Counselor viewpoints on the formation of theoretical orientation

by

Brian W. Weber

B.S., Xavier University, 2004

M.S., Indiana State University, 2009

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

Department of Special Education, Counseling, and Student Affairs

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Abstract

A key task in the professional development of counselors is the formation and refinement of their theoretical orientation, a framework based in theories of counseling and psychotherapy which helps one to understand human behavior and guide the therapeutic process. This study sought to explore counselor viewpoints on the current stage of their theoretical orientation formation, find common viewpoints among counselors about this process, and understand if there are any demographic similarities among counselors with a similar viewpoint. To examine if there were any commonalities in viewpoint between counselors of similar specialties, practicing counselors and counseling students from the school counseling and clinical mental health counseling specialties were recruited. In addition, to examine if there were any commonalities based on level of experience in the counseling profession, participants were recruited from five experience levels: the first half of one's graduate program, the second half of one's graduate program, early in one's career as a practicing counselor (years 1-5), the middle of one's career (years 6-15), and an advanced stage in one's career (over 15 years).

To understand this process, this study utilized Q methodology, a hybrid quantitative and qualitative approach which explores human subjectivity (Brown, 2012; Newman & Ramlo, 2017; Watts & Stenner, 2012). In this methodology, participants are shown a series of statements, in this case 54 statements derived from previous research describing various elements which can influence the formation of one's theoretical orientation. In this study, 32 practicing counselors and counseling students were asked to sort these statements based on their agreement or disagreement with each statement onto a forced-choice distribution grid. Then, the overall sorting pattern of these statements was analyzed using an inverse factor analysis process unique to Q methodology studies which showed correlations between the viewpoints of all of the

participants and helped to determine common viewpoints, referred to as typologies in Q methodology studies, among the participants.

Five distinct typologies were identified. Typology 1 included participants who demonstrated confidence in one's practices and a preference for a core theory upon which one could integrate a variety of techniques. In Typology 2, participants demonstrated a struggle to balance one's desire for finding a theory to express oneself with a feeling that one should be prepared with the perfect theory for every situation. Participants in Typology 3 focused on the value of well-established theories based in scientific principles. Those in Typology 4 valued using a variety of theories and learning through social interaction. Finally, participants in Typology 5 indicated a need for growth through education and experience. No statistically significant connections were found between any of the typologies and the demographics of counseling specialty area or experience level, but some observable patterns are detailed. Implications for the counseling profession and counseling education are discussed and recommendations are made for future studies.

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Dedication

I dedicate this work to my parents, Bill and Barb Weber. Thank you both so much for all of your love and support over the years. You gave me the courage and conviction to keep pursing my goals.

Chapter 1 – Introduction

The practice of counseling and psychotherapy is complex in that to do it properly, a counselor must understand current science on human behavior and development (Murdock, 2004; Seligman, 2006), be able to foster trusting relationships with others (Capuzzi & Gross, 2007; Corey, 2017; Gladding, 2004; Seligman, 2006), and develop a set of practices to guide people through solving problems, alleviating mental illness, or improving their lives in various ways (Gladding, 2004; Murdock, 2004; Seligman, 2006). As people come to counseling for a wide variety of issues and come from a wide variety of backgrounds, counselors must also find ways to adapt their practices to fit many different needs (Corey, 2017; Murdock, 2004). To make sense of this complex task, counselors make use of a theory or theories, typically developing their own personal theory of counseling and psychotherapy over the course of their career (Halbur & Halbur, 2019).

A good theory of counseling and psychotherapy is based in both science and philosophy and helps to predict human behavior (Murdock, 2004), makes sense of the struggles of human life (Capuzzi & Gross, 2007; Kottler & Balkin, 2017; Murdock, 2004), and gives direction on practices that will be useful in guiding others toward their desired goals (Archer & McCarthy, 2007; Capuzzi & Gross, 2007; Gladding, 2004; Kottler & Balkin, 2017; Murdock, 2004). Since Sigmund Freud first developed his theory of psychoanalysis, many scholars and practitioners of various mental health professions have devoted their lives to developing formal theories of counseling and psychotherapy (Corey, 2017; Murdock, 2004), resulting in over 400 unique theories (Norcross, 2005). Some theories are devoted to treating a specific mental condition, others oriented towards a specific goal, and yet others attempt to give a broad understanding of mental health that can guide counselors in working with many types of clients in many different

settings (Murdock, 2004). While many formal theories of counseling and psychotherapy have been developed, no one theory has currently been shown to be perfect in all situations (Gladding, 2004; Kottler & Balkin, 2017), and research has not supported any one theory over any others on a broad range of issues (Wampold, 2001). Thus, counselors must decide for themselves which theory or combination of theories they will use to inform their work.

Developing a personal theoretical orientation, which can be defined as "a theory-based framework for (a) generating hypotheses about a client's experience and behavior, (b) formulating a rationale for specific treatment interventions, and (c) evaluating the ongoing therapeutic process" (Poznanski & McLennan, 1995, p. 412), is essential for counselors. For counselors, having a theory to rely on can help to prevent discomfort that comes with ambiguity or uncertainty from how to proceed in their work (Kottler & Balkin, 2017). Theory provides counselors a way to understand why and how counseling works (Archer & McCarthy, 2007; Gladding, 2004). It provides guidelines for how counselors should develop a treatment plan to aid clients (Capuzzi & Gross, 2007; Seligman, 2006). As counselors proceed with listening to their clients' concerns, it helps them to discern between information that is important and information that is unlikely to be useful in helping their clients (Gladding, 2004; Murdock, 2004; Seligman, 2006). It also offers guidance on how to use this information to aid clients in modifying their behavior (Corey, 2017; Seligman, 2006) as well as evaluating any changes in client behavior (Seligman, 2006). It can be difficult for counselors to decide which theory or combination of theories would facilitate the most favorable outcome for their clients; however, failure to choose any theory to guide their work will often leave counselors feeling lost and make it difficult to help clients achieve their goals (Murdock, 2004). It is, therefore, critical that each

counselor either choose an established theory or combination of theories to inform his or her work.

A counselor's personal theoretical orientation is also an essential element of his or her professional identity (Calley & Hawley, 2008), a construct which involves "self-labeling as a professional, integration of skills and attitudes as a professional, and a perception of context in a professional community" (Gibson, Dollarhide, & Moss, 2010, p 21). The counseling profession has historically lacked a strong central identity, with counselors often identifying by their counseling specialty area rather than as part of the broader profession of counseling (McLaughlin & Boettcher, 2009; Woo, Henfield, & Choi, 2014). For the past few decades, and especially over the current decade, counseling scholars and leaders of the American Counseling Association (ACA) have been attempting to define what it means to be a counselor and what unites counselors of all specialties (Kaplan & Gladding, 2011; Sheeley, 2002; Woo et al., 2014). They view the formation of a strong professional identity in counseling students to be one of the most critical tasks in furthering the development of the profession (Kaplan & Gladding, 2011; Remley & Herlihy, 2020). Because of this, it is an important time to be studying any elements that promote the formation of a professional identity, including the formation of one's personal theoretical orientation.

Influences on Development of One's Personal Theoretical Orientation

Scholars from various mental health professions have sought to discover the elements in a mental health professional's life that are important in influencing the choice or development of a personal theoretical orientation (Calley & Hawley, 2008; Dollarhide & Oliver, 2014; McLaughlin & Boettcher, 2009). For counselors, there are a number of elements from their backgrounds and experiences that can influence the way they start to formulate their theoretical

orientation (Bitar, Bean, & Bermúdez, 2007; Fitzpatrick, Kovalak, & Weaver, 2010), but there have also been a number of historical trends that have shaped the counseling profession (Blocher, 2000; Gysbers & Henderson, 2012; Leahy, Rak, & Zanskas, 2015) and changed the way counselors understand the theories they use to formulate their theoretical orientations (Elkins, 2009b; Friedlander, Pieterse, & Lambert, 2012; Paris, 2013).

Historical Trends in the Theories of Counseling and Psychotherapy

It has been a little over a century since the first major theory of psychotherapy was developed. In that time, many theories have risen to prominence and later faded in popularity (Paris, 2013). This means that counselors trained at different points in history have experienced different trends in the theories available for them to form their theoretical orientation and which are most popular among other counselors at the time they are starting their profession. For example, the first major theory of psychotherapy, psychoanalysis, was developed by Sigmund Freud in the 1890s and was highly influential for the next few decades (Freud, 1917; Paris, 2013); however, in the United States, training in this theoretical approach was limited to psychiatrists and other medical professionals until the 1980s (Friedlander et al., 2012). This means that some counselors practicing today did not have had the opportunity to receive training in this particular approach early in their careers. In contrast, in the 1940s, Carl Rogers started developing his theory of client-centered therapy, which was highly influential on the development of the counseling profession (Dollarhide & Oliver, 2014; Super, 1955). His work inspired others to develop to a variety of theories known as the humanistic and existential theories which had a major influence on the overall culture of the United States in the 1960s and 1970s but started to decline as a cultural influence in the 1980s (Elkins, 2009b). Counselors working today who grew up in the 1960s and 1970s might have been influenced by this cultural

movement, and so might be more inclined to utilize these theories in their work, as might

counselors who were educated by counselor educators who received their education during this

time.

Additionally, there have been a few trends in the ways counselors and psychotherapists

have made use of various theories and incorporated them into their personal theoretical

orientations. In the formative years of the various mental health professions, each graduate

program tended to specialize in a particular theoretical approach, often teaching students that

their approach was superior to every other approach and encouraging students to focus on

utilizing techniques solely from that approach, even if there were techniques from other schools

of thought which might have been beneficial to their clients (Corey, 2017; Corsini, 2008;

Norcross, 2005). However, in the past few decades, counselors and psychotherapists have

started to embrace the diversity of opinions in the various theories and tend to integrate ideas

from more than one theory into their work, to the point where very few mental health

professionals still use techniques from a single theoretical approach (Corey, 2017; Norcross,

2005, Norcross, Pfund, & Prochaska, 2013).

The Development of the Counseling Profession and Its Specialties

The counseling profession has a complex history as there are currently several different

specialty areas within the profession (i.e., addiction counseling, career counseling, clinical

mental health counseling, clinical rehabilitation counseling, college counseling and student

affairs, marriage, couple, and family counseling, and school counseling;

www.cacrep.org/directory); yet, each of these specialty areas started as separate professions,

each with similar yet distinct methods of practice and ways of making use of the various theories

of counseling and psychotherapy, and later merged into a common profession (Leahy et al.,

2015; McLaughlin & Boettcher, 2009). There are some commanalities in the ways counselors of all specialties currently make use of the theories of counseling and psychotherapy. For example, those who teach counseling tend to espouse more humanistic and constructivist views than do those in other mental health professions (Calley & Hawley, 2008). Also, practicing counselors tend to focus on the individual as a whole, as someone going through a process of development, and as an agent actively constructing meaning of different aspects of life (Dollarhide & Oliver, 2014; McLaughlin & Boettcher, 2009). They also focus more on mental health and wellness rather than the treatment of mental illness (Mellin, Hunt, & Nichols, 2011; Remley & Herlihy, 2020). These common foci across the counseling profession today have largely developed due to the influence of humanistic theorists on the formation of the various counseling specialties. This means that many counselors, regardless of specialty area, will believe that the humanistic theories are a natural fit for the work they do (Dollarhide & Oliver, 2014).

These commonalities are influencing the development of many current counseling students and new professionals; however, there are several trends in the development of these specialties which also help to divide these specialties and focus the development of counselors' theoretical orientations in different directions. For example, the school counseling field started off as a task that certain middle and high school teachers performed to help their students identify and prepare for future careers, with these teachers getting no extra training in the theories or practice of counseling or psychotherapy. It eventually became a separate specialization in schools and school counselors were required to receive graduate degrees with training in the theories and practice of counseling and psychotherapy (Gysbers & Henderson, 2012) and the focus of the profession shifted from solely doing career guidance work to promoting academic, career, and social/emotional development of all students using classroom

activities, group work, and short-term individual counseling (American School Counselor Association, 2019). This work, however, rarely involves full courses of any form of psychotherapeutic treatment and school counselors are typically encouraged to refer students to outside sources if they have any serious mental conditions that might necessitate diagnosis and long-term therapy (American School Counselor Association, 2019; Paisley & Borders, 1995). This means that for many school counselors, the theories that they use to build their theoretical orientation would either need to include effective, brief interventions for common problems encountered in schools or offer a broad philosophy to inform their counseling with a wide variety of students, in individual or group therapy settings as well as in classroom lessons or career planning sessions.

The clinical mental health counseling specialty began in a very different manner. When the American Psychological Association decided that the clinical and counseling psychology professions should be made up exclusively of doctoral-level practitioners, many master's-level psychologists decided to join the counseling profession (Blocher, 2000; Gerig, 2016). They brought with them some of the theoretical and professional influences from their former professions. The profession of clinical psychology started as a way to apply the findings of the various research-oriented psychology fields, and, thus, many clinical psychologists are prepared to be scientist-practitioners; meaning that they are prepared to be psychological scientists who also apply their science towards aiding those with mental illnesses through the use of psychotherapy. They tend to use theories such as the cognitive-behavioral theories which have a stronger foundation in quantitative science, and which focus on treatments for specific diagnoses (Blocher, 2000; Krasner, 2001). Counseling psychologists tend to focus more on problems in normal human development and are often influenced by humanistic theories which are better

suited towards furthering human development rather than treating mental illness (Gazzola, De Stefano, Audet, & Theriault, 2011; Hesteren & Ivey, 1990; Super, 1955). Both theoretical traditions, while somewhat contradictory, are influential in the clinical mental health counseling specialty. Also, over the past few decades, clinical mental health counselors have advocated for their services to be eligible for reimbursement by a variety of health insurance providers and they have made many gains on this issue (Tarvydas, Hartley, & Gerald, 2015); however, many mental health counselors have found that before these insurance providers will reimburse them for their services, they want to see that the counselors are providing diagnoses to their clients and are using specific techniques that have been demonstrated to be effective for these diagnoses (Hansen, 2012). Many of the cognitive-behavioral theorists focused on the development of evidence-based techniques designed for specific diagnoses, so many clinical mental health counselors integrate these cognitive-behavioral theories into their personal theoretical orientations to meet the demands of these insurance providers (Hansen, 2012; McLaughlin, 2006).

Personal Background

While many counselors do not learn much about the theories of counseling and psychotherapy until early in their graduate program, there are many elements of their background which can make some theories more attractive to them. One background element that many researchers (e.g., Buckman & Barker, 2010; Heinonen & Orlinsky, 2013; Scandell, Wlazelek, & Scandell, 1997) have studied in relation to theoretical orientation is personality. Most of these studies involved participants who were counselors or psychotherapists that developed their theoretical orientation based solely on a single theory, which, as noted earlier, is not how the majority of counselors and psychotherapists form their theoretical orientations in current times.

The researchers administered a standardized personality inventory, then analyzed the differences in personality between participants who represented different theories. For example, the studies by Buckman and Barker (2010) and Scandell et al. (1997) utilized assessments based on the Five Factor Model of personality, a model which looks at the degree to which one's personality is characterized by the factors of Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness (Costa & McCrae, 1992). Buckman and Barker (2010) found that clinical psychology students with a psychodynamic theoretical orientation scored higher on Openness to Experience and lower on Conscientiousness than those with a cognitive-behavioral theoretical orientation. Scandell et al. (1997) found that practicing counselors and psychotherapists with a humanistic orientation scored high on Openness to Experience and those with a Cognitive orientation scored high on Agreeableness. Heinonen and Orlinsky (2013) likewise focused on those using a single theory to inform their theoretical orientation. Instead of using a standardized instrument, psychotherapists were asked to rate their personality on a variety of terms and found that humanistic psychotherapists viewed themselves as very genial while cognitive-behavioral therapists viewed themselves as practical. While most counselors today do not base their theoretical orientation on a single theory, these studies (Buckman & Barker, 2010; Heinonen & Orlinsky, 2013; Scandell et al., 1997) indicate some reasons that people who are high or low in particular personality traits might align more with one theory than another.

Based on the findings of two recent qualitative studies (Bitar et al., 2007; Fitzpatrick et al., 2010), there are a wide variety of aspects of one's background which can influence one's theoretical orientation. Bitar et al. (2007) showed the importance of elements such as undergraduate courses and professors, graduate level clinical and academic training, professional

development experiences, work with clients, level of expertise, personality, values, family of origin, going through therapy, and incorporating lessons learned from marriage. Fitzpatrick et al. (2010) found that there were some aspects of one's background that directly influenced the development of one's theoretical orientation, such as reflections on practice and personal life, personal and therapy philosophies, personal and therapy aspirations, practice effectiveness, and reactions to readings. Other background aspects such as theories considered, curriculum, professor interactions, colleague interactions, supervisor interactions, target clientele, and family and culture served as secondary influences guiding the development of the concepts that were a direct influence.

Development of Personal Theoretical Orientation across One's Career

As noted previously, there are a wide variety of elements that play a role in the way counselors formulate their personal theoretical orientations, though some elements play a greater role in this formation at certain developmental periods in counselors' careers; thus, some researchers have conducted studies to see how counselors and psychotherapists develop over time, both in terms of personal theoretical orientation and overall professional identity (Folkes-Skinner, Elliott, & Wheeler, 2010; Rihacek & Danelova, 2016; Rihacek, Danelova, & Cermak, 2012; Skovholt & Rønnestad, 1992; Wagner & Hill, 2015). Some conducted brief longitudinal studies to understand how students of mental health fields develop their personal theoretical orientations over the course of their programs (Folkes-Skinner et al., 2010; Wagner & Hill, 2015). Folkes-Skinner et al. (2010) studied a single student during her first semester of direct work with clients and found she was initially both excited and anxious to put her knowledge of various theories to work. By the middle of the semester, she had gained a greater sense of confidence in her abilities as a counselor and a sense of professional identity, but by the end of

the semester, she lost some confidence she had gained as she encountered unexpected challenges in applying her knowledge to some clients and after feeling overwhelmed by the work she was doing. Wagner and Hill (2015) studied eight counseling students during their first six months of training and were able to identify six stages of growth in how the students processed information from the courses they were enrolled in during this time period.

Skovholt and Rønnestad (1992) conducted a qualitative study to explore professional identity development in mental health professionals. They took a cross-sectional approach and focused on development across the lifespan. They interviewed 100 psychotherapists from several mental health professions at various points in their careers and discovered that some of the work towards developing a professional identity as a mental health professional happened before people entered a graduate program and referred to this the *conventional helper* stage. They discovered three different stages of development during graduate school which were identified as the *transition to professional training* stage, the *imitation of experts* stage, and the *conditional autonomy* stage. Finally, they identified four stages of development after completion of a graduate program and becoming a practitioner of a mental health profession. The stages were labeled *exploration*, *integration*, *individuation*, and *integrity* (Skovholt & Rønnestad, 1992). While these three studies (Folkes-Skinner et al., 2010; Skovholt & Rønnestad, 1992; Wagner & Hill, 2015) did not specifically focus on the development of theoretical orientation, they did detail some of the challenges and opportunities that counselors experience as they are learning counseling theories, are integrating these theories into their early counseling practices, and are continuing to refine their practices across their career.

Rihacek and Danelova (2016) and Rihacek et al. (2012) focused specifically on understanding how psychotherapists develop a personal theoretical orientation that integrates the

work of several theorists. Rihacek et al. (2012) interviewed a group of instructors at an institute that specialized in teaching mental health professionals about theoretical integration and asked them about their experiences in developing their theoretical orientation. They discovered a variety of forces in the lives of these mental health professionals which influenced the growth of their theoretical orientation. Some forces pressured them to use a single established theory to form their theoretical orientation, such as pressure from certain social groups or a feeling of legitimacy in using an established and researched approach. Other forces pressured them to integrate concepts from a wide variety of theories into their theoretical orientation, such as a desire for congruence between their personal beliefs and theoretical orientation or a desire to feel effective at working with all their clients, not just those who were a best match for a single theoretical approach. Eventually, these mental health practitioners all found that their desire to find an approach that best fit their needs led them to develop a theoretical orientation by integrating the concepts from multiple theories. Rihacek and Danelova (2016) later studied the same issue by reading autobiographical works of mental health professionals who had become more integrative later in their careers. They found that most of these mental health professionals went through three phases of theoretical development during their careers: an *adherence* phase, a *destabilization* phase, and a *consolidation* phase. Some cycled through all three phases again as they found new concepts and techniques to integrate into their theoretical orientation. These studies (Rihacek et al., 2012; Rihacek & Danelova, 2016) helped to demonstrate that the formulation of a theoretical orientation is not completed during one's graduate program, but instead is a process that continues throughout one's career. This means that counselors with a lot of work experience will likely have different ways of understanding and making use of their

theoretical orientation than will those who are still in their graduate program or who recently started in the counseling profession.

Research Purpose

The formation of a personal theoretical orientation is a critical task for counselors-in-training and the further refinement of theoretical orientation is important for the continued professional development of experienced counselors (Archer & McCarthy, 2007; Capuzzi & Gross, 2007; Corey, 2017; Gladding, 2004; Murdock, 2004; Seligman, 2006). As such, it is important to understand what is influential in the formation of counselors' theoretical orientations as this information can help counselor educators and supervisors to better understand how to foster the growth of theoretical orientation. A wide variety of formal theories of counseling and psychotherapy have been developed over the past century (Dollarhide & Oliver, 2014; Elkins, 2009b; Friedlander et al., 2012; Paris, 2013; Super, 1955) and over that same period of time, there have been a number of developments in the ways counselors understand those theories and make use of a single theory or combination of theories to formulate their theoretical orientations (Corey, 2017; Norcross, 2005, Norcross et al., 2013). Also, researchers have discovered a wide variety of elements that influence the theoretical orientations of counselors, such as family background, readings from scholars/researchers in the field, or experiences in providing or receiving counseling (e.g., Bitar et al., 2007; Fitzpatrick et al., 2010; Hansen, 2012; McLaughlin, 2006; Norcross et al., 2013; Wolff & Auckenthaler, 2014). Other scholars indicated that the influences on counselors' theoretical orientations can change over the course of their careers (Rihacek et al., 2012; Rihacek & Danelova, 2016). Thus, there is a need for research to help understand which influences are most important for counselors to grow in

their theoretical orientation and if certain influences are more important for counselors at a particular point in their career.

The purpose of this study was to explore the viewpoints of counselors about the formation of their current theoretical orientations and discover if there are common viewpoints, or typologies, of important influences among some counselors that differ from the viewpoints of other groups of counselors. This study was conducted to understand the current formation of counselors' personal theoretical orientations by having them sort various statements derived from existing research that list potential elements influential to the formation of theoretical orientation. The collections of sorted statements from the various participants were analyzed to see which participants have similar typologies of influences. The demographics of the groups those typologies represent were also analyzed to see if these typologies represent common influences among counselors of specific specialties (i.e., clinical mental health counseling and school counseling) or counselors at similar points in their career (e.g., graduate school, early career, late career).

Research Questions

The research questions addressed by this study were the following:

1. What are the typologies representing counselor viewpoints of their theoretical orientation?

2. Are any of these typologies more commonly found among a specific subset of counselors, such as those from similar counseling specialties (i.e., school counseling and clinical mental health counseling) or from similar stages in their career?

Definitions of Terms

Theoretical orientation – Poznanski and McLennan (1995) defined theoretical orientation as "a

theory-based framework for (a) generating hypotheses about a client's experience and

behavior, (b) formulating a rationale for specific treatment interventions, and (c)

evaluating the ongoing therapeutic process" (p. 412).

Professional identity – Gibson et al. (2010) noted that there have been a wide variety of

definitions of professional identity in the counseling profession, but that they can be

summarized in three themes: "self-labeling as a professional, integration of skills and

attitudes as a professional, and a perception of context in a professional community" (p

21).

Typology – In Q methodology, the factors produced by the data analysis procedures are referred

to as typologies and indicate groups of people with similar views (Newman & Ramlo,

2017).

Chapter 2 – Review of Literature

This study was designed to gain an understanding of the formation of theoretical orientation of counselors. This chapter presents a review of the literature that is important in understanding the development of theoretical orientation. It covers a brief history of the development of theories of psychotherapy, explaining various periods of growth in new areas of psychotherapy and trends over time. It also covers a history of the counseling profession to indicate the importance of theory and professional identity to this profession. There is a discussion of the importance of theory to counselors and other mental health professionals. Additionally, there is a review of the research on various elements that can influence the development of theoretical orientation in counselors and other mental health professionals and what is currently known about the development of theoretical orientation, and the broader topic of professional identity, over the course of the careers of mental health professionals.

A History of Psychotherapy Theories

The history of the various counseling and psychotherapy fields is relatively short, as the first comprehensive theory of psychotherapy was not formed until around the year 1900 (Paris, 2013). Since then, there have been several major developments which shaped the way counseling and psychotherapy have been practiced. One of the more popular ways of tracing the history of the psychotherapy fields and the theories that inform them is through describing the forces that have influenced their development. Abraham Maslow (1962) introduced the concept of these forces when he introduced humanistic/existential psychology as the third great force in the field of psychology which was preceded by the forces he described as "Freudian and experimental-positivistic-behavioristic" (p. vi) but which have more commonly been described as psychoanalytic/psychodynamic and behavioral/cognitive-behavioral (Fleuridas & Krafcik,

2019). Since then, there have been a wide variety of claims as to the fourth, fifth, and sixth great forces in the psychotherapy fields (Cottone, 2007; Fleuridas & Krafcik, 2019; Hayes, 1994; McHenry, Sikorski, & McHenry, 2014; Ponterotto, 2002; Ratts, 2009). Each of these forces represented a paradigm shift in the understanding of psychotherapy and mental health, though none have replaced any others as all perspectives survive today, though with varying degrees of popularity.

The First Force

There were a few physicians in the late 1800s who started experimenting with approaches similar to modern day psychotherapy. In the 1880s, German physician Joseph Breuer and French physicians Jean-Martin Charcot and Pierre Janet started experimenting with "talking cures" to treat forms of neuroses, specifically hysteria (Paris, 2013). They primarily relied on hypnosis for this task (Friedlander et al, 2012). In 1886, Austrian physician Sigmund Freud started collaborating with Joseph Breuer on studying hysteria and in 1895 they published the results of their work and outlined their theory about the origins of hysteria (as cited in Safran, Kriss, & Foley, 2019). This publication marked the beginning of the first formal theory of psychotherapy, psychoanalysis, which Freud would spend the next 40 years developing into a comprehensive theory to explain the nature of humanity and the origin of a wide variety of mental disorders as well as a systematic way to treat those disorders (Jacobs, 2003).

Freud built his theory primarily from his personal experiences in treating his patients. When he wrote about his theory, he often made reference to many philosophers and works of literature, but he felt it was necessary to avoid any bias from preconceived ideas and so specifically avoided reading works of philosophy during the early years of the development of his theory. He also believed science was not sufficient to adequately describe mental processes

and so he also chose not to base his practices in science (Freud, 1917). He therefore encouraged psychoanalysts to refine their ability to understand themselves and their own personal biases so that they could avoid letting these biases interfere with their work. He believed that no amount of studying philosophy or applying science could ever sufficiently train someone in this specialty, so one had to become a patient of a psychoanalyst to learn psychoanalysis (Freud, 1920).

Freud (1920) viewed the psychoanalytic process as a medical specialty. In fact, in the United States, only physicians were allowed to learn the process of psychoanalysis up until the year 1985 (Friedlander et al., 2012). He described the process of psychoanalysis as follows:

> In psychoanalysis nothing occurs but the interchange of words between the patient and the physician. The patient talks, tells of his past experiences and present impressions, complains, confesses his wishes and emotions. The physician listens, tries to direct the thought process of the patient, reminds him of things, forces his attention into certain channels, gives him explanations and observes the reactions of understanding or denial which he calls forth in the patient. (Freud, 1920, p. 3)

The purpose of this process was to treat neuroses, the general term used at his time for anxiety or depression (Friedlander et al., 2012). Freud (1920) believed that everyone has both a conscious mind, the part which processes things one is actively aware of, as well as an unconscious mind, the much larger portion of one's mental capacity which stores memories, some of which are easily accessed, but most of which are very difficult to access without weeks or months of psychoanalysis. According to this theory, there is a natural process called repression in which one buries thoughts and feelings which are unpleasant to one's logical conscious mind deep into the unconscious. Freud believed that most behavior is driven by sexual urges and so most

repressed thoughts were formed during childhood when it is considered socially unacceptable to have sexual thoughts and feelings (Jacobs, 2003). He theorized that neuroses form when the unconscious is inadequately able to repress these thoughts and feelings and so they emerge into the conscious, though often not in obvious ways, but instead take the form of a variety of mental or physical symptoms (Freud, 1920).

Since Freud's time, many have continued to refine his theory. In the 1930s, many psychoanalysts both in Europe and in the United States started to take issue with some of Freud's core concepts such as the primary importance of sexual urges on driving behavior. They also started to focus less on focusing on their patients' past and instead looked at what insight they could gain on the defenses their patients were using in the present with hints from their past memories (Friedlander et al., 2012). Some early psychoanalysts, such as Alfred Adler and Carl Jung, rejected some of Freud's core concepts enough that they felt a need to break away from psychoanalysis entirely and develop their own form of psychotherapy (Friedlander et al., 2012).

It could be that just about every theory of psychotherapy that exists today is in some way a reaction to Freud's original work. However, the lasting legacy of this force on psychotherapy is the concept that mental illnesses can be treated through dialogue, that there are forces at work in the mind of which people do not have conscious awareness, that early childhood experiences/traumas can have a profound influence on actions later in life, and that people try to protect themselves though repressing memories or using various other defense mechanisms.

The Second Force

Freud's psychoanalysis had its detractors; yet, it still continued as the only major force in psychotherapy for 50 years. During this time, a second force, behaviorism, was forming in the psychology field. About the same time that Freud was establishing his theory in Austria, a

Russian researcher named Ivan Pavlov was conducting experiments on dogs to understand behavior. He used this information to explain human behavior in a way that did not rely on invisible forces like drives and the unconscious, but instead relied on observable behaviors that could be tested through the scientific method. Pavlov found that there is typically a particular stimulus which triggers a particular response and when paired with an additional stimulus, he could eventually begin to trigger the response with only the secondary conditioned stimulus. Additionally, when he paired the initial stimulus with an aversive secondary stimulus, he could eliminate the original response. He found that he could purposefully apply these principles to change a dog's behavior into a desired behavior (Wolpe & Plaud, 1997). By 1912, people were already starting to apply this information to conditioning human behaviors, though only in laboratory settings. According to Wolpe and Plaud (1997), Pavlov and his colleagues conducted a study in which they conditioned a dog to become excited when seeing a circle, but fearful when seeing an ellipse. They found that when they could elicit the same behaviors when the shapes were slightly altered, but when the circle and ellipse were drawn nearly identically, the dog showed symptoms of neurosis. They concluded that neurosis occurs when the brain is unable to resolve a conflict between processes of inhibition and excitation (Wolpe & Plaud, 1997).

Another behavior researcher, American psychologist B. F. Skinner, similarly was influential in the development of this force (Vargas, 2001). He added to the field the concept of operant conditioning, that behaviors could be shaped over time through schedules of reinforcement or punishment. According to Vargas (2001), as early as 1932, Skinner was arguing that these procedures could be used on humans, though he cautioned that this would need to be done in settings where someone could consistently provide reinforcement or punishment for behaviors.

While Pavlov, Skinner, and various other behavioral researchers paved the way for the formation of a new behavioral form of psychotherapy, it was not until the 1950s that people started to adapt these research findings into techniques that could be used in psychotherapy settings. Unlike psychoanalysis which had a central foundational figure in Freud, behavior therapy developed in many places through the efforts of many scientist-practitioners each testing behavioral principles to see how they could be applied to the populations they served and the conditions they commonly saw in those populations (Krasner, 2001). Eysenck (1971) described the overall thought process of this behaviorist group by stating the following:

> To the behavior therapist…scientific formulations of learning and conditioning theories are fundamental; the patient's abnormal behavior requires to be explained in terms of these principles, and a cure (behavior modification to those who prefer not to think of a medical model) to be planned on the basis of such knowledge as is available in modern learning theory. (p. 314)

He emphasized that the point of behavior therapy is not to treat a disorder, but to treat the symptoms as symptoms are what is observable and can be studied. To assume that there is anything more than the symptoms would be unscientific (Eysenck, 1971). The behaviorists viewed this strict scientific approach as necessary since the prevailing practitioners of the Freudian approach made no attempts to test their approach through any kind of scientific procedures of validation, evaluation, or follow-up (Franks, 2001).

At the same time that behavior therapy being developed, there was a movement in the psychology field towards understanding human cognition, and as a result there were applied psychologists trying to find ways to adapt that research into forms of psychotherapy. One of the first cognitive theorists was American clinical psychologist Albert Ellis, the founder of rational

emotive behavior therapy (REBT). Ellis (2005) based his approach in part on the work of behaviorists John Watson and B. F. Skinner in that he believed it is important to stay focused on present behaviors, rather than past memories or dreams; however, his approach to changing present behaviors was derived primarily from his readings of constructivist philosophy and his experiences adjusting his own thoughts and behaviors through applying this philosophy. He noted that one particular quote that inspired his work came from the classical Greek philosopher Epictetus who said "people are disturbed not by events that happen to them, but by their view of these events" (as cited in Ellis, 2005, p. 946). From this perspective, he built a broad theory that could be used to help a wide variety of people to correct problems of thought and behavior. In 1955, he began working with people to help them correct irrational beliefs that things should or must always go a particular way and instead help them to adopt a philosophy of unconditional self-acceptance, unconditional other acceptance, and unconditional life acceptance. He expanded on the behaviorist stimulus-response model to develop his ABC model, which has been a cornerstone of the cognitive approaches to psychotherapy. In this model, he indicated that in human behavior,

> Activating events or adversities (A) in people's lives contribute to but do not directly cause emotional consequences (C); these consequences stem from people's interpretations of the activating events or adversities – that is, from their unrealistic and overgeneralized beliefs (B) about those events. (Ellis & Joffe Ellis, 2019, p. 160)

The task of the REBT therapist was then to help the client dispute the belief that was causing the problematic consequence and then help form a new more rational belief that would lead to a better result (Ellis & Joffe Ellis, 2019).

A second cognitive theorist, American psychiatrist Aaron Beck (2008), creator of cognitive therapy (CT), brought this field more in line with the behavioral approaches. He based his works somewhat on Ellis' more philosophical writings. He also based his approach on the work of psychological researchers like Edward Tolman and Clark Hull, who provided scientific evidence for the idea that there were personal variables operating between the time of a stimulus and the response, as well as Albert Bandura, who helped to bring a cognitive element to learning theory, and Jean Piaget, who developed the concept of mental schemas as a way people organize their thoughts (Beck & Haigh, 2014). CT is not based in any particular philosophy but follows similar core assumptions as the philosophy of critical rationalism in that both claim that truth is objective and can be found through trying to falsify hypotheses derived from scientific theories. In CT, both therapist and patient are encouraged to adopt this mentality to join in a process of *collaborative empiricism* and test and try to falsify the patient's dysfunctional beliefs (Hofmann, Asmundson, & Beck, 2013).

Beck (2008) was originally trained as a psychoanalyst; however, in the early 1960s, he was inspired by the behavioral scientist/practitioners who were providing evidence for the effectiveness of their work and so decided to start testing the assumptions of his approach on people with depression. Instead of confirming the Freudian approach to depression, he found that people with depression often have consistently erroneous or distorted interpretations of their experiences. He then developed a plan for how to correct these interpretations, tested his new model, and found that he could successfully treat depression in 10 to 12 sessions in this manner (Beck, 2008). Later, he developed a wide variety of models to treat specific disorders, tested them with quantitative research methods, and then applied them in psychotherapeutic settings. Along the way, he developed numerous assessments, such as the Beck Depression Inventory, to

better diagnose problems, test the effectiveness of his models for that problem, and track the progress of patients undergoing that treatment (Beck & Weishaar, 2019).

Many of the people who were attracted to the quantitative, evidence-based treatments attuned to treatment of a specific disorder found in the behavioral approach were also attracted to the same elements in CT. By the late 1980s, it became so common that these two approaches were integrated together that the term cognitive-behavioral therapy (CBT) became the preferred term for both of these approaches (Friedlander et al., 2012). Very few modern psychotherapists practice from a strictly behavioral standpoint (Krasner, 2001) while cognitive-behavioral therapy has become the dominant force in the psychotherapy field (Norcross et al., 2013).

The Third Force

The third force in the psychotherapy field, the force that Maslow (1962) introduced, is humanism and existentialism. While there was much agreement that the previous two forces brought very important advances to the field, many in the psychotherapy fields felt that Freud's theory was too deterministic and pathologizing, and the work of the behaviorists was too reductionistic and mechanistic (Elkins, 2009b). Those who subscribed to the humanistic/existential mindset believed that it was important to look at the whole person, not just their symptoms or drives (Maslow, 1962). While both Freud and the behaviorists sought to treat symptoms of mental illness, the humanistic psychotherapists rejected this "medical model." They realized there were some people who had mental problems that were more biological in nature and needed more of a medical treatment, but far more people came to psychotherapy to seek help with problems of living which do not rise to the level of a mental illness or because they seek greater self-awareness and personal growth (Elkins, 2009a). To address these needs,

the humanistic psychotherapists took a holistic approach, focusing on the whole individual and how to help that individual become healthy, creative, and fully functioning (Moss, 2015).

Several early psychotherapy theorists had already started moving towards a more humanistic viewpoint. For example, Alfred Adler, Otto Rank, and Carl Jung, all of whom collaborated with Freud on the development of psychoanalysis, later separated themselves from Freud and developed theories of their own which focused less on instinctive drives and more on the holistic nature of humans and the capacity for growth (Moss, 2015). Albert Ellis' (1980) theory also had many humanistic qualities as it saw individuals as holistic, goal directed, and worthy of unconditional acceptance. However, American clinical psychologist Carl Rogers is often considered the core theorist behind this force (Moss, 2015). Rogers began in the 1940s using psychoanalysis to work with children but did not believe this approach respected the unique perspectives of his clients. Over that decade he refined what he called the non-directive technique, and in the early 1950s, he formalized this approach and named it client-centered therapy. This approach was revolutionary in that it shifted the focus away from techniques towards building the optimal therapeutic relationship to help people activate their innate potential towards growth and self-actualization (Friedlander et al., 2012). He outlined six core conditions which he believed needed to exist for his clients to experience this kind of growth:

1. Two persons are in psychological contact.

2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.

3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.

4. The therapist experiences unconditional positive regard for the client.

5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.

6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved. (Rogers, 2007, p. 241)

In addition to his revolutionary shift in language from *patient* to *client*, Rogers steered his approach further from the medical model of psychotherapy by opposing the use of diagnoses of mental disorders and of psychological testing to discover any kind of pathology (Elkins, 2009a). His approach soon went beyond use just in psychotherapy settings and became popular in many fields which focused on human development such as schools and businesses (Friedlander et al., 2012).

American clinical psychologist Rollo May was another important developer of this force. Many psychoanalysts in Europe had begun to integrate existentialist philosophy in their work; however, May is credited with bringing this tradition to the United States, joining it with the humanistic force (Elkins, 2009b; Ratner, 2015), and elegantly articulating the principles of this approach in a way that could help it to grow (Peng, 2011; Ratner, 2015). He brought a new understanding of anxiety as not a mental illness that needs to be treated or cured, but as a natural part of life that must be worked through to foster one's self-development (Bugental, 1991). He stated,

Anxiety is the apprehension cued off by a threat to some value which the individual holds essential to his existence as a personality. The threat may be to physical or psychological life (death, or loss of freedom), or it may be to some other value which the individual identifies with his existence (patriotism, the love of another person, "success," etc.). (May, 2015, p. 145)

He viewed neurotic anxiety as simply an extension of normal anxiety for which the threat to one's existence became so great that one could not see any way through it and, thus, develops defense mechanisms to avoid dealing with the anxiety (May, 2015). The purpose of psychotherapy is to help clients to see what limits they have been placing on themselves, help them come to terms with these existential threats, educate them on the nature of anxiety and how to confront it constructively, and help them see the potential they have if they would remove their self-imposed limits to their growth. From this perspective, psychotherapy is an educational activity, not a medical treatment (Bugental, 1991).

Overall, humanistic psychology became a force in the psychology and psychotherapy worlds during the 1960s, a time when American culture embraced liberal values and ushered in the civil rights movement, the women's rights movement, and the anti-war movement (Friedlander et al., 2012). Humanistic psychology connected with this movement and helped to usher in a new therapeutic culture in the United States that focused on personal growth, improved relationships, greater self-awareness, and improved interpersonal skills (Elkins, 2009a). By the 1980s, more conservative political and religious forces were gaining power in the United States and humanistic psychology found itself under attack by those forces. It faded as a cultural phenomenon (Elkins, 2009b). Also, up until 1979, only psychiatrists could be reimbursed by medical insurance for psychotherapy work; however, a new court ruling made insurance reimbursement available to a wider variety of psychotherapists. These insurance companies placed limits on the number of therapy sessions they would cover and made it clear that they wanted to see that people were practicing using techniques backed by empirical research. While there was evidence to support the overall effectiveness of humanistic therapies, many of the techniques and concepts of these therapies did not lend themselves to the type of

research that insurance companies wanted to see (Elkins, 2009a). As a result, many humanistic therapists found it difficult to continue practicing from this perspective and humanistic psychology declined in the psychology field (Elkins, 2009a). However, in the counseling field, which has more of a focus on fostering growth and development in clients rather than treating mental illness, humanistic principles thrived to the point that most counselors made use of humanistic principles and techniques in their work (Dollarhide & Oliver, 2014).

The Fourth and Fifth Forces

While Maslow defined the first three forces that have been widely accepted, others have embraced this terminology and put forth ideas of what they believe to be the next great force in psychotherapy. Fleuridas and Krafcik (2019) described several movements that have been identified as fourth forces in the psychotherapy field. Two which were particularly relevant to the counseling profession were multiculturalism and feminism. These both developed in the late 1960s and 1970s in response to the recognition that the theories of psychotherapy that had previously been developed had all come from White, upper-middle-class men and thus incorporated some bias in the areas of gender norms, race, and social class. Many new theories were developed and old theories were revised to take into account a broader range of human perspectives (Fleuridas & Krafcik, 2019). Multicultural counseling was defined as

> …both a helping role and a process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, utilizes universal and culture-specific helping strategies and roles, recognizes client identities to include individual, group, and universal dimensions, and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of the client and client systems. (Sue & Torino, 2005, p. 6)

This movement encouraged all counselors to embrace a wider understanding of culture to include

> ...*ethnographic* variables such as ethnicity, nationality, religion, and language, as well as *demographic* variables such as age, gender, and place of residence, *status* variables such as social, economic, and educational factors, and *affiliations* ranging from the more formal memberships to the more informal networks to which we belong. (Pedersen, 1990, p. 93)

This would help counselors to see that there are a variety of ways in which they may differ in perspective from their clients. Thus, it is helpful to assume that every client they meet will have a unique cultural background and to work towards understanding the cultural differences between counselor and client rather than making assumptions based on the counselor's personal perspective (Pedersen, 1990).

Ratts (2009), building upon the idea that multiculturism is the fourth force in the counseling profession, proposed that the fifth force in this field was social justice. His argument is that now counselors have a multicultural understanding of the world and see the influence of power, privilege, and oppression in their clients; therefore, they can and should advocate for the rights of marginalized groups. The paradigm shift for this force is the realization that many problems people face are not due to internal issues or problems of thought and cannot be solved through any effort of the client, but are due to societal issues such as racism or sexism. For a counselor to help a client with these issues, the counselor must sometimes work in the community to promote social change. He noted that this movement towards social justice already has an established presence in the related mental health fields of social work and case management, and is just recently becoming a movement in the counseling field (Ratts, 2009).

Hayes (1994) proposed that postmodern and constructivist thought represented the fourth force in psychology. The basic premise of the postmodern philosophies is that while empiricism is one important form of science, it is not the only scientific way to understand the world. Constructivism, philosophy falling under the umbrella of postmodern thought, proposes that there is no single truth to know; instead, everyone constructs their own truth, their unique perspective on life (Hayes, 1994). Cottone (2007) argued that it was specifically the philosophy of social constructivism which caused a paradigm shift in the counseling and psychotherapy fields. The core belief in social constructivism is that knowledge is constructed through communication with others who share a similar culture and language; therefore, what we know to be true is something that has been socially constructed through dialogue with others who share a similar worldview (Cottone, 2007). These concepts mirror many of the core concepts in the multicultural and feminist movements (Cottone, 2007; D'Andrea, 2000).

What seems to be the most recent growing movement in the counseling profession is the use of neuroscience research to better inform practice. McHenry et al. (2014) proclaimed neuroscience to be the fifth force in counseling, accepting multiculturalism as the fourth force. In 2013, The American Counseling Association started publishing a regular column on "neurocounseling" in its monthly magazine *Counseling Today* to help its members learn more about how to incorporate neuroscience into their practices and the editors. Additionally, since 2017, the *Journal of Mental Health Counseling* has included a new section for "neurocounseling" in each issue to promote the publication of more research into the connection between counseling and neuroscience and to make sure mental health counselors could be current with the rapid advances in the neuroscience field and how other psychotherapy fields are making use of it (Beeson & Field, 2017). This neuroscience movement is really offering the

counseling and psychotherapy fields a better way to understand and explain the mechanisms of psychotherapy through a better understanding of how the various techniques affect brain structures and chemistry, as well as to more accurately diagnose conditions from this new perspective and thus develop more accurate treatment plans. It helps to provide a more unified language to the various theories of psychotherapy and can thus help to bring more legitimacy to various techniques which may not have been developed from a scientific perspective originally (Russell-Chapin, Field, & Jones, 2017).

Historical Changes in the Use of Theory

In addition to the many changes in thought since Freud first announced his theory of psychotherapy, there have also been a number of changes in the way theories of psychotherapy have been used. In the earliest years of the psychotherapy fields, after people started breaking away from Freud's psychoanalysis and forming the other psychodynamic approaches as well as the early behavioral, cognitive, and humanistic approaches, people were trained extensively in a single theoretical approach and were taught to always stick to that school of thought. Norcross (2005) described this time as an "ideological cold war" and noted that therapists at that time stuck to their professed theoretical position "often to the point of being blind to alternative conceptualizations and potentially superior interventions. Mutual antipathy and exchange of puerile insults between adherents of rival orientations were very much the order of the day" (p. 3).

Eventually, more psychotherapists started putting aside their biases towards a single school and exploring what other schools had to offer. Magnavita (2008) referred to this as a time of rapprochement, when those from the different schools of thought started trying to understand each other and new theories were formed to blend multiple theories together. He indicated that

this started occurring close to the 1950s when the first textbooks presenting multiple theories of psychotherapy were first being published.

Gradually, many psychotherapists decided to stop conforming to a single school of thought and started integrating multiple theoretical approaches into their work. John Norcross and others (Norcross et al., 2013) conducted research into trends in the use of psychotherapy theories and how people integrate multiple theories into their work. Since 1980, he has conducted a Delphi poll about every 10 years to solicit the thoughts of various psychotherapy practitioners, from graduate students to seasoned practitioners, on the current trends in the field of psychotherapy (Norcross et al., 2013). They found a mostly increasing trend towards people professing to use an integrative approach. Norcross (2005) listed eight factors he and others found to be responsible for this movement from using a single approach to integrating multiple approaches. These factors are:

1. Proliferation of therapies

2. Inadequacy of single theories and treatments

3. External socioeconomic contingencies

4. Ascendancy of short-term, problem-focused treatments

5. Opportunity to observe various treatments, particularly for difficulty disorders

6. Recognition that therapeutic commonalities heavily contribute to outcome

7. Identification of specific therapy effects and evidence-based treatments

8. Development of a professional network for integration. (p. 5)

Norcross (2005) noted that there was some interest in integration before the 1970s, but that the trend of psychotherapy integration really began in the 1980s and has rapidly grown since then. Now, between one-fourth and one-half of all psychotherapy practitioners profess to use some

kind of integrative approach making integrative psychotherapy the most commonly professed

theoretical orientation, though Norcross and Beutler (2019) noted that cognitive-behavioral

therapy is growing and will likely take the top spot soon. Cognitive-behavior therapy is not

really a single theoretical approach either; it is the atheoretical integration of techniques from the

cognitive and behavioral schools of thought (Beck & Weishaar, 2019), and could also be

considered to be a specific form of integrative psychotherapy. It is interesting to note that this

movement towards integration also seems to have flourished at the same time when so many of

the fourth force concepts, which blend concepts from multiple theories or accept multiple

perspectives, were gaining momentum.

Through his research, Norcross (2005) identified four different styles of integration:

technical eclecticism, theoretical integration, a common factors approach, and assimilative

integration. People who use *technical eclecticism* tend to use a variety of techniques developed

from a variety of theoretical approaches without much regard for the theory behind the technique

or concern for why the technique works. They tend to focus on what has worked for them or

look for techniques with data to support their use. *Theoretical integration* involves the merging

of two or more theories along with their corresponding sets of techniques, with a goal of forming

a new unified theory that will be better than the sum of its parts. Sometimes, however, people

attempt to combine two theories that are epistemologically or ontologically incompatible. The

common factors approach builds on the work of theorists and researchers who have noted that

there are many common elements between many of the theories and that these underlying factors

are what is ultimately responsible for success in therapy. Some commonly cited factors are the

development of a strong therapeutic relationship, the opportunity for express and release one's

emotions, the opportunity to learn and practice new behaviors, and simply the expectation that

there will be a good outcome to therapy. Finally, some counselors and psychotherapists make use of *assimilative integration*, a practice in which one establishes a solid background in a single theoretical perspective but assimilates techniques and practices from other theories to meet the goals of their theory (Norcross, 2005). All four of these approaches can be effective ways of practicing psychotherapy if performed well and with purpose, though there are still many who claim to be "eclectic" or "integrative" who do not put any thought into how they are integrating techniques or using theory. Norcross and Beutler (2019) referred to this uncritical and unsystematic blend of techniques as syncretism and do not seem to believe this is a legitimate form of psychotherapy integration.

As can be seen from this history of the theories of psychotherapy, even though this history amounts to a little over a century, there have been many developments in the theories available to each generation of counselors and many shifts in the ways counselors and psychotherapists make use of theory. Counselors of different generations will have been influenced by different movements in this history of the theories of psychotherapy. A counselor who grew up or was educated in the 1960s and 1970s may have been inspired by the humanistic movement which became a cultural phenomenon at that time (Elkins, 2009a; Friedlander et al., 2012) or may have felt the importance of the civil rights movement and been inspired to adopt a feminist or multicultural approach (Fleuridas & Krafcik, 2019; Pedersen, 1990). A counselor educated in the 1980s or later may have felt less pressure to adopt a formal theoretical orientation due to the move towards psychotherapy integration (Norcross, 2005). Those educated more recently may have read research made possible by advances in technology which enabled scientists to demonstrate the effect of psychotherapy on the brain and so these counselors may have integrated more findings from neuroscience into their theoretical orientation (McHenry et

al., 2014; Russell-Chapin et al., 2017). Many of these changes in how people understand and use theory have overlapped and so even those counselors who were raised and educated at the same point in history may have been influenced by different trends at that time.

A History of the Counseling Profession

While it is important to understand the overall development of the theories of psychotherapy and how they are used for the purposes of this study, it is also important to understand the history of the counseling profession specifically to understand how counselors encountered these theories. This history is brief, but complicated due to the fact that it started not as a single profession, but as several professions with similar methods and goals which developed independently at first and later joined together to become a single profession with several specialty areas (Leahy et al., 2015; McLaughlin & Boettcher, 2009). As this study focuses on the school counseling and clinical mental health counseling specialties, this history will mostly focus on their development.

The Foundations of the Guidance Movement

There is much agreement (e.g., Gysbers & Henderson, 2012; Leahy et al., 2015; Pope, 2000; Zytowski, 2001) that the counseling profession began due to the work of Frank Parsons, an American civil engineer, professor, politician, and social reformer during the time period in the United States near the end of the nineteenth century that is known as the Gilded Age. It was a time of rapid industrial change, when new technologies were making it so that fewer workers were needed in traditional jobs, such as farming, but new jobs were being created for which no one had any experience or training (Pope, 2000; Zytowski, 2001). Parsons saw that there was a need for people who could help others transition into these new professions (Zytowski, 2001). In 1908, Parsons (1909) was instrumental in opening a Vocation Bureau in Boston to help people to

choose an occupation, learn the skills they needed to perform that occupation, and find a job in that field. His work marked the start of profession of vocational guidance which today is known as the specialty of career counseling (Zytowski, 2001). There was little focus on the use of theory at this point in the development of the counseling profession. Instead, Parsons saw it as important that this field was grounded in science. He valued a systematic way of helping people and emphasized the use of psychological tests to aid in understanding aptitudes and interests (Pope, 2000). The general approach to vocational guidance work could be described as "test them and tell them" (Blocher, 2000, p. 90). Counseling was seen as a tool that could be useful in the process of informing people of the careers for which they would be best suited (Leahy et al., 2015).

Jessie Davis, a high school principal from Michigan, also saw the importance of vocational training and in 1907 developed a plan to reorganize his school curriculum to emphasize vocational guidance for all of his students (Gysbers & Henderson, 2012). He saw that many children were choosing not to enter high school and were instead going into the workforce unprepared while others were going on further in their education but finding careers for which they were ill suited. He created a plan for vocational guidance lessons to be offered each week for all students in the seventh through twelfth grades during their normal Friday English class period (Gysbers & Henderson, 2012). Frank Parsons also worked with a Boston school superintendent, Stratton Brooks, to introduce similar vocational guidance practices into Boston schools. Together these innovators began what would be the educational guidance movement, or what is today known as the school counseling specialty (Leahy et al., 2015). Initially, however, this educational guidance work was conducted by teachers, with little to no extra training in this

process, and it was not initially considered to be a separate profession from teaching (Gysbers & Henderson, 2012).

Change in Response to War

There was a lot of growth in the counseling and psychotherapy fields around the time of the First and Second World Wars. After the first war, there was a large growth in the number of pregnancies (Pope, 2000). This led to a rise in studies on the development and needs of children (Gysbers & Henderson, 2012), the development of child guidance clinics to provide psychotherapy services for children (Blocher, 2000), and the increase in legislation to strengthen the U.S. public school system to support all of these students (Gysbers & Henderson, 2012; Pope, 2000). Many schools around the country started to develop *pupil personnel work* teams to support these students. These teams consisted of counselors, attendance officers, school physicians, and school nurses. Counseling and guidance work was seen as a specialty job in some schools rather than a task for teachers. There was also a movement for counselors to focus on child adjustment in all areas of their life, not just on career preparation (Gysbers & Henderson, 2012).

In the 1930s, the U.S. economy also starkly declined and entered what has been called the Great Depression. Many people lost their jobs, leading to a rise in the need for people who could help them with finding new jobs. The counseling professions were in high demand and grew across the country in schools, clinics, colleges, and government agencies (Blocher, 2000; Pope, 2000). There was also a growing realization in those doing guidance work in all of these settings that the "test them and tell them" guidance model was no longer sufficient. They found that there was a greater need for a model that respected and appreciated the uniqueness of the individual and focused more on listening than telling. They wanted a model of counseling that

looked at developmental influences and personal adjustment issues present that could be affecting people's lives and careers (Blocher, 2000; Leahy et al., 2015). The term *guidance* went out of favor to be replaced by the term *counseling* (Blocher, 2000; Gysbers & Henderson, 2012; Super, 1955).

Carl Rogers' non-directive approach and client-centered therapy was a product of this movement. Super (1955) claimed that Roger's 1942 text, *Counseling and Psychotherapy*, helped to bring an awareness to counselors of all types that they should focus on people instead of problems and take a wider perspective of people's lives since one aspect of their life, such as their career or living situation, could affect many other aspects of their lives. This book revolutionized the various counseling fields, gave them all a theoretical home in the humanistic theories, and provided common ground for their later unification into a single profession (Blocher, 2000; Gysbers & Henderson, 2012; Leahy et al., 2015; Sales, 2012). As noted earlier, in the 1950s and 1960s, there was a great proliferation in the number of theories available and many counselors made use of these theories (Leahy et al., 2015; however, Rogers' work was so influential on the developing counseling professions that it formed a core theoretical base for counseling training for years (Gysbers & Henderson, 2012), and is still a core aspect of counselor professional identity (Hansen, 2012; McLaughlin & Boettcher, 2009).

During World War II, the military employed psychologists, counselors, and social workers, most of whom were master's-level practitioners, to treat military personnel who were experiencing mental and emotional distress due to combat issues. After the war, the Veterans Administration (VA) passed new regulations that considered clinical psychologists to be equal to medical doctors in status and salary and that enabled them to provide direct treatment to patients using psychotherapy if those clinical psychologists had a doctorate and completed a post-

doctoral internship. In 1949, the American Psychological Association (APA) gathered to discuss these changes and agreed that from that point forward the applied forms of psychology, clinical and counseling psychology, should be strictly doctoral-level professions and that they would only give their approval to doctoral-level training programs. They encouraged states to adopt laws that only people with doctorates in psychology could call themselves psychologists (Blocher, 2000). This left all those who had served the military as master's-level practitioners without the ability to call themselves psychologists and without a professional home as they had been excluded from full membership in the APA (Gerig, 2016). However, there was still a rising need for these professionals and master's-level training programs for these professionals continued to expand. They started referring to these professionals as counselors rather than psychologists (Remley, 2012). In 1963, the U.S. Congress passed the Community Mental Health Centers Act which helped to move people out of state psychiatric hospitals and into new community mental health centers which focused on providing some short-term inpatient treatment, but mostly outpatient treatment, crisis intervention, consultation, and educational services. These centers were staffed mostly by master's-level practitioners, helping to grow these professions even more (Gerig, 2016; Smith & Robinson, 1995).

After the end of the war, the United States entered into the Cold War, a period in which the United States and the Union of Soviet Socialists Republics (U.S.SR) sought to dominate each other in technological advancement and military technology. The U.S. Congress realized that there was a need for more scientists and one solution for this was further develop the profession of school counseling so that these school counselors could encourage more high school students to prepare for careers in science. In 1946, they passed the Vocational Education Act, commonly called the George-Barden Act, which set aside federal funds to research the field of guidance,

fund the salaries of counselors and counselor supervisors in high schools, fund the salaries of

college instructors that prepared these counselors, and help to create state boards to supervise

these counselors. This act helped to formalize the school counseling profession and created

guidelines for the master's-level training of these counselors. This act helped to spread the field

of school counseling throughout the United States. In 1958, The National Defense Education

Act provided more funding for school counseling programs and further amendments to this act in

the 1960s provided funding for school counselors at elementary and junior high levels as well

(Gysbers & Henderson, 2012). However, when the United States entered the Vietnam War in

1964, funding was diverted from schools to go towards the war effort and many school

counselors were let go from their positions and instead sought work in community mental health

clinics, university counseling centers, or VA clinics (Smith & Robinson, 1995) which helped to

further blend these counselors with the others who used to be psychologists but were now calling

themselves counselors.

The Development of the ACA and the Unification of the Counseling Profession

The process of unifying the separate counseling areas into a single profession was

initiated in 1952 with the formation of the American Personnel and Guidance Association, which

was renamed as the American Association for Counseling and Development in 1983, and since

1992 has been called the American Counseling Association (ACA; Kaplan, 2002; Sheeley,

2002). This association was formed when four professional organizations joined together: (a) the

National Vocational Guidance Association, now known as the National Career Development

Association (NCDA), an organization formed in 1913 to support the vocational guidance

profession; (b) the American College Personnel Association (ACPA) which was founded in 1924

to support student affairs professionals on college campuses which included some college

counselors; (c) the Student Personnel Association for Teacher Education, now known as the Association for Humanistic Counseling (AHC), which was founded in 1931 and from the beginning focused on the importance of establishing a positive relationship with clients, but since Carl Rogers first started publishing his work has focused on integrating humanistic values and principles into the counseling profession; and (d) the National Association of Guidance and Counselor Trainees, now known as the Association for Counselor Education and Supervision (ACES), an organization formed in 1940 by those who prepare and supervise counselors. The original purpose of ACA was practical in nature as these organizations wanted to join their resources so they could support a yearly national conference and share an administrative staff (Kaplan, 2002).

ACA continued to grow as more counseling-related organizations joined the association. The American School Counselor Association (ASCA), a group to promote the needs and development of school counselors, was formed during the first ACA conference in 1952 and officially was recognized as a division of the ACA during the conference the following year (Sheeley, 2002). The American Rehabilitation Counseling Association (ARCA) was established as a division of ACA in 1958 to support the needs of rehabilitation counselors and further promote ways of helping people with disabilities (Leahy & Szymanski, 1995). In 1972, counselors who work in the addictions and criminal justice/forensics fields formed the Public Offender Counselor Association, now known as the International Association of Addictions and Offender Counselors (IAAOC) to promote research, training, and advocacy for this field. In 1974 this association became a division of ACA (International Association of Addictions & Offender Counselors, n.d.). Some of the group of psychotherapists who previously identified as psychologists but were no longer permitted to do so joined the ACA early on, but it was not until

1976 that this group formed a professional organization to meet their needs, the American

Mental Health Counselors Association (AMHCA), and established a name for their specialty,

mental health counseling, now known as clinical mental health counseling. They joined as a

division of ACA later that year (Smith & Robinson, 1995). In 1986, a group of counselors who

worked with couples and families through family systems perspectives, now known as marriage

and family counselors, formed the International Association of Marriage and Family Counselors

(IAMFC) as a division of ACA (Smith, Carlson, Stevens-Smith, & Dennison, 1995), though it

should be noted that in 1942 a separate group with similar goals and methods formed the

American Association of Marriage and Family Therapy (AAMFT) and worked to build

professional qualifications and training standards for marriage and family therapists as a

separate, non-counseling profession long before the IAMFC was formed (Everett, 1990). The

ACPA, one of the founding members, seeing that ACA had become much more focused on

counselors than it had at the creation of the organization, left ACA in 1991 to focus more

specifically on the needs of student affairs professionals, most of whom do not identify as

counselors, so in 1992 a new division, the American College Counseling Association (ACCA),

was created to make sure that college counselors still had a home in the ACA (Kaplan, 2002;

Sheeley, 2002).

Currently, ACA has 18 divisions, 4 regions, and branches in each of the 50 U.S. states,

the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Europe, and the Philippines. The

divisions consist of professional groups like those mentioned above as well as groups focused on

special populations, such as the Association for Adult Development and Aging (AADA) and the

Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE), divisions

aimed at fostering counseling competencies such as the Association for Multicultural Counseling

and Development (AMCD) or the Association for Assessment and Research in Counseling (AARC; American Counseling Association, n.d.). Notably, over the past two years, the two largest divisions, AMHCA and ASCA, decided that they are large enough to split from the ACA and become independent associations dedicated to pursuing the needs of their specific specialty areas. Even though ACA is still focused on the needs of school counselors and clinical mental health counselors, there are no longer any divisions of ACA specifically dedicated the needs of those counselors (American Counseling Association, 2018; Goodman, 2019).

Growth in the 1970s through the 1990s

There was significant change in the counseling profession in the 1970s and 1980s. It was during this time that school counselors took control of defining the role of the school counselor (Gysbers & Henderson, 2012). While originally school counselors were simply teachers who did a little extra guidance work with little extra education, over time, as it became common for school counselors to have master's degrees, many were called upon to do administrative work in schools (Cinotti, 2014; Gysbers & Henderson, 2012). In the 1950s and 1960s as psychotherapy became more popular in the U.S., many started integrating personal counseling into their work. Also, in 1958, the U.S. government established grants to allow states to establish statewide testing programs to assess student learning, and school counselors were often given the task of implementing these testing programs. It had increasingly become a problem that school counselors were asked by principals and administrators to perform many tasks that were outside the scope of their training and role to the point that many had little time to perform counseling or guidance (Gysbers & Henderson, 2012). Also, up until this point, it had been required that anyone who wanted to be a school counselor have a bachelor's degree in education and experience in teaching; however, many in the 1950s and 1960s started to question whether this

was really necessary and to what extent it was really beneficial for school counselors to maintain an identity as an educator, or whether their identity should be more aligned with counseling or even psychology (Cinotti, 2014; Gysbers & Henderson, 2012). As a result, in the 1970s a few school counselors started working on formulating guidance and counseling programs for their schools which outlined the goals and objectives of the counselors at those schools. In 1971, Norman Gysbers from the University of Missouri-Columbia was awarded a grant from the U.S. Office of Education to develop a plan for helping states to build models for implementing counseling programs in their schools. By 1974, he and his team had assisted 44 states in developing some kind of model for counseling programs in their schools, and by the 1990s, about half of the U.S. states had started implementing these models (Gysbers & Henderson, 2012).

By the late 1990s, ASCA decided that they needed to further promote school counseling programs by developing some national standards that could help make school counseling more consistent across the country (Gysbers & Henderson, 2012). They wanted to make school counseling programs into a central component of schools' academic success plans and make sure that every student in a school had access to the counselor. In 1997, they started developing these standards (Gysbers & Henderson, 2012) and in 2003, they published the first version of the ASCA National Model (American School Counselor Association, 2019) which clarified the role of school counselors as promoting academic achievement in students, assisting students with career planning, and delivering services that promote healthy personal and social development in students. The publication of this national model helped to give states who had already implemented models more guidance on how to improve those models and also inspired

additional states to start developing models or implementing the models they had already

developed (Gysbers & Henderson, 2012).

At the same time, the clinical mental health counselors in private practice were dealing

with challenges with their ability to practice. The movement towards certification in the

counseling profession started with school counselors in the 1940s and 1950s through state

departments of education. It stayed in that specialty until 1973 when the rehabilitation

counselors started the Commission on Rehabilitation Counselor Certification to oversee the

spread of licensure for that specialty (Bradley, 1995; Leahy et al., 2015). In the mid-1970s,

however, the push for licensure in the clinical mental health field became more imperative when

the Virginia Board of Psychology sued a master's-level counseling practitioner for practicing

psychology without a license. To correct this problem, counselors started advocating for

licensure in Virginia and in 1976, Virginia became the first state to license professional

counselors (Remley, 2012). At that point, ACA began advocating for licensure across the

country (Kaplan, 2002) and, since 2009 when the California state legislature signed a bill into

law approving licensure for professional counselors in that state, there are now licensure laws for

counselors in every U.S. state, the District of Columbia, and Puerto Rico (Shifflett, 2016).

While ACA was successful in having licensure laws passed in every state, one issue with

this process is that they relied on the individual state legislatures to define how counselors could

practice in each state, and, as a result, the laws were very different (Kaplan & Kraus, 2018;

Tarvydas et al., 2015). This made it difficult for people to transfer licenses from one state to

another, hold licensure in multiple states, or obtain a degree from a college outside of the state

than where they plan to practice (Kaplan & Kraus, 2018). One way that counselors have tried to

address these licensure issues is through developing common standards for training. The

rehabilitation counselors started this trend in 1972 when ARCA and the National Rehabilitation

Counseling Association, a division of the National Rehabilitation Association, jointly endorsed

the Council on Rehabilitation Education (CORE), a national, nonprofit, independent organization

to provide standards for education of rehabilitation counselors, as well as the Commission on

Rehabilitation Counselor Certification (CRCC), an organization to provide certification that

individual rehabilitation counselors have met a standard of knowledge about the profession

(Sales, 2012; Tarvydas et al., 2015). ACA followed this lead in 1981 by developing the Council

for Accreditation of Counseling & Related Education Programs (CACREP) to provide common

standards for all the other counseling specialty areas (addictions counseling, career counseling,

clinical mental health counseling, marriage and family counseling, school counseling, and

student affairs and college counseling) as well as individual standards for distinct education in

each of these specialties (Tarvydas et al., 2015). CACREP also serves as an accreditation body

for counseling programs that choose to follow the standards. While only about a third of U.S.

counseling programs are currently CACREP accredited, many others pattern themselves based

on CACREP standards (Remley & Herlihy, 2020). In 1982, ACA established the National

Board for Certified Counselors to develop certification exams and certify individual counselors

who meet the education standards for the counseling profession. These exams are used by many

states to demonstrate counselors are ready for licensure (Leahy et al., 2015; Tarvydas et al.,

2015). Together, CACREP and CORE developed common knowledge that they decided all

counselor training programs regardless of the specialty should address: professional orientation

and ethical practice, social and cultural diversity, human growth and development, career

development, helping relationships, group work, assessment, and research and program

evaluation (Chronister, Chou, & Chan, 2015). In 1986, ACA also helped to found the American

Association of State Counseling Boards (AASCB) to provide a way for officials that oversee the licensure process in each state to communicate and come to agreements on ways they can work together (American Association of State Counseling Boards, n.d.).

Growth in the New Century and the 20/20 Initiative

Another way ACA attempted to improve the counseling profession is through an initiative they recently concluded called 20/20: A Vision for the Future of Counseling (Kaplan & Gladding, 2011; Kaplan & Kraus, 2018; Kaplan, Tarvydas, & Gladding, 2014). In 2005, the AASCB became concerned that there was a lack of unity in the counseling profession as evidenced by the wide variety of licensure titles and regulations in all the states. The AASCB and ACA met to discuss what they could do. They called together the leaders of the ACA regions and divisions, as well as a few other counseling organizations, to discuss what would become known as the 20/20 Initiative. In 2006, this group met at the ACA and AASCB annual conferences, discussed what needed to be accomplished to advance the counseling profession, and developed a list of seven areas that needed to be addressed:

- strengthening identity

- presenting ourselves as one profession

- improving public perception/recognition and advocating for professional issues

- creating licensure portability

- expanding and promoting the research base of professional counseling

- focusing on students and prospective students

- promoting client welfare and advocacy. (Kaplan & Gladding, 2011, p. 369)

They then sent the list of seven areas to the wider community in these divisions and organizations and 29 of the 30 groups surveyed chose to endorse this list. ASCA leadership

declined to endorse it as they did not believe that there is a single counseling profession and could not endorse the area indicating that ACA should focus on presenting the counseling profession as one profession (Kaplan & Gladding, 2011).

The leaders again looked at the areas they identified and decided to first work on a single issue that could address their first three areas. They decided to work on developing a definition of the counseling profession that could be used by counselors of any specialty to describe the role of a counselor. The definition they developed indicates, "Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan et al., 2014, p. 368). This definition was then sent to the ACA divisions and related organizations for approval and 29 of the 31 organizations endorsed the definition. ASCA leadership declined as they believed it did not explain how the counseling profession is distinct from other mental health professions, there was not sufficient research to back the definition, and ASCA already had a definition of school counseling which they preferred to promote. The Counselors for Social Justice (CSJ) division of ACA also declined as they were disappointed that the definition did not include any information about the multicultural competence of counselors or their role in social justice and advocacy. Despite these objections, to standardize and unify the profession of counseling across the country, the ACA asked all stakeholder organizations to post this definition on their websites, sent the definition to every U.S. counseling licensure board with a request to include it in their regulations, asked every counselor education program in the country to adopt the definition and spread it in their curriculum, and asked all the counseling test and textbook publishers to include the definition in their materials (Kaplan et al., 2014).

Struggles with the Formation of a Counseling Identity

One of the issues that the counseling profession has struggled with is how to form a consistent identity. The ACA has struggled to define the various counseling specialties as a single profession but has achieved some success, first through drawing more related professional organizations under the overall organization of the ACA (Kaplan, 2002; Leahy & Szymanski, 1995; Sheeley, 2002), then through establishing common standards for the counseling specialties through CACREP and NBCC (Leahy et al., 2015; Tarvydas et al., 2015), and most recently through establishing a common definition for the profession (*Counseling Today* staff, 2017; Kaplan & Gladding, 2011; Kaplan & Kraus, 2018; Kaplan et al., 2014).

Commonalities in the Counseling Specialties. Several counseling scholars have noted that there are many ways in which all counselors are similar. Three particular commonalities are often cited: (a) counselors use a wellness model of mental health rather than a medical model, (b) they tend to see mental problems as being developmental in nature, and (c) they prefer to work towards prevention of mental illness or early intervention rather than treatment of severe long-term mental illnesses (Mellin et al., 2011; Myers, 1992; Remley & Herlihy, 2020). Remley and Herlihy (2020) added to this a fourth concept that the goal of counseling is to empower clients and teach them how to solve their own problems in the future. Others have suggested that the principles of the humanistic (Dollarhide & Oliver, 2014; Hansen, 2012; McLaughlin & Boettcher, 2009) and constructivist (D'Andrea, 2000; McLaughlin & Boettcher, 2009) theories underlie the counseling profession and that these concepts of wellness, development, and prevention arise from these theories. The counseling profession has roots both in the education and psychology fields. Counselors also tend to blend these two fields, providing both educational and mental health services (Chronister et al., 2015).

Calley and Hawley (2008) reviewed counseling literature to better understand the elements influencing counselor identity. They found several major themes in counselor identity: "(a) training and credentials, (b) professional affiliations, (c) scope of professional activities, (d) focus of scholarship, (e) theoretical orientation, (f) pedagogical tools, (g) service, and (h) self-proclaimed identity" (p. 8). They wanted to study how these themes are represented in counselor educators. An assessment consisting of 30 forced-choice or closed-question items was administered to 70 faculty members from CACREP-accredited counseling programs. In their study, 75% had doctoral degrees in counseling while the rest had degrees in counseling psychology, clinical psychology, or other areas. Also, 70% held licenses as professional counselors, 46% held National Certified Counselor credentials, and 50% held other non-counseling licenses. Many were involved in professional organizations with 93% being members of ACA and 79% being members of ACES. Many encouraged their students to become involved in counseling-related student organizations. Many tried to focus on providing course materials from counseling authors with 84% indicating they mostly use texts from counseling authors and 80% indicating that they require their students to search for articles published in counseling journals. When the authors asked about theories of psychotherapy, they found that many identified with multiple theories, and 41% indicated they identified with humanistic theories, 23% identified with constructivist theories, 15% identified with cognitive behavioral theories, and 6% identified psychodynamic theories (Calley & Hawley, 2008).

Struggles at a National Level. While there have been many successes in uniting the counseling specialties and determining how counselors are all similar, there are still many ways in which the counseling profession is struggling to define its identity. At a national level, one can see these problems in the decision of ASCA leadership to decline to endorse the goals of the

ACA's 20/20 initiative and the common definition of the counseling profession, indicating that they do not believe there is just a single counseling profession and that they prefer their unique definition of school counseling over a common definition of all counseling professions (Kaplan & Gladding, 2011; Kaplan et al., 2014). The even more recent splits of ASCA and AMHCA from ACA (American Counseling Association, 2018; Goodman, 2019) could further weaken this common counseling identity and possibly formally separate them as unrelated professions (Hodges, 2011; Remley & Herlihy, 2020), though it should be noted that neither has yet chosen to split from NBCC or CACREP. Additionally, there are some indications that NCDA might also soon choose to split from ACA (Remley & Herlihy, 2020).

Struggles at the Specialty Level. The problem with establishing a consistent identity is not just a problem with the counseling profession as a whole but is also a problem for some counseling specialties (Myers, Sweeney, & White, 2002). School counselors who come into the profession with experience as a teacher already have a teacher identity and may have a difficult time transitioning from a teacher to a counselor professional identity or may not even understand that there is a difference (Cinotti, 2014; Gysbers & Henderson, 2012). One of the main ways that people form a professional identity is through their interactions with colleagues (Rønnestad & Skovholt, 2003). Many school counselors, especially those in smaller schools, professionally interact primarily with teachers and school administrators, all of whom have an identity tied in with the education profession, and so many school counselors get more support in developing the educational aspect of their identity and do not develop the mental health aspects of their identity (Duncan, Brown-Rice, & Bardhoshi, 2014). Also, despite the growth of the comprehensive counseling program movement and the spread of the ASCA National Model, many administrators are unaware of appropriate roles for school counselors and ask them to do tasks

that are outside the scope of practice of a school counselor, which leads to role ambiguity for the school counselors (Cinotti, 2014). Many counselors, especially those just beginning in the profession, find it hard to tell their administrators which tasks are inappropriate for them and they perform many tasks which are needed at schools, but are not appropriate uses of their education and do not help them develop a counseling identity (Cinotti, 2014; Gysbers & Henderson, 2012).

Clinical mental health counselors also may face challenges to their professional identity as a counselor due to where they work. Many counselors work in integrated mental health clinics where their colleagues may include psychiatrists, psychiatric nurses, psychologists, social workers, and marriage and family therapists. Each of these professions has a unique role in how they work with people, but most from the psychiatry and psychology fields work primarily from a medical model perspective (Remley & Herlihy, 2020). Counselors working at these types of clinics may find that their colleagues and supervisors also expect them to view problems through a medical lens rather than a humanistic, developmental, or wellness lens, or their supervisors may even mandate certain treatments which they consider best practices, and so counselors feel it necessary to adjust their professional identity to match the roles of psychologists and psychiatrists rather than embracing the unique qualities of the counseling profession (Hansen, 2012). At the same time, professional organizations for psychiatrists, psychologists, and social workers have often opposed the development of the counseling profession by advocating against issues such as counselor licensure, use of psychological tests, and third-party billing (Hodges, 2011; Remley & Herlihy, 2020). Additionally, clinical mental health counselors often make most of their money from payments through billing third parties such as insurance companies, many of whom demand that any services they pay for be going towards the treatment of a

diagnosed illness. This places additional pressure on counselors to alter their practices towards a medical treatment model if they want to be paid for their work (Elkins, 2009a; Hodges, 2011). Even training for clinical mental health counselors sometimes confuses the issue of professional identity as CACREP standards for some courses are geared towards a non-pathology driven developmental approach while standards for other courses, such as diagnosis and assessment courses, tend to suggest more of a medical model approach (Hodges, 2011).

This study will focus on the perspectives of school counselors and clinical mental health counselors. These two specialties particularly have formed and developed in very different ways, with the school counseling specialty having close ties to the field of education (Gysbers & Henderson, 2012; Leahy et al., 2015) and the clinical mental health specialty having grown out of the clinical psychology field (Blocher, 2000; Gerig, 2016). The first school counselors did not use much theory or practice much psychotherapy and this tradition still has some influence on those practicing today, especially among those educated before the development of the ASCA National Model (Gysbers & Henderson, 2012). The first clinical mental health counselors split off from the psychology field and the influence of the cognitive-behavioral theories and focus on diagnosis and treatment of mental disorders remains strong in this specialty (Blocher, 2000; Gerig, 2016). Because of the ways these specialties developed, it is important to understand how counselors of different specialties may be understanding and making use of theory today.

Professional Identity Development

Since professional identity is such as important issue in the counseling profession, scholars have studied how counselors or counseling students develop their professional identity. Two studies (Folkes-Skinner et al., 2010; Wagner & Hill, 2015) looked at overall counselor development and found that identity development was a crucial piece of this process. Folkes-

Skinner et al. (2010) conducted a case study to see what changes a 50-year-old woman enrolled in a counseling program in the UK experienced during her first semester of working directly with clients. They conducted a semi-structured interview, asking the same questions at the beginning, middle, and end of the semester, and used a qualitative process called interpretative phenomenological analysis to analyze their results. They found that at the beginning of the semester she experienced a mixture of excitement and anxiety about the start of a new type of work and the opportunity to apply her recently gained knowledge of the counseling profession in real cases. At the middle of the semester, they found she had gained confidence and a sense of professional identity through her early experiences working with clients, going through role playing activities in her courses, and receiving reassuring supervision. At the end of the semester, they found she had lost some confidence due to encountering difficulty with a client and feeling overwhelmed by her work. The researchers concluded that experiential activities can produce a rapid change in identity development for new counselors (Folkes-Skinner et al., 2010).

Wagner and Hill (2015) studied eight master's-level counseling students going through their first 6 months of training. They used a constructivist grounded theory approach for this study and interviewed each student individually, once a few weeks into the semester and again near the end of the semester, also conducting an interpretive dialogue session with each participant shortly after each interview. They identified six stages which counseling students go through during their training program: *Anticipation, Evolving Identity, Growth and Learning, Coping, Choosing to Trust the Process, and Interacting with Feedback*. The authors noted that students tend to cycle through each of these stages repeatedly for the duration of their educational experiences. *Anticipation* involved both fear and excitement and occurred before the students started their training program, as they were starting the program, and as they were

looking at the outcomes of their training. *Evolving Identity* was a constant, continuous process that occurred as a result of their *Growth and Learning* and was influenced by the ratio of fear to excitement at any point in their development. *Growth and Learning* was also moderated by a cycle of trust, self-awareness, and self-confidence. *Coping* occurred due to a feeling of disequilibrium during the program and often involved relying on classmates to support them through the process. *Choosing to Trust the Process* was a stage the students went through also due to confusion by new concepts as they learned to accept their instructors' methods. The extent to which the students *Interacted with Feedback* from their instructors also influenced the rate of their development (Wagner & Hill, 2015).

Skovholt and Rønnestad (1992) developed a model to explain overall psychotherapist identity development across the lifespan. They interviewed 100 counselors and psychotherapists ranging from their first year of training to 40 years of experience in the counseling field, purposefully sampling 20 people each from five different stages in the career: first-year master's students in a counseling psychology program, advanced doctoral students in the same program, and practitioners with about 5, 10, and 25 years of post-doctoral experience. They discovered that some development began before their education started and involved the use of natural helping skills. They called this the *conventional helper* stage. They discovered three different periods of development during training. The first student stage, *transition to professional training*, involves taking in information from coursework and other sources and beginning to apply it in practice. In the second student stage, *imitation of experts*, students remain open to learning new concepts and try to imitate the work of others to enhance their practice. In the third student stage, *conditional autonomy*, students start to gain more confidence in their abilities to function as a professional. Finally, they discovered four stages of development that occurred

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after the counselor completed his or her education and began work as a professional therapist. In the first professional stage, *exploration*, new professionals begin to adjust to a new work setting and the demands of this job and their clients, thus further adjusting their practice. Next, there is an *integration stage* in which professionals start to move away from previously learned styles of counseling and begin to develop a style more authentic to themselves. A few years later, there is a stage of *individuation* in which the professional counselors have internalized past lessons and begin to see themselves as experts. Finally, they enter an *integrity* stage in which they rely on the wisdom gained through all their experiences, fully accept themselves as being competent therapists, and prepare for retirement. Overall, from the beginning of training to the end of the career, there is a movement from relying on external sources for information to relying on internal resources, a gradual increase in personal congruence, and a decline in overall anxiety. They found that one's interactions with clients were the primary source of development across all stages of the career (Skovholt & Rønnestad, 1992).

Theoretical Orientation Development

Since theoretical orientation is an important element of counselor and psychotherapist professional identity (Calley & Hawley, 2008),a few researchers (Rihacek & Danelova, 2016; Rihacek et al., 2012; Wolff & Auckenthaler 2014) have attempted to understand the ways that counselors and psychotherapists develop their theoretical orientation over the course of their careers. One research team (Rihacek & Danelova, 2016; Rihacek et al., 2012) read Skovholt and Rønnestad's (1992) work on identity development and sought to apply this structure to study theoretical orientation development across the course of the psychotherapist's career, specifically with the aim of studying how psychotherapists become more integrative in their theoretical approach. First, Rihacek et al. (2012) individually interviewed seven psychotherapists who were

working together as instructors at a psychotherapy integration training institute in the Czech Republic. Of these, three were clinical psychologists, three were psychiatrists, and one was a social pedagogue. The interviews were unstructured, simply asking each participant to explain his or her personal path to psychotherapy integration and letting the participant guide the conversation. If the instructors had additional questions or wanted to check on their findings, they did so through email after the initial interview. The researchers found that the participants chose to adopt an integrated theoretical orientation mostly out of a desire to develop autonomy to their approach as opposed to staying in the same path that others had formed. Participants in this study identified two forces which shaped their personal theoretical approach: one that led them towards heteronomy, or keeping a singular theoretical orientation, and one that led them towards autonomy, or forming their own unique orientation out of a combination of theories. The desire for legitimacy in theoretical approach and to adhere to what they know well led them to identify with a group of similar-minded psychotherapists which led them towards heteronomy. A yearning to find a way to be an effective therapist and to find an approach congruent with their personal philosophy and values led them towards intuitively integrating various techniques and theoretical concepts and led them towards autonomy. These participants seemed to be only fully able to embrace an integrative and autonomous approach when they found a new group of people to identify with who all embraced integrative approaches (Rihacek et al., 2012).

A few years later, Rihacek and Danelova (2016) conducted another study by reading book chapters or journal articles in which 22 psychotherapists gave an autobiographical account of their journey towards theoretical integration. They looked for patterns in these writings an found that some of these psychotherapists started using psychodynamic, cognitive-behavioral, or experiential orientations while others were trained in an integrative approach from the beginning

of their careers. Most seemed to go through three phases that influenced their development: an *adherence* phase, a *destabilization* phase, and a *consolidation* phase. The *adherence* phase often involved a period in which the psychotherapists were true believers in a single orientation and then moved into a more critical view of that approach, though did not yet abandon it. In the *destabilization* phase, many encountered limitations to their theoretical approach, either in its philosophy or its techniques, that caused them to seek new ideas to enrich their approach. Sometimes during this phase, they would use different theoretical approaches at different times but did not really try to integrate them. In the *consolidation* phase, many tried to create a new conceptualization of their theoretical orientation based on the new combination of techniques they were using, some going so far as to name their new theory and promote it to others. During this stage, some found they were able to seamlessly integrate multiple perspectives into their work with clients and that their personal values were better able to be represented through this new combination of ideas. A portion of these participants achieved all of this by specifically trying to integrate multiple perspectives, while the rest found it was a natural aspect of their development. A few of the psychotherapists found that after they had been through all these stages, they were still dissatisfied and cycled through these stages a second time to further integrate new concepts (Rihacek & Danelova, 2016).

Wolff and Auckenthaler (2014) studied German psychologists who had completed their formal training but who were attending an advanced post-graduate training program in cognitive-behavioral therapy (CBT) as the German government required all psychologists to undergo advanced training in one theoretical orientation. Twenty psychologists from four different CBT training programs participated in this study. The investigators conducted this study through the use of a single problem-centered and semi-structured interview with each participant

individually. The overall theme for their findings was that CBT trainees behave like jugglers, having many new experiences and concepts thrown at them and trying to make sense of it all so they could construct a new identity. Many struggled with trying to determine if they should adopt an identity as specifically a CBT therapist or if they should instead adopt a more general psychotherapist identity. The psychologists who had a background in natural sciences seemed more drawn to a CBT identity while those from a social science background seemed to favor a broader psychotherapist identity. The psychologists who made a purposeful choice to join a CBT training program seemed more likely to adopt a CBT identity, and those who felt they were forced to enter a CBT program or those who simply joined for pragmatic reasons favored a psychotherapist identity. The psychologists who during the interview defined themselves as CBT therapists tended to have positive CBT experiences or positive experiences being the client to a CBT therapist during their training program, while those who chose a psychotherapist identity tended to have less favorable experiences with CBT. Finally, the psychologists who adopted a CBT identity tended to talk about the strengths of the CBT approach and emphasize the boundaries between CBT and other approaches while those with a psychotherapist identity tended to stress the weaknesses of the CBT approach and talk about blurred boundaries between CBT and other approaches. The researchers concluded that theoretical orientation involves a long-term process which has direction and is important in aiding psychotherapists in establishing a professional identity.

The studies on identity development (Folkes-Skinner et al., 2010; Skovholt & Rønnestad, 1992; Wagner & Hill, 2015) and theoretical orientation development (Rihacek & Danelova, 2016; Rihacek et al., 2012; Wolff & Auckenthaler 2014) have shown that counselors have different needs at different points in their career. This means that counselors at certain levels of

experience might make use of theory differently because their needs are different than those at other points in their career.

Elements Influencing Theoretical Orientation Formation

Since theory is an important aspect of professional identity development, it is also important to study the elements that inform one's personal theoretical orientation. Some researchers have studied certain traits which they believe are linked to one's choice of theory to use, and others have focused on broader elements of one's personal background.

Personality

The trait that has likely been researched the most in connection with theoretical orientation is the therapist's personality (Arthur, 2001). Several researchers (Buckman & Barker, 2010; Scandell et al., 1997; Scragg, Bor, & Watts, 1999) used the Five Factor Model (FFM, Costa & McCrae, 1992) to study the relationship to of these personality factors to psychotherapist theoretical orientation. The FFM is an assessment of personality popular in the experimental psychology field which measures levels of the factors of Neuroticism, Extraversion, Agreeableness, Openness to Experience, and Conscientiousness. Scandell et al. (1997) administered the Revised NEO Personality Inventory (NEO-PI-R), an assessment of the FFM, to a group of currently practicing counselors, psychologists, and social workers to assess a link between personality and theoretical orientation. They found that therapists with humanistic or gestalt orientations tended to be high in Openness, especially in the Openness to Fantasy facet of the Openness factor indicating that they likely have an active fantasy life and a strong imagination. Humanistic therapists were also high in the Openness to Action facet of the Openness factor, indicating that they have a wide range of interests and enjoy trying new activities. Those with a cognitive orientation tended to be high in Agreeableness, specifically in

the facets of Straightforwardness and Altruism, indicating a desire to be sincere, compassionate, and generous with others (Scandell et al., 1997).

Buckman and Barker (2010) studied students currently enrolled in a London-based three-year clinical psychology doctoral program. They found that people with a psychodynamic orientation scored higher on Openness to Experience, indicating a preference for inner feelings, symbols, and intellectual curiosity, and they scored lower on Conscientiousness as they tend to be less forceful. People with a cognitive-behavioral orientation on the other hand scored higher on Conscientiousness indicating a preference for planning and organizing while they scored lower on Openness to Experience indicating they have a more conventional type of behavior and outlook.

While the FFM is highly regarded among psychological researchers, there are a variety of other ways of assessing personality characteristics. Scragg et al. (1999) studied people who had applied to master's program in counseling psychology to see if one's personality was correlated with one's interest in theories that were directive or non-directive. They used the Millon Index of Personality Styles to assess personality and then compared their results to what they would indicate on an FFM assessment. They found that applicants interested in non-directive styles of counseling scored higher than those interested in directive styles on the Intuitive scale, which is equivalent to the FFM trait of Openness to Experience, and indicates a preference for the intangible and symbolic rather than the concrete and observable. Those with a preference for directive counseling scored higher on the Systematizing scale, which is related to the FFM trait of Conscientiousness, indicating that these students prefer to operate with established perspectives and tend to be orderly and efficient. These same directive students also scored higher on the Asserting scale, a measure of interpersonal boldness and self-confidence, and on

the Conforming scale, a measure of respect for authority. The Conforming scale is also related to the FFM trait of Conscientiousness. They failed to find any connection between theoretical orientation and scales related to the FFM traits of Neuroticism, Extraversion, or Agreeableness (Scragg et al., 1999).

Heinonen and Orlinsky (2013) studied how psychotherapists of varying orientations described their personality. They found that humanistic therapists see themselves as more genial than do analytic-psychodynamic therapists. Cognitive-behavioral therapists tended to view themselves as more practical than did humanistic or analytic-psychodynamic therapists. Broad-spectrum integrative-eclectic therapists, a category that describes those who combine elements from multiple orientations in their work, rated themselves as more genial and forceful than did all other therapists and they rated themselves just as highly in practicality as did the cognitive-behavioral therapists. It should be noted that while they found statistical differences between these groups, they also found that there were many similarities. Overall, the therapists viewed themselves as being nurturing and protective in personal relationships, but more authoritative, more critical, more demanding, and less tolerant than they are with their clients (Heinonen & Orlinsky, 2013).

Personal Background

Other researchers (Bitar et al, 2007; Fitzpatrick, Kovalak, & Weaver, 2010) utilized qualitative methodologies to explore a wider variety of elements of one's background which can influence the formation of one's theoretical orientation. Bitar et al. (2007) interviewed five licensed marriage and family therapists in the southwestern United States to gain insight into how their theoretical orientation developed over the course of their careers. Two of these therapists had doctoral degrees in marriage and family therapy, one had a doctorate in education,

one had a master's degree in professional counseling, and one had a master's degree in divinity. They ranged in age from 46 to 88 and four of the five participants were female. The authors interviewed each participant individually several times, making sure to check their findings with the participants and asking if there were any other concepts they had missed in the discussion. They discovered two main categories that influenced theoretical orientation development over the course of these therapists' careers: professional issues and personal issues. Within the professional domain, they found that the strongest influences on theoretical orientation were undergraduate courses, graduate-level clinical and academic training, professional development experiences, work with clients, and clinical sophistication. Within the personal domain, they found influences from overall personality, personal philosophy, personal or theological values, family of origin, experiences as a client of another therapist, and their marriage. There also seemed to be a mutually influential connection between the categories of personal philosophy, values, spirituality, family, experiences as a client, and experiences with their own clients.

Fitzpatrick et al. (2010) conducted their study in the primary investigator's second-level counseling theory class. The course focused on common factors in counseling theories. The students were to complete weekly journals throughout the semester, and the instructor provided no guidance as to the content of the journals. At the same time, in other classes, students were gaining experience working with clients and learning about psychotherapy research. At the end of the semester, the investigators requested permission to use the journals in their research. The participants were comprised of 17 students, all in the second semester of a two-year counseling psychology program in Quebec, Canada; 15 of the students were female. Twelve were White while the rest were Albanian, East Indopakistani, Iranian, Latin American, and Black Caribbean. The researchers analyzed the contents of the journals to gain an understanding of elements which

had influenced the development of the students' theoretical orientation over the course of that semester. They found a combination of elements showing professional and personal influences as well as theoretical and applied influences. They developed a complex model with elements such as reflections on practice and personal life, personal and therapy philosophies, personal and therapy aspirations, practice effectiveness, and reactions to readings serving as direct influences on theoretical orientation and other aspects such as theories considered, curriculum, professor interactions, colleague interactions, supervisor interactions, target clientele, and family and culture serving as secondary influences guiding the development of the concepts that were a direct influence.

The studies on personality (Buckman & Barker, 2010; Scandell et al., 1997; Scragg et al., 1999) and other elements of personal background (Bitar et al., 2007; Fitzpatrick et al., 2010) have shown that there are a wide variety of elements which can influence the theories counselors use to form their theoretical orientations. They have demonstrated the ways in which individual differences can lead counselors towards the use of different theories.

Summary

The history of the counseling profession and the history of the theories of psychotherapy began about the same time and there have been several developments in the world that have changed both fields over the past hundred years (e.g., Friedlander et al., 2012; Gysbers & Henderson, 2012; Pope, 2000; Zytowski, 2001). Counselors trained in different times and places have experienced different aspects of these histories and this has influenced how they understand their profession and what theories they see as viable for their work (e.g., Cinotti, 2014; Gysbers & Henderson, 2012; Hodges, 2011). There is research on how counselors form professional identities (e.g., Skovholt & Rønnestad, 1992) and what influences their choice in theory (e.g.,

Bitar et al., 2007; Fitzpatrick et al., 2010); however, there is a need for more research to understand the viewpoints of counselors from different specialties and at different experience levels on the formation of their theoretical orientations. The current study was developed to fill this gap in the research.

Chapter 3 – Method

The purpose of this study was to explore the viewpoints of counselors about the formation of their current theoretical orientations and discover if there are common viewpoints, or typologies, of important influences among some counselors that differ from the viewpoints of other groups of counselors. Specifically, this study sought to answer the following research questions:

1. What are the typologies representing counselor viewpoints of their theoretical orientation?

2. Are any of these typologies more commonly found among a specific subset of counselors, such as those from similar counseling specialties (i.e., school counseling and clinical mental health counseling) or from similar stages in their career?

This chapter presents the methodology that was used to answer the research questions, detailing the process taken to develop the study statements, gather participants, and collect and analyze data.

Q Methodology

The research questions were answered using Q methodology. Q methodology is a unique methodology developed in 1935 by William Stephenson. Stephenson was a graduate assistant to Sir Charles Spearman, the developer of the statistical technique known as factor analysis and the accompanying methodology known as R methodology (Brown, 2012). R methodology is frequently used in psychological research to aid in the development of assessments which measure different aspects of psychological constructs (e.g., intelligence or personality). Participants are given an assessment in which they are to rate themselves on items representing a variety of variables; then researchers compare the results of all of the participants to see which

items are correlated with each other. A group of items which are all highly correlated with each other is called a factor and is considered to be an underlying construct of the overall construct which is being assessed (e.g., the factor of extraversion as an underlying construct of personality; Dimitrov, 2011; Stephenson, 1935). Stephenson (1935) realized that this technique could be reversed so that instead of identifying groups of items that are similar, one could identify groups of people with similar perspectives on a topic and gain a better understanding of the variety of opinions on an issue and commonalities in the people who hold a similar opinion. He thus developed Q methodology as a systematic way to study human subjectivity.

Traditional R methodology and the accompanying R factor analysis are quantitative research methods. In quantitative research, researchers typically develop a specific hypothesis on a certain subject, and then design a way to test the hypothesis, collect numeric data on the hypothesis, and finally analyze the data using statistical procedures. Conversely, qualitative researchers tend to develop broad research questions and then seek to answer these questions, often in more natural settings, through collecting textual data by documenting observations or interviewing participants with open-ended questions (Pinto, 2012). The study of human subjectivity has traditionally fallen into the domain of qualitative research (Newman & Ramlo, 2017). Likewise, Q methodology researchers tend to ask broad, open-ended research questions related to human subjectivity, similar to qualitative researchers (Watts & Stenner, 2005). However, Q methodology researchers collect numerical data related to these questions and analyze it using statistical techniques, similar to quantitative researchers. Thus, Q methodology is considered to be a unique hybrid qualitative-quantitative approach (Newman & Ramlo, 2017), also sometimes referred to as a qualiquantilogical approach (Watts & Stenner, 2005).

In the sections that follow, I will outline the ways Q methodology researchers typically develop research instruments, select participants, gather data, and analyze the results. I will also describe how I adapted these practices for this study and the strengths and weaknesses of this approach.

Building a Concourse

The first stage in a Q methodology study is the development of a concourse, a collection of statements which represent as much as possible every opinion which a group of people could potentially have about the subject of the research question (Brown, 2012; Newman & Ramlo, 2017). Construction of a concourse is considered to be the most critical aspect of a Q methodology study (Watts & Stenner, 2012). According to Kampen and Tamás (2014), Stephenson provided few guidelines about the process of developing a strong concourse, but other Q methodologists have filled in this gap in procedures. Essentially, there are a variety of ways to develop the concourse. Statements can be drawn from direct sources, such as interviews with people similar to those taking part in the study or informal conversations with experts in the field, or through indirect sources, such as through surveying relevant academic literature, magazines, or television programs (McKeown & Thomas, 2013; Watts & Stenner, 2012). One can also borrow text from previously established and validated instruments (Newman & Ramlo, 2017). Some Q studies have also used non-linguistic sources (e.g., colors or selections of music) to gather more information about people's subjective experiences (McKeown & Thomas, 2013).

Since the purpose of a Q study is to explore subjective experiences, experts in Q methodology generally agree that it is best practice when using linguistic statements to include statements in the concourse that represent the natural and common language of the participants in the study, such as a quote from a study participant or someone demographically similar to one's

participants (Brown, 2012; McKeown & Thomas, 2013; Watts & Stenner, 2012). An example of this from counseling literature can be found in the work of Trepal, Wester, and Shuler (2008), who first gathered statements for their concourse by examining the literature on the topic of stereotypical characteristics of men and women, and then proceeded to gather statements directly from counselors through a free association exercise to better understand ways counselors see genders differently.

The concourse for this study was primarily developed through taking statements from existing literature because there are a wide variety of elements which can impact the formation of counselors' theoretical orientations. Various sources from the literature review provided important insights into this topic. For example, Norcross (2005) described various ways of blending multiple theories into integrative practices. Hansen (2012), McLaughlin and Boettcher (2009), and Remley and Herlihy (2020) noted ways of viewing the counseling profession which could influence one's theoretical approach, such as a preference for research or philosophy as an evidence base for an approach or viewing counseling as an art versus a science. Bitar et al. (2007), Fitzpatrick et al. (2010), and Wolff and Auckenthaler (2014) provided evidence of various elements influencing the formation of theoretical orientation (e.g., personal aspirations, values imparted by family members, or reflections on education). Buckman and Barker (2010) and Heinonen and Orlinsky (2013) demonstrated that there are often common personality types found among counselors and psychotherapists with similar theoretical orientations. Also, several authors described different stages of counselor professional development and theoretical development (Rihacek & Danelova, 2016; Rihacek et al., 2012; Rønnestad & Skovholt, 2003). A summary of the concepts from these articles that informed the concourse can be found in Appendix A.

Some researchers used qualitative methods and reported the direct quotes from their participants (Bitar et al., 2007; Fitzpatrick et al., 2010; Rihacek & Danelova, 2016; Rihacek et al., 2012; Rønnestad & Skovholt, 2003; Wolff & Auckenthaler, 2014), providing a way to enhance the concourse with statements in the natural language of people similar to the proposed participants for this study. Ninety-eight statements were identified from these articles and added to the concourse. In addition, the researcher previously conducted interviews for an unpublished study in which he spoke to two colleagues about the formation of their theoretical orientation. These interviews were transcribed and resulted in 16 pages of transcripts. Much of what they said matched with the elements of theoretical orientation formation presented in the literature review. As a result, quotes from these interviews were added into the concourse.

The development of a concourse could potentially go on forever as there is theoretically an unlimited number of perspectives on any one topic (Brown, 2012). Eden, Donaldson, and Walker (2005) noted that there are few recommendations in Q literature on how to end the concourse development process other than to make sure one's concourse is comprehensive. They recommend using a the concept of *data saturation* from the qualitative research methodologies as a guideline. This concept suggests that one should stop collecting statements when one finds that all new information is a repetition of concepts and themes from previous sources (Eden et al., 2005; Francis et al., 2010). For this study, the search for additional information for my concourse was discontinued when I failed to find any additional articles that contained any information on theoretical orientation formation that had not already been represented in the concourse.

Creating the Q-sample

After one has developed a comprehensive concourse, the next step in a Q methodology study is to develop what has been called either a Q set (Watts & Stenner, 2012) or a Q-sample (Brown, 2012; Newman & Ramlo, 2017). This is a subset of concepts representing all dimensions of the concourse which will be converted into statements. These statements will serve as items the study participants will read and sort. Stephenson was apparently able to construct a Q-sample rather quickly and did not find it difficult (Watts & Stenner, 2012); yet, more recent Q scholars have suggested that the creation of a good Q-sample is typically one of the most challenging and time-consuming aspects of a Q study (Curt, 1994; Watts & Stenner, 2012) and is more of an art form than a science (Brown, 1980). It is usually recommended that Q-samples consist of between 30 and 60 items (Brown, 2012; Newman & Ramlo, 2017) though some Q studies have used as few as 19 (Kampen & Tamás, 2014) or as many as 100 items (Block, 1961). Q-samples with fewer than 40 items may have too few items to properly express the variety of opinions on a topic, while those with over 80 can make participation in the study too demanding (Watts & Stenner, 2012).

Q-samples can either be built in a structured or an unstructured manner. Structured Q-samples are purposefully developed to test a theory, often using principles of experimental design to ensure that concepts covered in the concourse are adequately represented in the study (McKeown & Thomas, 2013). The researcher often identifies a set number of key themes to express through the Q-sample and then chooses multiple statements which reflect each key theme. For example, a researcher attempting to express 10 key themes might construct 5 statements for each theme and build a Q-sample of 50 statements. The researcher might also choose to express a certain number of concepts from different subgroups of the total population

being studied. The structured approach reflects a more quantitative approach to assessment

development, while the unstructured approach reflects more of a qualitative approach (Watts &

Stenner, 2012).

Researchers tend to choose an unstructured approach to Q-sample building when there is

no existing theory or the theory on a subject is underdeveloped. The purpose of this approach is

to get a comprehensive look at a wide variety of perspectives on the subject being studied

(McKeown & Thomas, 2013). In this approach, there are no guidelines on how to build a Q-

sample other than to include as many concepts as possible that could represent opinions from the

whole population (Watts & Stenner, 2012). Q-samples can also be developed in a deductive or

inductive manner. In a deductive approach, the researcher builds the sample based on previous

knowledge or theory, while in an inductive approach, the researcher develops their Q-sample

based on themes observed during early stages of the study (McKeown & Thomas, 2013).

For this study, an unstructured, deductive approach was used to construct the Q-sample.

It was deductive as results of previous research were used to guide the structure of the sample;

however, the literature review revealed such a wide variety of possible elements that can

influence the formation of theoretical orientation that it would be difficult to represent the

breadth of findings on the topic in a more structured Q-sample approach. The concourse for this

study was made up of a wide variety of findings from research articles and textbooks as well as

quotes from counselors, some found in those articles and some coming from interviews

previously conducted by the researcher. To condense all this information into a manageable

number of statements for this study, first, all of the findings and quotes were reviewed to find

common themes on the elements that influence the formation of theoretical orientation. Four

broad themes which are important for understanding the formation of theoretical orientation in

counselors were identified (see Appendix B). Then, concepts from the concourse which could represent these themes were selected, resulting in six concepts on the theme of methods of using and integrating theory, 10 concepts on descriptions and characteristics of various theories, 18 concepts representing thoughts counselors might have on the use of theory, and 20 concepts describing elements that have been shown to influence the formation of theoretical orientation. This resulted in a total of 54 concepts for the Q-sample.

In turning these concepts into statements for a Q-sample, it is important to keep the language sounding natural to the population being studied (McKeown & Thomas, 2013). In this study, to keep the language in the statements sounding natural, the researcher looked to the quotes present in the concourse. When a quote was found that matched a theme, the researcher used it as the Q-sample statement for that theme. When a quote could not be found to match a theme, the researcher constructed a statement to match that theme. It is also helpful to the participants if statements are clear and concise, kept fairly short, and focused on a single topic (McKeown & Thomas, 2013; Watts & Stenner, 2014). It is best to avoid the use of complicated terminology unless there is good reason to believe that all participants would know that terminology as they all have a similar level of expertise in that subject area. Negatively expressed items (e.g., I do not think…) can be confusing to rank, so it is also helpful to keep all statements positively expressed (Watts & Stenner, 2014).

While it is good to use quotes that could represent the natural language of the population being studied, it is also often necessary to adjust the language in those quotes to match these principles of statement construction while trying to remain as faithful as possible to the natural phrasing of the original source (McKeown & Thomas, 2013). The researcher used this advice to adapt the quotes in the Q-sample. For example, one of the findings from Bitar et al. (2007) was

that their participants' personality influenced their choice of theoretical approaches. To represent this finding, the researcher chose a quote from one of Fitzpatrick, Kovalak, and Weaver's (2010) participants. This participant stated "My personality... is better suited for CBT... In solving my own problems, I often think through dilemmas, noting several possibilities to my beliefs and finding evidence to disprove erroneous beliefs" (p. 98). While this quote portrays one counselor's realization that her personality plays a big part in the theoretical approach she uses, much of the quote is specific to her experiences using a cognitive-behavioral approach; therefore, to make sure the focus stays on the effects of personality rather than her specific experiences, the statement was adjusted to read "My personality is better suited for the theoretical approach I use. It fits with the way I usually see the world and work through problems." Other items were adjusted in a similar manner to retain some of the core wording of the original quote but make it applicable to a wider audience. The researcher then asked a few counselor educators to review the statements. To address their concerns, several items were edited and two items which the counselor educators felt would be inapplicable to some participants were removed. The resulting 54-item Q-sample can be found in Appendix B.

Participants

In a Q methodology study, it is not necessary to have a large number of participants so long as a broad range of opinions is present (Brown, 2012; Watts & Stenner, 2005). The number of participants need only be large enough to show the existence of factors, not how much of the population fits into those factors (Brown, 1980). It is common for researchers to gather fewer than 40 participants (Brown, 2012), but to strategically select participants who could provide diverse viewpoints on the topic of their study (Brown, 2012; Watts & Stenner, 2012). Watts and Stenner (2012) noted that in R factor analysis research, there is a recommended ratio for at least

two participants in the sample for every one item that serves as a variable. They recommend that in Q methodology, in which the participants are the variables and the Q-sample statements are the sample, there should be more statements than participants, perhaps even twice as many if one follows the same ratio recommended used in R factor analysis.

A secondary purpose of this study, represented in the second research question, was to determine, if multiple typologies were found in this study, if any of those typologies were more commonly found among a specific subset of the counseling population; therefore, a strategic sampling strategy was formed to address this purpose. To determine if any differences in typology were due to similarities in perspectives among counselors from the same specialty area, the researcher selected counselors specifically from the clinical mental health counseling and school counseling specialties, aiming for an even distribution across these two specialties. To see if similar typologies might be found among counselors of similar experience levels, the researcher strategically selected participants following the example of Rønnestad and Skovholt (2003) who selected participants from five groups: those in the first year of their graduate program; those more advanced in their graduate program; practitioners with approximately five years of experience post degree; practitioners with approximately 15 years of experience; and practitioners with approximately 25 years of experience. For this study, these groups were adjusted to select participants who had completed less than half of their master's program, had completed over half of their master's program, were in their first five years of work after completing their degree, had between 6 and 15 years of experience, or had 16 or more years of experience. The goal was to recruit three clinical mental health counselors and three school counselors from each of the five levels of experience for a total of 30 participants.

The researcher used a purposive sampling approach to recruit participants. Emails (see Appendix C) were sent to practicing counselors and counseling students known by the researcher to meet the counseling specialty areas, though the researcher was not always certain of the level of experience of these counselors. If counselors expressed interest in participating, the researcher also asked if they knew of others who met the criteria and would potentially be willing to participate. If potential participants had not responded within a week, a follow-up email was sent to check on their interest. Identifying counselors from the correct counseling specialties, securing their agreement to participate, and waiting to see which experience levels they would fall into if they did complete the Q-sort procedure proved a challenge; therefore, the researcher switched to a convenience sampling strategy, sending emails to a larger number of counselors without expectation that they would exactly match up with the category quotas. These additional counselors were identified by searching more thoroughly through the researcher's contacts, asking some contacts to help in enlisting others, and putting a message out on a message board for counseling students at the researcher's university of employment.

Data Collection

After the Q-sample is developed, one can start gathering data. In Q methodology, the data gathering process is referred to as Q-sorting. In the traditional Q-sort process, each Q-sample statement is written on a card. The participant is then given these cards and asked to place them on a grid in a way that indicates which statements are most like the participant's current opinion and which are least like them. The grid is developed beforehand by the researcher to fit the number of cards to represent a normal distribution of opinions (Newman & Ramlo, 2017). Brown (1980) suggested that for Q-samples of 40 or less, one should use a -4 to +4 distribution, for samples of 40 to 60 use a -5 to +5 distribution, and for those greater than 60,

a -6 to +6 distribution. For example, Figure 1 is a grid designed for a 54-item Q-sample. In this example, a participant would place one card on each spot in the grid. The cards placed on the negative end of the grid would include statements which are less like their current opinion, with the cards on the two -5 slots being the least like their opinion, while the cards on the positive end would include statements that are more like their current opinion with the two on the +5 slots being those which they agree with the most. Once the Q-sort distribution is complete, the position of each of the cards is recorded and the entire distribution is considered to be a representation of the participant's viewpoint (Watts & Stenner, 2005). Each card is typically numbered to aid the researcher in noting which card was placed on each location on the grid (Watts & Stenner, 2012). The numbers from the grid columns serve as numerical data so that the qualitative act of describing one's preferences can be measured using quantitative statistical procedures to compare the extent to which groups of people similarly rank statements (Brown, 2012).

Figure 1: *Example of a 54-item normally distributed Q-sort grid.*

| Least like me | | | | | Neutral | | | | | Most like me |
| -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
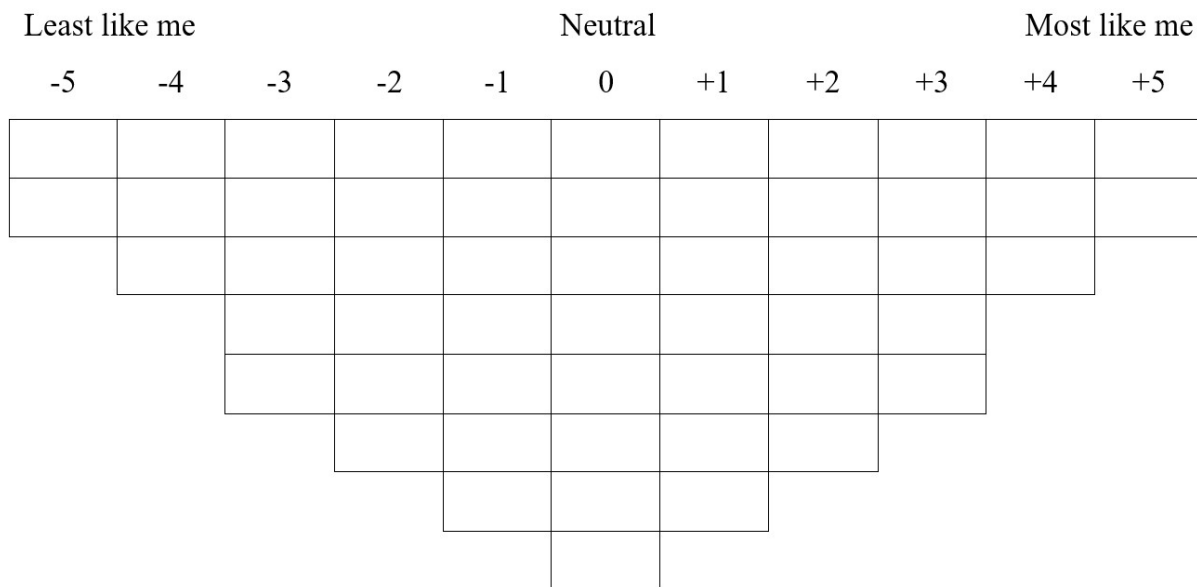
The data related to the Q-sort have traditionally been gathered by having the researcher meet in person with each participant and have them sort the statements using paper cards; however, there are now several options for conducting Q methodology studies electronically (Watts & Stenner, 2012). This study made use of Q-sortware (Pruneddu, 2013), a program specifically designed for Q methodology studies that allows participants to perform the Q-sort process from anywhere they have computer access. An email was sent to participants with an invitation to participation and a web link to access the study. Once they opened the link, participants first saw a welcome screen with information on the study and an opportunity to give informed consent to participate in the study (see Appendix D for screenshots of all instructions). When they clicked *OK*, indicating their consent, they saw a second screen with brief details on the nature and purpose of the study. After this they continued to the first stage of the Q-sort process where they were instructed to look individually at the 54 statements and to perform an initial sort of these statements into one of three piles: an *agree* pile, a *disagree* pile, and a *neutral* pile. When they completed this step, they next were shown the Q-sort grid, which in Q-sortware is presented as columns with an indicator at the bottom of how many statements need to be added to each column. Participants were instructed to read through the statements in the *agree* pile and drag them onto the positive side of the grid with the two they agree with the most going into the +5 column, the next three they agree with most going into the +4 column, and continue in a similar manner until they have finished placing all of the cards from the *agree* pile into one of the columns on the positive end of the grid. They then were to do the same with the cards from the *disagree* pile, dragging the two statements they least agree with into the -5 column and continuing on in a similar manner for the rest of the *disagree* statements. Finally, they were to take the cards in the neutral pile and sort them onto the remaining spots in the columns in the

center of the grid, dragging those they agree with slightly more into the remaining spots in columns on the positive side of the grid, those they agree with slightly less into the spots on the negative side, and those they are most neutral towards into the 0 column. They could switch statements between the columns as needed.

While the Q-sort is the main data gathering method for Q studies, it is also important for Q researchers to ask additional questions to better understand their participants. At the end of a study, they often ask open-ended questions to understand why participants sorted the statements in the manner they did (Watts & Stenner, 2005). In this study, after the participants finished the Q-sort process, they saw a box appear with instructions indicating that in the space provided, they should provide the rationale for their placement of statements into the two +5 slots, and in another space indicated, provide their rationale for their placement of statements into the two -5 slots.

When Q researchers analyze their data, they are looking for patterns in groups of participants who sorted statements similarly, and they ask a wide variety of demographic questions to better understand the similarities between members of each group (Newman & Ramlo, 2017). In this study, participants were presented with a demographics form as the final step in the program (see Appendix D). Data for the two variables mentioned in the second research question, counseling specialty area and years of experience, were attained in this section of the study procedure. Recruitment for the study only involved those from the school counseling or clinical mental health counseling specialties; these were the only two options for specialty area. To determine years of experience in the counseling profession, participants were asked to indicate which year they completed or plan to complete their master's programs, to separately indicate how much of their degree they have completed (i.e., less than half, half or more, or fully

complete), and additionally how many years of post-degree counseling experience they have. In another question, they were asked to describe their theoretical orientation in their own terms. In addition, they were presented with additional demographic questions (i.e., age, gender, ethnicity, and degree granting institution) to better understand the characteristics of the sample in this study. At the end of the demographics form, a space was provided for participants to provide feedback on any part of the process.

At the end of any study conducted in Q-sortware (Pruneddu, 2013), participants are asked to provide an email address. This program uses these email addresses solely as participant identifiers. In this study, participants saw instructions indicating that, to maintain their confidentiality, they should not use their personal email address, but instead should create a unique identifier in the form of an email address which would not reveal their identity. These directions were included both in the consent form at the beginning of the study and in a separate set of directions which appeared immediately prior to the request for the email address.

Pruneddu (2013) does not indicate how long an average administration of a study using Q-sortware should take other than to say that it is a quicker process than the traditional paper card sorting process and that in a previous study he conducted involving 20 statements, all participants finished in under an hour. Antony (2018) used a similar program and found that it took participants 20 to 25 minutes to complete his Q-sort of 34 statements. To give potential participants an estimate of how long it might take them to complete this study, the researcher asked a few colleagues to test it and found that it took them between 20 and 40 minutes to complete. After all participants had completed the study, the researcher looked at the records on how long it had actually taken participants to complete the study. It should be noted that Q-sortware (Pruneddu, 2013) allows participants to pause their procedure and return at a later time;

however, the timer does not stop during this time. Two of the participants took exceptionally long to complete the process, with one taking 4 hours 56 minutes and another taking 7 hours 17 minutes. This was likely due to them pausing and returning at a later point. Three others took around 1.5 hours, which also could be due to pausing or could reflect a more thoughtful process. The remainder took between 18 and 49 minutes. If one excludes the two obvious outliers, the average time of completion was 36 minutes 12 seconds.

Analytic Procedures

Once the Q-sort process has been completed by the participants, analysis of results can begin. As mentioned earlier, analysis is completed using an inverse R factor analysis. In R factor analysis, the items in an assessment instrument are analyzed to see which are correlated with each other. When several items are consistently correlated with each other across many participants, these items are considered to have a common underlying factor and this factor is named. In the Q methodology inverse factor analysis, it is not the items which are sorted, it is the participants. The Q-sort grid serves as a representation for each participant's subjective view on the topic being addressed in the study. Each participant's grid is viewed as a whole and compared to grids of other participants to see if multiple people had whole grids that correlate with each other. The factors revealed in this factor analysis, referred to as typologies in Q methodology, are the groups of people with similar opinions (Watts & Stenner, 2005).

There are several computer programs that can be used to analyze the Q-sorts. The most commonly used today seems to be PQMethod as this program is free and was developed specifically to analyze Q studies (Schmolck, 2014; Watts & Stenner, 2005, 2012). To analyze data through this program, the researcher enters the sorting data for each participant into the program, then PQMethod calculates the extent to which each participant's complete pattern of

statements correlates with each other participant's pattern. The program will then aid the researcher in deciding which grids have the most in common with each other. This process is known as factor extraction. PQMethod offers two options for factor extraction, a principal components analysis (PCA) and a centroid factor analysis. Both procedures are likely to produce similar results but have slightly different purposes and assumptions (Schmolck, 2014).

PCA is designed to provide the researcher with the most mathematically sound solution (Brown, 1980; Watts & Stenner, 2012). For this type of analysis, a computer program will determine the fewest number of factors which can account for the maximum amount of variance (Brown, 1980). Many types of analyses have core assumptions that underlie their effectiveness. For PCA, there is an assumption that a participant's choices are invariable, meaning that if a participant were given the same assessment at two different points in time, they would produce identical results; however, as most Q studies, including this study, assume that one's viewpoints do change over time, this assumption for PCA would not be met (Newman & Ramlo, 2017). Centroid analysis is one of the original ways of analyzing data from a factor analysis study (Watts & Stenner, 2012). Stephenson favored this analytical approach (Newman & Ramlo, 2017). While the PCA option in PQMethod lets the computer program determine the appropriate number of typologies to search for based on mathematical algorithms, the centroid option gives the researcher more control. With the centroid option, the researcher can choose a specific number of typologies to search for and the program will run calculations to try to sort the participants into that number of groups (Watts & Stenner, 2012). This gives the researcher some freedom to use theoretical perspectives or practical knowledge to control the analysis (Newman & Ramlo, 2017). For example, if previous research on a particular topic gave a researcher a reason to believe that there are three main perspectives on that topic, the researcher could instruct

the program to test this theory by trying to fit the data to three typologies. Because of its versatility, centroid analysis is more commonly used in Q studies (Brown, 1980, Newman & Ramlo, 2017; Watts & Stenner 2012). Watts and Stenner (2012) suggest that unless researchers using Q methodology have specific reason to do otherwise, they should use centroid factor analysis as it is the method of choice for Q studies. This study followed this advice and made use of centroid factor analysis. The researcher did not have a specific theory to support a specific number of factors for which to search. Schmolck (2014) advises that researchers using centroid factor analysis search for seven factors and see how many turn out to be statistically sound; therefore, the researcher instructed PQMethod to search for seven factors. PQMethod then produced a factor matrix for seven factors, indicating the extent to which each participant's view correlated with the viewpoint represented in these factors. Together, these factors explained 49% of the variance in the participants' viewpoints.

When one is performing a centroid factor analysis, PQMethod will produce a correlation matrix, or a graph to represent how all the Q-sort grids are related to each other (Schmolck, 2014). On this matrix, similar grids will cluster together. In factor analysis procedures, these clusters are referred to as factors. The traditional way to determine which grids are clustered together is to draw a number of lines on the correlation matrix equal to the number of expected factors and then rotating those lines until all the grids fit onto one of the lines. This practice is known as factor rotation (Watts & Stenner, 2012). PQMethod provides two methods of factor rotation, varimax rotation and hand rotation. In varimax rotation, the statistical program computes the rotation which will give the highest possible number of factors. Hand rotation instead allows researchers to look at the correlation matrix and decide for themselves which rotation solution is best (Newman & Ramlo, 2017; Watts & Stenner, 2012). Hand rotation is

thus a better fit for a qualitative study and has been more commonly used in Q studies (Newman & Ramlo, 2017); however, it is also a more complex and subjective process. For ease of analysis, the researcher made use of the varimax rotation option.

After the varimax option was selected, PQMethod produced a new factor matrix and presented it for the researcher to view. The next step in the process is to examine the factor matrix and decide which participants' views are most highly correlated with each typology. In Q methodology, this process is called *flagging* (Newman & Ramlo, 2017). Participants that are flagged are considered the definers of a typology. In PQMethod, the researcher is given the option of flagging the participants manually or using the flagging algorithm built into the program to determine which participants are purely correlated with a single typology (Schmolck, 2014).

Once the flagging process is complete, PQMethod calculates a normalized weighted factor score (*z*-score) for each statement as it relates to each factor (Yang, 2016). *Z*-scores are representations of distance from a mean score, quantified in terms of standard deviations from that mean (Jones, 2017). Since, in the Q-sort process, participants rank statements on the extent to which they agree with them, the statement with the highest *z*-score for a typology would indicate the statement which the participants flagged onto a typology tended to agree with the most, while the statement with the lowest *z*-score would indicate the statement they tended to disagree with the most (Yang, 2016).

PQMethod produces three different types of analyses on the statements based on these *z*-scores. First, it produces tables of factor scores for each typology (Schmolck, 2014), also referred to as a tables of extremely ranked statements (Yang, 2016), which list each statement in order from that with the highest *z*-score to that with the lowest *z*-score for each typology. The

placement of these statements helps to define the typologies. PQMethod also produces a table of distinguishing statements, indicating the statements for which the z-scores were most varying between the typologies. These statements help the researcher to understand the areas of most disagreement between the participants in the different groups. Finally, PQMethod produces a table of consensus statements, or statements in which there was minimal difference in the z-scores across all the typologies. These statements help the researcher to understand the ways in which the participants in all the groups are similar in their perspective on the topic (Newman & Ramlo, 2017; Schmolck, 2014; Yang, 2016).

Chapter 4 – Results

This study was conducted to explore counselor viewpoints on the formation of theoretical orientation. To explore these viewpoints, the researcher made use of Q methodology, an approach in which participants sort statements onto a grid and then the placement of statements on each participant's grid is correlated with each other participant's placement to find common viewpoints. These common viewpoints are referred to as typologies. The purpose of this chapter is to present the results of the current study and demonstrate how this study answered the following research questions:

1. What are the typologies representing counselor viewpoints of their theoretical orientation?

2. Are any of these typologies more commonly found among a specific subset of counselors, such as those from similar counseling specialties (i.e., school counseling and clinical mental health counseling) or from similar stages in their career?

Q methodology studies have many qualitative elements but are primarily analyzed through quantitative methods, specifically an inverse factor analysis procedure (Watts & Stenner, 2005). The factor analysis was conducted using PQMethod (Schmolck, 2014) while demographic analyses and some supplemental analyses on the factors, referred to as typologies in Q methodology studies, were conducted using SPSS. The following sections detail the demographic information on the participants and the results of the analyses.

Participant Descriptions

Invitations to participate in web-based Q-sort procedure were emailed to 57 people known to the researcher or his contacts who met the criteria of being either current students or current practitioners of the clinical mental health or school counseling specialties. Additionally, a

message was placed on a message board with 125 members who were current students or recent graduates of the counseling programs at the researcher's place of work. A total of 32 counselors or counseling graduate students participated. Data were collected on participants' level of experience: being in the first half of one's graduate program, the second half of one's graduate program, early-career (0-5 years of experience), mid-career (6-15 years of experience), and advanced-career (over 16 years of experience). The number of participants in each specialty and experience level category is presented in Table 1.

Table 1: *Participants Divided by Counseling Specialty Area and Experience Level*

Specialty area	Graduate program		Professional			Total
	First half	Second half	Early	Middle	Advanced	
School	2	3	7	3	3	18
Clinical	2	2	8	1	1	14
Total	4	5	15	4	4	32

The mean age of the participants was 37.66 with a range of 23 to 60. Seven of the participants identified as male, and 25 identified as female. For ethnicity, 30 identified as White/Caucasian, one identified as Hispanic, and one identified as White and Cherokee. Twenty-eight of the participants were either current students or graduates of Kansas universities, two graduated from Texas universities, one graduated from a Florida university, and one graduated from an Arkansas university. Those who had graduated had a mean experience level of 6.17 years with a range of 0 to 20 years. They completed their master's degrees between 1998 and 2020.

Participants were provided the opportunity to identify their theoretical orientation in their own words. Eleven chose to identify by a single established theory (e.g., "person-centered"), 16 specified two or more specific theories which influence their theoretical orientation (e.g., "a mix

of person-centered, CBT, and mindfulness") , three identified as eclectic/integrative without identifying any specific theories that informed their orientation, and two indicated that their theoretical orientation was still in the early stages of formation and so they did not yet know how to describe it. Of those chose to identify by one or more established theories, 14 mentioned cognitive therapy or cognitive-behavioral therapy to be a component of their theoretical orientation, 13 mentioned client/person-centered therapy, six mentioned Adlerian therapy, four mentioned solution-focused brief therapy, three mentioned mindfulness, one mentioned rational emotive behavior therapy, one mentioned psychodynamic therapies, one mentioned existential therapies, one mentioned system-oriented therapies, and one mentioned influences from neuroscience.

Results

In this study, participants completed an electronic Q-sort procedure in which they were shown a series of 54 statements (see Appendix B) one at a time and were asked indicate their agreement with each statement by sorting it onto a forced-choice grid (see Figure 1 in Chapter 3). The completed grid is referred to as a Q-sort. Data from the participants' Q-sorts were entered manually into PQMethod (Schmolck, 2014) for analysis. The program then examined the pattern of how each participant ranked these statements and calculated a correlation matrix to show commonalities between participants based on their rankings. The program then provided options of how to analyze this correlation matrix through a factor analysis procedure. The researcher chose to analyze the data for this study through a centroid factor analysis with varimax factor rotation. The results of a Q methodology factor analysis produce factors, called typologies in this methodology, which represent common viewpoints held by the participants in the study. The researcher can choose to search for up to eight typologies and the program will

attempt to find a solution in which that many typologies are present in the population. Schmolck (2014), indicated that, unless a researcher has a theoretical reason to search for a specific number of typologies, it is best to search for seven; therefore, the researcher followed this advice for this study. The program was able to find seven factors which together were able to explain 49% of the variance in the participants' viewpoints.

In the next step of the analysis, PQMethod (Schmolck, 2014) calculates a factor matrix for which it develops a standard for each typology and calculates the extent to which each participant's Q-sort correlates with this standard. The program then directs the researcher in a process called *flagging* in which participants who correlate highly with one of the typologies are selected as representatives of that typology. One can either choose to allow the program to automatically flag participants whose Q-sorts best align with the typology standard, or the researcher can view the factor matrix to manually select participants to flag. For this study, the researcher initially utilized the automatic flagging function but noted that there were 11 participants who were not flagged onto any typology as their viewpoint either correlated highly with two or more typologies or did not correlate highly with any typologies. The researcher then searched for cases in which a participant's viewpoint correlated with one typology at least 10% higher than it did for any other typology. Three participant viewpoints met this criterion and were manually flagged. The viewpoints of the remaining eight participants were not included in any future analyses. Only five of the seven typologies ended up having any participant viewpoints flagged onto them, and, as a result, the other two typologies were also excluded from any future analysis. Of the remaining typologies, five participants were flagged onto Typology 1 which accounted for 11% of the variance in the study, three participants were flagged onto Typology 2 which accounted for 5% of the variance in the study, three participants were flagged

onto Typology 3 which accounted for 9% of the variance in the study, 10 participants were

flagged onto Typology 4 which accounted for 18% of the variance of the study, and three

participants were flagged onto Typology 5 which accounted for 5% of the variance in the study.

The factor matrix for this study indicating the participants who were flagged for each typology

can be found in Table 2.

Table 2: *Factor Matrix*

Participant	Typology				
	1	2	3	4	5
1	0.2292	0.0674	0.2111	0.3703*	0.1471
2	0.5398	0.1742	-0.0404	0.6054	-0.1883
3	0.1883	0.2893	0.1390	0.5972*	0.2070
4	0.2013	-0.1075	0.5107*	0.3763	0.0277
5	0.0397	0.0812	0.0343	-0.0449	0.3244*
6	0.1924	0.4412	0.0465	0.4413	0.3364
7	0.4996*	0.0017	0.3322	0.2887	0.1508
8	0.4241	0.5242*	-0.0699	0.4148	0.2403
9	0.2317	-0.0255	0.2755	0.6260*	-0.0756
10	-0.0169	-0.0430	0.4843	0.4716	0.2248
11	-0.0199	-0.0549	0.5264	0.4719	0.2434
12	0.5949*	-0.0261	0.4904	0.3586	0.0999
13	0.3506	0.1158	0.0640	0.5568*	-0.0938
14	0.3207	0.0318	0.3250	0.4879*	0.1233
15	0.7346*	0.0863	0.0357	0.0375	0.1846
16	0.1635	0.2479	0.1446	0.5732*	0.1830
17	-0.0691	0.5263*	-0.2213	0.0458	0.1037
18	0.3123	0.0011	0.3410	0.2535	0.2726
19	0.2208	-0.1413	0.5262*	0.2504	-0.0592
20	0.5499*	0.0189	0.0614	0.0562	-0.0017
21	0.0914	0.4560*	-0.1463	0.2341	0.1087
22	0.5035*	0.1832	0.1542	0.3883	0.2826

23	0.0434	0.1500	0.2259	0.5387*	0.1965
24	0.3440	0.1952	0.1152	0.5492*	0.0872
25	0.4732	0.0389	0.3219	0.5001	0.0885
26	0.0826	0.1854	0.3596	0.4402	0.6219*
27	0.3795	0.0821	0.2353	0.4712	0.1163
28	-0.0194	0.1977	0.1562	0.7282*	0.0623
29	0.3225	0.1367	0.1164	0.5098*	0.0281
30	0.4012	-0.0119	0.2599	0.3183	0.0180
31	0.2613	0.3713	0.1019	0.3641	0.5398*
32	0.1028	-0.1621	0.6536*	-0.0232	0.1415
Percent Explained Variance	11	5	9	18	5

Note. This table shows the correlations between each participant's Q-sort and composite sort of statements developed to define each typology

* participant flagged for this typology

Research Question 1

This study attempted to answer two research questions. The first was "What are the typologies representing counselor viewpoints of their theoretical orientation?" To assist in answering this question, PQMethod (Schmolck, 2014) analyzed the placement of statements for each flagged participant on each typology and calculated z-scores to indicate which statements were ranked highest and lowest by those participants. The program then produced three types of tables based on these z-scores: a table of factor scores for each typology indicating how each statement was ranked, a table of distinguishing statements for each typology showing the statements that were ranked significantly differently by participants of that typology compared to those of all others, and a table of consensus statements that indicated the statements that were ranked significantly similarly across all typologies. Together, these three types of tables were used to understand the viewpoints represented by these typologies.

In both the distinguishing statement tables and the consensus statement table, PQMethod also converts the *z*-score into a Q-sort value, indicating where the corresponding statements would have been placed on the Q-sort grid (Schmolck, 2014). For this study, this means that the statements with the two highest and two lowest *z*-scores for each typology were assigned a Q-sort value of +5 and -5 respectively, the next three highest and lowest were assigned Q-sort values of ±4, the next five highest and lowest were assigned values of ±3, the next six highest and lowest were assigned values of ±2, the next seven highest and lowest were assigned values of ±1, and the eight in the center were assigned values of 0. In the following sections, a description of the unique characteristics of each typology will be presented, followed by a description of the consensus across all typologies. The Q-sort value of statements will be indicated by the following descriptors: *extremely* for values of ±5, *very* for values of ±4, *moderately* for values of ±3 and ±2, *slightly* for values of ±1, and *neutrally* for values of 0.

Typology 1 – Confidence in Blending a Variety of Techniques into a Stable Core Theory. For Typology 1, there were four statements that significantly distinguished this typology from the other four (see Table 3). First, in this typology, statement 23, indicating that the counselor feels clear on who he/she is clinically, was ranked moderately positive, but this statement was ranked negatively in the other typologies. Statement 26, related to finding new techniques through online searches, was ranked moderately negative for this typology but was ranked extremely negative for Typologies 2 and 5 and slightly to moderately positive for Typologies 3 and 4. Statement 38, on the topic of one's theoretical orientation being influenced by conferences or professional development opportunities, was ranked moderately negative for this typology but slightly negative for Typology 2 and slightly to moderately positive for Typologies 3, 4, and 5. Finally, statement 31, indicating a lack of confidence due to finding gaps

in one's theoretical training, was ranked extremely negative for this typology but slightly to moderately negative for the others. Together, these distinguishing statements could be interpreted to indicate that participants who were flagged onto this typology are confident and comfortable with the current state of development of their theoretical orientation and are not actively exploring ways to enhance it.

Table 3: *Distinguishing Statements for Typology 1*

Statement	Typology									
	1		2		3		4		5	
	rank	*z*-**score**	rank	*z*-score	rank	*z*-score	rank	*z*-score	rank	*z*-score
23	**2**	**0.77***	-3	-1.25	-1	-0.32	-4	-1.53	-2	-1.08
26	**-2**	**-0.50**	-4	-1.36	3	0.95	1	0.32	-4	1.71
38	**-3**	**-1.14**	-1	-0.41	2	0.94	3	1.10	1	0.69
31	**-5**	**-1.90***	-2	-0.64	-2	-0.84	-2	-0.60	-1	-0.18

Note. This table lists the ranking for each distinguishing statement in Typology 1 in comparison to the ranking for that statement in all other typologies. Unless otherwise noted, the distinguishing statements are significant at the .05 level.
* $p < .01$

The full ranking of each item for Typology 1 as well as all other typologies is presented in Appendix E. The overall placement of statements for this typology showed that participants flagged onto this typology tend to use an assimilative integration style (statement 3, $z = 1.623$), which Norcross (2005) described as a style in which people adopt a core theory to guide their counseling work, and use techniques from various theories to practice that work. After participants had completed their Q-sort task, they were given the opportunity to explain why they had sorted their two highest and two lowest statements in the manner they had. The importance of this integration style was supported by a comment from one participant flagged onto this typology who said, "I pretty consistently respond to the students I work with from the same theoretical approach and premise." Similarly, another said, "I believe we all have a 'base' theory

even though most folks feel they are 'eclectic.'" All other integrative styles were ranked negative in this typology. They tend to view counseling as an artform (statement 9, $z = 1.433$) and prefer a nurturing or genial approach to counseling (statement 12, $z = 1.625$), perhaps indicating a more humanistic core theory. Looking at the demographic data for these participants, two of the three mentioned primarily using person-centered theory which does fall under the humanistic school of thought, while the third blended two theories from the cognitive-behavioral school of thought. They are confident enough in their current practices that they feel free to make use of a wide variety of techniques (statement 30, $z = 1.021$) including both those developed based on research (statement 7, $z = 1.670$) as well as those developed from philosophy and experience (statement 8, $z = 1.552$). They feel free to use any techniques (statement 27, $z = 1.227$) or theories (statement, 28, $z = 1.171$) in their current work environment. They also feel that their current theoretical orientation is a good match for their personality (statement 40, $z = 1.258$).

Some negatively ranked statements helped to back up the idea that these participants are comfortable where they are clinically and are not looking to add new techniques into their practice as they indicated that they do not use their creativity to develop new techniques (statement 24, $z = -1.287$) and they are not attempting to replicate the style of others (statement 53, $z = -1.403$). Other negatively ranked statements indicate that they did not think about theory before starting their master's program (statement 34, $z = -1.806$), but they feel it is important to focus on the theory, not just the techniques (statement 21, $z = -1.519$). They also have done some exploration of theory other than what was presented in their graduate program (statement 34, $z = -1.806$). This statement, along with other statements of confidence in their current state of development, indicates that this typology represents a viewpoint found more in counselors

with post-graduate experience. After considering the statement rankings and the distinguishing statements together, the researcher chose to describe this typology with a theme of "Confidence in Blending a Variety of Techniques into a Stable Core Theory."

Typology 2 – Finding a Balance Between Defining Oneself and Meeting Client Needs.   There were nine distinguishing statements for Typology 2 (see Table 4). First, the top two ranked statements for this typology, statement 42 concerning one's theory matching one's personal philosophy and statement 48 indicating that reflections on life experiences are important to one's theoretical orientation development, differentiated this typology from the rest as both statements were ranked neutral to moderately negative in the other typologies. Statement 4, concerning the integration style of technical eclecticism, was also ranked very positive in this typology but neutral in Typologies 4 and 5, moderately negative in Typology 1, and very negative in Typology 3. Statement 54, regarding favoring the utility over the legitimacy of the theory, was ranked moderately positive for this typology but neutral to slightly negative in the rest of the typologies. Statement 49, indicating the counselor formed his/her theoretical orientation to meet certain professional goals, was ranked moderately positive for this typology but neutral to moderately negative in the rest of the typologies. Statement 22, indicating a lack of importance in using a named theory if one's current practices are working, was ranked moderately positive for this typology but neutral in Typology 1, moderately negative in Typologies 4 and 5, and extremely negative for Typology 3. Statement 41, indicating the importance of one's theory matching one's religious views, was ranked moderately positive for this typology but moderately to extremely negative in the rest of the typologies. Statement 38, which was earlier mentioned as a distinguishing statement for Typology 1 for being moderately negative, was ranked slightly negative for this typology and slightly to moderately positive in the

others. Finally, statement 20, indicating a preference for establishing a unified theory to underlie

one's work, was ranked very negative for this typology but moderately negative for Typologies

1, 4, and 5, and slightly positive for Typology 3.

Table 4: *Distinguishing Statements for Typology 2*

Statement	Typology									
	1		**2**		3		4		5	
	rank	z-score	**rank**	**z-score**	rank	z-score	rank	z-score	rank	z-score
42	-1	-0.24	**5**	**1.85***	0	-0.11	-1	-0.27	1	0.56
48	1	0.21	**5**	**1.70***	-2	-0.76	-1	-0.52	1	0.25
4	-2	-0.54	**4**	**1.55***	-4	-2.03	0	0.11	0	-0.09
54	-1	-0.19	**3**	**1.13**	0	-.007	0	0.06	-1	-0.24
49	0	-0.10	**3**	**0.86***	-3	-0.89	-1	-0.56	-2	-0.65
22	0	-0.04	**2**	**0.83**	-5	-2.22	-2	-0.83	-2	-0.88
41	-5	-2.01	**2**	**0.68**	-3	-1.05	-4	-1.70	-2	-0.88
38	-3	-1.14	**-1**	**-0.41**	2	0.94	3	1.10	1	0.69
20	-2	-0.58	**-4**	**-1.96***	1	0.62	-2	-1.03	-2	-0.74

Note. This table lists the ranking for each distinguishing statement in Typology 2 in comparison to the ranking for that statement in all other typologies. Unless otherwise noted, the distinguishing statements are significant at the .05 level.

* $p < .01$

The ranking of statements 4, 22, and 20 indicate that this viewpoint is one for which the

use of a variety of diverse theoretical approaches are valued without any need for consistency or

unity behind those approaches. Comments from participants which support this conclusion

include a quote from one participant who said, "I think that having a wide approach to therapy

and not have a 'cookie cutter' approach with clients is important." Another said, "different

clients will respond differently to theories, so to me, a counselor must be flexible around what

works for the client." A third participant said, "I strongly feel that each of my clients are unique,

and because of that, I cannot be effective with a one-size fits-all method of counseling." While

these three quotes indicate that these three participants are primarily looking for what will work best for others, the ranking of statements 42, 48, 54, and 41 indicate that it is important for people from this viewpoint to also have a theory which fits with their personal philosophy and religious views, matches their personality, and draws from their life experiences. Regarding this view, one participant said, "I am a big believer of my personal life experiences and how the sum of my experiences influences how I have turned out." These two sets of distinguishing statements seem in conflict, as they seem to indicate dual influences: a need to use many theoretical approaches to meet the needs of others and a desire to understand and define one's own unique singular approach to counseling.

The ranking of other statements followed a similar pattern. While in Typology 2, the highest ranked integrative style and the only one that was distinguishing for this typology was that of technical eclecticism, the style of theoretical integration, which involves the blending of multiple theories and techniques, was also ranked highly (statement 5, $z = 1.358$). All integrative styles were actually ranked on the positive side, while the idea of using a single theory of counseling was the lowest ranked statement (statement 1, $z = -2.641$). These statements fit the idea that multiple theories are needed, and no single theory will meet the needs of their students or clients, nor will a single theory perfectly fit with their beliefs and experiences. These participants seem to feel free to use any kind of techniques they like in their work (statement 27, $z = 0.756$), but feel less free to use any theoretical approach they would like (statement 28, $z = 0.037$). They view counseling as an art (statement 9, $z = 1.585$) much more than as a science (statement 10, $z = -0.718$). They do not feel clear in who they are clinically (statement 23, $z = -1.246$). These participants do not seem to want to add anything new to their practice now (statement 19, $z = -0.681$). They also do not seem to have any preferred ways to identify

techniques or theories to use with their clients, as they do not feel strong influences from instructors (statement 36, $z = -0.120$), other counselors (statement 51, $z = -0.378$), conferences or professional development opportunities (statement 38, $z = -0.412$), their own counselors (statement 46, $z = -0.455$), from internet sources (statement 23, $z = -1.357$), or from reading research (statement 25, $z = -1.696$). Because of the conflict found in this typology between finding a blend of theories that are personally meaningful and using a variety of techniques that can suit every potential need, the researcher chose to label this typology with the theme, "Finding a Balance Between Defining Oneself and Meeting Client Needs."

Typology 3 – Seeing the Value in a Solid Base Theory Supported by Science. For Typology 3, there were seven distinguishing statements. First, statement 10, indicating a view of counseling being a scientific profession, was very positive in this typology, but it was ranked slightly positive to moderately negative in the other typologies. Statement 26 on finding techniques online, previously mentioned as being a moderately negative distinguishing statement for Typology 1, was ranked moderately positive for this typology. Statement 20 on developing a unified theory, previously mentioned as a very negatively ranked distinguishing statement for Typology 2, was ranked slightly positive for this typology. Statement 1, indicating a preference for using a single established theory to inform one's work, was ranked slightly positive in this typology but moderately to extremely negative in the other typologies. Statement 35, indicating an interest in a particular theory before starting one's master's program, was ranked neutral in this typology but moderately to extremely negative in the others. Statement 4 on the integration style of technical eclecticism, previously mentioned as a very positive distinguishing statement for Typology 2, was ranked very negative for this typology. Finally, statement 22, indicating a lack of importance in using an established theory if one's current practices work, was previously

mentioned as a moderately positive distinguishing statement for Typology 2 but was ranked as extremely negative in this typology. Together, these distinguishing statements indicate that for counselors ascribing to this typology, it is important to guide one's practices through a well-established theory or a unified combination of well-established theories that are founded on scientific principles. The importance of a strong base theory was backed by a statement from one participant who said, "I believe you need to have a strong theory base to be the most effective." Another participant said,

> I see the use of theory in terms of Mastery. In order to practice competently, a counselor must master a theory. Employing the use of more than one theory is unrealistic because it is a 20+ year process to fully master 1 theory to the point where you can automatically conceptualize your client's internal struggles and chart a clear course to use effective interventions.

Table 5: *Distinguishing Statements for Typology 3*

Statement	Typology									
	1		2		**3**		4		5	
	rank	*z*-score	rank	*z*-score	**rank**	*z*-score	rank	*z*-score	rank	*z*-score
10	-1	-0.20	-2	-0.72	**4**	**1.59***	0	0.23	1	0.32
26	-2	-0.50	-4	-1.36	**3**	**0.95**	1	0.32	-4	-1.71
20	-2	-0.58	-4	-1.96	**1**	**0.62***	-2	-1.03	-2	-0.74
1	-2	-1.09	-5	-2.64	**1**	**0.59***	-5	-2.31	-4	-1.46
35	-4	-1.76	-3	-1.16	**0**	**-0.09***	-3	-1.23	-5	-1.87
4	-2	-0.54	4	1.55	**-4**	**-2.03**	0	0.11	0	-0.09
22	0	-0.04	2	0.83	**-5**	**-2.22***	0	0.11	0	-0.09

Note. This table lists the ranking for each distinguishing statement in Typology 3 in comparison to the ranking for that statement in all other typologies. Unless otherwise noted, the distinguishing statements are significant at the .05 level.
* $p < .01$

A few other statements supported these patterns. Regarding theory use, one style of integration, assimilative integration, in which one uses a single base theory but integrates techniques from multiple other theories, was also positively ranked (statement 3, $z = 0.635$), though all other integration styles were negatively ranked. The importance of science was also reinforced for this typology with statements indicating the importance of techniques developed from research (statement 7, $z = 1.626$) and the importance of reading new research to enhance one's work (statement 25, $z = 1.274$). Conversely, using creativity to develop new techniques was not well regarded in this typology (statement 24, $z = -0.972$). Regarding this, one participant said, "because I believe in research, I do not believe in just being creative with someone's mental health." Participants who agree with this typology also highly value the theoretical approaches that were introduced to them by their counseling instructors (statement 36, $z = 1.859$) and that were described in their textbooks (statement 50, $z = 1.259$). There was also some indication that they did not feel free to use any techniques they wanted in their current work environment (statement 27, $z = -0.733$), indicating there might be some outside pressure for some to choose techniques from a particular established theory in their work. Due to the overall pattern found in this study, the researcher chose to describe this typology with the theme, "Seeing the Value in a Solid Base Theory Supported by Science."

Typology 4 – Learning Together and Engaging Others with a Variety of Theories.
There were five distinguishing statements for Typology 4. First, statement 6 on the common factors approach to theoretical integration was ranked moderately positive for this typology, but neutral to slightly positive in the other typologies. Statement 26 on finding techniques online, previously mentioned as a moderately negative distinguishing statement for Typology 1 and a very negative distinguishing statement for Typology 3, was ranked slightly positive for Typology

4. Statement 25 on the importance of reading research to inform theory was ranked slightly

positive for this typology, but moderately positive in Typologies 1 and 3 and moderately to very

negative in Typologies 2 and 5. Statement 53 on developing a counseling style to replicate the

work of others was ranked slightly negative for this typology, but moderately positive for

Typology 5 and moderately negative in Typologies 1, 2, and 3. Finally, statement 8 regarding a

preference for theories developed from philosophy and experience was ranked slightly

negatively for this typology, but neutral to very positive in the other typologies. The

distinguishing statements for this typology are not particularly helpful in defining this typology.

All of these statements were ranked towards the middle, with the most extreme being statement

6, indicating a moderate preference for a common factors approach to theoretical integration, and

statement 8, indicating a slight dislike for theories that are developed from philosophy. The

other three statements were distinguishing in that they were not ranked as extremely in this

typology as they were in others.

Table 6: *Distinguishing Statements for Typology 4*

Statement	Typology									
	1		2		3		**4**		5	
	rank	z-score	rank	z-score	rank	z-score	**rank**	**z-score**	rank	z-score
6	1	0.30	0	0.23	0	0.06	**2**	**0.91**	0	-0.09
26	-2	-0.50	-4	-1.36	3	0.95	**1**	**0.32**	-4	-1.71
25	3	1.04	-4	-1.70	3	1.27	**1**	**0.31***	-3	-1.14
53	-3	-1.40	-3	-0.99	-2	-0.84	**-1**	**-0.19**	2	0.70
8	4	1.55	0	0.19	1	0.51	**-1**	**-0.59**	2	0.91

Note. This table lists the ranking for each distinguishing statement in Typology 4 in
comparison to the ranking for that statement in all other typologies. Unless otherwise noted,
the distinguishing statements are significant at the .05 level.
* $p < .01$

When looking at all the statements ranked in order, one can see that not only was the common factors integration style favored in this typology, but all integration styles were rated positively, with the styles of theoretical integration (statement 5, $z = 1.852$) and assimilative integration (statement 3, $z = 1.514$) being ranked much more favorable than the common factors approach and the technical eclecticism style (statement 4, $z = 0.106$) being ranked slightly less positively. They strongly disagreed that one should use a single established theory to inform one's work (statement 1, $z = -2.306$). The placement of these statements suggest that this is a group that favors any kind of integration over the use of a single theory, though there is a preference for those styles of integration that do make use of theory over those that just involve techniques. This is also reinforced with a high ranking for a statement indicating that they like to learn a variety of new techniques (statement 19, $z = 1.168$), as well as low rankings for statements indicating that they just want the techniques but do not have time to think about why they work or how they fit together (statement 21, $z = -1.957$), and that they do not care about having a name for their theoretical orientation so long as their practices work (statement 22, $z = -0.830$). Those flagged onto this typology highly ranked a preference for a nurturing or genial approach (statement 12, $z = 2.089$), which could be indicative of a preference for a humanistic theory, but they also highly ranked a statement indicating a preference for an approach that guides a client towards insight (statement 15, $z = 1.417$), a common aspect of a psychodynamic approach. Perhaps due to their preferences for bringing a wide variety of concepts into their theoretical orientation, they do not seem to feel that they have a clear concept of who they are clinically (statement 23, $z = -1.526$). Statements from participants who were flagged onto this typology sounded very similar to those from Typology 2. For example, one participant, focusing on both the integrative and insight-focused themes, said, "I will put together techniques of any

theory in order to help my clients gather insight and help them become better versions of themselves." Another said, "I feel I draw from many different theories to work with clients, because I do not believe in a 'one size fits all.'" One showed the importance of theory and not just techniques by stating, "I feel it is important to buy into theoretical approaches. Those that do not seem to find it difficult to move clients through a process."

One difference from Typology 2 is that those from this typology seem to like learning by working with others, as they highly ranked statements indicating that their theory has been highly influenced by interactions with fellow counselors (statement 51, $z = 1.345$), attending conferences or professional development activities (statement 38, $z = 1.100$), and teaching others about the practice of counseling (statement 52, $z = 1.037$). Additionally, those from this typology do not feel that their theoretical orientation has much to do with their religious views (statement 41, $z = -1.701$), the way they resolved problems as a child (statement 45, $z = -1.259$), or their parent's values (statement 43, $z = -1.217$). Because of the dual focus in this typology on utilizing a variety of theories and learning through communication with other counselors, this typology was described as "Learning Together and Engaging Others with a Variety of Theories."

Typology 5 – Growth through Education and Experience. For Typology 5, there were four distinguishing statements. First, statement 53 on developing a style of counseling to replicate others, previously mentioned as a slightly negative distinguishing statement for Typology 4, was ranked moderately positive for this typology and moderately negatively for all the other typologies. Statement 33, indicating that one has focused on less complicated theoretical approaches to this point as they require less training, was ranked slightly positive for this typology, but moderately negative in the rest. Statement 30, indicating a degree of confidence in one's current practices that gives one some freedom to explore integrating new

techniques, was ranked moderately negative for this typology, but neutral to moderately positive in the others. Finally, statement 29, indicating that one has successfully and seamlessly integrated several approaches together, was ranked moderately negatively for this typology, but neutral to moderately positive in the other typologies. None of these statements are the most strongly agreed or disagreed upon statements for this typology, but together they give the impression that this viewpoint is one of counselors who are just starting in the profession and realize they have more to learn. This is reinforced by a comment from one participant regarding his two least ranked statements in which he said, "I just need more experience to fulfill these two statements."

Table 7: *Distinguishing Statements for Typology 5*

Statement	Typology									
	1		2		3		4		**5**	
	rank	z-score	rank	z-score	rank	z-score	rank	z-score	**rank**	**z-score**
53	-3	-1.40	-3	-0.99	-2	-0.84	-1	-0.19	**2**	**0.70***
33	-2	-0.72	-3	-1.24	-2	-0.65	-3	-1.05	**1**	**0.57***
30	2	1.02	0	0.15	1	0.42	0	0.04	**-3**	**-1.13***
29	1	0.74	3	0.94	0	-0.10	0	0.18	**-3**	**-1.36***

Note. This table lists the ranking for each distinguishing statement in Typology 5 in comparison to the ranking for that statement in all other typologies. Unless otherwise noted, the distinguishing statements are significant at the .05 level.
* $p < .01$

Some of the highly ranked statements lend some evidence to this concept of a lack of experience. One of the most highly ranked statements indicates that those in this typology were strongly influenced by their professors (statement 36, $z = 1.587$). Other more moderately ranked items indicate that they have not sought more to add to their theoretical orientation since their graduate program (statement 34, $z = 0.991$) and that the readings from their counseling program were highly influential on their theoretical orientation (statement 50, $z = 0.957$). These

statements could be true for many counselors; however, they are especially likely to be true for those who are still in their graduate program or who have just recently graduated. Another highly ranked statement indicates that these counselors do have some experience with clients, as this group highly ranked a statement indicating that they saw the power of a theoretical approach when they saw how effective it was with clients (statement 39, $z = 1.505$). Other highly ranked statements indicate a preference both for theories that are nurturing and genial (statement 12, $z = 2.005$) and for theories that guide clients toward insight (statement 15, $z = 1.145$). The highest ranked integrative styles were both moderately ranked, with theoretical integration being the highest (statement 5, $z = 0.835$), followed by assimilative integration (statement 3, $z = 0.770$).

Negatively ranked statements indicate that these participants did not have any interest in any particular theories before starting their master's program (statement 35, $z = -1.874$), and they do not currently believe any one theory of counseling would be sufficient (statement 1, $z = -1.358$), but they also do not want just the techniques without the theory (statement 21, $z = -1.768$). They do not look through research (statement 25, $z = -1.138$) or internet sources (statement 26, $z = -1.711$) to find new techniques to bring into their practice, nor do they use their creativity to develop new techniques (statement 24, $z = -0.909$).

One theme for this typology that was not found in the ranking of statements, but instead was found in the comments left by participants, was that these participants are focused on growth. One participant said, "I feel through my education I have received the chance to understand my biases and work through those. This means giving myself chances to grow from my past reactions." Another said, "I also have seen myself grow as a counselor over time with practice and remaining open-minded and teachable." This theme fits well with earlier themes of being inexperienced but gaining a lot of knowledge from one's graduate program and from

interacting with clients; therefore, this typology has been described as "Growth through Education and Experience."

Consensus Statements. In this study, six statements were found to be significantly similarly ranked in all five typologies. Statement 9, referring to counseling as being an artform, was ranked high in all typologies. Statement 14, related to a more active approach to counseling, was ranked neutral to slightly positive in all typologies. Statement 15, on guiding clients towards insight, was ranked positive in all typologies. Statement 17, regarding choosing a theory to fit a specific population, was ranked moderately to extremely negative by all typologies. Statement 18, indicating that the participant does not value the use of theories, was ranked slightly negatively in all typologies. Finally, statement 37, indicating that one's supervisor was a big influence on one's theoretical formation, was ranked slightly positive in all typologies. All z-scores and rankings are presented in Table 8. These statements have helped to answer the first research question not by defining how the typologies are unique, but instead by defining how all counselors, at least those who participated in this study, are similar in their viewpoints.

Table 8: *Consensus Statements*

Statement	Typology									
	1		2		3		4		5	
	rank	z-score	rank	z-score	rank	z-score	rank	z-score	rank	z-score
9	4	1.43	4	1.58	2	0.77	3	1.32	4	1.40
14	1	0.63	2	0.57	1	0.60	0	-0.05	0	0.14
15*	2	0.98	3	1.28	3	0.96	4	1.42	3	1.14
17	-3	-1.21	-5	-1.96	-4	-1.34	-4	-1.31	-5	-1.82
18	0	-0.12	-2	-0.87	-1	-0.58	-1	-0.41	-1	-0.49
37*	2	0.74	1	0.45	1	0.40	1	0.45	1	0.69

Note. This table lists the statements which were significantly similarly ranked across all typologies. Unless otherwise noted, the consensus statements are significant at the .05 level.
* $p < .01$

Research Question 2

The second research question asked the following: "Are any of these typologies more commonly found among a specific subset of counselors, such as those from similar counseling specialties (i.e., school counseling and clinical mental health counseling) or from similar stages in their career?" To better understand the counselors represented by each typology, demographic data were loaded into SPSS along with an indication of the typology onto which each participant was flagged. A chi-square analysis was run to determine if there were any significant interactions between typology and these demographics. An assumption when running a chi-square analysis is there should be at least five participants in each cell of the analyses (Abbott, 2017). If only two typologies had been found, a minimum of 20 participants would have been needed to meet those criteria for the variable of counseling specialty, meaning that there would have been enough participants in this study to meet this assumption; however, for five typologies, there would have been a need for a minimum of 50 participants to meet the assumption for the counseling specialty variable and 125 participants to meet the assumption for the specialty level variable. As only 24 participants from this study were flagged onto any of the typologies, it was not possible to meet this assumption. While it was doubtful any significant results could be found, it was still deemed helpful to examine the distribution of participants into these cells.

First, an analysis of the interaction between typology and counseling specialty was conducted. SPSS first produced a table showing the frequency that counselors of each specialty were flagged onto each typology (see Table 9). Of the 24 participants who were flagged onto any typology, 15 were from the school counseling specialty and nine were from the clinical mental health specialty. The five participants flagged onto Typology 1 consisted of three school counselors and two clinical mental health counselors. The three participants flagged onto

Typology 2 were all clinical mental health counselors. The three participants flagged onto Typology 3 consisted of one school counselor and two clinical mental health counselors. The 10 participants flagged onto Typology 4 consisted of eight school counselors and two clinical mental health counselors. Finally, the three participants flagged onto typology five were all school counselors. The results of the chi-square analysis did not show any significant interaction between typology and counseling specialty, $\chi^2(4) = 14.102$, $p = .591$.

Table 9: *Flagged Participants Divided by Typology and Counseling Specialty Area*

Specialty	Typology					Total
	1	2	3	4	5	
School	3	0	1	8	3	15
Clinical	2	3	2	2	0	9
Total	5	3	3	10	3	24

Next, an analysis of the interaction between typology and levels of experience was conducted (see Table 10). Of the 24 participants flagged onto any typology, 2 were in the first half of their master's program, 5 were in the second half of their master's program, 11 were early in their career (first five years), two were in the middle of their career (years 6-15), and four were advanced in their career (more than 15 years). For Typology 1, none of the flagged participants were currently in their master's program, two were early in their career, one was in the middle of the career, and two were advanced in their career. For Typology 2, one was in the first half of the master's program, one was in the second half of the master's program, and one was early in the career. For Typology 3, none were currently enrolled in a master's program, two were early in their career, and one was in the middle of the career. For Typology 4, one was in the first half of the master's program, three were in the second half of the master's program, four were early in their career, and two were advanced in their career. Finally, for Typology 5, one was in the

second half of the graduate program and two were early in their career. The chi-square analysis

failed to show any significant interactions of typology and experience level, $\chi^2(4) = 9.209$, $p = .056$. Together, these analyses answered the second research question by failing to show any

statistically significant connections between typology and the demographics of specialty area and

experience level; however, there were some patterns which could indicate that there might be

some viewpoints more common among groups based on these demographics.

Table 10: *Flagged Participants Divided by Typology and Experience Level*

Experience	Typology					Total
	1	2	3	4	5	
Early student	0	1	0	1	0	2
Late student	0	1	0	3	1	5
Early career	2	1	2	4	2	11
Middle career	1	0	1	0	0	2
Advanced career	2	0	0	2	0	4
Total	5	3	3	10	3	24

Chapter 5 – Discussion, Implications, Recommendations, and Conclusion

This chapter presents a discussion of the findings of this study as well as implications for the counseling profession and for the education and training of new counselors. Additionally, there is a discussion of the limitations of the study and recommendations for future research.

Discussion of the Findings

The purpose of this study was to explore the viewpoints of counselors as to what elements of their life and training are influential to their current formation of their theoretical orientations and discover if there are common viewpoints, or typologies, of important influences among some counselors that differ from the viewpoints of other groups of counselors. Two research questions were addressed:

1. What are the typologies representing counselor viewpoints of their theoretical orientation?

2. Are any of these typologies more commonly found among a specific subset of counselors, such as those from similar counseling specialties (i.e., school counseling and clinical mental health counseling) or from similar stages in their career?

The research questions were answered through the use of Q methodology, a hybrid quantitative and qualitative methodology for which participants sort statements on a topic onto a forced-choice grid to indicate the extent to which they agree or disagree with each statement. The overall statement placement pattern, called a Q-sort, for each participant is then compared to the patterns for all other participants to find groups of similar opinions present in the population, called typologies in Q methodology studies (Newman & Ramlo, 2017). Thirty-two counselors and counseling students participated in this study by completing an electronic Q-sort procedure conducted through the use of an online program called Q-sortware (Pruneddu, 2013). Data for

this study were analyzed through the use of a program called PQMethod (Schmolck, 2014). Five typologies were found representing different counselor viewpoints on the formation of their theoretical oreintation. No statistically significant associations were found between typologies and counseling specialties or career stages.

Typology 1

The theme for Typology 1 was "Confidence in Blending a Variety of Techniques into a Stable Core Theory." Five participants were flagged onto this typology, three of whom were school counselors and two of whom were clinical mental health counselors. They tended to believe it was important to develop what Norcross (2005) referred to as an *assimilative integration* style of theoretical orientation which involves utilizing one core theory as the base for one's theoretical orientation and integrating techniques from multiple theoretical approaches to meet the goals of that core theory. They highly ranked statements indicating that they preferred a nurturing and genial approach to counseling and viewed counseling as more of an art than a science. This could indicate that their core theory might be more humanistic in nature. In the demographic questionnaire for this study, participants were asked to label their theoretical orientation in their own words. Three of the five participants mentioned using person-centered therapy, a form of psychotherapy developed by Carl Rogers which is considered a core theory in the humanistic school of thought. One of these also mentioned using solution-focused therapy, which is often considered a constructivist theory. Another participant mentioned Adlerian psychotherapy, which has some humanistic elements, but also some psychodynamic and cognitive elements (Moss, 2015). The fifth participant mentioned cognitive-behavioral therapy and rational emotive behavior therapy, both of which are generally considered to be a part of the cognitive-behavioral school of thought, though rational emotive behavior therapy does have

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some humanistic elements as well (Ellis, 1980). Calley and Hawley (2008) noted that those who teach the counseling profession tend to have more humanistic or constructivist viewpoints than do to those who teach in other mental health professions. Despite precautions being built into the study design to allow participants to remain anonymous to the researcher, several participants chose to use an authentic email address as their participant identifier or in other ways made it obvious to the researcher who they were. It was interesting to note that of the five participants flagged onto this typology, three were counselor educators, and so this humanistic view would fit with Calley and Hawley's (2008) findings.

The participants who were flagged onto this typology also expressed confidence in the way they are currently practicing and did not seem to be actively searching for new techniques to integrate into their work. This seemed to indicate that perhaps this view was found more in those who graduated from their master's program and reached the point in their career in which they were comfortable with their current practices. Indeed, all of those flagged onto this typology were currently practicing counselors, with two being in the early stage of their career, one being in the middle stage of his career, and two being in an advanced stage of their career. They also were the oldest group, with an average age of 43.4. Skovholt and Rønnestad (1992) referred to an *individuation* stage in the careers of psychotherapists in which they internalized past lessons and started to view themselves as experts. This typology may be associated more with people in that stage of their professional development. Similarly, if one were to use Rihacek and Danelova's (2016) framework, which suggests there are three stages of development in the process of forming an integrated theoretical orientation, then the participants flagged onto this typology might fit more with their *consolidation* stage. In this stage, counselors are no longer struggling to integrate new concepts and techniques into their theoretical oreintation and have

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adopted a new stable integrated style. Both of these frameworks suggest a level of maturity and stability which seems present in Typology 1, though Skovholt and Rønnestad's (1992) stage referrs to a period of stability in a counselor's career while Rihacek and Danelova's (2016) stage refers to the end stage of a cycle of forming a theoretical orientation, though this cycle could be repeated if a counselor were to encounter new challenges that would need to be accounted for in their theoretical orientation.

Typology 2

The theme for Typology 2 was "Finding a Balance Between Defining Oneself and Meeting Client Needs." There were three participants who were flagged for this typology. All three were from the clinical mental health counseling specialty. This could indicate that this typology consists of a unique view for that specialty; however, with so few people flagged onto this typology, it is not possible to say this definitively. Unlike in Typology 1, in which a single integration style was emphasized, the participants aligned with this typology ranked all four of Norcross' (2005) integrative styles highly and strongly disagreed that one could use a single theory to inform one's work. The most highly ranked style was technical eclecticism, in which one integrates multiple techniques without consideration for any underlying theories, focusing instead on what is effective. This was closely followed by the style of theoretical integration which involves integration of the concepts from multiple theories into one's practice along with their techniques (Norcross, 2005). There was not much consistency in the participants regarding how they identified their theoretical orientation as one of these participants identified as eclectic, another as cognitive-behavioral, and a third as cognitive-behavioral, existential, and mindfulness.

The participants of Typology 2 believed they needed to be prepared to address whatever situation may come their way with whatever theory would be most appropriate to address that

situation. Shortly after the participants had completed their Q-sort, they were asked to leave

comments on their reasoning behind their choice of the two highest and lowest ranked

statements. All three of the participants flagged onto this typology provided comments which

emphasized the uniqueness of each client and the need to be able to respond to a variety of

needs; yet, this typology included the lowest ranking on a statement indicating that their

theoretical orientation was effective with people from a variety of cultural backgrounds. That

statement was ranked slightly positive while in all other typologies it was ranked moderately

positive. This could indicate that participants with this view would like to be able to respond to

the needs of a multicultural population, but are not as confident as others that they are able to

meet those needs with the current state of their theoretical orientation.

While this typology represents a viewpoint in which any integration style is preferable to

using a single theory, it also represents a viewpoint in which it was important for the counselor to

find a theory that is personally meaningful. The participants indicated that they wanted a

theoretical orientation that fits with their personal and religious beliefs, fits their personality, and

reflects their life experiences. This seems to indicate the participants in this typology are

searching for a unifying theoretical perspective; yet, currently feel believe they must use multiple

perspectives to fulfill the requirements of the counseling profession. It would seem that this

typology represents a viewpoint of counselors who are still early in the process of forming a

theoretical orientation. This fits with the level of experience indicated in the demographic

information for this typology as two of those flagged onto this typology were graduate students,

one being in the first half of her master's program and the other in the second half of his master's

program, and the third had one year of professional experience. Additionally, the average age of

this group was 29.7, the youngest of the groups. Rihacek et al. (2012) mentioned that their

participants, while working towards developing their own integrative approach, initially felt pulled in two directions. They felt a pressure to adopt a single established theoretical approach, both out of a desire for legitimacy of their theoretical approach and for the simplicity of focusing on a single approach, but they also felt a desire to develop an integrated approach of their own that was congruent with their personal beliefs and effective with their clients. For the participants in this typology, there seems to be a similar struggle; however, the struggle seems to be more about developing a unified theory congruent with their beliefs versus developing a variety of techniques that are effective with their clients. The legitimacy and ease of use of a single established theory is not a concern for this typology.

Typology 3

The theme for Typology 3 was "Seeing the Value in a Solid Base Theory Supported by Science." Three participants were flagged onto this typology, one from the school counseling specialty and two from the clinical mental health counseling specialty. All had some experience in the counseling profession, with two being in the early stage of their careers, and one being in the middle stage of her career. With two of the flagged participants being male and one female, this was the only typology that was represented by a higher proportion of male participants, though there are not enough people flagged onto this typology to determine if that is a significant pattern.

This typology is quite distinct from the others. This was the only typology with the viewpoint that one could successfully practice the profession of counseling using a single established theory. The integration style of assimilative integration, in which counselors have a single base theory but use techniques from multiple approaches, was also ranked highly. Two of the participants flagged for this typology provided comments which further explained this view.

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They indicated that to excel in the counseling profession, it was best to first work to achieve mastery in a single theoretical approach before attempting to integrate elements from other theories into one's theoretical orientation. The participants strongly value the theories introduced to them by their professors and presented in their counseling textbooks, and they do not see using one's creativity to develop new techniques as an appropriate option. These viewpoints seem to indicate a preference for a theory which can provide legitimacy to their work. This seems to relate to the Rihacek et al. (2012) study mentioned for Typology 2 as well. Those authors mentioned that their participants felt pulled in two directions; toward a direction of legitimacy and simplicity that would lead to adopting a single established approach and toward a direction of congruence with personal qualities and beliefs that would lead to an integrated approach. While those in Typology 2 seemed to be struggling with this and leaning towards the second direction, those in Typology 3 seem firmly committed to the first direction.

Typology 3 is also the only one for which participants conceptualize counseling as more of a science than an art. Those representing this typology were also the most likely to value theories developed from research findings rather than philosophy or experience, and to seek ways to enhance their practice through reading research findings. This preference for research-based theories is common to those with a preference for theories from the cognitive-behavioral school of thought (Krasner, 2001). When participants flagged onto this typology reported their theoretical orientation, one identified as cognitive-behavioral, one identified as cognitive with influences from neurology, and one identified as Adlerian, a theory that has some cognitive elements but would not typically be considered cognitive-behavioral or research-based (Maniacci & Sackett-Maniacci). It is also known to the researcher that two of the three participants flagged onto this typology are counselor educators, which goes against the assertion previously

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mentioned from Calley and Hawley (2008) that those who teach counseling tend to be more humanistic or constructivist.

Another finding of note about this typology is that there was some indication that participants did not feel free to use any techniques they wanted in their current work environment. Elkins (2009a) and Hansen (2012) noted that many counselors in clinical practice are encouraged not to use humanistic practices in their work, but to use practices based in research such as the cognitive-behavioral therapies in order to receive reimbursement for their services from insurance companies. It could be that some of the participants flagged onto this typology have felt pressure towards adopting more of a cognitive-behavioral theoretical orientation.

Typology 4

This typology had a theme of "Learning Together and Engaging Others with a Variety of Theories." Ten participants were flagged onto this typology, which is twice as many as were flagged onto Typology 1 and over three times as many as the other three typologies. The participants included one graduate student in the first half of her program, three graduate students in the second half of their programs, four counselors in an early stage of their careers, and two counselors at an advanced stage of their careers. Eight were from the school counseling specialty and two were from the school counseling specialty. This demographic information indicates that this is a typology representative of counselors at all points in their career yet is likely more representative of a school counselor viewpoint. It could also be more of a female viewpoint as nine of those flagged onto this typology identified as female; however, Bruce and Bridgeland (2012) indicated that, at that time, 78% of U.S. school counselors were female. As a

result, the high number of women in a participant group made up mostly of school counselors is not unexpected.

As in Typology 2, for this typology, any integrative style was seen as being preferable to using a single theory to form one's theoretical orientation. The participants representing this typology were the most likely to prefer what Norcross (2005) referred to as a common factors approach, a style in which people focus on essential elements common to many theories that have been shown to be effective in counseling and psychotherapy. Still, they ranked the theoretical integration and assimilative integration styles much higher and the style of technical eclecticism was only ranked slightly positive. This helps to distinguish these two typologies as Typology 2 focused more on integrating techniques, while Typology 4 focused more on integrating theories. Some of the statements provided an indication that the participants flagged onto this typology might prefer humanistic or psychodynamic theories. Unlike those from Typology 3, these participants did not highly rank statements indicating a view of counseling as a science or a preference for practical or evidence-based techniques which could indicate a preference for cognitive-behavioral theories. When given the opportunity to define their theoretical orientation, six did identify a cognitive-behavioral approach as one of the theories they use. Other theories mentioned included client/person-centered therapy by four participants, three mentioned Adlerian therapy, two mentioned mindfulness, one mentioned solution-focused therapy, and one mentioned psychodynamic therapy.

Another concept that distinguishes this Typology 4 from Typology 2 is the manner in which participants grow in their theory development. Those in Typology 2 focused on how the theory fit their beliefs and personality; their growth seemed more introspective. Those in Typology 4 seem to grow more through social interaction with other counselors, either at work

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or at conferences. They also ranked a statement highly indicating that they learn about the counseling profession through teaching others about counseling. If this growth through social interaction theme is common among school counselors, this could be a problem for the professional identity formation of any in rural school districts, as school counselors in these districts often do not have many other counselors with whom they can interact or receive supervision (Duncan et al., 2014). The researcher is aware that a few of the participants in this group have some experience teaching counseling courses. For others in this group, the ranking of this statement might indicate that they learn about counseling through providing supervision to counseling students.

Typology 5

The final typology had a theme of "Growth through Education and Experience." Three participants were flagged onto this typology, all from the school counseling specialty. There was one the second half of his graduate program and two in the early stage of their careers. They did not believe they could practice from a single theoretical approach, but also did not rank any integrative styles very highly, though the highest two styles were theoretical integration and assimilative integration. The ranking of some of their statements indicated that they might prefer humanistic theories. There were few commonalities between the theories mentioned by these participants as one claimed to use cognitive-behavior therapy, solution-focused therapy, and Adlerian therapy; another mentioned using person-centered and solution-focused therapy; and a third described his theoretical orientation as "emerging."

The themes that most seemed to define this typology were a lack of confidence and a desire for growth. They ranked statements and made comments that indicated they were inexperienced, were still developing their theoretical orientation, and had not yet developed

confidence in their practices. Their style is highly influenced by the work of their professors,

readings from textbooks, interactions with clients, and replication of the work of others. This is

consistent with Skovholt and Rønnestad's (1992) framework which proposed several stages

counselors and psychotherpists go through during their career. They mentioned three stages that

counselors and psychotherapists experience during their graduate program. The first stage,

transition to professional training, involves taking in a lot of information from one's textbooks

and lessons while the second, *imitation of experts*, involves enhancing one's practice by

imitating the work of others. Participants in this study also mentioned the importance of

information from textbooks and imitating the work of others, though two of the three participants

already graduated and started practicing counseling. As a result, it seems these are elements that

can continue to influence development after the time period indicated in these stages. Skovholt

and Rønnestad (1992) also identified four stages of development in one's professional career.

The first of these stages is *exploration* and involves making adjustments to what one has learned

to meet the demands of the job. It could be that the two participants from this study who are in

the early years of their profession are both going through this kind of transition and so are not yet

confident in what their practices. Additionally, Rihacek and Danelova (2016) identified three

stages of development of an integrated theoretical orientation which could help to explain some

of the themes in this typology. In their first stage, *adherence*, one focuses on the approaches one

knows best. In the next stage, *destabilization*, one encounters challenges that show the

insufficiency of one's current approach and prompt one to learn more. In the final stage,

consolidation, one brings together the concepts one has learned during the *consolidation* stage

and integrates them into a new style. It is possible that the two professional counselors are

currently in a *consolidation* stage as this typology involves a lack of confidence in one's current

practices but a desire to learn more. The graduate student participant likely expressed the same feelings not because of learning the limits of his current approach, but because he had not yet developed an initial approach and so was not yet at the *adherence* stage.

Implications for the Counseling Profession

One element of the analysis for this study that did not play much of a role in defining the typologies but could indicate some implications for the counseling profession are the consensus statements, statements which participants across all typologies ranked statistically similarly. The counseling profession has been working to define a common identity across all the counseling specialties for years (Kaplan & Gladding, 2011). Counseling scholars have proposed commonalities including using a wellness model of mental health, focusing on human development, working towards prevention of mental illness or early intervention (Mellin et al., 2011; Myers, 1992; Remley & Herlihy, 2020), working to empower clients (Remley & Herlihy, 2020), using humanistic (Dollarhide & Oliver, 2014; Hansen, 2012; McLaughlin & Boettcher, 2009) or constructivistic theories (D'Andrea, 2000; McLaughlin & Boettcher, 2009), and having a focus on multiculturalism (Pedersen, 1990; Ratts, 2009) or social justice (Ratts, 2009). Several of these issues were not addressed in the study; however, the results did provide some insight on a few.

One of these consensus statements indicated there was wide agreement that counseling was an artform, a concept that might be agreed upon more by those with a humanistic viewpoint who prefer to guide clients towards self-actualization rather than using specific techniques to diagnose and treat disorders (Elkins, 2009a). A statement indicating a preference for an active and directive approach to counseling was ranked neutral to slightly positive in all typologies. Counselors with cognitive-behavioral or constructivist perspectives are often more active and

directive in their work, guiding sessions towards specific goals that can be achieved in shorter timeframes. Counselors with more humanistic perspectives tend to be less active and directive, often allowing the client to do more personal exploration. The fact none of the counselors in any of these typologies viewed themselves as active or directive might indicate that all the counselors in this study have a more humanistic approach in that regard, which could lend some support to the idea that most counselors have some humanistic elements to their theoretical orientations (Dollarhide & Oliver, 2014). Another statement indicated that there was some agreement across all typologies that a goal of their approach was to lead clients toward insight, which is a term more closely related to the psychodynamic theories. There is not a strong link between the psychodynamic theories and the counseling profession as counselors were excluded from practicing from this theoretical framework for most of the history of the profession (Friedlander et al., 2012), though Calley and Hawley (2008) noted that 6% of counselor educators surveyed practiced from a psychodynamic perspective. Overall, this study provided some evidence to support the claim that there is a common humanistic view among counselors; however, if one were to examine the theories participants in this study mentioned as being a part of their theoretical orientations, one would find little evidence of a constructivist viewpoint and would see more evidence of a cognitive-behavioral viewpoint common to many counselors.

There was one statement that addressed the importance of having a multicultural perspective. The researcher ran some analyses before all data had been collected and for a while noted that there was consensus in it being moderately important to have a theory that addressed the concerns of a multicultural population; however, this finding disappeared as more viewpoints were collected and more typologies were identified. By the time data collection was complete, this statement was neither a consensus statement nor a distinguishing statement, indicating a

diversity of opinions on the topic, but not enough diversity to indicate that one group was significantly different from others on this topic. This could indicate that there is a need for the counseling profession to focus on the importance of multiculturalism. It is important to consider this a core aspect of the profession as Pedersen (1990) and Ratts (2009) have suggested. ACA has adopted a set of multicultural and social justice competency standards (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015) and CACREP (2015) mandated that any counseling programs accredited by their organization must educate students on these standards. Research by Na and Fietzer (2020) indicated that including education on multicultural competencies across the curriculum can improve the chances of counselors adopting these competencies into their work, but it is equally important to continue to provide quality continuing education experiences related to these competencies to ensure that counselors are following through with integrating them into their practices. The current study does not show many differences in engagement with multicultural competencies between those in their graduate program or those in professional practice. This could indicate that in general more could be done to educate counselors on the value of integrating multicultural competencies into their theorietical orientation.

Additionally, there have been some concerns about division in the counseling profession due to failure to develop a definition of the counseling profession that was acceptable to all specialties (Kaplan & Gladding, 2011) and the recent splits of the American School Counselor Association and the American Mental Health Counselors Association from the American Counseling Association (American Counseling Association, 2018; Goodman, 2019). The data from this study show that the people practicing these specialties might not be as divided in perspective. Three of the five typologies identified in this study, including the two with the largest numbers of counselors, were represented by participants from both the school counseling

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specialty and the clinical mental health counseling specialty, indicating that there are a variety of viewpoints on the topic of theoretical orientation among counselors; however, many of those viewpoints are shared by counselors of both specialties.

Implications for Counselor Education

Some findings from this study could have implications for the way counselors are educated as well. There were three typologies which were influenced by student viewpoints. The other two featured more viewpoints from counselor educators. There were not enough student participants in this study to show differences between students in the first half of their programs, who are primarily focusing on their education on the field, and those in the second half of their programs, who would be having more experience in applying their knowledge into practice. Still, these three typologies provide evidence for elements that are influencing student views on theoretical orientation formation.

In Typology 2, there was an indication that some were searching for a philosophical system that reflects their beliefs and their personality; yet, they all shared comments indicating the importance of utilizing many types of theories to be ready with the right techniques for any situation that comes their way. As one participant from Typology 3 noted, it is unrealistic for students to become masters of so many varieties of theories as mastery in any one theory takes a long time. This indicates that there is need for better instruction on how to formulate a solid theoretical orientation and then adapt it to meet the needs of a variety of students or future clients. One possible way to do this would be to put more emphasis on a common factors approach. Only those from Typology 4 rated a common factors approach as being somewhat important, but this approach focuses on the aspects of a variety of theories which lead to success, such as forming a strong therapeutic alliance between client and counselor, demonstrating

empathy, or setting up expectations for success (Wampold, 2015). Assay and Lambert (1999) discovered that the use of theoretical techniques only accounts for 15% of the variance in success of therapy while therapeutic factors like a strong relationship and empathy account for 30% of the variance, client expectations account for 15%, and extratherapeutic client factors account for 40%. By focusing on common factors, counselor educators could help to put the importance of theoretical approaches in perspective for counseling students, helping them to see that these approaches do account for some portion of one's success, but the theoretical approach chosen is often not as important as the relationship built between client and counselor.

Typology 4 showed that many counselors at all levels of their studies and career learn through working with other counselors, gaining an understanding of what they do, and applying it to their own practice. This may be especially true for those from the school counseling specialty which indicates a need for cooperative learning opportunities for this specialty. Most counseling students will likely have many opportunities for cooperative learning during their practicums and internships, and this could be expanded to other classes as well. This might be more of a challenge for counselor educators teaching online courses; however, there could be some creative ways that even online programs could help students to engage with each other virtually. An additional implication that could follow from this finding would be for students from rural areas who may be able to find this kind of cooperative learning during their graduate program but will not have as many opportunities to engage with other counselors after graduation (Duncan et al., 2014). Counselor educators may want to help students who benefit from this form of learning to find ways to continue engaging with other counselors after graduation, perhaps through more emphasis on their need to join professional organizations or counseling-related social media networks.

Participant reactions to the Q-sort procedure also provided some insight on techniques that might be useful in counselor education. After the Q-sort procedure had been completed, participants were provided an opportunity to provide additional comments on the study. Several commented on the impact of completing the forced-sorting exercise. For example, one participant said, "choosing what was not like me was helpful in determining what is like me and understanding my views on theory." There are a few assessments which have been developed to assist students in deciding on a theoretical orientation. Often these assessments involve Likert-type scale items. For example, Halbur and Halbur (2019), in their text, provide readers with an assessment called the Selective Theory Sorter-Revised which includes 60 statements on assumptions behind counseling theories. Readers are asked to rank each statement on a scale of 3, *A Lot Like Me*, to -3, *Not At All Like Me*, and at the end, add their rankings for certain statements together to get a total score on a particular theory, indicating the extent to which the reader agrees with the core assumptions of that theory. The researcher has asked students in a course he was teaching to complete this assessment and has noticed that many indicate that they find most statements to be similar to their opinion, giving results that are not helpful as they show the student agrees with all theories equally. With the Q-sort method, participants are forced to rank their opinions and decide which they agree with the most and the least. This seems to require more reflection and discernment on the topic, and this seemed to be helpful to some of the participants in this study. This could indicate that forced ranking exercises could be useful tools for counselor educators to foster growth in their students. Another participant said, "This really made me reflect on where I could improve! I should be keeping up with my professional development regarding theory practice." This shows that a technique like this could

not just be helpful for students, but also helpful for professionals who are thinking about what they should do next to enhance their practices.

Limitations

Studies using Q methodology benefit from the strengths of both quantitative and qualitative research, gaining a systematic way to study subjective viewpoints shared among groups of people (Stickl, Wester, & Wachter Morris, 2019). They also derive the weaknesses of both methodologies, specifically the weaknesses of reductionism from quantitative methodologies and subjectivity from qualitative methodologies. Q methodology is reductionistic in that it attempts to provide a limited selection of possible opinions on a topic, when there are likely a limitless number. It is subjective in that there are ways that the opinions of the researcher can influence the options available to the participant as well as the interpretation of the results (Kampen & Tamás, 2014).

Fifty-four statements were created for this study based on previous publications on the topic of counseling theory and professional development as well as on conversations with counselors. Some statements proved to be more helpful than others in understanding the influences on the formation of one's theoretical orientation. Some could have been understood in different ways by different participants. There are likely some important concepts that were not included because the researcher did not encounter them, but which could have been a more important element for some of the participants in this study. The design of this study may have helped many participants to think on elements of the formation of their theoretical orientation that they had not considered before; however, the design may have also limited the ability of the participants to identify elements that were more important to their own process as might have been possible in a purely qualitative study.

While this study demonstrated a variety of viewpoints on theories of counseling, these viewpoints came from a participant sample that was overwhelmingly represented by White voices. This is representative of the overall population of counselors in the region where the researcher resides; however, it would be crucial in future studies to ensure that the opinions of a more diverse population are represented. This, however, does not limit the impact of the study, as the intent of Q methodology studies is to highlight the viewpoints of the participants present in the study, not to provide information that is generalizable to a wider community, an aim common to purely quantitative studies (Watts & Stenner, 2012). Claims of statistical significance in this study demonstrate the distinctiveness of opinions of these participants; however, they do not indicate that these are all the viewpoints possible. Instead, they suggest that an even greater variety of opinions are likely present in the wider community, leaving room for these opinions to be expressed in other studies. Additionally, the interpretation of the themes behind each typology, while supported by data on the typology as well as participant comments, is somewhat of a subjective experience (Brown, 2012). The themes representing each typology are reflective of this researcher's mindset, but others reading the same rankings of statements and comments might come to a different conclusion on the theme for a typology.

Finally, the sample size for this study was insufficient to answer the second research question which asked if any of the typologies were more commonly found among a specific subset of counselors, such as those from a similar counseling specialty or experience level. To meet the basic assumptions of the chi-square analysis used for this question, the researcher could have instructed the Q-sort analysis program to search for only two typologies, though this would limit the potential to explore additional viewpoints. To have the possibility of meeting the assumptions for a chi-square analysis with five typologies, the researcher would have needed to

recruit at least 18 more participants for this study; however, with that many additional

participants, it is likely that additional typologies would have been revealed in the analysis and

an even greater number of participants would have been needed to meet those assumptions. As a

result, it would be difficult to find statistically sound results on the connections between

typologies and demographic variables using this kind of quantitative analysis.

Recommendations for Future Research

There were several findings for this study which serve as a basis for recommendations for

further study. This study explored 54 possible statements that counselors might make on the

topic of theoretical orientation; however, these statements covered a broad range of possible

influences on one's theoretical orientation. More studies could be completed to examine specific

areas more in depth. For example, several of these typologies demonstrated differences in the

use of a single theory or the integration of multiple theories. A Q methodology study could be

conducted involving a more focused set of statements on integration styles and stages of

formation of an integrated theoretical orientation, adding additional statements to better represent

some of the different styles of integration. Similarly, as mentioned in the section on implications

for counselor educators, there are indications that counseling students could benefit from a

similar sorting process to help with forming their theoretical orientation. A broader set of

statements describing various elements of counseling theories could be developed, or potentially

adapted from an existing assessment on theories like the Selective Theory Sorter-Revised

(Halbur & Halbur, 2019), to determine if students are better able to differentiate their views on

the assumptions behind counseling theories through a forced-choice sorting exercise rather than a

Likert-type scale assessment.

Additionally, there were findings that some of the typologies were more representative of counseling students and new professionals while others were more common for counselor educators. This could be an indicator of a difference of opinion due to time spent in the profession but could also indicate that counselor educators are not expressing their views to their students in a way that could help to bridge the divide in opinion. More research could be completed to determine the types of messages counselor educators are sending to their students regarding theoretical orientation formation. Additionally, this study took a cross-sectional view of participants at various developmental levels; however, a similar study could be developed to longitudinally examine a change in perspectives across one's graduate education and into the beginning of one's career to better determine developmental needs of counselors in forming their theoretical orientations. Davies and Hodge (2012) noted that few have used Q methodology for longitudinal studies, though they were successfully able to measure changes in the perspectives of farmers on environmental issues over a seven-year period by administering the same Q-sort procedure to the same 45 farmers at two points in time. A similar approach could be used to track changes in perspectives of counselors.

Finally, as mentioned in the previous section, the overwhelming majority of the participants for this study were White and from Kansas. Other measures of diversity such as sexual identity or religious affiliation were not included on the demographics form. Additionally, only counselors from the school counseling or clinical mental health counseling specialties were recruited for this study. A variety of viewpoints on theoretical orientation were found in this study, but those viewpoints would likely be enhanced and expanded if a more diverse group of participants were recruited; therefore, a continuation of this study could be

conducted to ensure that more viewpoints are heard on the topic of theoretical orientation formation in counselors.

Conclusions

This study made use of Q methodology to study the viewpoints of counselors on the formation of their theoretical orientation. Thirty-two counselors and counseling students ranked 54 statements in an effort to express their personal views on this topic and an analysis was run to find common viewpoints present among the participants. Five typologies of viewpoints were identified. The first typology, representing a group of counselors more advanced in their profession, expressed a viewpoint that it was important to form a strong core theory to one's theoretical orientation which one could then build upon with a variety of theories. The counselors in this typology also expressed confidence in one's current stage of theoretical development. The second typology represented a group of graduate students and new professionals from the clinical mental health counseling specialty who struggled to balance a desire to form a personally meaningful theoretical orientation with the concept that one needed to learn as many theories as possible to be prepared to help future students and clients. The third typology represented a group of professionals who valued the contributions of science to the counseling profession and preferred to focus on building their theoretical orientation from a single well-established, research-based theory. The fourth typology represented the viewpoint of a group consisting primarily of women who were school counselors. This group valued being prepared to meet student or client needs with a variety of theories and emphasized the importance of learning the techniques and theories of the counseling profession through social interaction with other counselors. Finally, the fifth typology represented a group of students and new professionals who were at a point in their lives where they knew they needed to grow in

their theoretical orientation and preferred learning through education and gaining more experience working with students or clients.

In conclusion, the results of this study indicate that there are a variety of viewpoints on the formation of theoretical orientation in counselors. Some of these viewpoints have more implications for the education of new counselors while others provide more insight into the mindset or needs of more experienced counselors. There were some indications of differences in viewpoint between school counselors and clinical mental health counselors; however, these differences seem to be more about how one best learns about counseling theories. There was no indication of an ideological divide between these two specialties. This study revealed differences in viewpoint among counselors; yet, these viewpoints can also help to understand what counselors of different specialties and experience levels have in common and how to foster growth in their theoretical development.

References

Abbott, M. L. (2017). *Using statistics in the social and health sciences with SPSS® and Excel®* (1st ed.). Hoboken, NJ: John Wiley & Sons.

American Association of State Counseling Boards. (n.d.). *History of AASCB*. Retrieved from http://www.aascb.org/aws/AASCB/pt/sp/history

American Counseling Association. (2018). *American Counseling Association and the American School Counselor Association announce new collaborative relationship*. Retrieved from https://www.counseling.org/news/updates/2018/03/21/american-counseling-association-and-the-american-school-counselor-association-announce-new-collaborative-relationship

American Counseling Association. (n.d.). Divisions, regions, and branches. Retrieved from https://www.counseling.org/about-us/divisions-regions-and-branches

American School Counselor Association. (2019). *The ASCA national model: A framework for school counseling programs* (4th ed.). Alexandria, VA: Author.

Antony, R. (2018). Life satisfaction typologies among Roman Catholic secular clergy: A Q methodological investigation (Doctoral dissertation, Duquesne University). Retrieved from https://dsc.duq.edu/etd/1454

Archer, J., & McCarthy, C. J. (2007). *Theories of counseling and psychotherapy: Contemporary applications*. Upper Saddle River, NJ: Pearson.

Arthur, A. R. (2001). Personality, epistemology and psychotherapists' choice of theoretical model: A review and analysis. *European Journal of Psychotherapy, Counselling & Health, 4*(1), 45-64. doi:10.1080/13642530110040082

Assay, T. R., & Lambert, M. J. (1999). The empirical case of the common factors in psychotherapy: Quantitative findings. In M. A. Hubble, B. L. Duncan, & S. D. Miller

(Eds.) *The heart and soul of change: What works in therapy*. (pp. 23-55) Washington, DC: American Psychological Association. doi:10.1037/11132-001

Beck, A. T. (2008). The evolution of the cognitive model of depression and its neurobiological correlates. *The American Journal of Psychiatry, 165*, 969-977. doi:10.1176/appi.ajp.2008.08050721

Beck, A. T., & Haigh, E. A. P. (2014). Advances in cognitive theory and therapy: The generic cognitive model. *Annual Review of Clinical Psychology, 10*, 1-24. doi:10.1146/annurev-clinpsy-032813-153734

Beck, A. T., & Weishaar, M. E. (2019). Cognitive therapy. In D. Wedding & R. J. Corsini (Eds.), *Current psychotherapies* (11th ed., pp. 237-272). Boston, MA: Cengage Learning.

Beeson, E. T., & Field, T. A. (2017). Neurocounseling: A new section of the journal of mental health counseling. *Journal of Mental Health Counseling, 39*, 71-83. doi:10.17744/mehc.39.1.06

Bitar, G. W., Bean, R. A., & Bermúdez, J. M. (2007). Influences and processes in theoretical orientation development: A grounded theory pilot study. *American Journal of Family Therapy, 35*, 109-121.

Blocher, D. (2000). *Evolution of counseling psychology*. New York, NY: Springer Publishing Company.

Block, J. (1961). *The Q-sort method in personality assessment and psychiatric research*. Springfield, IL: Charles C Thomas Publisher.

Bradley, L. J. (1995). Certification and licensure issues. *Journal of Counseling & Development, 74*, 185-186. doi:10.1002/j.1556-6676.1995.tb01849.x

Brown, S. R. (1980). *Political subjectivity: Applications of Q methodology in political science*. New Haven, CT: Yale University Press.

Brown, S. R. (2012). Q methodology. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (pp. 702-724). Thousand Oaks, CA: SAGE.

Bruce, M., & Bridgeland, J. (2012). *2012 National survey of school counselors: True north: Charting the course to college and career readiness*. The College Board Advocacy & Policy Center National Office for School Counselor Advocacy. https://secure-media.collegeboard.org/digitalServices/pdf/nosca/true-north.pdf.

Buckman, J. R., & Barker, C. (2010). Therapeutic orientation preferences in trainee clinical psychologists: Personality or training? *Psychotherapy Research, 20*, 247-258. doi:10.1080/10503300903352693

Bugental, J. F. T. (1991). Outcomes of an existential-humanistic pychotherapy. *The Humanistic Psychologist, 19*, 2-9.

Calley, N. G., & Hawley, L. D. (2008). The professional identity of counselor educators. *The Clinical Supervisor, 27*, 3-16. doi:10.1080/07325220802221454

Capuzzi, D., & Gross, D. R. (2007). *Counseling and psychotherapy: Theories and interventions* (4th ed.). Upper Saddle River, NJ: Pearson.

Chronister, J., Chou, C.-C., & Chan, F. (2015). The roles and functions of professional counselors. In I. Marini & M. A. Stebnicki (Eds.), *The professional counselor's desk reference* (2nd ed., pp. 9-15). New York, NY: Springer Publishing Company.

Cinotti, D. (2014). Competing professional identity models in school counseling: A historical perspective and commentary. *The Professional Counselor, 4*, 417-425. doi:10.15241/dc.4.5.417

Corey, G. (2017). *Theory and practice of counseling and psychotherapy* (10th ed.). Boston, MA: Cengage Learning.

Corsini, R. J. (2008). Introduction. In R. J. Corsini & D. Wedding (Eds.), *Current psychotherapies* (pp. 1-14). Belmont, CA: Thompson Brooks/Cole.

Costa, P. T., & McCrae, R. R. (1992). Normal personality assessment in clinical practice: The NEO Personality Inventory. *Psychological assessment, 4*, 5-13. doi:10.1037/1040-3590.4.1.5

Cottone, R. R. (2007). Paradigms of counseling and psychotherapy, revisited: Is social constructivism a paradigm? *Journal of Mental Health Counseling, 29*, 189-203. doi:10.17744/mehc.29.3.2125224257006473

Council for Accreditation of Counseling and Related Educational Programs. (2015). 2016 CACREP standards. Retrieved from https://www.cacrep.org/for-programs/2016-cacrep-standards

Counseling Today staff. (2017). ACA continues push forward for licensure portability. Retrieved from https://ct.counseling.org/2017/06/aca-continues-push-forward-licensure-portability/

Curt, B. C. (1994). *Textuality and tectonics: Troubling social and psychological science.* Buckingham, UK: Open University Press.

D'Andrea, M. (2000). Postmodernism, constructivism, and multiculturalism: Three forces reshaping and expanding our thoughts about counseling. *Journal of Mental Health Counseling, 22*, 1-16.

Davies, B. B., & Hodge, I. D. (2012). Shifting environmental perspectives in agriculture: Repeated Q analysis and the stability of preference structures. *Ecological Economics, 83*, 51-57. https://doi.org/10.1016/j.ecolecon.2012.08.013

Dimitrov, D. M. (2011). *Statistical methods for validation of assessment scale data in counseling*. Alexandria, VA: American Counseling Association.

Dollarhide, C. T., & Oliver, K. (2014). Humanistic professional identity: The transtheoretical tie that binds. *The Journal of Humanistic Counseling, 53*, 203-217. doi:10.1002/j.2161-1939.2014.00057.x

Duncan, K., Brown-Rice, K., & Bardhoshi, G. (2014). Perceptions of the importance and utilization of clinical supervision among certified rural school counselors. *The Professional Counselor, 4*, 444-454. doi:10.15241/kd.4.5.444

Eden, S., Donaldson, A., & Walker, G. (2005). Structuring subjectivities? Using Q methodology in human geography. *Area, 37*, 413-422. doi:10.1111/j.1475-4762.2005.00641.x

Elkins, D. N. (2009a). The medical model in psychotherapy: Its limitations and failures. *Journal of Humanistic Psychology, 49*, 66-84. doi:10.1177/0022167807307901

Elkins, D. N. (2009b). Why humanistic psychology lost its power and influence in American psychology: Implications for advancing humanistic psychology. *Journal of Humanistic Psychology, 49*, 267-291. doi:10.1177/0022167808323575

Ellis, A. (1980). Rational-emotive therapy and cognitive behavior therapy: Similarities and differences. *Cognitive Therapy and Research, 4*, 325-340. doi:10.1007/BF01178210

Ellis, A. (2005). Why I (really) became a therapist. *Journal of Clinical Psychology, 61*, 945-948. doi:10.1002/jclp.20166

Ellis, A., & Joffe Ellis, D. (2019). Rational emotive behavior therapy. In D. Wedding & R. J. Corsini (Eds.), *Current psychotherapies* (11th ed., pp. 157-198). Boston, MA: Cengage Learning.

Everett, C. A. (1990). The field of marital and family therapy. *Journal of Counseling & Development, 68*, 498-502. doi:10.1002/j.1556-6676.1990.tb01397.x

Eysenck, H. J. (1971). Behavior therapy as a scientific discipline. *Journal of Consulting and Clinical Psychology, 36*, 314-319. doi:10.1037/h0031114

Fitzpatrick, M. R., Kovalak, A. L., & Weaver, A. (2010). How trainees develop an initial theory of practice: A process model of tentative identifications. *Counselling & Psychotherapy Research, 10*, 93-102.

Fleuridas, C., & Krafcik, D. (2019). Beyond four forces: The evolution of psychotherapy. *SAGE Open, 9*, 1-21. doi:10.1177/2158244018824492

Folkes-Skinner, J., Elliott, R., & Wheeler, S. (2010). 'A baptism of fire': A qualitative investigation of a trainee counsellor's experience at the start of training. *Counselling & Psychotherapy Research, 10*, 83-92. doi:10.1080/14733141003750509

Francis, J. J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V., Eccles, M. P., & Grimshaw, J. M. (2010). What is an adequate sample size? Operationalising data saturation for theory-based interview studies. *Psychology & Health, 25*, 1229-1245. doi:10.1080/08870440903194015

Franks, C. M. (2001). From psychodynamic to behavior therapy: Paradigm shift and personal perspectives. In W. T. O'Donohue, D. A. Henderson, S. C. Hayes, J. E. Fisher, & L. J. Hayes (Eds.), *A history of the behavioral therapies: Founders' personal histories.* (pp. 195-206). Reno, NV: Context Press.

Freud, S. (1917). *The history of the psychoanalytic movement* (A. A. Brill, Trans.). New York, NY: Nervous and Mental Disease Publishing Co.

Freud, S. (1920). *A general introduction to psychoanalysis*. New York, NY: Horace Liveright.

Friedlander, M. L., Pieterse, A. L., & Lambert, J. E. (2012). The evolution of theory in

counseling psychology. In N. A. Fouad, J. A. Carter, & L. M. Subich (Eds.), *APA

handbook of counseling psychology, Vol. 1: Theories, research, and methods.* (pp. 31-

57). Washington, DC: American Psychological Association.

Gazzola, N., De Stefano, J., Audet, C., & Theriault, A. (2011). Professional identity among

counselling psychology doctoral students: A qualitative investigation. *Counselling

Psychology Quarterly, 24*, 257-275. doi:10.1080/09515070.2011.630572

Gerig, M. S. (2016). *The professional identity of clinical mental health counselors* [white paper].

Retrieved from https://www.amhca.org/viewdocument/the-professional-identity-of-clinic

Gibson, D. M., Dollarhide, C. T., & Moss, J. M. (2010). Professional identity development: A

grounded theory of transformational tasks of new counselors. *Counselor Education and

Supervision, 50*, 21-38.

Gladding, S. T. (2004). *Counseling: A comprehensive profession* (5th ed.). Upper Saddle River,

NJ: Pearson.

Goodman, A. (2019). *AMHCA and ACA separate associations*. Retrieved from

https://www.amhca.org/blogs/howard-goodman/2019/04/26/amhca-and-aca-separate-

associations

Gysbers, N. C., & Henderson, P. (2012). *Developing and managing your school guidance and

counseling program* (5th ed.). Alexandria, VA: American Counseling Association.

Halbur, D. A., & Halbur, K. V. (2019). *Developing your theoretical orientation in counseling

and psychotherapy* (4th ed.). Upper Saddle River, NJ: Pearson.

Hansen, J. T. (2012). Extending the humanistic vision: Toward a humanities foundation for the

counseling profession. *Journal of Humanistic Counseling, 51*, 133-144.

Hayes, R. I. (1994). A postmodern perspective on Maslow´s fourth force psychology: A

    constructivist alternative for realizing an eupsychian workplace. *International Journal of*

    Transpersonal Studies, 13, 28-43. Retrieved from https://digitalcommons.ciis.edu/ijts-

    transpersonalstudies/vol13/iss2/5

Heinonen, E., & Orlinsky, D. E. (2013). Psychotherapists' personal identities, theoretical

    orientations, and professional relationships: Elective affinity and role adjustment as

    modes of congruence. *Psychotherapy Research, 23*, 718-731.

    doi:10.1080/10503307.2013.814926

Hesteren, F., & Ivey, A. E. (1990). Counseling and development: Toward a new identity for a

    profession in transition. *Journal of Counseling & Development, 68*, 524-528.

    doi:10.1002/j.1556-6676.1990.tb01403.x

Hodges, S. (2011). Through a glass darkly - Envisioning the future of the counseling profession:

    A commentary. *The Professional Counselor, 1*, 191-200. doi:10.15241/shh.1.3.191

Hofmann, S. G., Asmundson, G. J. G., & Beck, A. T. (2013). The science of cognitive therapy.

    Behavior Therapy, 44, 199-212. doi:10.1016/j.beth.2009.01.007

International Association of Addictions & Offender Counselors. (n.d.). Mission and history.

    Retrieved from https://www.iaaocounselors.org/mission

Jacobs, M. (2003). *Sigmund Freud*. London, UK: SAGE Publications.

Jones, L. K. (2017). Basic statistical concepts and descriptive statistics. In C. J. Sheperis, J. S.

    Young, & M. H. Daniels (Eds.), *Counseling research: Quantitative, qualitative, and*

    mixed methods (2nd ed., pp. 76-102). Boston, MA: Pearson.

Kampen, J. K., & Tamás, P. (2014). Overly ambitious: Contributions and current status of Q

    methodology. *Quality and Quantity, 48*, 3109-3126.

Kaplan, D. M. (2002). Celebrating 50 years of excellence! *Journal of Counseling &*

   Development, 80, 261-263. doi:10.1002/j.1556-6678.2002.tb00189.x

Kaplan, D. M., & Gladding, S. T. (2011). A vision for the future of counseling: The 20/20

   principles for unifying and strengthening the profession. *Journal of Counseling &*

   Development, 89, 367-372.

Kaplan, D. M., & Kraus, K. L. (2018). Building blocks to portability: Culmination of the 20/20

   initiative. *Journal of Counseling & Development, 96*, 223-228. doi:10.1002/jcad.12195

Kaplan, D. M., Tarvydas, V. M., & Gladding, S. T. (2014). 20/20: A vision for the future of

   counseling: The new consensus definition of counseling. *Journal of Counseling &*

   Development, 92, 366-372.

Kottler, J. A., & Balkin, R. S. (2017). *Relationships in counseling and the counselor's life*.

   Alexandria, VA: American Counseling Association.

Krasner, L. (2001). Cognitive behavior therapy: The oxymoron of the century. In W. T.

   O'Donohue, D. A. Henderson, S. C. Hayes, J. E. Fisher, & L. J. Hayes (Eds.), *A history of*

   the behavioral therapies: Founders' personal histories (pp. 207-218). Reno, NV: Context

   Press.

Leahy, M. J., & Szymanski, E. M. (1995). Rehabilitation counseling: Evolution and current

   status. *Journal of Counseling & Development, 74*, 163-166. doi:10.1002/j.1556-

   6676.1995.tb01843.x

Leahy, M. J., Rak, E., & Zanskas, S. A. (2015). A brief history of counseling and specialty areas

   of practice. In I. Marini & M. A. Stebnicki (Eds.), *The professional counselor's desk*

   reference (2nd ed., pp. 3-8). New York, NY: Springer Publishing Company.

Magnavita, J. J. (2008). Toward unification of clinical science: The next wave in the evolution of psychotherapy? *Journal of Psychotherapy Integration, 18*, 264-291. doi:10.1037/a0013490

Maniacci, M. P., & Sackett-Maniacci, L. (2019). Adlerian psychotherapy. In D. Wedding & R. J. Corsini (Eds.), *Current psychotherapies* (11th ed., pp. 237-272). Boston, MA: Cengage Learning.

Maslow, A. (1962). *Toward a psychology of being*. Princeton, NJ: D Van Nostrand.

May, R. (2015). *The meaning of anxiety*. San Francisco, CA: Hauraki Publishing.

McHenry, B., Sikorski, A. M., & McHenry, J. (2014). *A counselor's introduction to neuroscience*. New York, NY: Routledge.

McKeown, B., & Thomas, D. (2013). *Q methodology* (2nd ed.). Thousand Oaks, CA: SAGE. Retrieved from http://methods.sagepub.com/book/q-methodology-2e

McLaughlin, J. E. (2006). The pros and cons of viewing formal diagnosis from a social constructionist perspective. *Journal of Humanistic Counseling, Education and Development, 45*, 165-172.

McLaughlin, J. E., & Boettcher, K. (2009). Counselor identity: Conformity or distinction? *Journal of Humanistic Counseling, Education and Development, 48*, 132-143.

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

Moss, D. (2015). The roots and genealogy of humanistic psychology. In K. J. Schneider, J. F. Pierson, & J. F. T. Bugental (Eds.), *The handbook of humanistic psychology: Theory, research, and practice* (2nd ed, pp. 3-18). Thousand Oaks, CA: Sage.

Murdock, N. L. (2004). *Theories of counseling and psychotherapy: A case approach*. Upper

    Saddle River, NJ: Pearson.

Myers, J. E. (1992). Wellness, prevention, development: The cornerstone of the profession.

    Journal of Counseling & Development, 71, 136-139. doi:10.1002/j.1556-

    6676.1992.tb02188.x

Myers, J. E., Sweeney, T. J., & White, V. E. (2002). Advocacy for counseling and counselors: A

    professional imperative. *Journal of Counseling & Development, 80*, 394-402.

    doi:10.1002/j.1556-6678.2002.tb00205.x

Na, G., & Fietzer, A. W., (2020). A national survey of social justice engagement among

    professional counselors. *Journal of Counseling & Development, 98*, 319-330. doi:

    10.1002/jcad.12326

Newman, I., & Ramlo, S. (2017). Using Q methodology and Q factor analysis in mixed methods

    research. In A. Tashakkori & C. Teddlie (Eds.), *SAGE handbook of mixed methods in*

    social & behavioral research (pp. 505-530). Thousand Oaks, CA: SAGE.

Norcross, J. C. (2005). A primer on psychotherapy integration. In J. C. Norcross & M. R.

    Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 3-23). New York, NY:

    Oxford University Press.

Norcross, J. C., & Beutler, L. E. (2019). Integrative psychotherapies. In D. Wedding & R. J.

    Corsini (Eds.), *Current psychotherapies* (11th ed., pp. 527-560). Boston, MA: Cengage

    Learning.

Norcross, J. C., Pfund, R. A., & Prochaska, J. O. (2013). Psychotherapy in 2022: A Delphi poll

    on its future. *Professional Psychology: Research and Practice, 44*, 363-370.

    doi:10.1037/a0034633

Paisley, P. O., & Borders, L. D. (1995). School counseling: An evolving specialty. *Journal of Counseling & Development, 74*, 150-153. doi:10.1002/j.1556-6676.1995.tb01840.x

Paris, J. (2013). How the history of psychotherapy interferes with integration. *Journal of Psychotherapy Integration, 23*, 99-106. doi:10.1037/a0031419

Pedersen, P. (1990). The multicultural perspective as a fourth force in counseling. *Journal of Mental Health Counseling, 12*, 93-95.

Peng, J. H. (2011). Appreciation of Rollo May. *Journal of Humanistic Psychology, 51*, 516-522. doi:10.1177/0022167811407502

Pinto, R. M. (2012). Mixed methods design. In N. J. Salkind (Ed.), *Encyclopedia of research design* (pp. 813-818). Thousand Oaks, CA: SAGE. Retrieved from http://methods.sagepub.com/reference/encyc-of-research-design

Ponterotto, J. G. (2002). Qualitative research methods: The fifth force in psychology. *The Counseling Psychologist, 30*, 394-406. doi:10.1177/0011000002303002

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*, 126-136. doi:10.1037/0022-0167.52.2.126

Pope, M. (2000). A brief history of career counseling in the United States. *The Career Development Quarterly, 48*, 194-211.

Poznanski, J. J., & McLennan, J. (1995). Conceptualizing and measuring counselors' theoretical orientation. *Journal of Counseling Psychology, 42*, 411-422. doi:10.1037/0022-0167.42.4.411

Pruneddu, A. (2013). *Implicit person theories and q-sort: Personality change in emerging adults.* (Doctoral dissertation, The University of York, York, United Kingdom). Available from ProQuest Dissertations & Theses Global database. (U638390)

Ratner, J. (2015). Rollo May and the search for being: Implications of May's thought for contemporary existential-humanistic psychotherapy. *Journal of Humanistic Psychology, 59*, 252-268. doi:10.1177/0022167815613880

Ratts, M. J. (2009). Social justice counseling: Toward the development of a fifth force among counseling paradigms. *Journal of Humanistic Counseling, Education & Development, 48*(2), 160-172. doi:10.1002/j.2161-1939.2009.tb00076.x

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. F. (2015). Multicultural and social justice counseling competencies. Retrieved from http://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20

Remley, T. P. (2012). Evolution of counseling and its specializations. In D. R. Maki & V. M. Tarvydas (Eds.), *Professional practice of rehabilitation counseling* (pp. 17-38). New York, NY: Springer Publishing Company.

Remley, T. P., & Herlihy, B. (2020). *Ethical, legal, and professional issues in counseling* (6th ed.). Hoboken, NJ: Pearson Education.

Rihacek, T., & Danelova, E. (2016). The journey of an integrationist: A grounded theory analysis. *Psychotherapy, 53*, 78-89. doi:10.1037/pst0000040

Rihacek, T., Danelova, E., & Cermak, I. (2012). Psychotherapist development: Integration as a way to autonomy. *Psychotherapy Research, 22*, 556-569. doi:10.1080/10503307.2012.688883

Rogers, C. R. (1942). *Counseling and psychotherapy*. Boston, MA: Houghton Mifflin.

Rogers, C. R. (2007). The necessary and sufficient conditions of therapeutic personality change. *Psychotherapy: Theory, Research, Practice, Training, 44*, 240-248. doi:10.1037/0033-3204.44.3.240

Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30*, 5-44. doi:1025173508081

Russell-Chapin, L. A., Field, T. A., & Jones, L. K. (2017). Ten practical guidelines for neurocounseling. In T. A. Field, L. K. Jones, & L. A. Russell-Chapin (Eds.), *Neurocounseling: Brain-based clinical approaches* (pp. 227-236). Alexandria, VA: American Counseling Association.

Safran, J. D., Kriss, A., & Foley, V. K. (2019). Psychodynamic psychotherapies. In D. Wedding & R. J. Corsini (Eds.), *Current psychotherapies* (11th ed., pp. 21-57). Boston, MA: Cengage Learning.

Sales, A. P. (2012). History of rehabilitation counseling. In D. R. Maki & V. M. Tarvydas (Eds.), *The professional practice of rehabilitation counseling* (pp. 39-60). New York, NY: Springer Publishing Company.

Scandell, D. J., Wlazelek, B. G., & Scandell, R. S. (1997). Personality of the therapist and theoretical orientation. *The Irish Journal of Psychology, 18*, 413-418.

Schmolck, P. (2014). PQMethod manual. Retrieved from http://schmolck.org/qmethod/pqmanual.htm

Scragg, P., Bor, R., & Watts, M. (1999). The influence of personality and theoretical models on

    applicants to a counselling psychology course: A preliminary study. *Counselling*

    Psychology Quarterly, 12, 263-270.

Seligman, L. (2006). *Theories of counseling and psychotherapy: Systems, strategies, and skills*

    (2nd ed.). Upper Saddle River, NJ: Pearson.

Sheeley, V. L. (2002). American Counseling Association: The 50th year celebration of

    excellence. *Journal of Counseling & Development, 80*, 387-393. doi:10.1002/j.1556-

    6678.2002.tb00204.x

Shifflett, E. T. (Ed.) (2016). *Licensure requirements for professional counselors: A state-by-state*

    report (2016 ed.). Alexandria, VA: American Counseling Association.

Skovholt, T. M., & Rønnestad, M. H. (1992). Themes in therapist and counselor development.

    Journal of Counseling & Development, 70, 505-515. doi:10.1002/j.1556-

    6676.1992.tb01646.x

Smith, H. B., & Robinson, G. P. (1995). Mental health counseling: Past, present, and future.

    Journal of Counseling & Development, 74, 158-162. doi:10.1002/j.1556-

    6676.1995.tb01842.x

Smith, R. L., Carlson, J., Stevens-Smith, P., & Dennison, M. (1995). Marriage and family

    counseling. *Journal of Counseling & Development, 74*, 154-157. doi:10.1002/j.1556-

    6676.1995.tb01841.x

Stephenson, W. (1935). Correlating persons instead of tests. *Journal of Personality, 4*, 17-24.

Stickl, J. E., Wester, K. L., & Wachter Morris, C. A. (2019). Making sense of subjectivity: Q

    methodology in counseling research. *Counseling Outcome Research and Evaluation, 10*,

    106-118. doi:10.1080/21501378.2017.1419425.

Sue, D. W., & Torino, G. C. (2005). Racial-cultural competence: Awareness, knowledge, and

    skills. In R. T. Carter (Ed.), *Handbook of racial-cultural psychology and counseling* (Vol.

    2, pp. 3-18). Hoboken, NJ: Wiley.

Super, D. E. (1955). Transition: from vocational guidance to counseling psychology. *Journal of*

    Counseling Psychology, 2, 3-9. doi:10.1037/h0041630

Tarvydas, V. M., Hartley, M. T., & Gerald, M. (2015). What practitioners need to know about

    professional credentialing. In I. Marini & M. A. Stebnicki (Eds.), *The professional*

    counselor's desk reference (2nd ed., pp. 17-22). New York, NY: Springer Publishing

    Company.

Trepal, H. C., Wester, K. L., & Shuler, M. (2008). Counselors'-in-training perceptions of

    gendered behavior. *The Family Journal, 16*, 147-154.

Vargas, J. S. (2001). B F Skinner's contribution to therapeutic change: An agency-less

    contingency analysis. In W. T. O'Donohue, D. A. Henderson, S. C. Hayes, J. E. Fisher, &

    L. J. Hayes (Eds.), *A history of the behavioral therapies: Founders' personal histories.*

    (pp. 59-74). Reno, NV: Context Press.

Wagner, H. H., & Hill, N. R. (2015). Becoming counselors through growth and learning: The

    entry transition process. *Counselor Education and Supervision, 54*, 189-202.

    doi:10.1002/ceas.12013

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings* (2nd

    ed.). Mahwah, NJ: Routledge.

Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update.

    World Psychiatry, 14, 270-277.

Watts, S., & Stenner, P. (2005). Doing Q methodology: Theory, method and interpretation. *Qualitative Research in Psychology, 2*, 67-91.

Watts, S., & Stenner, P. (2012). *Doing Q methodological research: Theory, method and interpretation*. London, UK: SAGE.

Wolff, S., & Auckenthaler, A. (2014). Processes of theoretical orientation development in CBT trainees: What internal processes do psychotherapists in training undergo as they "integrate"? *Journal of Psychotherapy Integration, 24*, 223-237.

Wolpe, J., & Plaud, J. J. (1997). Pavlov's contributions to behavior therapy: The obvious and the not so obvious. *American Psychologist, 52*, 966-972. doi:10.1037/0003-066X.52.9.966

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

Yang, Y. (2016). A brief introduction to Q methodology. *International Journal of Adult Vocational Education and Technology, 7*, 42-53. doi:10.4018/IJAVET.2016040104

Zytowski, D. G. (2001). Frank Parsons and the progressive movement. *The Career Development Quarterly, 50*, 57-65.

Appendix A – Concepts added to the Concourse

Norcross (2005)	Types of theoretical integration	Single Theory Technical Eclecticism Theoretical Integration Common Factors Assimilative Integration
Hansen (2012)	Ways of viewing the counseling profession	Counseling as a humanities vs science profession Complex/diverse view vs simplified/singular view of the nature of humanity Developmental vs medical model
McLaughlin & Boettcher (2009)	Core elements of the counseling profession	Importance of the individual Focus on healthy development Educational process Empowers others Conflict between the medical model and this humanistic history of the profession
Remley & Herlihy (2020)	Philosophy of the counseling profession	Focus on wellness rather than disease/medical model Problems in life are developmental Focus on prevention and early intervention in dealing with personal and emotional problems Empower people to identify and resolve their own problems
Bitar, Bean, & Bermudez (2007)	Elements influencing theoretical orientation development	Personal – personality, personal philosophy, values/theology, family of origin, being a client of another therapist, therapist's marriage Professional – undergraduate courses, graduate clinical training, graduate academic training, clients, professional development, clinical sophistication
Fitzpatrick, Kovalak, & Weaver (2010)	Elements influencing theoretical orientation development	Theories considered Curriculum Professor interactions Colleague interactions Reactions to readings Reflections: personal and on practice Philosophies: personal and of therapy Family and culture Target clientele Supervisor interactions

		Practice: effectiveness, applying theory, and fit
		Aspirations: personal and therapy
Wolff & Auckenthaler (2014)	Theoretical orientation development in CBT trainees	No single process for all
		Some moved towards defining themselves as CBT therapists while others moved towards identifying themselves as general psychotherapists
		CBT therapists – tended to come from natural science backgrounds, tended to make a specific decision to seek CBT training, had positive experiences with CBT during training, saw strengths of CBT and focused on its distinctiveness from other approaches
		Psychotherapists – tended to come from social science backgrounds, tended to be either encouraged by others or made a pragmatic decision to seek CBT training, were more likely to have experiences in training which demonstrated that CBT was not always effective, tended to see blurred boundaries between CBT and other approaches
Rihacek, Danelova, & Cermak (2012)	Stages of development in forming an integrated theoretical orientation	Multiple forces leading towards two outcomes: heteronomy (using a single established approach) and autonomy (developing one's own integrated approach)
		A desire to follow an established approach and a desire for legitimacy lead to identification with a single approach which leads to heteronomy
		Perceived efficacy and a desire for congruence between one's personal philosophy and one's theoretical orientation lead to intuitive integration of approaches which leads towards a desire for an autonomous approach
		Those who were drawn in both directions often felt feelings of apostasy (anxiety over not following the path of a single established theory)
Rihacek & Danelova (2016)	Stages of developing an integrated theoretical orientation	Adherence Phase
		"True Believer" attitude
		A more critical stance
		Paths to a home orientation
		Destabilization Phase
		Encountering limitations
		Enriching one's personal psychotherapeutic approach
		Increasing differentiation

		Consolidation Phase
		Conceptual organization
		Seamless in-session integration
		Personal values and themes permeating a psychotherapist's personal approach
		Some repeat these three phases several times to further refine their approach
Heinonen & Orlinsky (2013)	Similarities in personality based on theoretical orientation	Humanistic therapists – view themselves as more genial than psychodynamic therapists
		Cognitive-behavioral therapists – more practical than humanistic or psychodynamic therapists
		Integrative therapists – more genial and forceful that other therapists and equally practical as cognitive-behavioral therapists
Buckman & Barker (2010)	Comparisons between personality of psychology students with psychodynamic and cognitive-behavioral orientations	Psychodynamic
		Higher in Openness to Experience – preference for inner feelings, symbols, intellectual curiosity
		Lower in Conscientiousness – less forceful
		Cognitive-behavioral
		Higher on Conscientiousness – preference for planning and organizing
		Lower on Openness to Experience – more conventional behavior and outlook

Appendix B – Q-sample

Methods of Using/Integrating Theory

1. I am a true believer in a single theory of counseling.

2. I have tried using a single theoretical approach, and have found it was not suitable for meeting the needs of some of my clients.

3. I use one particular theoretical approach as my basic "way of being" with my clients, and I like to have the techniques from a few other approaches in my counseling "toolbox."

4. I take what I like from various approaches without worrying about the theory behind it.

5. I have developed my own standard approach by combining the theories and techniques from two or more other theoretical approaches.

6. I have discovered that there are common factors behind many theoretical approaches and so I have focused on addressing those factors in my work.

Descriptions/Characteristics of Theories

7. I prefer to use techniques that were developed based on research.

8. I prefer to use techniques that were developed from philosophy and deep reflections on years of practice.

9. I view counseling as an art that can be refined through practice and enhanced through creativity.

10. I view counseling as a science that can be enhanced through experimentation and by deepening my understanding of the human brain.

11. I prefer an approach to counseling that is direct, concrete, or practical.

12. I prefer an approach to counseling that is nurturing or genial.

13. My approach to counseling is effective with people of a wide variety of cultural backgrounds.

14. I take an active role in directing my clients through the counseling process.

15. I prefer an approach that guides my clients toward achieving insight.

16. I tend to focus on thoughts more than feelings in my counseling work.

Thoughts on the Use of Theory

17. I was very interested in working with a specific population, and other counselors told me that a particular theoretical approach works best for that population so that is the theoretical approach I use.

18. I was taught a wide variety of theoretical approaches; however, just because I was taught them doesn't mean I have to buy into any of them.

19. I want to expand the scope of my practice by learning a wide variety of new theoretical concepts and techniques.

20. I want to refine my practice by developing a unified theory to underlie my work.

21. Just give me the techniques. I want to help my clients, but I do not have time to think about why they work or how they fit together right now.

22. I feel I am effective with my clients. My techniques work. I do not really feel a need to put a name to what I am doing or outline a theoretical lens.

23. I have gotten to a point where I am clear in who I am clinically and so people tend to want to learn from me.

24. I prefer to put my creativity to use in developing new techniques.

25. I frequently read new research to find ways to enhance my work.

26. I look through online discussion boards or idea sharing sites to find techniques that I can use with my clients.

27. I feel free to use any techniques I believe are necessary in my current work environment.

28. I feel free to use any theoretical basis for my work in my current work environment.

29. Over time, I have established a combination of approaches which blend together seamlessly in my work.

30. I am confident enough in my current practices that I feel free to draw on a wide variety of techniques and research to inform my work.

31. I have encountered gaps in my training/knowledge of counseling and this has decreased my confidence in my ability to effectively help my clients.

32. I feel confident that I have the training and expertise necessary to effectively use the theoretical approaches that I want to use.

33. Some theoretical approaches require a lot of training that I am not yet ready to commit to, so I have focused on less complicated approaches.

34. I haven't done much exploration of counseling theory other than what was presented in my graduate program.

Elements that Influence Theoretical Orientation Formation

35. Before I started my counseling training, my interest in a particular theoretical approach had already taken hold due to my undergraduate experiences.

36. One of my professors from my master's program introduced me to information that has a strong influence on my current counseling practices.

37. One of my supervisors during my clinical training really helped me to fill in the gaps in my knowledge and demonstrated some techniques that have influenced the way I currently practice counseling.

38. Some of the strongest influences on my current practices have come from conferences or other professional development opportunities.

39. I really saw the power of a certain theoretical approach when I saw how effective it was with one of my clients.

40. My personality is better suited for the theoretical approach I use. It fits with the way I usually see the world and work through problems.

41. When deciding which theoretical approaches to use, I think about how the theory fits with my religious views.

42. The theory I use is especially appealing to me because it fits with my personal philosophy of what is important in life and has helped me to reexamine and refine my beliefs.

43. I can see the influence of the way my mom/dad raised me on my approach to counseling. I sometimes find myself asking "What would my mom/dad have said in this situation?"

44. My cultural values align with the theoretical approach that I use.

45. The way I currently practice counseling has a lot to do with the way I resolved problems as a child.

46. The approach my own counselor modeled for me really shaped the theoretical approach I use with my clients.

47. I like to take time to reflect on my work as a counselor and this has changed the way I look at counseling theory.

48. My current theory of counseling is based on personal reflection on my life experiences.

49. I developed my theoretical orientation to meet a goal of the type of counselor I wanted to be and the type of clients with whom I wanted to work.

50. The readings from my counseling training program were really influential in the formulation of my theoretical approach.

51. My interactions with other counselors have greatly influenced my current counseling practices.

52. I find that when I help others learn more about counseling approaches, I often end up learning as much from them as they do from me.

53. My current style of counseling is something I developed because of my attempts to replicate the style of others.

54. I value developing a theoretical approach that is effective for my clients and congruent with my personality and values over using a theoretical approach that is well established and for which I can receive extra training.

Dear <Name>,

My name is Brian Weber and I am a doctoral candidate in counselor education at Kansas State University and counseling instructor at Fort Hays State University. I am writing to request your participation in a research study I am conducting as part of my doctoral dissertation. Through this study, I am seeking to understand how counselors make use of theory and view the process of forming their theoretical orientation. I am looking for 30 participants who are either active licensed counselors from the school counseling or clinical mental health counseling specialties or are students currently pursing master's degrees in these specialty areas.

Participation in this study is estimated to take between 20 and 40 minutes of your time. The study takes the form of a card sorting exercise which can be completed electronically. You will first be presented with a series of statements which represent thoughts counselors might have about theoretical orientation. In the first part of the study, you will take these statements and sort them into three piles, one for statements with which you agree, one for those with which you disagree, and one for any for which you neither agree nor disagree. In the second part of the study, you will take the statements from the three piles and sort them onto a grid to ranking them from those with which you most agree to those with which you most disagree.

If you are interested in participating, the study instrument can be accessed by going to https://application.qsortware.net/user/bwweber/ and clicking on the icon labeled "Counselor Views on Elements Influencing Theoretical Orientation." The program I am using to administer this study will not work properly on touchscreen devices such as smartphones or tablets; so, if you choose to participate in this study, please do so using a laptop or desktop computer.

If you have any questions about the study or have any difficulty with the program, you can reply to this email or call me at (314) 229-9649. You could also contact my dissertation advisors, Dr. Kenneth Hughey (khughey@ksu.edu) and Dr. Lydia Yang (yyang001@ksu.edu). If you know of anyone else who might be interested in participating, please let me know.

This study has been approved by the Institutional Review Boards (IRB) at both Kansas State University (IRB# 10124; Approved 04/01/2020) and Fort Hays State University (IRB# 1589359-1; Approved 04/06/2020). Questions regarding this research project should be sent to Dr. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224. The IRB Website is available at http://www.kstate.edu/research/comply/irb/.

Thank you,

Brian Weber

Consent Form

Consent Form

<u>Welcome!</u>

You are invited to participate in a research study entitled "Counselor Views on Elements Informing Theoretical Orientation." This study is being conducted by Brian Weber, a doctoral candidate at Kansas State University and instructor at Fort Hays State University, as a part of his doctoral dissertation.

Purpose
The purpose of this study is to gain an understanding of the ways that counselors view the current formation of their theoretical orientation, or the theory-based framework that counselors use to understand the thoughts and actions of their clients, formulate treatment plans, and evaluate progress. The focus of this study is specifically on the views of practicing counselors in the clinical mental health or school counseling specialties as well as students pursing master's degrees in these specialties.

Procedure
In this study you will be viewing 54 statements that counselors might say about their theoretical orientation and then sorting these statements based on the extent to which each corresponds with your current point of view. It is anticipated that this process will take between 20 and 40 minutes.

Benefits and Risks
There are no direct individual benefits of participating in this study. The primary benefit is scientific. This research will provide greater understanding of how counselors form their theoretical orientations and how some groups of counselors may view theoretical orientation in similar ways. Your may benefit by learning more about your own process of forming your theoretical orientation.

There are also no foreseeable risks to participation in the study beyond those encountered in everyday life as all statements represent acceptable points of view on the topic. Your participation in this study is completely voluntary. You may stop your participation in this study at any time without any explanation.

Graduate students invited to participate in this study should be aware that participation will in no way affect your standing in your program. You will receive no course credit for choosing to participate, nor will you be penalized in any way should you decide not to participate.

At the end of the study, you will be asked to provide an email address. This email address will not be used to contact you, but is the way this program identifies which participant is linked with their associated responses. To maintain your confidentiality, please create a unique but fake email address (e.g., someone@someplace.com) to serve as your participant identifier.

The data collected for this study will not likely be something you would consider to be sensitive information as all possible responses are acceptable viewpoints on the topic of theoretical orientation; however, you should be aware that all data will initially be stored online in a password-protected server. Only the investigator has the password to retrieve this information. To further protect your privacy, when all responses have been completed, the investigator will download all responses to a private computer, store them in a password-protected file, and delete all information from the server.

Contact Information

If you have further questions or concerns about this study or would like to hear more about the findings of this study after results have been analyzed, you may contact Brian Weber at bwweber2@fhsu.edu or his dissertation advisors, Dr. Kenneth Hughey at khughey@ksu.edu and Dr. Yang Yang at yyang001@ksu.edu. Additionally, questions regarding this research project can be sent to Dr. Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224. The Institutional Review Board (IRB) Website is available at http://www.kstate.edu/research/comply/irb/.

<u>Terms of participation</u>

By clicking "OK" at the bottom of this page, you are indicating that you understand this project is research, and that your participation is voluntary. You are also indicating that you understand that if you decide to participate in this study, you may withdraw your consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which you may otherwise be entitled. You additionally understand that by clicking on the continue button, you are agreeing that you have read and understand this consent form, and are willingly agreeing to participate in this study under the terms described. Finally, you are confirming that you are a licensed practicing counselor or graduate student in either the clinical mental health or school counseling specialty areas.

You may print this page for your records. To do this, you can either use the print functions built into your web browser, or you can press Ctrl + P on Windows computers and Chromebooks or Command + P on Apple computers.

OK

Initial Instructions

Instructions for the Q-sort process

Directions

<div style="text-align: center;">

Directions

</div>

On the following two pages, you will be sorting statements based on how much you agree with them. You can see the directions for each section below. You can also see them in text box at the top of each screen; however, the text boxes are rather small so it may be easier to read the directions here first. If any text is too small, you can use the zoom function of your web browser to increase the size, or you can zoom by holding down the "Ctrl" button on Windows computers or the Command button on Apple computers and then pressing the + button to zoom in or the - button to zoom out.

Directions for the First Sort
During this first step of the sorting process, you will see 54 statements presented one at a time. Read the statements carefully and drag them up into three piles: a pile for statements you tend to AGREE are important to the way you currently formulate your theoretical orientation, a pile for statements that you DISAGREE are currently important, and a pile for the those to which you are NEUTRAL, meaning you neither agree nor disagree. If you are uncertain about a particular statement, you can place it in the neutral pile. If you change your mind, you can drag statements from one pile to another.

Directions for the Second Sort
In this next stage of the study, you will be taking the statements you have sorted and further sorting them to indicate which are most to least like your current view of theoretical orientation. First, reread the statements in the "AGREE" pile. You can scroll through the statements by using the scroll bar. Next, select the two statements you most agree with and drag them to the column on the right side of the page marked "+5 Most Like Me." Then, select the three statements remaining in the "AGREE" pile which you most agree with and place drag them to the column marked "+4." Continue sorting statements from the "AGREE" pile into the columns with positive numbers in a similar manner until you have finished sorting all of those cards. At the top of each column, next to the label for the column, you will see a number in parentheses which indicates how many statements need to be dragged into that column. You will also see an indicator at the bottom of each column which could either be a yellow triangle around an exclamation point with words in red indicating how many more statements need to be added to that column or words indicating that you have added too many statements to that column, or you might see a green circle around a check mark which indicates that you have added the correct number of statements to that column. Should you need to, you can rearrange your statements by dragging them from one column to another.

Next, reread the statements in the "DISAGREE" pile. Just like before, select the two statements you most disagree with and drag them to the column on the left side of the page labeled "-5 Least Like Me," then continue sorting those cards in a similar manner until no cards are left in that pile.

Finally, reread the statements in the "NEUTRAL" pile and arrange them in a similar order in the remaining open spots in the columns in the center of the page, placing those you somewhat agree with into the remaining spots in the positively numbered columns, those you somewhat disagree with into the remaining spots in the negatively numbered columns, and those you are most neutral on in the column labeled "0 Neutral."

OK

Screenshots of the Q-sort process

Counselor Views on Elements Influencing Theoretical Orientation / Step 1 of 1...

During this first step of the sorting process, you will see 54 statements presented one at a time. Read the statements carefully and drag them up into three piles: a pile for statements you tend to AGREE are important to the way you currently formulate your theoretical orientation, a pile for statements that you DISAGREE are currently important, and a pile for the those to which you are NEUTRAL, meaning you neither agree nor disagree. If you are uncertain about a particular statement, you can place it

Drag the following item into one of the boxes below:

I am a true believer in a single theory of counseling.

DISAGREE	NEUTRAL	AGREE

Continue

Counselor Views on Elements Influencing Theoretical Orientation / Step 1 of 1...

In this next stage of the study, you will be taking the statements you have sorted and further sorting them to indicate which are most to least like your current view of theoretical orientation. First, reread the statements in the "AGREE" pile. You can scroll through the statements by using the scroll bar. Next, select the two statements you most agree with and drag them to the column on the right side of the page marked "+5 Most Like Me." Then, select the three statements remaining in the "AGREE" pile

Drag the items to the boxes below:

DISAGREE
1. I have tried using a single theoretical approach, but found it was not suitable for meeting the needs of some of my clients.
2. I have developed my own standard approach by combining the theories and techniques from two or more other theoretical approaches.
3. I view counseling as an art that can be refined through practice and enhanced through creativity.
4. I prefer an approach to counseling that is nurturing or genial.
5. I tend to focus on thoughts more than feelings in my counseling work.

NEUTRAL
1. I am a true believer in a single theory of counseling.
2. I take what I like from various approaches without worrying about the theory behind it.
3. I prefer to use techniques that were developed based on research.
4. I prefer to use techniques that were developed from philosophy and deep reflections on years of practice.
5. I prefer an approach to counseling that is direct, concrete, or practical.
6. My approach to counseling is effective with people of a wide

AGREE
1. I use one particular theoretical approach as my basic "way of being" with my clients, but I like to have the techniques from a few other approaches in my counseling "toolbox."
2. I have discovered that there are common factors behind many approaches and so I have focused on addressing those factors in my work.
3. I view counseling as a science that can be enhanced through experimentation and by deepening my understanding of the human brain.
4. I take an active role in directing my clients through the counseling process.

-5 Least Like Me (2)	-4 (3)	-3 (5)	-2 (6)	-1 (7)	0 Neutral (8)	+1 (7)	+2 (6)	+3 (5)	+4 (3)	+5 Most Like Me (2)
⚠ 2 item(s) missing	⚠ 3 item(s) missing	⚠ 5 item(s) missing	⚠ 6 item(s) missing	⚠ 7 item(s) missing	⚠ 8 item(s) missing	⚠ 7 item(s) missing	⚠ 6 item(s) missing	⚠ 5 item(s) missing	⚠ 3 item(s) missing	⚠ 2 item(s) missing

Continue

Qualitative Follow-up Questions

Instructions - Follow-up Questions

On the following page, please explain why you ranked the two statements in the +5 column as those you feel are most like you.
Then, indicate why the two in the -5 column are least like you.

OK

Follow-up Questions

User Information

+5 Rationale:

-5 Rationale:

OK

Demographic Questions

Instructions - Demographics

Finally, please respond to the following items regarding your background.

OK

Demographics

User Information

Counseling Specialty:	school counseling ▾
Name of Your Degree Granting Institution:	
Year of Degree Completion (actual or planned):	
Degree Progress:	Less than half complete ▾
Years of Post-Degree Counseling Experience (students type 0):	
How would you describe your theoretical orientation?:	
Gender:	
Age:	
Ethnicity:	
Comments - please leave any comments you have on the study:	

OK

Conclusion

Conclusion

Thank you for your time! This concludes the study.

When you click "OK" you will exit the study and will see a box appear asking for your email address. You may recall from the welcome screen that this email address serves as your unique identifier for this study. To maintain confidentiality, please do not add your real email address, but instead create a unique but fake email address (e.g., someone@someplace.com).

OK

Appendix E – Statement Rankings for Each Typology

Typology 1

	Statement	z-score
7	I prefer to use techniques that were developed based on research.	1.670
12	I prefer an approach to counseling that is nurturing or genial.	1.625
3	I use one particular theoretical approach as my basic "way of being" with my clients, and I like to have the techniques from a few other approaches in my counseling "toolbox."	1.623
8	I prefer to use techniques that were developed from philosophy and deep reflections on years of practice.	1.552
9 [b]	I view counseling as an art that can be refined through practice and enhanced through creativity.	1.433
40	My personality is better suited for the theoretical approach I use. It fits with the way I usually see the world and work through problems.	1.258
27	I feel free to use any techniques I believe are necessary in my current work environment.	1.227
28	I feel free to use any theoretical basis for my work in my current work environment.	1.171
25	I frequently read new research to find ways to enhance my work.	1.043
13	My approach to counseling is effective with people of a wide variety of cultural backgrounds.	1.035
30	I am confident enough in my current practices that I feel free to draw on a wide variety of techniques and research to inform my work.	1.021
15 [b]	I prefer an approach that guides my clients toward achieving insight.	0.975
50	The readings from my counseling training program were really influential in the formulation of my theoretical approach.	0.967
23 [a]	I have gotten to a point where I am clear in who I am clinically and so people tend to want to learn from me.	0.767
39	I really saw the power of a certain theoretical approach when I saw how effective it was with one of my clients.	0.756
37 [b]	One of my supervisors during my clinical training really helped me to fill in the gaps in my knowledge and demonstrated some techniques that have influenced the way I currently practice counseling.	0.738
29	Over time, I have established a combination of approaches which blend together seamlessly in my work.	0.736
14 [b]	I take an active role in directing my clients through the counseling process.	0.633

36	One of my professors from my master's program introduced me to information that has a strong influence on my current counseling practices.	0.531
6	I have discovered that there are common factors behind many theoretical approaches and so I have focused on addressing those factors in my work.	0.297
51	My interactions with other counselors have greatly influenced my current counseling practices.	0.242
48	My current theory of counseling is based on personal reflection on my life experiences.	0.205
47	I like to take time to reflect on my work as a counselor and this has changed the way I look at counseling theory.	0.176
32	I feel confident that I have the training and expertise necessary to effectively use the theoretical approaches that I want to use.	0.046
2	I have tried using a single theoretical approach, and have found it was not suitable for meeting the needs of some of my clients.	-0.014
19	I want to expand the scope of my practice by learning a wide variety of new theoretical concepts and techniques.	-0.035
22	I feel I am effective with my clients. My techniques work. I do not really feel a need to put a name to what I am doing or outline a theoretical lens.	-0.042
43	I can see the influence of the way my mom/dad raised me on my approach to counseling. I sometimes find myself asking "What would my mom/dad have said in this situation?"	-0.069
44	My cultural values align with the theoretical approach that I use.	-0.071
49	I developed my theoretical orientation to meet a goal of the type of counselor I wanted to be and the type of clients with whom I wanted to work.	-0.105
18 [b]	I was taught a wide variety of theoretical approaches; however, just because I was taught them doesn't mean I have to buy into any of them.	-0.118
54	I value developing a theoretical approach that is effective for my clients and congruent with my personality and values over using a theoretical approach that is well established and for which I can receive extra training.	-0.191
10	I view counseling as a science that can be enhanced through experimentation and by deepening my understanding of the human brain.	-0.204
5	I have developed my own standard approach by combining the theories and techniques from two or more other theoretical approaches.	-0.230
42	The theory I use is especially appealing to me because it fits with my personal philosophy of what is important in life and has helped me to reexamine and refine my beliefs.	-0.236
16	I tend to focus on thoughts more than feelings in my counseling work.	-0.273

52	I find that when I help others learn more about counseling approaches, I often end up learning as much from them as they do from me.	-0.355
45	The way I currently practice counseling has a lot to do with the way I resolved problems as a child.	-0.386
26 [a]	I look through online discussion boards or idea sharing sites to find techniques that I can use with my clients.	-0.503
4	I take what I like from various approaches without worrying about the theory behind it.	-0.543
20	I want to refine my practice by developing a unified theory to underlie my work.	-0.580
33	Some theoretical approaches require a lot of training that I am not yet ready to commit to, so I have focused on less complicated approaches.	-0.722
46	The approach my own counselor modeled for me really shaped the theoretical approach I use with my clients.	-0.815
1	I am a true believer in a single theory of counseling.	-1.085
11	I prefer an approach to counseling that is direct, concrete, or practical.	-1.103
38 [a]	38. Some of the strongest influences on my current practices have come from conferences or other professional development opportunities.	-1.138
17 [b]	I was very interested in working with a specific population, and other counselors told me that a particular theoretical approach works best for that population so that is the theoretical approach I use.	-1.211
24	I prefer to put my creativity to use in developing new techniques.	-1.287
53	My current style of counseling is something I developed because of my attempts to replicate the style of others.	-1.403
21	Just give me the techniques. I want to help my clients, but I do not have time to think about why they work or how they fit together right now.	-1.519
35	Before I started my counseling training, my interest in a particular theoretical approach had already taken hold due to my undergraduate experiences.	-1.765
34	I haven't done much exploration of counseling theory other than what was presented in my graduate program.	-1.806
31 [a]	I have encountered gaps in my training/knowledge of counseling and this has decreased my confidence in my ability to effectively help my clients.	-1.905
41	When deciding which theoretical approaches to use, I think about how the theory fits with my religious views.	-2.012

Note. [a] distinguishing statement [b] consensus statement

Typology 2

Statement		z-score
42 [a]	The theory I use is especially appealing to me because it fits with my personal philosophy of what is important in life and has helped me to reexamine and refine my beliefs.	1.851
48 [a]	My current theory of counseling is based on personal reflection on my life experiences.	1.702
9 [b]	I view counseling as an art that can be refined through practice and enhanced through creativity.	1.585
4 [a]	I take what I like from various approaches without worrying about the theory behind it.	1.545
5	I have developed my own standard approach by combining the theories and techniques from two or more other theoretical approaches.	1.358
15 [b]	I prefer an approach that guides my clients toward achieving insight.	1.282
54 [a]	I value developing a theoretical approach that is effective for my clients and congruent with my personality and values over using a theoretical approach that is well established and for which I can receive extra training.	1.127
29	Over time, I have established a combination of approaches which blend together seamlessly in my work.	0.940
3	I use one particular theoretical approach as my basic "way of being" with my clients, and I like to have the techniques from a few other approaches in my counseling "toolbox."	0.873
49 [a]	I developed my theoretical orientation to meet a goal of the type of counselor I wanted to be and the type of clients with whom I wanted to work.	0.864
11	I prefer an approach to counseling that is direct, concrete, or practical.	0.832
22 [a]	I feel I am effective with my clients. My techniques work. I do not really feel a need to put a name to what I am doing or outline a theoretical lens.	0.827
2	I have tried using a single theoretical approach, and have found it was not suitable for meeting the needs of some of my clients.	0.789
27	I feel free to use any techniques I believe are necessary in my current work environment.	0.756
41 [a]	When deciding which theoretical approaches to use, I think about how the theory fits with my religious views.	0.684
14 [b]	I take an active role in directing my clients through the counseling process.	0.571
52	I find that when I help others learn more about counseling approaches, I often end up learning as much from them as they do from me.	0.569
34	I haven't done much exploration of counseling theory other than what was presented in my graduate program.	0.491

40	My personality is better suited for the theoretical approach I use. It fits with the way I usually see the world and work through problems.	0.487
47	I like to take time to reflect on my work as a counselor and this has changed the way I look at counseling theory.	0.486
37[b]	One of my supervisors during my clinical training really helped me to fill in the gaps in my knowledge and demonstrated some techniques that have influenced the way I currently practice counseling.	0.450
44	My cultural values align with the theoretical approach that I use.	0.417
24	I prefer to put my creativity to use in developing new techniques.	0.340
6	I have discovered that there are common factors behind many theoretical approaches and so I have focused on addressing those factors in my work.	0.229
13	My approach to counseling is effective with people of a wide variety of cultural backgrounds.	0.225
8	I prefer to use techniques that were developed from philosophy and deep reflections on years of practice.	0.190
30	I am confident enough in my current practices that I feel free to draw on a wide variety of techniques and research to inform my work.	0.149
27	I feel free to use any theoretical basis for my work in my current work environment.	0.037
39	I really saw the power of a certain theoretical approach when I saw how effective it was with one of my clients.	0.003
12	I prefer an approach to counseling that is nurturing or genial.	-0.044
43	I can see the influence of the way my mom/dad raised me on my approach to counseling. I sometimes find myself asking "What would my mom/dad have said in this situation?"	-0.069
36	One of my professors from my master's program introduced me to information that has a strong influence on my current counseling practices.	-0.120
50	The readings from my counseling training program were really influential in the formulation of my theoretical approach.	-0.150
16	I tend to focus on thoughts more than feelings in my counseling work.	-0.229
51	My interactions with other counselors have greatly influenced my current counseling practices.	-0.378
32	I feel confident that I have the training and expertise necessary to effectively use the theoretical approaches that I want to use.	-0.381
38[a]	Some of the strongest influences on my current practices have come from conferences or other professional development opportunities.	-0.412
46	The approach my own counselor modeled for me really shaped the theoretical approach I use with my clients.	-0.455

7	I prefer to use techniques that were developed based on research.	-0.527
31	I have encountered gaps in my training/knowledge of counseling and this has decreased my confidence in my ability to effectively help my clients.	-0.636
45	The way I currently practice counseling has a lot to do with the way I resolved problems as a child.	-0.676
19	I want to expand the scope of my practice by learning a wide variety of new theoretical concepts and techniques.	-0.681
10	I view counseling as a science that can be enhanced through experimentation and by deepening my understanding of the human brain.	-0.718
18[b]	I was taught a wide variety of theoretical approaches; however, just because I was taught them doesn't mean I have to buy into any of them.	-0.868
53	My current style of counseling is something I developed because of my attempts to replicate the style of others.	-0.987
21	Just give me the techniques. I want to help my clients, but I do not have time to think about why they work or how they fit together right now.	-1.054
35	Before I started my counseling training, my interest in a particular theoretical approach had already taken hold due to my undergraduate experiences.	-1.164
33	Some theoretical approaches require a lot of training that I am not yet ready to commit to, so I have focused on less complicated approaches.	-1.245
23	I have gotten to a point where I am clear in who I am clinically and so people tend to want to learn from me.	-1.246
26	I look through online discussion boards or idea sharing sites to find techniques that I can use with my clients.	-1.357
25	I frequently read new research to find ways to enhance my work.	-1.696
20[a]	I want to refine my practice by developing a unified theory to underlie my work.	-1.962
17[b]	I was very interested in working with a specific population, and other counselors told me that a particular theoretical approach works best for that population so that is the theoretical approach I use.	-1.963
1	I am a true believer in a single theory of counseling.	-2.641

Note. [a] distinguishing statement [b] consensus statement

Typology 3

Statement		z-score
36	One of my professors from my master's program introduced me to information that has a strong influence on my current counseling practices.	1.859
7	I prefer to use techniques that were developed based on research.	1.626
10 [a]	I view counseling as a science that can be enhanced through experimentation and by deepening my understanding of the human brain.	1.590
47	I like to take time to reflect on my work as a counselor and this has changed the way I look at counseling theory.	1.555
13	My approach to counseling is effective with people of a wide variety of cultural backgrounds.	1.365
25	I frequently read new research to find ways to enhance my work.	1.274
50	The readings from my counseling training program were really influential in the formulation of my theoretical approach.	1.259
19	I want to expand the scope of my practice by learning a wide variety of new theoretical concepts and techniques.	1.239
15 [b]	I prefer an approach that guides my clients toward achieving insight.	0.957
26 [a]	I look through online discussion boards or idea sharing sites to find techniques that I can use with my clients.	0.950
38	Some of the strongest influences on my current practices have come from conferences or other professional development opportunities.	0.935
32	I feel confident that I have the training and expertise necessary to effectively use the theoretical approaches that I want to use.	0.802
9 [b]	I view counseling as an art that can be refined through practice and enhanced through creativity.	0.766
51	My interactions with other counselors have greatly influenced my current counseling practices.	0.703
11	I prefer an approach to counseling that is direct, concrete, or practical.	0.661
3	I use one particular theoretical approach as my basic "way of being" with my clients, and I like to have the techniques from a few other approaches in my counseling "toolbox."	0.635
20 [a]	I want to refine my practice by developing a unified theory to underlie my work.	0.620
14 [b]	I take an active role in directing my clients through the counseling process.	0.605
1 [a]	I am a true believer in a single theory of counseling.	0.591
8	I prefer to use techniques that were developed from philosophy and deep reflections on years of practice.	0.513

30	I am confident enough in my current practices that I feel free to draw on a wide variety of techniques and research to inform my work.	0.422
37 [b]	One of my supervisors during my clinical training really helped me to fill in the gaps in my knowledge and demonstrated some techniques that have influenced the way I currently practice counseling.	0.400
52	I find that when I help others learn more about counseling approaches, I often end up learning as much from them as they do from me.	0.316
46	The approach my own counselor modeled for me really shaped the theoretical approach I use with my clients.	0.163
40	My personality is better suited for the theoretical approach I use. It fits with the way I usually see the world and work through problems.	0.071
39	I really saw the power of a certain theoretical approach when I saw how effective it was with one of my clients.	0.064
6	I have discovered that there are common factors behind many theoretical approaches and so I have focused on addressing those factors in my work.	0.056
54	I value developing a theoretical approach that is effective for my clients and congruent with my personality and values over using a theoretical approach that is well established and for which I can receive extra training.	-0.069
35 [a]	Before I started my counseling training, my interest in a particular theoretical approach had already taken hold due to my undergraduate experiences.	-0.085
29	Over time, I have established a combination of approaches which blend together seamlessly in my work.	-0.104
42	The theory I use is especially appealing to me because it fits with my personal philosophy of what is important in life and has helped me to reexamine and refine my beliefs.	-0.113
16	I tend to focus on thoughts more than feelings in my counseling work.	-0.156
12	I prefer an approach to counseling that is nurturing or genial.	-0.240
28	I feel free to use any theoretical basis for my work in my current work environment.	-0.289
23	I have gotten to a point where I am clear in who I am clinically and so people tend to want to learn from me.	-0.324
5	I have developed my own standard approach by combining the theories and techniques from two or more other theoretical approaches.	-0.408
44	My cultural values align with the theoretical approach that I use.	-0.577
18 [b]	I was taught a wide variety of theoretical approaches; however, just because I was taught them doesn't mean I have to buy into any of them.	-0.585
33	Some theoretical approaches require a lot of training that I am not yet ready to commit to, so I have focused on less complicated approaches.	-0.646

27	I feel free to use any techniques I believe are necessary in my current work environment.	-0.733
48	My current theory of counseling is based on personal reflection on my life experiences.	-0.760
31	I have encountered gaps in my training/knowledge of counseling and this has decreased my confidence in my ability to effectively help my clients.	-0.845
53	My current style of counseling is something I developed because of my attempts to replicate the style of others.	-0.845
2	I have tried using a single theoretical approach, and have found it was not suitable for meeting the needs of some of my clients.	-0.850
49	I developed my theoretical orientation to meet a goal of the type of counselor I wanted to be and the type of clients with whom I wanted to work.	-0.886
24	I prefer to put my creativity to use in developing new techniques.	-0.972
45	The way I currently practice counseling has a lot to do with the way I resolved problems as a child.	-1.042
41	When deciding which theoretical approaches to use, I think about how the theory fits with my religious views.	-1.049
34	I haven't done much exploration of counseling theory other than what was presented in my graduate program.	-1.175
43	I can see the influence of the way my mom/dad raised me on my approach to counseling. I sometimes find myself asking "What would my mom/dad have said in this situation?"	-1.281
17 [b]	I was very interested in working with a specific population, and other counselors told me that a particular theoretical approach works best for that population so that is the theoretical approach I use.	-1.343
4 [a]	I take what I like from various approaches without worrying about the theory behind it.	-2.027
22 [a]	I feel I am effective with my clients. My techniques work. I do not really feel a need to put a name to what I am doing or outline a theoretical lens.	-2.224
21	Just give me the techniques. I want to help my clients, but I do not have time to think about why they work or how they fit together right now.	-2.372

Note. [a] distinguishing statement [b] consensus statement

Typology 4

	Statement	*z*-score
12	I prefer an approach to counseling that is nurturing or genial.	2.089
5	I have developed my own standard approach by combining the theories and techniques from two or more other theoretical approaches.	1.852
3	I use one particular theoretical approach as my basic "way of being" with my clients, and I like to have the techniques from a few other approaches in my counseling "toolbox."	1.514
15.[b]	I prefer an approach that guides my clients toward achieving insight.	1.417
51	My interactions with other counselors have greatly influenced my current counseling practices.	1.345
9[b]	I view counseling as an art that can be refined through practice and enhanced through creativity.	1.321
19	I want to expand the scope of my practice by learning a wide variety of new theoretical concepts and techniques.	1.168
38	Some of the strongest influences on my current practices have come from conferences or other professional development opportunities.	1.100
47	I like to take time to reflect on my work as a counselor and this has changed the way I look at counseling theory.	1.080
52	I find that when I help others learn more about counseling approaches, I often end up learning as much from them as they do from me.	1.037
6[a]	I have discovered that there are common factors behind many theoretical approaches and so I have focused on addressing those factors in my work.	0.913
13	My approach to counseling is effective with people of a wide variety of cultural backgrounds.	0.897
39	I really saw the power of a certain theoretical approach when I saw how effective it was with one of my clients.	0.896
24	I prefer to put my creativity to use in developing new techniques.	0.799
2	I have tried using a single theoretical approach, and have found it was not suitable for meeting the needs of some of my clients.	0.729
28	I feel free to use any theoretical basis for my work in my current work environment.	0.467
37[b]	One of my supervisors during my clinical training really helped me to fill in the gaps in my knowledge and demonstrated some techniques that have influenced the way I currently practice counseling.	0.448
7	I prefer to use techniques that were developed based on research.	0.447

40	My personality is better suited for the theoretical approach I use. It fits with the way I usually see the world and work through problems.	0.432
27	I feel free to use any techniques I believe are necessary in my current work environment.	0.404
36	One of my professors from my master's program introduced me to information that has a strong influence on my current counseling practices.	0.343
26 [a]	I look through online discussion boards or idea sharing sites to find techniques that I can use with my clients.	0.316
25 [a]	I frequently read new research to find ways to enhance my work.	0.311
10	I view counseling as a science that can be enhanced through experimentation and by deepening my understanding of the human brain.	0.227
29	Over time, I have established a combination of approaches which blend together seamlessly in my work.	0.181
4	I take what I like from various approaches without worrying about the theory behind it.	0.106
32	I feel confident that I have the training and expertise necessary to effectively use the theoretical approaches that I want to use.	0.082
54	I value developing a theoretical approach that is effective for my clients and congruent with my personality and values over using a theoretical approach that is well established and for which I can receive extra training.	0.064
30	I am confident enough in my current practices that I feel free to draw on a wide variety of techniques and research to inform my work.	0.043
14 [b]	I take an active role in directing my clients through the counseling process.	-0.046
44	My cultural values align with the theoretical approach that I use.	-0.166
53 [a]	My current style of counseling is something I developed because of my attempts to replicate the style of others.	-0.192
42	The theory I use is especially appealing to me because it fits with my personal philosophy of what is important in life and has helped me to reexamine and refine my beliefs.	-0.272
50	The readings from my counseling training program were really influential in the formulation of my theoretical approach.	-0.283
18 [b]	I was taught a wide variety of theoretical approaches; however, just because I was taught them doesn't mean I have to buy into any of them.	-0.409
48	My current theory of counseling is based on personal reflection on my life experiences.	-0.520
49	I developed my theoretical orientation to meet a goal of the type of counselor I wanted to be and the type of clients with whom I wanted to work.	-0.562

8 [a]	I prefer to use techniques that were developed from philosophy and deep reflections on years of practice.	-0.591
31	I have encountered gaps in my training/knowledge of counseling and this has decreased my confidence in my ability to effectively help my clients.	-0.597
46	46. The approach my own counselor modeled for me really shaped the theoretical approach I use with my clients.	-0.632
34	I haven't done much exploration of counseling theory other than what was presented in my graduate program.	-0.641
11	I prefer an approach to counseling that is direct, concrete, or practical.	-0.643
22	I feel I am effective with my clients. My techniques work. I do not really feel a need to put a name to what I am doing or outline a theoretical lens.	-0.830
20	I want to refine my practice by developing a unified theory to underlie my work.	-1.025
33	Some theoretical approaches require a lot of training that I am not yet ready to commit to, so I have focused on less complicated approaches.	-1.053
16	I tend to focus on thoughts more than feelings in my counseling work.	-1.068
43	I can see the influence of the way my mom/dad raised me on my approach to counseling. I sometimes find myself asking "What would my mom/dad have said in this situation?"	-1.217
35	Before I started my counseling training, my interest in a particular theoretical approach had already taken hold due to my undergraduate experiences.	-1.227
45	The way I currently practice counseling has a lot to do with the way I resolved problems as a child.	-1.259
17 [b]	I was very interested in working with a specific population, and other counselors told me that a particular theoretical approach works best for that population so that is the theoretical approach I use.	-1.306
23	I have gotten to a point where I am clear in who I am clinically and so people tend to want to learn from me.	-1.526
41	When deciding which theoretical approaches to use, I think about how the theory fits with my religious views.	-1.701
21	Just give me the techniques. I want to help my clients, but I do not have time to think about why they work or how they fit together right now.	-1.957
1	I am a true believer in a single theory of counseling.	-2.306

Note. [a] distinguishing statement [b] consensus statement

Typology 5

	Statement	*z*-score
12	I prefer an approach to counseling that is nurturing or genial.	2.005
47	I like to take time to reflect on my work as a counselor and this has changed the way I look at counseling theory.	1.849
36	One of my professors from my master's program introduced me to information that has a strong influence on my current counseling practices.	1.587
39	I really saw the power of a certain theoretical approach when I saw how effective it was with one of my clients.	1.505
9 [b]	I view counseling as an art that can be refined through practice and enhanced through creativity.	1.400
15 [b]	I prefer an approach that guides my clients toward achieving insight.	1.145
40	My personality is better suited for the theoretical approach I use. It fits with the way I usually see the world and work through problems.	1.023
34	I haven't done much exploration of counseling theory other than what was presented in my graduate program.	0.991
50	The readings from my counseling training program were really influential in the formulation of my theoretical approach.	0.957
51	My interactions with other counselors have greatly influenced my current counseling practices.	0.957
8	I prefer to use techniques that were developed from philosophy and deep reflections on years of practice.	0.909
5	I have developed my own standard approach by combining the theories and techniques from two or more other theoretical approaches.	0.835
13	My approach to counseling is effective with people of a wide variety of cultural backgrounds.	0.810
44	My cultural values align with the theoretical approach that I use.	0.785
3	I use one particular theoretical approach as my basic "way of being" with my clients, and I like to have the techniques from a few other approaches in my counseling "toolbox."	0.770
53 [a]	My current style of counseling is something I developed because of my attempts to replicate the style of others.	0.704
37 [b]	One of my supervisors during my clinical training really helped me to fill in the gaps in my knowledge and demonstrated some techniques that have influenced the way I currently practice counseling.	0.687
38	Some of the strongest influences on my current practices have come from conferences or other professional development opportunities.	0.687

33 [a]	Some theoretical approaches require a lot of training that I am not yet ready to commit to, so I have focused on less complicated approaches.	0.573
42	The theory I use is especially appealing to me because it fits with my personal philosophy of what is important in life and has helped me to reexamine and refine my beliefs.	0.556
38	I feel free to use any theoretical basis for my work in my current work environment.	0.508
10	I view counseling as a science that can be enhanced through experimentation and by deepening my understanding of the human brain.	0.319
48	My current theory of counseling is based on personal reflection on my life experiences.	0.246
14 [b]	I take an active role in directing my clients through the counseling process.	0.139
32	I feel confident that I have the training and expertise necessary to effectively use the theoretical approaches that I want to use.	0.114
7	I prefer to use techniques that were developed based on research.	0.090
27	I feel free to use any techniques I believe are necessary in my current work environment.	0.025
43	I can see the influence of the way my mom/dad raised me on my approach to counseling. I sometimes find myself asking "What would my mom/dad have said in this situation?"	0.008
4	I take what I like from various approaches without worrying about the theory behind it.	-0.089
6	I have discovered that there are common factors behind many theoretical approaches and so I have focused on addressing those factors in my work.	-0.090
52	I find that when I help others learn more about counseling approaches, I often end up learning as much from them as they do from me.	-0.123
2	I have tried using a single theoretical approach, and have found it was not suitable for meeting the needs of some of my clients.	-0.139
11	I prefer an approach to counseling that is direct, concrete, or practical.	-0.180
31	I have encountered gaps in my training/knowledge of counseling and this has decreased my confidence in my ability to effectively help my clients.	-0.180
54	I value developing a theoretical approach that is effective for my clients and congruent with my personality and values over using a theoretical approach that is well established and for which I can receive extra training.	-0.237
19	I want to expand the scope of my practice by learning a wide variety of new theoretical concepts and techniques.	-0.401
18 [b]	I was taught a wide variety of theoretical approaches; however, just because I was taught them doesn't mean I have to buy into any of them.	-0.490

46	The approach my own counselor modeled for me really shaped the theoretical approach I use with my clients.	-0.540
22	I feel I am effective with my clients. My techniques work. I do not really feel a need to put a name to what I am doing or outline a theoretical lens.	-0.638
49	I developed my theoretical orientation to meet a goal of the type of counselor I wanted to be and the type of clients with whom I wanted to work.	-0.647
20	I want to refine my practice by developing a unified theory to underlie my work.	-0.745
41	When deciding which theoretical approaches to use, I think about how the theory fits with my religious views.	-0.876
24	I prefer to put my creativity to use in developing new techniques.	-0.909
23	I have gotten to a point where I am clear in who I am clinically and so people tend to want to learn from me.	-1.080
30 [a]	I am confident enough in my current practices that I feel free to draw on a wide variety of techniques and research to inform my work.	-1.129
25	I frequently read new research to find ways to enhance my work.	-1.138
16	I tend to focus on thoughts more than feelings in my counseling work.	-1.228
45	The way I currently practice counseling has a lot to do with the way I resolved problems as a child.	-1.333
29 [a]	Over time, I have established a combination of approaches which blend together seamlessly in my work.	-1.358
1	I am a true believer in a single theory of counseling.	-1.457
26	I look through online discussion boards or idea sharing sites to find techniques that I can use with my clients.	-1.711
21	Just give me the techniques. I want to help my clients, but I do not have time to think about why they work or how they fit together right now.	-1.768
17 [b]	I was very interested in working with a specific population, and other counselors told me that a particular theoretical approach works best for that population so that is the theoretical approach I use.	-1.825
35	Before I started my counseling training, my interest in a particular theoretical approach had already taken hold due to my undergraduate experiences.	-1.874

Note. [a] distinguishing statement [b] consensus statement