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Predicting Client Outcomes Using Counselor Trainee Levels Of Ego Development And Altruistic Caring

Tracy S. Hutchinson
University of Central Florida

PREDICTING CLIENT OUTCOMES USING COUNSELOR TRAINEE LEVELS OF
EGO DEVELOPMENT AND ALTRUISTIC CARING

by

TRACY S. HUTCHINSON
B.A., State University of New York at Buffalo
M.S.Ed., State University of New York College at Brockport

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Major Professor: Mark E. Young

ABSTRACT

Research suggests that counselor educators continue to debate whether general personality characteristics, relationship building skills, or other knowledge or skills are important in selecting the most effective counselors (Crews et al., 2005). Further, counselor educators continue to rely on measures that have limited ability to predict counseling competence or success in graduate programs. Such measures include GRE and GPA scores along with heavy reliance on the personal interview that is well-known for bias. Moreover, research supports that there is a need for assessments that will assist in determining the most effective counselors and emphasize the importance of measuring those characteristics that have a solid empirical link to client outcomes. The purpose of this study was to bridge the gap in the literature and to measure counselor characteristics that have are grounded in current outcome literature. Outcome research has suggested that counselor empathy is one of the strongest predictors of client outcome. Therefore, two constructs were explored in this study that are linked to empathy: Loevinger's (1976) Theory of Ego Development and Altruistic Caring as measured by the Heintzelman Inventory (Robinson, Kuch, & Swank, 2010). The sample consisted of 81 graduate-level counselor trainees in their first or second semester of practicum at a large South Eastern university. Results revealed no statistically significant relationship between variables. However, further exploratory analysis yielded a statistically significant relationship between a component of altruistic caring, specifically early career choice in the counseling field (4.1% of the variance explained), and client outcome. Implications for counselor educators are presented along with areas for future research.

Dedicated in memory to my grandfather, Jack E. Hutchinson, Sr.
Thank you for always guiding me.

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CHAPTER ONE: INTRODUCTION

In order to produce graduates who are capable, skilled, and appropriate for the counseling profession, counseling programs must make difficult and at times swift decisions regarding the students they admit into their training programs (Brear, Dorrian, & Luscri, 2008; Leverett-Main, 2004). Counselor educators continue to debate whether general personality characteristics, relationship building skills, or other knowledge or skills are important qualities to recognize in future candidates (Crews et al., 2005). Due to inherent obstacles such as time restraints and number of applicants, counselor educators use a wide variety of scores and other information to assess potential candidates (Nelson, Canada, & Lancaster, 2003). Typical data utilized include graduate entrance exam scores and letters of recommendation (Leverett-Main, 2004), writing samples, assessments measuring desirable counselor skills (e.g., Truax & Carkuff, 1967), and the heavy reliance of individual or group interviews (Nagpal & Ritchie, 2002). In addition to academic performance, counselor education students are expected to possess characteristics, attitudes and qualities that lead to effective therapeutic practice (Lumadue & Duffey, 1999; Nagpal & Ritchie, 2002), commonly referred to as non academic criteria (Nelson et al., 2003). Desirable counselor trainee characteristics include knowledge, intelligence (Brear et al., 2008), and non-academic criteria that includes warmth, empathy, and attributes such as self-awareness and reflectivity (e.g., Huhra, Yamokokski-Maynhart, & Prieto, 2008; Kagan & Kagan, 1997). Although counselor educators desire these attributes, there is a need for research regarding specific instruments that will best predict effective counselors (Lumadue & Duffey, 1999). Further, in order to increase predictive validity of non academic criteria, measurement of interpersonal factors related to effective counselor characteristics is necessary (Nelson et al.,

2003). Moreover, if counselor educators could determine which students were likely to be effective, not only would this help future clients, but educators would be supporting their ethical obligation to provide a gatekeeping function for the profession. Evaluating and assessing students for their appropriateness for the counseling profession is a pervasive concern throughout counselor education programs and educators are responsible for gatekeeping (Behnke, 2005; Brear et al., 2008; Lumadue & Duffey, 1999; Nagpal & Ritchie, 2005; Nelson et al., 2003).

Gatekeeping

The importance of the screening and selection process is not only crucial for producing effective counselors, but to protect future clients from harm. The failure to meet acceptable professional standards including behavioral, academic, and professional dispositions is the ethical responsibility of counselor educators. The term *gatekeeping*, defined as the "process of evaluating students for their suitability for professional practice" (Brear et al., 2008, p. 93), remains one of the most complex concerns for counselor educators. Further, educators have emphasized the importance of gatekeeping as an ethical responsibility (Behnke, 2005; Bradey & Post, 1991). Although increased research surrounding the topic of gatekeeping in counselor education is necessary, the following themes have emerged as undesirable counselor trainee qualities: exhibiting irritability, defensiveness, lacking empathy, being judgmental (Bogo, Regehr, Woodford, Hughes, Power, & Regehr, 2006), poor interpersonal skills (Rosenberg, Getzelman, Arcinue, & Oren, 2005; Vacha-Hasse, Davenport, & Kerewsky, 2004), pervasive interpersonal and intrapersonal problems (Olkin & Gaughen, 1991), and mental health diagnoses such as depressive symptoms and personality disorders (Huprich & Rudd, 2004). Counselor educators have reported that these symptoms affect not only overall academic performance, but

interactions with clients (Brear et al., 2008). It may be deduced that these undesirable qualities affect the overall performance of the counselor and will have negative ramifications including potential harm to future clients. Therefore, information derived from various assessments would not only assist in selecting the most effective counselors, but would minimize the risk of selecting those who may have less desirable qualities that can lead to impairment. Further research is needed regarding models of impairment prevention and specific instruments used for assessment of counselor trainees (Lumadue & Duffey, 1999).

Overview

Although counselor educators recognize the less desirable qualities in counselor trainees (Bogo et al., 2006.; Rosenberg et al., 2005), there is empirical research that substantiates specific counselor characteristics and behaviors that are effective in producing change in the client (Anderson, Benjamin, Ogles, & Patterson, Lambert, & Vermeersch, 2009; Beutler et al., 2004; Horvath & Bedi, 2002; Lambert & Ogles, 2004; Norcross, 2002), known as client outcomes. Client outcome refers to client symptomatic change. Literature has supported the fact that therapist characteristics can affect client outcomes both positively or negatively.

For example, Anderson et al. (2009) found that therapist facilitative interpersonal skills were a predictor of therapist success. Additionally, demographic characteristics such as therapist gender, age, and race have not been predictors of outcome (Beutler et al., 2004). Further, therapist attributes such as therapist emotional adjustment and some aspects of personality development (e.g., therapist dominance) have an effect on client outcomes (Beutler et al., 2004). However, researchers asserted that these empirical results demand the need for studies that "… move beyond measuring therapists' demographic characteristics and general traits to include

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measures of therapist characteristics that have a more solid theoretical and empirical link to client outcomes" (Anderson et al., 2009, p. 756). Outcome literature shows that the following therapist characteristics have an empirical link in client outcomes; the ability to convey empathy (Lafferty, Beutler, & Crago, 1991; Miller, Taylor, & West, 1980); warmth (Greenberg, Elliot, & Litaer, 1994); unconditional regard (Orlinksy, Graves, & Parks, 1994); understanding (Lazarus, 1971); possessing facilitative interpersonal skills including the ability to handle interpersonally challenging encounters within the therapeutic relationship (Anderson, Lunnen, & Ogles, 2010; Anderson et al., 2009); the ability to deal with ruptures in the relationship (Burns & Auerbach, 1996); to create mutual goals in therapy (Gatson, 1990); and the avoidance of behaviors such as judging, blaming, or attacking clients (Norcross, 2002). Although specific characteristics have emerged that are linked to client outcomes, it appears that therapist empathy is an integral component of both counselor effectiveness and outcome research.

Therapist empathy is also a vital component of an effective counselor (Greenberg et al., 2001; Horvath & Bedi, 2002; Miller et al., 1980; Rogers, 1961; Truax & Carkuff, 1967) and has emerged in outcome studies as a significant factor in effective psychotherapy (Greenberg et al., 2001; Horvath & Bedi, 2002; Miller et al., 1980; Norcross, 2002; Orlinsky & Howard, 1980). Further, the absence of empathy has been identified as a symptom of ineffective counseling practice. For example, negative ramifications of the loss of empathy by caretakers, known as burnout, is well documented in the literature (e.g., Maslach, 1982; Stebnicki, 2008). Additionally, therapist empathy has been identified as one of the common therapeutic factors behind a variety of theoretical approaches. It has also been identified as one of the specific therapist characteristics associated with positive therapy outcomes for clients and it appears to

serve as the foundation for the establishment of the therapeutic relationship, a factor that is consistently shown to be associated with effective psychotherapy (Horvath & Bedi, 2002; Norcross, 2002). In sum, the presence of empathy is not only emphasized by counselor educators, but is a consistent factor that has emerged in outcome research literature. Therefore, because it is necessary that future outcome studies measure therapist characteristics that are grounded in the outcome literature (Anderson et al., 2009; Okiishi, Lambert, Nielsen, & Ogles, 2003), this study will focus on two characteristics or constructs that are linked to empathy in the outcome literature: ego development and altruism.

Ego Development

The ego is a "holistic construct representing the fundamental structural unity of personality and organization" (Manners & Durkin, 2001, p. 542). The ego is a lens or frame of reference (Loevinger, 1976) or a "master trait" (Manners & Durkin, 2000) which individuals perceive their social world and interpret events around them. Further, this construct provides a basis for understanding how the personality develops through the lifespan (Manners, Durkin, & Nesdale, 2004). Loevinger (1976) included four structural components of the ego that include; (a) character development, that incorporates moral development and impulse control, (b) cognitive style, that represents the propensity for complexity and cognitive development, (c) interpersonal style, that represents relationship styles, preferences, and how an individual makes sense of relationships and, (d) conscious preoccupations, that govern the focus of a person's conscious thoughts and behaviors.

Ego development (Loevinger, 1976) (also referred to as cognitive complexity and social cognitive development), has been considered a "…important factor in counseling efficacy"

(Welfare & Borders, 2010, p. 162). Higher levels of ego development reflect greater maturity and the ability to cope with more complex problems. Research demonstrates the importance of ego development in counselor trainees (Borders, 1998; Granello, 2010; Lambie, 2007; Welfare & Borders, 2010). Additionally, higher levels of ego development are associated with higher levels of empathy, perspective taking, wellness, and the ability to adapt (Borders, 1998; Granello, 2010, Lambie, Smith, & Ieva, 2009). Therefore, since higher levels of cognitive development represent higher levels of empathy, ego development will be explored in this study relative to client outcomes. Additionally, another construct closely related empathy is altruism (Batson, Ahmad, & Lishner, 2009; Curry, Smith, & Robinson, 2009).

Altruism

Altruism is defined as "the purest form of caring-selfless and non-contingent upon reward—and thus a predecessor for pro-social cognitions and behaviors" (Curry et al., 2009, p. 68). Altruistic caring is representative of increasing another's welfare rather than increasing one's own welfare with self-serving intentions (Batson et al., 2009). Further, altruism is also closely associated with increased empathy (Batson et al., 2009; Curry et al., 2009). It is important to investigate the reasons counselors enter the counseling profession because this may reveal counselor trainee's level of altruistic tendency (Curry et al., 2009). For example, individuals who were caretakers early on in their lives and those that knew they would become counselors early on in life possess more altruistic inclinations for choosing the counseling profession (Kuch & Robinson, 2008). Therefore, the level of a counselor's altruism may influence client outcome.

Statement of the Problem

Counselor educators continue to rely on admissions procedures that have limited ability to predict counseling competence (Nagpal & Ritchie, 2002). For example, counselor educators often rely on observation and intuition during selection interviews (Nelson et al., 2003) to determine the presence of desirable counselor characteristics (e.g., warmth, empathy, non-judgment). Although selection interviews appear ideal for assessing personal characteristics and interpersonal skills than other methods (Nagpal & Ritchie, 2005), it appears that selection interviews lack predictive validity (Markert & Monke, 1990; Nelson et al., 2003) and a reliable methodology is needed (Leverett-Main, 2004). Further, these evaluations do not correlate with therapeutic effectiveness (Markert & Monke, 1990). Therefore, instruments that could predict better client outcomes would help refine the selection process and could assist in determining the best candidates at admission (Lumadue & Duffey, 1999; Nelson et al., 2003). Client outcome research has supported that relationship factors are effective predictors of client outcome (Asay & Lambert, 1999; Norcross, 2002). Assessments that are linked to empirical research may provide valuable information regarding counselor characteristics that are effective, that will ultimately assist in; (a) selecting the most competent and effective counselors; (b) reducing the likelihood of admitting candidates that do not possesses desirable qualities (i.e., gatekeeping) and; (c) reduce the inherent bias of interviewing (Holstein, 2000) which is a threat to predictive validity (Markert & Monke, 1990). Moreover, it is important that such assessments are grounded in empirical research that predicts client outcomes, rather than theories or opinions unsubstantiated by research.

Outcome researchers suggest that the quality of clinical services could be positively affected by a research paradigm that emphasizes psychotherapy practices that are empirically supported (Bohart, 2000). Further, Okishii et al. (2003) argued that "empirically supported therapists" (p. 372) may be even more beneficial to client outcomes than the treatments they utilize. For example, therapist empathy has emerged as a strong predictor of psychotherapy outcomes (Bohart, Elliot, Greenberg, & Watson, 2002; Horvath & Bedi, 2002). Therefore, this study will investigate variables related to empathy. Specifically, because higher levels of altruism and higher levels of ego development are connected to empathy, these characteristics will be explored as they relate to client outcomes. Further, the following areas will be addressed in the next section: (a) outcome research as a paradigm for identifying effective counselors, (b) altruism and empathy, (c) ego development, (d) a rationale for the present study, (e) research questions, design, and method and, (f) limitations of the study.

Theoretical Framework

Outcome Research

Outcome research is broadly defined as identifying therapeutic factors that help clients improve. It has become more relevant to clinicians because of the rising demands of organizations such as managed care that require the use of empirically supported treatments (EST's) in order to provide funding or reimbursement for services (Asay, Lambert, Gregerson, & Goats, 2002; Norcross, 2002). The general finding in over 60 years of cumulative empirical research on psychotherapy outcome is that all theories are equally effective in promoting client change (Lambert & Barley, 2002; Norcross, 2002). Further, psychotherapy has been shown to be

effective regardless of technique. However, the delicate and multifaceted factors that are integral to a counseling relationship (e.g., counselor variables such as interpersonal style, facilitative conditions such as warmth and congruence) appear to complicate efficacy research (Norcross, 2002). This is because it is difficult to isolate specific variables that contribute to client outcome as the nature of these therapeutic factors are interwoven within the therapeutic relationship, such as facilitative conditions, therapist characteristics, and client factors. Nonetheless, there is a consensus that relationship factors, traditionally advocated by the person centered school (Rogers, 1957) are effective in producing client outcomes (Lambert & Barley, 2002).

Common Factors

Proponents of the common factors approach argue that factors that are present in any therapeutic alliance, regardless of theoretical orientation, are the primary predictors of client outcomes. These factors include warmth, support, empathic attunement, the strength of the therapeutic alliance, and therapist feedback. According to Norcross (2002), the following common factors are most studied in outcome literature: (a) empathic understanding, the ability for the therapist to be empathic and have appropriate empathic attunement toward the client; (b) non possessive warmth and positive regard, the ability for the therapist to express warmth and acceptance, without conditions and; (c) therapist congruence and genuineness "realness" and "non-phony" interactions with the client. Further, these conditions have been thoroughly investigated in psychotherapy research in preparation for future therapist and essential relationship skills (Truax & Carkhuff, 1967; Truax, 1971). Although these counselor characteristics influence client outcomes, it is difficult to isolate these variables due to the interconnected nature of several variables present within a therapeutic relationship.

It appears that these counselor characteristics contribute to client outcomes and these characteristics or behaviors contribute to facilitative conditions in the counseling relationship. However, it is difficult to differentiate between therapist variables (e.g., interpersonal style, characteristics), facilitative conditions (warmth, empathy, positive regard), and the client-therapist relationship (therapeutic alliance). According to Lambert and Barely (2002) these concepts are not mutually exclusive or distinct and it is inherent that these components are "interdependent, overlapping, and interrelated nature" (p. 21). For example, therapist empathy may influence client outcomes partially through the impact of the development of the therapeutic alliance, but also as a factor independent of the therapeutic alliance (Wing, 2010). Furthermore, the role of therapist empathy is integral to recognizing and repairing ruptures in the therapeutic alliance (e.g., Burns & Auerbach, 1996; Serran, Fernandez, Marshall, & Mann, 2003). Therefore, specific therapist variables that have emerged in outcome literature such as empathy are intertwined and connected to other areas that also influence client outcomes (i.e., therapeutic alliance). Nevertheless, it appears the therapist contributes to facilitative conditions and the therapeutic alliance and there are specific characteristics that have emerged in outcome research that are predictors of client outcomes and therapist efficacy.

Specific therapist characteristics

Evidence suggests that individual therapists can have a considerable impact on client outcome, despite efforts to eliminate the therapist by employing manualized treatments (e.g., Beutler et al. 2004; Crits-Chirstoph & Mintz ,1991; Dinger, Strack, Leichsenring, Wilmers, & Schauebirg, 2008; Norcross, 2002; Lambert & Barley, 2002; Okiishi, Lambert, Egget, Nielson, Dayton, & Vermeersch, 2006; Orlinsky & Howard, 1980). Norcross (2002) asserted that both

clinical wisdom and emerging research support the fact that some therapists are better than others at contributing to positive client outcomes. Further, process outcome studies over the span of 50 years (e.g., Orlinsky et al., 1994) have identified several variables that have consistently shown to have a positive effect on treatment outcomes. For example, clients described effective therapists as more sensitive and honest (Strupp et al., 1969), that they convey empathic understanding, unconditional positive regard, sensitivity, acceptance (Orlinsky et al., 1994), and warmth and support (Lazarus, 1971).

Researchers suggested that empirical effect sizes for "naturalistic studies are significant, but moderate" (Dinger et al., 2008, p. 345). For example, Wampold and Brown (2005) reported about 5% of the variance is due to the individual therapist. Lutz, Leon, Martinovich, Lyons, and Stiles (2007) found the individual therapist contributed to 8% of the total variance and attributed to 17% of patient's improvement in therapy. Although specific therapist characteristics have emerged as a variable in client outcomes, the therapist alone is not the only factor that influences client outcomes. As stated previously, the myriad of factors that are present in a therapeutic encounter, such as common factors, the dynamic within the therapeutic alliance, and client characteristics also influence client outcomes. However, a consistent variable throughout the outcome literature, (e.g., common factors, facilitative conditions, therapeutic alliance) is the presence of empathy.

Empathy

Counselor educators and researchers emphasize that empathy is an integral aspect of the counseling process (Bodenhorn & Starkey, 2005; Duan & Hill, 1996; Greenberg, Elliot, Bohart, & Watson, 2001; Rogers, 1957; Truax & Carkuff, 1967; Young, 2009). There is evidence that

the ability for the therapist to display empathy is related to effective counseling skills and other

variables that predict effective counseling (Bohart et al., 2002; Grace, Kivlighan, & Knuce,

1995; Miller et al., 1980; Orlinksy et al., 1994; Ridgway & Sharpley, 1990; Truax & Carkuff,

1967). For example, researchers conducted a meta-analysis that investigated the relationship

between client perceived therapist empathy and client outcome and found that empathy

accounted for almost 10% of outcome variance, suggesting that it accounted for more variance

than specific interventions (Bohart et al., 2002). Other studies have demonstrated the

significance of therapist empathy in effective psychotherapy (Miller et al., 1980; Orlinsky et al.,

1994; Lafferty et al., 1991). In sum, the importance of therapist empathy as a vital part of client

outcome has been well documented in the literature (e.g., Norcross, 2002). Therefore, it is

important to explore constructs that are strongly related to empathy and investigate how they

may affect client outcomes. One counselor trainee characteristic that is related to empathy is the

trainee's level of altruism or altruistic tendency.

Altruism

Definitions of altruism vary throughout the literature and no singular definition of the

construct exists (Kuch, 2008). Altruism has been defined as "the unselfish concern for the

welfare of others…the opposite of selfishness…concerned and helpful even when no benefits are

offered or expected in return" (Lee, Lee, & Kang, 2003, p. 555). Furthermore, the ultimate goal

of increasing another's welfare is the opposite of increasing one's own welfare, where the

motivation is egotistic, or self-serving (Batson et al., 2009). This "purest form of caring …"

(Curry et al., 2009, p. 68), appears to be related to the ability to be empathic, and this emotion

has been purported to be a source of altruistic motivation (Batson et al., 2009). Therefore, the

power of empathic feelings may induce altruism (Batson, 1987; Baston et al., 2009). Moreover, the ability to take perspectives of others may increase empathy and may be a determinant or precursor for such action to occur (Batson et al., 2009). Conversely, the absence of empathy and altruism within counselors is problematic. For example, although increased empathy may be a motivating factor for those in the helping professions, those counselors who have limited altruism may have difficulty empathizing with clients (Shapiro & Gabbard, 1996).

Several explanations of altruistic motivation have been presented (Batson et al., 2009) and the issue of whether altruism is a state or a dispositional trait continues to be debated. For example, researchers argue that there is an "altruistic personality" (Oliner & Oliner, 1988), and that altruism is a broad based trait (e.g., Rushton, Crisjohn, & Fekken, 1981). Others see it as a situational state (e.g., Batson et al., 2009). Based on the assumption that altruism is a broad based trait, Kuch and Robinson (2008) developed an inventory that attempted to measure the degree of altruistic tendency for individuals entering the counseling profession (Curry et al., 2009). The purpose of the instrument was to explore the motivations for counselor trainees choosing their profession (Kuch, 2008) and to measure the level of altruistic tendency that influenced this decision. This was based on research that suggested that motivations may be 'greedy' or self-serving, neutral, or altruistic (e.g., Heintzelman Inventory; Robinson et al., 2010).

The reasons for becoming a therapist or "to concern himself or herself with the dark side of the human psyche" (Norcross & Farber, 2005, p. 941) are numerous and complex (Norcross & Farber, 2005). Attempting to delve beyond the traditional guise of "I want to help people", possible reasons for choosing such a profession have included the archetypal image of the *wounded healer* (Barnett, 2007; Graves, 2008; Mander, 2004; May, 1973; 1989; Norcross &

Farber, 2005; Sedgwick, 1994): that those who heal are intrinsically wounded themselves and seek to repair or grow from those wounds by helping others. However, there are other motivations that have emerged in the literature. For example, familial, cultural, and psychological influences contribute to counseling as a career choice (Norcross & Farber, 2005). Studies support that therapist choices to become counselors may serve some sort of unconscious motivation, such as a "narcissistic" need such as to see oneself as superior to others (Barnett, 2007). Although further research is necessary regarding motivations to become a therapist, there appears to be several areas that have emerged as a result of inventory development (Kuch, 2008; Robinson & Swank, 2010) Specifically, Kuch and Robinson (2008) concluded that a counselor's *life experiences* has emerged as a factor in choosing the counseling profession. Many counselors report that they chose to become a counselor because they served as a caregiver at times in their upbringing (Barnett, 2007; Norcross & Farber, 2005). This includes experiences when they were children or young adults, when people turned to them for help and emotional support. This is consistent with research conducted by Norcross and Farber (2005) who concluded that a group of therapists that warrants attention are those whose caregivers or parents relied on them for support.

In an attempt to measure the degree of altruistic inclination in counselor trainees, the Inventory was developed. The most recent revision is known as the Heintzelman Inventory (Robinson et al., 2010). The instrument was created in attempt to measure a counselor's trainee's reasons for entering the counseling profession, whether the basis was unselfish or more self-serving. Further, data could help trainees during their graduate work and help them maintain focus on their clients, rather than using clients to serve their own needs (Curry et al., 2009). This

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exploration was based on literature that supports that familial, cultural, and psychological influences contributed to counseling as a career choice (Norcross & Farber, 2005). The development of this instrument and several exploratory and confirmatory factor analyses (e.g., Kuch, 2008; Robinson & Swank, 2010) have yielded three major factors (Robinson & Swank, 2010) that influence one's decision to enter the helping-oriented field of counseling, (Kuch, 2008). These factors include: personal growth (e.g., "work on my own healing", "help myself with certain issues"), professional development (e.g., "concerned about level of anxiety with working with clients", "not being able to help"), and life experiences (e.g., "care taker for authority figures as a child", "siblings turning to me for emotional support"). Kuch (2008) concluded the "life experiences" category may yield increased altruistic motivation for entering the counseling field. Conversely, "personal growth" may indicate more of an egocentric reason for entering the profession. Further, it appears reasonable to speculate that those who are inclined to more altruistic motivations for entering the profession will have higher levels of empathy, and this may positively correlate with client outcomes.

Altruism does appear to be related to empathy as a motivating factor for pro-social behavior (Batson et al., 2009). Thus, counselors' level of altruistic caring may predict client outcomes. Yet, there are no known studies that attempt to measure the impact of a counselor's level of altruism and the impact on client outcomes. Although higher levels of true altruistic tendencies (that are not selfish motivators) may lead to increased levels of empathy, it is important to know if altruism alone is related to counseling effectiveness in clinical situations. Similarly, less

altruistic motivations for entering the profession may be related to lower empathy levels and inferior client outcomes.

One factor that increases one's empathy is the ability to take on another's perspective, and research supports there is a strong relationship between cognitive perspective taking and altruistic helping (Oswald, 1996). Therefore, as a person increases their ability to see and experience an event through another person's perspective, the capacity for altruistic behavior, mediated by enhanced empathy, increases. Similarly, both increased perspective taking and empathy are also correlated with the second construct that will be investigated in this study, Loevinger's (1976) Theory of Ego Development.

The ability to place oneself in another's position, known as perspective taking or role taking (Kohlberg, 1981) is essential to counselor trainees because the ability to place themselves in their clients situation is a critical first task in establishing an effective therapeutic relationship (Young, 2009). This helps the counselor "empathize" (Duska & Wheelan, 1975) rather than sympathize: the counselor experiences their clients and interprets their thoughts and feelings while taking into consideration their unique role in society (Kohlberg, 1976). Additionally, perspective taking is exhibited in higher levels of cognitive development, as described by both Kohlberg (1976) and Piaget (1932). Similarly, Loevinger (1976) posited that higher levels of ego development are associated with increased perspective taking, empathy, and many other desirable counselor behaviors such as increased tolerance for ambiguity and overall counselor effectiveness. Therefore, the next section will review Loevinger's (1976) concept of ego development, the second construct in this study, and discuss the importance of this concept as it relates to counseling students and client outcomes.

Ego Development

Ego development (also known as cognitive complexity and social cognitive development) provides a basis for understanding how the personality develops through the lifespan (Manners et al., 2004). The ego is a holistic structure that helps organize the makeup of the personality (Manners & Durkin, 2002). Both holistic and inclusive, this personality construct includes both a person's intrapersonal and interpersonal experiences as well as a structure that is subjectively applied to life experiences to create meaning (Manners & Durkin, 2000). Ego development (Loevinger, 1976) is derived from earlier models of human development (e.g., Freud, 1954; Kohlberg, 1964; Piaget, 1932) and incorporates moral, cognitive, interpersonal, and character development (Lambie, 2007; Manners & Durkin, 2002).

Loevinger described nine ego levels that are developmental in nature and that represent a sequential movement toward total personality growth from less mature levels (e.g., impulsive) to mature (e.g., self actualized) (Ieva, 2010). For example, as individuals progress toward higher ego levels, they exhibit increased flexibility and adaptability in their interpersonal interactions and environment (Cook-Greuter & Soulen, 2007); greater interpersonal awareness, cognitive complexity, personal responsibility, and enhanced capacity to self regulate (Lambie, 2007; Manners et al., 2004; Ieva, 2009). Finally, ego development was found to be associated with outcomes such as an improved psychosocial adjustment and the ability to establish satisfactory relationships (Ribero & Hauser, 2009). These qualities associated with higher levels of ego development are precisely the qualities that are expected to be present in the best counselors. Logic suggests that counselors possessing these qualities would be more effective.

One way of understanding higher levels of ego development is that such individuals are more cognitively complex. According to Welfare and Borders (2010) "counselor cognitive complexity is an important factor in counseling efficacy" (p. 162). For example, counselors must be able to both identify and integrate several pieces of information from their clients to form an accurate clinical picture and understanding of clients needs (Welfare & Borders, 2010). Therefore, counselors need to function at elevated levels of complexity to address the multiplicity of clients needs (Blocher, 1983; Granello, 2010; Stoltenberg, 1981) The purpose for exploring the relationship between levels of ego development (Loevinger, 1998) and counselor efficacy is that ego development encompasses many of the characteristics of an effective counselor as identified in research. For example, Lambie (2007) stated that ego development is an "essential component in the development of an adaptive, self-aware counselor" (p. 82). Additionally, higher levels of ego development are related to higher empathy levels (Carlozzi, Gaa, & Liberman, 1983). Therefore, ego development is an important consideration of counselor trainees and their effectiveness.

Researchers attempted to demonstrate an empirical relationship between counselor trainee levels of ego development, although the results have been mixed. A problem with this research is that outcome measures (e.g., counselor effectiveness) are usually based on data from objective raters observing sessions or are based on client satisfaction ratings. Both outcome measures are commonly used throughout the literature in outcome studies, however, the psychometric properties of these instruments have not been validated. Although such instruments provide valuable information to whether a client was satisfied with counseling or whether raters perceived counselors demonstrated skills in a session, less subjective assessments are available

assess client outcomes. For example, the Outcome Questionnaire (OQ-45.2; Lambert et al., 1996) is a self report instrument that measures symptom distress and overall functioning versus client satisfaction. Moreover, the OQ-45.2 instrument has sufficient reliability and validity and is a widely used means of assessing client outcomes (Vermeersch, Whipple, Lambert, Hawkins, Burchfield, & Okiishi, 2004).

In sum, ego development is an integral component to counseling students and counselor efficacy. Research supports that higher levels of ego development (cognitive complexity) are related to higher levels of empathy, perspective taking, wellness, and the ability to adapt (Borders, 1998; Granello, 2010; Lambie et al., 2009). Nonetheless, the connection between ego development and improved client outcomes has not yet been sufficiently documented in the literature. Therefore, one purpose of this study is to explore if counselor trainees level of ego development affects client outcomes. This is based on the assumption that higher levels of cognitive complexity in the counselor trainee will be associated with symptom relief in the client.

Purpose of the Study

The purpose of this study is to determine if there is an empirical link between certain counselor trainee characteristics and client outcomes. Although research indicates that specific therapists characteristics have a positive impact on client outcomes (e.g., Beutler et al., 2004; Dinger et al., 2008; Lambert & Barley, 2002; Norcross, 2002; Okiishi et al., 2006), the constructs of ego development and altruism have not been studied as predictors of good counseling. This study will investigate this possible link to determine if counselor trainees' level of ego development and altruism can predict client outcomes. The reason these two constructs were

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selected is because both have been associated with counselor empathy, which has been consistently found to be predictor of good counseling outcomes. Although empathy measures could be administered to candidates, most empathy scales are self report measures. Therefore, these measures are more reflective of whether the test taker sees himself or herself as being empathic (i.e., social desirability bias). In other words, raters and counselors may have different viewpoints about if the counselor is showing empathy. Because altruism and ego development may be assessed via paper and pencil format and may be less transparent to test takers, the assessment of these constructs could potentially lead to a battery of instruments that can be administered to applicants of counselor education programs. This may provide a more reliable way to determine the potential for empathy and for selecting clients with the most potential to help clients.

Rationale for the Study

Counselor educators rely heavily on the personal interview for admitting potential candidates (Nelson et al., 2003) and combine observations, interactions, and intuitions regarding potential candidates to determine whether they posses desirable qualities (e.g., warmth, empathy). However, selection interviews lack predictive validity and do not correlate with measures of therapeutic effectiveness (Markert & Monke, 1990; Nagpal & Ritchie, 2002; Nelson et al., 2003). Therefore, assessments that measure constructs that are associated with client change could assist in the selection process. Further, because researchers assert that there is a need to move beyond measuring therapists characteristics that are associated with demographic characteristics and those that have a "…more solid theoretical and empirical link to client outcomes" (Anderson et al., 2009, p. 756), this study will be examine constructs that are related

to empathy. Empathy has long been found to possess this link to outcomes (Bohart et al., 2002; Grace et al, 1996; Miller et al., 1980; Orlinsky et al., 1994; Truax & Carkuff, 1967).

Some research has supported the relationship between ego development and counselor effectiveness and counselor skill acquisition (Borders & Fong, 1989; Borders, Fong, & Neimeyer, 1986) as well as self-reported empathy towards clients (Carlozzi et al., 1983; McIntyre, 1985). Other studies have shown no correlation between counselor trainee level of ego development and counselor effectiveness (Dallam, 1979; Zinn, 1996). The reason for the discrepancy may be due to small sample sizes (Ieva, 2010). Further, outcome measures (i.e., counselor effectiveness) were based on observational ratings of the counselor and on client satisfaction ratings (e.g., Borders & Fong, 1989; Dallam, 1979; Zinn, 1996). Although these instruments provide valuable information to whether a client was satisfied with counseling or whether raters perceived the counselor demonstrated skills in a session, it is critical that we determine if the clients actually improved over the course of treatment.

One commonly used outcome measure is the Outcome Questionnaire (OQ-45.2; Lambert, 2004). This assessment has validated psychometric properties and is commonly used in outcome research (e.g., Vermeersch et al., 2004). The use of the OQ.45.2 would provide a measure of "clinically meaningful " (Ogles, 1996, p. 35) client change. For example, if counselor's level of ego development were able to predict symptomatic change in clients, this would provide not only an alternative to more biased procedures such as interviews but could provide qualitatively different information such as the influence of cognitive complexity. Therefore, because there appears to be no study that examines the relationship between counselor trainee level of ego

development and the client's symptomology (e.g., patient outcome data) this study will attempt to fill this gap in the current literature.

Similarly, because research supports that altruism is closely related to empathy (Batson et al., 2009; Curry et al., 2009), this study will examine the relationship between a counselors altruistic tendency (specifically, the *life experiences* scale) and client outcomes. The reason for this study is due to the little empirical evidence in the literature surrounding altruism. Further, there is no study to date that examines counselor trainee's level of altruism and if this affects client outcomes. Therefore, it would be reasonable to suggest that the higher one's level of altruistic tendency for entering the counseling profession (i.e., unselfish motivations), the higher the empathy level, and this may positively correlate with client outcomes.

Lastly, it also appears likely that there may be a relationship between a counselor's altruistic tendency and level of ego development. Factors that are traditionally associated with counselor effectiveness include empathy, cognitive complexity, emotional flexibility, and the ability to tolerate multiple perspectives (Dallam, 1979, Zinn, 1996). Therefore, because these constructs share similar characteristics, this study will explore if there is a relationship between altruism (specifically, the *life experiences* subscale) and ego development. This is potentially important for counselor educators because there is no study to date that examines this relationship and this would fill a gap in the literature. Further, identifying a relationship could help counselor educators in the selection process. For example, if there were a relationship between ego development and altruism, administering one of these instruments during the selection process could provide valuable information about the other construct which would ultimately assist in selecting effective candidates.

Research Hypothesis

The purpose of this study was to determine if counselor characteristics such as counselor trainees' level of ego development and their capacity for altruism could be used to predict client outcomes.

Research Question One:

Does a counselor trainees' level of ego development (as measured by the *Washington University Sentence Completion Test* (WUSCT; Hy & Loevinger, 1996) predict client outcomes (as measured by the Outcome Questionnaire (OQ-45.2: Lambert, 2004)?

Research Question Two:

Does a counselor trainees' level of altruistic tendency (as measured by the Heintzelman Inventory; Robinson et al., 2010) predict client outcomes (as measured by the Outcome Questionnaire (OQ-45.2: Lambert, 2004)?

Definition of Terms

Counselor Trainee: Student that is enrolled in a practicum course in a master's level CACREP accredited program in a large University in the Southeastern United States. Students were enrolled in their first, second, or third semester of practicum. Practicum is a course that students counsel clients under supervision at a community counseling clinic.

Client Outcomes: Client outcomes are quantified measures of client progress and can be measured by an alleviation of symptoms and distress (Wampold, 2001). Assessment tools, such as self-report measures, assist in gauging a client's level of functioning and determining overall

functioning. For this study, the OQ-45.2 will be utilized to measure client progress, or client outcome.

Ego Development: defined as a "holistic construct representing the fundamental structural unity of personality organization" (Manners & Durkin, 2002, p. 542). This lens or master trait serves as a structure in which individuals make meaning and understand their environment. Ego development provides a basis for understanding how the personality develops through the lifespan (Manners et al., 2004).

Altruism: … "the purest form of caring… selfless and non-contingent upon reward and thus a predecessor of pro-social cognitions and behaviors" (Robinson & Curry, 2005, p. 68).

Research Design

The research design for this study is descriptive correlational, where the relationship between two constructs will be investigated (Fraenkel & Wallen, 2009). Correlational research is appropriate for this study because it is commonly used to: (a) help explain human behaviors and, (b) predict likely outcomes (Creswell, 2005; Gall, Gall, & Borg, 2005). In this study correlational design was used to explain and predict client outcomes. Additionally, correlational research was used to determine the relationship and directionality between the three variables (e.g., ego development, altruistic caring).

This ex-post facto (after the fact), correlational design was used to examine the occurrence of the variables in their natural state, without manipulation. The research design for this particular study was a Multiple Linear Regression (MRA). A MRA is a statistical method

that studies the relationship between multiple interval scaled independent variables and one interval scaled dependent variable.

Research Method

Population and Sample

Student Counselors. This study used purposive sampling of master's level counselor trainees from a large counselor education program in the Southeastern United States which is certified by the Council of Accreditation of Counseling and Related Programs (CACREP). Participants were identified by their enrollment in the practicum course. Master's level counseling students within the previous two years were included. Student scores on levels of ego development and altruistic caring were tabulated. Students were asked as a part of their practicum orientation to complete these instruments before they entered the practicum course.

Client Participants. Client participants were individuals from the community seeking help for personal problems at a community counseling clinic in a counselor education program. The clients were assigned to student counselors by clinic staff after telephone screening. Student counselors administered the OQ-45.2 to their clients at the beginning and end of treatment to determine improvement or deterioration in their overall level of functioning (i.e., changes in symptoms over time). As part of the university's clinic policy the OQ-45.2 data on each client was gathered by the respective counselor and stored in the counseling clinic's software system. Therefore, the researcher had no contact with client participants.

Data Collection Procedures

Prior to data collection, the researcher received permission from the University of Central Florida's Institutional Review Board (IRB) to conduct the study. The researcher analyzed client

data from the existing database. There was no contact by the researcher with either the counselor participants or the client participants. Therefore, there were no anticipated risks related to these human subjects. An existing data base was utilized consisting of master's level student scores on their levels of ego development (WUSCT; Hy & Loevinger, 1996) and altruistic caring subscale (Heintzelman Inventory, 2010) for the following time frames (Fall 2008, Spring, 2009, Summer, 2009, Fall, 2009, Spring, 2010, Summer 2010). Students signed an informed consent to participate in the administration of these assessments throughout their graduate experience and allowed their scores to be used in research. As part of this process, students were asked to complete both the Heintzelman Inventory (Robinson et al., 2010) and the WUSCT (Hy & Loevinger, 1996) at practicum orientation, just before the beginning the practicum course. Additionally, all identifying information within the data set was removed by a research associate, ensuring the confidentiality of participants in the program's data collection and evaluation.

Instruments

The *Outcome Questionnaire-45.2 (OQ-45.2;* Lambert, 2004*)* is a norm referenced, forty five item instrument designed to assess the client's symptoms of psychological distress. When developing the OQ-45.2, Lambert (2004) developed three scales to measure important aspects of client functioning: (a) Subjective distress, that measures how a person is feeling, how depressed or anxious, (b) Interpersonal relationships, that measures the level of functioning in getting along with others (e.g., friends, family) and, (c) Social role performance, that measures the level of functioning in important life tasks (e.g., work, school). The sum of these subscales yield a Total Distress score that reflects an overall "index of mental health" (Lambert, 2004, p. 10). This total score was used as the measure of client outcomes in this study. Specifically, the change in the

Total Distress Score from the beginning of treatment to the end of treatment was used to measure client outcome.

The OQ-45.2 showed evidence of concurrent reliability based on correlations with ten other tests that measured similar constructs (e.g., STAI, SCL-90-R), with coefficients ranging from .44-.92. According to Lambert et al. (2004) the reliability for this instrument was significant at the .01 level, and the test retest value for the total score was .84.

Washington Sentence Completion Test - The WUSCT (Hy & Loevinger, 1996) is a semi-projective inventory that measures ego development (cognitive complexity) and consists of 18 sentence stems. Examples of sentence stems include "Women are lucky because….". A total rating is calculated to indicate the level of ego development (1-9). The WUSCT has been deemed a reliable and valid measure of ego development (e.g., Noam, Young, & Jilnina, 2006). Studies have provided evidence of construct validity with the unstructured interview and the Thematic Apperception Test (TAT; Murray, 1943) (Manners & Durkin, 2000; Westenberg & Block, 1993), high split half reliability with significant correlations between the two halves of .84 for the first half and .81 for the second half, with .90 for the total of 36 items (longer version) (Novy & Francis, 1992), and high interrater reliability of .94 (Manners & Durkin, 2000). The WUSCT is one of the most psychometrically sound measures of maturity and personality development (Cook-Greuter & Soulen, 2007; Manners & Durkin, 2000; Noam et al., 2006).

Heintzelman Inventory- The Heintzelman Inventory (Robinson et al., 2010) is an inventory designed to measure altruism in counselor trainees. The current inventory contains 40 questions scored on a likert scale ranging from 1: *Not at all an influence* to 5: *A very strong influence*. In attempt to provide psychometric properties for this inventory, Kuch (2008) changed

the questions to encompass a Likert scale with five choices and an "N/A" category. Factor analysis by Robinson and Swank (2010) yielded the following six factors: Factor 1: Self-efficacy/Professional Skills, Factor 2: Future expectations, Factor 3: Self-understanding, Factor 4: Self-growth, Factor 5: Seeking Support, Factor 6: Counselor Identity Formation, Factor 7: Early Caretaker Experiences, and Factor 8: Self-doubt. Further confirmatory factor analysis has yielded 3 factors that include: Personal Growth, Professional Experiences, and Life Experiences (factors 6 and 7). For purposes of this study the Life experiences subscale will be explored as this is related to increased altruistic motivation to enter the counseling profession. Construct validity has been demonstrated for the instrument through several factor analyses (Robinson & Swank, 2010). Additionally, acceptable internal consistency has been demonstrated with a co-efficient of .797. Evidence of construct validity has been demonstrated with the Personal Orientation Inventory (POI; Shostrom, 1966).

Data Analysis

Data was analyzed using Statistical Programs Systems Software 17th edition (SPSS, 2008). A stepwise, multiple linear regression was employed. Data was tested for assumptions such as homogeneity and multicolinearity before statistical analysis.

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Limitations/Weaknesses

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There were several possible limitations of this study. Most importantly, correlational research provides data on the strengths of relationships between variables. Therefore, an inherent limitation in the current study was the inability to explain causality link between variables (Fraenkel & Wallen, 2009). Another limitation of this study was the use of a purposive sample that consisted of students from a single counselor education program. This sampling technique

bears the same weaknesses as a convenience sample, making it difficult to make strong quantitative inferences. Further, the potential exists for participants to have made socially desirable responses on self report measures. The OQ-45.2, Kuch Robinson Scale, and Washington Sentence Completion Test do not have an internal validity scales built into the assessments that measure this propensity. Finally, "testing" is a limitation of this study. Testing refers to "the effects of taking a test upon the scores of a second testing," (Campbell & Stanley, 1963, p. 5). Clients who were included in this study have had previous administrations of the OQ 45.2 and their familiarity with the instrument could have an impact on how they answered subsequent assessments.

Implications for Counselor Educators

Although counselor educators often rely on observation (i.e., interviewing) and intuition to determine the presence of desirable counselor characteristics (e.g., empathy, warmth, non-judgment), research indicates that selection interviews lack predictive validity and interview evaluations do not correlate with therapeutic effectiveness (Markert & Monke, 1990). Counselor educators continue to rely on admissions procedures that have limited ability to predict counseling efficacy or competence (Markert & Monke, 1990). Therefore, counselor educators would benefit from assessments that could help determine who are the applicants with the most potential to help clients. The use of additional instruments such as paper and pencil tests helps address the inherent bias of interviewing, so that internal validity may be increased (Nagpal & Ritchie, 2002). Additionally, the use of such instruments may decrease the time spent in the interviewing process which is quite demanding on faculty time and departmental resources (Nagpal & Ritchie, 2002). Further, instruments that are not as transparent may provide valuable

information regarding counselor characteristics that are empirically linked to client outcomes.

For example, empathy scales could be administered during the admissions process, however,

these instruments are generally self-report. Using patient outcome data to determine factors

associated with counseling effectiveness would be a more objective way of guiding the selection

process. This will ultimately assist in both selecting the most competent and effective counselors

and reducing the likelihood of admitting candidates that do not possesses desirable qualities (i.e.,

gate keeping).

CHAPTER TWO: REVIEW OF THE LITERATURE

Introduction

Empirically supported treatments (EST's) have emerged as an area of research interest over the last decade (Norcross, 2002). This is partly due to the rising demand of government agencies and health care providers that are more often requiring evidence based treatments to reimburse for mental health services (Asay et al., 2002; Norcross, 2002). This trend towards the reimbursing of only EST's is to improve treatment efficacy by promoting treatments that are supported by solid research evidence (Asay et al., 2002; Prochaska & Norcross, 2007). Although there are benefits to endorsing EST's, such as the fact psychotherapy will be able to separate effective and unproven treatments (Asay & Lambert, 1999; Norcross, 2002), there are critiques of the sole use of EST's. For example, although researchers attempted to enhance the effectiveness of psychotherapy by selecting the best treatments, they have historically neglected the therapeutic relationship: the most powerful predictor of therapeutic success and have overemphasized therapy techniques (Asay et al., 2002; Asay & Lambert, 1999; Prochaska & Norcross, 2007). Moreover, much of the efficacy research has gone to great lengths to eliminate the therapist as a variable for client improvement virtually ignoring the "inescapable fact . . .that the therapist is the central agent of change" (Lambert & Okiishi, 1997, p. 37), and that the therapist has a considerable impact on client outcome (Beutler et al., 2004; Crits-Christoph & Mintz ,1991; Dinger et al., 2008; Luborsky, McClellan, Woody, O'Brien, & Auerbach, 1985; Norcross, 2002; Okiishi et al., 2006; Orlinksy & Howard, 1980; Wampold & Bolt, 2007a).

Specific therapist contributions to client improvement has been "widely accepted in clinical practice" (Lambert & Ogles, 2004, p. 167). One of the findings from both clinical practice and research is that certain counselors are more effective than others in facilitating change (Crits-Christoph & Mintz, 1991; Lambert & Barely, 2002; Okiishi et al., 2003; Orlinksy & Howard, 1980). For example, Orlinsky and Howard (1980) reviewed outcome ratings of 23 psychotherapists by 143 female clients who rated them as varying in effectiveness. Of the 23 therapists, six of these treated 84% of patients that improved over the course of treatment, with none deteriorating. Conversely, five of the 23 therapists showed significantly lower improvement rates with 50% or less of their clients improving and 10% of their clients got worse. Additionally, Crits-Christoph and Mintz (1991) argued that the contribution of individual therapists should not be ignored in research designs nor the statistical analysis of data. Their meta-analysis of 15 studies and 27 treatment groups revealed an average therapist effect accounting for 9% of the outcome variance. One of the studies showed therapist effects accounting for 49% of the outcome variance, while other studies showed no independent therapists effects. The highest partial correlation between independent variables and size of therapist effect was produced by use of treatment manuals and therapist experience level, where manuals and higher experience were associated with smaller therapist difference and smaller effect sizes. Therefore, counselors who used manuals in treatment studies and those with greater experience were more similar in their effectiveness. Although effect sizes varied from negligible to large, these authors argued for the importance of examining individual therapists and outcomes (Okiishi et al., 2003) because by ignoring the therapist factor entirely, investigators may be reporting differences between treatments that are actually a function of therapist

differences (Chris-Christoph & Mintz, 1991). Finally, Okiishi et al. (2003) explored 1841 clients seen by 91 therapists over two and a half years at a large University Counseling Center using archival data to examine client outcome. Researchers explored whether general therapists traits such as type of training, amount of training (experience), gender, and theoretical orientation of therapists contributed to client outcomes. No statistically significant relationship was found for any of the variables (p > .05): experience (p = .083), gender (p = .748), training (p = .914), or orientation (p = .463). However, there was a significant amount of variation among clients rates of improvement, depending on the therapist, suggesting that differences found between individual therapists are the result of *other* therapist characteristics (Lambert & Okiishi, 1997; Okiishi et al., 2003). A major limitation to the study was the inability to identify the specific therapist's characteristics and differentiate those that affected client outcomes significantly. Okiishi et al. (2003) concluded that identifying "empirically supported therapists" (p. 372) must be emphasized and that this may be to the best way to improve client outcomes. Thus, it appears that the quality of clinical services might actually be enhanced from a research paradigm that focused on '*empirically supported psychotherapy practice'*, rather than one that focuses on '*empirically supported treatments'* (Bohart, 2000). Therefore, the next section will provide a review of the literature regarding empirically supported treatments and will explore the general conclusions that have emerged including: (a) the importance of common factors; (b) the contribution of specific therapist characteristics and; (c) the influence of the therapeutic alliance. Because the therapist contributes and affects each of these areas, it is essential to understand the impact of therapists' contributions on client outcomes. Further, a consistent finding is the importance of therapist empathy as one of the strongest predictors of an effective therapeutic

alliance (Wing, 2010). Researchers suggest that it is crucial to study specific therapist characteristics that are empirically associated with client outcomes (Okiishi et al., 2003). This research study will utilize two constructs that correlate with therapist empathy: (a) counselor altruism and, (b) counselor level of ego development (Loevinger, 1976). The rationale for selecting these variables for study is that they have consistently been found to correlate with empathy, a central aspect of the therapeutic relationship (e.g., Batson et al., 2009; Carlozzi et al., 1983; Curry et al., 2009). In addition, they have not been studied in terms of their contribution to client outcomes.

Outcome Research

Over the last sixty years, researchers have attempted to determine if any theoretical orientation produces superior results (Lambert & Barley, 2002). The general consensus that has emerged is the equivalence of all therapies (Lambert & Barley, 2002; Norcross, 2002). A common factors approach has been proposed that suggests that there are some common elements in all theoretical schools that are responsible for these similar client outcomes. These common factors may account for a large portion of what is helpful for clients and variables that are shared across diverse treatments (Horvath & Bedi, 2002), rather than what is distinct or unique among therapies. Factors that help produce client change include warmth, empathic attunement, the therapeutic alliance (Asay & Lambert, 1999; Lambert & Barley, 2002), affirmation of the client and the ability to direct clients' to their affective experience (Orlinksy et al., 1994). According to Lambert and Barley (2002), these factors are the "most significant in contributing to positive therapeutic outcomes" (p. 358). Moreover, these common factors have been highly correlated with outcomes over specific techniques (Lambert & Barley, 2002). Additionally, common

factors are the most frequently studied in outcome literature and fall under the category of

relationship factors espoused by the client centered tradition (Asay & Lambert, 1999). Carl

Rogers (1957, 1961), a pioneer in the humanistic movement, identified these relationship factors

or facilitative conditions early in the history of modern psychotherapy and determined that they

were necessary for therapeutic success.

Common Factors

Rogers (1957; 1961) posited that the therapeutic relationship, defined as two people in

psychological contact within the therapeutic context, produced client growth and change. Rogers

identified specific therapist characteristics that were "necessary" to promote an effective

relationship that included: (a) empathic understanding, the ability for the therapist to be empathic

and have appropriate empathic attunement toward the client; (b) non possessive warmth and

positive regard, the ability for the therapist to express warmth and acceptance, without conditions

and; (c) therapist congruence and genuineness, "realness" and "non-phony" interactions with the

client. Rogers believed if these factors were present, a strong, effective, trusting therapeutic

relationship could be developed. Further, the foundation for consciousness raising, personality

change, and self actualization could occur under these conditions. These conditions have been

studied extensively and the skills for creating this kind of relationship have been identified (e.g.,

Truax & Carkhuff, 1967; Truax, 1971). For example, the ability to convey warmth,

understanding, and respect positively correlate with client outcomes (Lazarus, 1971; Strupp et

al., 1969). Yet, a number of these so-called relationship factors seem difficult to separate from

the therapist. For example, Lazarus (1971) in a controlled study of 112 subjects asked clients to

choose adjectives about their therapist that they attributed to positive outcomes in therapy.

Participants selected the terms such as "honest, sensitive, and gentle**."** Further, the clients in the study believed it was the therapist's qualities, not any specific technique, that was most important in their improvement.. Similarly, Strupp et al. (1969) reported that clients that felt their therapy was successful described their therapist as "warm, attentive, interested, understanding, and respectful" (p. 76). Therefore, it appears that these characteristics contribute to an effective therapeutic alliance (Horvath & Bedi, 2002).

Therapeutic Alliance

Although there are some studies that fail to show a positive relationship between the therapeutic alliance and outcome studies (e.g., Horvath, 1994; Martin, Garske, & Davis, 2000) reviews consistently show that a positive therapeutic alliance predicts client outcome (Dinger, Strack, Sachsse, & Schauenberg, 2009; Horvath & Bedi, 2002; Lambert & Barley, 2002; Norcross, 2002; Orlinsky et al., 1994). Furthermore, decades of research indicate that it is the strength and quality of the therapeutic alliance that serves as the main curative factor in client outcomes (Ackerman & Hilsenroth, 2003; Asay & Lambert, 1999; Horvath & Bedi, 2002; Lambert & Barely, 2001; Norcross, 2002; Orlinsky, et al., 1994). For example, measures of the therapeutic relationship variable correlate more highly with client outcomes over specialized therapy techniques (Asay & Lambert, 1999; Norcross, 2002). There are several mediating and moderating variables that contribute to the therapeutic alliance: counselor variables such as interpersonal style and characteristics; facilitative conditions such as warmth and congruence; and client variables such as type of disorder and pretherapy severity of impairment (Horvath & Bedi, 2002). Further, the concept of the alliance not only includes affective bonds between client and counselor but also the cognitive parts of the relationship such as the goals of therapy

(Horvath & Bedi, 2002). Because there are several variables that contribute to a successful alliance, this study will focus on the therapist's contribution to the alliance, which includes the provision of the facilitative conditions.

Greenberg, Elliot, and Litaer (1994) conducted a meta-analysis of four studies that examined the relationship between therapist facilitativeness (provision of therapist conditions of the alliance) and client outcome. The overall contribution of the relationship to outcome was (r =.43). Client improvement correlated with therapist warmth, activeness, and concreteness ($r = $ .31) and therapist genuineness ($r = .61$). Therefore, it appears that the person-centered tenets of facilitative conditions may indeed have an influence on client outcomes. Additionally, Ackerman and Hilsenroth (2003) reviewed therapists' personal attributes that contributed to the therapeutic alliance and positively affected client outcomes. Significant relationships were found between the alliance and therapist attributes and behaviors such as the capacity to be understanding and affirming (Najavitis & Strupp, 1994), warm and friendly (Mohl, Martinez, Ticknor, & Huang, 1991), interested and exhibiting confidence (Saunders, 1999), empathic responses and displaying positive regard (Horvath & Greenberg, 1989). In conclusion, these studies confirm that therapists contribute to the therapeutic relationship and that these contributions affect client improvement (Bohart et al., 2002; Gatson et al., 2003; Greenberg et al., 1994). Still, isolating counselor or therapist variables that contribute to the alliance is difficult due to the complexity of this phenomenon.

The therapeutic relationship is multifaceted partly due of the nature of the therapists' contribution to common factors and the therapeutic alliance, but also therapist variables that are independent of both factors. For example, research supports the notion of common factors for

client change, although it is difficult to differentiate between therapist variables (e.g., interpersonal style, characteristics), facilitative conditions (e.g., warmth, empathy, positive regard), and the client-therapist relationship (e.g., therapeutic alliance). Moreover, Lambert and Barely (2002) concluded that these concepts are not mutually exclusive or distinct, rather these components are "interdependent, overlapping, and interrelated in nature" (p. 21). Therefore, this synergistic effect between therapist characteristics and the therapeutic alliance makes it difficult to isolate the effects of each. For example, therapist empathy may influence client outcomes partially through the development of the therapeutic alliance, but also as a factor independent of the therapeutic alliance (Wing, 2010). Further, researchers asserted that the role of therapist empathy is integral in recognizing and repairing ruptures in the therapeutic alliance (e.g., Burns & Auerbach, 1996; Serran, Fernandez, Marshall, & Mann, 2003), although empathy is an ingredient of both common factors and specific therapist characteristics.

In sum, although the therapeutic alliance has emerged as one of the most robust predictors of client outcomes (Asay & Lambert, 1999; Horvath & Bedi, 2002; Orlinsky et al., 1994), research that measures the contributions of the therapist to the development of the alliance has been sparse (Ackerman & Hilsenroth, 2003). Nevertheless, it appears the therapist plays a central role in the development of the therapeutic alliance and there are specific characteristics that have emerged in outcome research that are predictors of client outcomes and therapist efficacy. They are discussed in the next section.

Therapist Characteristics

According to Norcross (2002) in a comprehensive review of outcome literature written in *Psychotherapy Relationships that Work,* there are specific therapist characteristics that contribute

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to client outcomes. Clinical and experiential wisdom support the rationale that some therapists are better than others in helping clients change. In fact, evidence suggests that individual therapists can have a considerable effect on client outcome, despite efforts to eliminate the therapist as a predictor for therapeutic success (e.g., Beutler et al., 2004; Crits-Christoph & Mintz, 1991; Dinger, Strack, Leichsenring, Wilmers, & Schauebirg, 2008; Lambert & Barley, 2002; Norcross, 2002; Okiishi et al., 2006; Orlinsky & Howard, 1980). For example, researchers have attempted to eliminate the individual therapist by training therapists with manuals that explain therapy interventions in explicit and directive terms, often including supervision aimed at enhancing the obedience to the manualized treatment (Lambert & Okiishi, 1997). However, there is some controversy surrounding the notion that therapist's behaviors and characteristics actually affect client outcomes. Some argue that there is only modest support for the proposition that therapist characteristics predict client outcomes (e.g., Wampold & Brown, 2005; Woody, McLellan, O'Brien, & Luborsky, 1989). Others claim there is no evidence of a relationship (e.g., Elkin, Falconnier, Martinovich, & Mahoney, 2006; Thompson, Gallagher, & Breckenridge, 1987). For example, Crits-Christoph and Mintz (1991) conducted a meta-analysis of 10 studies to examine the effects of individual therapists on client outcomes. Researchers concluded that the individual therapist's contribution was large in some, accounting for a significant amount of the variance and negligible in others. There may be several reasons for this disparity and ambiguity. These include fluctuations in effects that may be accounted for by methodological factors (i.e., small sample sizes) (Elkin et al., 2006) and advances in the application of statistical analyses (i.e., hierarchical modeling) that include estimation of the model and different treatment outliers (Elkin, Falconnier, & Martinovich, 2007; Wampold & Bolt, 2007b) and selecting statistical

models that are not fit (i.e., various models produce various results) (Soldz, 2006). Moreover, others argued the varying effects may be accounted for by the manner the factors have been measured (Norcross, 2002). For instance, Norcross argued it is client perceived relationship factors, rather than objective rater's perception of the alliance and the presence of common factors, that obtain consistently more positive results on client outcomes (e.g., Cooley & LaJoy, 1980; Miller et al., 1980). Therefore, the larger correlations of both client outcomes and relationship measures are derived from the client ratings of the relationship and the client's perception of outcome (Norcross, 2002). In sum, research regarding the majority of therapist effects within clinical trials data supports that individual therapists affect client outcomes differentially (Okiishi et al., 2003). Moreover, specific therapist characteristics have emerged that positively influence the therapeutic alliance (Ackerman & Hilsenroth, 2003).

Effective Therapist Characteristics

Clients often attribute success in therapy as a result of personal attributes of their therapist (Horvath & Bedi, 2002; Lazarus, 1971). Effective therapists are described as more warm, accepting, empathic, understanding, and supportive. Similarly, Orlinsky et al. (1994) reviewed over 2000 process outcome studies since 1950 and identified several variables that have been shown to have a positive effect on treatment outcome. Factors such as therapist credibility, skill, empathic understanding, and unconditional positive regard, along with ability to engage with the patient and direct the patient towards their affective experience, were related to successful client outcomes. However, there are also specific therapist characteristics that may hinder client outcomes.

Effective therapists tend to engage in less desirable behaviors such as blaming, attacking, rejecting (Najavitis & Strupp, 1994) and harsh, confrontational behaviors (Serran et al., 2003). Moreover, there is research to support that there is a negative correlation between therapists' personal difficulties and client progress (Beutler, Crago, & Arizmendi, 1986). Moreover, therapist maladjustment and personality problems may adversely affect the therapeutic alliance and effect sizes are likely to be increased by moderating or eliminating "therapist maladjustment or personality problems" (Lambert & Ogles, 2004, p. 177). Therefore, emerging evidence supports that therapist characteristics, whether desirable or not, affect client outcomes.

Additionally, research suggests counselor interpersonal skills influence client outcomes including the ability to successfully handle ruptures in the therapeutic alliance (Anderson et al., 2009; Safran, Muran, Samstag, & Stevens, 2002). For example, Anderson et al. (2009) found that facilitative interpersonal skills, defined as the ability to handle interpersonally challenging encounters within the therapeutic relationship, had a portion of the variance in outcomes and that facilitative interpersonal skills were a predictor of therapist success. Additionally, they found that demographic characteristics such as therapist gender, age, and race have not been predictors of outcome (Beutler et al., 2004). However, therapist emotional adjustment and some aspects of personality development (e.g., therapist dominance) did emerge as predictors of client outcomes. Researchers argued that these empirical results suggest the need for studies that "… move beyond measuring therapists' demographic characteristics and general traits to include measures of therapist characteristics that have a more solid theoretical and empirical link to client outcomes" (Anderson et al., 2009, p. 756). Therefore, it appears important to investigate counselor empathy as a characteristic because it is an important contributor to client outcomes

(Wing, 2010) and effective therapeutic relationships: both to increase the facilitative

interpersonal skills that include ability to convey unconditional regard, warmth, and

understanding, while decreasing the likelihood of less desirable therapist behaviors such as

judging or blaming clients.

Empathy

Although specific therapist characteristics have emerged as a variable related to client

outcomes, the therapist alone is not the only factor that influences outcomes. As discussed

previously, the myriad of factors that are present in a therapeutic encounter, such as common

factors and the therapeutic alliance, also affect client outcomes. However, a consistent variable

throughout the outcome literature, (i.e., common factors, facilitative conditions, therapeutic

alliance) is the presence of empathy. Moreover, it appears that therapist empathy and the

therapeutic alliance are two of the most strong predictors of psychotherapy outcomes (e.g.,

Bohart, Elliot, Greenberg, & Watson, 2002; Horvath & Bedi, 2002). Additionally, therapist

empathy has been identified as one of the common therapeutic factors behind a variety of

theoretical approaches. It has also been identified as one of the specific therapist characteristics

associated with positive therapy outcomes for clients and it appears to be vital in establishing the

therapeutic relationship, a factor that is consistently shown to be associated with effective

psychotherapy. For example, researchers have argued that therapist empathy contributes to the

identification of ruptures within the alliance and the ability to successfully resolve these ruptures

(e.g., Burns & Auerbach, 1996; Safran & Segal, 1990). Further, there is evidence that the ability

for the therapist to display empathy is related to effective counseling skills and other variables

that predict effective counseling (Bohart et al., 2002; Grace et al., 1996; Miller et al., 1980;

Orlinksy et al., 1994; Ridgway & Sharpley, 1990; Truax & Carkuff, 1967). For example, Miller

et al. (1980) compared effectiveness of cognitive behavioral approaches for individuals with

alcohol abuse. The contribution of therapist empathy was also collected as it contributed to

patient outcome. At the end of 6-8 month follow up interviews, client ratings of therapist

empathy correlated significantly ($r = .82$) with client outcome, explaining 67 % of the variance.

Similar studies have supported the significance of therapist empathy in successful psychotherapy

(e.g., Lafferty, Beutler, & Crago, 1991). Additionally, researchers conducted a meta-analysis of

190 studies that investigated the relationship between client perceived therapist empathy and

client outcome. Bohart et al. (2002) found that empathy accounted for almost 7- 10% of outcome

variance, suggesting that it accounts for more variance than specific interventions. In sum, the

importance of therapist empathy as an integral part of the counseling process and has been well

documented in the literature (Bodenhorn & Starkey, 2005; Duan & Hill, 1996; Greenberg, Elliot,

Bohart, & Watson, 2001; Norcross, 2002; Rogers, 1957; Truax & Carkuff, 1967; Young, 2009).

Therefore, because it is important to research therapist characteristics that have a solid empirical

link to outcome research (Anderson et al., 2009), it is important to explore constructs that are

strongly related to empathy and how they may affect client outcomes. The first counselor trainee

characteristic that is related to empathy is the trainee's level of altruism or altruistic tendency.

Altruism

Overview of Altruism

Definitions of altruism vary throughout the literature with no single definition that exists

(Kuch, 2008). Altruism has been defined as "the unselfish concern for the welfare of others…the

opposite of selfishness…concerned and helpful even when no benefits are offered or expected in

return" (Lee, Lee, & Kang, 2003, p. 555). Further, the ultimate goal of altruism is increasing another's welfare, and is opposite to increasing one's own welfare, where the motivation is egotistic, or self-serving (Batson et al., 2009). Therefore, for purposes of this study, altruism is defined as "… the purest form of caring… selfless and non-contingent upon reward and thus a predecessor of pro-social cognitions and behaviors" (Robinson & Curry, 2005, p. 68). Further, altruism appears to be related to the ability to be empathic, and this emotion has been purported to be a source of altruistic motivation (Batson et al., 2009). Moreover, the ability to take perspectives of others may increase empathy and serve as a determinant or precursor for such action to occur (Batson et al., 2009). For example, although increased empathy may be a motivating factor for those in the helping professions, the loss of empathy may be a factor in the experience of counselor burnout (Maslach, 1982). Burnout and other factors that limit altruism may impede a therapist's ability to empathize with clients (Shapiro & Gabbard, 1996).

The source of motivation is central to the construct of altruism. Discussion surrounding altruistic motivation has surged an ongoing debate whether altruism exists, or if all motivations to help others stem from some sort of self interest motivation (Batson et al., 2009). Proponents of universal egoism (i.e., self serving motivations for pro-social behavior) argue that every helpful act and behavior engaged is ultimately directed at the goal of self-gain (Batson et al., 2009). For example, individuals may help in order to minimize the shame and guilt that may be experienced by not helping, or humans may help because they are socialized to act because some sort of indirect reward exists for bravery: such as praise, attention, and honor. Further, proponents argue that there are several theories of egoistic motivations for helping behavior that include; (a) *aversive-arousal reduction*; the empathy one feels when witnessing another's suffering is

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distressing and unpleasant and one helps to eliminate this empathy. However, other theorists

utilize this similar theory (i.e., *The negative state relief model*, Schroeder, Dovidio, Sibicky,

Matthews, & Allen, 1988; Smith, Keating, & Scotland, 1989) and reason that the motivation for

prosocial behavior is derived from increasing the welfare of both the helper and helpee (Kuch,

2008); (b) *empathy-specific punishment:* individuals are socialized to help and feel an obligation

to help those in need. Possible reasons may include feeling like a 'bad' person and the pro-social

motivation is to escape the feelings of shame and guilt that will inevitably exist for avoiding the

helping behavior (Batson et al., 2009); and (c) *empathy specific reward*: the third major egoistic

explanation that individuals help because they learn through socialization that it will earn them

praise, rewards, and admiration. However, although egoistic motivations of altruism have

dominated research in the field of psychology over the last three decades, emerging research

suggests this hypothesis is erroneous (Batson et al., 2009). Additionally, it appears that there is a

paradigm shift that is moving away from an earlier position reflecting egoistic motives, with the

amalgamation of both theory and research supporting the view of true altruism, that not only

exists but is an intrinsic part of human nature (Piliavin & Charng, 1990) In fact, researchers

concluded that results in over 30 experiments designed to contradict this claim have proved

"remarkably supportive…suggesting that feeling empathic concern for a person in need does

indeed evoke altruistic motivation to see that need relieved" (Batson et al., 2009, p. 417).

Although supporters of egoistic motivations view this as only self serving, those who research

altruism as a construct view this as benefiting both the helper and helpee, as previously

mentioned. Nonetheless, the debate whether altruism exists continues despite the myriad of

definitions (Kuch, 2008), and the fact that attempting to discern one's true motivation for

prosocial behavior is complicated, if not impossible to determine (Eisenberg & Miller, 1987). In addition, several explanations of altruistic motivation have been presented (Batson et al., 2009) and the issue of whether altruism in a state or a dispositional trait, also continues to be deliberated. For example, researchers argue that there is an "altruistic personality" (Oliner & Oliner, 1988), and that altruism is a broad based trait (e.g., Rushton et al., 1981), versus a situational state (e.g., Batson et al., 2009). Based on the assumption that altruism is a dispositional trait, The Heintzelman Inventory (Robinson et al., 2010) was developed (under subsequent revisions was otherwise known as The Kuch-Robinson Inventory; KRI) that attempted to measure the degree of altruistic tendency for individuals entering the counseling profession (Curry et al., 2009). These researchers have several hypothesis for pro-social behavior.

According to Curry et al. (2009), there are several hypotheses for the development of altruism (i.e., pro-social interest versus self-interest). The first is derived from a biological perspective, including the notion that pro-social behavior is a personality type, therefore some individuals have a predisposition for altruistic behavior. Evidence for this is found in longitudinal studies that reveal stability in this trait over time (e.g., Eisenberg, Gurthrie, Murphy, Shepard, Cumberland, & Carlo, 1999). The second hypothesis has origins in cognitive theory. For example, individuals who are have high empathy cognitively "downplayed" (Curry et al., 2005, p. 3) the self-cost for helping others, a cognitive term labeled "modesty bias" (McGuire, 2003, p. 370). This internalized value structure may be manifested by those children who are inclined to higher social sensitivity or empathic orientation (Fry, 1976). The third hypothesis is based on social learning theory, that children may learn to offer help based on their environment

and socialization process. Those individuals in the child's life that model altruistic behavior (i.e., parents, teachers, family), may have an impact in promoting or encouraging an altruistic belief system. Further, Curry et al. (2009) used phenomenological inquiry to investigate altruism in a sample participants (N = 34) from a retirement community. Several themes emerged including the importance of social learning and role modeling for developing helping behaviors and the presence of the modesty bias. Based on these hypotheses and the relevant literature on the altruistic personality, the Heintzelman Inventory (Robinson, 2006) was created in attempt to measure altruistic caring as a disposition of counselors in training.

Development of Heintzelman Inventory

The reasons for becoming a therapist or "to concern himself or herself with the dark side of the human psyche" (Norcross & Farber, 2005, p. 941), are numerous and complex (Norcross & Farber). The archetypal image of the *wounded healer* is well documented in the literature (Barnett, 2007; Graves, 2008; May, 1973; 1989; Norcross & Farber, 2005; Sedgwick, 1994), defined as those who heal are intrinsically wounded themselves and seek to repair or grow from those wounds by helping others. However, there are other possible motivations for choosing the counseling profession. For example, familial, cultural, and psychological influences contributed to counseling as a career choice (Norcross & Farber, 2005). Studies support that therapist choices to become counselors may serve some sort of unconscious motivation, such as a "narcisstic" need (Barnett, 2007). Although further research is necessary regarding motivations to become a counselor, there appears to be several areas that have emerged as a result of inventory development (Kuch, 2008; Robinson & Swank, 2010). The Heintzelman Inventory (Robinson et al., 2010) (formerly known as the Kuch Robinson Inventory; KRI) began as an initiative to study

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the presence of greed and the promotion of altruism (Robinson & Swank, 2010). The original

instrument consisted of 28 items that included three possible responses that were classified as

altruistic, greedy, or neutral. Subsequently, researchers examined the psychometric properties of

this instrument and sought to amended the instrument in the development of the Heintzelman

Inventory (Robinson et al., 2008) that consisted for 40 items that measured altruism (see Figure

1). Specifically, Kuch (2008) concluded that several areas contribute to a counselor's altruistic

disposition (i.e., reasons that shaped the decision to become a counselor). Therefore, the

construction of the instrument was based on three definitions of altruism including the *empathy-

altruism hypothesis*, the *negative state relief model*, and the *empathic-joy hypothesis.*

Figure 1: *Heintzelman Inventory Factors*

Taken with permission from author Jacqueline Swank.

Although the concept of altruism appears to have promise for understanding caring behavior, but there is a dearth of empirical support about how or if develops throughout the lifespan (Curry et al., 2009). In an attempt to measure the degree of altruistic inclination for counselor trainees, the Heintzelman Inventory (Robinson et al., 2010) outlined three major theoretical constructs that were utilized to measure altruism in counseling students. The first is derived from the notion that empathic individuals who help others in distress may achieve a state of happiness by behaving prosocially and improving the welfare of others (Smith et al., 1989). The feeling of empathic emotion evokes altruistic motivation, called the "*empathy altruism hypothesis*" (Batson, 1987; 1991). Additionally, two hallmark features of this hypothesis include that individuals experience empathic concern for those in need and choose to help rather than reducing their own empathic arousal through avoidance behaviors (Batson, 1987; Smith et al., 1989). Furthermore, there is considerable evidence that supports feelings of empathy for an individual increases the likelihood of helping (e.g., Coke, Batson, & McDavis, 1978). However, proponents of this hypothesis do not deny that self-benefits of empathy-induced helping exist (i.e., avoiding feelings of shame, guilt, increased reward). Instead, the motivation evoked by empathy may include self-benefits but they are *unintentional* by products of reaching the primary goal of reducing the other's need (Batson et al., 2009). In sum, this hypothesis focuses on empathic individuals feeling happiness by helping others (Smith et al., 1989).

The second hypothesis used in the construction of the Heintzelman Inventory (Robinson et al., 2010) was the *negative state relief model*, although defined slightly different than proponents of universal egoism (provided earlier) because the prosocial behavior benefits both the helper and the helpee. Further, according to Smith et al. (1989) distinct features of this model

include a feeling of empathic concern, subsequent feelings of sadness, and the helpers attempt to relieve these sad feelings by engaging in pro-social behavior. Therefore, it is hypothesized that this model may include some self-serving motivation for altruistic behavior.

The third hypothesis was the *empathic-joy hypothesis*, that offers an alternative that empathic feelings are based on the sensitivity to another's emotional state. Further, a heightened sense of joy and happiness will be experienced upon completion of the pro-social behavior (Smith et al., 1998). Prominent features of this hypothesis include the experience of empathic concern but this is a sensitivity of another's needs and this awareness leads to relief of both the helper's empathic concern as well as a sense of happiness (Kuch, 2008). This can be conceptualized as combining both the *empathic joy hypothesis* and the *negative state relief model* (Robinson & Swank, 2010), described above.

The purpose of the Heintzelman Inventory (Robinson et al., 2010) was to explore the motivations for counselor trainees and their choice to enter the counseling profession (Kuch, 2008) by measuring the level of altruistic tendency that influenced this decision. This was based on research that suggested that motivations may be 'greedy' or self-serving, neutral, or altruistic (Robinson & Swank, 2010). Researchers concluded the use of such an instrument in the counselor screening and training process could allow educators in counselor training programs to assist trainees maintain focus on their clients, rather than using clients to serve their own needs (Curry et al., 2009). This is of particular importance because research suggests that there is a higher degree of psychopathology among therapists in training compared to the general population (White & Franzoni, 1990). Therefore, counselor educators would expect that effective

counselor trainees enter the field with an increased altruistic tendency, rather than entering the field to work out their own personal issues.

Through the development of this instrument and several exploratory and confirmatory factor analyses (e.g., Kuch, 2008; Robinson & Swank, 2010), the instrument has yielded three major factors (Robinson & Swank, 2010) regarding the motivating influence one's decision to enter the helping-oriented field of counseling, known as pro-social behavior (Kuch, 2008). These factors include: personal growth (e.g. "work on my own healing", "help myself with certain issues"), professional development (e.g., "concerned about level of anxiety with working with clients", "not being able to help"), and life experiences (e.g., "care taker for authority figures as a child", "siblings turning to me for emotional support"). The authors surmised that the "life experiences" category may yield increased altruistic motivation for entering the counseling field. Conversely, "personal growth" may indicate more of an egocentric reason for entering the profession. Therefore, questions on the Heintzelman Inventory (Robinson et al., 2010) were based on literature that supported that many factors such as familial, cultural, and psychological influences contribute to counselor career choice. (Norcross & Farber, 2005). Moreover, it appears reasonable to speculate that those who are inclined to more altruistic motivations for entering the profession may have higher levels of empathy, and this may positively correlate client outcomes.

Specifically, the life experiences scale will be investigated in this study. A counselor's *life experiences* has emerged as a factor in choosing the life as a counselor. Many counselors report that they chose to become a counselor because they themselves were a caregiver at times in their upbringing (Barnett, 2007; Norcross & Farber, 2005). This includes the fact that children or young adults, people turned to them for help and emotional support. This is consistent with

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research conducted with by Norcross and Farber (2005) who concluded that a group of therapists that warrants attention are those whose caregivers or parents placed them into a premature adult role by seeking them out for emotional care. Additionally, some research suggests that early caregiving experiences could create self-efficacy towards helping (Godsall et al., 2004), resulting in a more altruistic inclination for entering the profession.

In summary, research supports that altruism appears to exist and is related to empathy, and this may serve as a motivating factor for such behavior (Batson et al., 2009). Therefore, counselors' level of altruistic caring may predict client outcomes due to its close relationship with empathy. Moreover, there are no known studies to date that attempt to measure the impact of a counselor's level of altruism and the influence on client outcomes. Although higher level of true altruistic tendencies (i.e., that are not selfish motivators) may lead to increased levels of empathy, it is important that this relationship is investigated. Similarly, less altruistic motivations for entering the profession may affect empathy levels that may negatively correlate with client outcomes. As empathy is an important characteristic for counselors, increased empathy may be facilitated by the capacity to take on another's perspective. For example, research supports that strong relations between cognitive perspective taking and altruistic helping exist (Oswald, 1996) because empathy levels are associated with increased perspective taking (Batson, 1991). Similarly, Loevinger's (1976) Theory of Ego Development, the second construct in this study, supports that higher levels of ego development are related to increased perspective taking that positively influences empathy.

The ability to engage in perspective taking is important to counselor trainees because the capacity to take a client's perspective is a critical first task in establishing a relationship (Young,

2009). Perspective taking is defined as adopting another's viewpoint or the ability to "empathize" (Duska & Wheelan, 1975), that is, the person experiences other people and interprets their thoughts and feelings, while taking into consideration their unique role in society (Kohlberg, 1976). Perspective taking is exhibited in higher levels of cognitive development, as Kohlberg (1976) and Piaget (1932) described in their developmental theories. For example, according to Kohlberg's cognitive developmental theory, as individuals' progress to higher stages of development, they consider their own values along with the values of others (Young & Witmer, 1985) and subsequently move away from egocentrism. Further, in order to become increasingly complex and reach higher stages of development, one must be exposed to several ethical dilemmas, multiple perspectives, and dissonance to reach higher levels of complexity and development (Eriksen & McAuliffe, 2006; Young & Witmer, 1985). Moreover, the individual is forced evaluate and contemplate competing values against one another (Young & Witmer, 1985). Therefore, by increasing awareness of others viewpoints, feelings, and needs, one may increase feelings of empathy, and throughout the process increase one's propensity for complex reasoning. Similarly, Piaget (1952) asserted that as one progresses to advanced stages egocentrism begins to subside as children (usually around age seven or eight), as one begins to recognize that others have their own perceptions (Hoffman, 1976). Therefore, increased perspective taking is less simplistic, concrete, and dichotomous but rather, a process that increases sophisticated thought and appears to increase cognitive complexity.

According to Granello (2010), cognitive complexity is generally defined as "…the ability to absorb, integrate, and make use of multiple perspectives" (p. 92). Additionally, Elder and Paul (1994; 1997) asserted that cognitive complexity includes the ability to admit uncertainty,

examine one's own beliefs, tolerate ambiguity, and adjust beliefs and opinions when new information becomes available. Although there are several theories that attempt to elucidate cognitive complexity (e.g., Perry, 1970), this study will focus Loevinger's (1976) Theory of Ego Development. This theory was selected because research suggests that counselors who exhibit higher levels of ego development possess desirable counselor characteristics such as increased perspective taking, flexibility, empathy, tolerance for ambiguity, and wellness (e.g., Blocher, 1983; Borders, 1998; Lambie, 2007; Lambie et al., 2009). Therefore, in the next section an overview of the history of the counseling profession and developmental theories will be presented. Additionally, cognitive developmental theory will be discussed for the purpose of providing both the framework of Loevinger's Theory of Ego Development and a contextual representation of the construct. Finally, a review of the literature regarding ego development and pertinent research regarding this construct, including counseling efficacy and client outcomes will be discussed.

Human Development

The notion of human development over the lifespan has been well established in the history of counseling as evidenced by the foundation of the American Association for Counseling and Development (AACD), now referred to as the American Counseling Association (ACA). The field of counseling has distinguished itself from other disciplines (i.e., psychology, social work, psychiatry) by adopting the position that in order to help clients, it is necessary to approach the therapeutic relationship in terms of growth and development rather than dissecting and eliminating presumed pathology (Aubrey, 1977; Blocher, 1988). Furthermore, clients are not passive recipients of treatment but rather personal change agents, who are motivated to become

healthier and mature resulting from an intrinsic need to self-actualize (Lambert & Erikson, 2008; Maslow, 1970; Rogers, 1957; 1961) and to maximize their potential for growth (Cook-Greuter & Soulen, 2007). Moreover, theorists have posited that success or flourishing during the lifespan is derived from the level of one's psychological maturity and the ability to adapt (Dewey, 1938; Mosher & Sprinthall, 1971) and that the essence of the counseling profession is to stimulate this psychological maturity (D'Andrea, 1988). Therefore, the focus on growth and development is integral to the counseling profession (Aubrey, 1977, Cook-Greuter & Soulen, 2007).

Developmental theories provide a way to understand how people interpret events and make meaning of events and situations (Cook-Greuter & Soulen, 2007). This idea supports a constructivist philosophy (Blocher, 1983; Ericksen & McAuliffe, 2001), which contends human beings possess innate inclinations to find personal meaning, understanding, and predictability in their physical and psychological environments (Blocher, 1983). Further, traditions such as developmental constructivism (Piaget, 1971) recognized that meaning-making is unique to the individual and no particular human experience heralds the act of creating knowledge. Additionally, Cook- Greuter and Soulen (2007) asserted that developmental theories tend to possess the following characteristics: (a) they describe the unfolding of human potential toward wisdom and a deeper understanding, (b) growth occurs in a logical and predictable sequence, often called stages, (c) worldviews or outlooks evolve from simple to complex, away from egocentrism (about me) and towards "sociocentric" (expanding this view to include society), (d) later stages are reached only by moving through earlier stages: those in higher stages can understand earlier worldviews, while those in lower stages are unable to understand later ones, (e) later stages in the sequence are more integrated, flexible, differentiated and, (f) higher stages

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represent a lack of defensiveness and an increased autonomy, freedom, reflection and tolerance for ambiguity. It is through this process that individuals are able to develop cognitive structures or schemas to help them interpret and make meaning things that transpire in their lives.

There are several theories that help make sense of how humans grow and develop, such as cognitive intellectual development (Piaget, 1971); moral development (Kohlberg, 1976); psychosexual development (Freud, 1954); and psychosocial development (Erikson, 1968). In such theories, stages develop in a sequential, hierarchical, linear manner. Additionally, as a result of moving to higher stages, individuals may become more cognitively complex; they are able to make use of multiple perspectives through adaptation and integration (Granello, 2010). In sum, there are several developmental theories that look at human growth from different foci and perspectives (Cook-Greuter & Soulen, 2007). One such theory is Loevinger's (1976) Theory of Ego Development that incorporates character development, cognitive and interpersonal style, and conscious preoccupations from a developmental perspective (Loevinger, 1976; 1998).

Loevinger's (1976) Theory of Ego Development is derived from predecessors of cognitive developmental theory (i.e., Dewey, Piaget, Kohlberg). Loevinger (1976) posited that human growth and development not only encompasses biological and physiological change, but psychological and intellectual change. Overall, ego development theory depicts nine ways of adult meaning making (Cook-Greuter, 1990). The ego is conceptualized as a frame of reference that enables a person to interpret events, create new meaning and emotions based on their own personal experience (Noam et al., 2006). This theory is particularly relevant to counseling because the theory highlights psychological change, an idea rooted in the history of counseling, as a requisite for growth. Additionally, counselor's at higher levels of ego development posses

greater interpersonal awareness and conscientiousness (Lambie, 2007), will be able to provide

effective counseling to specific populations while taking on multiple perspectives to increase

empathy (Blocher, 1983). Research indicates that it is important that counselors exhibit higher

levels of ego functioning (Blocher, 1983; Borders & Fong, 1989; Holloway & Wampold, 1986;

Lambie & Sias, 2009; Stoltenberg, 1981). Therefore, it is possible that counselors at higher

levels of ego development may contribute to counseling efficacy, or client outcomes.

In order to position the framework of ego development, it is important to review the

contributors to cognitive developmental theory. The overview of cognitive developmental theory

and its contributors presented in this chapter will provide a contextual framework for

understanding Loevinger's (1976) Theory of Ego Development, a construct that will be utilized

in this study.

Cognitive Developmental Theory

Cognitive developmental theorists (e.g., Dewey, 1963; Kohlberg, 1981; Perry, 1970;

Piaget, 1955) asserted that the evolution of advanced thought or complexity emerges through

restructuring of psychological schemas as a direct result of interactions between the individual

and the environment (Kohlberg & Mayer, 1972). However, cognitive developmental theories

differ from other stage theories because mature reasoning is not merely a result of learning, nor

dependent on chronological age like other theories (e.g., Freud, 1954; Erikson, 1968). Rather,

Kohlberg and Mayer (1972) posited that cognitive developmental theories utilize stages that have

the following characteristics: (a) distinct and qualitative differences in manners of reasoning,

thought processes, perceiving the world, and interacting with the environment; (b) are organized

in a continuous, hierarchical succession and; (c) represent an underlying manner of how thoughts

are classified and categorized. Additionally, in the majority of developmental traditions, increased developmental complexity is generally perceived as more adaptive (e.g., Perry, 1970; Piaget, 1955). Therefore, social-cognitive development refers to better adaptations between the individual and the world (Noam et al., 2006). High levels of stimulation combined with biological and genetic factors (versus other stage theories that focus on age), provide more rapid advancement through the series of stages (Walters, 2009). Moreover, cognitive development encompasses aspects such as perspective taking, critical thinking, and entertaining conflicting perspective on various issues (Vogt, 1997). Therefore, higher stages reflect stable adaptations to the social world and promote mental health (Noam et al., 2006).

In the context of counseling, counselors that are at higher developmental levels are able to provide effective counseling to specific populations (Lambie & Sias, 2009) and possess greater interpersonal awareness, personal responsibility, and enhanced capacity to self regulate (Ieva, 2010; Lambie, 2007; Manners et al., 2004). Additionally, an effective counselor, one who is at a high developmental or high level of ego functioning (Borders, 1998), will be able to: take on multiple perspectives in order to increase empathy with clients who possess worldviews that may be vastly different from their own; differentiate a wide range of facts and causal factors relating to clients (Blocher, 1983); integrate and synthesize information in imaginative and ingenious ways to arrive at a holistic understanding of their clients (Blocher, 1983); and possess higher levels of ethical and legal knowledge (Lambie, Hagedorn, & Ieva, 2010). Therefore, the importance of higher levels of cognitive development (i.e., ego development, cognitive complexity) should be a focus within counselor education (Owen & Lindley, 2010), as some research that indicates cognitive complexity is associated with advanced clinical abilities (e.g.,

Hollway & Wampold, 1986). Therefore, advanced psychological maturity (ego functioning) may assist with counselor effectiveness. In order to conceptualize cognitive developmental theory, an introduction to cognitive developmental theorists follows in order to provide a foundation for cognitive development and subsequently, Loevinger's (1976) Theory of Ego Development.

John Dewey

John Dewey (1938) is credited for his contributions in education, philosophy and psychology. Members of Dewey's progressive movement in education viewed education as a process with an ultimate goal of promoting growth or development that included intellectual and moral development in individuals (Armstrong, Armstrong, Henson, & Savage, 1997). Additionally, Dewey (1938) emphasized reflectivity within education, and considered an educated person as one who possessed the insight to adapt and change. Dewey argued that individual's progress through stages of development (Armstrong et al., 1997) and that progression was through sequential stages (Kohlberg & Mayer, 1972). Therefore, development occurred by the conflict or dissonance within the interaction between the person and his or her environment (Walters, 2009). Similar to other stage theories (e.g., Piaget, 1985), these interactions between the environments must challenge the individual enough to shift or move to progress to a higher stage of development.

Piaget

Piaget expanded on cognitive developmental theory by concentrating on knowledge acquisition such as the development of cognitive structures and moral development in early school aged children (Duska & Whelan, 1975). Piaget argued that cognitive structures are created due to the interaction between the individual and the environment, and that intellectual

growth was founded upon strong parallels between biological and psychological functioning (Hughes & Noppe, 1985). Piaget (1971) supported developmental constructivism that recognized the importance of meaning-making; it was unique to the individual and no particular human experience heralds the act of creating knowledge (Piaget, 1971). Additionally, Piaget believed that intellectual development passed through hierarchical, qualitatively different stages that were built on those that preceded it. Further, Piaget (1985) described consistent action sequences, called schemas defined as an individual's frame of reference for meaning making. The four hierarchical stages through which one develops are: (a) Preoperational, (b) Concrete operational, (c) Conventional and, (d) Post-conventional.

Furthermore, cognitive development is a process of adaptation where an individual is engaging in assimilation and accommodation (Piaget, 1985). Additionally, the motivation for intellectual growth is derived from an innate desire for order, harmony, and balance (Hughes & Noppe, 1985). The process of adaptation occurs through a state of imbalance or disequilibrium, where the individual encounters a new experience that does not fit into an existing cognitive scheme. This state of flux propels the individual to adapt the existing scheme through the process of *accommodation* (Manners & Durkin, 2000) in order to restore equilibrium that leads to stage growth. Conversely, new intellectual material may be placed into already existing schemes or cognitive structures, causing *assimilation* (Hughes & Noppe, 1985), thereby maintaining stage stability. Next, Kohlberg's (1976) theory of moral development is introduced because it added to Piaget's contribution to the paradigm of cognitive developmental theory.

Kohlberg

Kohlberg's (1976) theory of moral development has both complimented and expanded on previous work of Piaget (Duska & Whelan, 1975) in attempt to address perceived limitation of Piaget's theory of cognitive moral judgment (Gibbs, 2003). The theory is called a cognitive developmental theory because it encompassed provoking thinking and reasoning in children, and developmental because it occurred in a hierarchical manner (Young & Witmer, 1985). However, the theory clearly distinguishes between moral values and other types of values (Young & Witmer, 1985). Kohlberg emphasized increasing awareness of others viewpoints (i.e., perspective taking or role taking) led to increased empathy. Kohlberg described a six stage theory of moral development that was divided into three main periods. The first two stages are in the *Pre-Conventional Level*; the child is responsive to dichotomous thinking, right and wrong, good and bad, and interprets labels in terms of punishment, reward, or to satisfy personal needs (Duska & Whelan, 1975). The next major period is the *Conventional Level* where one's interpretations of moral reasoning are based on personal expectations and societal order: decisions that are loyal to individuals group, family, or nation. Finally, in the *Post-Conventional Level*, moral decisions are based on self chosen ethical principles that are focused at promoting what is beneficial for humanity as a whole (Hughes & Noppe, 1985). As individuals move to this level of development, decision making is more abstract in terms of right and wrong and standards that have been critically examined by society, and tend to include both personal values and opinions (Duska & Whelan, 1975). Additionally, when faced with higher stage thinking, a person may increase moral maturity, a process that is perpetual or irreversible (Jorgensen, 2006).

However, Kohlberg emphasized that it is moral reasoning, not behavior alone, that indicated significant differences in the maturity, complexity, and the reasoning process of the individual.

Ego Development

Ego development (also known as cognitive complexity and social cognitive development) provides a basis for understanding how the personality develops through the lifespan (Manners et al., 2004). The ego is a "holistic construct representing the fundamental structural unity of personality organization" (Manners & Durkin, 2001, p. 542). This holistic and inclusive personality construct involves both a person's intrapersonal and interpersonal experiences, as well as this structure that is applied to life experiences, subjectively, to create meaning (Manners & Durkin, 2001). Loevinger (1976) conceptualized this "master trait" as representing the following domains: (a) *character development* that incorporates moral development and behavior and impulse control, (b) *cognitive style* that characterizes conceptual complexity, (c) *interpersonal style* that includes the view of interpersonal relationships and the understanding of relationships including preferred approach, and (d) *conscious preoccupations* representative of the person's conscious s thoughts and behavior, including conformity to social rules and independence.

Loevinger (1976) asserted that similar or related conceptions to ego development have been termed moral development (Kohlberg, 1966; Piaget, 1932), interpersonal integration (Sullivan, 1953), and cognitive complexity. Therefore, ego development is a derived from earlier models of development (e.g., Kohlberg, 1966; Piaget, 1932; Sullivan, 1953) and incorporates moral, cognitive, interpersonal, and character development (Lambie, 2007; Manners & Durkin, 2001). However, what distinguishes ego development unique from previous developmental

theories is the notion of the construct as "quasi-structural" (Noam et al., 2006). Quasi-structural refers to the idea that ego development combines cognitive complexity and content of feeling and thought. This differs from other theories that attempt to differentiate structure (e.g., Piaget) and content (Noam et al., 2006). Loevinger has delineated dimensions of the ego that include impulse control, cognitive complexity, interpersonal relations, and conscious preoccupations (Loevinger, 1976) into a stage theory that is manifested by increasing differentiation and assimilation of views of others, the world, while shifting from an external to internal focus (Borders, Fong, & Neimeyer, 1986).

Further, Loevinger (1998) posited that although the various stage theories and definitions are not identical to ego development nor to each other, the similarities of all theories indicate that ego development, is not an independent phenomenon. For example, Manners and Durkin (2000) asserted that Loevinger's (1976) conception of the stage development of the ego is related to Piaget's stage theory, as stages are theorized as balanced structures that follow an invariance hierarchical sequence. Stage transition is an adaptive response that transpires as a result of the continuous interaction between the person and the environment (Manners & Durkin, 2000). However, Loevinger's (1976) theory has its own unique features and characteristics.

Loevinger described nine ego levels that are developmental in nature and represent a sequential movement toward holistic personality growth from less mature (e.g., dichotomous, egocentric, impulsive) to mature (e.g., empathic, self actualized). For example, as one progresses toward higher ego levels, individuals possess increased flexibility and adaptability in their interpersonal interactions and environment (Cook-Greuter & Soulen, 2007), greater awareness, personal responsibility, and enhanced capacity to self regulate (Ieva, 2010; Lambie, 2007;

Manners et al., 2004). Moreover, ego development has been associated with outcomes such as an improved psychosocial adjustment and the ability to establish satisfactory relationships (Ribero & Hauser, 2009). Therefore, it appears that ego development is important to counseling efficacy as advanced ego levels are indicative of desirable qualities sought by counselor educators and supported by efficacy research (See Table 1).

Table 1: *Ego Development Stages and Features*

Level	Code	Main Features
Pre-social/Symbiotic	E1	Preverbal; exclusive gratification of immediate needs
Impulsive	E2	No sense of psychological causation; dependent; dichotomous (i.e., good/bad; nice/mean); demanding; concerned with bodily feelings; sexual and aggressive
Self-Protective	E3	Hedonistic; exploitive; externalizes blame; wary; complaining; concerned with staying out of trouble
Conformist	E4	Conventional; moralistic; stereotyped; conceptually simple; „black and white" thinking
Self-Aware	E5	Increased appreciations of multiple possibilities, explanations, or alternatives; emerging awareness of inner feelings of self and others; concerned with God, death, relationships, health
Conscientious	E6	Reflective; responsible; empathetic; conceptual complexity; self critical; self-evaluated standards; able to see broad perspectives; concerned with values achievement
Individualistic	E7	Heightened sense of individuality; tolerant of self and others; appreciation of inner conflicts and personal paradoxes; values relationships over achievement; rich ability to express self
Autonomous	E8	High tolerance for ambiguity; respectful of autonomy of self and others; cherishes individuality; appreciates conflict as an expression of the multifaceted nature of life; relationships are seen as interdependent; concerned with self-actualization
Integrated	E9	Best described as Maslow's self-actualizing person; this level is attained by very few individuals

Taken with permission from author Meghan Walter (Adapted from Hy & Loevinger, 1996).

Ego Development and Counselors

According to Welfare and Borders (2010) "counselor cognitive complexity is an important factor in counseling efficacy" (p. 162). For example, counselors must be able to both identify and integrate several pieces of information from their clients to form an accurate overall understanding and clinical conceptualization of clients needs (Welfare & Borders, 2010). Blocher (1983) suggested that one who embodies high levels of conceptual and ego functioning will be able to take on multiple perspectives necessary to achieve empathic understanding for those who possess a variety of world views, personal constructs, and value systems. This involves numerous processes including the ability to differentiate a wide range of causal factors and relevant facts and to integrate and synthesize large amounts of information in a creative manner to understand human functioning (Blocher, 1983). Therefore, counselors need to function at elevated levels of complexity to address the multiplicity of clients needs (Blocher, 1983; Granello, 2010; Stoltenberg, 1981). The purpose for exploring the relationship between levels of ego development (Loevinger, 1998) and counselor efficacy is because ego development encompasses numerous characteristics of what is necessary to be an effective counselor. For example, Lambie (2007) asserted that ego development is an "essential component in the development of an adaptive, self-aware counselor" (p. 82). Further, levels of ego development highlight important characteristics and varying degrees in the ways individuals understand themselves, those around them, and social situations (Bauer & McAdams, 2004). Researchers have concluded that counselors with higher levels of ego development are more likely to recognize that their interpretations of interpersonal and social situations differ from others and

show higher empathy levels (Carlozzi et al., 1983). Therefore, ego development is an important consideration of counselor trainees and counselor effectiveness.

Ego Development and Counselor Effectiveness

Research suggests the importance of high levels of ego functioning in counselors (Lambie & Sias, 2009; Sias & Lambie, 2008). Additionally, both researchers and theorists support that higher levels of ego development allow for increased counselor effectiveness and greater ability to cope and address the multiplicity of clients needs (Blocher, 1983; Borders et al., 1986; Granello, 2010; Holloway & Wampold, 1986; Stoltenberg, 1981). Moreover, counselors at higher levels of ego development are able to "negotiate complex situations and perform counselor-related tasks with empathy, flexibility, tolerance for ambiguity, boundary setting, and personal and interpersonal awareness, interpersonal integrality, and self care more effectively than individuals and lower levels of ego development" (Lambie et al., 2009, p. 11). Therefore, it is vital that counselors function at higher levels of ego development to be effective (Blocher, 1983; Granello, 2010; Stoltenberg, 1981). Studies support the relationship between ego development and counselor effectiveness.

Borders and Fong (1989) investigated ego development with counselor trainees' as a two part study. The first study explored the relationship with beginning counseling students (N = 80) and the relationship between the students' level of ego development and the acquisition of counseling skills and abilities. The WUSCT (Form 81; Loevinger, 1985) was administered to measure ego development, along with two other instruments to assess counseling skills; the Global Rating Scale (GRS; Gasza, Asbury, Childers, & Walters, 1984) and a videotaped counseling exam, developed by the researchers to measure student's ability to perform eight

skills that were taught over the semester (e.g., empathy, genuineness, confrontation) .

Examination consisted of students demonstrating a counseling skill by verbally responding to

videotaped client segments. Although the multiple regression analysis neglected to reveal a

statistically significant relationship between counselor trainee level of ego functioning and

counseling ability, the results showed a statistically significant relationship ($r = .24$, $p < .05$)

between counselor trainee level of ego development and scores on the videotaped counseling

examination.

The second part of the study by Borders and Fong (1989) comprised of ($N = 44$)

advanced counselor education students enrolled in doctoral programs that included counselor

educational specialist and counseling psychology. This study examined the relationship between

students' ego development levels and performance ratings, by two trained raters. Students were

asked to submit an audio tape of a counseling session that reflected an accurate representation of

their work with clients. Raters utilized the Vanderbuilt Psychotherapy Process Scale (VPPS:

O'Mallery, Suh, & Strupp, 1983) to assess client qualities, counselor qualities, and interactions

between the client and counseling relating to counseling outcomes. Although multiple regression

analysis did not reveal a statistically significant relationship between counseling performance

and ego development, researchers found a pattern between higher levels of ego development as

evidenced by higher scores on the WUSCT, and higher counseling ratings (VPPS scores).

Additionally, students who were at higher ego levels and had less training received higher VPPS

ratings than students who were at lower ego levels. Further, Borders (1998) concluded it was

"noteworthy to find that the relationship between ego level and counseling effectiveness

approached significance" (p. 340), and that numerous sources of error variance (e.g., different

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internship settings, clients, supervisors) may have affected the findings. Further, limitations of this study included a small (N = 44) and a homogeneous sample size comprised of doctoral students.

Borders et al. (1986) investigated counselor in training and skills acquisition and self-awareness, specifically how students (N = 63) level of ego development predicted their perceptions of clients. Counseling related cognitions were measured by the Repertory Grid Technique (Rep Grid; Fransell & Bannister, 1977) that indicates the degree of complexity, cognitive integration, and sophistication of counselors' interpretations of clients. Results revealed no significant main effects or interaction based on ego level and complexity of client perceptions. Borders and colleagues concluded that mixed results of may have been due to the limited range (i.e., restriction of range) of the participant's ego levels. However, researchers found that students at higher ego levels appeared to have a greater awareness of the nature of the counselor client relationship and appeared to reflect this using terms representative of this interactive process, than did those with lower levels of ego development. For example, students at lower levels conceptualized their clients with simpler and more concrete descriptors than those functioning at higher levels, who used sophisticated interpretations that represented the mutual nature of the client counselor relationship. In describing the role of ego development and counselor effectiveness, Borders et al. (1986) reported that counselors at varying levels of ego development would possess capacities to express empathy, respect a client's uniqueness, and understand the reciprocal and interactive nature of the counselor-client relationship.

Zinn (1995) studied 64 counseling practicum students to examine the relationship between counselor effectiveness and ego development. Participants were administered the

WUSCT (Loevinger, 1985) to measure their ego development level. Counselor effectiveness was measured by the Counselor Evaluation Rating Scale (CERS; Myrick & Kelly, 1971) completed by the supervisor, and the Counselor Rating Form (CRF; Corrigan & Schmidt, 1983) completed by the client. The analysis revealed no statistically significant relationship between students level ego development and counselor effectiveness, possibly due to the small sample size and limited variance of ego development scores, with 91% of students scoring at the self aware level. Although the findings were non-significant the descriptive information regarding counselor trainee's average level of ego development (E5) was consistent with previous research (e.g., Lambie et al., 2009; Walter, 2009).

Ego Development and Empathy

There is evidence that the ability for the therapist to display empathy is related to effective counseling skills and other variables that predict effective counseling (Bohart et al., 2002; Grace, Kivlighan, & Knuce, 1995; Miller et al., 1980; Orlinksy et al., 1994; Ridgway & Sharpley, 1990; Truax & Carkuff, 1967). In addition, because empathy is an element of interpersonal style, it is reasonable to expect a linear relationship with ego development (Ieva, 2010), as increased and accurate empathy are characteristic of advanced ego levels (Blalock, 2006; Manners & Durkin, 2001). There are several skills involved with high levels of empathy that include the ability to distinguish complex emotional states and discriminate between obvious versus covert forms of communication (Manners & Durkin, 2001). McIntyre (1985) explored the relationship between counselor's expressed empathy and the client's expressed counselor preference and levels of ego development. Participants (N = 42) included master's level counseling students from a large, mid-western university. Researchers administered the WUSCT

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(Form 11-68; Loevinger & Wessler, 1970) and asked to respond to four client analogues that represented Loevinger's (1976) description of ego development levels. For example, client analogues included lengthy quotations from the analogue that were created to represent clients at particular ego levels and exhibited qualities that were characteristic of ego levels, such as impulse control, character development, and conscious and pre-conscious cognitive styles (Zinn, 1996). Participants ordered their preferred responses in rank order and responded in writing to the clients as their counselor. The levels of expressed empathy for the responses were analyzed using an empathy scale that included six subscales. Although an analysis of variance (ANOVA) revealed no significant relationship between participants' level of ego development and expressed empathy, there was significant interaction between ego development levels of the participants and analogue level. Counselors responded most effectively to client analogues that were reflective of an ego development level that was either equal to their own, or one level higher. Moreover, results revealed that as counselors level of ego development increased, so did their empathy scores, that indicated a positive relationship between counselor's empathic response and their level of ego development.

Similarly, Carlozzi et al. (1983) examined the relationship between counselor empathy and ego development. Participants consisted of 51 counselor trainees from a large urban university in the Southwest. Researchers administered the LSCT (Loevinger & Wessler, 1970) consisting of 36 sentence stems (long form) and the Affective Sensitivity Scale, Form E-A-2 (Kagan & Schneider, 1977) that measured counselor empathy. Carlozzi and colleagues found that participants at conformist levels of ego development (e.g., E4 & E5) had empathy scores that were significantly higher than those at preconformist levels (e.g., E2 & E3). This supported

Loevinger's claim that empathic capability tends to appear with interpersonal style demonstrated by those at conformist levels and that increased empathy is associated with higher levels of ego development (Carlozzi et al., 1983). Finally, researchers suggested that some assessment of the psychological maturity of counselor candidates was necessary as the ability to be empathic is important as an effective counselor. Similar results were demonstrated in a study conducted by Blalock (2006) who found clinical effectiveness related to multicultural competence had a positive correlation with counselor empathy. For example, Blalock found that counselor empathy was related to accurate clinical judgment ratings of African American clients, and higher levels of counselor ego development predicted accurate clinical judgment of the European American client.

Sheaffer, Sias, Toriello, and Cubero (2008) found similar results regarding bias and negative attitudes towards persons with disabilities and higher levels of ego development. The study included (N = 102) first year graduate students from four Allied Health Sciences departments (i.e., Rehabilitation Counseling, Communication Science Disorders, Occupational Therapy, and Physical Therapy) at a large Southeastern University. Participants' level of social cognitive development (ego) was measured by the WUSCT (Form 81; Hy & Loevinger, 1996) and their attitudes towards people with disabilities was measured by the *Social Distance Scale*; (Borgardus, 1932). A statistically significant inverse relationship (p < .05) was found between ego development and preferred social distance $F (1, 3) = 17.636$, p = .000. Thus, results of this study indicate that the higher levels of ego development were associated with lower preferred social distance (i.e., less bias). Therefore, the researcher's hypothesis was supported, indicating that as an individual developed higher levels of ego development and maturity, their need for

distance from persons with disabilities dropped and they were more accepting of close relationships with individuals with disabilities.

In sum, some research has supported the relationship between ego development and counselor effectiveness and counselor skill acquisition (Borders & Fong, 1989, Part 1; Borders et al., 1986) and empathy towards clients (Carlozzi et al., 1983; McIntyre, 1985). Conversely, some studies have shown no correlation between a counselor trainee level of ego development and counselor effectiveness (Borders & Fong, 1989, Part 2; Dallam, 1979; Zinn, 1996). The reason for the discrepancy may be due to small and homogeneous sample sizes (Ieva, 2010) and restriction of range issues inherent with studying counselor trainees (Borders & Fong, 1989; Zinn, 1995). Further complicating the matter, outcome measures (i.e., counselor effectiveness) were based on observational ratings of the counselor by supervisors, trained raters, or client satisfaction ratings (e.g., Dallam, 1979; Fong & Borders, 1989; Zinn, 1995). Although these instruments provide valuable information to whether a client was satisfied with counseling or whether raters perceived the counselor demonstrated skills in a session, it is critical that we determine if the client improved over the course of treatment by the use of a less subjective instrument (that measures actual client symptom change versus external ratings of outcome), with validated psychometric properties.

One commonly used outcome measure is the Outcome Questionnaire (OQ-45.2; Lambert, 2004). This assessment has validated psychometric properties and is commonly used in outcome research (e.g., Vermeersch et al., 2004). Therefore, utilizing the OQ.45.2 would provide a more objective method of measuring client change. For example, if a counselor's level of ego development was able to predict symptomatic change in clients, this would provide not only an

alternative to more biased procedures such as interviews, it could provide qualitatively different information such as the influence of cognitive complexity. Therefore, because there appears to be no study that examines the relationship between counselor trainee level of ego development and the client's symptomology (i.e., patient outcome data) this study will attempt to fill this need that exists in the current literature.

Summary

The purpose of this study was to measure counselor trainee characteristics that have a positive influence on client outcomes. This important for counselor educators as this will aid in the selection process, that is both notorious for interview bias and current selection methods that lack predictive validity (Markert & Monke, 1990; Nagpal & Ritchie, 2005; Nelson et al., 2003). In this study, the researcher attempted to measure whether a counselor trainee's level of ego development or altruistic caring would predict client outcomes. Both constructs are correlated with increased perspective taking and empathy. Not only are these characteristics desirable by counselor educators, but outcome literature has demonstrated that therapist empathy is the one of the strongest predictors of psychotherapy outcomes (e.g., Bohart et al., 2002; Horvath & Bedi, 2002). Therefore, it is possible that the more altruistic inclination a counselor has to enter the profession, it may be influenced by a counselor's empathy level, and this may affect client outcome. Similarly, if a counseling student exhibits higher cognitive functioning, this may representative of increased perspective taking, empathy, and overall counselor effectiveness and this characteristic may influence client outcomes. Loevinger's (1976) Theory of Ego Development was presented in this chapter along with pertinent research regarding ego development and counselor effectiveness, including ego development and empathy.

Additionally, the construct of altruism was presented in this chapter along with relevant theories that were based on the development on the Heintzelman Inventory (Robinson et al., 2010). Further, an outcome measure was utilized in this study, rather than traditional measures such as client satisfaction surveys or rater opinions, in attempt to fill the gap in the literature regarding the ability to predict specific counselor characteristics that will produce effective counselors. Because current methods of the selection process have limited ability to predict counseling efficacy or competence (Markert & Monke, 1990), assessments that are grounded in outcome literature and efficacy research could assist with selecting the best counselors into the profession while upholding our ethical obligation to provide the gatekeeping function and to protect future clients from harm.

CHAPTER THREE: RESEARCH METHODOLOGY

Introduction

This chapter describes the methodology, research design, and procedures for the study. The purpose of the research study was to investigate counselor trainee characteristics, specifically the level of ego development and level of altruistic tendency, and their relationship to client outcomes. This chapter reviews the research methodology which includes: (a) the population and sample, (b) the data collection methods, (c) the instrumentation, (d) the research design, (e) the research hypotheses and questions, (f) the methods of data analysis, (g) ethical considerations, and (h) limitations to the study.

Population and Sample

Student Counselors

This study used purposive sampling of master's level counselor trainees from a Council for Accreditation of Counseling and Related Programs (CACREP) counseling program in a large university in the Southeastern United States. Participants (N = 96) were identified by their enrollment in the practicum course which is required by the program of study. During the practicum course students enrolled in a program of study (e.g., mental health, marriage and family, or school counseling track) are asked to demonstrate basic counseling skills with clients who apply for free counseling. Master's level counseling students that had been previously enrolled in a practicum course in counselor education were selected for the study. Participants enrolled in the mental health track were required to enroll in two practicum classes while those in the school counseling track were required to complete one practicum experience. Students may also be required to take additional practicum classes based on specific situations unique to the

student such as remediation or if the student wants more training before entering the internship course. Assessments collected from the same students at different points during the study (i.e., Practicum I and II) will be excluded.

This researcher utilized existing department program data, therefore there was no contact between the researcher and participants. As a part masters students' admission in the program, consent is obtained for program evaluation assessment throughout their master's coursework. This data is used to improve and strengthen the training program and does not correspond with individual student evaluation. Along with administration at various points in the program, two instruments were administered to student participants approximately two weeks before they began their practicum course. These were the Washington Sentence Completion Test (WUSCT: Hy & Loevinger, 1996) and the Heintzelman Inventory (Robinson et al., 2010), formerly known as the Kuch- Robinson Inventory (KRI: Kuch & Robinson, 2008). Students were asked as a part of their practicum orientation (a requisite of their admission into the counselor education program) to complete these instruments before they enter the practicum course.

Client Participants

Client participants were selected based on the fact they have been assigned to student counselors selected for this study. Adult individual clients were assigned to the participants by staff members of the community counseling clinic on a random basis. Clients at the community counseling center were administered the Outcome Questionnaire (OQ-45.2; Lambert, 2004) at the beginning and at the end of their treatment to determine changes in their overall level of psychological functioning. Therefore, data was collected for 6 semesters and existed in a

database within the community counseling clinic. Thus, there was no interaction between the client participants and the researcher.

Data Collection Procedure

Prior to data collection, the researcher received permission from the University of Central Florida's Institutional Review Board (IRB) to conduct the study. The IRB approval letter, protocol # SBE-10-0703 is included in Appendix B. The instruments were compiled into coded packets for analysis. As indicated, this study analyzed client data from an existing database. There was no contact with either the counselor participants or the client participants. Therefore, there were no anticipated risks related to these human subjects. An existing data base was utilized that consisted of master's level student scores on their levels of ego development, altruistic caring, and their client's OQ-45.2 scores from the following time frames (Fall 2008, Spring, Summer, Fall of 2009 and Spring and Summer of 2010). A department research associate coded and de-identified all data before providing it to the researcher. Therefore, all data used in the study lacked student information, ensuring the confidentiality of participants in the program's data collection and evaluation.

The university's research associate collected the participant data over the aforementioned time frame. Student scores were maintained on an onsite database. Another university research associate maintained the client data (OQ-45.2) scores and they were maintained on an onsite database stored under the student's name. Additionally, the research associate selected OQ-45.2 client scores for participants, at random. The only requirement was the clients had to be an individual adult client. Children, couples, and families were omitted from the study.

Instrumentation

The constructs and instruments that were investigated in the study included: (a) ego development (*Washington University Sentence Completion Test* [WUSCT]; Hy & Loevinger, 1996), (b) altruistic tendency (*Heintzelman Inventory;* Robinson et al., 2010) and, (c) symptom distress (Outcome Questionnaire 45.2 [OQ-45.2]; Lambert, 2004). The following section provides information regarding the data collection instruments.

Instruments

The Outcome Questionnaire-45.2 (OQ-45.2: Lambert, 2004) is a norm referenced, forty five item instrument designed to assess the clients psychological functioning in counseling. This is a brief screening outcome assessment scale that attempts to measure how a person feels, gets along with others, and functions in important life tasks (Lambert, 2004). This is based on Lambert's (2004) aspects of client functioning that included three scales: (a) Subjective distress that measures how a person is feeling including general mood (e.g., depressed or anxious), (b) Interpersonal Relationships that measures the level of functioning in getting along with others (e.g., friends, family) and, (c) Social Role Performance that measures clients perception of dissatisfaction in life tasks such as work and school. The instrument is written at a fifth grade reading level and yields a Total Distress score that indicates an overall "index of mental health" (Lambert, 2004, p. 10). This is the score that will be used as the measure of client outcomes in this study.

Reliability. The OQ-45.2 has been validated across a range of clinical and non-clinical populations in the United States. According to the instrument's manual (Lambert et al., 2004),

the reliability of the OQ-45.2 was assessed using two samples of students from a large university setting. The first is a sample of 157 undergraduate students (54 men, 103 women) from a large western university and the second is a subset of 298 EAP clients of unreported gender and ethnicity. Estimates of internal consistency ranged from (.70 SR subscale score) to .93 (total score) (Cicchetti, 1994). Per the instrument manual the internal consistency is significant at the .01 level. Test retest reliability over a three week time frame ranged from .78 (SD subscale score) to .84 (total score). Pearson Product correlation was calculated to determine the test-retest reliability and was also found to be significant at the .01 level. In a different sample of 56 undergraduate students, ten-week stability coefficients ranged from .82 (Week 1) to .66 (Week 10).

Validity. Concurrent validity was assessed by comparing the Pearson's product-moment correlation coefficient between the OQ-45 and the Symptom Checklist 90 Revised (SCL-90R) (Lambert, 2004). The relationship was significant at the .01 level. Construct validity was also demonstrated using the SCL-90-R, and researchers found medium to high effect sizes for the total distress score (.50), and subscales of symptoms distress (.50), interpersonal relations (.31), and social role (.42) (Vermeersch et al., 2004). Further, concurrent validity has been demonstrated with the following inventories: The Beck Depression Inventory, Symptom Checklist-90, and the State-Trait Anxiety Inventory. All of the concurrent validity figures with the OQ-45.2 and each of these instruments were significant at the .01 level (Lambert et al., 2004). The OQ-45.2 shows evidence of concurrent reliability, based on correlations with ten other tests that measure similar constructs (e.g., STAI, SCL-90-R), with 'satisfactorily high' coefficients ranging from .44-.92.

Washington Sentence Completion Test (WUSCT*;* Hy & Loevinger, 1996). The WUSCT

is a free-response, semi-projective inventory that measures ego development that assess

cognitive, moral, character, and self development. The instrument consists of 18-36 sentence

stems with instructions "Please complete the following sentences". Researchers selected this

method because it allowed people to project into the incomplete sentences their core level of ego

functioning (Loevinger & Wessler, 1970). Examples of sentence stems include "Women are

lucky because….". A total protocol rating (TPR) is calculated to indicate the level of ego

development (1-9). The WUSCT is one of the most psychometrically sound measures of

maturity and personality development (Cook-Greuter & Soulen, 2007; Manners & Durkin, 2000;

Noam et al., 2006). Further, the WUSCT has been deemed a reliable and valid measure of ego

development and has been validated by numerous researchers as a psychometric assessment

(e.g., Blumentritt, Novy, Gaa, & Liberman, 1996; Cook-Greuter & Soulen, 2007; Manners &

Durkin, 2001). The WUSCT has undergone numerous revisions to strengthen the application

across both gender and various cultures, including adolescents and adults (Hy & Loevinger,

1996). The test has been revised twice since 1970 (Loevinger, 1985), with the shortest version

called "Form 81". This alternate short-form of the WUSCT (Hy & Loevinger, 1996) was

administered in this study. This form has 18 sentence stems versus 36 sentence stems of the long

version, but has been found to be as reliable as the long version through split half reliability

(Novy & Francis, 1992). The WUSCT has strong evidence of reliability and validity as well as a

measure of conceptual complexity in adolescents and adults (Hy & Loevinger, 1996; Loevinger,

1998; Manners & Durkin, 2001).

Reliability. Novy and Francis (1992) demonstrated split half reliability in a sample of 265 adults drawn from a wide sample that included college students, faculty, health professionals, and adult delinquents. Researchers found significant correlations between the two halves of .84 for the first half and .81 for the second half, with .90 for the total 36 items (longer version). Further, the inter rater reliability on the total 36 items was .96 (Loevinger, 1998). High levels of inter-rater reliability have been demonstrated with a wide range of populations (e.g., Novy & Francis, 1992; Weiss, Zilberg, & Genevro, 1989), of .94 (Manners & Durkin, 2000). For example, Novy and Francis found interrater reliability for the 36 item version was .94. Loevinger and Wessler (1970) found similar results with a chronbachs alpha of .91 using the item sum score of the instrument.

Validity. The use of any projective assessment is controversial in the behavioral science field (Walter, 2009). Nonetheless, The WUSCT is "most extensively validated projective psychological assessments" (Garb, Wood, Lilienfield, & Nezworski, 2002, p. 461). Numerous studies have demonstrated that the WUSCT is a valid measure of ego development (Ieva, 2010). Further, research using the WUSCT as a measure of ego development has confirmed its strength as a psychometric assessment of social cognitive development (Blumentritt, Novy, Gaa, & Liberman, 1996; Cook-Greuter & Soulen, 2007; Manners & Durkin, 2001).

Determining the validity of structural developmental theories proves challenging due to the fact that they are designed to evaluate an underlying structure (Manners & Durkin, 2001). The relationship between such underlying structures and overt behavior is complex (Loevinger, 1976), creating inherent difficulties in establishing predictive validity in terms of actual behavior (Manners & Durkin, 2001). However, studies have established predictive validity of the WUSCT

(Hy & Loevinger, 1996). A longitudinal study conducted by Dubow, Husmann, and Eron (1987) showed that child-rearing styles exemplified by acceptance, identification of the child with the parent and non-authoritarian approaches to punishment predicted higher levels of adult ego development over 20 years later. Other studies have demonstrated predictive validity of the instrument (e.g., Hart & Hilton, 1988).

Evidence for construct validity has been provided by research reviews by Loevinger (1979; 1998), Hauser (1976; 1993), and Manners and Durkin (2001). One of the unique problems establishing construct validity of the WUSCT is finding appropriate alternative measures (Loevinger, 1993). Therefore, validity research to date consists of only four studies comparing ego development with similar constructs. First, research studies have provided evidence of construct validity with the unstructured interview and the Thematic Apperception Test (TAT; Murray, 1943) (Sutton & Swenson, 1983). Next, Rozsnafszky (1981) compared distinct milestone traits described as characterizing ego development level with California Q-Sort (CQ-S; Block, 1978) personality ratings. The CQ-S is a set of descriptive personality statements where the participant arranges the cards from least to most characteristic of one's individual personality (Ieva, 2010). Both observer and self-ratings of certain personality descriptors were consistent with level of ego development for both alcoholics and medical patients, demonstrating construct validity. Additionally, Westenberg and Block (1993) used the CQ-S (Block, 1978) ratings to determine the relationship between ego development and personality variables with a sample of 98 participants from the ages of 14-23. Researchers found similarities regarding predictions from ego development theory, where higher ego levels were associated with increased personal integrity, ego resiliency, and increasing need regulation:

conformity peaked at the conformist ego stage (lower level) and declined at the self aware level (E5). Finally, Helson and Wink (1987) used data from a large sample of women derived from their longitudinal study of personality and life changes. Maturity was compared using the California Psychological Inventory (CPI; Gough, 1986), that conceptualizes maturity as the ability to function in society, where the WUSCT views maturity as increased self-differentiation and integration and independence from societal rules (Manners & Durkin, 2001). Researchers found a significant correlation between these two measures in a sample of 90 women at age 43 As a result of these four studies, researchers conclude that there is "substantial support for the construct validity of ego development" (Manners & Durkin, 2000, p. 548).

Potential weaknesses of the WUSCT (Hy & Loevinger, 1996) is the interaction of intelligence, verbal fluency, and socioeconomic status (SES) with varying levels of ego functioning (Loevinger, 1998). For example, verbal fluency (wordiness) has been found related to ego development (Loevinger & Wessler, 1970; McCrae & Costa, 1980). The correlations have been small enough to support the position that the WUSCT is not directly measuring verbal fluency. Further, Manners and Durkin (2000) asserted that more words are often necessary to convey ideas of which are reflective of the complexity of higher ego levels. However, respondents can have a high level with only a one word response. Additionally, the relationship between ego levels and socioeconomic status remain inconclusive. Research supports the correlations between ego levels and SES (Redmore & Waldman, 1975), while others studies demonstrate findings to the contrary (Browning, 1987; Powers, Hauser, Schwartz, & Noam, 1983).

Heintzelman Inventory (Robinson et al., 2010): The Heintzelman Inventory (formerly known as the Kuch-Robinson Inventory; KRI) is an inventory to measure altruism. The KRI began as an initiative by Dr. Edward Robinson, the Heintzelman Eminent Scholar Chair, who received an endowment to study the presence of greed and the promotion of altruism. The original instrument, the Robinson-Heintzelman Inventory (RHI, 2006) was designed to measure altruism among counseling students. The original self-reporting altruism instrument, RHI consisted of a total of 28 items. Responses were categorized as altruistic, greedy, or, middle level. The total score indicated their level of altruism.

In attempt to provide psychometric properties for this inventory, Kuch (2009) sought to revise the inventory and used four hypothesis for the altruism instrument, (a) empathy-altruism, (b) negative state relief model, (c) empathic-joy hypothesis, and (d) self-efficacy. This inventory contained 124 items, a Likert scale with five choices and an "N/A" category. The KRI yielded six factors. In his exploratory factor analysis consisting of 347 students, the inventory was reduced to 40 items contained within six factors: (a) Factor 1: Self-Efficacy/Professional Skills, (b) Factor 2: Self-Understanding/Self-Growth, (c) Factor 3: Seeking Support, (d) Factor 4: Early Caretaker Experiences, (e) Factor 5: Professional Practice, and (f) Factor 6: Counselor Identity Formation.

Researchers conducted factor analysis in attempt to determine construct validity for the instrument (Robinson & Swank, 2010). In a sample (N = 286) of counseling students, exploratory factor analysis was conducted on the 40 items. Results yielded the following factors: Factor 1: Self-efficacy/Professional Skills, Factor 2: Future expectations, Factor 3: Self-understanding, Factor 4: Self-growth, Factor 5: Seeking Support, Factor 6: Counselor Identity

Formation, Factor 7: Early Caretaker Experiences, and Factor 8: Self-doubt. Further, a second order factor analysis yielded 3 factors including: (a) Group One- Professional, (b) Group Two- Personal, and (c) Group Three- Life Experiences. Construct validity was determined through the EFA and internal consistency has been demonstrated with a co-efficient of .797. Additionally, the Heintzelman Inventory (Robinson et al., 2010) has demonstrated convergent validity to the Personal Orientation Inventory (POI; Shostrom, 1966). In sum, although this instrument is relatively young in its development, it has shown promise of the validation of its psychometric properties.

Research Design

The research design for this study was descriptive correlational, where two constructs were investigated. Correlational research examines the relationships between the variables (Frankel & Wallen, 2009). Specifically, correlational research was appropriate for this study because this type of research: (a) helps explain human behaviors, (b) is used for predictive purposes (Creswell, 2005; Gall, Gall, & Borg, 2005), or (c) may be used to test a theory (Shavelson, 1996). Therefore, it helped explain client outcomes and predicted what counselor characteristics correlated with client outcomes, both of which will be examined in this study. Additionally, correlational research was used to determine the relationship and directionality between the three variables (e.g., ego development, altruistic tendency, OQ 45.2 scores)

This ex-post facto (after the fact), correlational design was be used to examine the occurrence of the variables in their natural state, without manipulation. Existing data was used from the counselor education program at the University of Central Florida. The research design for this particular study utilized a Multiple Linear Regression (MRA) to test the main

hypotheses. A MRA is a statistical method that studies the relationship between multiple interval scaled independent variables and one interval scaled dependent variable. According to Cohen and Cohen (1983), for stepwise regression 40 cases for each IV should be utilized, therefore the minimum of 80 student counselor participants was met.

Research Hypotheses

The purpose of this study was to determine if the counselor characteristics such as counselor trainees' level of ego development and capacity for altruism could be used to predict client outcomes.

Research Question One:

Does a counselor trainees' level of ego development (as measured by the *Washington University Sentence Completion Test* (WUSCT; Hy & Loevinger, 1996) predict client outcomes (as measured by the Outcome Questionnaire (OQ-45.2: Lambert, 2004)?

Research Question Two:

Does a counselor trainees' level of altruistic tendency (as measured by the Heintzelman Inventory; Robinson et al., 2010) predict client outcomes (as measured by the Outcome Questionnaire (OQ-45.2: Lambert, 2004)?

Data Analysis

The data from the various assessments used in this study were analyzed with *Statistical Program Systems Software 17th edition* (SPSS, 2008). After the data was collected, regression analyses were conducted to determine the nature of the relationships between the variables. A multiple regression analysis was used to determine the nature of the relationships between

student counselor's level of ego development, student counselors' level of altruistic caring (mean score), and client outcomes. The variable used to measure client outcomes was a change in total distress scores (z-z = z) from the beginning (baseline) of treatment to termination, traditionally used in outcome research (e.g., Lambert et al., 2001; Wampold & Bolt, 2006). A multiple regression analysis was utilized to determine the nature of relationships between counselor characteristics (ego development level and altruistic tendency) and client outcome.

Data will be tested for statistical assumptions such as linearity, homoscedasicity, normality, and multicollinearity to ensure all assumptions of this statistical procedure will be met.

Limitations/Weaknesses

There are several possible limitations of this study. First, correlational research provides strengths of relationships between variables. Therefore, a limitation is the inability to explain causality of the variables (Frankel & Wallen, 2009). Second, a purposive sample was used in this study, which bears the same weaknesses as a convenience sample, making it difficult to make strong quantitative inferences. Third, the potential exists for inadequate responses due to the social-desirability of self report measures of the all instruments that were used, (e.g., OQ-45.2, Heintzelman Inventory, Washington Sentence Completion Test). For example, the OQ-45.2 is a self report measure that is predisposed to social desirability and what the client is willing to show their counselor. Therefore, there could be misrepresentation of symptomology and psychological functioning (Okiishi et al., 2003). None of the scales have an internal validity scale with a social desirability indicator within the assessment, subsequently affecting reliability of the study. Next, an internal threat to validity, referred to as history (Campbell & Stanley, 1963) may be a

concern. History refers to an event that occurs between the measurement administrations. For example, different staff has administered these instruments over the last two years and changes in various positions (such as coordinator) have occurred during this time period. In addition, organizational changes included streamlining the documentation process (i.e., changes to how documents were stored). Finally, a possible limitation includes testing, that refers to "the effects of taking a test upon the scores of a second testing" (Campbell & Stanley, 1963, p. 5). Clients who were included in this study were given the OQ.45.2 at least two times, and their familiarity with the instrument may have had an impact on how they answered subsequent administrations.

Conclusion

Participants were selected in this study via purposive sampling methods. Student participants were selected due to their enrollment in a CACREP accredited counselor training program in the South Eastern United States. Clients were subsequently selected as a result of their counseling relationship to participants. Student participants' level of ego development and altruistic caring were measured using the WUSCT (Hy & Loevinger, 1996) and the Heintzelman Inventory (Robinson et al., 2010). Changes in client functioning were derived by using the difference in score from the beginning of treatment to the end of treatment. Finally, the ex post factor correlational research design was utilized because it allowed the researcher to examining variables in their natural state, without manipulation. Data was analyzed using SPSS 17th ed and a multiple regression, with student scores on each instrument representing the independent variables, and the change in the clients OQ-45.2 score representing the dependent variable. Results of the analysis will be discussed in the next chapter.

CHAPTER FOUR: FINDINGS

The purpose of this study was to examine the relationship between counselor trainees'

level of ego development and altruistic caring and client outcomes. The chapter beings by stating

the research hypotheses, reports demographics of the participants of the study including

descriptive statistics, and concludes with the results of the data analysis for this study.

Research Questions:

1. Research Question One**:** Does a counselor trainees' level of ego development (as

    measured by the *Washington University Sentence Completion Test* (WUSCT; Hy &

    Loevinger, 1996) predict client outcomes (as measured by the Outcome Questionnaire

    (OQ-45.2: Lambert, 2004)?

2. Research Question Two: Does a counselor trainees' level of altruistic tendency (as

    measured by the Heintzelman Inventory, Robinson et al., 2010) predict client outcomes?

Sample Demographics

The participants in this study included mental health, marriage and family, and school

counseling students enrolled in a master's level counseling practicum course at a large university

in the Southeastern United States. The data in this study was collected in the last two weeks of

the following consecutive semesters: Fall of 2008, Spring, Summer, and Fall of 2009, and the

Spring and Summer of 2010. The exception to this was the Washington Sentence Completion

Test (WUSCT) data in the Spring and Summer of 2010. For these cases, the WUSCT was not

administered, however, these data were a part of the student's record and were collected when

the students initially entered the master's training program. Because research suggests that ego

level stabilizes in adulthood (Loevinger, 1976) and that student's levels of ego development does not change over the course of training (Fong & Borders, 1997), a decision was made to include scores for these cases. Students completed the instruments as part of a continuous program evaluation by the department and the data was de-identified by the counselor education program's research assistant before it was given to the researcher. This process ensured the confidentiality of the participants. Of the 96 potential participants, 81 completed both instruments and were included in this study (84%).

The demographics of the study participants were as follows: 65 (80.2%) female and 16 (19.8%) male (see Table 2). The age range of participants were as follows: 69 (85.2%) ages 20-29, 10 (12.3%) ages 30-29, 2 (2.5%) ages 40-49. Participants' ethnicity/race were as follows: 50 (61.7%) White/Caucasian, 10 (12.3%) Black/African American, 15 (18.5%) Hispanic, 3 (3.7%) Asian, 3 (3.7%) Other. Of the three that responded "Other", one identified as "Pacific Islander", one as "White/Caucasian and Black/African American", and one as "Black/African American and Hispanic". Students were asked to identify their course track that revealed the following: 39 (48.1%) enrolled in the mental health track, 20 (24.7%) enrolled in the marriage and family track, and 22 (27.2%) enrolled in the school counseling track. Finally, students enrolled in the Fall of 2008 practicum course represented 13 (16%) of participants, 8 (9.9%) in the Spring 2009, 29 (35.8%) Fall 2009, 15 (18.5%) Spring 2010, and 16 (19.8%) Summer 2010.

Table 2: *Counselor Trainee Collective Demographic Characteristics*

		N	Percent	Valid Percent	Cumulative Percent
Gender	Female	65	80.2	80.2	80.2
	Male	16	19.8	19.8	100
Total		81	100		
Participants Age	20 to 29	69	71.9	85.2	85.2
	30 to 39	10	10.4	12.3	97.5
	40 to 49	2	2.1	2.5	100
Total		81	84.4	100	
Minority Status	White/Caucasian	50	52.1	61.7	61.7
	Black/African American	10	10.4	12.3	74.1
	Hispanic	15	15.6	18.5	92.6
	Asian	3	3.1	3.7	96.3
	Other	3	3.1	3.7	100
Total		81	84.4	100	
Track	Mental Health	39	40.6	48.1	48.1
	Marriage and Family	20	20.8	24.7	72.8
	School	22	22.9	27.2	100
Total		81	84.4	100	

Washington Sentence Completion Test

The score for the Washington Sentence Completion Test was calculated by the mean total protocol ratings (TPR score) that were assigned a level of ego development from E2 to E9. For example, a total protocol rating score (TPR) of 101 corresponds to the E7 level of ego development. However, due to the restriction of range of participants ego levels (88.9% of this sample scored at the E4 and E5 level), both the TPR score and ego level were used in the analysis. The restriction of range of this sample is consistent with previous research with counselor level trainees (e.g., Lambie et al., 2009; Walters, 2009; Zinn, 1995), and researchers suggest the use of both ego level and actual TPR score.

This study's sample of participants' had a mean level of ego development of (M = 5.54, *sd* = .725) with a range from level E3 (Self-Protective) to a E7 (Individualistic) (see Table 4). The ego levels of the participants were as follows: (a) Self-protective (E3; n = 1, 1.2%), (b) Conformist (E4; n = 4, 4.9%), (c) Self-aware (E5; n = 30, 37%), (d) Conscientious (E6; *n* = 42, 51.9%), and (e) Individualistic (E7; *n* = 4, 4.2%). Participants score's ranged from 73 to 107, with mean scores (M = 90.14, *sd* = 6.276) (see Table 5).

Table 3: *Descriptive Statistics for the Washington Sentence Completion Test (Level)*

	N	Range	Minimum	Maximum	Mean	Std.Deviation	Variance
WUSCT Score	81	4	3	7	5.54	.725	.526

Table 4: *Frequency Distribution for the Washington Sentence Completion Test (Level)*

Ego Level	Frequency	Percent	Valid Percent	Cumulative Percent
E3	1	1.0	1.2	1.2
E4	4	4.2	4.9	6.2
E5	30	31.3	37.0	43.2
E6	42	43.8	51.9	95.1
E7	4	4.2	4.9	100
TOTAL	81	84.4	100	

Table 5: *Descriptive Statistics for the WUSCT Level Total Protocol Ratings (Score)*

	N	Range	Minimum	Maximum	Mean	Std.Deviation	Variance
WUSCT Score	81	34	73	107	90.14	6.276	39.394

Heintzelman Inventory

The Heintzelman Inventory (Robinson et al., 2010) was used to assess student participants' level of altruistic tendency for choosing the counseling profession. Participants' responses were based on a Likert scale ranging from strongly disagree (1) to strongly agree (5). The *Life Experiences* scale that included Factor Six: *Counselor Identity Formation* and Factor Seven: *Early Caretaker Experiences*, were utilized. This study's sample of student participants' mean score on this subscale was (M = 24.42, *sd* = 6.360) with a range of 14 to 38. Table 6 represents the measures of central tendency for the subscale.

Table 6: *Descriptive Statistics for Heintzelman Inventory Factor 3: Life Experiences*

	N	Range	Minimum	Maximum	Mean	Std.Deviation	Variance
Group 3 Factors 6 , 7	81	24	14	38	24.42	6.360	40.447

Outcome Questionnaire 45.2:

The Outcome Questionnaire-45.2 (OQ-45.2: Lambert, 2004). OQ-45 is a norm referenced, forty five item instrument designed to assess the clients psychological functioning in counseling. This is a brief screening outcome assessment scale that attempts to measure how a person feels, gets along with others, and functions in important life tasks (Lambert, 2004). Client functioning is measured by three scales that include: (a) Subjective distress that measures how a person is feeling, general mood including how depressed or anxious, (b) Interpersonal relationships that measures the level of functioning in getting along with others (e.g., friends, family) and, (c) Social role performance, that measures clients perception of dissatisfaction in life tasks such as work and school. Participants' clients were administered this measure at the beginning and end of treatment. Therefore, their change score (score from beginning of treatment minus end of treatment) was used as the measure of client change. Scores ranged from -47 to 20, (M = -9.53, *sd* = 13.505) (see Table 7). The negative values represent positive client change (i.e., reduction in symptomology) while positive values represent increases in reported symptoms.

Table 7: *Descriptive Statistics for OQ 45.2 Score*

	N	Range	Minimum	Maximum	Mean	Std.Deviation	Variance
Change Score	81	67	-47	20	-9.53	13.505	182.377

Multiple Regression

Multiple Regression analysis was employed to investigate the relationship between master's student counselors' level of ego development and altruistic caring and client outcomes. The independent variables were the participants' level of ego development (both level and TPR score were used) and the level of altruistic caring was the total score on the *Life Experiences* subscale. The dependent variable, client outcome, was the client's OQ.45.2 Total Distress score, assessed at the beginning of their course of treatment. The client's OQ.45.2 score was also collected at the end of the treatment period (i.e., at least four weeks after counseling had commenced). The change score was calculated by subtracting the client's final score from their initial score. Overall, the linear composite of the independent variables entered into the regression procedure predicted 2.7% of the variation in the dependent criterion $F_{(2, 78)} = 1.097$, $p = .339$ (see Tables 8 & 9) .

Table 8: *Multiple Regression Analysis*

r	r Square	Adjusted r Square	Std. Error of the Estimate	r Square Change	F Change	df 1	df 2	Sig. F Change
						Change Statistics		
.165a	.027	.002	13.488	.027	1.097	2	78	.339

Table 9: *ANOVA Table*

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	399.239	2	199.619	1.097	.339a
Residual	14190.934	78	181.935		
Total	14590.173	80			

A multiple regression was also performed using WUSCT level (versus TPR score). Overall, the linear composite of the independent variables entered into the regression procedure predicted 1.8% of the variation in the dependent criterion F (2, 78) = 1.299, p = .279 (see Table 10).

Table 10: *Multiple Regression Analysis*

r	r Square	Adjusted r Square	Std. Error of the Estimate
.180a	.032	.007	13.455

Table 11: *ANOVA Table*

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	470.209	2	235.104	1.299	.279
Residual	14119.964	78	181.025		
Total	14590.173	80			

Independent T-Tests

An independent T test was conducted to examine potential differences between the

sample's top distribution of WUSCT scores (Quartile 1) and corresponding client outcome, and

the bottom scores (Quartile 2). The reason for this analysis was that there appeared to be a

restriction of range of participants ego levels and scores, with the majority of participants

(88.9%) scoring at the E4 and E5 level. This limited range had been found previously in research

with counselor level trainees (e.g., Lambie et al., 2009; Walters, 2009; Zinn, 1995). Of 96

potential participants (100% response rate) participants, 23 (22.3%) represented the top quartile

in scores, ranging from scores of 94-107, and 26 (25.2%) represented the bottom quartile in

scores, ranging from 73-85. The Levene's test for equality of variances was above .05, therefore,

equal variances were assumed. Results indicated that there was no statistically significant

difference (t = .064, df = 47, p > .05) in client outcome scores between participants scoring in the

top quartile (M = -9.87) and participants scoring in the bottom quartile (M = -9.54) (see Tables

12 & 13).

Table 12: *Group Statistics for Quartiles*

	Quartiles	N	Mean	Std. Deviation	Std. Error Mean
Change Score	1.00	23	-9.87	18.187	3.792
	2.00	26	-9.54	18.063	3.542

Table 13: *Independent Sample T Test*

	Levene's		t-test for equality of means				
	F	Sig.	t	df	Sig (2-tailed)	Mean Difference	Std. Error Difference
Change Score Equal variances assumed	.003	.959	-.064	47	.949	-.331	5.187
Equal variances not assumed			-.064	46.193	.949	-.331	5.189

The results indicate that a counselor trainee's level of ego development does not correlate significantly with a client's change score. The mean change in score was (M = -9.87) for the top WUSCT scores (quartile 1) and (M = -9.54) for the bottom WUSCT scores (quartile 2). Further, in an attempt to determine whether clients pre-treatment scores (i.e., degree of reported adverse symptoms when they entered treatment) were similar, an independent T-Test was conducted. The reason is because certain pretreatment variables such as initial distress levels may have larger gains in treatment (Asay et al., 2002) Therefore, an independent T- Test was conducted to examine the difference in the participants' client's OQ-45.2 scores at the beginning of treatment. Results indicate there is no statistically significant difference (t = .338, df = 47, p > .05) in client outcome scores of the top quartile (1) (M = 73.96) and client outcome scores of the bottom quartile (2) (M = 75.92) (see Tables 14 & 15).

Table 14: *Group Statistics for Client's OQ 45.2 Score (Quartiles)*

	Quartiles	N	Mean	Std. Deviation	Std. Error Mean
OQ Begin	1.00	23	73.96	23.100	4.817
	2.00	26	75.92	17.474	3.427

Table 15: *Independent Sample T-test-OQ 45.2*

	Levene's		t-test for equality of means				
	F	Sig.	t	df	Sig (2-tailed)	Mean Difference	Std. Error Difference
Change Score Equal variances assumed	.772	.384	-.338	47	.737	-1.967	5.812
Equal variances not assumed			-.338	40.727	.741	-1.967	5.911

Hypotheses

The first research hypothesis was that a counselor trainees' level of ego development (as measured by the *Washington University Sentence Completion Test*) would predict client outcomes (as measured by the Outcome Questionnaire). Research question one was not supported as there was no statistically significant relationship between counselor trainees' level of ego development and client outcome. The second research hypothesis was that a counselor trainees' level of altruistic tendency (as measured by the Heintzelman Inventory) would predict client outcomes. This research question was not substantiated as there was no statistically significant relationship between counselor trainees' level of altruistic caring and client outcome.

Exploratory Research Question One:

1. Does a counselor trainees' level of altruistic caring (*Counselor Identity Formation* subscale) predict client outcome?

This scale (i.e., one of two scales that represent the *Life Experiences* subscale on the Kuch Robinson Inventory) is called *Counselor Identity Formation*. This scale attempts to measure when counselor trainees decided to become professional counselors. It includes the following questions: (33) *I have always known I would pursue counseling as a career*; (34) *By my high school graduation I knew that I wanted to become a counselor*; (35) *By my undergraduate graduation, I knew I wanted to become a counselor* and, (36) *I didn't consider becoming a counselor until working after undergraduate graduation*. All participants (N = 96) answered questions 33, 34, and 35 of the *Counselor Identity Formation* subscale with a 100% response rate. However, nine participants of 96 (9.75%) did not respond fully complete the subscale (i.e., question 36, answering N/A). This may be due to the fact that many counselors matriculate into the master's counselor education program directly after undergraduate school. Therefore, working between undergraduate and graduate school is not a possibility for these students. Due to the missing data, regression analysis was performed on questions 33-35 to determine if these questions predicted client outcome.

Regression analysis was performed using the total score of questions 33, 34, and 35 of the *Counselor Identity Formation* subscale (Factor 6) as the independent variable. The dependent variable, client outcome, was the client's OQ.45.2 Total Distress score obtained before counseling started. The client's OQ.45.2 score was also collected at the end of the treatment period and the change score was calculated by subtracting the client's final score from their

initial score. This value represented the change in the total distress score. Overall, the linear

composite of the independent variables entered into the regression procedure predicted 4.1% of

the variation in the dependent criterion $F (1, 94) = 3.980$, $p < .05$.

Table 16: *Multiple Regression Analysis*

| r | r Square | Adjusted r Square | Std. Error of the Estimate | Change Statistics | | | | |
				r Square Change	F Change	df 1	df 2	Sig. F Change
.202a	.041	.030	15.960	.041	3.980	1	94	.049

Table 17: *ANOVA Table*

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	1013.683	1	1013.683	3.980	.049a
Residual	23942.556	94	254.708		
Total	24956.240	95			

Summary

The purpose of this study was to examine the relationship between counselor trainees'

level of ego development and altruistic caring and client outcome. The results yielded no

statistically significant relationship between ego development, altruism, and client outcome

based on the research hypotheses. However, a separate independent regression looked at three

questions of *the Counselor Identity Formation* altruism subscale which yielded a statistically

significant relationship between the three questions of this subscale and client outcomes.

In sum, this chapter presented the results of the data analysis including descriptive

statistics of participants, their respective clients' OQ-45.2 scores, multiple linear regression

analysis, and independent t-test analysis. The following chapter will review the results of the

analysis and discussion of the findings, the potential limitations of the study, and questions for

future research and implications for counselor educators.

CHAPTER FIVE: DISCUSSION

This chapter summarizes the results of a study that examined the relationship between counselor trainees' levels of ego development and altruistic caring and client outcome. The first section provides a discussion of the results of the research study beginning with a review of the research hypothesis and a discussion of the results related to each question. The next section outlines the limitations of the study, implications, and future directions for research.

Discussion

Ego Development and Client Outcome

Ego development has been described by counselor educators as an important component of counseling efficacy (Lambie, 2007; Welfare & Borders, 2009). Loevinger (1976) defined this holistic and inclusive "master trait" as a frame of reference in which individuals perceive and interpret the social world and make meaning of events around them. Counselor educators have emphasized the importance of ego development in counselor trainees (Borders, 1998; Granello, 2010; Lambie, 2007; Welfare & Borders, 2010). For example, higher levels of ego development were found to be associated with higher levels of empathy, perspective taking, wellness, and the ability to adapt (Borders, 1998; Granello, 2010; Lambie et al., 2009). Additionally, researchers contend that counselors must function at elevated levels of cognitive complexity in order to address the multiplicity of client needs (Blocher, 1983; Granello, 2010; Stoltenberg, 1981), and must be able to identify and integrate several pieces of information to form accurate clinical conceptualization of clients (Welfare & Borders, 2009). Finally, it is generally acknowledged, within counselor education, that ego development is an "essential component in the development

of an adaptive, self-aware counselor" (Lambie, 2007, p. 82). This includes the development of desirable characteristics such as personal and interpersonal awareness, flexibility, self care (Lambie et al., 2009), and an enhanced capacity to stay focused on counseling rather than on themselves (Birk & Mahalik, 1996). In sum, the characteristics representative of higher levels of ego development or cognitive complexity are those sought by counselor educators.

Based on this research connecting ego development and desirable counselor characteristics, this study was designed to investigate the relationship between a counselor trainee's level of ego development and client outcome during their practicum experience. It was hypothesized that higher levels of ego development would predict client improvement because higher ego levels are representative of higher empathy. A multiple regression analysis was used to analyze data gathered from 81 participants in a counselor education programs' evaluation database who fit the inclusion criteria. The findings of this study did not support a relationship between a counselor trainee's level of ego development and client outcome. One possibility is that a restriction of range problem might have obscured this relationship. In an attempt to explore the restriction of range hypothesis, the researcher examined the levels of the ego development scale (WUSCT). It was found that level E5 described 31.3% of participants and E6 described 43.8%. Therefore, both the WUSCT level and Total Protocol Rating score were used to predict counseling outcome, resulting in no statistically significant relationship using either variable. Additionally, a comparison of the top quartile of participants representing the highest ego level within the sample (N = 23, SD = 18.187) and the bottom quartile (N = 26, SD = 18.063), yielded no statistically significant difference between groups. Moreover, the mean difference in change scores were essentially equivalent, with the top quartile's clients improving by (M = -9.87) and

the bottom quartile's clients improving by (M= -9.54). In essence, clients' OQ-45.2 scores, (client symptoms) improved regardless of counselor ego level.

The finding that trainee ego level and client outcome are unrelated suggest that further study of this relationship is necessary. Results have been mixed regarding counselor effectiveness and ego development, with some studies showing support (e.g., Borders & Fong, 1989, Study 1), and others showing no relationship (Borders & Fong, 1989, Study 2; Dallam, 1979; Zinn, 1996). One of the inherent problems associated with this research is that assessment instruments that measure client outcome should meet sound psychometric criteria (Smaby, Maddux, LeBeauf, & Packman, 2008) and many do not. For example, it appears that previous studies regarding counseling efficacy and ego development have utilized various measures to assess counseling efficacy, such as supervisor's or hired raters' perception of whether a counselor was effective (i.e., videotaped counseling exam) and client satisfaction. Although supervisor ratings and client rating scales provide useful information, some researchers argue that they are "not of value" in research (p. 229) and question the validity of measures such as client satisfaction (Greenburg et al., 2001; Smaby et al., 2008). No other study was found that used a well validated, psychometrically sound instrument as an outcome measure. Moreover, it measures actual client changes in symptomology, rather than if a rater deemed the counselor as efficacious, and is therefore a measure of client outcome.

The first possible explanation for the lack of relationship between ego development and client symptom improvement may be found within the developmental process of counselor trainees. Counselor trainees may be focused on learning and acquiring skills that may actually inhibit the accurate representation of their baseline ego level. For example, researchers have

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suggested that those who exhibit higher cognitive complexity when they begin a counseling program must "re-progress" (Granello, 2002, p. 292) through earlier stages of development as they learn counseling skills and behaviors. Thus, because counselor trainee's are focused on a new developmental task (i.e., learning counseling skills), their level of cognitive complexity may not be relevant until skill mastery. This could explain Borders et al. (1986) "puzzling" (p. 45) finding, with a sample of 63 graduate counseling students. Researchers found no difference between high and low levels of ego development and flexible and complex perceptions of clients. Moreover, they found that students with less flexible and complex client perceptions were functioning at higher levels of ego development (Borders et al., 1986). Similarly, this study found no difference between the participants' ego level (i.e., highest and lowest levels) and client improvement. Developmental models of supervision may help provide some explanation of these findings.

Developmental models of supervision (e.g., Loganbill, Hardy, & Delworth, 1982; Stoltenberg, McNeil, & Delworth, 1998) suggest that counselor trainees progress in hierarchical, linear manner as they attain counseling skills. It is thought that a supervisee also displays counseling behaviors based on their developmental level, regardless of broad based traits (i.e. intelligence). For example, Stoltenberg et al. (1998) concluded that supervisees in the beginning stages of development exhibit high anxiety, dichotomous reasoning (i.e., right or wrong way), and are highly dependent on their supervisor. Those at later stages of development exhibit increased autonomy, less dependence on their supervisor, and an increase in the internalization of skills as developmental growth is achieved (Scheaffer et al., 2008). Additionally, Stoltenberg et al. (1998) suggested that at the highest stage, the supervisee reaches integration across

multiple domains such as treatment, assessment, and conceptualization. Researchers have suggested that even those individuals with higher levels of cognitive complexity must re-progress through earlier stages (Granello, 2002), and an individuals' understanding may fluctuate from topic to topic regardless of cognitive complexity level (Welfare & Borders, 2010). Therefore, the level of ego development may not be relevant at the trainee level, as development is specific to attaining and mastering counseling competency. Moreover, because the majority of cognitive development for mental health practitioners occurs after their formal training and when they are actually working in the field (e.g., Skovholt & Ronnestad, 1992), perhaps research should be focused on counselors' level of ego development from a longer developmental perspective (Ronnestad & Skovholdt, 1993). Additionally, the second reason for a lack of statistical relationship between counselor trainee level of ego development and client improvement may be due to the breadth and depth of the construct of ego development, that is discussed next.

Researchers have argued that the construct ego development is so broad and complex "it may not be amenable to simple reductionist categorization" (Schaeffer et al., 2008, p. 508). For example, researchers have suggested that the WUSCT may be too broad of a measure (Fong et al., 1997) and that there may be general and domain specific complexity (Welfare & Borders, 2010). Furthermore, complexity level in one domain (i.e., character development, interpersonal style) does not necessarily mean cognitive complexity in another, nor does it define the overall concept of cognitive complexity (Crockett, 1965). Therefore, researchers have suggested that future research utilize instruments that are domain specific, such as the Conceptual Integrative Complexity Method (CICM: Suefeld, Tetlock, & Streufert, 1992) which assesses complexity of

information processing and decision making regarding clients. Similar measures have been created, such as the CCQ (Welfare, 2006) that measures the complexity of counselor's cognitions about their clients. Therefore, it is reasonable to question whether domain specific aspects of ego development, such as interpersonal or cognitive style, may correlate with outcomes than a general measure of cognitive complexity (i.e., WUSCT), as counselor interpersonal behaviors correlate with client outcome.

Altruism and Client Outcome

There is little literature regarding how an individual makes the decision to train as a therapist or to care for others in a professional context (Dicavallo, 2002; Sussman, 1992). However, this is an important area of research for counseling professionals due to the higher prevalence of psychopathology, childhood trauma, and dysfunction compared with samples individuals in the non-helping professions (Elliot, 1993; Elliot & Guy, 1993; Nikcevic, Kramolisova-Advani, & Spadi, 2007). In addition, one's motives for becoming a helper may be self-serving. For example, counselors may be looking to dominate or overcome their own problems which could make the counselor trainee unable to focus on the client. Because a therapist may potentially cause harm to clients due to their own impairment, it is important to understand the motivations for becoming a helper. Moreover, it is essential for educators to be able to choose counselor trainee's that will be effective with their clients. Therefore, the Heintzelman Inventory (Robinson et al., 2010) was used in this study to examine participants' motivations for entering the counseling profession. The Heintzelman Inventory (Robinson et al., 2010) measures whether motivations are more or less egocentric and altruistic. For example, more egocentric motivations may include motivations to enter the profession based on the

counselors' desire to resolve their own psychological distress (Guy, 1987) or the wish to fulfill needs for intimacy or emotional closeness not met in childhood (Dryden & Spurling, 1989; Liaboe & Guy, 1987). Conversely, more altruistic inclinations may include the need to continue their role that manifested in childhood as the caretaker in the family (DiCaccavo, 2002; Guy, 1987). In this study, the *Life Experience* scale of the Heintzelman Inventory (which is based on more altruistic motivations), was used to predict client outcomes.

The results of the multiple regression analysis (N = 81) yielded no statistically significant relationship between the *Life Experience* subscale and client outcomes. This subscale consisted of two scales including, *Considering my choice to enter this field*, and *Considering my upbringing*. Used together in the regression equation as an independent variable did not result in a statistically significant relationship. The potential implications of this are that a counselor's life experiences before they enter counseling, including whether they were a caretaker to loved ones and when they decided to become a counselor, does not contribute to counselor efficacy. Therefore, more altruistic motivations for entering the profession (i.e., less egocentric) may not be relevant to counselor efficacy within trainees. However, further exploratory analysis yielded a finding worthy of note and supported by literature surrounding the construct. Below we consider this finding.

Table 18: *Factor 6, Counselor Identity Formation*

33. I have always known I would pursue counseling as a career
34. By my high school graduation I knew that I wanted to become a counselor
35. By my undergraduate graduation, I knew I wanted to become a counselor
36. I didn't consider becoming a counselor until working after undergraduate education

Factor 6, *Counselor Identity* Formation, consisted of four questions (see Table 18). All participants responded to the first three questions on this subscale. This led to an exploratory analysis (N = 96) for three questions that inquired about when counselor trainees decided to pursue their profession in counseling. These three questions (33, 34, and 35) predicted client outcome and explained 4.1 % of the variance. This finding indicates that 4.1% of client outcome can be accounted for by the counselor trainees indication that they decided early in life to enter the field. According to Cohen (1988) an adjusted r^2 of .041 represents a small effect size. This suggests, as previous research has confirmed, that there are other factors beyond those associated with the counselor that influence client outcomes. Nonetheless, the finding is worthy of exploration due to the lack of empirical research on the topic of altruism and career choice in counselors and the ongoing validation of the Heintzelman instrument. There are several possible reasons for this statistically significant relationship that include: (a) early personal events, including roles within the family of origin that shaped and influenced career choice, (b) the influence of role models and social cognitive career theory and, (c) commitment and career maturity.

Early experiences

Common themes that have emerged as reasons for vocational choice in counselors include their early experiences in childhood (Dicaccavo, 2002). For example, researchers that examined career choice among psychotherapists and social workers suggested that they are more likely to report childhood trauma and emotional distress than those in other professions (e.g., Cain, 2003; Elliot & Guy, 1993; Halewood & Tribe, 2003; Lackie, 1983; Nikcevic et al., 2007; Vincent, 1996). According to Dicaccavo (2002) personal attempts to resolve issues may also serve as motivation to enter the helping field, resulting in less altruistic reasons for entering the counseling profession. However, Dicaccavo (2002) argued for another promising explanation. Early histories of caretaking, emerging from certain early experiences, may result in a person that is naturally inclined, motivated, skilled, and "pre-wired" for perceiving and responding to the needs of others from an early age.

Further, the notion of parentification, or inverted/child parent relationships (Bowlby, 1973) has emerged in the literature and may be relevant to this discussion. Parentification is defined as the expectation that a child will care for parents and supply emotional and practical support (Godsall, Jurkovic, Emshopff, Anderson, & Stanwyck, 2004). Examples of this include providing support for a parent with impairment such as depression or alcohol dependence, physical disability, and also by mediating family conflicts (Boszormenti-Nagi & Krasner, 1986). It is suggested that in the absence of reciprocity, acknowledgement, and family support, the parentified role is detrimental and hinders the child's emotional and social development (Jurkovic, 1997). However, the ramifications of this role may not be solely conceptualized as adverse or developmentally inappropriate. Godsall et al. (2004) suggested 'parentified' children

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may have derived self-worth and a sense of efficacy from their involvement to the stability of family members if their contributions are supported and recognized. Further, Dicavallo (2006) suggested that parentified children may have worked through their family experiences and are likely to provide high levels of empathy for the client and focus on the needs of clients, rather than themselves. Therefore, clients may perceive these counselors as exhibiting high levels of empathy and acceptance, which has been linked to client outcomes (e.g., Norcross, 2005; Miller et al., 1980; Wing, 2009).

Values. Early theories of career development attempted to explain the relationship between career choice and one's early experiences. For example, Roe (1957) posited that career choice was essentially an unconscious process that was determined by the pattern of early frustrations and satisfactions in childhood. Derived from psychoanalytic theory, the degree of satisfaction in certain tasks, mediated by parental reactions and level of support, explained later career choice and development (Roe, 1957). Because of parental styles, individuals choose "warm" or "cold" careers. Warm careers such as counseling are supposedly chosen as the result of positive parenting experiences. In addition, children may be influenced by a predisposition for an internalized value structure (Fry, 1976) representative of core beliefs on how they "should" or "ought" to function (Brown, 2002; Young, 2009). Thus, it is possible that participants in this study knew they were going to be counselors (i.e., chose their profession by the time they reached college) because they derived satisfaction out of care taking roles in childhood. Additionally, positive self-concepts may have developed that represent extensions of their childhood roles.

Self Concept. Positive self-concept and self efficacy may be related to roles within the family system that developed in childhood. For example, research with trainee counseling psychologists showed that they reported less parental care, more parental control, parentification, and self-efficacy towards helping others compared with students who were not training in a caring profession (DiCaccavo, 2002). Additionally, several theoretical frameworks offer a foundation for understanding the empirical findings of childhood experiences and mental health professionals (Nikcevic et al., 2007). Theoretical explanations include systemic approaches to therapy such as family systems (i.e., Bowen, 1978; Minuchin, 1974; Satir, 1967) that asserted that individuals can only be understood within the social context in which they live (Prochaska & Norcross, 2007). Further, individuals may repeat or re-enact patterns from their family of origin into current relationships. Similarly, group theories (Yalom, 2005) have advocated that individuals carry patterns of behavior and relating to others based on their primary family group. Thus, they will inevitably repeat patterns of relating to others in current group environments based on earlier patterns and roles in their family of origin. For example, research involving career choice in nurses showed this pattern of family interaction and "re-working the family narrative" (Williams, 1997, p. 135). Therefore, the pattern of relating as a caretaker may manifest in adulthood, whether consciously acknowledged or not, thus influencing career choice.

Social Cognitive Theory

According to Curry et al. (2009) another plausible explanation for early career choice may be derived from career development, particularly Social Cognitive Career Theory (SCCT; Lent, Brown, & Hackett, 2002). This theoretical framework is based on Bandura's (1977) social learning theory. The basis for SCCT integrates both social learning and self-efficacy (Curry et

al., 2009). Although there is little literature surrounding how altruism develops across the lifespan (Curry et al., 2009), research supports the importance of early role models in developing efficacy for helping. For example, Curry et al. (2009), in a sample of individuals from a retirement community (N = 34), found that participants attributed altruistic behavior to vicarious experiences and watching role models (i.e., teachers, parents, family members). Therefore, by watching role models engage in helping behavior, this could shape one's values, interests, and choices regarding professional career decision making.

Commitment and Professional Identity

Reasons for responses such as "I have always known I would become a counselor" may be rooted in early career maturity or early professional identity. Further research should explore the reasons behind these responses. This early level of commitment towards the decision to become a counselor could predict outcomes and be vastly different from those individuals who enter into the profession for other reasons. For example, students may choose to enter the profession because "it was the next best thing to do" after college graduation or something that "just happened". This may indicate a lack of an actual decision about selecting a career (Stanley, Rhoades, & Markman, 2006). This inertia may lead a person to be less committed and dedicated to the profession, therefore, less effective. Research in couples and relationship satisfaction could provide an explanation, such as the "sliding versus deciding" (p. 505) effect as a determinant in relationship success. Stanley et al. (2006) used this term to describe transitions within relationships, such as cohabitation, without fully considering the repercussions. Further, researchers hypothesized that couples that slide from cohabitation to marriage, may result in marital distress and divorce versus those couples who made a definite decision about

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commitment and marriage (e.g., decided). In a study with unmarried adults (N = 1184), researchers found that dedication predicted relationship stability over an eight month period (Rhoades, Stanley, & Markman, 2010). Similarly, these findings may be relevant to career choice and counselor commitment level. For example, those who "decided" to become counselor may be more effective with clients than those who "slid" into the profession due to an increased long term commitment and dedication as well as fewer feelings of constraint.

In sum, the two research questions explored in this study were answered negatively. The data did not reveal a statistically significant relationship between independent and dependent variables. It was found that ego development and the *Life Experiences* subscale (i.e., factor 6 and 7) measuring altruism, did not predict client outcomes. Although there was no statistically significant relationship between these variables, when subscales were explored individually as independent factors, a statistically significant relationship was found between three questions on the *Counselor Identity Formation subscale* (factor 6) and client outcomes. Given the paucity of literature regarding counselor or therapist reasons for entering the profession and the ongoing development of the Heintzelman Inventory (Robinson et al., 2010), the results may still be useful in helping to suggest further research on early experiences. However, there are possible limitations to this study by nature of research design and other factors, including the results exploratory analysis. They are discussed in the next section and include: (a) research design, (b) sample population, (c) instrumentation and, (d) data collection and other issues.

<center>**Limitations**</center>

Research Design

The first weakness in the present study is inherent to the descriptive correlational research design. Although the design allows for investigating a relationship between variables, it is unable to explain causality (Frankel & Wallen, 2009). Correlational research may contain threats to internal validity, including extraneous variables that may affect correlations such as age. Therefore, other extraneous factors may have influenced the participants and contributed to the relationship.

Sampling

This study utilized a purposive sample which has the same limitations as a convenience sample. The use of purposive sampling means that the type of people available for study may actually be different from those in the population, introducing a source of bias (Gall et al., 2005). Therefore, the limitation to a purposive sample is that it is difficult to make strong quantitative inferences based on this sample (i.e., threat to external validity). Although the sample represented counseling students at one university, the results may not be generalizable to other populations.

Additionally, although exploratory results yielded a statistically significant relationship between a facet of counselor altruism and client outcomes within the entire sample, caution must be used in interpreting these results since three questions on the subscale were taken individually into the analysis and not the entire subscale. The discussion leads to two opposing points, the first being that because the instrument is under development and validation, exploratory investigations may be useful for the revision of the instrument. Conversely, a matter of dissecting

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an instrument because of problems such as missing data is another that may raise methodological concerns. However, exploratory analysis surrounding the construct of altruism and career choice in the helping professions is necessary because it has yet to be fully studied (Dicavallo, 2002). Therefore, although noteworthy, prudence should be utilized in formulating conclusions surrounding this relationship in future research.

Instrumentation

The second limitation of the study includes the lack of validity and reliability for the Heintzelman Inventory (Robinson et al., 2010). Although two instruments used in this study exhibit strong psychometrics properties, the Heintzelman Inventory (Robinson et al., 2010) is a relatively new assessment still under development and the psychometric properties of this instrument have not yet been fully established (see Chapter 3). Additionally, future research on this scale is necessary so that the results can be more clearly and definitively interpreted to test takers. However, the inventory is based on theoretical constructs derived from existing literature and ongoing factor analysis of the instrument is providing more support for the instrument and its use in measuring the construct of altruism in counseling students.

Data Collection

Another possible weakness of the study are the issues of "testing" and social desirability. Testing refers to the problem of multiple administrations of an instrument that affect reliability because test takers may become familiar with the instrument. Both the counselors and clients had taken two of the instruments (the WUSCT, Heintzelman Inventory, and the OQ 45.2), at least one time previously. Additionally, the propensity for social desirability (clients and counselors attempt to score "positively" on measures) may also be a concern. None of the instruments used

in this study included a reliability scale embedded in their instrument that would alert the test giver to the tendency to fake good.

Implications for Counselor Educators

The first implication for counselor educators is the potential importance of altruistic motivations for entering the counseling profession. Specifically, the reason or motivation for choosing the profession might be useful in helping to make admission decisions. Research supports the practice of evaluating and assessing students in depth as to their appropriateness for the counseling field (Behnke, 2005; Brear et al., 2008; Lumadue & Duffey, 1999; Nagpal & Ritchie, 2005; Nelson et al., 2003). Therefore, questions on the Heintzelman Inventory (Robinson et al., 2010) regarding career choice and reasons for entering the field may have some predictive value for selecting the best counselors based on the results of this study. Although further research is necessary to strengthen the Heintzelman Inventory (Robinson et al., 2010) preliminary results hold some promise that it may serve as a predictive tool that educators may utilize to augment academic criteria and the personal interview at admission. The use of this non-academic criteria may help educators: (a) select the most effective counselors based on empirical research and client outcomes, (b) uphold the gatekeeping function and screen out those unsuitable for professional practice (Brear et al., 2008) and, (c) reduce the inherent bias of interviewing (Holstein, 2000) which is a threat to predictive validity (Markert & Monke, 1990). Because educators spend considerable resources on problematic students and on remediation, if problems or markers of success could be identified at interviews, this could refine the interview process and preserve faculty resources. (i.e., time spent).

Finally, although ego development is widely considered a desirable characteristic of counseling students, perhaps it is important to consider studying ego development from a life span perspective rather than the current method of conducting studies with counselors in training. Given the lack of significant findings between counselor level trainee level of ego development and client outcome and the fact it is a broad and complex construct (Schaeffer et al., 2008), ego development may not be as relevant when counselors are in training. Therefore, spending the time to administer and score an instrument such as the WUSCT may not yield a good return on time invested and faculty resources.

Recommendations for Future Research

Counselor effectiveness. Because measures such as the personal interview lack predictive validity and are known for interview bias, future research regarding the selection process should include assessments that are based empirical literature. The more tools and assessments that may be utilized in conjunction with the face to face interview would assist those counselor educators in this vital task. Additionally, future studies should explore other means of assessing client outcomes along with those instruments with strong psychometric properties. Because researchers suggest that the client's perception of their counselors are more accurate assessment of counseling success that examining outcome alone (McKay, Dowd, & Rollin, 1982), future research could include a validated client rating scale.

Additionally, future studies should include improved sampling procedures that includes a broad cross section of participants (Kuch, 2008), not only other counselors from other universities, but also therapists' in training in other disciplines (i.e., psychology, social work). This larger and more heterogeneous sample could assist in making the results more generalizable

as well as validate the findings of this study. Finally, research design may be improved by the use of survival analysis, a non parametric procedure used to assess longitudinal data (Lambert, Hansen, & Finch, 2001). This differs from traditional means of assessing client outcome (at baseline and at end of treatment), as it tracks the patient across several points in time throughout their treatment (Lambert et al., 2001). This allows for outcome status of patients at any point in time throughout treatment, "making it a robust test of meaningful client change" (Lambert et al., 2001, p. 162).

Early experiences. It may be important to consider that early experiences with caretaking may be a strength in career choice. Future research is needed to determine possible mediating and protective factors (Earley & Cushway, 2002) for those who had caretaking roles. For example, Jurkovic (1997) conceptualized parentification as a process dependent on the recognition of the child's contribution including the extent and duration of the caregiving. Earley and Cushway (2002) suggested the length of time caretaking may be the factor that leads to overburdening. Further, the possibility exists that in the presence of reciprocity and balance (Broszormenyi-Nagy & Spark, 1973), it may serve as a strength in career choice as a counselor, rather than a liability. Because the reason to become a therapist has yet to be fully explored (Dicavallo, 2002), future qualitative research surrounding this topic is warranted to gain insight to whether these experiences may be a positive influence, exploring possibilities such as the duration of the caregiving, coping style of both children and parents, and perceived reciprocity (Earley & Cushway, 2002). Additionally, studies surrounding career choice should be expanded to include other helping professions to gain understanding on early childhood roles and whether

this is a positive attribute to counselor/therapist efficacy, or something that impedes a counselor's efficacy.

Measuring altruism. Ongoing research and validation of the Heintzelman Inventory (Robinson et al., 2010) is necessary for future research as it is the only instrument to measure counselor reasons for entering the field**.** Other related issues that have promise for future research include constructs such as professional identity and self efficacy (Kuch, 2008). Additionally, incorporating a scale that would help identify socially desirable responses among participants would be useful (Kuch, 2008). For example, Smith's (2006) finding with a sample of master's level counseling students suggested that participants may "fake good" on instruments (such as the OQ 45.2) in order to appear less symptomatic than they really are. Therefore, a social desirability scale built into this assessment would help reliability of the findings. In addition, because the number of viable cases utilized for the study were diminished by the frequency of N/A responses (causing the researcher to exclude those cases), questions on the scale may need to be reevaluated, revised, or removed if necessary. For example, several participants answered N/A to the question "I adopted a caretaker role for other siblings in my family". Participants may have been only children, generating an N/A response. Similarly, the final question on the Counselor Identity Formation scale, 'I didn't consider becoming a counselor until working after undergraduate education', was excluded because 11 students answered N/A (i.e., not applicable) as they were likely to have entered the master's program directly after completing their undergraduate education. Such responses compromise the sample as those participants must be dropped from the analysis. Although there are some researchers who appear to use mean substitution for these cases, it is generally recommended to exclude such

cases. Further, an instrument manual is needed to address how to score such items and the

instrument as a whole. In addition, negatively worded questions (such as question 36 not used in

the analysis), may be re-worded as researchers caution the use of such questions as they cause

confusion (Dillman, Smyth, & Christian, 2009).

Finally, although there are several theoretical explanations for early career maturity or

vocational choice, there is a lack of empirical research that supports these theories. Therefore,

phenomenological research could help uncover themes surrounding the construct. This would

help validate reasons that exist in the literature such as role models and early experiences, but

perhaps other explanations may explain and determine early career choice. This may include

spiritual or religious reasons, a significant or traumatic event, or curiosity (e.g., Kaslow, 2005).

Therefore, qualitative research might help uncover possibilities.

To summarize, the results of the statistical analyses did not support the primary

hypotheses, namely that participants level of ego development and altruistic caring derived from

their life experiences would predict client outcomes. However, the study did include findings

that supported a relationship between an aspect of altruism, that a counselor's early decision

relating to vocational choice did predict client outcome. Despite its lack of findings on the major

hypotheses, this study does provide some implications for counselor educators and other helping

professions.

Appendix A: Instruments Used In This Study

Directions: Please rate your response to the following question or statement according to the rubric provided.

A. How significant were the following factors in your decision to become a counselor?

1: Not at all an influence   2: A weak influence 3: A moderately strong influence
4: A strong influence   5: A Very strong influence   N/A: Not applicable/irrelevant

1.	Having an opportunity to work on my own healing.	1	2	3	4	5	N/A
2.	Gaining a greater understanding of my family.	1	2	3	4	5	N/A
3.	To become a happier individual.	1	2	3	4	5	N/A
4.	The opportunity to transform into a new person.	1	2	3	4	5	N/A
5.	The opportunity to get to know myself better.	1	2	3	4	5	N/A

B. I anticipate that some of the most satisfying things about the counseling career will include:

1: Not at all satisfying   2: A little satisfying   3: Somewhat satisfying
4: Satisfying   5: Very satisfying   N/A: Not applicable/Irrelevant

6.	Helping myself with certain issues.	1	2	3	4	5	N/A
7.	Helping both myself and others.	1	2	3	4	5	N/A
8.	Learning more about life through the counseling process.	1	2	3	4	5	N/A
9.	The chance to better understand myself.	1	2	3	4	5	N/A
10.	The chance to learn about things important to me.	1	2	3	4	5	N/A

Directions: Please rate your response to the following statements according to the rubric provided.

1: Strongly Disagree   2: Disagree   3: Neither Agree nor Disagree
4: Agree   5: Strongly Agree   N/A: Not applicable/Irrelevant

C. In considering my role as a counselor:

11.	I am concerned that I may do harm to my clients.	1	2	3	4	5	N/A
12.	I am concerned that I may be embarrassed in front of my peers.	1	2	3	4	5	N/A
13.	I am concerned that I won't have the necessary skills to do what I want to do.	1	2	3	4	5	N/A
14.	I look forward to hearing about my clients' lives.	1	2	3	4	5	N/A
15.	I look forward to helping my clients meet their goals.	1	2	3	4	5	N/A
16.	I look forward to building skills as a counselor.	1	2	3	4	5	N/A

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17.	I look forward to putting techniques that I have learned into practice.	1 2 3 4 5 N/A
18.	I look forward to seeing my clients improve their coping skills.	1 2 3 4 5 N/A
19.	I am concerned about my level of anxiety in working with clients.	1 2 3 4 5 N/A
20.	I am concerned that I won't know what to say.	1 2 3 4 5 N/A
21.	I am concerned that I won't be able to help my clients.	1 2 3 4 5 N/A
22.	I am concerned that my own issues may hinder my practice as a counselor.	1 2 3 4 5 N/A
23.	I am concerned that some clients' issues may make me uncomfortable.	1 2 3 4 5 N/A
24.	I am concerned that certain things from my past may prevent me from being an effective counselor.	1 2 3 4 5 N/A

<u>Directions</u>: Please rate your response to the following statements according to the rubric provided.

1: Strongly Disagree
2: Disagree
3: Neither Agree nor Disagree
4: Agree
5: Strongly Agree
N/A: Not applicable/Irrelevant

C. In considering my role as a counselor (cont'):

25.	I am concerned that I won't know how to ensure my clients' comfort.	1 2 3 4 5 N/A
26.	I am concerned that I won't be able to stop thinking about my clients' issues when I'm not at work.	1 2 3 4 5 N/A
27.	I have experienced self-doubt about my abilities as a counselor.	1 2 3 4 5 N/A
28.	I am concerned that I will have difficulty asking for feedback from peers.	1 2 3 4 5 N/A
29.	I am concerned that I will have difficulty asking for feedback from a supervisor.	1 2 3 4 5 N/A
30.	I am concerned that I will have difficulty asking for support from peers.	1 2 3 4 5 N/A
31.	I am concerned that I will have difficulty asking for support from a supervisor.	1 2 3 4 5 N/A

<u>Directions:</u> Please rate your response to the following statement according to the rubric provided.

- **1: Strongly Disagree**
- **2: Somewhat Disagree**
- **3: Neither Agree nor Disagree**
- **4: Agree**
- **5: Strongly Agree**
- **N/A: Not applicable/irrelevant**

D. Considering my choice to enter this field:

32.	Some experiences in my past may hinder my ability to offer guidance.	1	2	3	4	5	N/A
33.	I have always known that I would pursue counseling as a career.	1	2	3	4	5	N/A
34.	By my high school graduation I knew that I wanted to become a counselor.	1	2	3	4	5	N/A
35.	By my undergraduate graduation, I knew that I wanted to become a counselor.	1	2	3	4	5	N/A
36.	I didn't consider becoming a counselor until working after undergraduate graduation.	1	2	3	4	5	N/A

E. Considering my upbringing:

37.	I adopted a 'caretaker' role for authority figures in my family.	1	2	3	4	5	N/A
38.	I adopted a 'caretaker' role for other siblings in my family.	1	2	3	4	5	N/A
39.	As a child, I felt that certain adults turned to me for emotional support.	1	2	3	4	5	N/A
40.	As a child, I felt that siblings turned to me for emotional support.	1	2	3	4	5	N/A

If there are any other items which are not listed here, please describe them below with your own assigned rating (1-5). You may be as brief or detailed as you would like.

UCF University of Central Florida IRB
IRB NUMBER: SBE-07-05291

Kuch-Robinson Inventory, Summer 2010, Internship

Demographic Information

While the following demographic information is optional, such information will assist with interpreting results based on demographic information. This information will <u>not</u> be used in any way to link your identity to your responses. However, participants are free to omit any or all of the following information for any reason without penalty or prejudice to them. All records will be secured in a locked file cabinet with no reference to participant names. No individual responses will be published, nor can responses be traced to participants at any time, in any manner, by any person. The demographics of the sample size will be published in statistical form without attention to individual participants. All students will have the opportunity to access any and all information regarding the study, once it is complete.

Gender: M   F

Name _____

Age: _____

Birth order: Only Youngest Middle Eldest Adopted Other

<u>**Affiliation**</u> (Check all that apply)

Mental Health Counseling   _____
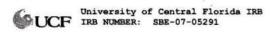Marriage and Family   _____
School Counseling   _____

Washington University Sentence Completion Test

Summer 2010, Internship

Name:_____ Gender:_____

Instructions: *Complete the following sentences:*

1. When a child will not join in group activities _____

2. Raising a family _____

3. When I am criticized _____

4. A man's job _____

5. Being with other people _____

6. The thing I like about myself is _____

7. My mother and I _____

8. What gets me into trouble is _____

9. Education _____

10. When people are helpless _____

11. Women are lucky because _____

12. A good father _____

13. A girl has a right to _____

14. When they talked about sex, I _____

15. A wife should _____

16. I feel sorry _____

17. A man feels good when _____

18. Rules are _____

Appendix B: IRB Approval

University of
**Central
Florida**

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Tracy Hutchinson** and Co-PI: **Mark E. Young**

Date: **July 26, 2010**

Dear Researcher:

On 7/26/2010, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review:	Exempt Determination
Project Title:	Predicting Client Outcomes using Counselor Trainee Levels of Ego Development and Altruistic Caring
Investigator:	Tracy Hutchinson
IRB Number:	SBE-10-07034
Funding Agency:	
Grant Title:	
Research ID:	N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Joseph Bielitzki, DVM, UCF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 07/26/2010 09:33:09 AM EDT

Joanne Muratori

IRB Coordinator

Page 1 of 1

Appendix C: Informed Consent

Consent to Participate in Research

Title of Study: Predicting Counselor Trainees Levels of Ego Development and Altruistic Caring and Client Outcomes.

Principal Investigator: Tracy S. Hutchinson, M.S.Ed, LMHC.

Dear Counselor Education Student,

I am working on a study that investigates counselor trainee characteristics and how this contributes to client outcome. The purpose of this study is to measure how specific counselor characteristics that are related to empathy, is related to their clients distress outcomes. You will be asked to complete two inventories before practicum begins. You are being invited because you have been identified as a registered student in the class. Please be aware you are not required to participate in the study. Additionally, you may also omit any questions your prefer not to answer. Additional details include:

What you should know about a research study:

- A research study is something you volunteer for.
- Whether or not you take part is up to you.
- You should take part in this study only because you want to.
- You can choose not to take part in the research study.
- You can agree to take part now and later change your mind.

- Whatever you decide it will not be held against you.
- Feel free to ask all the questions you want before you decide.

Purpose of the research study: The purpose of this study is to investigate specific counselor

trainee characteristics that predict client outcomes.

What you will be asked to do in the study:

You will be asked to complete two instruments before the practicum course begins. The Washington Sentence Completion Test (Hy & Loevinger, 1996) and the Kuch Robinson Inventory (Kuch & Robinson, 2008) both measure counselor characteristics that may impact client outcomes.

Time required: Both assessments should take about 20 minutes to complete.

Risks: There are no reasonably foreseeable risks or discomforts involved in taking part in this study.

Benefits/ Compensation: There is no compensation or direct benefit to you from participation in this program evaluation. However, by participating, you can assist the researcher by exploring what counselor characteristics help clients improve.

Inclusion/Exclusion Criteria Master's students enrolled in the researchers' courses will be selected based on if they are currently enrolled in the Practicum Course.

Confidentiality: Your participation in this study is confidential. Your name or other identifying information (e.g., OID, DOB, Biological gender, age, race, ethnic identity) will not be used in any report. All identifiable information will be stored on a laptop computer with a password protection or other security such as encryption. Your identity will be kept confidential for all data analysis.

Study contact for questions about the study or to report a problem: If you have questions or concerns please contact Tracy S. Hutchinson, Doctoral Student (585/305-6418; tshutchi@mail.ucf.edu).

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901. You may also talk to them for any of the following:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You want to get information or provide input about this research.
-

I consent to participate

_____
Signature

_____
Name

Appendix D: Letter to Faculty

July 15, 2010

Counselor Education Faculty
University of Central Florida
3000 Central Florida Boulevard
College of Education
Orlando, FL 32826

Dear Counselor Education Faculty,

 The purpose of this letter is to request the use of the Counselor Education Program evaluation data (currently IRB: SBE 07-05291) for purposes of my dissertation entitled *Predicting Counselor Trainees Levels of Ego Development and Altruistic Caring Using Client Outcomes.*

The purpose of this study is to examine the relationship between counselor trainee characteristics that include counselor trainee levels of ego development and altruistic caring, and predicting a relationship related to client outcomes (change in symptom distress scores). Therefore, I am requesting to use existing data including the Washington Sentence Completion Test (WUSCT). the Kuch-Robinson Inventory (KRI), and the respective counselor trainee's client outcome scores as measured by the Outcome Questionnaire (OQ-45.2). I will have no contact participants since I am using existing data, all data will be kept confidential and secure to ensure participants anonymity.

Additionally, my dissertation proposal was approved on July 14, 2010 by my committee consisting of the following members: Mark E. Young, Ph.D. (Chair), E. H."Mike" Robinson, Ph.D., Gulnora Hundley, Ph.D., and Matthew Chin, Ph.D. I intend to use a minimum of 60 participants.

Please let me know if you have any questions. Thank you for your consideration.

Sincerely,

Tracy S. Hutchinson

Tracy S. Hutchinson, M.S.Ed., LMHC, NCC

Doctoral Candidate

University of Central Florida

Appendix E: Permissions

From: Jacqueline Swank <jacquelineswank@hotmail.com>
Subject: RE: Figure- Heintzelman Original Factors
To: "Tracy Hutchinson" <tracyshutchinson@yahoo.com>
Date: Sunday, February 20, 2011, 6:00 PM

Hi Tracy,

 I have no problem with you using the figure. Hope things are going well!

Jacqueline

Date: Sun, 20 Feb 2011 13:10:00 -0800
From: tracyshutchinson@yahoo.com
Subject: Figure- Heintzelman Original Factors
To: jacquelineswank@hotmail.com

Hi Jacqueline,

 I hope all is well. I just wanted to ask your permission to use a figure you created that was in your most recent manuscript for the factor loadings for the Kuch-Robinson Inventory (now Heintzelman Inventory). It was called "Heintzelman Inventory Factors". It is for use in my dissertation.

Thank you,

Tracy Hutchinson
Doctoral Candidate

From: S. Meghan Walter <walter_meghan@hotmail.com>
Subject: RE: Permission to Use Table
To: tracyshutchinson@yahoo.com
Date: Saturday, February 26, 2011, 3:27 PM

Sure, Tracy; you will note that I adopted this table myself from other sources. Good luck!
Meghan

Date: Sat, 26 Feb 2011 11:06:50 -0800
From: tracyshutchinson@yahoo.com
Subject: Permission to Use Table
To: walter_meghan@hotmail.com

Hi Meghan,

 I hope all is well with you! I am writing to you to request to use permission of a table in your dissertation called "Ego Development Stages and Features" on page 17. I would like to include this in my dissertation entitled "Predicting Client Outcomes Using Counselor Trainee Levels of Ego Development and Altruistic Caring.

Thank you,
Tracy S. Hutchinson
Doctoral Candidate

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