

Counselor as Client: Emerging Answers and New Questions

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Abstract

This paper reports results of a survey and qualitative research that explored the personal experiences of one graduate counseling program's alumni/ae regarding their perceptions of personal counseling and the impact it has had on their practice as counselors. Data analysis reveals that most alumni/ae who completed the counseling program had individual counseling experiences and all of those alumni/ae felt that those experiences had a positive impact on their practice as counselors. Further, three major themes were identified that describe the benefit that being a client has had on their practice. Those themes include empathy for the client role, development of skills, and personal growth. Conclusions and limitations are discussed.

There is consensus within the counseling profession on the importance of personal growth and development of counselors-in-training (Luke & Kiweewa, 2010). Such consensus derives from both anecdotal and empirical research findings, which demonstrate that the counselor's self-understanding and personal characteristics uniquely predict counseling outcomes (e.g., Ackerman & Hilsenroth, 2003; Crits-Christoph & Mintz, 1991; Wampold & Bolt, 2006). In spite of disagreements, various authors have identified experiential group participation and personal counseling as some of the means through which such growth and development may be fostered during counselor training (Johns, 1996; Kiweewa, 2010). Indeed, the Council for the Accreditation of Counseling and Related Educational Programs [CACREP] training standards (2001, 2009) require that Counselor Education programs provide a minimum of ten hours of experiential group participation for every student in a CACREP-accredited program. While the experiential group is a required aspect of counselor training, the counseling profession remains divided on whether trainees ought to be mandated to receive any type of personal counseling as part of their training. While some view personal therapy as an important training requirement (e.g., Macran & Shapiro, 1998), others have called for caution in the face of conflicting findings regarding its usefulness (Atkinson, 2006). Some counselor education programs require students to participate in counseling as clients in order to successfully complete the training program, while other programs strongly encourage such participation (Roach & Young, 2007).

Disagreements over mandatory versus voluntary counseling have been compounded by the paucity of scholarly literature on the impact/benefits of personal counseling for trainees and graduates of counseling programs. In a study involving 204 participants, Roach and Young (2007) investigated the influence of counselor education programs on counselor wellness. The participants were students who were recruited from various counseling tracks including mental health, school, marriage and family, and community counseling at three different universities. Using the Five Factor Wellness Evaluation of Life Style (5F-WEL) as a measure of wellness,

these authors collected data from three groups of students at three different points (0-12 credit hours completed; 18-30 credit hours completed, and 45-60 credit hours completed) in their training. Sixty-two percent reported that their programs required personal counseling, while 38% reported that personal counseling was not a requirement. Statistical analysis of these results, however, found no significant difference in “wellness” of those required to participate in counseling and those who were not (Roach & Young, 2007). Further, some of the respondents for whom personal counseling was not a requirement, reported that they declined to pursue the option. The fact that, when given the option, some students decline to undertake the client experience suggests that perhaps counselor educators have not made a compelling case for the value of such an experience for individuals embarking upon a career as a professional counselor.

More specifically, counseling programs that either require or emphasize personal counseling as an integral aspect of their training have provided little evidence regarding the impact of the client experience for their students or graduates. Nevertheless, there is a growing, albeit small, body of literature indicating that students and practicing professionals cite a number of positive outcomes achieved by having experiences as a client. It is imperative for counselor educators to understand the research as it pertains to counseling and other related mental health fields and add the voices of practicing counselors to the discussion about what impact personal counseling has on counselor development and professional practice.

Psychotherapy for Mental Health Providers

Although just emerging in the counseling field, there exists extensive literature on the importance of personal therapy for service providers in such helping professions as social work, psychiatry, marriage and family therapy, and psychology. The client experience for providers dates back to Sigmund Freud, who indicated that in order to become a therapist, one must undergo his/her own psychotherapy as a client (Freud, 1937/1964). In more modern times, the role of the client experience in the development of social workers, psychiatrists, psychologists, and counselors has been examined; perhaps most notably by Norcross, Strausser-Kirtland, and Missar (1988). Norcross et al. (1988) surveyed a group of 719 psychologists, psychiatrists, and clinical social workers. Of those, 71% reported experience of personal psychotherapy. Themes identified as pro-therapy by respondents included the enhancement of their own mood states, clarification of personal perception, alleviation of stress, improved mental and emotional functioning, enhanced understanding of interpersonal dynamics, validation of the worth of the counseling enterprise, sensitization to the client role, and the opportunity to observe clinical methods. Over 90% of respondents in the study indicated improvement in presenting symptoms. Respondents sought therapy for personal reasons, not professional reasons; however, the majority of respondents indicated that their personal experiences as clients were beneficial for their professional work as well (Norcross et al., 1988).

Educational psychologists Skovholt and McCarthy (1988) also spoke to the question of the ‘client’ experience as part of the developmental process for therapists in training, specifically identifying this as a “critical incident” in counselor development. They aptly stated, “If counseling-therapy does not work for us [as clients], how can we ethically spend our lives in this business?” (p. 71). This logically leads to the question of the quality of the ‘client’ experience: that is, even if we require of our students that they have an experience as a client in a counseling

interaction, of what value is the experience if the counseling is not of high quality, or if the duration of the counseling relationship is insufficient to enable the client to identify this as a valuable experience? If a student has had a 'client' experience prior to entering a counseling training program, what developmental and ethical concerns arise if a program mandates an in-training counseling experience?

Since the Norcross et al. (1988) study, others have replicated the work (Bike, Norcross, & Schatz, 2009) and some have narrowed the focus to a particular profession, such as psychiatry (Mace, 2001), or towards understanding the reasons why some mental health professionals abstain from their own therapeutic experiences (Norcross, Bike, Evans, & Schatz, 2008). The role of personal therapy in the professional counseling curriculum has been called into question; some mental health professionals are not required to engage in their own therapeutic experience at all (Daw & Joseph, 2007).

Mackey and Mackey (1994), examining a subset of social workers originally surveyed in the Norcross et al. (1988) study, discovered that the specific type of psychotherapy received by trainees in prior studies tended to be psychoanalytic/psychodynamic. Not surprisingly, given the therapeutic modality, those trainees identified the primary assets of the experience to be insights regarding transference/counter-transference dynamics and self-awareness. The themes for those social workers experiencing personal therapy were: therapist as role model, enhancement of empathy skills, a better understanding of the treatment process, development of self-awareness, and general self-development on both personal and professional dimensions (Mackey & Mackey, 1994).

Additionally, Skovholdt and Ronnestad (1992) studied both graduate students and practicing professionals, and they found an important transition from the externally imposed rigidity of graduate training and its myriad requirements, a "received knowledge" position, to "constructed knowledge" as professional therapists. While the Skovholdt and Ronnestad (1992) study stated that the participant pool included students and "therapist-counselor" practitioners, it did not state their specific professions. Given that the various professions in the field of mental health rest upon differing philosophies and training models, it would seem beneficial to make these kinds of professional distinctions.

Alternatively, Grimmer and Tribe (2001) conducted a small qualitative study with counseling psychologists and trainees regarding the impact of personal therapy on their professional development. The authors identified several important benefits not previously mentioned: socialization into the professional role via modeling, support during challenging times, and a perceived ability to separate personal issues of the therapist from those of the client. Finally, Grimmer and Tribe (2001) also noted that the 'client' experience validated therapy as an effective intervention. However, this study included only seven participants.

The Role of Personal Therapy for Counselor Trainees

There is some literature on personal therapy as an aspect of fostering personal growth and awareness specifically among counselor trainees (Macaskill & Macaskill, 1992; Macran & Shapiro, 1998; Macran, Stiles, & Smith, 1999; Roach & Young, 2007). While some in the

counseling profession view personal therapy as an important training requirement (e.g., Macran & Shapiro, 1998), others have called for caution in the face of sparse evidence regarding its usefulness (Atkinson, 2006). Still others cite legal issues as a reason to not require personal counseling for trainees, as such a requirement may carry legal implications -- particularly if a student does not feel the need and thus refuses to participate in personal counseling. Such a requirement might be legally indefensible, and thus the risk management arm of the larger educational institution may step in to preclude a program from enforcing such a requirement. It is, however, evident that such ramifications have not deterred some counselor training programs from mandating personal counseling for trainees.

In some programs, personal counseling is viewed as an integral aspect of “wellness,” which is generally driven toward limiting impairment (Roach & Young, 2007). So the counseling requirement can be cast as a wellness requirement, as a training requirement or, as noted above, as a “critical incident” which may or may not foment personal growth and development elemental to the process of becoming a professional counselor. The concept of the “critical incident” in counseling development was extended by Furr and Carroll (2003). Furr and Carroll found that practicum and internship students in a Master’s degree program in counseling recognized personal counseling they received as critical in their development as counselors. The specific benefit ascribed to the ‘client’ experience by these students was the importance of gaining personal insight, an aspect of personal growth. In the specific program described by Furr and Carroll (2003), the authors noted the importance of faculty diplomacy and respect in suggesting personal counseling, such that students would not interpret this as an evaluation of personal deficit, but rather as an opportunity for growth and promoting self-awareness.

In support of personal therapy for trainees, Macran and Shapiro (1998) suggested that personal therapy can improve counselor trainees’ awareness of their own issues/problems, preventing these issues from interfering in their work with clients. Macran and Shapiro’s suggestion was rooted in research findings by Macaskill and Macaskill (1992) who reported that most therapists indicated personal growth and resolving underlying personal issues among their main goals in obtaining personal therapy. Further findings in the Macaskill and Macaskill (1992) study revealed that most therapists who have engaged in personal therapy reported, as in the Mackey and Mackey (1994) study of social workers noted above, that it increased awareness of transference and countertransference issues, increased awareness of the personal relationship between client and therapist, and increased empathy, patience, and tolerance.

In a later study, however, Macran, Stiles, and Smith (1999) observed that most studies of the benefits of personal therapy are generally confounded by methodological problems. In a study that investigated seven therapists’ perceptions of how personal therapy impacted their work, Macran et al. (1999) identified three broad themes. These themes included: orienting to the therapist (humanity, power, boundaries), orienting to the client (trust, respect, patience), and listening with a third ear. These authors viewed personal growth and awareness as the process through which such benefits are translated into effectiveness in their work as therapists. They noted that translation was aided by two mechanisms; namely, exploring personal problems and personal growth and learning reciprocal relationships.

The current study was designed to explore the personal experiences of one graduate counseling program's alumni/ae regarding their perceptions of personal counseling. More specifically, we wanted to understand what types of counseling (if any) they had participated in as clients, either before or during their Master's-level training and what they felt the impact of that experience had on their growth and development as professional counselors.

Methodology

Participants

Participants in the study were alumni/ae from a CACREP-accredited mental health counseling program in the Northeastern United States. The program where these alumni/ae were educated provides training exclusively for clinical mental health counselors and offers no specializations in school or college counseling. The focus of this program is equally distributed between three core components; mental health knowledge, personal growth, and skills training. Equal emphasis is placed on teaching students a body of knowledge (counseling theories, human development, and psychopathology), self-exploration and counseling skills. Although individual counseling is not mandated by this program, it is encouraged throughout, articulated as both a program value and an option in-house, beginning with new student orientation, and then again if students express distress or are struggling at any time during their training.

Participants in this study include 29 alumni/ae who voluntarily completed a survey on the impact of their experiences as a client. The 29 participants represented 27.6% of the 105 alumni/ae who graduated from the program between 2006 and 2011 and who were invited to participate in the survey. In order to protect the confidentiality of this relatively small sample, no demographic information was sought within this survey. Program records indicate that 90% of the alumni/ae are female, 10% are male, 85% are Caucasian and 15% identify with another ethnic group and the average age of alumni/ae is 35. Further, our most recent alumni survey indicates that 86% of these alumni/ae are employed currently as professional counselors in the United States.

Measures

The survey was developed based on our perceived analysis of gaps in the counseling literature (Appendix A). Respondents were asked if they had ever received counseling services as a client. If they answered "no" to this question, they were directed to a series of questions that asked why they had not sought counseling services as a client and if they felt this had impacted their work as a counselor. Additionally, respondents who indicated that there was an impact on their work were invited to comment about what they felt the impact of not being a client had been. If alumni/ae had received counseling services, they were asked if that experience took place prior to entering the counselor training program and also what type of counseling they received (i.e. individual, group, family or couples). We also asked if alumni/ae had received counseling while in their counselor training program and if they did, what type of counseling services were provided. Information was also sought about counseling they may have received between the ages of 2-11 and 12-18 years old and if respondents would characterize their experience as a client as successful, unsuccessful, damaging, or other. Additionally, alumni/ae were asked to what extent they believed their experiences as a client impacted their effectiveness

as a counselor and then were asked to describe the effect. Alumni/ae were also invited to comment if they had anything further to share on the subject.

Design

A qualitative, grounded theory research design was used to explore the experiences of the alumni/ae regarding the extent they believed their experiences as a client impacted their professional effectiveness as counselors. We utilized a grounded theory approach in order to obtain a deep understanding of the perspectives of our alumni/ae on their client experiences, rather than a generalizable model (Fassinger, 2005; Strauss & Corbin, 1998). Although we had no prior assumptions about how the data would emerge, as with all qualitative research, we do acknowledge our own potential bias and attempted to minimize this by independently open-coding the data.

Procedure

After obtaining Institutional Review Board (IRB) approval, a survey was sent via email to all 105 alumni/ae a Mental Health Counseling program. The email consisted of a brief explanation of the purpose of the study and those who agreed to participate in the study were invited to answer a survey online, using Qualtrix. Participants were assured of anonymity by excluding demographic data in their responses. In two weeks, a 27% response rate was generated and all of the responses were included in the data. It is important to note that although all of the responses were used, not all respondents were required to answer all of the questions. In some cases, such as if someone answered “no” to ever having had counseling; they were automatically directed past a number of questions.

Data Analysis

All four researchers received training at the Doctoral level, have experience with qualitative research and shared responsibility for data analysis. In the initial phase of data analysis, we independently open coded completed copies of the survey and met to compare and discuss our initial impressions and themes. Once each had completed open coding of all data, we utilized axial coding to collapse and group codes by those themes we determined to represent the different codes. Data analysis continued until saturation occurred (Bogdan & Biklen, 2006). It was during this phase that we identified three overarching themes. We then revisited the data to establish properties of the themes, as well as the descriptions that best represented the various themes (Strauss & Corbin, 1998).

Trustworthiness

Lincoln and Guba (1985) asserted that qualitative researchers must establish the trustworthiness of their research through credibility, transferability, dependability, and confirmability. We utilized peer debriefing as the primary means of enhancing the credibility and transferability of the findings. Throughout the process of data analysis, we purposefully maintained familiarity with the related literature. Additionally, we independently open coded completed copies of the survey and later met to find consensus. Further, frequencies and

measures of central tendency were used to compile percentages and numerical data for all survey responses.

Results

Ninety percent ($n=26$) of respondents reported that they had received counseling services in the client role, while 10% ($n=3$) reported that they had not received any personal counseling. One of the participants, who indicated receiving no personal counseling prior or during training, reported that he/she “could not find the time to fit counseling into my schedule while attending graduate school.” Interestingly, when asked if not having been a client had impacted their development as a counselor, one of the three respondents felt that this had an impact and the other two did not feel there was any impact on their development as counselors.

Of the participants who reported receiving counseling services as a client, 69% ($n=18$) indicated that they had received such services prior to enrolling in their mental health counseling training program. Thirty-one percent ($n=8$) indicated that their personal counseling experiences occurred during their enrollment in their counseling training program. The majority of the alumni/ae who received counseling during their time in their counseling training program utilized on-campus counseling services, while others chose to receive counseling off-campus.

When asked what type of counseling the alumni/ae experienced, 69.2% ($n=18$) of the respondents indicated that they had received individual counseling, 26.9% ($n=7$) had group counseling, and 19.2% ($n=5$) had received family or couples counseling (some respondents had received more than one type of counseling). Only 23% ($n=6$) of our respondents had received counseling services as a child (ages 2-11), and only half of these respondents indicated that their experience as a client at the time was successful/helpful. Thirty-eight percent of respondents ($n=9$) indicated that they had received counseling services as an adolescent. Of those who were a client during their adolescent years, 67% ($n=6$) felt the experience was successful/helpful.

Alumni/ae were asked to what extent they believe their experiences as a client had an impact on their effectiveness as a professional counselor. Sixty-five percent ($n=17$) believe that their experience as a client has impacted them “a great deal in a positive manner.” Nineteen percent ($n=5$) claim being a client helped them “a moderate amount in a positive manner” and 8% ($n=2$) indicate being a client impacted them “a small amount in a positive manner” (two respondents did not answer this question). According to this survey, none of the respondents indicated that this experience had a negative effect on their development as counselors. Rather, when asked what the impact of their experience as a client has been on their professional practice, the responses given were categorized into three central themes. These themes were increased empathy for the client’s role, development of skills as a result of what trainees experienced as clients, and their own personal growth.

According to these alumni/ae, the greatest benefit they received from being in the client role at some point during their lives was an increased understanding of what it feels like to be the client. Results in this category represented half of all of the responses received. Some examples of the comments that highlight this benefit are: “It helps me be more understanding of how scary it can be to make that first call,” “it was an experience that I would never give up because I think

it is important to know what it feels like to be in the client's shoes," "it was important in helping me to understand how vulnerable you can feel as a client," and "I can understand the process an individual may go through and that everyone has their own story to tell."

The next theme to emerge involved skills that the alumni/ae felt they learned by watching their counselors work. Of the 26 comments received, 10 comments fit into this category. Examples of the comments within this theme are: "I also learned from my counselor some techniques he used that I found helpful," "it gave me a much better understanding of the process and confidence in that process," and "I am effective at understanding the role of the tangible space (aka silence) between myself and the client."

The final theme to emerge from the alumni/ae responses was the idea of personal growth. There were three separate responses that spoke to the benefits of having worked through therapeutic issues now that they are practicing counselors. The comments that were assigned to this category are: "it has helped me to deal with my own issues so they will not interfere with my work with my clients," "I was able to learn more about myself, recognize my strengths and deficiencies. I was re-assured about my choices in life which helped me feel more comfortable in my own skin...allowing me to feel more present with my own clients," and "the experience also helped me with my personal growth at that time, which helped mature me as a professional."

At the end of the survey, alumni/ae were invited to share anything else they would like to on the topic and 10 respondents did so. The responses from this part of the survey included comments about stigma - "I believe if counselors want to erase stigma of mental illness then we need to be willing to seek help when we need it" and duration - "Being a client is helpful but only if one is really working on themselves. Sitting in a chair in sessions doesn't make a client experience as valuable as it could be. It would be best if student counselors attended at least 24 or more sessions with an individual clinician." The only theme that emerged in this part of the survey was reflected in 50% of these responses ($n=5$) that indicated that it is difficult to be an effective counselor if a person never had the role of the client. Examples of those comments are: "all students who intend to be therapists should experience genuine therapy," "to me, there is a fundamental disconnect: how can a person know that they want to be a counselor without having counseling themselves? How can I be convinced that it is helpful and then have the confidence to help others?" and "I truly believe that people need to explore their own issues in counseling before assisting others in doing the same."

Discussion

This data adds to several areas of the discussion about counselors in training having a client experience. First, it is important to note that the vast majority of alumni/ae did receive counseling services at some point in their lives prior to enrollment in their master's degree program. Although we do not know the life circumstances that influenced their decision to seek counseling then, it is important to note that these participants saw value in the experience for themselves and/or their families. Consequently, there are only a small fraction of respondents who would have been affected by a mandate for personal counseling as part of their graduate program. Second, results clearly indicated that individual counseling was the milieu of choice for most of the participants in this study, however this mode of counseling is not required by

CACREP as part of counselor training. CACREP (2009) training standards specified a 10-hour requirement for counselor trainees to engage in an experiential group as a member during the course of one academic semester. The rationale for such a requirement is that participation in an experiential group enables trainees to gain an affective and personal understanding of themselves, group processes, and what group participation may present to their future clients (Yalom & Leszcz, 2005). Is it not just as vital for trainees to gain an affective and personal understanding of themselves in individual counseling as well as what participation in individual counseling may present for their future clients?

It is not clear why CACREP would view experiential group participation as an essential component of counselor training, while individual counseling is not. Yet, in its 2001 training standards, CACREP requires counselor educators to select applicants to counseling programs based on an assessment of “each applicant’s openness to self-examination and personal and professional development” (Section VI. 5). The 2009 standards expanded this mandate by directing program faculty to “conduct a systematic developmental assessment of each student’s progress throughout the program, including consideration of the student’s academic performance, professional development, and personal development” (Section I. P). The standards encourage students to actively engage in professional organizations and to participate “in seminars, workshops, or other activities that contribute to personal and professional growth” (Section II. C) and to understand the influence of such factors as personal characteristics, orientations, and skills on personal relationships.

Although caution must be exercised in generalizing the results of this study beyond the 29 participants, the majority of these participants clearly indicate that individual counseling has been integral to their professional practice. These results indicate that for the counselors in this study, individual counseling was as necessary a training tool as the experiential group in facilitating skill development, empathy, and personal growth. Some discussion about this topic suggests that mandating an individual counseling experience may represent an institutional liability issue. It is unclear, however how mandating experiential group participation, with its natural challenges regarding confidentiality, can be any less potentially litigious than individual counseling?

According to results of our survey, all participants indicated that their individual counseling experiences had a positive impact on their professional development. Further, even those who indicated that they personally found their counseling experience to be unsuccessful, or even damaging, did report that having the experience had a positive impact on their counseling practice. This finding suggests that even if a counseling experience is unsuccessful, there is potentially valuable information to be gained by a future counselor. For example, if a counselor in training is resistant to the process of counseling, he or she may receive a benefit from experiencing that resistance as a client in the counseling relationship. At the very least, it would seem that watching a seasoned clinician manage that resistance is an opportunity for learning and growth.

The greatest value of this survey was found within the qualitative information conveyed by these alumni/ae regarding what they have gleaned from their client experiences. To this literature we add the voices of alumni/ae who express three central themes. Many alumni/ae

expressed how this helped to increase their empathy and compassion for how difficult it is to be the client and has, therefore, made them a better counselor. Some alumni/ae felt that being able to see other clinicians at work and to experience how the skills they were being taught were operationalized in sessions was invaluable. Examples of this include watching a clinician handle boundary issues, confidentiality issues, and the use of silence as important to their learning. Lastly, the respondents reported that having the opportunity for self-discovery increased their self-awareness and spurred their own personal growth. This indicates that the value of the client experience cannot be reduced solely to an opportunity for personal growth; rather, the potential value of this opportunity can be more widely applied to professional practice.

The information gained from the analysis of this data suggests that there are many benefits a counselor receives from having been a client at some time in their lives yet in the research there is no clear justification for excluding it from the training process. It would seem that the reasons that inform the inclusion of experiential group counseling in the training process are the very same arguments for mandating an individual counseling experience while training. This is even more poignant when we consider how much more common individual counseling experiences are compared to group counseling in this data. Until the arguments against the use of personal counseling in counselor training programs are clearly articulated by accrediting bodies, it appears to be a contradiction in policy.

Strengths and Limitations

A primary strength of this study lies in its attempt to bring to the fore the voices of practicing counselors regarding their perspectives on the impact of personal counseling to their professional development as counselors. Researchers did not impose a priori assumptions about whether or how the client experience may have impacted these participants in their professional roles. The results add the voices of graduates of one program that emphasizes personal counseling in the training of counselors as an enhancement to the existing dialog among counselor educators.

As with all research, there are several limitations to this study. First, we must acknowledge that the alumni/ae surveyed in this study all came from a counselor training program that emphasized personal counseling and as a result, this could have skewed their perceptions of the value of that practice. We also recognize that the survey was an insufficient and preliminary means of collecting data. Detailed individual interviews would have been a more thorough means of data collection. Thus, the methodological incongruence between the primary research goals and the methods of data collection present a potential threat to the knowledge claims that can be made. This survey was intended to begin the discussion about how our alumni/ae were impacted by their counseling experiences. Secondly, generalizations of study findings cannot be made beyond the 29 participants in the study, although the qualitative aspects of the study provided a window into participants' perceptions regarding the impact of their client experience on their professional development. This research is thus intended to add to the discussion about what can be gained by encouraging [or requiring] counselor trainees to engage in the experience of being a client.

Conclusions

In conclusion, this study aimed at understanding the impact that being a client may have had on the professional development of one program's alumni/ae. It was our goal to explore the literature from counseling and related fields and to add the voices of practicing counselors to the discussion. We believe that in order to make a compelling case about why students should undertake a counseling experience, we must first be able to articulate what benefits students may receive from that experience. This study begins to answer that question. From what was articulated by the alumni/ae in this study, we understand that some students already understand the value of being a client and have had this experience at some point in their lives and training. Further, we know the impact of this experience is unanimously positive in some way to their professional practice as counselors. Most importantly, however, the greatest benefit to our alumni/ae was being able to identify with the experience of a client. Our alumni/ae felt strongly that knowing how difficult it is to make a call for an appointment, sit across from a stranger, and begin the process of sharing is an invaluable experience to draw from when connecting with their clients in the field.

The alumni/ae also articulated the value of seeing the skills that they are learning being modeled in a counseling setting. To this point, even if our alumni/ae had a poor counseling experience, it potentially increased their awareness of what may or may not work in their practice. A third benefit that was shared was the personal growth and awareness that may come from the process. When we contemplate this particular program's three main tenets - knowledge, personal growth, and skill development, we are confident that the client experience lends itself to enhancing all of these experiences.

As we have pointed out, there seems to be limited consensus on whether or not personal counseling ought to be a core component of counselor training. More studies are needed to explore factors associated with personal counseling as an aspect of counselor training. Although the current study provides preliminary empirical data on the utility of personal counseling, future studies could replicate these findings and build upon them by including larger samples of participants and programs with less emphasis on personal counseling for their students. Finally, it may be fruitful to explore whether clinicians' professional background (i.e., social work, clinical psychology, mental health counseling, and marriage and family therapy) impacts their perceptions of the utility of personal counseling in their training.

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Appendix A
Counselor as Client Survey

Q1 Have you ever received counseling services as a client?

- Yes (1)
- No (2)

Q2 What were/are your reason(s) for not choosing to pursue counseling services?

Q3 Do you think that not having experience as a client has impacted your development as a counselor?

- Yes (1)
- No (2)

Q4 Please describe the impact:

Q5 Did you receive counseling services as a client prior to your enrollment in the MHC Program?

- Yes (1)
- No (2)

Q6 With regard to the counseling you received, was your experience (Check all that apply)

- Individual counseling (1)
- Group counseling (2)
- Family or couples counseling (3)

Q7 What were the credentials/training of the provider(s) of counseling services? (Check all that apply)

- Psychiatrist (1)
- Clinic or counseling psychologist (2)
- Clinical/masters social worker (3)
- Mental health or community counselor (4)
- Pastoral counselor (5)
- School counselor or school psychologist (6)
- CASAC (7)
- Other (please specify) (8)
- Unknown (9)

Q8 Did you receive counseling services as a client during your enrollment in the MHC Program?

- Yes (1)
- No (2)

Q9 Did you receive these services? (Check all that apply)

- On campus (at SJFC) (1)
- Off campus (2)

Q10 Was your experience? (Check all that apply)

- Individual counseling (1)
- Group counseling (2)
- Family or couples counseling (3)

Q12 What were the credentials/training of the provider(s) of counseling services? (Check all that apply)

- Psychiatrist (1)
- Clinic or counseling psychologist (2)
- Clinical/masters social worker (3)
- Mental health or community counselor (4)
- Pastoral counselor (5)
- School counselor or school psychologist (6)
- CASAC (7)
- Other (please specify) (8)
- Unknown (9)

Q11 Did you ever receive counseling services during childhood (ages 2-11)?

- Yes (1)
- No (2)

Q14 If yes, would you characterize your experience of these services as:

- Successful/helpful (1)
- Unsuccessful/not helpful (2)
- Other descriptor (10 words or less) (3) _____

Q15 Did you ever receive counseling services during adolescence (ages 12-18)?

- Yes (1)
- No (2)

Q17 If yes, would you characterize your experience of these services as:

- Successful/helpful (1)
- Unsuccessful/not helpful (2)
- Other descriptor (10 words or less) (3) _____

Q16 Type of counseling

	Individual (1)	Group (2)	Family/Couples (3)
Counseling experience #1 (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling experience #2 (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling experience #3 (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19 Experience

	Successful/helpful (1)	Unsuccessful/not helpful (2)	Damaging/very negative (3)	Other (4)
Counseling experience #1 (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling experience #2 (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling experience #3 (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q20 To what extent do you believe that your experience as a client has had an impact on your effectiveness as a professional counselor?

- A great deal in a positive manner (1)
- A moderate amount in a positive manner (2)
- A small amount in a positive manner (3)
- A small amount in a negative manner (4)
- A moderate amount in a negative manner (5)
- A great deal in a negative manner (6)
- Not at all (7)

Q21 Please describe the effect that your experience as a client has had on your effectiveness as a counselor.

Q22 Would you seek counseling services from someone who has not been a client in counseling themselves?

- Yes (1)
- No (2)

Q23 Is there anything else that you would like to share about this topic?