Recurring Critical Issues of Student Counsellors

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Abstract

This paper describes personal, clinical and supervisory based issues that tend to emerge during the training process of master's level and doctoral level counselling psychology students. The intention of this paper is to augment the available counsellor development literature and provide information upon which to launch future research and curriculum development design.

Résumé

Cet article décrit des problèmes clinique, personnel et de supervision qui ont tendance à se manifester chez les étudiants au niveau de la maîtrise et du doctorat au cours de leurs stages d'entraînement dans le programme de psychologie du counseling. Le but de cet article est de rendre plus accessible la littérature sur le développement du conseiller et de fournir de l'information pour encourager le milieu de la recherche et la planification de curriculums.

Interest in the developmental process of student counsellors has been demonstrated in counsellor education texts (e.g., Borders & Leddick, 1987; Bradley, 1989; Hart, 1982; Stoltenberg & Delworth, 1987) and through empirical studies devoted to this subject matter. Both qualitative and quantitative studies have attempted to identify needs specific to this population. These studies include both independent supervisor reports (e.g., Bauman, 1972; Miars, Tracey, Ray, Cornfeld, O'Farrell & Gelso, 1983; Sawatsky, Jevne & Clark, 1994), independent counsellor reports (e.g., Berg & Stone, 1980; Birk & Brooks, 1986; McNeill, Stoltenberg & Pierce, 1985; Reising & Daniels, 1983; Skovholt & Ronnestad, 1992; Worthington & Roehlke, 1979; Worthington, 1984; Yager & Beck, 1985) and combined counsellor/supervisor reports (Heppner & Roehlke, 1984; Wiley & Ray, 1986). Although providing valuable information regarding the developmental process of counsellor education, the critical issues that typically emerge during this process have not been consolidated or addressed in a comprehensive manner within the counsellor education literature.

This paper is a preliminary step in the identification, consolidation and discussion of critical issues that surface and ultimately impact the personal and professional life of student counsellors during their training experience. The importance of acknowledging and addressing this subject area is heightened when realizing that the emotional disposition of student counsellors has direct implications for their clinical practice. The following information was obtained through informal conversations

and observations of master level and doctoral level counselling psychology students.

Clearly, research pertaining to counsellor development has not been restricted to the area of counselling psychology and has been conducted in the allied helping professions such as psychiatry (e.g., Flemming, 1953; Halleck & Woods, 1962), medicine (e.g., Scott & Hawk, 1986), social work (e.g., Munson, 1984), and marriage and family therapy (e.g., Wetchler, 1989). The intent of this paper is not to discard or devalue the counsellor development research which has been conducted elsewhere but rather, to narrow the focus to graduate level counselling psychology students.

BARRIERS TO STUDENT COUNSELLOR DISCLOSURE: AN OVERVIEW

The limited attention rendered to critical issues of the student counsellor appears to reflect an historical trend to neglect work-related problems within the mental health professions (Deutsch, 1984). This trend has been attributed to several factors. Sarason (1977), for example, points to the resistance of professional associations to self-scrutiny, society's positive judgement about such work and the fear of professionals to demonstrate a human vulnerability. In drawing similar conclusions, Maslach (1982) suggests that: (1) burnout is considered antithetical to professional ideal, (2) professionals are not supposed to experience emotional depletion from their work and, (3) discussion of the demands of the helping profession may dissuade potential recruits. Warnath (1979) posits that these professionals are reluctant to discuss the discomfort of their work for fear that their colleagues will attribute this disclosure to personal inadequacies or professional deficiencies.

The inherent difficulty in conducting such sensitive research must also be acknowledged. Concerns surrounding confidentiality and the risk of personal exposure is certainly a worry of student counsellors and is instrumental in their apprehension to disclose intimate struggles and dilemmas. Despite this reluctance, however, critical issues pertaining to student counsellor development usually surface during the course of their training experience and, therefore, cannot be ignored.

PREVALENT ISSUES CONFRONTING STUDENT COUNSELLORS

Becoming emotionally overinvolved (e.g., Coyne, Wortman & Lehman, 1988) or sexually attracted (e.g., Edelwich & Brodsky, 1991; Strean, 1993) toward clients is not limited to practicing professionals. In fact, both phenomena are frequently expressed and/or demonstrated by student counsellors. These situations are not always in the conscious awareness of the student counsellor. A typical indicator of emotional overinvolvement involves the student counsellor expressing a desire to rescue clients from their despair. Student counsellors who are sexually

attracted to clients tend to behave in a needy and seductive manner. In both situations, the student counsellor has lost their objectivity and is at risk of transgressing important professional boundaries. In general, the process of delving into the personal lives of clients is a novel and unsettling experience for student counsellors.

Emotional Overinvolvement

The concept of overinvolvement has been described as a series of interactional invitations (Zupan, Babcock & Morrissette, 1988) involving complementary coupling behaviours (Morrissette, in press). For example, a client's seemingly helpless disposition can be an inviting opportunity for student counsellors to demonstrate their caring by becoming more involved than clinically required (e.g., overaccommodating client schedules while overlooking their own, experiencing excessive worry, etc.). In turn, the counsellor's reaction becomes an invitation to the client to remain or grow even more helpless. Counsellor overinvolvement can usually be detected during verbal case reviews. Overinvolved counsellors tend to become very defensive and protective of the client during individual or group supervision and tend to clinically justify their excessive behaviours. It is not uncommon for student counsellors to describe their desire to befriend or socialize with their clients. When confronted about possible overinvolvement, counsellors will often suggest that their peers or supervisor are simply unable to appreciate the gravity of the situation or the special needs of the client. While attempting to fortify their position, counsellors lose perspective and become further entrenched in a problematic pattern with clients. Lost in this quagmire is the power differential that exists between counsellors and clients. Peterson (1992) asserts that the invisible power differential between professionals and clients is frequently misunderstood and its magnitude is difficult to comprehend. The inability to comprehend the inequality that exists between helping professionals and clients might prove especially true for the inexperienced student counsellor.

Sexual Attraction

In some instances, student counsellors describe a sexual attraction toward their clients or sexual fantasies involving their clients. Although finding a client attractive is within the normal range of human experience, embedded in the narratives of some student counsellors is a personal loneliness and need for validation and recognition. In not having these needs met elsewhere, student counsellors seek the fulfillment of these needs within the context of counselling rather than fostering the growth and change of their clients. According to Edelwich and Brodsky (1991):

... some training programs deal with clients' sexual problems, but not with sexual feelings and attitudes on the part of the therapist and the effects these have on treatment. Although trainees may be advised about the impropriety of sexual relations with clients, they still may not be prepared for the pervasiveness and subtlety of sexual interchanges between therapist and client.   (p. xv)

Student counsellors who unknowingly invite and gravitate to client compliments (e.g., "you are so insightful," "you are such a skillful counsellor," "you understand me like no one else") appear to be at greater risk of transgressing boundaries in search of approval and further confirmation of their worth.

A part of learning to be a counsellor requires that the student become familiar with the client's intrapersonal dynamics and in turn, become more aware of their own emotional processes and problems. Although this process can assist the student in forming empathy skills, in some cases students begin to overidentify with clients as a way of lessening their own sense of isolation. Consequences of student counsellor overidentification can include both questioning their own emotional stability (Farber, 1983) and minimization of the significance of differences in culture, gender and background.

An interesting pattern that seems to prompt intimacy between student counsellors and clients centres around the sharing of parallel experiences of despair or vulnerability. In such situations, as clients begin to describe their feelings of confusion and inadequacy, student counsellors begin to associate these narratives with similar experiences of infantilization during their training process. These comparable emotional experiences provide a common ground upon which student counsellors and clients begin to commiserate, support and nurture one another. A common occurrence within these interactions is the inappropriate use of counsellor self-disclosure and the obscuring of therapeutic boundaries (e.g., Brown & Walker, 1990). Needless to say, if the student counsellor's sexual attraction or fantasies are left unaddressed there can be devastating consequences for both the client and the student counsellor.

Countertransference

Throughout the period of clinical training, many emotional issues raised by clients can trigger emotional reactions in student counsellors that can interfere with effective treatment. The concept of countertransference (Lane, 1990) provides a useful framework with which to understand this interactional process. More often than not, counsellor reactions can be traced to unresolved family-of-origin issues. The caretaker role within one's own family-of-origin, for example, is commonly identified by many students as the major motivating factor in pursuing a counselling career. Consequently, defining self in one's own family and in one's profession as a counsellor is an interlocking process (Titelman, 1992). To avoid therapeutic snags and conflictual interactions with clients, it is essential that

student counsellors work toward identifying issues (e.g., violence, infidelity) that prompt emotional reactions. When this process is ignored, student counsellors remain oblivious to their feelings and the clinical implications associated with these feelings. As noted by Phillips and Frederick (1995) countertransference can be a useful learning experience if dealt with in an interactive manner. Because the counsellors' personal reactions could affect the therapeutic relationship, the onus is on the counsellor to work toward the identification and anticipation of such issues.

CLINICALLY-BASED ISSUES

Perhaps the most prevalent issue among student counsellors is personal anxiety. Although a natural reaction, when anxiety becomes excessive it can inhibit one's learning and hinder the counselling process. The anxiety experienced by student counsellors usually centres around their clinical competency and supervision.

Competency-based Anxiety

Student counsellors frequently report a sense of clinical inadequacy. Although gaining a basic theoretical understanding of the therapeutic process, the student still must formulate and carry out treatment plans. Becoming accustomed to the various clinical approaches and intricacies of the counselling process can be very intimidating and stressful for student counsellors. Without a familiar framework upon which to fall back, they can experience a feeling of insecurity and disorientation.

For many students, the skills inherent in effective counselling are much more challenging than initially anticipated. As a result, a sense of uncertainty regarding their ability to implement an actual treatment plan prevails. Fearing that they lack the necessary counselling skills, they question their worth and potential as counsellors. Yager and Beck (1985) note:

> Student trainees seldom see demonstrations of competent counsellors making mediocre and poor responses to clients. Too often, only ideal examples are given to illustrate counseling, and each response of the model counsellor is "right on target" (ital. orig.) as the demonstration interview moves along perfectly and competently.   (p. 150)

As such, student counsellors tend to subscribe to perfectionistic and unrealistic expectations. In addition, they usually demonstrate high motivation in order to acquire clinical skills and to do an effective job (Stoltenberg & Delworth, 1987). Their increased level of anxiety is generally channeled into their work with clients. Excessive anxiety, however, can negatively affect counsellor performance, thus jeopardizing the therapeutic relationship.

Supervision-based Anxiety

Anxiety within the context of supervision has received substantial attention within the literature (e.g., Borders & Leddick, 1987; Bradley, 1989). Bernard and Goodyear (1992), for example, elaborate on three types of supervision which serve to increase counsellor anxiety which include: amorphous, unsupportive, and therapeutic. According to these authors: amorphous supervisors provide little direction and offer minimal clarity regarding their expectations; unsupportive supervisors are perceived as unapproachable and distant; and therapeutic supervisors are described as individuals who attempt to link student counsellor shortcomings with personal deficiencies and attempt to address these issues in the context of supervision.

For many student counsellors the thought of individual and/or group supervision produces a sense of panic. Much of the emotion generated in the supervision context can be attributed to the student counsellor's fear of failure and criticism by peers and faculty. Hart (1982) reports that three emotional issues experienced by student counsellors centre around evaluation, the degree and type of emotion they can express during supervision and the fear of dependency. In reference to evaluation, student counsellors are basically concerned about the fairness of their supervisors and the criteria upon which their evaluation will be based. The degree to which they can express themselves, as dictated by the spoken and unspoken limits of their supervisor, remain pivotal to counsellor expression and disclosure. The potential to become overly dependent upon the supervisor creates varying degrees of concern for student counsellors.

STUDENT COUNSELLOR–SUPERVISOR CONFLICT

The interpersonal conflicts that can develop within the context of supervision can prove problematic for student counsellors, supervision group members and supervisors. These conflicts are generally an outgrowth of power struggles and can result in a therapeutic and educational impasse (Ellis & Douce, 1994). Bauman (1972) offers a typology of five expressions of counsellor resistance, which he suggests is natural, and which are incorporated by counsellors to protect themselves from the discomfort of change.

Conflictual interactions usually involve student counsellors feeling that their competency is being questioned and supervisors feeling that their authority and wisdom is being challenged. Should the conflict remain unresolved, student counsellors usually begin to demonstrate defiant, passive-aggressive behaviours (e.g., arriving late or unprepared for supervisory sessions, not following through on clinical suggestions, etc.).

STUDENT GROUP COMPETITION

The competition within academic programs coupled with the students' need for approval and success contribute to a highly charged emotional experience. This might prove especially true for master's students vying for limited positions within doctoral programs or younger doctoral students who are hesitant to challenge ideas, interventions or policies. A result of the competitive environment is that individual members become threatened, group cohesion dissolves and various coalitions within the group emerge.

When competition within the group intensifies, the more experienced students may become condescending toward their less experienced peers or they may become ostracized due to their different level of experience. Rather than appreciating the uniqueness within the group, existing differences (e.g., culture, age, gender, experience) are perceived as threats to one's academic and professional advancement.

The conflict that can evolve from group competition can hinder clinical team intervention and thus jeopardize the welfare of clients. Rather than focus on the clinical problem at hand, conflicted clincial teams are at risk of becoming preoccupied and distracted with internal problems.

STUDENT COUNSELLOR TRAUMA

Despite the occupational hazards inherent in the counselling profession (e.g., Bentovin, Gorrell & Cooklin, 1987; Everstine & Everstine, 1993; Farber, 1983; Grosch & Olsen, 1994; Kottler, 1991; Norcross & Prochaska, 1986; Pearlman & Saakvitne, 1995) the emotional trauma experienced by counsellors is seldom discussed in the literature. The lack of introspection regarding the emotional welfare of counsellors within the mental health professions seems to have filtered down and influenced academic counselling programs. Luthman and Kirschenbaum (1974) assert, "It is as though we should assume we should be able to handle other people's pain and problems without any cost to ourselves, or at least any admitted cost" (p. 225). It might be assumed that counsellors are exempt from the powerful effects experienced within the therapeutic encounter by virtue of their education, training and access to supervision. Consequently, the effects of helping others on student counsellors are overlooked. Mahoney (1991) states, "The sources and effects of psychological impairment and possible methods of prevention and resolution must be considered a high priority for future research, services, and policies in the profession" (p. 357). He further asserts that although available evidence is still too sparse to quantify the degree of helper impairment, it is becoming increasingly clear that personal psychotherapist distress and dysfunction can develop or become exacerbated while practicing psychotherapy.

As demonstrated in the literature, negative consequences can result, and directly affect service delivery when the emotional issues of counsellors are neglected. Consequences can include: stress (e.g., Sears & Navin, 1983), burnout (e.g., Moracco, 1981; Tiedeman, 1979; Warnath & Shelton, 1976; Warnath, 1979), decay (Rubner & Zaffrann, 1975), fatigue (Vestermark & Johnson, 1970), critical incident stress (Figley, 1994), post-traumatic stress and compassion fatigue (Figley, 1993, 1994).

Farber (1983) suggests that student therapist stress can produce secondary symptoms (e.g., insomnia, fatigue, indecision, an inability to concentrate, general irritability) and can ultimately impel therapists to behave aggressively toward clients, thus threatening the therapeutic relationship.

STUDENT COUNSELLOR–CLIENT CONFLICT

A conceptual framework describing the conflictual interactions that typically transpire between beginning counsellors and clients has been proposed (Morrissette, in press). Within this framework it is suggested that a "we-they" dichotomy is fueled by combative counsellor assumptions and language (Morrissette, 1990). Indications of such conflict can be manifested directly or indirectly and include: (1) direct verbal (e.g., critical or demeaning remarks toward clients), (2) indirect verbal (e.g., critical or demeaning remarks regarding clients that are made to other people), (3) direct non-verbal (e.g., counsellor facial/body expressions indicating dissatisfaction regarding clients) and, (4) indirect non-verbal (e.g., general lack of empathy and authenticity for clients).

A contributing factor to the conflict within the counselling relationship is often the animosity student counsellors experience towards their clients. Such animosity typically evolves when student counsellors begin to perceive the lack of client progress as a reflection of their competency. The underlying fear, of course, is that inadequate client change will translate into a poor supervisor evaluation, thus jeopardizing their overall academic record.

Conflict within the counselling relationship can eventuate in a problematic systemic pattern that can spiral to various levels of intensity. For example, clients who feel criticized by student counsellors might become defensive, which in turn triggers a self-protective counsellor response. Understanding the significant repercussions of student counsellor–client conflict from the client's perspective is underscored by Morrissette (in press):

> Many clients who seek safety within the therapeutic context have previously been attacked physically and/or emotionally by significant others or authority figures. Re-experiencing conflict within therapy only reminds them of their previous times of danger and abuse and adds to their feelings of distrust and anguish.

Harbouring negative assumptions about clients can have obvious implications for both student counsellors and clients. Such assumptions can lead to an adversarial relationship in which the student counsellor and client are pitted against one another, thus increasing the vulnerability of the therapeutic relationship.

PERSONAL VALUES AND PROFESSIONAL ETHICS

The decision-making process that underlies the integration of personal values and professional ethics can be difficult for some student counsellors. Maintaining a professional role and demarcating boundaries is generally a foreign practice. This might be especially true for those students who have had little or no counselling experience. They confuse the concept of egalitarian relationships in counselling with equal relationships and often equate the establishment of clear boundaries with arrogance and non-caring. As previously noted, the student counsellor's inexperience and/or ambivalence toward the power differential within the therapeutic relationship contributes to their struggle within this domain. Peterson (1992) suggests that professionals are at risk for causing or allowing boundary violations when they minimize the impact they have on clients be negating the magnitude of their power. Bernard and Goodyear (1992) assert that it would be presumptuous to think that ethics have been taken care of based on an academic course. They go on to note that "ethical practice is a way of professional existence, not a command of a body of knowledge" (p. 149).

CONCLUSION

Student counsellors have unique needs and encounter critical issues specific to their stage of development. Overlooking these needs and issues can have significant implications for both counsellors and the clients they serve. In an effort to better understand the needs of student counsellors, this paper has outlined several critical issues that surface during the training process. By no means does this paper intend to imply an exhaustive list of issues experienced by student counsellors. Rather it is an attempt to begin an identification process from which future research and curriculum development can launch.

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