Article 57

Transitioning From Academic to Clinical Practice

Presented at the 2015 Association of Counselor Educators and Supervisors Annual Conference, October 7–11, Philadelphia, PA.

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Abstract

The experiences of six counseling students as they encountered their first clinical practice was explored in a qualitative study at a university in the Southwestern United States. This phenomenological study examined the struggles and overall experiences of these students as they transitioned from academic coursework to clinical practice. Five themes emerged from the data analysis: inside my head, the relationship, uncertainty, supervision, and practical experience. Analysis of the data found students experienced difficulty using counseling skills due to lack of confidence and practical experience with clinical skills. Participant themes also supported the importance of supervision, the client-counselor relationship, and the need for ongoing development of counseling skills and identity.

Keywords: counselor, supervision, counselor development, clinical experience, practicum

Supervised practicum, the first clinical experience for graduate students in counselor education programs, is an integral step towards obtaining a counseling degree and counselor licensure. The importance of training in supervised practicum has been
documented and supported by a number of researchers (Bernard & Goodyear, 2014; Milne, Aylott, Fitzpatrick, & Ellis, 2008; Stoltenberg & McNeill, 2010) as it offers graduate students real world counseling experiences where they can practice and refine their counseling skills while receiving expert supervision. The practicum experience is often the first time students engage in a therapeutic relationship with clients and apply their academic learning to a real client population, and it is integral to their success as a clinician. It is surprising, however, that that few studies have focused on this clinical experience from the students’ perspective in order to employ and promote a more effective supervised practicum experience.

Several professional organizations that represent different aspects of the counseling profession, such as the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), the American Counseling Association (ACA), and the National Board for Certified Counselors (NBCC), support the need for effective training in supervised practicum and have established guidelines for preparation of counseling students. CACREP standards require graduates to “demonstrate both knowledge and skills across the curriculum” (CACREP, 2016, p. 3). Specifically, students must complete a supervised practicum experience that totals a minimum of 10 clock hours over a full academic term that is a minimum of 10 weeks (CACREP, 2016, p. 14). The ACA Code of Ethics (2014) also requires the integration of study and practice as counselor educators are required to establish education and training programs integrating academic and supervised practice. Similarly, most state licensing boards require coursework that includes supervision and practice to ensure mastery of skills (NBCC, 2014). Although these minimum standards are set to provide opportunities for students to develop counseling skills, these standards do not fully examine the experience of learning and the application of skills for counseling students. To ensure effective training, as required by the numerous governing boards such as CACREP, ACA, and NBCC, it is essential to examine the experiences of practicum students to ensure they are able to implement counseling skills effectively.

The importance of clinical efficacy has led past counselor educators and researchers to primarily focus on basic counseling skills (Perosa & Perosa, 2010; Schaeffle, Smaby, Packman, & Maddux, 2007; Woodward & Lin, 1999). Carkuff’s Human Resource Development Model (Carkuff, 1987) and Ivey’s Micro-Counseling Model (Ivey, 1971), for instance, have been shown to be effective for teaching counseling skills such as attending, active listening, empathy, immediacy, and confrontation. Studies of training models (Perosa & Perosa, 2010; Schaeffle, Smaby, Maddux, & Cates, 2005) have included conclusions that students showed improvement in counseling skills and self-efficacy throughout the training process. Although past research has led to the identification of effective teaching of counseling skills within the classroom, the transfer of those skills has not been clearly noted. It is essential to identify the best practices so that students can integrate their training into actual practice.

Barriers to clinical efficacy for beginner counseling students have yet to be defined and continue to pose a threat to the training of effective clinicians. Researchers such as Schaeffle et al. (2005) studied the transfer of skills with a group of 51 counseling students in a master’s degree program. The Skilled Counseling Scale (SCS) was used in this study to determine an overall score based on 18 different skills as identified in the Skilled Counselor Training Model (SCTM). Students in this study improved over the
semester on 14 of 18 skills, including body language, verbal tracking, questions, paraphrasing, summarizing, feeling and content, concrete and specifics, action feeling, confrontations, deciding, choosing, consequences, agreements, and deadlines. Again, students were able to master counseling skills within the classroom as indicated by improvement in skills ratings, but the transfer of those skills into clinical practice with clients is unclear.

A study of the learning and transfer of micro-counseling skills based on the Skilled Group Counselor Training Model (SGCTM) by Downing, Smaby, and Maddux, (2001) illustrated learning but demonstrated limited transfer of skills to clinical practice. The results of that study included data that students mastered 15 of 18 skills examined (eye contact, body language, verbal tracking, accurate questioning, paraphrasing, summarizing, self-disclosure, asking for specific expressions, recognizing immediately feelings, identify the problem, confronting caringly, reaching agreements about actions, and setting action deadlines), but they were only able to transfer 10 of those skills into clinical practice. There were significant declines in the use of skills, including the ability to succinctly state feeling and content, deciding to change or not to change, choosing a course of action, delineating long-term consequences of decisions, reviewing goals, and overall scores.

A meta-analysis of graduate-level counselors by Urbani et al. (2002) also found little or no transfer of academic skills to clinical practice with clients had occurred. Although counselor trainees were able to acquire counseling skills in the classroom, they were not able to transfer those skills into clinical counseling sessions initially.

The focus on the acquisition and practice of micro-counseling skills within academic settings has been explored (Perosa & Perosa, 2010; Schaefle et al., 2007), but its impact on counselor student efficacy is unclear. Although students have shown mastery of skills within the classroom setting, research is not available demonstrating that students are able to effectively use those skills with their clients. The experiences and views the practicum students themselves have are yet to be shared in research on skills acquisition and clinical practice. Exploration of the experiences of novice counselors, specifically practicum students, may identify the factors inhibiting the transfer of counseling skills. This study gives voice to the experiences of practicum students and helps to bridge the gap between academic learning and clinical practice from the students’ perspectives.

Purpose of the Study

The purpose of this phenomenological study (Moustakas, 1994) was to describe the experience of transitioning from academic to clinical practice for counseling practicum students at a Southwestern United States university. Past research has focused on the acquisition of skills in the classroom (Downing et al., 2001). However, there is a paucity of information on the experiences of practicum students that identifies the barriers to clinical efficacy within clinical supervision. This study was designed to answer the research question, What are the experiences of practicum students as they transition from course work to clinical practice and as they develop mastery of clinical skills? As students continue to struggle with the transition from student to clinician, perhaps gaining insight into their experiences, specifically any barriers to the use of
clinical skills or factors that promote growth and clinical efficacy, will lead to more effective counselor educators and clinicians. Results of this study may further help to fill this gap in the existing literature on training future counselors.

**Method**

A phenomenological approach (Moustakas, 1994) was used to describe the experiences of master’s-level students as they transitioned from academic coursework to clinical practice in a supervised practicum course. A phenomenological study was identified as an effective method of study because it allowed for the description of the common meaning, for several individuals, of their lived experiences of transitioning to clinical practice.

Eight steps were employed to complete this phenomenological study as described by Creswell (2013). First, we determined that a phenomenological research approach was the best method of examining this problem because we sought to describe the experience of several master’s students with a common problem. Next, we identified the phenomenon of interest. Specifically, the experience of practicum students transitioning from the classroom setting into clinical work. In order to mediate any researcher bias, all judgments, preconceived biases, or values were set aside through bracketing. Data was then collected using multiple sources and analyzed. Once textural and structural descriptions were obtained, the essence of the phenomenon was created that identified the common experiences of the participants. The lived experience expressed by the participants gave them voice which allowed us to share their narratives.

This study focused on the experiences of practicum students and their abilities to use clinical skills in practice. Identification of the barriers to application of those counseling skills may lead to more effective teaching practices. This study also identified current techniques that elicited positive responses from the participants, further supporting past research in counselor education and supervision.

**Participants**

Upon approval of the Institutional Review Board (IRB), the primary investigator contacted counseling course instructors to gain access to the classroom and to seek student participants. Potential participants were asked to contact the primary investigator by e-mail to indicate their willingness to participate in the study, and then a meeting was arranged so that the interview could be scheduled.

Between three and 25 participants were used as suggested by researchers (Creswell, 2013; Polkinghorne, 1989) for the phenomenological study. The number of actual participants was determined by saturation; that is, when new data did not lead to additional information, we were able to determine that saturation had occurred. Data were also collected through multiple instruments during the initial contact and during the informal interview, including a demographics form, recording of interview on a password protected digital device, and interviewer observations.

Participants included five females and one male between the ages of 23 and 42, with an average age of 32 years old. All students were in a CACREP-accredited master’s Clinical Mental Health Counseling program with a minimum of 36 credit hours completed and a maximum of 45 credits towards graduation. Three participants identified
themselves as White, two identified themselves as Black, and one self-identified as Hispanic.

Instrumentation

A semi-structured interview took place with each participant in a natural setting as agreed upon by the participant and investigator. Interviews were completed face to face because this is the most desirable method of data collection for qualitative research (Creswell, 2013; Maxwell, 2013).

Following the informed consent process and the completion of a short demographics form, five open-ended questions were asked of each participant, which included an introductory question and four grand tour questions (Patten, 2011). The initial interview question included as part of the demographics questionnaire asked, In your opinion, what is the difference between a novice and an experienced counselor? This question was written to help elicit an understanding of the student’s perspective of the counseling profession. As practicum students are experiencing their first counseling sessions, it is important to identify the differences and similarities between an experienced and inexperienced counselor. These factors may identify the barriers novice counselors experience as they start their clinical practice. This question comparing novice and experienced counselors was also chosen to prime the participant to think about the process of transition from academic to clinical practice. The additional four grand tour questions were created based on the literature review to explore the experiences of practicum students with an emphasis on being able to describe the transition process. Questions were designed to identify the strengths and weaknesses of the current curriculum with the intention of providing details on effective teaching practices. Furthermore, the open-ended questions were written to guide the participants through the process of the transition to clinical practice. The initial question, (a) How prepared did you feel coming into your first counseling session?, examined any preparation prior to practicum, including academic and clinical experience. Because the quality of previous trainings might directly influence students’ practicum experience, it is important to bridge their recollection of past experiences with current experiences. The following interview question, (b) Describe the thoughts and emotions you were experiencing as you started interviewing and counseling your first client, explored the direct experience of clinical practice in supervised practicum. The third interview question asked the participants, (c) How would you know if or when you’re an effective counselor? This question helped the participants to identify any differences they experienced from the initial stages of transition from academic to clinical work. The final grand tour question was written to encapsulate the experience of supervised practicum and allow the novice clinician to further analyze and share his or her experience. This question and asked, (d) If your practicum were to be different, what would you like those differences to be? Additional follow-up questions were asked for clarification or additional exploration as necessary.

Data Collection

Data was collected through multiple sources, including a demographics questionnaire, individual semi-structured interviews, and direct observations with field notes (Creswell, 2013). The demographics questionnaire included age, gender, race/ethnicity, education level, and number of hours towards completion of degree
program. It also included an open-ended question asking for the participant’s opinion on the difference between a novice and experienced counselor. In order to ensure anonymity and confidentiality, participants were asked to use a pseudonym during the interview.

The interviews ranged from 28 to 43 minutes in length and were recorded on a digital recorder and transcribed. All digital recordings were kept on a password protected file on a computer. Transcripts were also kept separately from the audio recordings except when used to verify accuracy of the transcriptions.

Data Analysis

Moustakas’ (1994) modified approach of the Stevick-Colaizzi-Keen method was used for data analysis. The personal experiences of the participants were described in order to help set aside the interpretations of the authors and maintain focus more on the experiences of the participants. This concept of bracketing allowed the authors to have a fresh perspective of the phenomenon under study (Moustakas, 1994). Significant statements transcribed from the interviews were developed and grouped into themes or meaning units. A textural and structural description, including the quoted words of the participants, was developed. A composite description of the phenomenon reporting the essence of the experience was also developed to give a complete picture of the participants’ experiences.

Following each interview and transcription, descriptive statements made by the participants were highlighted. All relevant statements were clustered into themes and verbatim examples describing the experience were included to present invariant meanings. A textural-structural description of the meanings and essences of the experiences of the authors and the participants provided an understanding of the experiences of the participants related to the phenomenon of moving from being a student to actual clinical practice (Moustakas, 1994). A summary of themes was reviewed by each participant for the purpose of member checking (Creswell, 2013) to ensure the analysis was representative of the participants’ experiences. Following the data analysis process, several activities were undertaken to ensure trustworthiness, including member checking as already noted.

Trustworthiness

The researchers involved in a qualitative research study have been described as an integral component to and the instrument for data collection (Creswell, 2013). For this reason, the authors used three validation techniques to establish trustworthiness of this study (Creswell, 2013; Marshall & Rossman, 2011; Maxwell, 2013). Bracketing was recommended (Creswell, 2013; Maxwell, 2013) and was used in this study in order to counter bias and avoid skewing the analysis of the data. This was accomplished through journaling and discussing the experiences with the phenomenon by the authors with each other. Triangulation of the data was also established through the collection of multiple sources of information including interviews, demographic questions with a written question, and direct observations. Member check interviews with participants were also conducted as a method to ensure validation of the results of the study. A peer review conducted by five doctoral students was used to identify consistency of the presentation of the data within the study. Doctoral students consisted of one male and four females. Each one read the verbatim transcripts of the interviews with the participants and
compared the transcripts to the themes to determine consistency in the same way as is done in the process of member checking. Finally, thick descriptions (Creswell, 2013) and the participants actual words were used to give additional credibility to the identified themes. We also took into account the background of the authors.

**Researchers**

One author worked at a crisis residential unit providing individual assessments, diagnosis, and treatment and also conducts psychoeducational groups. He was working on his doctoral degree and had a personal interest in the success of master’s counseling students. The second author is a professor of counselor education with numerous publications involving the training of counselors. He has been a counselor educator for 16 years and has been a counselor for more than 20 years.

**Results**

Following the analysis of the data, five themes were identified based on the participants’ experiences of transitioning from student to practitioner. The actual words of the participants are included to illustrate the following themes, identified as (a) *inside my head*, (b) *the relationship*, (c) *uncertainty*, (d) *supervision*, and (e) *practical experience*.

**Inside My Head**

All (six of six) participants reported the inability to be present within counseling sessions and tended to focus on their own thoughts and feelings rather than those of the clients in initial counseling sessions, which is identified as being *inside my head*. Inside my head, in this study, refers to the participants’ tendency to focus on their own thoughts and feelings instead of the words and actions of the clients. Camille stated nervously, “I’m pretty sure my clients felt like I was trying to physically see my brain.” Chelsie remembered thinking in session, “what am I going to say next if I don’t have anything else to say.” Dick’s sentiment was similar as he reported he was “thinking in my head so I wasn’t listening to what he was saying.” Marilyn was the most confident, although she stated she “would sometimes take the focus away from the client.” Rae summed up this experience as she stated,

I was thinking about how I was sitting and moving and how my voice sounded. I was more concerned about my worries than my strengths that I had built up thus far. Unfortunately, I wish it could have been more about the client but it was more selfish than I would have liked it to be.

**The Relationship**

The client-counselor relationship is the fundamental basis that leads to effective treatment in counseling (Sommers-Flanagan, 2015). Once trust has been established between counselor and client, counseling skills and techniques can lead to positive changes within the counseling session. Initially, the participants had difficulty building rapport and forging a strong therapeutic bond. Once, the practicum students were able to forge that trust, they were better able to take on the role of clinician. They reported being
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more comfortable with themselves as counselors and were also able to better use specific counseling skills learned in the classroom.

Although the participants reported overthinking the situation, four of six students were able to ground themselves on building the counselor-client relationship. Camille stated that once she was able to focus on the client, the counseling skills came naturally. “[When] I’m totally focused on them, I’m able to use the skills. It’s weird because the less you think about it (micro-counseling skills), the more you use them; which is counterintuitive to what I thought going into this class.” Sally reported that when she started empathizing, “it got way easier and then it actually started to make a lot of sense.” Dick stated that he became comfortable “in my own skin as a counselor when I paid attention by reflecting back their feelings.” Chelsie also reported difficulty using her counseling skills but was advised by her professor to use more reflective questioning. She stated it was easier to “be in the moment once I calmed down and build a therapeutic relationship and use the things I’ve learned to counter nervousness and stress.” The students not only realized the importance of the relationship, they also had to learn to cope with their own uncertainty about their ability to use their clinical skills.

Uncertainty

The role of uncertainty or the unknown played a large part in increased anxiety for six out of six counseling students and was a central theme within all students in this study. All students reported fear and nervousness precipitating each counseling session, which led to barriers to using clinical skills learned in the classroom. Chelsie remembered thinking, “Am I going to screw up their lives forever? I think I built this up to something big and scary.” Dick described his first session as “experiencing nervousness and anxiety for sure. Just because this was a real person sitting in front of me.” Marilyn’s sentiments were similar and described her emotions as “nervous and intimidated.” Although she had practiced her counseling skills in the past and felt prepared, “it was different because you can rehearse all day but you never actually know what you’re going to get. You can’t plan on exactly what you’re going to say until you see them. It’s very intimidating.” It is interesting to note that Marilyn found the experience of being scared and uncertain not to be a weakness but a strength. Her fear and uncertainty motivated her to be better prepared at each session. She echoed this sentiments in the following words,

I think I turned it around and [it] made me hunger for more certainty. I felt if I come into this session and I’m uncertain, my client is going to feel that they’re not going to trust me. So I had to really change the uncertain state to certainty.

Sally described this uncertainty as a sense of “existential dread.” She remembered thinking “what do I do with this person across from me? I felt like all my tools went out the window.” Although she was disappointed with herself initially, like Marilyn, she gained insight on this experience. “Even if someone has the calling for counseling, it’s never going to be naturally, it’s something you have to work at.” Rae also had difficulty applying her clinical skills due to her anxiety and uncertainty.

I knew what I was supposed to do but I was just nervous. I knew I was supposed to go in there and listen and reflect. I was scared. I was shaking. I pop my knuckles a lot when I’m nervous so I was doing a lot of that.
Students were able to gain insight into the need for supervision to help them overcome their feelings of uncertainty.

**Supervision**

All students (six of six) verbalized the importance of supervision as novice counselors. Sally stated that she “heard a lot of feedback from professors and supervisors . . . she had a very different perspective from me.” Rae shared that her professor was “able to see a lot of things that I didn’t even realize; so he brought to light a lot of my strengths that I didn’t see, and some of my weaknesses that I missed too.” Camille stated, “it was really helpful because you can listen to yourself all day long and unless you have this level of training, it’s harder to recognize what you’re doing wrong.”

Having support from supervisors also helped the participants to alleviate some feelings of anxiety and to gain additional tools to use in sessions. Dick reported that after “he [my supervisor] gave me some pointers. . . the fear and anxiety kind of melted away.” Marilyn stated her supervisor gave her flexible tools and statements to help her when she’s uncertain. “My supervisor gave me, ‘I’m a little curious’ or ‘tell me more.’ My professor gave me, ‘a part of me feels. . . ’” Chelsie also gained additional insight and advice from her professor and supervisor and through the articles assigned as readings throughout the supervised practicum experience. “Right now we’re reading *The Dance of Anger*, and it taught me how I handle anger and my relationships.”

Moving from their need for and acceptance of supervision, the students were able to describe how gaining practical experience helped them in the process of learning to use their acquired clinical counseling skills.

**Practical Experience**

Although supervision was extremely helpful for the novice clinicians, all participants verbalized practical experience as the most helpful tool to making the transition from academic to clinical practice. Chelsie stated that pre-practicum was the best way to prepare for this experience. “In pre-practicum, you learn basic ways to speak to your client.” Sally stated that group practicum was where “I got oriented to the process [of counseling].” Marilyn also felt group practicum was extremely helpful because, “the instructor was very knowledgeable and knew how to not only teach the material but also to demonstrate it very effectively.” Rae also agreed that both group practicum and pre-practicum was extremely helpful. She reported that this class was where she first gained insight on becoming a counselor. This was where she got “used to hearing myself, which was awkward at first.” She also identified that both classes “has really helped me to gain confidence.” Camille’s sentiments on pre-practicum were similar to the others as this was where she was able to “start learning skills and practice to see how it helps to use the skills.” Dick stated that pre-practicum stood out the most because that was where “we learned basic skills, reflect on content, feeling, active listening. Without those basic skills you may not necessarily be as effective a counselor.”

**Discussion**

Supervised practicum is generally the first experience where students are able to practice clinical skills with actual clients. Here students are able to increase their
awareness of their strengths and weaknesses and hone their skills under the supervision of counselor educators and supervisors. A study by Skovholt and Rønnestad (1992) of first-year graduate students supported the current study in that beginner students in the counseling profession had difficulty translating theory into practice. In the current study, novice counselors also reported mastery of skills in the classroom but were unable to initially integrate those skills into practice. All participants in this study reported difficulty focusing on the client due to internal preoccupations precipitated by anxiety and fear of the unknown. These beginner counselors were unable to be in the moment with clients due to worrying about their own counseling skills, thereby affecting their clinical efficacy. Many of the participants were able to build rapport quickly, which helped to build the therapeutic relationship. Active listening and empathizing helped the beginner counselors to refocus their attention to the clients. The uncertainty of the therapeutic process and the client’s unpredictability also played a large role within the beginning stages of counselor development. Although the students participating in this research reported having adequate training and acquisition of counseling skills, as they have in previous research (Skovholt & Rønnestad, 1992), they also stated that overwhelming anxiety, nervousness, and intimidation were barriers to the use of the skills they had learned within the classroom.

A common theme presented by participants included the importance of supervision. This finding supports Linton and Hedstrom’s (2006) exploratory investigation that found guidance and support from professors and supervisors were integral in counselor development. Self-reflection through readings and discussions helped novice counselors to gain insight (Tobin, Willow, Bastow, & Ratkowski, 2009). Consultation and teaching by supervisors also helped beginner clinicians to gain confidence. Direct feedback and alternate perspectives offered by supervisors and professors further alleviated anxiety and boosted confidence. Group practicum and pre-practicum were reported to be the most helpful experiences in transitioning from academic to clinical practice. Experience in the practical application of counseling skills and techniques accounted for the majority of the ability to use skills with clients.

Anxiety and fear, precipitated by the lack of clinical experience and practice of clinical skills created a barrier to effective counseling. These findings coincided with the initial stages of the Integrated Development Model (Stoltenberg & Delworth, 1987) and is supported by research by Jordan and Kelly (2011) in which they identified competence, supervision, and preparation as common categories of worry for practicum students.

Although most participants in the current study identified anxiety as a hindrance to counseling, some perceived it to be a motivating factor for growth. For some participants, increased anxiety led to increased motivation to practice and master their counseling skills. Anxiety therefore was essential and a positive experience of these beginner clinicians. Although a direct link between congruence and empathetic understanding with efficacy have been well documented and generally accepted within the counseling community, this study provided insight from the beginner counselor’s perspective. As the beginner counselors were better able to focus their attention and be present with clients, they were also more effective with counseling techniques. Clients appear to be less apprehensive and more open to speak freely at least in part due to the effective use of counseling skills and techniques displayed by counselors. As reported by one participant, “[When] I’m totally focused on them, I’m able to use the skills.” By
focusing on the client, participants were better able to alleviate their own self-doubts and anxiety, thus increasing the effectiveness of counseling skills. Counselors were better able to listen attentively, be empathetic, ask better questions, and were better able to identify client’s needs because they felt more comfortable and engaged. The ability to use counseling skills was reported to be directly linked to the participant’s ability to focus on their clients.

The identification of increased efficacy within the counseling sessions identified by the participants may have profound effects on the training and practice of future counselors. Specifically, novice counselors were better able to use their micro-counseling skills once they were able to build a therapeutic relationship. Their comfort within the relationship was reported to have increased the use and overall effectiveness of techniques learned in the classroom. Because the therapeutic relationship is an integral component of clinicians’ ability for effective counseling in a clinical setting, perhaps counselor educators should focus additional resources on using micro-counseling skills specifically to build the relationship. That is, the goal of using counseling skills in the practicum experience should be to use micro-counseling skills learned in the classroom in order to build a therapeutic alliance.

Previous studies have supported the efficacy of training practices within the counseling field (Perosa & Perosa, 2010; Schaeffle et al., 2007; Woodward & Lin, 1999). Unfortunately, researchers have also found that skills learned in the classroom are often not transferred into clinical settings (Urbani et al., 2002). This study supports previous findings of the need for supervision and the importance of clinical experience to alleviate anxiety with novice counselors (Bernard & Goodyear, 2014; Stoltenberg & McNeill, 2010). The importance of a strong therapeutic alliance was also confirmed as an integral factor in counselor efficacy as with past research (Marmarosh & Kivlighan, 2012; Sommers-Flanagan, 2015). The mechanics that lead to efficacy within the counseling session and promote growth have been at least partially identified. Specifically, the therapeutic alliance appears to have equal impact on the counselor, as well as the clients, to promote efficacy.

Implications and Recommendations

Qualitative research is a research methodology designed to accurately represent the experiences of its participants. Although the authors attempted to interpret the participants’ descriptions accurately, the data generated is subject to bias. The authors however worked to ensure trustworthiness to best describe the essence of the experience. It should also be noted that the results of this study are limited to the participants of the study and that transferring these results should be done on a case by case basis.

The results of this study have numerous implications. Since anxiety was identified as a factor that impeded students’ abilities to integrate knowledge and skills into clinical practice, counselor educators and supervisors can develop strategies to alleviate anxiety, thus increasing the likelihood of the transference of academic skills to clinical skills. Teaching students and practicing relaxation skills, such as deep breathing, visualization, or progressive muscle relaxation, could increase the effectiveness of novice counselors. Orientating novice counselors to clinical work may help to eliminate this barrier as well. Introducing counseling students to clinical settings and extending guest lecturers the
opportunity to come into the classroom to share their experiences may make for a less stressful transition. Additionally, students also reported wanting more practical experience. Future research can help to determine the viability of extending group, pre-practicum, or supervised practicum and its effects on clinical efficacy. Supervision was also identified as an invaluable tool in counselor development. Counselor educators and supervisors can find innovative ways of providing additional support for novice clinicians. Finally, the effectiveness of strength-based supervision can be further studied as it may boost confidence and promote counselor development.

References


Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://www.counseling.org/knowledge-center/vistas