered into the based on previous research and

theory. The ordering allowed the researcher to examine how much variance the predictor variables had over and above the previous variables entered into the equation. The first variable entered into the equation was track. This variable was binary coded, or "dummy coded," with clinical mental health counseling as the baseline. Next, the clinical experience variable was entered into the equation. This variable was present in three parts (enrolled in practicum, enrolled in internship, completed both practicum and internship) and was "dummy coded" with completed both practicum and internship as the baseline. In the third and final step, supervisor relationship (SWAI-T) was entered into the equation.

The main research question sought to examine how a CIT's track, clinical experience, and supervisory relationship relate to the factors of professional identity (counseling philosophy, beliefs about the profession, and professional engagement). These analyses are presented in Tables 6-8.

The first question examined was: How do program track, clinical experience, and supervisory relationship relate to counseling philosophy? After entering track in step one, the results indicated that variance accounted for ($R = .053$) and (adjusted $R^2 = .003$) was not significantly different from zero ($F_{(1,99)} = .28$, $p = .60$). The second step in the first question was to enter clinical experience, after controlling for track. The results indicated that variance ($R = .073$ and adjusted $R^2 = .005$). The change in variance accounted for ($\Delta R^2 = .002$), which was also not a statistically significant change in variance from step 1 ($\Delta F_{(2, 98)} = .119$), $p = .92$). The third and final step of question one was answered, after accounting for track and clinical experience by entering supervisory relationship. The results indicated that ($R = .217$) and (adjusted $R^2 = .047$). The change in variance accounted for ($\Delta R^2 = .042$) was not statistically significant in variance accounted for in step two ($\Delta F_{(2, 98)} = 4.16$), $p = .33$).

Table 6: *Hierarchical multiple regression analysis evaluating predictors of professional identity: counseling philosophy*

Models	R	R^2	ΔR^2	ΔF	df	β
Step 1:	.053	.003	.003	.277	1	
Track						-.053
Step 2:						
Clinical Experience	.073	.005	.002	.119	2	
Practicum						-.066
Internship						-.028
Step 3:	.217	.047	.042	4.16	1	
Supervisory						.205
Relationship						

Note. Betas are reported according to the step in which the variable was entered into the equation

The second question examined was: How do program track, clinical experience, and supervisory relationship relate to beliefs about the profession? After entering track in step one, the results indicated that variance accounted for ($R = .011$) and (adjusted $R^2 = .000$) was not significantly different from zero ($F_{(1, 99)} = .013$, $p = .910$). The second step in the second question was to enter clinical experience, after controlling for track. The results indicated that variance ($R = .143$) and (adjusted $R^2 = .020$). The change in variance accounted for ($\Delta R^2 = .020$), which was also not a statistically significant change in variance from step 1 ($\Delta F_{(2, 98)} = .994$), $p = .574$). The third and final step of question two was answered, after accounting for track and clinical experience, by entering supervisory relationship. The results indicated that ($R = .143$) and (adjusted $R^2 = .020$). The change in variance accounted for ($\Delta R^2 = .020$) was not statistically significant in variance accounted for in step two ($\Delta F_{(1, 99)} = .001$), $p = .739$).

Table 7: *Hierarchical multiple regression analysis evaluating predictors of professional identity: beliefs about the profession*

Models	R	R^2	ΔR^2	ΔF	df	β
Step 1:	.011	.000	.000	.013	1	
Track						-.011
Step 2:						
Clinical Experience	.143	.020	.020	.994	2	
Practicum						-.203
Internship						-.141
Step 3:	.143	.020	020	.001	1	
Supervisory						-.003
Relationship						

Note. Betas are reported according to the step in which the variable was entered into the equation

The third question examined was: How do program track, clinical experience, and supervisory relationship relate to professional engagement? After entering track in step one, the results indicated that variance accounted for ($R = .106$) and (adjusted $R^2 = .011$) was not significantly different from zero ($F_{(1, 99)} = 1.104$, $p = .296$). The second step in the third question was to enter clinical experience, after controlling for track. The results indicated that variance ($R = .238$) and (adjusted $R^2 = .057$). The change in variance accounted for ($\Delta R^2 = .046$), which was also not a statistically significant change in variance from step 1 ($\Delta F_{(2, 98)} = 2.235$), $p = .130$). The third and final step of question three was answered, after accounting for track and clinical experience, by entering supervisory relationship. The results indicated that ($R = .241$) and (adjusted $R^2 = .058$). The change in variance accounted for ($\Delta R^2 = .001$) was not statistically significant in variance accounted for in step two ($\Delta F_{(1, 99)} = .125$), $p = .219$).

Table 8: *Hierarchical multiple regression analysis evaluating predictors of professional identity: professional engagement*

Models	R	R^2	ΔR^2	ΔF	df	β
Step 1:	.106	.011	.011	1.104	1	
Track						-.106
Step 2:						
Clinical Experience	.238	.057	.046	2.235	2	
Practicum						-.296
Internship						-.153
Step 3:	.241	.058	.001	.125	1	
Supervisory						-.035
Relationship						

Note. Betas are reported according to the step in which the variable was entered into the equation

Summary

The purpose of this research study was to examine how CITs' program track, clinical experience, and supervisory relationship was related to professional identity (counseling philosophy, beliefs about the profession, and professional engagement). Demographic data, instrument reliabilities, data screening information, and a 3-step hierarchical multiple regression for each factor of professional identity were included in this chapter.

The analysis of the demographic data indicated that of the 100 participants, the majority were female, White, and enrolled in their counseling program full-time\. Most of the participants were in a clinical mental health track, enrolled in internship, and answered questions related to the supervisory relationship about their site supervisors.

The analysis also indicated that the internal reliability for the outcome measures were low. The Cronbach's alpha for counseling philosophy was .51, .49 for beliefs about the profession, and .65 for professional engagement. However, the final measure was the

supervisory relationship between the CIT and their supervisor which had an alpha

coefficient of .96, indicating a high estimate of internal consistency.

Three hierarchical multiple regressions were conducted to analyze how the

predictor variables (program track, clinical experience, and supervisor relationship) were

related to counseling philosophy, beliefs about the profession, and professional

engagement. The results were that none of the models yielded statistical significance.

CHAPTER V: DISCUSSION

This research study examined how program track, clinical experience, and supervisory relationship of counselors-in-training (CITs) was related to their professional identity (counseling philosophy, beliefs about the profession, and professional engagement). The sections of this chapter include the overview, discussion of results, contributions of the study, limitations of the study, implications of the findings, conclusions of this study, recommendations for future research, and concluding remarks.

Overview

As the counseling profession continues to grow into its own identity (Kaplan & Gladding, 2011; King & Stretch, 2013), counselors also begin to develop their professional identity during their training programs. A strong professional identity is necessary to both prevent counselor burnout and role confusion, which could harm client and counselor (Wilkerson, 2009; Young & Lambie, 2007). Professional identity has been a focus of extensive research (Emerson, 2010; Gray, 2001; Healey, 2009; Kaplan & Gladding, 2011; LaFleur, 2007; Moore-Pruitt, 1994; Puglia, 2008; Woo, 2013); however, additional research is necessary for counselor educators to gain awareness of the factors that impact the professional identity of CITs in their training programs (Moss, Gibson, & Dollarhide, 2014).

The origin of professional identity of CITs has become an essential narrative in the counseling profession. Puglia's (2008) research identified three elements that comprise professional identity: counseling philosophy, beliefs about the profession, and professional engagement. What is not known are the factors that impacted CITs' professional identity.

To address this need, this research examined how program track, experience, and supervisory relationship were related to professional identity. During the CITs' training program at the master's level, many students are faced with choices and experiences that could impact their development. Their first choice of impact is where they choose to focus the topic of their training: program track. The two most common tracks for today's CITs are clinical mental health and school counseling. These tracks account for over 80% of the current CACREP accredited programs in the United States (CACREP, 2015). The next experience with the potential to impact their professional identity is the clinical experience. This is the time where students are placed at a site that corresponds with their chosen track, and they must present themselves as a counselor for the first time. The final experience that may impact CITs is that of the supervisory relationship. The relationships are formed during clinical experiences and can take the form of the site supervisors or university supervisors. These individuals assist CITs through their clinical experience by potentially encouraging or challenging their identity as a counselor. While there has been existing literature examining the professional identity of CITs (Emerson, 2010; Gray, 2000; Healey, 2009; LaFleur, 2007; Moore-Pruitt, 1994; Prosek & Hurt, 2014; Puglia, 2008; Woo, 2013), this research study aimed to add empirical research regarding the impact of factors on CITs professional identity development.

The sample consisted of approximately 975 CITs at various CACREP accredited institutions across North Carolina and other areas of the country. A total of 186 responses were collected. After eliminating responses that were incomplete or did not meet the inclusion criteria, a 100 participants were included in the study. The participants completed a demographic survey, the Professional Identity and Engagement Scale, the Counselor Profession Scale, and the Supervisor Working Alliance Inventory – Trainee Version.

Discussion of Results

Discussion of Demographic Data

A review of the demographic data indicated a lack of diversity regarding the CITs. There was a lack of variability in the sample as the majority of participants were Caucasian (80%) and female (86%). The lack of representation of male students and diverse populations are similar to other studies' findings (Prosek & Hurt, 2014; Puglia, 2008; Woo, 2013), and these findings are consistent with the demographics of students who choose to pursue a career in counseling.

The demographic data related to the predictor variables included the CITs' program track, clinical experience, and supervisor. The majority of participants (64%) reported their track as clinical mental health counseling. This may indicate that more students overall are interested in pursuing careers in clinical mental health counseling than school counseling. This finding is consistent with other recent studies where clinical mental health counseling tends to be the most reported track (Furr & Carroll, 2003; Nelson & Jackson, 2003; Prosek & Hurt, 2014). Most students (67%) indicated that they were currently enrolled in internship at the time of data collection. This may be in part to

the time of year when students were surveyed, as many students involved in clinical experiences over the summer tend to be involved in internship rather than practicum. When asked to identify the supervisor that they answered the supervisory relationship questions about, 51% of participants identified their site supervisor. This finding may indicate that CITs identify their site supervisor as their first "true" supervisor experience in the field rather than in their academic programs. This result suggests that they might identify their university supervisor as more of a teacher given the dual role of supervisor-professor.

The majority of research regarding the supervisory relationship did not ask participants to identify their supervisor; instead, the studies examined either a pre-identified university supervisor or site supervisor (Howard et al., 2006; Fernando & Hulse-Killacky, 2005). It is interesting to note that in one study examining the self-efficacy of supervisees, the majority of participants identified their university instructor as their primary supervisor (Gnilka et al., 2012). This study adds to the existing literature by offering a new perspective on the identified supervisor when measuring the supervisory relationship.

Discussion of Correlations

The results indicated a low internal consistency for the measures. Counseling philosophy yielded a Cronbach's alpha of .51, beliefs about the profession yielded an alpha of .49, and professional engagement yielded an alpha of .65. These measurements are consistent with the previous research by Puglia (2008) and Gray (2001). The original studies yielded alpha levels of .65, .56, and .56 respectively (Puglia, 2008). This suggests that these particular measures of professional identity require additional research and

adjustment. In addition, they suggest that the results of any statistical testing need to be regarded with great caution.

A statistically significant correlation was present between beliefs about the profession and professional engagement. These two predictor variables indicate that CITs who have a strong belief that counselors should have a strong identity separate from other helping professions (social workers, psychologists) also engage in more professional development activities and behaviors. This finding may suggest that CITs who have a strong belief in the counselor identity want to surround themselves with like-minded individuals who also have a strong commitment to the profession. This finding is consistent with previous research that found belonging to professional counseling societies (beliefs about the profession) and participating in that organization's activities (professional engagement) are related to professional identity development (Puglia, 2008; Young & Lambie, 2007).

Another significant correlation was present between supervisory relationship and counseling philosophy. The relationship suggests that the better the supervisory relationship with the supervisor, the more likely CITs are to agree with overall counseling philosophy. Like previous research, this finding indicates that the supervisory relationship is related to the CITs professional identity (Culbreth et al., 2005; & Howard et al., 2006). One study found that supervision was related to the role stress of elementary and middle school counselors (Culbreth et al., 2005). This study indicated that supervision not only provided support for the school counselors, but also improved the accomplishment of tasks specific to school counselors, such as developing relationships with clients and conducting individual/group counseling activities. While the current

study focuses on CITs and not practicing counselors, the suggestion of a relationship between supervisory relationship and counseling philosophy is consistent with this previous study. Another study found that critical incidents in both supervisory relationship and counseling philosophy occurred during CITs first clinical experiences (Howard et al., 2006). While the current study found a relationship between the two, it is consistent with the previous research that found different types of critical incidents were important in the professional identity of CITs during their first clinical experience. Again, it is important to note that this relationship, while significant, was low and yielded from an unreliable measure; therefore, this finding is presented cautiously.

Hierarchical Multiple Regression Analysis

A 3-step hierarchical regression analysis was used to determine how the predictor variables of track, experience, and supervisory relationship were related to each component of professional identity (counseling philosophy, beliefs about the profession, and professional engagement). The results of each question are discussed in this section.

Discussion of Counseling Philosophy

Counseling philosophy focused on what participants believed were the foundational constructs of counseling, identified as developmental, holistic, preventative, and wellness-oriented (Hansen, 2003; Puglia, 2008; & Swickert, 1997). Two qualitative examinations into counseling philosophy found that the majority of practicing counselors rejected the medical model of psychology (Hansen, 2003) and focused on the holistic and wellness model (Swickert, 1997). One quantitative study related to counseling philosophy examined the number of critical incidents that CITs had in their first clinical experience (Howard et al., 2006). In this study, counseling philosophy was identified as an outcome

variable of critical incidents rather than a predictor variable of professional identity overall as identified in the present study.

While the regression indicated that program track, experience, or supervisory relationship were not significantly related to counseling philosophy, the study contributes to the literature by providing empirical data that assessed constructs that had previously not been examined relative to the counseling philosophy dimension of professional identity in CITs.

Discussion of Beliefs about the Profession

Previous research regarding the beliefs about the profession did not investigate the individual factors that impact these beliefs. The majority of research identified has been theoretical in nature (Myers et al., 2002; & Remley & Herlihy, 2014). While these studies provided a solid foundation for the idea that a stronger professional identity exists if the counselor has pride and satisfaction in their field, the present study fills a gap in the literature that examined this construct as an outcome variable in relation to program track, clinical experience, and the supervisory relationship.

While the regression also indicated that program track, clinical experience, and supervisory relationship were not significantly related to beliefs about the profession, this study contributed literature by examining demographic constructs not previously examined relative to the beliefs about the profession dimension of professional identity in CITs.

Discussion of Professional Engagement

An examination of the literature regarding professional engagement also proved to have more empirical studies. This may be due in part to the fact that professional

engagement is defined as a set of encouraged behaviors by professional counselors (Puglia, 2008). One study found that involvement in national and state counseling organizations was a way of demonstrating professional engagement (Mascari & Webber, 2013). In a study with similar findings, learning to advocate for the counseling profession was identified as a part of professional development (Young & Lambie, 2007).

While the present study indicated that program track, clinical experience, and supervisory relationship were not significant in relation to professional engagement, this study contributed literature by examining demographic constructs not previously examined relative to the professional engagement dimension of professional identity in CITs.

<center>Contributions of the Study</center>

This study was the first in professional identity literature to identify different variables present in the training program experience of CITs and to empirically examine how they were related to professional identity. Previous research about professional identity remained largely conceptual and did not focus on specific factors of the CITs training programs (Mellin et al., 2011; Prosek & Hurt, 2014). Mellin et al. (2011) investigated the way that various counseling specializations viewed the counseling profession as separate from other helping professions. While that study added to the conversation about overall counselor identity, the research did not take into account any measures of professional identity. In a second study, researchers attempted to establish a valid measure of professional identity with graduate students (Prosek & Hurt, 2014). However, that study did not take into account the program track of the student or their relationship with their supervisor. As a result, the current research added empirical

literature by investigating the relationship between factors that influence professional identity.

Also, this study sought to expand the current knowledge base by providing empirical research on a measure of professional counselor identity. While there have been several studies to establish valid and reliable measures (Gray & Remley, 2000; Prosek & Hurt, 2014; Woo, Henfield, & Choi, 2014), these studies failed to establish one comprehensive definition of professional identity that is measurable. This study added to the literature by adding empirical research to one measure of professional identity (Puglia, 2008). This study also expanded on Puglia's measure by investigating the factors that could impact CITs' professional identity, as previously stated.

Limitations of the Study

The most significant limitation of this study was the low reliability of the survey instruments used to measure professional identity. As stated in the previous chapter, the reliability for counseling philosophy, beliefs about the profession, and professional engagement were low at a Cronbach's alpha of .51, .49, and .65 respectively. As previously stated, these findings are consistent with the low internal reliability of the original assessments (Puglia, 2008). Given the low reliability of the assessments, all of the findings of this study are inconclusive.

A second limitation to this study is the limited generalizability. Given that the majority of participants responded to the paper-and-pencil survey, which were all conducted in North Carolina and South Carolina. Due to number of responses that were concentrated in one particular region of the country, the ability to make this study generalizable to all CITs across the country is compromised.

Another limitation to the study is that all measures were self-report. The participants were, therefore, at risk of providing socially desirable answers. Although the participants were informed of the anonymous and confidential nature of the survey, participants may have still responded in a manner different than their true feelings. For instance, questions that asked participants to explain the way they viewed counseling may have resulted in students indicated a response they viewed as more positive than their actual thoughts.

Conclusions of this Study

This study sought to examine the relationship between the program track, clinical experience, and supervisory relationship of counselors-in-training and professional identity (counseling philosophy, beliefs about the profession, and professional engagement). The data analysis also indicated that low reliability was present for the professional identity measures used in the study, which suggests an overall inconclusive study and a significant need for revision of the current measures of professional identity (Puglia, 2008) or for use of alternate measures. As a result, the finding that no significant relationships exist between the factors of CITs training programs identified in this study and professional identity must be viewed with caution.

Implications of Findings

The results provide support that a comprehensive, reliable measure of professional identity for CITs is still needed. Researchers should continue to investigate various measurements for professional identity of CITs to better identify factors that influence professional identity. Given the low internal consistency of the measures, one

way to explore the construct of professional identity could be to utilize a qualitative investigation.

Another implication from this study is the potential similarity of the professional identity between school counseling and clinical mental health counseling programs. The hierarchical multiple regression analyses indicated that program track had no influence on CITs' professional identity. Given the emphasis on the "counselor first" identity in recent years, this result could indicate that this initiative has been effective. Again, this result needs to be viewed with caution given the low reliability of the measures.

The results of this study have important implications for the training and development of CITs. While counselor professional identity has continued to be a popular topic among researchers, the lack of reliability of the assessment of these constructs indicates that the factors that influence CITs professional development need further examination with more reliable measures. It is important to note that a potential relationship exists for CITs between their supervisory relationship and their counseling philosophy. As the majority of students referred to their site supervisor for the variable of supervisor relationship, counselor educators need to be aware of the importance of the onsite supervisor. Given this knowledge, counselor educators can advocate for their students to work with supervisors at their sites who also are supportive of CITs in developing their counselor identity. Counselor educators can also use this knowledge in their own supervision with these students by processing what it might be like to work with supervisors or other individuals at their site who may not align with the professional identity of counselors. As this research indicated, a stronger supervisory relationship was

correlated with a stronger counseling philosophy. However, this finding needs to be viewed with caution given the low reliability of the counseling philosophy measure.

A final implication from this study relates to the sampling methods used to collect that data. Data from the survey was collected in both online and paper-and-pencil forms. The results of this study indicated that while the participants took the study in different ways, this did not impact their overall mean scores. This finding may assist other researchers during the data collection process by expanding the way they are distributing their surveys to potential participants.

<div align="center">Recommendations for Future Research</div>

This research study, both in terms of the purpose and the outcome of the analyses, provides the basis for future research. Clearly, the first research recommendation is to either revise the measures of professional identity used in this study or to develop alternative assessments with better internal reliability. Such research could provide a more comprehensive definition of professional identity in CITs and provide a better foundation for future research in professional identity of CITs. Given that the results of this study are largely inconclusive, a future research study could examine the same factors with a more reliable measure and potentially yield different results.

Additionally, future research could extensively examine each of the factors of influence on CITs' professional development individually to better inform a global definition of professional identity. It may be beneficial for future researchers to measure professional identity as a whole and then identify the reported demographic factors that may impact its development. The current research used the literature to identify specific factors that may impact the CITs: program track, clinical experience, and supervisory

relationship. Future research might consider not restricting the program track to school counseling and clinical mental health counseling by opening up the data collection to all program tracks. Future research may also involve examining a growing aspect of counselor education: online programs. This could also be expanded to include online classes as well. This would increase the ability to generalize the influence of CITs program track on their professional development to multiple programs.

Concluding Remarks

Examining issues related to promoting a professional counseling identity has long been a topic of debate and research in the counseling field. This profession has been compared to and measured against other helping professions and defining the activities and beliefs of a professional counselor assists both counselors and clients in their expectations. Prior to this study, the research specifically lacked an examination of how factors of CITs training programs impacted their professional identity.

The research measures used in this study proved to have low reliability, which compromised the ability to draw conclusions about the results. With this caution, however, there was a relationship between supervisory relationship and counseling philosophy, suggesting those with a better relationship with their supervisor agreed with the counseling philosophy overall. This finding is noteworthy as it shows that supervisors are a significant part of the CITs experience both during and after the completion of their clinical experiences in their programs.

In closing, this research study was designed to examine the impact of factors related to CITs' training programs on their professional identity. Continued research in this area, a focus on developing or revising current measures of professional identity for

CITs is critical. As previously stated, while there has been a lack of empirical research on this topic overall, the potential for many more studies to contribute to the literature base is evident. The need for advancing the research on factors that impact professional identity development of counselors-in-training will only serve to empower the counseling profession, professional counselors, and counselor educators.

REFERENCES

Brott, P.E. (2006). Counselor education accountability: Training the effective

    professional school counselor. *Professional School Counseling, 10,* 179-188. doi:

    10.5330/prsc.10.2.d61g0v3738863652

Bureau of Labor Statistics. (2012). Bureau of labor statistics. *Occupational outlook*

    handbook. Retrieved from http://www.bls.gov/ooh/

Cohen, S., Kamack, T., & Mermelstein, R. (1983). A global measure of perceived stress.

    Journal of Health and Social Behavior, 24, 385-396. doi:10.2307/2136404

CACREP. (2015). Counsel for Accreditation of Counseling and Related Programs. *For*

    students (Directory). Retrieved from http://www.carcrep.org/directory

Council for Accreditation of Counseling and Related Educational Programs. (2009). *2009*

    accreditation manual. Alexandria, VA: Author.

Cook, T.D., & Campbell, D.T. (1979). *Quasi-experimentation: Design and analysis*

    issues for field settings. Boston, MA: Houghton Mifflin Company.

Culbreth, J.R., Scarborough, J.L., Banks-Johnson, A., & Soloman, S. (2005). Role stress

    among practicing school counselors. *Counselor Education & Supervision, 45,* 58-

    71. doi:10.1002/j.1556-6978.2005.tb00130.x

Curlette, W.L., & Matheny, K.B. (2010). A brief measure of coping resources. *Journal of*

    Individual Psychology, 66, 384-407.

Efstation, J.F., Patton, M.J., & Kardash, C.M. (1990). Measuring the working alliance in

    counselor supervision. *Journal of Counseling Psychology, 37,* 322-329. doi:

    10.1037/0022-0167.37.3.322

Emerson, C.H. (2010). *Counselor professional identity: Construction and validation of the counselor professional identity measure* (Unpublished doctoral dissertation). University of North Carolina at Greensboro, Greensboro, NC.

Endler, N.S., & Parker, J.D.A. (1999). *Coping Inventory for Stressful Situations (CISS): Manual* (2nd ed.). Toronto, Canada: Multi-Health Systems.

Falvey, J.E. (2001). Clinical judgment in case conceptualization and treatment planning across mental health disciplines. *Journal of Counseling and Development, 79,* 292-303.

Fernando, D.M., & Hulse-Killacky, D. (2005). The relationship of supervisory styles to satisfaction with supervision and the perceived self-efficacy of master's-level counseling students. *Counselor Education & Supervision, 44,* 293-304.

Friedlander, M.L., & Ward, L.G. (1984). Development and validation of the supervisory styles inventory. *Journal of Counseling Psychology, 31,* 541-557.

Furr, S.R., & Carroll, J.J. (2003). Critical incidents in student counselor development. *Journal of Counseling & Development, 81*, 483-489. doi:10.1002/j.1556-6678.2003.tb00275.x

Gale, A.U., & Austin, B.D. (2003). Professionalism's challenges to professional counselors collective identity. *Journal of Counseling & Development, 81,* 3-10. doi:10.1002/j.1556-6678.2003.tb00219.x

Gibson, D.M., Dollarhide, C.T., & Moss, J.M. (2010). Professional identity development: A grounded theory of transformational tasks of new counselors. *Counselor Education & Supervision, 50,* 21-38. doi:10.1002/j.1556-6978.2010.tb00106.x

Gibson, D.M., Dooley, B.A., Kelchner, V.P., Moss, J.M., & Vacchio, C.B. (2012). From counselor-in-training to professional school counselor: Understanding professional identity development. *Journal of Professional Counseling: Practice, Theory, and Research, 39,* 17-25.

Gnilka, P.B., Chang, C.Y., & Dew, B.J. (2012). The relationship between supervisee stress, coping resources, the working alliance, and the supervisory working alliance. *Journal of Counseling & Development, 90*, 63-70. doi:10.1111/j.1556-6676.2012.00009.x

Gordon, C., & Luke, M. (2015). Discursive negotiation of face via email: Professional identity development in school counseling supervision. *Linguistics and Education, 23,* 112-122. doi:10.1016/j.linged.2011.05.002

Gray, P. (1982). Development of a counselor occupational stress inventory. *Dissertation Abstracts International, 43.*

Gray, N. D. (2001). The relationship of supervisor traits to the professional development and satisfaction with the supervisor of post-master's degree counselors seeking state licensure (Unpublished doctoral dissertation). University of New Orleans, New Orleans, LA.

Gray, N.D. & Remley, T.P., Jr. (2000). *Counselor Profession Scale*. Unpublished test. University of New Orleans, New Orleans, LA.

Hansen, J.T. (2003). Including diagnostic training in counseling curricula: Implications for professional identity development. *Counselor Education and Supervision, 43*, 96-107. doi:10.1002/j.1556-6978.2003.tb01834.x

Hayes, B.G. (2008). The use of multimedia instruction in counselor education: A creative teaching strategy. *Journal of Creativity in Mental Health, 3,* 243-253. doi: 10.1080/15401380802334614

Healey, A. C. (2009). Female perspectives of professional identity and success in the counseling field (Doctoral dissertation). Retrieved from ProQuest. (UMU No. 3393006)

Healey, A.C., & Hays, D.G. (2012). A discriminant analysis of gender and counselor professional identity development. *Journal of Counseling & Development, 90,* 55-62. doi:10.1111/j.1556-6676.2012.00008.x

Healey, A.C., Hays, D.G., & Fish, J. (2010). *A grounded theory study of female counselor educators on professional identity: Implications for wellness and training.* Unpublished manuscript, Sam Houston State University, Huntsville, TX.

Howard, E.E., Inman, A.G., & Altman, A.N. (2006). Critical incidents among novice counselor trainees. *Counselor Education & Supervision, 46,* 88-102. doi: 10.1002/j.1556 6978.2006.tb00015.x

Johnson, L.S. (2000). Promoting professional identity in an era of educational reform. *Professional School Counseling, 4,* 31-40.

Kaplan, D.M., & Gladding, S.T. (2011). A vision for the future of counseling: The 20/20 principles for unifying and strengthening the profession. *Journal of Counseling and Development, 89*, 367-372. doi:10.1002/j.1556-6678.2011.tb00101.x

Kaplan, D.M., Tarvydas, V.M., & Gladding, S.T. (2014). Counseling: The new consensus definition of counseling. *Journal of Counseling & Development, 92,* 366-372. doi:10.1002/j.1556-6676.2014.00164.x

King, J.H., & Stretch, L.H. (2013). A critical analysis of counseling's professional identity crisis. *VISTAS*, 1-16.

Ladany, N., Hill, C. E., Corbett, M. M., & Nutt, E. A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology, 43*, 10-24.

LaFleur, L.B. (2007). *Counselors' perceptions of identity and attitudinal differences between counselors and other mental health professionals* (Doctoral dissertation). University of New Orleans Theses and Dissertations. Retrieved from scholarworks.uno.edu/td/554.

Larson, L.M. (1990). *Counseling self-estimate inventory*. Unpublished inventory, University of Nebraska at Lincoln, Lincoln, NB.

Larson, L.M., Suzuki, L.A., Gillespie, K.N., Potenza, M.T., Bechtel, M.A., & Toulouse, A.L. (1992). Development and validation of the counseling self-estimate inventory. *Journal of Counseling Psychology, 39,* 105-120.

Luke, M., & Goodrich, K.M. (2010). Chi sigma iota leadership and professional identity development in early career counselors. *Counselor Education & Supervision, 50*, 56-76. doi:10.1002/j.1556-6978.2010.tb00108.x

Mascari, J.B., & Webber, J. (2013). CACREP accreditation: A solution to licensure portability and counselor identity problems. *Journal of Counseling and Development, 91*, 15-25. doi:10.1002/j.1556-6676.2013.00066.x

Maslach, C., Jackson, S.E., & Leiter, M.P. (1996). *The Maslach Burnount Inventory manual* (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.

McLaughlin, J.E., & Boettcher, K. (2009). Counselor identity: Conformity or distinction. *Journal of Humanistic Counseling, Education and Development, 48*, 132-143. doi:10.1002/j.2161-1939.2009.tb00074.x

Mellin, E.A., Hunt, B., & Nichols, L.M. (2011). Counselor professional identity: Findings and implications for counseling and interprofessional collaboration. *Journal of Counseling & Development, 89*, 140-147. doi:10.1002/j.1556-6678.2011.tb00071.x

Moore-Pruitt, S. (1994). Seeking an identity through graduate training: Construction and validation of a counselor identity scale (Unpublished doctoral dissertation). St. Mary's University, San Antonio, TX.

Moss, J.M., Gibson, D.M., & Dollarhide, C.T. (2014). Professional identity development: A grounded theory of transformational tasks of counselors. *Journal of Counseling & Development, 92*, 3-12. doi:10.1002/j.1556-6676.2014.00124.x

Myers, J.E., Sweeney, T.J., & White, V.E. (2002). Advocacy for counseling and counselors: A professional imperative. *Journal of Counseling and Development, 80*, 394-402. doi:10.1002/j.1556-6678.2002.tb00205.x

Myers, J.E., & Sweeney, T.J. (2004). Advocacy for the counseling profession: Results of a national survey. *Journal of Counseling & Development, 82*, 466-471. doi: 10.1002/j.1556-6678.2004.tb00335.x

Nassar-McMillan, S.C., Karvonen, M., Perez, T.R., & Abrams, L.P. (2009). Identity development and school climate: The role of the school counselor. *Journal of Humanistic Counseling, Education and Development*, *48*, 195-214. doi: 10.1002/j.2161-1939.2009.tb00078.x

Nelson, K.W., & Jackson, S.A. (2003). Professional counselor identity development: A qualitative study of Hispanic student interns. *Counselor Education & Supervision, 43*, 2-14. doi:10.1002/j.1556-6978.2003.tb01825.x

Prosek, E.A., & Hurt, K.M. (2014). Measuring professional identity development among counselor trainees. *Counselor Education and Supervision, 53*, 284-293. doi:10.1002/j.1556-6978.2014.00063.x

Puglia, B. (2008). *The professional identity of counseling students in master's level CACREP accredited programs* (Doctoral dissertation). Retrieved from ProQuest. (UMI No. 3324071)

Remley, T.P., Jr., & Herlihy, B. (2014). *Ethical, legal, and professional issues in counseling, (4th ed.)*. Upper Saddle River, NJ: Prentice-Hall Pearson.

Reiner, S.M., Dobmeier, R.A., & Hernandez, T.J. (2013). Perceived impact of professional counselor identity: an exploratory study. *Journal of Counseling & Development, 91,* 174-183. doi:10.1002/j.1556-6676.2013.00084.x

Rizzo, J.R., House, R.J., & Lirtzman, S.I. (1970). Role conflict and ambiguity in complex organizations. *Administrative Science Quarterly, 15,* 150–163.

Statistical Package for Social Science (SPSS; 2012). IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.

Swickert, M.L. (1997). Perceptions regarding the professional identity of counselor education doctoral graduates in private practice: A qualitative study. *Counselor Education and Supervision*, *36*, 332-340. doi:10.1002/j.15566978.1997.tb00399.x

Tabachnick, B.G., & Fidell, L.S. (2013). *Using multivariate statistics* (6th ed.). Boston: Pearson.

Tracey, T.J., & Kokotovic, A.M. (1989). Factor structure of the working alliance inventory. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 1,* 207-210. doi:10.1037/1040-3590.1.3.207

Urofsky, R.I. (2013). The council for accreditation of counseling and related educational programs: Promoting quality in counselor education. *Journal of Counseling & Development*, *91*, 6-14. doi:10.1002/j.1556-6676.2013.00065.x

Vacc, N.A., Loesch, L.C., & Guilbert, D.E. (1997). The clientele of certified clinical mental health counselors. *Journal of Mental Health Counseling, 19,* 165-170.

Wiersma, W., & Jurs, S.G. (2009). *Research methods in education: An introduction*. Boston: Pearson Education, Inc.

Wilkerson, K. (2009). An examination of burnout among school counselors guided by stress-strain-coping theory. *Journal of Counseling & Development*, *87*, 428-437. doi:10.1002/j.1556-6678.2009.tb00127.x

Woo, H.R. (2013). *Instrument construction and initial validation: professional identity scale in counseling (PISC)* (Unpublished doctoral dissertation). University of Iowa, Iowa City, Iowa. Retrieved from ir.uiowa.edu/etd/2663.

Woo, H., Henfield, M.S., & Choi, N. (2014). Developing a unified professional identity in counseling: A review of the literature. *Journal of Counselor Leadership and Advocacy*, *1*, 1-15. doi:10.1080/2326716X.2014.895452

Young, M.E., & Lambie, G.W. (2007). Wellness in school and mental health systems: Organizational influences. *Journal of Humanistic Counseling, Education and Development*, *46*, 98-113.

APPENDIX A: PROFESSIONAL ENGAGEMENT SCORING PROTOCOL

Question	Behavior	Response	Point Value
1. I am a member of (please check all that apply):	Organizations	1 check	= 3*
		2 checks	= 6**
		3+ checks	= 9***
2. Are you an officer in any of the counseling associations mentioned above?	Organizations	Yes	= 20***
		No	= 0
		Not applicable	= 0
3. Are you a committee member of any of the organizations mentioned above?	Organizations	Yes	= 10**
		No	= 0
		Not applicable	= 0
4. Have you ever volunteered for service to any of the organizations mentioned above?	Organizations	Yes	
		No	
5. Have you ever attended a professional counseling conference?	Conference	Yes	= 3*
		No	= 0
6. If you answered yes, how many conferences did you attend at each of these levels?	Conference	National	= Number x 5***
		Regional (Multi-state)	= Number x 4**
		State	= Number x 3**
		Local	= Number x 2*
		Not applicable	= 0
7. Have you ever presented at a professional counseling conference?	Conference	Yes	= 20***
		No	= 0
8. If you answered yes, how many presentations did you make at each of these levels?	Conference	National	= Number x 5***
		Regional (Multi-state)	= Number x 4**
		State	= Number x 3**
		Local	= Number x 2*
		Not applicable	= 0
9. Do you have any experience in counseling research?	Research	Yes	
		No	
10. If you answered yes, in what way were you involved in research? (please check all that apply)	Research	I was a research participant.	= 3*
		I assisted a professor or other person with his/her research project.	= 10**

		I was part of a research team.	= 10**
		I conducted a research project on my own.	= 20***
		Not applicable	= 0
11. Have you had a conversation with another mental health professional (not a counselor) about how professional counselors differ from other mental health professionals?	Advocacy	___Yes	= 3*
		___No	= 0
		___Don't Know	= 0
12. Have you ever had a conversation with someone who is not a mental health professional about how professional counselors differ from other mental health professionals?	Advocacy	Yes	= 3*
		No	= 0
		Don't Know	= 0
13. Have you ever sent a communication (letter, e-mail, phone call, etc.) to a government office about a professional counseling issue?	Advocacy	Yes	= 20***
		No	= 0
		Don't Know	= 0
14. Have you ever signed a petition about a professional counseling issue?	Advocacy	Yes	= 10**
		No	= 0
		Don't Know	= 0
15. Have you ever encouraged another person to join a professional counseling organization?	Advocacy	Yes	= 20***
		No	= 0
		Don't Know	= 0
16. Have you ever encouraged someone to consider becoming a professional counselor?	Advocacy	Yes	= 10**
		No	= 0
		Don't Know	= 0

Behavior Level Key: * = Low, ** = Mid, *** = High

APPENDIX B: TALK-ALOUD RELEASE

Dear Talk-Aloud Participant:

I would appreciate your participation in helping to develop a demographic questionnaire that will be used in my dissertation research. The goal of the questionnaire is to gather demographic information from survey respondents regarding age, gender race, previous degree, current university, enrollment status, type of program, program track, clinical experience, and supervisor information.

The purpose of the talk aloud procedure is to receive your feedback about whether the question items are understandable and clear. You will be asked to read each item and response option aloud and respond verbally about the clarity, conciseness, redundancy, and grammar of the items. The process should take 10-15 minutes. I will remain silent during this process and will note your feedback.

Participating in the talk-aloud is completely voluntary. I thank you sincerely for your time and effort.

Sincerely,
James W. McMullen, II   Dr. Phyllis Post, Ph.D.
Doctoral Candidate   Professor
Department of Counseling   Department of Counseling
University of North Carolina at Charlotte   University of North Carolina Charlotte

My signature below indicates that I understand the talk-aloud procedure and have had a chance to ask questions about the procedure and the dissertation study. I am at least 18 years of age, and I agree to participate in the talk-aloud process.

_____
Name (printed)

_____
Signature

_____
Date

APPENDIX C: TALK ALOUD INSTRUCTIONS

The purpose of this procedure is for participants to identify whether the Demographic Survey portion of the Master's in Counseling Student Survey (MCSS) is understandable.

You will complete this procedure individually. Please note that the researcher will be taking notes as you participant in this process.

Directions:

You will be given a copy of the Demographic Survey Portion of the MCSS. When you are ready, please start reading the directions for completing the Demographic Survey portion, then read each item and each response option out loud to me. Please tell me your thoughts about the directions, items, and response options as you read based on the following:

  Clarity
  Conciseness
  Redundancy
  Grammar

You may begin.

Thank you for your participation!

APPENDIX D: SAMPLE EMAIL TO PROGRAM CONTACTS

Greetings,

My name is Jim McMullen and I am a doctoral candidate in Counselor Education and Supervision at the University of North Carolina at Charlotte. I am currently in the dissertation process and I am searching for potential schools to survey.

My research topic is on professional identity development in counselors-in-training, specifically programs that have an online component. I will be able to send the survey link and informed consent upon approval from my dissertation committee.
The survey will take approximately 10-15 minutes to complete. The students' participation in carrying out this research will add valuable contribution to the field of counseling. There are no known risks for the students' participation in this study. If the students choose to participate in this study, their information will be kept both confidential. The students may withdraw or decline without penalty at any time.

Upon completion of the survey, the students will have the option to enter their email address into a random drawing to receive one of two $25.00 Amazon.com gift cards. Participation in the drawing is voluntary as well. The students' email address for the drawing will not be linked to your survey responses.

UNC Charlotte wants to make sure that participants are treated in a fair and respectful manner. Contact the University's Research Compliance Office 704-687-1871 if you have any questions about how the students are treated as a study participant. If you have any questions about the project, please contact me, Jim McMullen at 757-749-5345 or my Dissertation Chair, Dr. Phyllis Post, at 704-687-8961.

Thank you for your time and I look forward to hearing from you soon.

Sincerely,
James W. McMullen, II   Dr. Phyllis Post, Ph.D.
Doctoral Candidate   Professor
Department of Counseling   Department of Counseling
University of North Carolina at Charlotte   University of North Carolina Charlotte

APPENDIX E: SAMPLE EMAIL REQUEST TO PARTICIPANTS

Email Title: Doctoral Student Survey Request

Request For Research Participants

Greetings,

You have been selected to receive this email as an invitation to participate in an online survey as part of the dissertation requirements for a Doctor of Philosophy Degree in counseling at the University of North Carolina at Charlotte. The purpose of this study is to investigate the factors that influence professional identity development. Your Master's level counseling program information was obtained from the CACREP on-line directory.

The survey will take approximately 10-15 minutes to complete. Your participation in carrying out this research will add valuable contribution to the field of counseling. There are no known risks for your participation in this study. If you choose to participate in this study, your information will be kept both confidential and anonymous. You may withdraw or decline without penalty at any time.

Upon completion of the survey, you will have the option to enter your email address into a random drawing to receive one of two $25.00 Amazon.com gift cards. Participation in the drawing is voluntary as well. Your email address for the drawing will not be linked to your survey responses.

Please click on the following link to complete the survey:

Your participation and time is greatly appreciated.

Sincerely,
James W. McMullen II, M.S.Ed, NCC, LPCA
Doctoral Candidate
Department of Counseling
University of North Carolina at Charlotte

APPENDIX F: INFORMED CONSENT FORM

Dear Counseling Student:

As a counseling student, you are being invited to participate in a quantitative research study. The purpose of this study is to learn more about how counseling students develop their professional identity. You are eligible to participate because you are currently a Master's level counseling student. Your participation will involve completing a survey.

If you decide to participate, the survey will take approximately 10-15 minutes. The data collected by the investigator will not contain any identifying information or any link back to your participation in this study; therefore any information collected will be kept both anonymous and confidential. To ensure anonymity, survey data will be entered into the computer program using only numerical coding.

The benefits of your participation in this human subject study include contributing to the current knowledge, characteristics, and views regarding how counseling students develop their professional identity. There are no known risks in participating in this study. You may withdraw or decline without penalty at any time.

Upon completion of the survey, you will have the option to enter your email address into a random drawing to win one of two $25.00 Amazon.com gift cards. Participation in the drawing is voluntary as well. Your email address for the drawing will not be linked to your survey responses.

You are a volunteer. The decision to participate in this study is completely up to you. If you decide to be in the study, you may change your mind and stop at any time.

UNC Charlotte wants to make sure that you are treated in a fair and respectful manner. Contact the University's Research Compliance Office 704-687-1871 if you have any questions about how you are treated as a study participant. If you have any questions about the project, please contact me, Jim McMullen at 757-749-5345 or my Dissertation Chair, Dr. Phyllis Post, at 704-687-8961.

By clicking the "Accept" button you, you are indicating that you have read the information, consent to participate, and agree that you are currently enrolled as a Master's level counseling student.

Thank you for taking the time to participate.

Sincerely,
James W. McMullen, II   Dr. Phyllis Post, Ph.D.
Doctoral Candidate   Professor
Department of Counseling   Department of Counseling
University of North Carolina at Charlotte   University of North Carolina at Charlotte

APPENDIX G: COPY OF PUGLIA'S PROFESSIONAL IDENTITY AND

ENGAGEMENT SCALE

Counseling Philosophy

Indicate your level of disagreement or agreement with each statement below.

Strongly Disagree --Strongly Agree

| 1 | 2 | 3 | 4 | 5 |

1. A counselor's role is to educate clients about dealing with future life stressors.

2. Clients cannot be trusted to make important life decisions on their own.

3. Guiding a client to achieve balance in all aspects of life is an important part of counseling.

4. Effective counselors should focus only on the problems clients present.

5. Including spiritual concerns in counseling is inappropriate.

6. It is important for counselors to pursue a long term relationship with clients.

7. Client issues can be viewed as natural phases of change across the lifespan.

8. Addressing the mind-body-spirit connection is preferable in counseling.

9. After completing counseling, clients need to return to counseling each time the same stressors reappear.

10. Feeling sad is a common response to the death of a loved one.

11. A goal of counseling is for clients to develop their ability to make their own choices.

12. Counselors assist clients to identify available resources.

13. Client empowerment is an important aspect of counseling.

14. Counselors build on client's strengths.

15. It is unusual for adolescents to challenge authority during this life stage.

16. Counselors help clients advocate for themselves.

17. Counselors perceive psychoeducation to be ineffective when working with clients.

18. Clients should depend on their counselors throughout their lifespan.

Knowledge Sources

Please choose the BEST response for you.

1. I learned about credentialing (e.g., licensure, certification) for professional

   counselors from:

___Course I am taking or have already completed.

___Faculty member in whose course I was not enrolled.

___Another counseling master's student in my program.

___A doctoral student in my program.

___Professional counselor not associated with my university.

___Through my own research for school or clients.

___I haven't learned about this.

___I don't remember where I learned this.

___Other (please specify)

2. I learned about professional counseling associations (e.g., American Counseling

   Association, state counseling association) from

___Course I am taking or have already completed.

___Faculty member in whose course I was not enrolled.

___Another counseling master's student in my program.

___A doctoral student in my program.

___Professional counselor not associated with my university.

___Through my own research for school or clients.

___I haven't learned about this.

___I don't remember where I learned this.

___Other (please specify)

3. I learned about the counseling philosophy (e.g., developmental focus, wellness orientation, prevention, empowerment) from

___Course I am taking or have already completed.

___Faculty member in whose course I was not enrolled .

___Another counseling master's student in my program.

___A doctoral student in my program.

___Professional counselor not associated with my university.

___Through my own research for school or clients.

___I haven't learned about this.

___I don't remember where I learned this.

___Other (please specify)

<div align="center">Professional Engagement</div>

1. I am a member of (please check all that apply)

___ACA (American Counseling Association)

___ASCA (American School Counselor Association)

___AMHCA (American Mental Health Counselors Association)

___ARCA (American Rehabilitation Counseling Association)

___IAMFC (International Association of Marriage and Family Counselors)

___IAAOC (International Association of Addictions and Offender Counselors)

___CSI (Chi Sigma Iota)

___My state counseling association and its divisions

___My local counseling association

___I am not a member of any counseling organization

___Other professional associations (please specify)

2. Are you an officer in any of the counseling associations mentioned above?

___Yes

___No

___Not applicable

3. Are you a committee member of any of the organizations mentioned above?

___Yes

___No

___Not applicable

4. Have you ever volunteered for service to any of the organizations mentioned

above?

___Yes

___No

5. Have you ever attended a professional counseling conference?

___Yes

___No

6. If you answered yes, how many conferences did you attend at each of these

levels?

___National

___Regional (Multi-state)

___State

___Local

___Not applicable

7. Have you ever presented at a professional counseling conference?

___Yes

___No

8. If you answered yes, how many presentations did you make at each of these

levels?

___National

___Regional (Multi-state)

___State

___Local

___Not applicable

9. Do you have any experience in counseling research?

___Yes

___No

10. If you answered yes, in what way were you involved in research? (please check

all that apply)

___I was a research participant.

___I assisted a professor or other person with his/her research project.

___I was part of a research team.

___I conducted a research project on my own.

___Not applicable

11. Have you had a conversation with another mental health professional (not a counselor) about how professional counselors differ from other mental health professionals?

___Yes

___No

___Don't Know

12. Have you ever had a conversation with someone who is not a mental health professional about how professional counselors differ from other mental health professionals?

___Yes

___No

___Don't Know

13. Have you ever sent a communication (letter, e-mail, phone call, etc.) to a government office about a professional counseling issue?

___Yes

___No

___Don't Know

14. Have you ever signed a petition about a professional counseling issue?

___Yes

___No

___Don't Know

15. Have you ever encouraged another person to join a professional counseling

organization?

___Yes

___No

___Don't Know

16. Have you ever encouraged someone to consider becoming a professional

counselor?

___Yes

___No

___Don't Know

APPENDIX H: COPY OF GRAY'S COUNSELOR PROFESSION SCALE

Indicate your level of disagreement or agreement with each statement below.

Strongly Disagree --- Strongly Agree

| 1 | 2 | 3 | 4 | 5 |

1. Counselors should be active members of the American Counseling Association.

2. The counseling profession is best described as a profession that is very similar to the profession of psychology and social work.

3. It is important for counselors to become licensed by their state even if their job does not require that they become licensed.

4. It would be best if all counseling graduate programs were CACREP-accredited or CORE-accredited.

5. It is acceptable for counselors to use titles such as "therapist," psychotherapist, "human development professional," or "mental health professional," instead of the title, "counselor."

6. Counselors should hold graduate degrees from academic programs in "counselor education," or "counseling" as opposed to holding graduate degrees from academic programs in "psychology."

7. It is appropriate for counselors-in-training to receive their clinical supervision from related professionals including psychologists, social workers, psychiatrists, or psychiatric nurses.

8. Counselors who do not attend professional conferences and professional development workshops on a regular basis are acting in an unprofessional manner.

9. All counselors should become certified by the National Board of Certified Counselors (NBCC) or the Council on Rehabilitation Counselor Certification (CRCC).

10. Counselors should more strongly identify with their counseling specialty area (such as rehabilitation, marriage and family, school, or career) rather than with the overall profession of counseling.

11. Counselors should be actively involved in promoting the counseling profession through educating the general public, administrators, or legislators regarding the positive contributions of counselors.

12. Psychologists are generally better prepared than counselors for positions in the field of mental health.

13. Determining whether clients have specific emotional or mental disorders is the major focus of the counseling process.

14. Counselors should feel pride in having chosen to become a counselor instead of having chosen to become a psychologist, social worker, psychiatrist, or psychiatric nurse.

APPENDIX I: SUPERVISOR WORKING ALLIANCE INVENTORY – TRAINEE

VERSION

Indicate your level of disagreement or agreement with each statement below.

Strongly Disagree --- Strongly Agree

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. I feel comfortable working with my supervisor.

2. My supervisor welcomes my explanations about the client's behavior.

3. My supervisor makes the effort to understand me.

4. My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.

5. My supervisor is tactful when commenting about my performance.

6. My supervisor encourages me to formulate my own interventions with the client.

7. My supervisor helps me talk freely in our sessions.

8. My supervisor stays in tuned with me during supervision.

9. I understand client behavior and treatment technique similar to the way my supervisor does.

10. I feel free to mention to my supervisor any troublesome feelings I might have about him/her.

11. My supervisor treats me like a colleague in our supervisory sessions.

12. In supervision, I am more curious than anxious when discussing my difficulties with clients.

13. In supervision, my supervisor places a high priority on our understanding the client's perspective.

14. My supervisor encourages me to take time to understand what the client is saying and doing.

15. My supervisor's style is to carefully and systematically consider the material I bring to supervision.

16. When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client.

17. My supervisor helps me work within a specific treatment plan with my clients.

18. My supervisor helps me stay on track during our meetings

19. I work with my supervisor on specific goals in the supervisory session.

APPENDIX J: DEMOGRAPHICS SURVEY

1. What is your year of birth? (ex. 1986) _____

2. Gender: ____Female ____Male ____Transgender ____(fill in the blank)

   ____Prefer not to disclose

3. What is your race/ethnicity?

   ___African American   ___White/European American

   ___Asian American   ___Biracial/Multiracial

   ___Hispanic   ___Pacific Islander

   ___Native American   ___Other (please specify)

   ___Prefer not to disclose

4. What was your bachelor's degree major?

   ___Human Services   ___Psychology

   ___Social Work   ___Sociology

   ___Education   ___Business

   ___Other (please specify)   ___Prefer not to disclose

5. What is the name of the university where you are studying counseling?

   _____

6. Are you enrolled? (If you are not currently enrolled, mark whether you were part-time or full-time the last semester you were enrolled.)

   ___Part-time

   ___Full-time

7. What is your concentration area?

   ___School Counseling

___Mental Health Counseling

___Other (please specify)

8. Are you CURRENTLY enrolled in practicum or internship?

___Yes

___ No

9. What is your current status with regard to practicum and internship?

__Never enrolled in Practicum/Internship

__Currently enrolled in Practicum

__Currently enrolled in Internship

__Completed Practicum and Internship

10. Which supervisor did you answer questions about?

__Site Supervisor

__University Supervisor – Faculty

__University Supervisor – Doctoral Student

APPENDIX K: COMPLETE SURVEY

Master's In Counseling Student Survey

Section 1: Beliefs about Counseling

Indicate your level of disagreement or agreement with each statement below.

Strongly Disagree ---Strongly Agree

| 1 | 2 | 3 | 4 | 5 |

1. A counselor's role is to educate clients about dealing with future life stressors.

2. Clients cannot be trusted to make important life decisions on their own.

3. Guiding a client to achieve balance in all aspects of life is an important part of counseling.

4. Effective counselors should focus only on the problems clients present.

5. Including spiritual concerns in counseling is inappropriate.

6. It is important for counselors to pursue a long-term relationship with clients.

7. Client issues can be viewed as natural phases of change across the lifespan.

8. Addressing the mind-body-spirit connection is preferable in counseling.

9. After completing counseling, clients need to return to counseling each time the same stressors reappear.

10. Feeling sad is a common response to the death of a loved one.

11. A goal of counseling is for clients to develop their ability to make their own choices.

12. Counselors assist clients to identify available resources.

13. Client empowerment is an important aspect of counseling.

14. Counselors build on client's strengths.

15. It is unusual for adolescents to challenge authority during this life stage.

16. Counselors help clients advocate for themselves.

17. Counselors perceive psychoeducation to be ineffective when working with clients.

18. Clients should depend on their counselors throughout their lifespan.

Section 2: Additional Beliefs about Counseling

Indicate your level of disagreement or agreement with each statement below.

Strongly Disagree -- Strongly Agree

1   2   3   4   5

19. Counselors should be active members of the American Counseling Association.

20. The counseling profession is best described as a profession that is very similar to the profession of psychology and social work.

21. It is important for counselors to become licensed by their state even if their job does not require that they become licensed.

22. It would be best if all counseling graduate programs were CACREP-accredited or CORE-accredited.

23. It is acceptable for counselors to use titles such as "therapist," psychotherapist, "human development professional," or "mental health professional," instead of the title, "counselor."

24. Counselors should hold graduate degrees from academic programs in "counselor education," or "counseling" as opposed to holding graduate degrees from academic programs in "psychology."

25. It is appropriate for counselors-in-training to receive their clinical supervision from related professionals including psychologists, social workers, psychiatrists, or psychiatric nurses.

26. Counselors who do not attend professional conferences and professional development workshops on a regular basis are acting in an unprofessional manner.

27. All counselors should become certified by the National Board of Certified Counselors (NBCC) or the Council on Rehabilitation Counselor Certification (CRCC).

28. Counselors should more strongly identify with their counseling specialty area (such as rehabilitation, marriage and family, school, or career) rather than with the overall profession of counseling.

29. Counselors should be actively involved in promoting the counseling profession through educating the general public, administrators, or legislators regarding the positive contributions of counselors.

30. Psychologists are generally better prepared than counselors for positions in the field of mental health.

31. Determining whether clients have specific emotional or mental disorders is the major focus of the counseling process.

32. Counselors should feel pride in having chosen to become a counselor instead of having chosen to become a psychologist, social worker, psychiatrist, or psychiatric nurse.

Section 3. Involvement Activities

33. I am a member of (please check all that apply)

___ACA (American Counseling Association)

___ASCA (American School Counselor Association)

___AMHCA (American Mental Health Counselors Association)

___ARCA (American Rehabilitation Counseling Association)

___IAMFC (International Association of Marriage and Family Counselors)

___IAAOC (International Association of Addictions and Offender Counselors)

___CSI (Chi Sigma Iota)

___My state counseling association and its divisions

___My local counseling association

___I am not a member of any counseling organization

___Other professional associations (please specify)

34. Are you an officer in any of the counseling associations mentioned above?

___Yes

___No

___Not applicable

35. Are you a committee member of any of the organizations mentioned above?

___Yes

___No

___Not applicable

36. Have you ever volunteered for service to any of the organizations mentioned

above?

___Yes

___No

37. Have you ever attended a professional counseling conference?

___Yes

___No

38. If you answered yes, how many conferences did you attend at each of these

levels?

___National

___Regional (Multi-state)

___State

___Local

___Not applicable

39. Have you ever presented at a professional counseling conference?

___Yes

___No

40. If you answered yes, how many presentations did you make at each of these

levels?

___National

___Regional (Multi-state)

___State

___Local

___Not applicable

41. Do you have any experience in counseling research?

___Yes

___No

42. If you answered yes, in what way were you involved in research? (please check all that apply)

___I was a research participant.

___I assisted a professor or other person with his/her research project.

___I was part of a research team.

___I conducted a research project on my own.

___Not applicable

43. Have you had a conversation with another mental health professional (not a counselor) about how professional counselors differ from other mental health professionals?

___Yes

___No

___Don't Know

44. Have you ever had a conversation with someone who is not a mental health professional about how professional counselors differ from other mental health professionals?

___Yes

___No

___Don't Know

45. Have you ever sent a communication (letter, e-mail, phone call, etc.) to a

government office about a professional counseling issue?

___Yes

___No

___Don't Know

46. Have you ever signed a petition about a professional counseling issue?

___Yes

___No

___Don't Know

47. Have you ever encouraged another person to join a professional counseling

organization?

___Yes

___No

___Don't Know

48. Have you ever encouraged someone to consider becoming a professional

counselor?

___Yes

___No

___Don't Know

Section 4: Supervisor Questions

Instructions: Please indicate the frequency with which the behavior described in each of

the following items seems characteristic of your work with your supervisor. This could

include either a site or university supervisor.

Indicate your level of disagreement or agreement with each statement below.

Strongly Disagree --- Strongly Agree

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

49. I feel comfortable working with my supervisor.

50. My supervisor welcomes my explanations about the client's behavior.

51. My supervisor makes the effort to understand me.

52. My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.

53. My supervisor is tactful when commenting about my performance.

54. My supervisor encourages me to formulate my own interventions with the client.

55. My supervisor helps me talk freely in our sessions.

56. My supervisor stays in tuned with me during supervision.

57. I understand client behavior and treatment technique similar to the way my supervisor does.

58. I feel free to mention to my supervisor any troublesome feelings I might have about him/her.

59. My supervisor treats me like a colleague in our supervisory sessions.

60. In supervision, I am more curious than anxious when discussing my difficulties with clients.

61. In supervision, my supervisor places a high priority on our understanding the client's perspective.

62. My supervisor encourages me to take time to understand what the client is saying and doing.

63. My supervisor's style is to carefully and systematically consider the material I bring to supervision.

64. When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client.

65. My supervisor helps me work within a specific treatment plan with my clients.

66. My supervisor helps me stay on track during our meetings

67. I work with my supervisor on specific goals in the supervisory session.

Section 5: Participant Information

68. What is your year of birth? (ex. 1986) _____

69. Gender: ____Female ____Male ____Transgender ____(fill in the blank)

    ____Prefer not to disclose

70. What is your race/ethnicity?

   ___African American   ___White/European American

   ___Asian American   ___Biracial/Multiracial

   ___Hispanic   ___Pacific Islander

   ___Native American   ___Other (please specify)

   ___Prefer not to disclose

71. What was your bachelor's degree major?

   ___Human Services   ___Psychology

   ___Social Work   ___Sociology

   ___Education   ___Business

   ___Other (please specify)   ___Prefer not to disclose

72. What is the name of the university where you are studying counseling?

_____

73. What type of program are you enrolled in?
___ Online (Majority of classes occur online and off campus)

___Traditional (Majority of classes occur on campus)

74. Are you enrolled? (If you are not currently enrolled, mark whether you were part-time or full-time the last semester you were enrolled.)

___Part-time (1-8 credit hours)

___Full-time (9 or more credit hours)

75. What is your concentration area?

___School Counseling

___Mental Health Counseling

___Other (please specify)

76. Are you CURRENTLY enrolled in practicum or internship?

___Yes

___ No

77. What is your current status with regard to practicum and internship?

__Never enrolled in Practicum/Internship

__Currently enrolled in Practicum

__Currently enrolled in Internship

__Completed Practicum and Internship

78. Which supervisor did you answer questions about?

__Site Supervisor

__University Supervisor – Faculty

__University Supervisor – Doctoral Student

Please choose the BEST response for you.

79. I learned about credentialing (e.g., licensure, certification) for professional counselors

from:

___Course I am taking or have already completed.

___Faculty member in whose course I was not enrolled.

___Another counseling master's student in my program.

___A doctoral student in my program.

___Professional counselor not associated with my university.

___Through my own research for school or clients.

___I haven't learned about this.

___I don't remember where I learned this.

___Other (please specify)

80. I learned about professional counseling associations (e.g., American Counseling

Association, state counseling association) from

___Course I am taking or have already completed.

___Faculty member in whose course I was not enrolled.

___Another counseling master's student in my program.

___A doctoral student in my program.

___Professional counselor not associated with my university.

___Through my own research for school or clients.

___I haven't learned about this.

___I don't remember where I learned this.

___Other (please specify)

81. I learned about the counseling philosophy (e.g., developmental focus, wellness

orientation, prevention, empowerment) from

___Course I am taking or have already completed.

___Faculty member in whose course I was not enrolled.

___Another counseling master's student in my program.

___A doctoral student in my program.

___Professional counselor not associated with my university.

___Through my own research for school or clients.

___I haven't learned about this.

___I don't remember where I learned this.

___Other (please specify)

82. What other comments would you like to add about your professional identity?