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# Enhancing counselor empathy to promote moral development and conceptual complexity: A new model for counselor preparation and supervision

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ENHANCING COUNSELOR EMPATHY TO PROMOTE

MORAL DEVELOPMENT AND CONCEPTUAL COMPLEXITY:

A NEW MODEL FOR COUNSELOR PREPARATION AND SUPERVISION

A Dissertation

Presented to

The Faculty of the School of Education

The College of William and Mary in Virginia

In Partial Fulfillment

Of the Requirements for the Degree of

Doctor of Philosophy

By

Patricia Adele Logan

April 2009

**ENHANCING COUNSELOR EMPATHY**

**TO PROMOTE MORAL DEVELOPMENT AND CONCEPTUAL COMPLEXITY:**
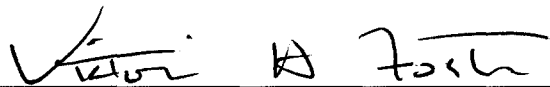
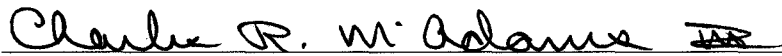**A NEW MODEL FOR COUNSELOR PREPARATION AND SUPERVISION**

By

Patricia Adele Logan

Approved April 14, 2009 by

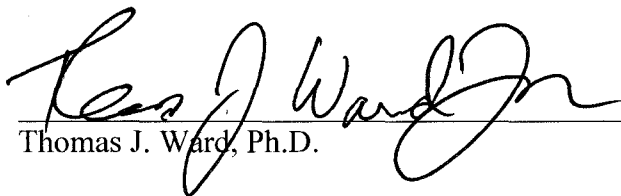Victoria A. Foster, Ed.D.
Chairperson of Doctoral Committee

Charles R. McAdams, III, Ed.D.

Thomas J. Ward, Ph.D.

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ACKNOWLEDGEMENTS

First, I would like to thank my dear family who supported me to the fullest in pursuing my education. Mom and Ralph, thank you for your constant support and encouragement at every turn. Mom, your commitment to supporting my many pursuits through the years made it possible for me to earn this degree. Mark, thank you for supporting me, for encouraging me to strive for my dreams and for serving as my ambassador of happiness. Molly, thank you for being in my corner. Tanner, thank you for your unconditional love and for reminding me to play everyday!

My dear Sills, you held my hand and walked with me through the maze of my doctoral experience. You provided unwavering support, patiently listened to me, and validated me without question. Even in the face of my most stressful moments, you provided me with the solid ground I needed by reminding me to trust myself. Thank you for always believing in me and encouraging me shine to my fullest. I look forward to sharing our future together, mo chuisle!

Next, my best friends, both near and far, thank you for taking the time to share in the wonderment of this significant journey, to laugh with me, and to remind me who I truly am, no matter the demands of this experience. You are all my shining stars who offered constant support through this process. Thank you for the time you took to listen and truly be there for me.

To my natural mentors, thank you for listening, understanding, and reminding me to focus on what is important. You all supported my dreams, encouraged me to laugh, and validated me when I had nowhere else to turn. Thank you for your warm welcoming smiles and for helping me to navigate my ship through each step of the doctoral process.

DEDICATION

This dissertation is lovingly dedicated to my father Frank C. Logan, who supported me, encouraged me to do my best, and reminded me never to sell myself short. Your love still lives in my heart and I believe you have looked out for me throughout the pursuit of my doctorate. You and Mom always provided me with the opportunity to pursue my dreams and I am proud to be your daughter. Your hard work and steadfast commitment to our family made it possible for me to pursue this degree. My life has been deeply enriched by this experience and my commitment to facilitating growth, health and healing is inspired by your kind example and personal integrity.

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ABSTRACT

Empathy is a complex, multidimensional process that requires counselors to

engage and maintain both intrapersonal awareness and sustained interpersonal

engagement to develop a genuine and effectual therapeutic relationship. This study

investigated the effects of an Empathy-Enhanced Deliberate Psychological Education

(E2DPE) intervention designed to enhance empathy, promote postconventional reasoning

and develop higher complex conceptualizations for first-year Master's students enrolled

in a CACREP accredited counselor education program. This study examined the effects

of a six-month E2DPE beginning counseling students' empathy competency as measured

by the Interpersonal Reactivity Index (Davis, 1980), postconventional reasoning as

measured by the Defining Issues Test-2 (Rest, Narvaez, Bebeau & Thoma, 1999), and

conceptual complexity as measured by the Paragraph Completion Method (Hunt, Butler,

Noy & Rosser, 1978).

This study implemented a quasi-experimental pre-test, post-test non-equivalent

control group design. Statistical findings showed significant increases for both groups in

conceptual complexity as a result of six months in a CACREP program, however, neither

conceptual complexity, postconventional reasoning nor empathy were significantly

influenced by the E2DPE. While the E2DPE did not reach significant effects, the process

described by the treatment facilitators and supervisors suggest that raising

multidimensional factors of empathy and postconventional moral reasoning in beginning

counseling students scoring high on these pretest measures may be challenging. In

addition, capturing cognitive developmental changes or detecting changes in state

empathy for counseling students experiencing cognitive disequilibrium may prove

difficult in only six months. Finally, future recommendations for raising counseling

students' developmental growth through cultivating empathy are provided.

ENHANCING COUNSELOR EMPATHY TO PROMOTE

MORAL DEVELOPMENT AND CONCEPTUAL COMPLEXITY:

A NEW MODEL FOR COUNSELOR PREPARATION AND SUPERVISION

CHAPTER ONE

Introduction

New counseling students undertake a highly demanding role that requires rapid skill development in technical and theoretical approaches based on clients' needs. Beginning counseling students must quickly learn how to handle the demands of counseling clients while coping with the cumulative stressors that can accompany the functions and experiences of their new role. Adaptation to counseling students' personal and environmental roles is marked by "flexibility, innovation, and exploration" (Noam, 1998, p. 288) as a part of the developmental process for the professional counselor.

Adaptation balances differentiation with integration in a cyclical process of responding to constant variations and challenges in one's environment. By becoming more integrated and differentiated, two necessary components to cognitive development (Noam, 1998), counselors can develop in both maturity and complexity. Successful adaptation in counselors has lead to the development of empathy, engaging in a deeply understanding relationship with clients, while simultaneously building healthy coping strategies, such as enhanced self-awareness (Chung & Bemak, 2002; Murphy, 2005) and anxiety modulation (Hassenstab, Dziobek, Rogers, Wolf & Convit, 2007; Hoffman, 2000; Trusty, Ng & Watts, 2005). However, counseling students may experience disequilibrium and personal distress when the challenging role-taking experience of helping others disrupts their capacity to engage in empathy (Davis, 1983a). In turn, this developmental décalage may hinder their professional counseling development (Foster & McAdams, 1998; Foster & Sprinthall, 1992; Lapsley, 2006; Morgan, Morgan, Foster & Kolbert, 2000).

*Statement of the Problem*

*New Counselor Challenges, Stressors, and Disequilibrium*

Beginning counseling students experience a level of disequilibrium that may leave them particularly vulnerable to frustration, disillusionment, and personal distress (Blocher, 1983; Borders, 1989; Loganbill, Hardy & Delworth, 1982; Stoltenberg, 1981). Typically, these students come into the program with a solid level of education but little to no full-time practical counseling experience upon which to draw.  Beginning counselors have little exposure to the populations they may be counseling in the first practicum course. Furthermore, counselors in graduate training programs may receive strong supervision and support in their counselor education programs but, in the session itself, must rely on their own emerging competency.

Counselor preparation requires students to prepare not only for working with diverse clients and issues but also work in the clinical setting. In turn, counselor educators should prepare their students to handle a difficult and unpredictable client population in an increasingly complex manner that will allow for them to maintain therapeutic sensitivity. Early in their professional development, as they learn about their counseling roles, beginning counseling students may become frustrated, impatient, and may even develop negative feelings toward their clients (Borders, 1998). Such negative responses to clients may diminish these counselors' capacity for empathy. While cognitive dissonance is a necessary component to deconstructing and reconstructing meaning, counselors new to the counseling experience are particularly challenged with the tasks of becoming a more skilled counselor at a rapid pace. When counseling students embark on the significant new role-taking experience of being a counselor, the call to

being morally sensitive, fair and responsible for their clients' well being leaves them at risk for potential fear of incompetence or even early burnout. Therefore, supporting beginning counseling student adjustment to the demands of the counseling role and carefully pacing the counselor's movement toward adaptation is a crucial component of counselor education (D'Andrea, 1988).

Research indicates that developmentally focused counselor supervision can provide the necessary support to navigate disequilibrium, however, developmental interventions in counselor education have impacted various domains of cognitive development differentially. On the other hand, empathy is consistently linked to higher levels of development in counselors (Borders, 1998; Carlozzi, Gaa & Liberman, 1983; Hoffman, 2000; McAuliffe & Lovell, 2006), but with which domain or strand of cognitive development empathy may reside remains uncertain. In addition, research indicates that empathy is not necessarily an automatic, instinctual function in counselors yet is consistently considered as essential to the therapeutic process and counselor efficacy (Hammond & Nichols, 2008; Lovell, 1999; Murphy, 2005; Rogers, 2007; Trusty, Ng & Watts, 2005). The direction of the link between psychological development and empathy is largely unexplained.

McAuliffe and Lovell (2006) posited that the effectiveness of counseling lies largely in the person of the counselor and that "empathy emerged as the strongest of these personal characteristics" (p. 308). However, these researchers propose that empathy in counselors is not shown as a spontaneous, automatic response but a function of competency that may be promoted through training and supervision. That is, counselors in the early stages of development ideally would be specifically trained in empathy to

reach an optimal standard of therapeutic functioning. The challenge of developing empathy may be linked to the development of a moral obligation of care (Duckett & Ryden, 1994). This study proposes that one route to promote moral development in counseling is through fostering empathy as a core counseling competency.

*The Role of Counselor Empathy*

Lovell (1999) described counselor development as an allocentric focus on another's experience through an advanced form of empathy. Later, McAuliffe and Lovell (2006) suggested that advanced positions of development exhibit a form of decentered empathy, an ability to keep one's distress and personal feelings related to the client's experience separate from the client's actual experience. In other words, decentered empathy requires counselors to continually reference their own emotional experiences to connect with the client's human experience yet remain centered in the world of the client, holding respect for the ownership of those experiences with the client. Linley and Joseph (2007) expanded upon trends in research on the negative aspects of counseling, such as compassion fatigue, vicarious trauma, empathic exhaustion, and counselor burnout, by examining both the negative and positive experiences of counselors as important variables that may lead to counselor well-being and fulfillment. According to the research, resilient counselors are able to psychologically manage challenges in their environment through enhanced functioning across ego, moral, and conceptual levels of cognitive development. Counselors showing strong empathy for others utilize moral perspective taking, thereby employing greater cognitive complexity through differentiation and integration (Foster & McAdams, 1998). This balance of differentiation and integration is linked to adaptability and flexibility.

Counselor stress may have a negative impact on a new counselor's capacity for empathy as they resort to using more comfortable, basic coping skills from previous developmental levels (Borders, 1989). Avoidance behavior in counselors can further hinder their ability to relate to their clients; however, some anxiety enables the expression of empathy (Trusty et al., 2005). Building coping strategies that accompany higher stages of cognitive development, counselors may benefit from supervision and training that focuses on fostering empathy and building more agile perspective taking to help counselors draw upon these flexible and adaptable processes. Blocher (1983) urged supervisors to facilitate counselor development toward higher levels to bring out inherent and necessary counselor qualities, including the capacity for empathy toward others. Competent counselors are able to perceive various perspectives simultaneously to reach empathic understanding with clients with varying perspectives and complex histories, value systems and personal paradigms (Blocher, 1983).

Most counselor educators may assume that counselors who seek a career in a helping profession may hold a natural, readily accessible propensity for empathy. However, early research on counselor conceptualizations revealed that accurate empathy and congruent counselor response to clients showed a positive significant relationship with cognitive complexity, not professional experience (Holloway & Wolleat, 1980). Furthermore, higher levels of moral development and conceptual complexity have been correlated with advanced expression of empathy and deeper understanding of contextual complexities in counseling (Blocher, 1983; Carlozzi, Gaa & Liberman, 1983; Kohlberg, 1986; Lapsley, 2006). These findings support a need for counselor educators to focus more intentionally on the variables that promote counselor development from the

beginning of their training, including accurate empathy. In order to sustain the therapeutic

relationship, empathy serves as a function that requires implementation of both

intrapersonal and interpersonal skills that may represent the capacity to set aside one's

own ego in order to be present in the helping relationship.

Counselor education research calls for further studies on methods that best raise

counselor development and this study proposes that empathy may be one potential

catalyst for the development of counselor adaptability to their surroundings. Research

emphasizes that the promotion of counselor development is necessary and that support

for handling the complexities of beginning counselors' new role is vital to the

development of both conceptual and affective functioning (Borders, 1989; Loganbill,

Hardy & Delworth, 1982). Empathy is also embraced as a central function in higher stage

counselors that leads to the ability to effectively facilitate therapeutic change (Lovell,

1999), indicating that empathy enhances in functioning through the process of counselor

development. Empathy may not only bridge various theoretical models' higher

developmental modes of cognitive functioning but may also serve as a marker for

counselor development. The facilitation of empathy as a core competency could serve as

the fulcrum that promotes the cognitive development of counseling students. By teaching

empathy, counselor educators and supervisors may simultaneously promote

psychological development.

*Theoretical Rationale*

*Justification of a Cognitive Developmental Framework*

Cognitive developmental theory addresses the development of cognitions, internal

structures that humans employ to make sense of themselves and the environment across

the lifespan. Piaget's (1961) developmental theory became the foundation for other

developmental models of growth in various domains, including moral development

(Kohlberg, 1969), intellectual development (Perry, 1970), conceptual complexity

(Harvey, Hunt & Schroder, 1971; Hunt, 1975), and ego development (Loevinger, 1976).

Each presents a framework for understanding unique domains that contribute to the body

of cognitive developmental theory.

Cognitive developmental models illustrate shared assumptions about the way

individuals create structure in a developmental process that forms in mental structures

through organization and adaptation. Development takes place through a continual,

cyclical construction of meaning-making that builds during the process of enhancing self-

awareness, relating with others and creating meaning of our social environment.

Organization evolves through a continual cognitive process of constructing meaning

through interaction with our environment, known as assimilation and accommodation.

Through the person and environment interaction, individuals take progressive

steps toward understanding and responding to the world in increasingly complex

cognitive ways. Individuals seek to remain in a steady state of functioning through

equilibration, the continuous process of organizing information through the balance

between assimilating and accommodating to make meaning of our experiences

(Wadsworth, 1989). Assimilation is the process of fitting a new experience into existing

schemas and accommodation is the creation of new schemas or a modification of existing

ones to categorize and retain an experience.

In particular, when a situation doesn't fit with our previous experience, having no

existing schemas, a natural tension occurs. This disequilibrium is a critical mechanism

that stimulates growth. "Change in one's cognitions comes from experiences that do not fit into one's earlier, simpler conceptions. Cognitive disequilibrium is the condition for development" (Rest, 1986, p. 32). Management of cognitive dissonance by either modifying old schemas or creating new schemas is the essence of cognitive developmental theory.

*Principles and Major Developmental Assumptions*

Following a unifying set of assumptions across different domains, cognitive developmental research proposes that people seek to understand their experiences by employing schematic meaning-making systems (Sprinthall, Peace & Kennington, 2001). Deep structures of thought and internal organizing systems are constructed upon sequentially evolving cognitive structures that stimulate movement from one structure of psychological maturity to the next (D'Andrea & Daniels, 1992). The basic premise of cognitive developmental theory holds that "reasoning and behavior are directly related to the level of complexity of psychological functioning" (Foster & McAdams, 1998). People constantly make sense of their experience by constructing meaning in not only through higher complexity but also maturity in a structured and integrated way (Noam, 1988). Higher levels of cognitive development are marked by "flexibility, innovation, and exploration" in the process of meaning-making (Noam, 1998, p. 288). By developing both maturity and complexity, reasoning becomes more integrated and differentiated (Noam, 1998). These levels of reasoning seem to serve as better conceptual tools for making sense of the world and deriving guides for decision-making and beneficial behaviors.

Developmental theorists have described different domains within the cognitive development realm. No one theory is comprehensive enough to describe the totality of human functioning across all domains (Sprinthall, 1994). However, these models share some major assumptions. The following are the shared major assumptions amongst researchers across the primary cognitive developmental theories:

1. Humans have an innate, intrinsic motivation to seek competency and mastery of the environment through stage growth that is life long. Humans have a natural capacity to grow and strive for fulfillment, building the capacity for emotional soundness and stimulating the development of psychological maturity and complexity.

2. Each stage is a transformation, a qualitative shift. It is not that we know more but that we know it differently in qualitatively distinct stages. Stage development leads to meaningful transformations in one's worldview.

3. Stages form hierarchical and sequential process on a continuum from less complexity to greater complexity and authenticity. Meaning in one stage builds directly upon the experiences of the prior stage. The direction and sequence is invariant and irreversible. We cannot skip stages in a sequence or revert to a lower stage of modal functioning. One may choose to function in a previous level or stage, especially in times of stress or anxiety, but meaning-making systems do not revert toward an earlier stage.

4. With stage growth, higher development is better as higher stages show more complex and adaptable ways of making sense of experiences, more able to evaluate situations from multiple perspectives, increase behavioral repertoire, and

integrate conflicting information. Lower cognitive developmental stages show impulsive, rigid and concrete thinking with limited capacity for understanding others' perspectives or needs.

5. Unique stages represent specific ways of making meaning of one's environment. Growth is continuous yet can be divided into distinct life phases, each unique stage representing current preferred level of comprehending.

6. Development depends upon interaction that is neither automatic nor shaped. Stage growth depends on the person plus environment interaction. Unless we are in the appropriate environment, development will not occur spontaneously.

7. There is a consistent relationship between stage and behavior; that is, one's actions align with modal stage of cognitive functioning.

8. Physiological changes have to occur in order for development to take place. This means that development is phasic and age related but not necessarily chronologically age prescribed.

9. Stage definition is modal not fixed. No one completely functions in one stage at any time. This flexibility makes growth possible. Stage growth is a moving spiral process, allowing one to revisit past modalities of other stages while functioning primarily within the current developmental stage or level. Neo-developmentalists have moved away from the hard or even soft stage model toward a conceptualization of growth as occurring in continuous cycles.

10. Stage growth is, however, domain specific. One can function in different stages across different domains, specific aspects of human functioning such as thinking,

feeling, and reasoning. Development in one domain does not guarantee development or growth across other developmental areas.

11. Cognitive development is universal across cultures and gender.

*Empirical Support for Cognitive Developmental Framework*

The developmental model is the most comprehensive, theoretically centered, formally organized, and empirically supported growth-oriented theory, providing evidence for its viability. Cognitive development is a "careful synthesis of theory, research, and practice" (Sprinthall et al., 2001) and its vast empirical support is backed by a long following of theorists who developed cognitive stage models. Faubert, Locke, Sprinthall and Howland (1996) provided specific empirical support for cognitive developmental theory, its assumptions, and its use for facilitating stage growth while other research has shown evidence of growth in stages, such as Kohlberg's and Rest's research on moral developmental stages (Gielen, 1991).

Empirical findings have shown promise of promoting development in counseling and counselor education for over two decades. D'Andrea (1988) emphasized the essence of counseling is activated by promoting psychological maturity and human development. Cognitively advanced counselors are more adaptable and flexible in responding to the complexities and conceptualizations of cases and the counseling relationship (Brendel, Kolbert & Foster, 2002; Chung & Bemak, 2002; Foster & McAdams, 1998; Holloway & Wolleat, 1980; Sprinthall, 1994). Counselors who function on cognitively advanced levels also show higher empathic responses with a greater capacity to understand and meet client needs (Foster & McAdams, 1998; Holloway & Wolleat, 1980; Rest et al., 1999; Sprinthall, 1994).

Counselor education literature has focused primarily the experiences and needs of counselors early in their development but research has not yet focused its attention specifically toward methods of creating the optimal learning environment in counselor instruction and supervision that best supports the promotion of initial counselor development. For example, beginning counselors may experience a wide range of feelings, such as insecurity, dependency, and vulnerability (Ronnestad & Skovolt, 1993). Yet, early in their programs, new counseling students must access, recognize and successfully manage the full range of their affective responses to complex experiences (Loganbill et al., 1982).

Thus, counselor educators would benefit from more solid research that points to not only the didactic content that promotes conceptualization and advanced functioning, but also to experiential components that are linked to core competencies. Specific information on the essential elements that most effectively promote counselor development and core competencies, such as empathy, early in counseling students' learning would broaden, deepen and clarify counselor educators' strategies for building a more integrative program as a whole. The current study may inform instructional strategies and supervision practice that supports foundational developmental growth during early counselor preparation. Two theoretical frameworks have been linked to promoting and assessing counselor development and have been associated with empathy in higher stages. These theories and their applications to education are described below.

*An Introduction to Conceptual Systems Theory and Moral Development*

David Hunt (1970) developed an integrative complexity model that provides a framework for understanding one's modes of formulating thoughts, managing

information and responding to the environment. Hunt's research closely examined the interaction between how people conceptualize an event and respond to their surroundings through an increasingly adaptive and balanced use of differentiation and integration (Stoppard & Miller, 1985). Organized in four increasingly progressive levels of cognitive complexity, Hunt's model focused on the interaction between one's conceptual level and the environment as an equal, integrated function (Holloway & Wampold, 1986; Stoppard & Miller, 1985).

Hunt's model balances movement from concrete, simplistic conceptualizations to higher levels of acknowledging various perspectives through the process of differentiation. Through integration, one not only becomes more skillful in seeing multiple perspectives but also recognizes themes in divergent viewpoints. Conceptual level denotes cognitive complexity as well as self-responsibility and independence (Hunt, Butler, Noy & Rosser, 1978), important goals of counselor development. Conceptual systems theory organizes the functions of each level of complexity along with describing a system of approaches to promoting more complex responses through a matching and mismatching process that encourages the adaptive process of assimilation and accommodation. Counselors with increasing complexity conduct more appropriate and accurate responses to their clients while holding greater tolerance for ambiguity, inherent in the practice of counseling.

Research maintains that differentiated structure, challenge, and support hold a central role in promoting counselor complexity by promoting counselors' advanced perceptions of the interpersonal process through this multifaceted lens. However, new counselors are often challenged to honor both the clients' distinct viewpoints while

simultaneously finding central themes in order to facilitate change. Counselors' complex cognitive functioning links to the processes of making decisions, gathering information, and integrating numerous concepts while simultaneously developing sensitivity toward a wider range of clients (Holloway & Wolleat, 1980).

Lawrence Kohlberg's (1982) theory of moral development illustrated a structure and direction by which humans progress in stages of increasingly complex ways of moral reasoning. Kohlberg characterized six stages as a process of striving toward universal morality based on an "essence of justice" (Kohlberg, 1986, p. 13) in order to derive guiding universal principles that would create a world of ideal democracy (Rest et al., 1999). Kohlberg's system of moral development defined graduated states of interpersonal moral adaptation in terms of the direction one advances toward developing universal moral principles and reasoning through consideration of the needs of others.

Contemporary researchers raised questions about the lack of influence Kohlberg placed on relativistic factors, such as race, gender, and culture, upon the process of defining the moral ideal. Gilligan (1982) critiqued Kohlberg's assumptions based on masculine traits and norms based on male-dominated societal favoritism toward justice and fairness. She proposed that moral development from a feminine perspective and voice employed an ethic of care that was overshadowed by Kohlberg's theory. Haidt (2001) presented a social intuitionist approach striving to explain the more innate, automatic responses to perceived moral dilemmas and described a specifically ordered process of interplay between emotion and cognition through an interpersonal exchange within the bounds of cultural context of moral reasoning and social action.

Rest (1994, 1999) further contended that the process of moral development requires an engagement of both cognitive and affective interaction through an integrative moral development model that denotes a process for reaching both macro moral principles while considering micro moral contextual influences. Rest described this process by which the individual "self" engages when faced with a moral dilemma (Rest et al., 1994). As one progressively becomes more cognitively complex and agile in taking others' perspective, the individual "one" perfects modes of functioning (Lapsley, 2006) and, thereby, is capable of considering the collective "all" in more universal frameworks of postconventional reasoning.

Rest developed a four-component process of reasoning that bridges both deductive and inductive reasoning. Morality is a multi-faceted phenomenon comprised of integrated functions of moral sensitivity, moral judgment, moral motivation and moral character (Rest, 1999) (see Figure 1.1). The Four Component Model is described in more detail in chapter two.

*Figure1.1.* The Four Component Model

Component III
Moral Motivation

Component I
Moral Sensitivity

Component IV
Moral Character

Component II
Moral Judgment
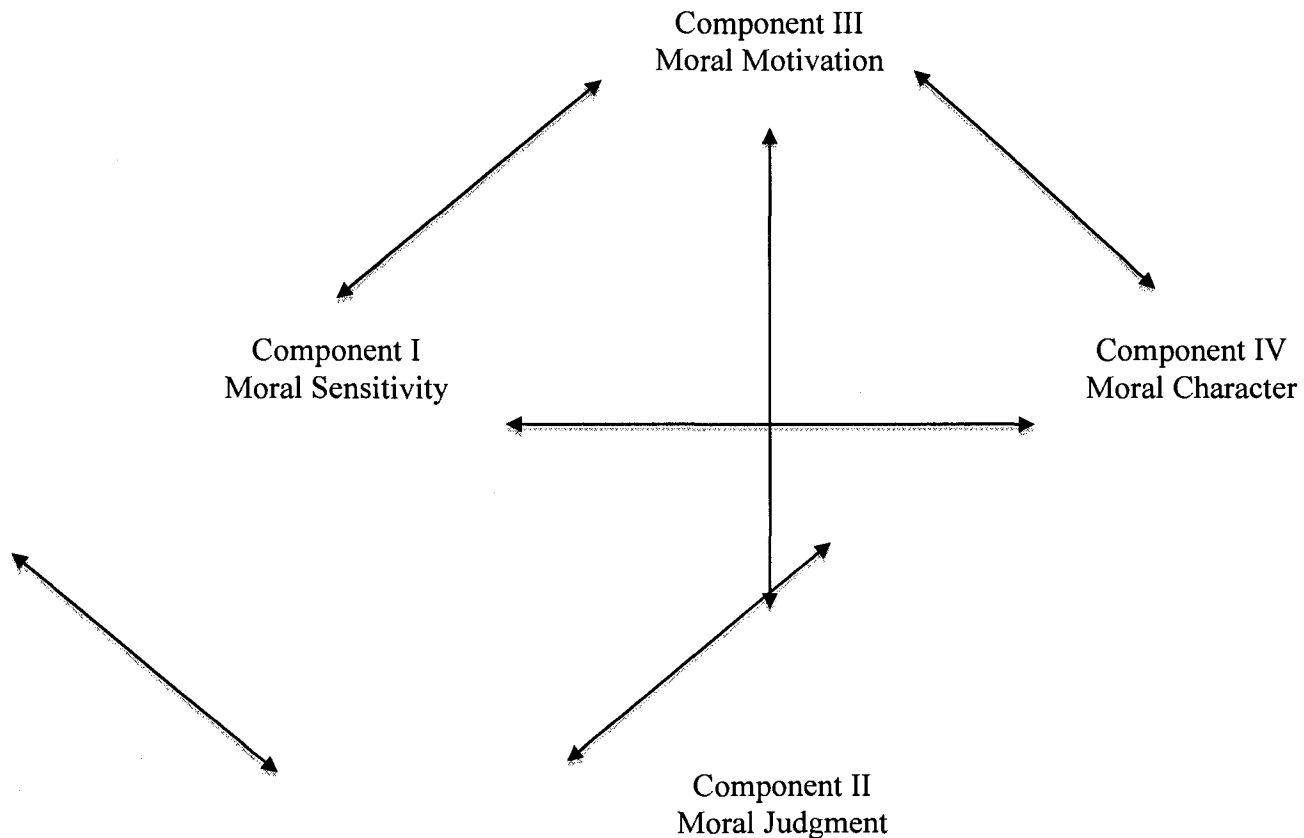
*Figure 1.1.* The Four Component Model (Thoma, 2006)

*Counselor Development and Supervision*

Hogan (1964) was one of the first theorists to depict supervision as a process

focusing on the developmental level of a counselor (Barrett & Barber, 2005). Harvey et

al. (1971) and Hunt's (1975) Conceptual Systems theory articulated a framework to

enhance development through matching conceptual complexity with a particular structure

of the learning environment. Based on this matching model, Stoltenberg (1981),

Loganbill et al. (1982) and Blocher (1983) proposed developmental models of counselor

supervision that emphasized transition from novice to expert in counseling students. Use

of a developmental model of supervision provides a framework and a specific,

empirically validated rationale for choosing appropriate interventions (Stoppard & Miller,

1985).

Fostering progressively higher stages of cognitive complexity in counselors

promotes their development toward increased flexibility and adaptability to their

environment. As new counselors become more critical thinkers, they can become more

capable of taking multiple perspectives while simultaneously engaging in empathic

concern and responding to the needs of others. Sprinthall (1994) clarified two basic

assumptions in developmental supervision. The first assumption states that moving

toward competence, supervisees move through a series of stages that are qualitatively

different from one another. The second assumption denotes that supervisee stages each

require qualitatively different supervisory environments if optimal supervisee satisfaction

and growth are to occur. As counselors grow, they develop sharper insight into the

process of change and skillfully navigate the interpersonal relationship through

increasingly enhanced functioning (Borders, 1998).

More specifically, counselors must first be able to develop the cognitive structures

in which they construct meaning and organize events in their environment in order to

engage in advanced empathy. New counselors are particularly challenged with a

heightened learning curve, requiring them to actively engage in assimilation and

accommodation to assign previously learned structures new meaning. Developmental

supervision serves as the overarching process of guiding new counselor development in

the workplace. Through a cognitive developmental framework of supervision,

counselors' professional needs can be most clearly understood and addressed.

Cognitive complexity is a significant predictor of accurate counselor empathy (Holloway & Wolleat, 1980). As counselors develop cognitively, they advance toward more integrative and complex conceptual levels and pluralistic stages of moral reasoning, two separate yet important domains of cognitive development. Counselors who function on more cognitively advanced levels are more adaptable and flexible in handling the complexities of conceptualizing the counseling relationship (Evans & Foster, 2000; Rest, Narvaez, Bebeau & Thoma, 1999; Foster & McAdams, 1998; Sprinthall, 1994; Holloway & Wolleat, 1980). Through empathy, counselors' thought structures show more "increasingly complex, allocentric, and flexible ways of knowing" others with higher sensitivity and accuracy (Lovell, 1999). Counselors who strengthen their adaptable responses to the multifaceted challenges of being new counselors may experience lower levels of compassion fatigue and build a higher capacity for empathy, providing a trajectory for successful professional development.

*Deliberate Psychological Education*

Mosher and Sprinthall (1971) designed the Deliberate Psychological Education (DPE) approach as an explicit model for intentionally promoting cognitive development in educational settings. More specifically, the DPE intervention has been translated and applied directly to raising counselor development. Reiman and Peace (2002) described five fundamental components of the DPE beginning that effectively promotes growth when accompanied by the initiation of a new role taking experience and implementation of the intervention in strategically guided and graduated experiences to raise the level of challenge and motivate the participants to meet the challenge. A strong level of personal support must accompany this challenge while facilitators guide the praxis between action

and carefully guided reflection (Sprinthall, 1994). To best facilitate this experience, the DPE must be delivered on a continual basis. In addition, the significant, new role-taking experience has been suggested to speed up the natural process of psychological development in gains that are significant, maintained and cumulative (Evans & Foster, 2000; Brendel et al., 2002).

A key component to promoting cognitive development is fostering an optimum learning environment by instilling a balance of support, challenge, and reflection, three catalysts of change that provide the necessary tenets to facilitate movement from one stage of psychological maturity to the next (Kegan, 1982; Kohlberg, 1986; Loevinger, 1976; Perry, 1970; Piaget, 1961; Selman, 1980). Further, in order to successfully promote transition into higher stages, individuals must undergo experiences that are structurally disequilibrating, personally salient, emotionally engaging, and interpersonal in nature (Manners, Durkin & Nesdale, 2004). Reflection, a process of setting aside of the ego (Sprinthall, 1994) to join with another's experiences, functions as the ultimate accommodative developmental process that allows one to mentally step back and frame the event in a larger personal and social context (Merriam & Heuer, 1996). Furthermore, perspective taking serves as a common vital function as "the root developmental achievement that underlies every domain of social cognitive development" (Lapsley, 2006, p. 58). What remains to be studied is whether the activation of the capacity for empathy promotes more complex perspective taking or is enhanced by it, such as is hypothesized in Hunt's cognitive complexity model as well as in moral reasoning.

Justification for the Study

Research in counselor development presents a structured way to provide challenge, reflection, and support for counselors. However, less is known about promoting both moral reasoning and conceptual complexity through a developmental model once counselors face the added challenge in their practicum settings with real clients. As challenge increases, student counselors may struggle to maintain their developmental momentum and run the risk of suppressing their capacity of empathy toward their clients. Through a more specific focus on empathy as a central theme for an effective cognitive developmental intervention, counselors' personal growth and professional development may be more clearly understood and addressed through the role-taking experience. In addition, implementation of the DPE model has not consistently raised both moral and conceptual development in research studies. In response, this study aimed to clarify how moral and conceptual domains functioned together as counseling students awakened, developed, and honed their capacity for empathy.

Since cognitive developmental research defines empathy as a higher developmental function in terms of both conceptual level and postconventional moral reasoning, this study investigated the influence of an empathy- enhanced curriculum as a central, guiding force to promoting counselor development when structured by a DPE intervention. As new counseling students face a highly challenging situation as they respond to the demands of learning to counsel clients with complex issues, this study justified the necessity of a more intensive, purposeful and disequilibrating experience that would foster optimal learning and potentially promote moral and conceptual development far into counseling students' professional trajectory without the traditional dilemma

discussion framework associated with most DPE programs. This study proposed that counselor educators and supervisors could teach empathy in a DPE format and raise moral and conceptual development to prepare beginning counselors for the disequilibrating experience of counseling real clients in practicum. Thus, the current research study investigated specific empathy training strategies for enhancing counselor education and supervision program approaches to preparing counselors for counseling in the field. Further, this study explored the impact of methods aimed to raise empathy as infused within the developmentally based DPE intervention to test strategies for promoting empathy as both a skill and a developmental catalyst for counseling students early in their preparation.

*Purpose of the Study*

The purpose of this study was to test the efficacy of an empathy-focused DPE experience on promoting empathy, conceptual complexity, and moral reasoning in new counseling students. This study examined whether utilizing an empathy-infused DPE intervention could effectively promote advanced empathy in new counseling students and whether differences in empathy scores correlated with differences in conceptual complexity and moral development, even as new counseling students faced professional and environmental stress of their beginning practica. The empathy-enhanced DPE focused on promoting empathy in beginning counseling students, thereby developing more effective counseling strategies for working with challenging and culturally diverse populations. This investigation explored whether counselors were better able to apply the true, meaningful empathy through deep understanding, self-awareness and congruence,

and management of their own personal distress levels early in their development.

Specifically, the purpose of the current study was to answer the following questions:

1. What is the effect of an empathy-enhanced DPE (E2DPE) intervention on

   empathy, conceptual complexity and moral development of beginning counseling

   students?

2. What is the relationship between counselor empathy, conceptual complexity and

   moral development?

3. What is the effect of an E2DPE intervention on beginning counselors' ability to

   manage disequilibrating experiences?

*Definition of Terms*

    *Empathy.* This study's operational definition of empathy defines this complex,

moral function as the process of engaging in a profound understanding relationship with a

client. On an intrapersonal level, empathy engages the act of unconditionally and

intentionally striving to perceive the client's perceptions and experiences through both

cognitive and emotional processing while simultaneously balancing enhanced self-

awareness, altruistic motivation, and healthy stress modulation. On an interpersonal level,

empathy provides the manner by which one develops and maintains deep, genuine

congruence within the counseling relationship. Emotional empathy is defined as the

process of being able to sense, feel, or vicariously experience others' feelings while

cognitive empathy is defined as employing one's capacity to understand others'

perspectives.

    The definition of empathy was further expanded upon in the current study using

Davis' four factors of empathy from the Interactional Reactivity Index (IRI; Davis,

1980), including Perspective taking, Fantasy, Empathic Concern and Personal Distress. Hoffman's (2000) body of research on empathy as a certain type of sensitivity, moral responsibility and human concern, along with consideration for the potential hindrances to engaging empathy in role-taking experience of helping, was also applied to the didactic concepts presented to the treatment participants as a way of clarifying the intrapersonal functions of empathy.

*Conceptual complexity.* Conceptual complexity was defined as the cognitive developmental theory proposed by Hunt (1970, 1975) that describes the manner individuals progress through four levels of cognitive complexity, from the simple, concrete, and rigid conceptualization skills toward increasingly complex, flexible, and adaptable conceptualizations. For this study, conceptual level was measured by Hunt's Paragraph Completion Method (PCM; Hunt et al., 1978).

*Moral development.* For the purpose of this study, the cognitive developmental theory models of moral development presented by Kohlberg (1986) and further expanded upon by Rest et al. (1999) were applied to describe the manner in which individuals approach issues of fairness, equity, and sensitivity at increasingly hierarchical, cyclical positions with higher positions of moral development indicating principled reasoning and universally sensitive perspectives. For this study, postconventional reasoning was measured by Rest's Defining Issues Test – 2 (DIT-2; Center for the Study of Ethical Development, 2004).

*Empathy-enhanced deliberate psychological education.* For this study, the Empathy-Enhanced Deliberate Psychological Education (E2DPE) was specifically defined as a cognitive-developmental intervention approach to beginning counseling

students that utilizes the basic components of a Deliberate Psychological Education (DPE) infused with an intentional focus on concepts of empathy taught in the instruction, reflection assignment and experiential small group exercise portions of the Techniques of Counseling course, the instruction of the Theories of Counseling and Psychotherapy course, and the instruction, reflection assignments and both individual and group supervision portions of the Supervised Practicum in Counseling course. This approach was integrated with concepts and current research that informed the development of the curriculum for promoting the empathic development in beginning counseling students through specific empathy training and developmental supervision strategies.

*General Research Hypotheses*

This study assessed the development of empathy, conceptual complexity level and moral development of beginning counseling students within the first seven months of their Master's degree following a cognitive-developmental intervention. This researcher hypothesized that the E2DPE intervention would result in significantly higher post-test IRI scores for the treatment group than post-test IRI scores of the comparison group that did not receive the intervention. Further, raised empathy scores as measured by the IRI in beginning counseling students receiving the intervention would correlate with higher post-test PCM and Defining Issues Test – 2 (DIT-2; Center for the Study of Ethical Development, 2004) scores.

Data analyses using the general linear model examining the relationship between counseling students' empathy, conceptual level and moral developmental positions were conducted. As DPE interventions have not consistently raised both moral development and conceptual levels (Brendel et al., 2002), this researcher proposed that empathy could

provide the missing link that bridges the process of successfully promoting both

conceptual complexity level and raised moral reasoning, particularly as empathy concepts

were delivered as an early preparatory process of developing this central, core

competency of counseling in beginning counseling students attending a CACREP

accredited counselor education and supervision program.

*Population, Sample and Data Collection*

The treatment group sample consisted of beginning Master's-level counseling

students preparing for counseling clients in their first practicum counseling experience at

the CACREP accredited counselor education program at the College of William and

Mary in Williamsburg, Virginia. This treatment group sample was selected based on

enrollment in the Techniques of Counseling course and included students concentrating

in school, community and family counseling programs. The comparison group was

comprised of counseling students early in their counselor education program who were

enrolled in a comparable Techniques of Counseling course located at a local university in

southeast Virginia. Participants were pre-tested on all measures during the first month of

the Techniques of Counseling course in the fall semester of 2008 and then post-tested on

all measures approximately six months later during the spring semester of 2009 at the

conclusion of the intervention. Demographic data was also obtained.

*Limitations of the Study*

The major limitations presented were related to convenience sampling of student

counselors who participated from the College of William and Mary and cluster

convenience sampling for the comparison group, made from two Counseling Techniques

courses taught at the local comparable university used in the study. This precluded

participants from being randomly assigned to the treatment and comparison groups. Subject effects related to the nature of being volunteers and the participants' knowledge that they are involved in a research study, therefore potentially responding to the instruments either in a socially desirable manner or resentful manner must also be considered. However, measurement safeguards with all three assessments along with the genuine effects of the intervention over a six-month period were hoped to ensure a real effect on the students' measurement performance.

Further, student counselors who chose to participate in the study may be significantly different from those counselors who opt not to participate. In addition, the counselors who experienced the greatest level of stress in their counseling programs and who may have benefited most from the empathy training may have dropped out of the program early or not elected to complete the study. Due to the nature of the study, it was difficult to control for extraneous variables, so results may be impacted by variables other than those under investigation. Décalage, a phenomenon during which individuals experience a rupture in current developmental functioning and appear to function at a lower developmental levels than they have actually reached due to the sensitivity of the topic (Foster & Sprinthall, 1992). As a result, this disruption in development may have been caused by the stressors inherent early in the counselor preparation process and, as a result, may have also impacted this study's results.

*Summary*

This chapter presented an overview of the current issues and problems relevant to training and development of empathy in beginning student counselors. Implications of the application of an empathy-focused cognitive developmental approach to counselor

training to be utilized in this investigation were proposed. The theoretical rationale for counselor conceptual complexity and moral development, related educational interventions, empathy and counselor supervision and development frameworks were discussed. Chapter two presents a more detailed, selected review of the literature relevant to this study, while chapter three describes and defines the proposed research design and sampling methods, instrumentation and data analysis, ethical considerations, the internal and external threats to validity of the study, and a description of the proposed treatment intervention. Chapter four describes the full six-month E2DPE intervention and chapter five describes the total sample, presents pre-test and post-test comparison group and treatment group data, provides comparison group and treatment group data on the measurements implemented to test the intervention, and illustrates the statistical results of the analyses. Chapter six then provides an in-depth discussion of the findings, implications, and recommendations for future research.

CHAPTER TWO

Review of the Literature

Chapter two includes a scholarly review of the literature related to the proposed study. This review specifically examines the need for development of empathy in new professional counselors. Further, the concepts of cognitive developmental theory are presented and explored in terms of how these constructs support understanding of the development of counselors through empathy training. Conceptual systems theory and moral development will be discussed in detail, along with the role of empathy in counselor development. Finally, this study proposes the potential effects of an empathy focused DPE training intervention on promoting counselor conceptual complexity and moral development.

*Defining Empathy*

A clear understanding of empathy continually holds controversy in counselor education. Researchers strive to capture its definition, measurement, and developmental process in a way that can best be fostered in counselors. Rogers (1957) originally named empathy as one of the most important conditions for therapeutic change (Rogers, 2007). The nature of empathy is focused on the therapist's process of "experiencing an accurate, empathic understanding of the client's awareness of his own experience" (Rogers, 2007). The counselor's entrance into the client's world must not carry along the counselor's own feelings but becomes a virtual journey to *see* the private world, to *feel* the feelings of the client in their own inner experience, as if standing in that moment in time alongside the client (Rogers, 2007). Theorists still debate the degree to which Roger's conditions are necessary and sufficient but they consistently concur that empathy is vital to conducting a

strong therapeutic alliance, facilitating breakthroughs in the change process and effecting outcomes of client satisfaction (Carlozzi, Gaa & Liberman, 1983; Singer, 2005; Stoppard & Miller, 1985; Trusty et al., 2005).

Researchers have sought to define empathy through measurement of the factors or variables that make up this construct. Hogan (1960) was of the first to design an empathy scale measuring cognitive and emotional empathy (Lovell, 1999) and Mehrabian, Young and Sato (1988) further distinguished the same two forms of empathy. Emotional empathy has been defined as the process of being able to sense, feel, or vicariously experience others' feelings while cognitive empathy employs the capacity to understand others' perspectives. Mehrabian et al. (1988) developed the Balanced Emotional Empathy Scale (BEES), a scale measuring the extent to which the respondent can feel others' emotions. In fact, research conducted by Mehrabian et al. (1988) and Hatcher et al. (1994) research suggests that empathy is, indeed, a trainable interpersonal function.

More specifically, researchers have focused on types of empathy functioning. Carlozzi, Gaa and Liberman (1983), Haidt (2001); Hatcher et al. (1994), Hoffman (2000), and Trusty et al. (2005) focused on the various personal aspects of empathy including emotional, moral and developmental elements. Family counseling researchers have examined how empathy plays a role in the successful facilitation of change when working with children and families (Hammond & Nichols, 2008; Singer, 2005). Researchers have also sought to pinpoint the cognitive factors that best define the measurable aspects of empathy, including LaMonica, (1981, 1996) who developed two scales measuring empathic processes such as accuracy in listening, paraphrasing and perceiving feelings and non-verbal communication (Shapiro, Morrison & Boker, 2004).

However, empathy research continues to be riddled with problems capturing empathy with solid measurements backed by reliability or validity, making it difficult to clearly define empathy. Hammond and Nichols (2008) made an effort to pinpoint the role of empathy in structural family therapy yet confused their research design while testing a new empathy collaboration scale, showing no evidence of reliability or validity to support its efficacy. Further, the researchers attempted to test the efficacy of counselor empathy from rating of one family counseling session, negating the continual nature of empathy as a process that evolves while the counselor employs specific structural family counseling techniques to facilitate change. The researchers first alluded to empathy as a way to join with the client however, later they described these two processes as distinct functions. This difficulty in capturing the construct of empathy in their study may relate to the need to distinguish between a therapeutic alliance versus a working alliance. Further, this study indicates the confusion that still lies in formulating a clear, empirically validated definition of empathy among researchers in the counseling field.

Hoffman (2000) elucidates the process of empathy as the fiber of *human concern* for others. This construction of empathy includes examination of the intrinsic, emotional process of responding to others distress, the process of making moral decisions, assigning moral priority based on level of need, and weighing the concepts of caring and justice (Hoffman, 2000). Davis (1983a, 1983b) uncovered the effects of emotional empathy and personal distress on altruistic responses. More specifically, Davis defined empathy as, "a specific type of sensitivity to other people, one characterized by a concern for, and an emotional sensitivity to, other's thoughts, feelings, and experiences" (Davis, 1983a, p. 170). Further, Davis, Hull, Young and Warren (1983) echoed Hoffman's exploration of

multiple dimensions of empathy that are associated with cognitive and emotive functions of empathy (Hoffman, 2000).

Counselors hold a particular moral responsibility to support the wellness and welfare of their clients and, unlike concluding moral dilemma scenario exercises, are not free to disengage from the helping relationship. Instead, counselors are required to respond to the needs of others on a continual basis which adds a certain depth and continuity to the process of helping by which most humans are not so often exposed. However, individual differences in one's emotional functions may supercede environmental factors that guide empathic response (Davis, 1983a). Thus, emotional empathy must be enhanced in counselors in order to resist environmental and cultural influences or biases that could heighten personal distress or prevent appropriate empathic response toward their clients. By holding moral responsibility, cultural competency toward the process of helping others warrants education in cross-cultural norms, beliefs, attitudes, histories, diversities, and the variance that exists between and within cultural, socioeconomical, racial, gender, sexual orientation, and socially complex problems. Feminist theory indicates a fundamental egalitarian approach that shares aspects of person-centered theory, yet seeks to equalize power between the therapist and client (Brown, 2007). This, then, requires a counselor to understand the client through empathy in order to navigate within such an egalitarian therapeutic relationship.

On the other hand, less is known about the cross-cultural beliefs and attitudes toward empathy and such an exchange of interpersonal proportion. Nelson and Baumgarte (2004) illustrate research that shows similarities in attitudinal, emotional, and cognitive styles and perspectives play a key role in favorable empathic response. In

addition, they highlight that variable reasons for experiencing distress may not hold equally important significance from culture to culture, therefore revealing differences in emotional response and moral implications. In the results of their study that examined empathic response levels to distressed subjects of different cultural backgrounds, "inadequate appreciation of another's point of view seemed to interfere with feelings of compassion or concern for that person" (Nelson & Baumgarte, 2004, p. 399). Yet, Hoffman (2000) recognizes a human quality of empathy, exhibited in infancy through distress cries that first match the cries of infants in distress then later sound similar to those of babies crying in distress. These findings introduce the notion that empathy may be an inherent quality that is gradually suppressed through time as one learns to follow limited social norms, beliefs, and exclusive cultural rules of relating with others. With increasing exposure to those with different sociocultural norms, roles, and expectations as the United States becomes more culturally diverse, counselors must learn new ways of both engaging in empathic understanding while respecting the dichotomous values of their clients.

In terms of counselor qualities that can enhance therapeutic outcome, Ridgway and Sharpley (1990) found that the emotional form of empathy was the leading significant variable to outcomes of client satisfaction (Trusty et al., 2005). Other research claims that the cognitive form of empathy helps counselors better manage their own personal distress in order to better serve the client (Hassenstab et al., 2007). Additionally, research describes empathy not only as a vital counselor trait but also as a trainable counseling process that sparks deep, genuine congruence in counselors (Rogers, 2007). In a qualitative study of the effects of personal therapy for counselors in training, rich

descriptions from the participants revealed that empathy, becoming more heightened after personal therapy, instilled greater self-awareness and counselor congruence (Murphy, 2005), indicating it may function not only as a way to connect with clients but as the bridge between both the client and counselor development.

Nonetheless, researchers struggle to capture the definition and measurement of empathy. Hogan (1975) stated, "the emergence of empathy reflects a *growing sensitivity to the perspective of others*" (Carlozzi, Gaa & Liberman, 1983, p.113). As a central component to the healing process, counseling itself should create "an environment that will facilitate the client's development by acknowledging the client's reality and by supporting the client's efforts to restore some balance to the world *as the client knows it*" (Hayes, 1994, p. 262). Counselors must be particularly responsive to their clients by tapping into their own personal emotions while simultaneously exploring a sundry range of emotions, perspectives and experiences of their clients. Perhaps by focusing on the integrated nature of empathy, supervisors can best fortify students' growth through developing the promotion of empathy.

*Enhancing Empathy in Counselors*

Research on empathy training in other helping professions has revealed higher rates of professional competence, more positive client relations, and greater patient compliance and student cooperation after empathy was applied. Empathy training in the medical field, nursing, law, dentistry, and teaching have gained momentum in the past two decades responding to a call toward building more connected, caring communities. Morton, Worthley, Testerman and Mahoney (2000) examined the influence of medical students' tolerance for ambiguity and empathy on clinical performance in a four-year

longitudinal study. Results suggested that tolerance for ambiguity leads to raised scores of affective empathy and that affective empathy was more influential on clinical performance than cognitive empathy (Morton et al., 2000), emphasizing the importance of empathy training for medical clinicians.

Research on empathy in teachers has indicated that new teachers may be more empathic toward students while more experienced teachers resorted to treating classrooms as one group, showing signs of detaching from engaging in empathy toward individual students in order to manage the stress of teaching long term (Cooper, 2002, unpublished dissertation). Bebeau (2002) conducted a meta-analysis of moral development in the helping professions, emphasizing the need for ethical sensitivity development as an important part of professional training in medicine, nursing, law, veterinary school, and education. These findings substantiate the significance of empathy training and its positive effects on efficacy and proficiency in the helping professions and call for further research in ethical sensitivity, including the function of empathy and social perspective taking.

In the counseling profession, empathy is viewed as a core condition necessary to produce successful therapeutic change (Rogers, 1957; 2007). Counselor educators consistently list empathy as a required primary skill for counseling students to master but give less attention to the personal qualities within the counselor that engender empathy. Perhaps by virtue of selecting a helping role as a career, counselor educators and supervisors may assume that counseling students automatically embody this personal characteristic and readily exercise empathy as a natural, inherent skill. Conversely, research suggests that one's capacity for empathy has a direct positive relationship to

cognitive development progression (Borders, 1998; Brendel et al., 2002; Carlozzi et al., 1983; Foster & McAdams, 1998; Hatcher et. al, 1994; Sprinthall, 1994).

Counselors who build strong empathy for others more readily apply a balanced perspective using both differentiation and integration of the complexities of case conceptualizations (Foster & McAdams, 1998). Blocher (1983) and Morton et al. (2000) denoted that perspective taking precedes empathy development, although both Davis (1980, 1983a) and Hoffman (2000) purport that perspective taking corresponds to cognitive functioning of empathy. Bebeau (2002) supports the tandem effect of this cognitive-affective balance of making sense of the world in the moral developmental literature. As a result of this integrative, reciprocal relationship between conceptual and emotional processing, counseling students would benefit from developing the capacity for both intrapersonal features of empathy. Further, counselors who have a greater capacity for empathy show progress in thought structures as more complex and flexible ways to understand and connect with others through comprehending their clients' experiences with higher sensitivity and accuracy (Lovell, 1999).

As counselors develop cognitively, they demonstrate consistent, focused use of empathy. Counselors who draw from empathy through their own personal response to the distress of another (Hoffman, 2000) build ways to connect with clients with greater depth and accuracy. Counseling students can develop the ability to read and flex with the needs of clients while managing their own emotional responses in a way that enhances the interpersonal process. This flexible strategy will provide more adaptable functioning and, through finding success in facilitating change in their clients, may then better cope with the stressors of counseling increasingly challenging and complex populations. However,

adaptability and flexibility require both personal and professional growth in counseling students. Ideally, counselors can create and maintain a therapeutic relationship with each of their clients that requires a continual process of extending empathy.

A counselor's capacity to engage in continual empathy is not only central to their role as a counselor, but may serve as an important indicator of a counselor's level of cognitive development. Counseling students who are able to both differentiate and integrate concepts are able to construct more adaptable ways of making sense of their experiences, particularly when engaged in a role that requires the moral responsibility to help another in need. Cognitive differentiation is described as "the degree of complexity" of cognitive constructs (Borders, 1998, p. 336) while cognitive integration indicates the level of "sophistication of the hierarchal arrangement of the constructs and the degree of flexibility with which they are used" (p. 336). Further, when counselors develop a stronger level of empathy, they are more capable of drawing from healthy, de-centered perspective taking (McAuliffe & Lovell, 2006). This strategy builds counselors' capacity for connecting with their clients in an adaptable and meaningful way while coping with internal anxiety that can build when counseling increasingly challenging and complex populations.

Empathy is thus a complex, multidimensional process in the sense that counselors are required to understand the worldview of another. The interdependent functions of empathy include empathic concern, perspective taking, personal distress, and the vicarious experience of another's emotions, including the moral reasoning or sensitivity that accompanies the empathic process (Davis, 1980, 1983a, 1983b; Hoffman, 2000). Practically, empathy serves counselors as an integrative process involving both cognitive

and affective abilities such as active listening while discerning core emotions through clients' stories, being able to recognize facial and non-verbal display of emotion, identifying emotion in verbal statements, tone of voice and body language, and carefully selecting appropriate emotion words when preparing a response (Hoffman, 2000). Beginning counseling students may not automatically hold the capacity for advanced empathy, a capability that does not surface until later stages of counselor development. Therefore, these counseling students need specific empathy training to build these developmentally latent skills and to enhance the ability to resonate both cognitively and emotionally with their clients, even in the face of interpersonal and environmental challenges of learning counseling.

Early researchers exploring counselor empathy efficacy and training focused on methods of evaluating and teaching the interpersonal nature of empathy, including accurate perspective taking through active listening, expressions of empathy, and conveying empathy through rehearsing empathically focused statements (Carkhuff & Truax, 1965; Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash & Stone, 1966; Truax & Carkhuff, 1967). However, these early suggestions attributed more attention to eliciting change and positive therapeutic outcomes for clients yet lacked consideration for the development of the personal elements of the counselor that contribute to the ability to develop the intrapersonal function of empathy. Rather, it seemed early training promoted mere imitation of empathy as a rote manner of "being empathic" but missed exploration of methods to nurture and facilitate the counselor's actual inner motivation to engage in empathy, much less from a developmental perspective. Other methods of training in empathy included such behavioral approaches, such as skill workshops, use of film, or

modeling but treated empathy as an external, independent skill and did not acknowledge the connection of empathy as part of a more integrated function of development.

More current research in empathy proposes that one's internal, intrapsychic functions of empathy closely reflect a developmental process that may parallel both cognitive development and moral maturity (Hatcher, Nadeau, Walsh, Reynolds, Galea and Marz, 1994). Researchers have also proposed that empathy may be best nurtured through eliciting an interaction between one's personal, developmental potential for the capacity for empathy and an optimal learning environment (Hatcher et al., 1994; Hunt, 1975; Sprinthall, 1994). Researchers in moral reasoning also propose that the environment can optimize the development of empathy as a multifaceted form of expression. Through structuring an optimal, therapeutic environment, particularly for traumatized children who are often unable to verbally express their perspectives, Crenshaw and Hardy (2007) suggest several ways of connecting to clients can manifest through empathy in order to recognize and respond to the client's mental and emotional needs. For instance, counselors may be challenged to connect to clients' experiences more deeply through non-verbal perspective taking and tap into alternative forms of engaging in empathy, such as play therapy or non-verbal responses that move beyond the primary form of expression and communication in order to extend true understanding.

Moreover, empathy has been directly related to concepts of justice, fairness, and care. Bebeau (2002) called for future research on the factors that influence the development of moral sensitivity, an important component of empathy in a moral developmental context. Through the lens of moral development, empathy represents a developmental and integrative process. As such, moral reasoning may activate empathic

functions such as concern for others in need, managing personal distress, or challenging one's inner moral discrepancies and personal bias toward the prioritization of helping others. Theoretically, empathy may also be the function that triggers moral reasoning within the role-taking context.

More specifically, counselors' capacity for empathy in the midst of large scale devastations, such as the terrorist attacks on September 11, 2001, or natural disasters, such as Hurricane Katrina and Rita emphasizes the necessity for counselors to develop and prepare a personally healthy moral perspective and develop helpful ways to access and express empathy through enhanced moral sensitivity and adaptability to such levels of trauma and loss. Sympathy may often misconstrue levels of understanding toward those who experience loss. Pity toward those experiencing loss creates a disconnection from those trying to help and disempowers survivors' capacity to rise from personal, social or environmental devastations or other forms of oppression. Empathy, on the other hand, keeps ownership of the experience with the survivor, setting aside assumptions about how he or she feels or thinks. Further, this setting aside of assumptions resonates with necessary multicultural competency required of counselors. As Rogers emphasized, in order to effectively encourage growth and healing, counselors must retain the "as if" nature of recognizing the experience is not our own. Counselors can only humbly strive to connect through clarifying another's experience as their own then relating those aspects that are similar if it is therapeutically facilitative.

Human complexity may present a challenge to locating the precise factors that promote empathy. Lovell (1999) recognized the limitation of revealing correlational, predictive, or causal factors toward developing empathy and Furman (2005) points to the

complexity of true and meaningful empathy that may not be as simple to teach in concrete, illustrative terms. However, neuroscientists have uncovered new findings in brain functioning research that shows people scoring high on empathy tests have especially lively mirror neuron systems, suggesting a neural basis for perception and emotion sharing abilities through observation and imagination (Keen, 2006). In support, other research has supported the strong neurological pull between emotion and cognition as the brain shows variances in activity when one is confronted with provocative moral dilemma choices (Greene, Sommerville, Nystrom, Darley & Cohen, 2001).

Haidt (2001) and Haidt and Bjorklund (2008) place great emphasis on the role of emotional functioning and placing emotions first in a chain of ordered internalized events. This may serve as a valiant effort in understanding how our moral responses to recognizing a moral dilemma come into play but does not take personality differences or problem-solving preferences into account. Social Intuitive theory provides little explanation of how to specifically promote moral intuition in terms of emotional or cognitive adaptability, flexibility, or complexity. In addition, the concept of moral emotions leaves out an important nuance of moral functioning that focuses more specifically on the employment of these emotional responses through moral sensitivity and motivation (Rest et al., 1994, 1999). Furthermore, years of research on empathy as a core moral function provides resounding support for the development of this capacity within a cognitive developmental framework that can be elevated into hierarchical levels of increasingly fair, just, and compassionate morality.

Empathy, on the other hand, may provide a central, core element that sparks the process of change in a more flexible, fluid way of responding to others on both the micro

moral and macro moral levels. Facilitating raised empathy levels can prove a challenging task, particularly when the brain's neurotransmitters have been shown to send messages in familiar pathways and less readiness to create new neural pathways. However, neurological research has shown, through engaging in the process of imagining the mental or emotional state of others through reading, appreciating art, or forming mental images through imitation, simulation or recognition of similar personal experiences, mirror neurons are activated (Keen, 2006). These important findings support a structured, deliberate intervention that can specifically strengthen the formation and growth of neural pathways and recall of empathic responses to others in need. Rest's four-component model most directly explains the four moral functions that attribute to one's capacity for empathy beyond interpersonal relations and into pluralistic, universal moral reasoning through reflective equilibrium (Rest et al., 1999). Moreover, this neuropsychological research may provide support for Davis' (1980, 1983a, 1983b) construction of empathy as illustrated by the four factors of empathic concern, perspective taking, imagination, and personal distress.

Further specific research in empathy training and development methods may point to the specific elements of an empathy-focused intervention that could fortify a counselor's capacity for advanced empathy as a function of increasingly complex and adaptable conceptualizations and moral functioning. Intervention effects focused on promoting empathy alone have not been correlated with interventions that promote higher stages of cognitive development. Research indicates, however, that the use of empathy surfaces in higher levels of conceptual levels and moral developmental stages. This study aims to explore the effect of intentionally applying the integrated components of empathy

to a DPE intervention to advance more complex conceptual level and moral stage development in beginning student counselors.

*Research on Raising Empathy*

Researchers have sought ways to most effectively raise empathy to enhance competency. Empathy was once considered a personal, inherent quality in counselors and researchers questioned whether the capacity for empathy could be enhanced through instruction or training and how such a trait could be measured. Hatcher, Nadeau, Walsh, Reynolds, Galea and Marz (1994) conducted a study exploring how empathy might be raised through a person-centered training in peer facilitation. The peer facilitation course was comprised of a standard peer-helpers curricula, teaching such skills in attending, empathic listening, personal awareness and values clarification. One-hundred and four high school and college students completed a semester long peer counseling course then completed the IRI in a pre-test / post-test quasi-experimental design measuring four subscales of empathy.

This study measured the cognitive and affective components of empathy using the Interpersonal Reactivity Index (IRI; Davis, 1980), a 28-item self-report scale measuring four subscales empirically validated through extensive factor analysis. These subscales include the Fantasy Scale (FS), measuring emotional identification with fictitious characters through imagining their experiences; the Perspective Taking Scale (PT), marking one's capability adopting others' points of view; the Empathic Concern Scale (EC), determining the level of one's ability to experience genuine, warm concern for others undergoing difficulty; and, the Personal Distress Scale (PD), measuring personal discomfort and anxiety when sees another in distress.

Hatcher et al. (1994) administered the pre-test / post-test measurement of empathy using the IRI, collected teacher ratings of student empathy, counseling competence and self-understanding, and gathered verbal responses from the course instructors. Using pairwise t-tests, the mean empathy score for three of the four subtests that indicate empathy growth showed a significant increase in the trained college students. The personal distress subscale was left out as part of this analysis because the researchers purport that Davis' theory states this component decreases as the other three subscales increase with development. With all subscales included, the trained college group showed significant change, $t$ (15) = 2.76, $p$ < .02 only on the perspective taking scale.

Analysis of covariance indicated the trained college students improved significantly on the three empathy subscales compared to the untrained college group and more than the high school group. The trained college group also improved significantly more on the empathic concern and perspective taking subscales than the high school group. Interestingly, females did not show a more significant positive change in empathy response than males in both high school and college groups. These findings indicate the power of empathy as a trainable function. Further, these results suggest that empathy could be taught to both males and females with positive results showing increased capacity for empathy even in adulthood.

Lovell (1999) conducted a quantitative study exploring counselor empathy in context of Perry's intellectual developmental framework. The researchers obtained a sample of three hundred forty counselors following a process of randomized selection from an original pool of two thousand counselors using statistical power analysis and survey research standards. Empathy was measured using the Hogan Empathy Scale

(EM), a 38 item true-false survey designed to measure the emotional and cognitive functions of empathy. The researchers provided ample evidence of test-retest reliability up to .84 and further studies supporting Hogan's original empirical evidence of its reliability and validity. The researchers also measured Perry's intellectual developmental position with the Learning Environment Preferences (LEP), an objective self-report measurement.

The results showed significantly higher empathy scores from counselors who showed increasingly developed positions along Perry's positions of dualism, early multiplicity, late multiplicity, and relativism. Since the positions fall along an ordinal scale, a one-way analysis of variance was used to confirm significance of empathy along each discrete position. In short, the results suggest that counselor education programs, by virtue of raising interpersonal process sills, care, and empathy, are able to nurture enhanced, post-formal reasoning. This study's large sample size brings relevance to the research on counselor empathy as it accompanies the process of development. However, with such a wide span of undergraduate and graduate level counselors in training, the researchers missed the opportunity to illustrate differences among students at each level. In addition, this study did not apply a developmental intervention to test the effects of an empathy-focused curriculum on the advancement of empathy and, hence further development, in these counselors. Based on cognitive developmental theory, development does not unfold automatically. Counselor educators and supervisors are responsible for defining and applying tested methods for raising counselor development in an optimal learning environment. Since empathy is required of counselors to build and

maintain a sustained therapeutic relationship with clients, it may provide a central role in drawing out the development of counseling students.

Nerdrum (2000) and Nerdrum and Ronnestad (2002, 2003) conducted important research on empathy training, the learning experience of participants during empathy training, and changes in the conceptualization and practice of therapy by trainees trained in empathy communication. In particular, this research rekindled previous conceptualizations of empathy as including not only the contrast of cognitive, role-taking empathic functioning and affective, socially sensitive empathy but also the juxtaposition between trait and state empathy (Nerdrum, 2000). According to Hogan (1975) in his early research on empathy, trait empathy represents the genetically inherent aspects of our personality and intelligence that may attribute to our capacity for empathy while state empathy exemplifies our performance of empathic communication (Nerdrum). This researcher proposes that trait and state empathy may be linked to one's capacity for engaging an intrapersonal empathic response to others and the environment and conveying one's interpersonal empathy with others in response to accepting the responsibility to engage in helping behavior.

These studies aimed to develop a well-rounded account of how empathy training impacts the learning process of counseling and influences counseling practice. The researchers conducted both a quantitative study of the short-term and long-term effects of empathy training on empathic communication and the influence of personality on short-term and long-term effects of empathy training (Nerdrum, 2000) along with an in-depth qualitative study on the phenomenological experiences and changes in helping style of the participants engaged in empathy training (Nerdrum & Ronnestad 2002, 2003). These

researchers conducted empathy training for 23 lay and professional therapists working

with adolescents in a residential psychiatric clinic in Norway. The participants were

assigned to two training groups to compare for differences in empathic communication at

different points during which the groups received the empathy training. The groups were

assigned to the two groups through matched-pair randomization, matching the

participants on the empathy facet of the NEO-PI-R, a personality inventory of 30 facet

scales defining five broad domains of personality designed by Costa & McCrae (1995)

(Nerdrum & Ronnestad, 2003).

Empathy training in one study was conducted over 11 weeks covering 7 didactic

topics placing emphasis on the experiential nature of group trainings that utilized video-

recorded role-plays and feedback while trainers drew out the more personalized,

intrapersonal process of developing empathy "from within" (Nerdrum, 2000, p. 37).

Topics were taught in a sequence including professional communication, tuning in,

decentering, active listening, empathic communication, confrontation and understanding

of client resistance (Nerdrum, 2000). In another study, the training was provided for

therapists and counselors working in the residential treatment setting throughout the

training series, therefore able to apply applicable empathy training with real clients while

learning the multidimensional functions of empathy over the four-month period. The

researchers designed the training coursework through didactic-lecture on empathy and its

therapeutic power, used videotaped role-play exercises, subsequent feedback and

reflection between the trainers and trainees, and use of concepts through application with

real clients in the field. Of particular interest to this researcher, the domains, categories

and subcategories in the qualitative analysis of the research pointed to the need of the

trainees to learn empathy informed by theoretical concepts, role-play practice, and direction from the trainers for the trainees to become actively involved in the learning process, bringing a particular intensity into focus in the experiential training sessions.

Empathy was measured by the Carkhuff Scale of Empathic Understanding (Carkhuff, 1969) and the Hogan Empathy Scale (HES; Hogan, 1969). On the Carkhuff scale, the degree of empathy is measured by ratings made by testers who rate a series of helper communication scenarios on a scale with five descriptive levels of increasing emotional connection and accurate empathy reflections. The researcher reported studies supporting the scale's content and construct validity and high interrater reliability. To note, the researcher also presented criticisms of the scale's evaluative power, as the rater focuses only on the display of behavioral empathy from the counselor at one point in time, giving little consideration for the fullness of the counselor's experience of their own internal empathic conceptualization process (Nerdrum, 2000). For this reason, the current study did not use this measurement to focus on observer ratings of the counseling students empathy. Instructor observation and rating was already in place as a part of the experiential curriculum for the intervention group, so served only as a method of instruction.

Nerdrum (2000) pointed out an important consideration for the construct validity of Hogan's scale (Hogan, 1969), highlighting the positive correlation with social acuity, moral development and self-awareness and insight while showing a negative correlation with anxiety, depression or introversion. Concurring with Davis (1983a, 1983b) and Hoffman (2000), Nerdrum provided context for the development of the intervention for this study, focusing on reducing counseling students' anxiety in order to counteract the

potential for hindering the students' empathy development. The researcher illustrated

satisfactory test-retest reliability for the HES but questioned evidence in the literature of

internal reliability reports of alpha coefficients of .60, explaining that low-loading items

may have confounded the total score. Since both of these scales reportedly measure

inherited, trait empathy and did not believe that empathy could be raised through training,

this researcher employed the Interpersonal Reactivity Index (IRI; Davis, 1980) that was

designed to focus on both trait and state empathy, the manner by which one responds to

others and the environment on both an intrapersonal and interpersonal level of empathy.

The research results of five investigations involving empathy training reported

significant gains in empathic communication skills post-training for both groups

measured at varying points during the study process depending on the intervention. In

one study, the participants located in the treatment settings showed significant gains in

empathy scores at the points immediately following the training. Measures of empathy

revealed significant increase in empathy scores in the treatment group ($n = 39$) scored

significantly higher than control group ($n = 39$) for the study focused on a 50-hour

empathy training for social work students. However, empathic communication scores

were not maintained after training and the qualitative study revealed some participants

expressed difficulty in applying the more complex empathically-based counseling

approach as opposed to their previous styles of confrontational, directive approaches,

possibly suggesting the participants struggled with the ambiguous nature of empathy or

with the application of the learned concepts of empathy. In the qualitative portion of the

studies, participants reported that empathy training refined counselors' understanding of

the role and responsibility required of them on a professional level.

As a result, the researchers surmised that the capacity for holding sustained, consistent empathy for clients might require further exploration. The researchers also pointed to the need to further investigate the effects of anxiety on one's capacity for building deep, genuine therapeutic relationships and methods for enhancing and measuring decentered empathy, requiring more complex and demanding functioning for both trainers and trainees (Nerdrum, 2000). This study aimed to investigate not only the factors that influence empathy but also how the cognitive developmental theoretical frameworks of moral development and conceptual complexity might inform how we match and raise development through instruction of empathy that suits beginning counseling student's developmental needs.

More recently, researchers in counselor education have begun to explore specific methods for cultivating empathy through provocative instruction methods aimed to develop sharper skills in cognitive and affective empathy. Ogle (2008, unpublished dissertation) constructed assignments intended to provoke students' empathic functioning. This study examined gender differences in cognitive empathy and emotional empathy, comparing 52 undergraduate students empathy as measured by the Interpersonal Reactivity Index (IRI: Davis, 1980) and the Balanced Emotional Empathy Scale (BEES; Mehrabian & Epstein, 1972; Mehrabian, Young & Sato. 1988). The IRI was used to measure empathy as an overall competency and to measure cognitive empathy and affective empathy. The IRI, a 28-item, 5-point Likert scale designed to measure four factors of empathic functioning, includes subscales measuring Perspective Taking (PT), Fantasy (FS), Empathic Concern (EC), and Personal Distress (PD). The researcher paid particular attention to the PT and FS scales representing cognitive

empathy and the EC and PD scales indexing affective empathy. The researcher reported test-retest reliability for the IRI ranging from .61 to .79 for males and .62 to .81 for females, along with internal reliability spanning .71 to .77. The researcher further measured the emotional capacity for empathy using the BEES, providing reliability coefficients, indicating internal consistency, of .87.

Ogle (2008, unpublished dissertation) presented 4 provocation exercises aimed to bring deep, reflective personalization to the experience of learning for undergraduate students taking a helping relationships course of the duration of a 15 week semester. The class section was randomly assigned to the treatment group; however the researcher acknowledged the challenge to randomly assign the participants to the intervention, a common dilemma when conducting research in educational settings.

The researcher compared the effects of the independent variable, expressed as either the group receiving the provocation exercises or the group that completed the helping course with no provocation exercises. The empathy training was aimed to raise the students' empathy and illustrate the effects of gender on the students' empathy functioning and explore both cognitive and emotional empathy. Analysis of Covariance (ANCOVA), or independent $t$-tests when assumptions were violated, were applied to examine how the students responded to the intervention, paying attention to cognitive and affective empathy, as well. The results indicated that the female students exhibited significantly higher levels of empathy at both pre-test and post-test measures of the IRI than the male students. The results showed that the treatment group scored moderately higher in affective empathy according to the results of the BEES, $F(1,48) = 3.44, p = .07$ with a partial $\eta^2$ of .07, indicating a moderate effect size. However, the IRI scores did not

show significantly higher cognitive or affective empathy scores for the treatment group. This lack of significance may indicate the need to further explore the integrated nature of empathic functioning. Additionally, inclusion of the PD scale may have confounded the results, as theorists have indicated that high levels of anxiety can actually hinder one's empathic response and moral behavior (Davis, 1983a, 1983b; Hatcher et al., 1994; Hoffman, 2000; Nerdrum, 2000).

This study presented an ambitious effort in specifically raising empathy for undergraduates studying the helping professions. However, the intervention may have developed more significant findings if it included elements of a Deliberate Psychological Education (DPE) approach, such as more continual and sustained reflection that was balanced with application to provide more experiential elements to the provocations. In addition, while personal salience and emotional engagement (Manners et al., 2004) played a critical role in impacting the intervention, four provocations may not have brought about the necessary disequilibrating effect required for developmental change (Rest, 1986). Most importantly, without conceptualizing the findings within a developmental model of clarifying expectations of students as they engaged with and responded to the provocations, understanding *how* the students developed as a result of the intervention remain unclear. For example, the male students may have deconstructed previous schemas related to emotional empathy or may have experienced décalage (Foster & McAdams, 1998; Foster & Sprinthall, 1992; Lapsley, 2006: Morgan et al., 2000) at the time of post-testing. In contrast, the female students in the treatment group who already scored higher at the pre-test may not have shown significant increases in the post-testing of cognitive and emotional empathy because the IRI may not detect

significant gains at higher levels of empathic functioning. As emphasized in the literature, empathy is a highly complex phenomenon that may require longer duration to cultivate with long-term effects.

Counselor education programs would benefit from learning more about the specific elements of instruction or curricula that most effectively enhance counselor empathy or illustrate the constructive nature of empathy and ways it may raise counselor development. Lovell (1999) recognized the limitations of uncovering correlational, predictive, or causal factors toward developing empathy. Furthermore, the researchers recognized the unshared variation between variables did not explain how more developed counselors incorporate empathy as an integrated, interpersonally intuitive function. Even so, the most significant implication for the current study suggests that counselors of greater complexity embody empathy as a core facilitative process of change, a way of conducting interpersonal connection with clients, not just a mere counseling skill or applicable technique.

*Theoretical Framework*

*Conceptual Systems Theory*

Hunt's (1975) model of conceptual complexity provides a relevant framework for understanding counselor empathy by examining how counselors conceptualize the needs of their clients and respond to the environment. Hunt's model forms an organized assessment of how counselors conceptualize an event while simultaneously responding to their surroundings through increasingly adaptive and flexible strategies. Hunt's model focused on the interaction between one's conceptual level and the environment as an equal, integrated function (Holloway & Wampold, 1986; Stoppard & Miller, 1985).

Conceptual systems research closely examined the interaction between how adults conceptualize an event and respond to their surroundings through an increasingly adaptive and balanced use of differentiation and integration (Stoppard & Miller, 1985). Harvey et al.'s (1971) matching model emphasized that enough challenge is necessary in order to disrupt current modes of cognitive functioning and move one toward recognizing and holding more complex perceptions (Stoppard & Miller, 1985). Other researchers have identified that higher levels of conceptual complexity hold greater capacity for behaving responsibly and adapting to a changing environment (Morgan et al., 2000).

The primary premise of conceptual systems theory holds that one can develop from low levels, including concrete, simplistic thinking, to higher levels of abstract thought through increasing complexity, self-responsibility and autonomy (Hunt et al., 1978). Each conceptual level is a personal characteristic indexing both cognitive complexity and interpersonal maturity (Noam, 1998) based on Hunt's assertion that behavior is a function of the person and environment (Hunt, 1975). Conceptual matching refers to, "a fit between an individual's conceptual level characteristics and environmental attributes" attending to both personal and environmental factors (Holloway & Wampold, 1986, p. 311).

Conceptual systems theory was developed as a way of understanding how a person interacts with their environment. Originally developed for teachers, it has been utilized in other professions, including counseling. This model provides a framework for understanding individuals' modes of critical thinking, information management strategies, and the conceptualizations applied to interpret experiences, interpersonal relationships and solving problems (Hunt, 1975).

Following this premise, conceptual complexity parallels the process of striving toward increased levels of perspective taking and advanced levels of empathy through greater adaptability and self-integration. Through an intentional, developmentally matched process of facilitating counselor empathy, counselor educators and supervisors can create a supportive yet stimulating environment that best promotes counselor development.

Conceptual level advances through four levels of increasing complexity, flexibility, and adaptability. The following levels build through a graduated and guided process of challenge, support and appropriate structure of the environment:

*Level 0.0.* At this level, one is unsocialized and is dependent on others. Those functioning on this level resist external impositions. People on this level process information in a simple, concrete manner. Ambiguity is not tolerated on this level.

*Level 1.0.* On this level, one becomes concerned with behaving in socially acceptable fashion. One remains dependent on others to determine dichotomous answers of right and wrong because one processes information either / or thinking of absolute answers.

*Level 2.0.* Next, on this level, one begins to strive for independence. Absolutes are questioned and challenged as one becomes aware of and open to hearing others' ideas and points of view. Here, one develops a sense of inner thoughts and feelings and expands an increased tolerance for ambiguity and uncertainty.

*Level 3.0.* One at this level of complexity sees interdependence between self and others and avoids dependency. One forms a clear understanding of self, developing both thought and feelings as one's own. These functioning on this level seek compromise,

hold tolerance for ambiguity, and see many possibilities for solving problems or dilemmas.

*Conceptual Complexity in Counselors*

Beginning counseling students benefit from varying degrees of structure, complexity, organizational level, and exposure time depending based on their current levels of cognitive processing. Counselors early in the program, in practicum or in internship may need different types of structure depending on their current conceptual complexity levels. Hunt's developmental matching model is particularly well suited for counselor development in that it provides a framework for matching and slightly challenging counselors in order to facilitate professional growth and conceptual complexity (Foster & McAdams, 1998; Harvey et al., 1971; Hunt, 1975; Hunt et al., 1978).

Differentiated structure, challenge, and support hold a central role in promoting counselor complexity by promoting counselors' advanced perceptions of the interpersonal process through this multifaceted lens. Differentiation of structure is defined as an organized set of approaches that can assist supervisors in stimulating supervisee complexity based on the developmental needs of the counselor. By structuring the learning environment, counselors can move from stronger degrees of dependence on the supervisor to seeking more autonomy (Holloway & Wampold, 1986). In this way, counselor supervisors must provide adequate levels of challenge and support by intentionally "radiating an environment that creates an interpersonal climate maximizing a particular individual's or a group's learning needs" (Holloway & Wampold, 1986, p 310).

To develop counselors' complexity, differentiation of structure matches the amount of structure and support needed at the current conceptual level through contemporaneous matching then moves toward gradually increasing the level of challenge in the learning environment through mismatching (Holloway & Wampold, 1986; Hunt, 1975; Hunt & Gow, 1984). For example, a counseling student functioning at a lower level of conceptual complexity responds to more concrete, organized, and short, repetitive direction whereas the more advanced conceptual level counseling student requires less structure and more independence, matching their need to explore concepts more freely. By creating a match between the varying degrees of conceptual complexity of the counselor with the proper level of structure in the environment, Hunt's model applies "specific intent" in promoting complexity in counselors (Stoppard & Miller, 1985, p. 60). Movement through these conceptual levels occurs through transformations toward qualitatively new ways of thinking.

Counselors' conceptual complexity characteristics are evidenced in how they undertake the process of making decisions, gathering information, and integrating various concepts while simultaneously developing sensitivity toward a wider range of clients (Holloway & Wolleat, 1980). As counselors transition toward greater coherency, higher stages or levels of development allow one to function more adequately (Lapsley, 2006; Holloway & Wolleat, 1980). As a significant predictor of both accurate counselor empathy and congruent counselor response to clients' emotional cues and perspectives (Holloway & Wolleat, 1980), counselor conceptual level improves adaptation, an interactive, graduated balancing of differentiation and integration through deductive and

inductive reasoning in context of conceptualizing the relationship between self and other, a vital function of empathy.

The following examples of low conceptual level counselors and high conceptual level counselors provide an illustration of the application of conceptual systems theory in the counseling milieu:

*Low conceptual level counselors.* Counseling students at this level evidence more concrete thinking, compliance and expect the same from clients. These counselors are low on self-direction or initiative. They exhibit incongruent non-verbals and have difficulty tracking clients. To manage stress, they prefer high structure and are uncomfortable with ambiguous assignments. As a result, low conceptual level counselors may be prone to anxiety. They tend to follows models as carved in stone. They are reluctant to talk about their own inadequacies, showing a lack of depth in self-reflection. Beginning counseling students at this level also benefit from repeated practice, short exercises or scenarios, and consistent and frequent encouragers and feedback. These counselors require high structure and organized, simple and concrete instructions.

*Moderate conceptual level counselors.* As they grow, student counselors can move into separating out facts, opinions, and theories about counseling. Counselors growing in complexity show evidence of self-reflection along with an increased sensitivity to the emotional needs of the client. They require fewer prompts by the supervisor and show an increase and appropriate rate of reflecting both content and feelings. Counseling students at this conceptual level respond to direction and reflection that calls for greater independence and self-regulation, yet they continue to benefit from moderate structure to provide the foundation from which they can explore concepts, other

alternative explanations, and determine answers for themselves. While becoming more comfortable with ambiguity, these counseling students solve problems by consulting a range of sources then making informed decisions independently. When challenged, they may seek more structure while accommodating new information or be reluctant to rely on others for support.

*High conceptual level counselors.* Counseling students at this conceptual level are more advanced, complex thinkers who respond better to abstract concepts presented in more open, flexible, and collaborative learning experiences. These counselors understand counseling as a process of successive approximations versus an exact method to follow. Complex counseling students at this level exercise consistent congruence and analyze and articulate their own process in both content and feeling. They show a high tolerance for ambiguity, important to the development of both cognitive and affective empathy (Morton et al., 2000). As they become increasingly autonomous, highly complex counseling students respond well to low structure and abstract concepts. They prefer few organizers and more challenging learning tasks clustered into whole experiences. Interestingly, these counseling students respond best to occasional support unless stress occurs. Counselors in higher stages are more able to show increasingly complex, allocentric, and flexible ways of responding to environmental cues and engaging in interpersonal relationships with higher sensitivity and accuracy (Hayes, 1994; Lovell, 1999).

Through its development, the DPE was further supplemented by Hunt's (1975) model as a method for implementing constructive mismatch to raise conceptual complexity and facilitate adaptation. The conceptual matching model provides the

framework for how counselors can grow in their particular environment while the DPE prescribes the methods for facilitating counselor growth in counselor supervision and training. Counselors who can respond to increased levels of challenge while building a collaborative interdependence with others are better able to manage the demands of their work through greater adaptability and flexibility.

*Research on Raising Conceptual Complexity*

Holloway and Wolleat (1980) conducted an early study of the effect of beginning counseling students' conceptual complexity on clinical assessment skills. This quantitative study extended previous research by Schroder, Driver and Streufert (1967) and Watson (1976) on how individuals differ on levels of cognitive complexity. The aim of the study was to examine the direct relationship between higher levels of cognitive complexity and the ability to manage greater and more complex information in formulating client clinical hypotheses. They predicted both a significant positive relationship between conceptual level, as measured by the Paragraph Completion Measure (PCM; Hunt et al., 1978), and complexity in formulating clinical hypotheses using the Clinical Assessment Questionnaire (CAQ). The researchers also predicted a significant positive relationship between professional counseling experience and the use of referents in forming clinical hypotheses as measured by the CAQ.

The CAQ derived responses scored on seven categories of clinical judgment and information processing. The PCM (Hunt et al., 1978) is a semiprojective instrument with sentence stems that measures the structure and characteristics of the thought process based on the four levels of conceptual development from the conceptual complexity matching model (Harvey et al., 1971). Subjects were first administered the PCM then,

one month later, observed a first counseling session on videotape then completed the

CAQ. For the CAQ, trained raters showed interrater reliability coefficients ranged from

.852 to .948 for the six main categories and .649 for the overall score. These researchers

determined that the overall score's lower interrater reliability was sufficient given the

subjective nature of the study. Multiple regression was used to test the linear relationship

between professional experience and conceptual level, the independent variables, and the

CAQ scores as the dependent variable.

The results indicate that the quality and clarity of clinical judgments and complex

client conceptualizations correlates with raised conceptual level, not professional

experience. Multiple regression analysis indicated that conceptual level was a significant

predictor at the .05 alpha level for the overall CAQ score at $t = 3.26$, $p < .002$ and the

CAQ category representing a counselor's use of divergent questions at $t = 3.02$, $p < .004$.

However, conceptual level did not reach a level of significance for elements of

understanding, time frames, type of information used, amount of information, or type of

information sought. These results suggest that the CAQ may represent more than one

factor, as suspected by the researchers. However, professional experience showed no

significant relationship with any CAQ categories, suggesting that professional experience

is not a sufficient predictor of counselors' clinical assessment skills.

One area of caution when interpreting these results lies in the fact that the overall

category and the divergent questions factors accounted for only 26.7% and 21.8% of the

variance, respectively, leaving 51.5% of the variance unexplained. This may indicate

there are other factors that contribute to how counselors formulate clinical assessments,

such as how they read and process emotional context and the interpersonal process during

a client assessment. Nevertheless, these powerful results suggest that conceptual level is an important factor in counseling students' conceptualizations and indicate the necessity for counselor educators and supervisors to be trained in recognizing and building the cognitive complexity of their students through differentiated structure, challenge and support.

To further extend the study of counselor complexity, Brendel et al. (2002) explored how counselors develop in both conceptual complexity and moral development through a DPE intervention from the beginning of their first practicum experience to the end of their Master's and Specialist programs. The study investigated how counseling students may grow in conceptual complexity by measuring conceptual level using the Paragraph Completion Method (PCM; Hunt et al., 1978) along with consideration for the potential of counseling students to develop moral reasoning using the Short Version of the DIT (Rest, 1979). Findings showed a statistically significant increase in counselor conceptual complexity but raised stages of moral development did not follow suit (Brendel et al.). This study indicates that the counselor education program may provide the challenge necessary to build upon previous conceptual skill level, but that moral development may not follow the same rate of growth over the same period of time or may require counselor educators to teach greater levels of moral content and context in order for this mode of development to grow significantly. In addition, the researchers who developed the DIT-2 have since presented a new index, the N2 score, for determining moral developmental growth that has shown greater statistical evaluation of moral functioning (Rest, Thoma, Narvaez & Bebeau, 1997). The implications for the influence

of conceptual complexity and moral development on counselor empathy will be explored

further in this chapter.

Counselor qualities such as empathy, open-mindedness, and divergent thinking

may be considered a precondition for effective counseling (McAuliffe & Lovell, 2006).

To explore the counselor qualities in greater depth, McAuliffe and Lovell (2006)

conducted a qualitative study exploring the relationship between personal counselor

epistemologies of counselors in training and their interviewing skills. This qualitative

study was viewed through the lens of Perry's model of intellectual and ethical positions

of development to frame how counselor qualities develop. Perry's (1970) theory of

intellectual development tracks one's progression through positions of dualism toward

multiplicity and, ultimately, relativism. While the researchers did not apply Hunt's

conceptual complexity levels as a specific framework, this study represents an important

exploration into how counselor empathy may evolve through higher levels of complexity.

Thirty counselors in training were first selected to complete the Learning

Environment Preferences Inventory (LEP; Moore, 1989) to determine their

epistemological position. Researchers then used stratified purposeful sampling to explore

the relationship between the dualistic and relativistic epistemological positions and their

effect on counselor interview skills. The researchers then chose twelve counselors, six in

dualism and six in relativism, to explore extreme cases of epistemology. The participants

completed the first half of a beginning counseling skills course, the point following

empathic active listening instruction and before conducting the research sessions. The 30-

minute helping interview videotaped sessions and the participants' journals were

analyzed, using grounded theory and coding for comparing contrasting emergent themes of the counselors in dualism and relativism.

Five categories of counselor functioning emerged from data analysis, including source of point of view, depth, reflectiveness, ambiguity, and use of evidence. From these categories, data analysis revealed distinct differences between dualist and relativist counselors. Most relevant to the current study, the researchers discovered that dualist counselors showed "an inability to enter empathically another person's perspective" (McAuliffe & Lovell, 2006, p. 311) through either enmeshment with or detached authority from the client. Conversely, relativist counselors engaged in "empathic decenteredness" as an "ability to distinguish one's own point of view from the client's point of view and the point of view of others in general; recognition that a counselor is always approximating, not receiving, another's experience" (p. 311).

These results suggest that counselors in training differ in degrees of ability to engage in empathy depending on their developmental position. However, the researchers did not distinguish between empathy and perspective taking nor did they illustrate how sensitivity relates to empathy development by leaning only on Perry's intellectual positions to inform their study. On the other hand, a counselor's level of tolerance for ambiguity did emerge as one of the five categories important to advanced counselors' ability to manage complex problems, another indicator of development. Tolerance for ambiguity may be required in order for those in helping professions to extend empathy toward others (Morton, et al., 2000). Additionally, the researchers limited their scope by only having one male participant for the study, thereby limiting the study's generalizability to male counselors in training.

One particular limitation was this study's comparison of counselor qualities between dualistic or relativistic positions, thereby excluding information pertaining to how counseling students may grow as they progress in positions between the two extremes during their program. While use of extreme cases may have helped to illuminate distinct differences, uncovering subtle developmental shifts toward building counselor qualities, such as empathy, may be important in clarifying the finer detail of how student counselors move toward greater complexity. More research is needed to understand how counselor educators can draw out these specific effective counselor qualities during the course of their counselor education and supervision programs.

*Moral Development*

Lawrence Kohlberg (1969, 1979) developed a structured framework for how people think about moral dilemmas in a series of distinct and qualitatively different stages of moral judgment. These sequential stages illustrated a process and direction by which humans progress through increasingly complex ways of mastering moral dilemmas with the potential to reach a position of universal morality through principled thought. Principled reasoning entails social perspective taking that allows one to embrace the perspectives and needs of others to build the foundation for a democratic society through universal principles that support justice and fairness for everyone (Hayes, 1994).

According to Kohlberg's moral developmental theory, universal morality is possible through a hierarchical sequence of developmental moral stages of reasoning (Kohlberg, 1986). Research has empirically validated the formation of stages of moral development (Gielen, 1991; Kohlberg, 1975), although contemporary moral development theorists have proposed that developmental stages represent a gradual sequence of

progress as a developmental schema that resonates with one's particular form of moral

functioning (Lapsley, 2006, p. 48). Developmental stage theory mirrors moral

developmental theory as a process of reaching increasingly structured wholeness in

reasoning and functioning within a modal stage response to solving ethical dilemmas.

Moral developmental theory proposes that humans access higher stage

functioning with the exposure to more complex circumstances through empathy toward

others (Hoffman, 2000). Higher stages of morality evidence the function of empathy

within the process of reasoning through a more integrated view of psychological health

and wellness (Noam, 1998). As we develop, utilizing differentiation and integration into

more relativistic and pluralistic ways of reasoning, humans show a stronger commitment

to value in justice and fairness not only through universal concepts of right and wrong but

through empathic human concern for others (Hoffman, 2000). Moral decisions are

reached with greater adequacy through a gradual and continual expansion of

understanding others' perspectives (Sprinthall, 1994). In turn, moral developmental

growth stimulates moral sensitivity and raised consciousness (McNeel, 1994).

Moral development progresses in six distinct structured stages within three levels

of moral reasoning.

*Preconventional level.* Stage one, the Egocentric Stage, is marked by sensory

focus and obedience to avoid punishment as one follows rules for their own sake. At this

position, one is focused on doing the right thing in order to avoid punishment and

morality is external to the self. In stage two, the Instrumental Egoism / Simple Exchange

Stage, one becomes focused on self-serving opportunity and may become manipulative to

get one's needs met. Here, there is not just one way of looking at things and one does

what is right to satisfy personal needs, realizing one can get something out of doing the right thing.

*Conventional level.* One follows rules and does what is right to maintain order by meeting others' expectations. Those who function at this stage of moral development are guided by an internalized set of moral norms of a larger group, such as the family. Research indicates that most adults remain here. Stage three, Interpersonal Concordance, is represented by a "good versus bad" orientation, as one engages in good acts for the sake of the group in order to please others through a need for belonging. Stage four reflects Law and Order, an orientation toward authority and maintaining social order. Larger groups are considered important and incorporate these rules through laws that are seen as absolute, uphold the system for their own sake, not necessarily because they are right.

*Postconventional level.* One engages in principled thought, incorporating abstract principles of freedom and equality that are shared philosophically. Here, one sees moral choices as rights and responsibilities. In stage five, Morality of Principles, decisions are based on principles to support a fair society using empathy toward others. One strives to change the law for social benefit to meet others' needs and advocates for the rights of others. In this stage, one seeks the greatest good for the greatest number of people. Stage six, called Conscience and Ethics, has not yet been verified by empirical studies. Kohlberg proposed that, in this stage, one seeks to employ universal ethical principles for the benefit humanity and values sanctity of human life. Here, one always acts on principle when challenged by law and will even die for one's principles.

*Neo-Kohlbergian Moral Development Theory*

Kohlberg recognized there were other components to moral development, but maintained moral reasoning was primary (Walker, 2006). However, contemporary researchers critiqued moral developmental theory for its assumption based on traits favoring only justice and fairness. A Neo-Kohlbergian approach to moral reasoning emerged, claiming that development occurs through several functions that unfold in overlapping levels of functioning rather than hard stage growth. Rest et al. (1994, 1999) proposed that moral development stems from a symbiotic process of cognitive and affective functioning. These findings reflect similar research findings on the functions of empathy that depend on both critical thinking and sophisticated emotional sensitivity. Through multiple functions of reasoning about dilemmas, Rest et al. (1999) suggested that moral judgment is only one of four components to moral functioning.

Rest, Narvaez, Thoma and Bebeau (2000) presented a way of reaching common morality through a sequence of three alternate developmental schemas to Kohlberg's six stages, including the Personal Interest schema (reflecting Kohlberg's Stage 2 and 3), the Maintaining Norms schema (representing Kohlberg's Stage 4) and the Postconventional schema (functioning resembling Kohlberg's Stages 5 and 6). These schemas, drawing upon one's long-term memory and prior understanding of the social world, also progress from conventionality to postconventional reasoning and are developmentally ordered (Rest et al., 2000). Schema sequences develop through the use of four components of moral reasoning, including moral sensitivity, moral judgment, moral character, and moral motivation. Rest's Defining Issues Test – 2 (DIT-2; Center for the Study of Ethical

Development, 2004) assesses moral development across these four components of moral

functioning (Rest et al.).

Post-conventional moral functioning occurs through the following four

complimentary modes of moral functioning employed by individuals when resolving

moral dilemmas. The Four Component Model defines the structural arrangement of moral

functioning in four positions of moral reasoning.

*Moral sensitivity.* Through the first component, moral sensitivity, one engages in

a process of interpreting and becoming aware of the moral dimensions to a situation.

Here, one develops an awareness of how one's actions affect other people. Aspects of

empathy are often assigned to this component as a primary stimulant toward recognizing

moral dilemmas through engaging one's own emotions and being able to connect with

another's emotional experience through care (Hoffman, 2000).

*Moral judgment.* The second component of moral judgment involves a cognitive

function of problem solving that entails a process of justifying actions and behaviors

based on weighing between considerations for both justice and fairness. This component,

also referred to as moral reasoning, is the process of deciding a just and fair outcome if

one is able to resolve of a moral predicament.

*Moral motivation.* Moral motivation, the third component, involves responding to

moral values in regards to other values, moving one toward defining and defending moral

values for the greater good. This process of moral functioning may represent the dilemma

factor in moral decision-making, as moral values are prioritized over other personal

values or desires.

*Moral character.* The fourth component, moral character, represents one's ability to act morally and remain steadfast in a moral act, even in the face of adversity. The four components work together in an integrated, cyclical process and form the foundational pillars of moral development.

Rest et al. (1999) specified the relationship and integrative effects of these post-conventional components of moral functioning. Specifically, Flanagan and Adler (1983) stated that in order to motivate moral behavior, moral sensitivity functions best when balanced with other functions of moral maturity, such as impartiality or universal consideration (Walker, 2006). Research has focused on the relationship between pro-social behavior, moral reasoning and the development of empathy (Hoffman, 2000). Empathy itself has been proposed as a construct including both emotional concern and perspective taking (Davis, 1980, 1983b; Hoffman, 2000), signifying that moral sensitivity cannot be measured as empathy alone but as an integrated process of cognitive and emotive functioning. Thus, empathy represents a core integrative process that involves both cognitive and emotive responses as one engages the four components of moral functioning.

*Moral Development in Counselors*

Empathy may serve as the impetus for morally mature functioning in a synthesized, cyclical process as counselors advance toward principled reasoning. Morally developed counselors gradually build more adaptable and flexible modes of functioning as they become more adept in building schemas for complexity through assimilation and accommodation by way of deductive and inductive reasoning as an integrated process of moral functioning. Higher stages of moral reasoning may index deeper levels of empathy,

including emotional engagement and perspective taking skills in counselors (Kohlberg, 1986; Morton et al., 2000), both serving as central components to the counseling relationship. Perspective taking entails a simultaneous awareness of both a broad social context and a deep understanding of the intricacies of one's subjective worldview (Lapsley, 2006). "The developing sophistication of one's understanding of selfhood, personality, and subjectivity is reciprocally linked to one's developing understanding of relations" (Lapsley, 2006, p.59).

Those in higher stages of moral development may exercise *ideal reversibility*, a form of multiple perspective taking through empathy toward the client with simultaneous consideration of both context and content as a way of seeing the world through others' perspectives (Rest et al., 1999). This ideal reversibility broadens one's awareness of the different needs of others but may instill a sense of disequilibrium for new counselors as they manage the stress of their new environment. Rest (1986) suggested that growth takes place in these moments when one's current experience does not match previous understanding. Accommodation to this disequilibrium requires adaptation and a flexible response to more complex circumstances (McNeel, 1994), thereby providing the foreground for counselors to tap into empathy through perspective taking using both content and context. Thus, cognitive disequilibrium can lead new counselors to construct new meaning and still respond with empathy toward their clients through adaptation.

Counselors in higher stages of moral functioning express strong empathy by drawing from a balanced level of *reflective equilibrium* (Rest et al., 1999), a process of continual personal awareness and attunement to one's moral functioning. By extending one's ability to reason through a differentiated awareness of both self and other,

perspective taking increases one's capacity for reaching universal moral standards. Kohlberg espoused a similar concept of *constructive principlism* that simultaneously employs inductive and deductive reasoning, considering both sides of perspectives of the individual and the needs of the greater good through moral consensus (McNeel, 1994; Rest et al.). By raising moral sensitivity and cognitive reasoning skills in counselors, developmental interventions can stimulate heightened empathy, joining, and listening skills, thereby also increasing counselors' potential for advanced perspective taking (Foster & McAdams, 1998).

Further, as a counselor progressively becomes more advanced and agile in perspective taking, this individual is more equipped to perfect professional modes of functioning through increasingly sound cognitive structures and competence in making complex adaptations (Lapsley, 2006). In the field, counselors are responsible for regulating their thoughts and emotions by developing a sense of justice and fairness that requires them to engage in continual empathy toward others. Thus, moral development taught throughout a counselor education program provides a conceptual framework for supporting counseling students' professional and personal development. By promoting beginning student counselor's development of moral reasoning, counselor educators and supervisors can effectively guide and support the overall psychological functioning and healthy adaptability of counselors from the onset of their training.

Employing empathy, counselors must engage in the unique task of synthesizing a wide array of communication styles, verbal and nonverbal cues and both intellectual and emotional stimuli. Through this matrix of information, counselors must be sensitive to the complexities of each situation while bringing fair consensus and adequate response to the

needs of their clients. Moral sensitivity is the act of assessing the needs of others while exercising a balanced consideration of the situation, employing both intellectual and emotional resources when weighing all sides of a problem or dilemma. Kohlberg claimed that *how* one reasons is most important in indicating the level of moral consciousness reached (Kohlberg, 1986). As research has shown, counselors in higher moral stages of development exemplify the moral traits necessary for successfully conducting advanced empathy.

Beginning counseling students must continually respond to handling taxing dilemmas of right and wrong while addressing both fairness and care in a way that both meets the needs of their clients and also promotes a universal ideal for all involved with the client in their clinical or school settings. To address moral development in counselor training, the significant role taking experience was added to the DPE to raise moral dimension in responding to others needs in a genuine role of responsibility (Kaiser & Ancellotti, 2003). Kohlberg even proposed that counseling is important not only to the development of the client but also the counselor because listening requires the exercising of empathy and role-taking, important for both moral and psychological growth (Hayes, 1994). By promoting counselor's development of moral reasoning, counselor educators and supervisors can effectively guide and support the overall psychological functioning and healthy adaptability of their student counselors through explicit and implicit lessons that would enhance counselor empathy as the underpinning of both justice and care (Hoffman, 2000).

*Research on Raising Moral Development*

The goal of promoting counselor moral development has gained attention and momentum in counselor education in recent years. By accepting a role-taking experience, counselors are inherently responsible for being aware of their clients' cultural context, including the oppressive factors of their cultural experience, such as race, ethnicity, religion and gender, as postmodern systemic advocates for social and community change. New counseling students, though, may feel overwhelmed in this new role, especially if they are counseling a highly diverse population. Throughout their education and preparation, growing counselors must gauge and respond to moral dilemmas while maintaining a high level of empathy in order to best cognitively understand and emotionally connect with the worldview of each of their clients.

Morton et al. (2000) endorsed this cognitive-affective synthesis in medical students to raise moral sensitivity and enhance medical care. These researchers identified the important qualities of moral sensitivity as "sufficient capacity for emotional regulation to permit moral dilemma awareness, and enough tolerance of ambiguity to examine possible consequences of a moral action from multiple viewpoints simultaneously" (p. 391). These researchers connected the construct of empathy with the moral development concept of moral sensitivity as it related to medical students. Results indicated that those in the helping professions must advance beyond Kohlberg's postformal thought because those operating at the conventional level may still choose to ignore, avoid, or withdraw from overwhelming situations, thereby turning away from moral responsibility. In particular, counselors are called to access and extend empathy toward their clients while maintaining moral functioning in order to uphold ethical

integrity. However, comprehending and constructing moral and contextual meaning for a diverse range of clients can prove challenging for the developing counselor, particularly in the beginning of their training.

Evans and Foster (2000) explored the relationship between student counselor moral development and cultural sensitivity based on their racial identity level, the ability of an individual to take another's perspective while understanding and acknowledging how one's own cultural identity influences the counseling relationship. Sixty-eight graduate counseling students participated in the study, fifty-three were female, and fifteen were male, typical for gender distribution in counseling programs. Data analysis revealed that duration of multicultural training had a positive relationship with Reintegration and Autonomy, higher levels of racial identity. These results indicate that multicultural sensitivity had increased as a result of specific multicultural training but may not have been enough to shift counselors in training into a higher moral stage or schema. For counselors working with diverse populations and within cultural tensions that still exist today, cultural sensitivity plays a vital role in the successful development of counselors during their academic training. Cultural sensitivity, including the function of empathy, requires counselors to continually develop in both conceptual complexity and moral developmental domains.

A study conducted by Foster and McAdams (1998) implemented a DPE to raise counselor complexity and moral development as a way to stimulate counselor development. This study investigated the specific effects of a fourteen-week DPE intervention conducted with thirty-five beginner or novice counseling supervisors assigned to a series of residential locations in the field. This study sought to connect the

training with development of the supervisors despite levels of education and experience in order to promote moral responsiveness to a wide range of challenges faced in these specialized group homes. The sample exemplified a solid range including varied educational backgrounds with a balance of 19 women and 16 men, including 15 African-Americans and 20 Caucasians. The researchers were careful to replicate the five components necessary to promote growth and enhance the role-taking experience, including guided reflection, a balance between action and reflection, continuity, support, and challenge.

The training curriculum instructed the supervisors on developmental models of counseling supervision in order to best match the supervision methods to fit the supervisors' developmental level (Foster & McAdams, 1998). The supervisors were given tools for conducting supervision with their counselors and completed journal responses and responded to guided reflection from the researchers. Reflection served as a method of grounding the supervisors as they felt a state of disequilibrium. As the counselors became involved through the training, they expressed a shift in their journaling content from directly ventilating their stress toward a process of stepping back to reflect and make meaning of their experiences.

The research conductors implemented a pre-test, post-test design using Rest's DIT and Kohlberg's Moral Judgment Interview (MJI; Colby, Kohlberg, Gibbs & Lieberman, 1983). The DIT scores were compared using correlated $t$-tests of significance with an alpha = p <.05, showing a significant mean gain from 45.80 to 50.71 ($t = 2.19$, p < .05, $n = 35$). Blind journal entries were assessed with the MJI by one of the researchers trained in MJI analysis with a reported significant pre-test, post-test increase from 351.04

to 411 ($t$ = 6.88, p < .05, $n$ = 25). This statistical significance may have better reflected the population with an $n$ = 30. Limitations were based on lack of a control group and a shorter training duration than the six months recommended to raise moral development (Stoppard & Miller, 1985).

These results, including the supervisors' training evaluation entries, bring particular relevance to the current study. Most importantly, the developmentally focused DPE model enhanced the supervisors' ability to see numerous perspectives and conceptualize deeper meaning through their experiences despite the level of disequilibrium inherent to their role. Foster and McAdams (1998) illuminated the need for personal integration in these supervisors "to manage the unpredictable, to be emotionally available for genuine empathic intervention, and to be able to respond differentially yet appropriately to individual needs" (p.16), all functions of higher stages of moral development. However, the results do not specify how moral development specifically raised empathy or which components of empathy may have been fortified as a result of the DPE intervention.

*Research on Counselor Complexity and Moral Development*

Research has further compared the relationship between conceptual complexity and moral development in counselors. Maturity and complexity represent two necessary components of cognitive development that promote the cyclical process of responding to constant variations and challenges in one's environment (Noam, 1998). Those functioning in higher stages of development are more capable of managing various viewpoints, attending to contrary and contradictory information, and remaining sensitive to others' needs (Rest et al., 1999; Holloway & Wolleat, 1980). Both conceptual

complexity and moral development are supported through the research as empirically validated theoretical constructs through reliable instrumentation including the Paragraph Completion Method (PCM; Hunt et al., 1978) and Rest's Defining Issues Test (DIT-1; Rest, 1979; DIT-2; Center for the Study of Ethical Development, 2004).

Brendel et al. (2002) investigated how counseling students develop in both conceptual complexity and moral development through a DPE intervention throughout their counselor education program. These researchers explored how counseling students may grow through the rigors of a counselor education program by measuring moral reasoning and cognitive complexity at three different points over two years. Counseling students' level of moral reasoning was assessed by the DIT-1 Short Version (Rest, 1979) and level of cognitive complexity assessed by the PCM, a semi-projective instrument designed to measure conceptual complexity (Hunt et al., 1978). Test-retest reliability for the DIT-1 Short Form ranged from .70 to .80 while internal consistency also ranged from .70 to .80. These researchers further provided sufficient empirical evidence referencing studies supporting the use of the PCM through interrater reliability and validity studies including Harvey et al. (1971), Hunt et al. (1978), Pohl & Pervin (1968), and Sullivan, McCullough and Stager (1970) (Brendel et al.).

Researchers for this study used repeated measures analysis of variance (ANOVA) to gauge counseling students' conceptual development throughout the counselor education program. Cognitive complexity scores first showed a nonsignificant drop in conceptual levels but then increased by the end of the program, showing a statistically significant increase in conceptual complexity $F(2,54) = 3.682, p < .05$, from the beginning to the end of their counseling program. This change may indicate an influence

of disequilibrium or stress on student counselors' learning process. The treatment group did not show a significant increase in mean *P*-scores, though they did rise. The researchers acknowledged this discrepancy compared to previous research showing an inverse result through higher DIT scores but non-significant gains in PCM after the implementation of a DPE intervention.

These results suggest that complexity and moral development may not develop in a parallel fashion. The researchers did question the primacy of conceptual development over moral development. However, the cyclical, integrated nature of development may not be fully captured by instruments scoring growth as a solely linear sequence. In addition, counseling students may develop the two domains at different rates depending upon individual differences, their experience, or age levels. Counseling programs may not have all elements necessary to fully impress the significant role taking experience, however, they could offer a specific empathy focus to promote a multidimensional process of development. The researchers for this study called for future research on the relationship between conceptual level and moral development, along for counselor education preparation curricula that address Rest's Four Components.

<div align="center">Conclusions and Implications</div>

Empathy, an elusive construct, requires the need for continued research on the interpersonal and intrapersonal dimensions of this powerfully facilitative counseling function. Counselor education pedagogy and developmental empathy training calls for further empirical validation and support if counselors are to learn to readily engage in the process of empathy and carry this required competency into the field. Research has not shown the use of empathy, a core counseling process, as a specific component central to a

DPE intervention employed to promote counselor development. Also, research tends to focus on only selective dimensions of empathy or views the interpersonal functions of empathy as separate parts, giving little attention to the more complex, intrapersonal functions of empathy. Empirical studies may produce more prolific results when studying the dimensions of empathy as a multifaceted, integrated process.

Professional experience alone does not support counselor competence, a sign that counselor development is not automatically progressive throughout the career span (Holloway & Wolleat, 1980; Sprinthall, 1994). One study's startling results indicated that new school counselors in training scored higher in moral development and conceptual complexity than experienced school counselors who served as their supervisors during training (Griffin, 2007, unpublished dissertation). Conceptual level has not shown a significant relationship with all areas of clinical assessment and case conceptualization (Holloway & Wolleat, 1980) nor does the DPE consistently raise conceptual level through its interventions with counselors.

Part of this problem could indicate expectations for a linear process of stage growth. Rather, counselor development may need to be measured in a way that tracks the more cyclical, recurring patterns of growth in order to better understand one's current level of functioning. While complex conceptualizations and empathy are accompanied by high conceptual level, not experience, not enough is known about how environmental stressors influence new student counselors as they define their role and build solid competency skills. In addition, less is known about the developmental trajectory for counseling students within the counselor education and supervision program setting, influenced not only by the didactic coursework and teaching approaches, but also by the

various environmental stressors of each student's practicum or internship sites. However, as research suggests, complexity is required for building empathy (Nerdrum & Ronnestad, 2002) and experience alone is not sufficient to raise this complexity (Holloway & Wolleat, 1980). Therefore, building counseling students' allocentric functioning and multiple perspective taking through enhanced cognitive processing and emotional awareness lends support for the development of conceptual complexity in counseling students.

Moral development and conceptual level have been linked together as markers for development in counselor education research but interventions intended to raise them simultaneously have shown mixed results. The two theories have often been treated as separate functioning; however, as an integrated process, at any given moment, conceptual level may rise more readily while moral developmental schemas may take further time to develop. Research results have also suggested that moral developmental components may rise in various schema domains while conceptual complexity may remain at the current level despite intervention efforts. These discrepancies in the research indicate a need to understand the dynamics that influence these domains of development and how they interact together. Measuring conceptual complexity level and principled reasoning with a lack of attention to the specific components within each domain may hinder understanding of how these functions could be integrated.

Construction of increased conceptual complexity *plus* the development of moral judgment, motivation, character and sensitivity may actually function as an integrated process that is best promoted by enhancing empathy. Both conceptual complexity studies and moral developmental research strives to reach a deeper commitment to understanding

how to promote the helping professions in meeting the needs of others while supporting

the helper's growing sense of universal constructive principlism. Particularly appropriate

for counseling, both developmental frameworks describe the integral nature of making

complex decisions and responding to the needs of others. By promoting conceptual

complexity and postconventional moral reasoning through a focus on raising empathy,

students of counseling may be provided an opportunity to become more flexible,

adaptable, and capable of embracing relativistic viewpoints while extending

understanding, tolerance, fairness, and sensitivity for a wide range of clients.

<div align="center">A New Approach</div>

Empathy bridges moral reasoning and complex conceptual capabilities in

counselors as both intrapersonal and interpersonal facilitative function that strengthens

the therapeutic conditions for change (Rogers, 2007). Higher stages of moral

development and integrative conceptual complexity have shown signs of advanced

expression of empathy and deeper understanding of contextual complexities (Lapsley,

2006; Kohlberg, 1991; Carlozzi, Gaa & Liberman, 1983). An intentional focus on

empathy for training counseling students in the early stages of their development may

support growth toward postconventional moral functioning and advanced levels of

conceptual complexity.

Empathy serves as a measurable competency (Davis, 1980, 1983b; Mehrabian &

Epstein, 1972) and a trainable trait (Hatcher et al., 1994) that may provide not only a link

between moral reasoning and complex conceptual level in counselors but may serve as

the missing element to raising both forms of development through a DPE training. An

empathy-enhanced DPE could stimulate both conceptual complexity and moral

development. By facilitating counselors' cognitive development, beginning counseling

students may progress toward more complex levels of conceptualizing their cases through

an empathy-enhanced intervention.

Deliberate psychological education (DPE) interventions have been shown to

stimulate advanced stages of moral sensitivity and raised consciousness (McNeel, 1994).

Through a specific, intentionally designed DPE intervention, counselors have the

potential to learn more flexible, adaptable levels of connecting with the experience of

their clients and examining alternatives to problems (McAuliffe & Lovell, 2006; Foster &

McAdams, 1998; Sprinthall, 1994). The requirements for an experience that promotes

cognitive development must include a challenging experience that creates disequilibrium,

a necessary condition for development (Rest, 1986 as cited in McNeel, 1994; Foster &

McAdams, 1998). While new counselors are already in a potential state of

disequilibrium, the facilitators of this process would carefully manage the level of

disequilibrium presented while providing strong, personal support throughout the

intervention.

Drawing from the research, more current researchers have proposed specific

methods for teaching empathy. Furman (2005) and Shapiro, Morrison and Boker (2004)

conducted studies exploring alternate, creative ways to enhance empathy development

and expression used with medical students. Reading and writing poetry, skits, short

stories and literature discussions were designed to develop personal recall of being

accepted and understood by others, focused on the positive aspects of growth and healing

in clients, such as client resilience and strength, and encouraged participants to consider

the social problems related to the client's issues. These researchers found that engaging in

the humanities stimulates and significantly improves both cognitive and emotional functions of empathy.

Empathy-specific interventions have raised counselor empathy through direct empathy training. Hatcher et al. (1994) conducted an empathy training course comprised of a standard peer-helpers curricula, teaching such skills in attending, empathic listening, personal awareness, and values clarification. Other researchers studied the effects of empathy communication training on counselors' conceptualizations of the learning process, therapy approaches and counseling practice (Nerdrum & Ronnestad, 2002; Nerdrum & Ronnestad, 2003). Hassenstab et al. (2007) indicated that teaching the tracking of verbal cues and emotional regulation can increase the capacity for empathy in therapists. However, while active listening is often taught in current counselor education programs, these studies suggest that actually teaching the factors of empathy may warrant attention and more purposeful application toward counselor training within conceptual and moral developmental frameworks.

Through intense and disruptive experiential exercises in group supervision, such as dyad role-plays and planned acted scenarios, counselors could benefit from experiential empathy practice by conceptualizing the perspectives and emotions of their clients, thereby raising both moral sensitivity and conceptual complexity. Structurally, other researchers have examined positive effects of self-supervision techniques, small groups, and simulations used for developing advanced empathy skills (Dennin & Ellis, 2003; Hatcher et al., 1994: Tehrani, Hauer & O'Sullivan, 2007; Wear & Varley, 2008). Dennin & Ellis (2003) proposed that self-supervision is an important preparatory goal in

order to build intentional autonomous supervision and self-regulation through carefully designed instruction and supervision in counselor education programs.

Tehrani, Hauer & O'Sullivan (2007) caution against the risk of potential test-wise error and social desirability when students are evaluated for skill, as students may perform for the sake of being evaluated in simulated training exercises. Nonetheless, researchers concluded that simulations allowed trainers the time and practical exercises necessary to teach both the outward expression of cognitive and behavioral empathy while facilitating the more intricate intrapersonal process of imagining the patient's emotions through the emotional engagement of empathy (Nerdrum & Ronnestad, 2002; Nerdrum & Ronnestad, 2003; Tehrani et al., 2007; Wear & Varley, 2008). For example, facilitators of a simulation intervention might enhance simulations by modeling empathy then openly reflecting on their internal processing of the components of empathy as a pedagogical transparency technique (Dollarhide, Smith & Lemberger, 2007).

Specific empathy infusion into the DPE model may promote new counselor development through increased capacity for cognitive complexity, multiple perspective taking, and cognitive mapping to develop more adaptable, flexible, and readily accessible counselor responses to the complexities of their new role. More research in the developmental effects of an empathy-specific intervention could illuminate ways to increase counselors' capacity for perspective taking (Foster & McAdams, 1998) and teach how to effectively develop the multiple, integrated facets of empathy. Through cultural competence, an empathy-enhanced developmental intervention could further extend a counselor's understanding another's total worldview, such as the emotional feelings and personal distress of the client. Furthermore, an empathy-enhanced DPE

could provide a clear focus for supervisors while nurturing the progress and successful development of their supervisees in the field.

## Summary

This chapter provided a scholarly review of the literature describing the challenges faced by new professional counselors in building and maintaining empathy while encountering the heightened disequilibrium of their new professional roles. Cognitive development was presented as a framework for understanding how counselors may develop the capacity for empathy, specifically in the domains of conceptual complexity and moral development. Further, the definition of empathy and the critical role of empathy in the counseling relationship were emphasized. Finally, a link between conceptual complexity and moral development through empathy was offered as a new approach to promoting counselor efficacy and development. While both moral development and conceptual complexity theories cover distinctly different domains of cognitive functioning, these theories serve as an effective theoretical compliment in facilitating the healthy development of empathy in counseling students. Thus, these theories provide a strong impetus for scholarly and practical significance and form a guiding, integrated framework for promoting empathy in new counselors in the field.

The following chapter will present the current study's research design and methodology. The population and sample selection will be described and the research hypotheses will be specified. Finally, the instrumentation, data collection and statistical analyses for the proposed study will be presented.

CHAPTER THREE

Research Design and Methodology

This chapter describes the proposed research design and methodology. Topics to

be discussed include: the purpose of the study, the research design and methodology, the

research questions and hypotheses, the population and sampling methods, the selected

instrumentation, and data collection and analyses. Ethical considerations and limitations

will also be presented.

*Purpose of the Study*

The purpose of this study was to investigate the effects of an empathy-enhanced

developmental intervention to promote healthy counselor development for counseling

students in the first year of their counselor education program. This empathy-focused

training was designed to raise beginning student counselors' conceptual complexity and

moral development through a DPE intervention. Empathy was measured to explore the

direct effect of an empathy specific intervention on the development of empathy in new

counseling students and analyzed with the pre-test and post-test scores of the treatment

group and comparison group to explore the influence of raised empathy on conceptual

complexity level and moral developmental growth.

*Research Design*

Quantitative research uses deductive logic to formulate, expand or confirm

theories by testing hypotheses about a phenomena and attempting to generalize to the

population researchers wish to investigate (Creswell, 2003). Accuracy is determined by

validity and reliability (Gall, Gall & Borg, 2007). This study was based on a

postpositivist research paradigm that sought to test and extend previous research on

cognitive developmental theories of counselor development, to identify factors that influence the effectiveness of an empathy-enhanced developmental intervention, and to study the phenomenon of empathy and its role in the healthy development of beginning counseling students (Creswell, 2003).

Previous research has shown that the capacity for advanced empathy surfaces in higher cognitive developmental levels but has not shown a direct correlational relationship between raised empathy and higher conceptual complexity and moral development. Following the aims of quantitative research, this study sought to obtain generalizable results by discovering and validating cause and effect relationships between variables. Also, this quantitative research studied reality by controlling the environment to improve generalizability (Rossman & Rallis, 2003). This study examined the cause and effect relationships between empathy training and raised capacity for empathy, conceptual complexity and moral functioning that was investigated through a quasi-experimental pre-test / post-test comparison group design.

The intervention implementation and measurement strategy was designed to study the nature of empathy development and predict its effects on counselor development to both extend previous research on both empathy and cognitive-developmental interventions for counselors in training and supervision. Also, this study aimed to explore the effects of empathy training on counselor development that best improves organizational functioning within instruction and supervision practice in the counselor education field (Rossman & Rallis, 2003). This study compared the effects of a cognitive-developmental intervention specifically designed to raise empathy in counseling students from the beginning of their preparation with the development of

beginning counselors experiencing a typical course of counseling studies, learning environment, and early counseling experiences. Specifically, two independent variables include an Enhanced-Empathy DPE (E2DPE) intervention and no E2DPE intervention. Three dependent variables include empathy competency, conceptual complexity level, and moral developmental functioning.

*Research Questions*

1.  How do beginning counseling students engaging in an E2DPE develop empathy when compared to beginning counseling students who do not receive the E2DPE intervention?

2.  How does beginning counseling students' raised empathy competency as measured by the Interpersonal Reactivity Index (IRI; Davis, 1980) correlate with conceptual level as measured by Hunt's Paragraph Completion Method (PCM; Hunt et al., 1971) after engaging in an E2DPE when compared to beginning counseling students who did not participate in the E2DPE intervention?

3.  How does beginning counseling students' raised empathy competency as measured by the Interpersonal Reactivity Index (IRI; Davis, 1980) correlate with postconventional reasoning as measured by the Defining Issues Test – 2 (DIT-2; Center for the Study of Ethical Development, 2004) after engaging in an E2DPE when compared to beginning counseling students who did not participate in the E2DPE intervention?

*Directional Research Hypotheses*

1. Beginning counseling students participating in the E2DPE intervention will show significantly raised empathy scores than the comparison group as measured by the IRI.

2. Beginning counseling students participating in the E2DPE will show significantly higher conceptual complexity level scores than the comparison group as measured by the PCM.

3. Beginning counseling students participating in the E2DPE will show significantly higher postconventional reasoning than the comparison group as measured by the DIT-2.

*Population and Sampling Procedures*

The target population for this study was defined as beginning counseling students in their first year of a Master's-level CACREP accredited counselor education and supervision program in the Southeast United States. Counseling students embarking on the experiential learning process of counselor education preparation for beginning the professional work of seeing new clients often experience vulnerability for experiencing heightened disequilibrium, stressful experiences, and potential personal distress. The sample was drawn from the accessible population of local first-year counseling students who enrolled in local CACREP accredited counselor education and supervision programs in southeast Virginia.

The sampling procedure entailed selecting beginning counseling students from local counselor education programs. The treatment group was selected from counseling students enrolled in a Techniques of Counseling course offered to first-year Master's

students at The College of William and Mary's CACREP accredited counselor education

and supervision program. The comparison group was selected by contacting department

heads of counselor education programs that represented typical CACREP accredited

counselor education and supervision programs throughout the Commonwealth of

Virginia. Participants were then chosen from the university that offered the closest

approximation to a counselor education first-semester Techniques of Counseling course

whose professors allowed pre-testing to take place during class time as a method for

ensuring the best possible pre-test data procurement.

The treatment group, comprised of 29 participants enrolled in the Techniques of

Counseling course at The College of William and Mary, was assigned to engage in the

E2DPE intervention. The comparison group initially 43 participants who were enrolled in

two Techniques of Counseling courses taught at a local university. The demographic

information for the two groups of beginning counseling students was compared for

between-group and within-group similarity. Beginning counseling students were defined

as counselors taking coursework within the first year of their counselor education and

supervision programs and enrolled in the Techniques of Counseling course during the fall

of 2008.

*Data Collection Method*

Pre-test and post-test measurements of empathy competency, conceptual

complexity level, and moral functioning were administered to both groups over the

period of six months. The treatment group completed the six-month E2DPE intervention

and completed both pre-test and post-test measurements of empathy, conceptual

complexity level, and moral developmental functioning. The comparison group

completed pre-test and post-test measurements at the beginning and end of the same six-

month period. The duration of six months was assigned as the length of time necessary

for counselors to grasp the complex construct of empathy, as indicated in research by

Nerdrum (1997) who discovered the learning of empathy required a longer duration as

empathy was more difficult to learn than other therapeutic skills (Nerdrum & Ronnestad,

2002). This finding is backed by cognitive developmental research in conceptual

complexity and moral maturity based on previous pre-test, post-test research (Miller,

1981; Reiman, 1999).

This study focused specifically on promoting counselors' empathy competency,

conceptual complexity level and moral developmental functioning in order to triangulate

the data. The researcher recorded all methods and procedures in a researcher's log for

capturing and analyzing the proposed study's methodology, noting potential difficulties

or challenges to implementation, assessing the effectiveness of the outcome, and

replicating instructional and experiential exercise procedures for future research or

implementation in the academic or clinical setting. These research records protected

treatment fidelity and provided an account of the extent to which the treatment conditions

were implemented and conformed to the researcher's original specifications (Gall et al.,

2007).

Instrumentation

Five instruments were implemented to collect data and were selected to measure

three areas of counselor development for completing the current study. These forms

included the: a) informed consent form, b) demographic information for / empathy

questionnaire, c) Paragraph Completion Method, d) Defining Issues Test – 2, and e)

Interpersonal Reactivity Index.

*Informed Consent Form*

The informed consent form (see Appendix A) introduced the purpose of the study,

described the study's procedures, illustrated the intervention format, and explained the

commitment requested of the participants. The informed consent also described the

researcher's objectives and level of participation in facilitating the study along with how

the results of the study would be conveyed and disseminated if the participants requested

the results. This form also informed the participants of measures taken to protect

confidentiality and informed them of their right to withdraw from the study at any time.

Space was provided for individuals to sign and date the form if they agreed to participate.

Two copies of the consent form were provided for the researcher and the participant,

respectively.

*Demographic Information Form / Empathy Questionnaire*

A demographic information form and empathy questionnaire (see Appendix B)

was used to obtain information about the participants including the following: a) age, b)

gender, c) race, d) degrees attained, and e) previously completed empathy trainings prior

to testing. A numeric coding system was designed to assigned to each participant a

demographic form code to be matched with the subject's PCM, DIT-2, and IRI for both

pre-test and post-test assessments. The coding list of participants' names and the numeric

codes assigned were placed on a separate sheet from the coded assessments to protect the

participants' anonymity. The demographic information was used to determine any impact

of specific demographic variables on capacity for empathy, conceptual complexity level

or moral developmental functioning.

*Interpersonal Reactivity Index*

The Interpersonal Reactivity Index (IRI; Davis, 1980) (see Appendix C), a 28-

item scale developed for measuring four functions of empathy in response to others in

distress, was chosen to measure counselor empathy for this study. Testers self-rate

statements related to responding to how they respond to people or situations on a 5-point

Likert scale that includes 9 reverse scored items. This measurement provided the most

valid, reliable, theoretically inclusive, racially neutral (Craemer, 2004) and

comprehensive measure for empathy competency. Extensive factor analysis titrated the

original 50 items to 42 items then, through oblique rotation, finalized the current

instrument of 28 items, producing 4 factors represented by 7 items in each subscale

(Davis, 1980).

The four factors of empathy include: Perspective Taking (PT), Personal Distress

(PD), Empathic Concern (EC), and Fantasy (FS). The subscales represent both the

cognitive and affective components to empathy. The IRI shows concurrent validity

through solid factor structure and exhibits consistent internal reliability, ranging from .71

to .77 with a test-retest reliability ranging from .62 to .71 for the four subscales (Davis,

1980; 1983b) along with good convergent and discriminate validity. The IRI further

shows strong construct validity as it was compared with other tests of empathy (Hatcher

et al., 1994). Additionally, the personal distress construct is supported by research in

brain responses to moral dilemmas that shows heightened brain activity in the regions of

emotional functioning when a person recognizes and assesses the more personalized

nature to moral dilemmas (Greene et al., 2001).

The IRI measurement yields for subscales of overall empathy derived from two

types of empathic functioning, including cognitive and affective empathy. Mehrabian and

Epstein (1972) defined emotional empathy as the ability to sense, feel, or vicariously

experience others' feelings and cognitive empathy as the capacity to understand others'

perspectives. According to the instrument design, EC relates specifically to the emotional

functioning of empathy on an interpersonal level, including emotional reactions that may

lead to one's helping behavior (Davis, 1983a, 1983b). Also, the EC scale has been highly

correlated with the Behavioral and Emotional Empathy Scale (BEES; Mehrabian &

Epstein, 1972; Mehrabian, Young & Sato. 1988). Further, the four functions of empathy

in Davis' scale provide a closer look at the elements of empathy that contribute to one's

altruistic and moral response through overall human concern for others (Hoffman, 2000).

Most relevant to the proposed study, Davis' research found EC scores were

significantly correlated with the act of helping, $F(1,172) = 6.95$, $p < .01$, whereas PD

scores were not, $F < 1$. This indicates that counselors may readily respond to the needs of

others through emotional awareness and sensitivity but may need to moderate

personalized anxiety in order to initiate appropriate helping response to those in need, a

concept also supported by the research (Greene et al., 2001; Hoffman, 2000; Nerdrum,

2000; Trusty, et al., 2005). The proposed study will consider the composite score of the

IRI and examine the three scales FS, PT and EC to test how these correlate with positive

empathy development while the PD score, shown to decrease with developmental

maturity, will be examined separately (Hatcher et al., 1994).

Mean scores on the IRI in the normative data (Davis, 1980) show women displaying higher scores than men on each subscale, the largest difference being on the FS scale. The PD scale produces the lowest of scores on the IRI for both genders. Davis described the potential for the IRI to produce a series of "empathy constellations" (Davis, 1980, p. 15). Given the multidimensional functions of empathy, intercorrelations on the subscales indicate that adults applying greater perspective taking show less personal distress related to others' experiences and more other-oriented sensitivity through concern, also reflecting the pattern of responsive empathy suggested by Hoffman (Davis, 1980).

*Paragraph Completion Method*

New counselor conceptual complexity will be assessed using the Paragraph Completion Measure (PCM) developed by Hunt et al. (1978) (see Appendix D). Based on the original work of Harvey et al. (1971) and Schroder, Driver and Streufert (1967), the PCM is a semi-projective measure developed to denote the cognitive structural properties one employs when responding to prompts in the environment. The PCM measures how one integrates new information into conceptual groupings in four levels of increasing conceptual complexity and interpersonal maturity (Reiman, 1999). Conceptual systems theory examines the way one structurally organizes meaning and builds conceptualizations of social relationships based on information salient to the individual (Holloway & Wolleat, 1980; Stoppard & Miller, 1985).

The PCM form uses a six-stem paragraph completion process exploring issues such as conflict, uncertainty, rule formulation, and the role of authority (Brendel et al., 2002; Holloway & Wolleat, 1980), each provoking the process of differentiation and

integration of concepts. Raters assign scores from 0 to 3 corresponding to Hunt's (1975) conceptual levels. The PCM shows strong construct validity and interrater reliability coefficients ranging from .74 to .93, exemplifying consistency in measuring the hierarchical sequences of conceptual levels (Brendel et al.; Holloway & Wolleat; Hunt et al., 1978). This empirical support also suggests that the test raters consistently and accurately agree upon the scoring in each of the levels. Norms were tested, showing a normal distribution curve in typical adult populations (Hunt et al., 1978). Backed by numerous sources testing its validity and reliability, the PCM has been administered in more than 200 studies (Reiman, 1999). In normative studies, traditional college students showed a range of scores between CL 1 and CL 3, ranging in mean scores of $M = 1.62$ to $M = 2.05$ in normative studies while graduate students have ranged in mean scores between $M = 1.82$ to $M = 1.93$ in normative studies using the PCM with adult samples.

The PCM scores are derived by averaging the highest three responses of six sentence stem items. This method of scoring allows for responses that could cause a false lower overall score due to lack of interest on any given item or to personal experience with that item that would cause tester to struggle to generalize how they would respond to the situation. More importantly, the test developers proposed that testers could not fake good responses, thereby lowering their scores only because consistent complexity could not be reached on every item due to the more personal nature of the subject matter of the items. Furthermore, the instrument design applies a "pole vault" principle to scoring that purports if a tester is able to score a higher complexity level on a few responses, this is sufficient evidence to indicate the tester's ability to reach complex conceptualizations (Hunt et al., 1978). The PCM serves as an appropriate measurement not only of

conceptual level but also of tolerance for a ambiguity of information, a function shown to

positively predict cognitive and affective empathy (Morton et al., 2000).

*Defining Issues Test – 2*

Rest et al. (1999) developed the Defining Issues Test – 2 (DIT-2), an objective

measure of moral development that was administered following pre-test and post-test

procedures for both treatment and comparison groups. The DIT-2 measures *how* the

participant processes and reasons about the issues involved in a moral decision making

based on the subject's developmental schemas that employ the four components of moral

reasoning. This instrument was designed to test one's moral reasoning capability based

on the functions of these four components as collaborative moral entities that function in

tandem (Bebeau, 2002) and properly exercise moral maturity (Walker, 2006). Presenting

five hypothetical moral dilemmas, the tester makes a forced choice to decide how each

would respond to the dilemma, assesses and rates the most salient issues involved in

making a decision about each scenario, then ranks the top four determinants most

important to making their decision.

The DIT-2 utilizes a recognition process implementing a multiple-choice format

developed from Kohlberg's moral judgment interview. Originally, Rest developed the

DIT to assess Kohlberg's developmental sequence model of principled reasoning but

alleviated the challenge of the tester to produce explanation of how they prioritized their

choices based on moral functioning. Instead, the choice format allowed the tester to

isolate only the issues that best represented their understanding of the moral dilemma.

The DIT-2 was designed to activate moral schemas through processing items stating just

enough information to activate the schema but leaving enough room for interpretation in

order to assign meaning based on which moral schema the tester brings to task when striving to solve the dilemma.

Multiple studies provide resounding support for the reliability and construct validity of the DIT-2 (Bebeau & Thoma, 2003; Rest, 1979, 1986; Rest & Narvaez, 1994; Rest et al., 1999; Thoma, 2006). This instrument was designed as an updated, more applicable version of the original Defining Issues Test – 1 (DIT; Rest, 1979) showing a correlation of $r$ (505) = .79; $p$ < .01 and test-retest reliability falling within a similar range (Thoma, 2006) with its original counterpart. The DIT-2 provides a simple yet complimentary measurement to the PCM that produces a composite score of moral development with equal validity for both male and female respondents, as gender differences have only accounted for less than half of one percent of variance in methods of moral reasoning (Thoma, 2006; Walker, 2006). Furthermore, DIT-2 results have been specifically connected to professional performance in the helping professions (Bebeau, 2002; Evans & Foster, 2000).

The N2 score was developed to conduct a more sensitive examination of the tester's ability to differentiate from postconventional and lower-stage choice-making strategies as they engage the four components when negotiating moral dilemmas. The $P$-score shows a relative point on the moral developmental continuum while the N2 score shows a finer display of moral agility in distinguishing between postconventional and conventional decision-making strategies. The N2 score uses the $P$-score as a starting point then adjusts in a positive direction if the tester is able to rank the postconventional choices as more important and lower-stage choices as less important in the decision-making process. Then, the tester's rating of the most important postconventional choices

determines the tester's modal schema in terms of consolidation or transition between schemas. According to Rest et al., 1997, the N2 score has not only shown strong correlations with the *P*-score (*r* = mid .80's to lower .90's) but also shows stronger construct validity and more carefully assesses participants of graduate and professional school populations who tend to resonate in higher moral developmental modal schemas (Thoma, 2006, p. 80).

Normative data of Master's degree students yield N2 scores of *M* = 40.56, *SD* = 15.06 (Center for the Study of Ethical Development, 2004). A recent study testing a year-long DPE intervention showed means for second-year Master's counseling students (*N* = 30) after the completion of internship in their second year, ranging from pre-test N2 scores of *M* = 44.03 – 49.8 to post-test N2 scores ranging from *M* = 45.5 – 47.5 for the two comparison groups (*n* = 20) and *M* = 58.4 for the treatment group (*n* = 10) (Cannon, 2008). For the purpose of this study, postconventional moral reasoning will be assessed with the N2 scores to examine changes in moral stage functioning for first year counseling students in both the treatment group and the comparison group.

<div align="center">Intervention</div>

*Empathy-Enhanced Deliberate Psychological Education*

Deliberate psychological education (DPE) interventions have been shown to stimulate advanced stages of moral sensitivity and raised consciousness (McNeel, 1994). Through this specific, E2DPE intervention, counselors were hoped to learn more flexible, adaptable levels of connecting with the experience of their clients, examining alternatives to problems (McAuliffe & Lovell, 2006; Foster & McAdams, 1998; and Sprinthall, 1994), and building greater moral reasoning and sensitivity to the needs of their clients.

The requirements for an experience that promotes cognitive development were followed,

including the implementation of a challenging experience designed to create

disequilibrium, a necessary condition for development (McNeel, 1994; Foster &

McAdams, 1998; Rest, 1986). As beginning counseling students may have already

experienced a natural state of disequilibrium, the facilitators of this process carefully

managed this level of disequilibrium by providing strong, personal support throughout

the intervention.

*The Treatment Group*

This E2DPE intervention aimed to raise both conceptual complexity and moral

reasoning through an advanced empathy training for 29 beginning counseling students in

a CACREP accredited counselor education and supervision program at The College of

William and Mary in Virginia. The participants were asked to commit to attending each

class, completing each assignment, and participate in the active learning exercises

provided both in and outside of the classroom. The E2DPE curriculum (see Appendix F)

included an introductory seminar, ten lessons, and a concluding summary seminar. In

addition, each student participating in the study was assigned a small group leader in the

Techniques of Counseling course and a doctoral-level supervisor for the Supervised

Practicum in Counseling course who provided continuous, one-to-one support both in

person and through online consultation, weekly reflective journaling, and memo

discussions through an internet site devoted to the study's treatment participants.

The instruction approach followed cognitive-developmental intervention research

that recommends setting appropriate structure and level of direction in the learning

environment depending on developmentally matched learning needs the beginning

counseling students. Based on the participants' needs, the treatment group was provided high structure and support during the first portion of the course then trained through less structured, more discovery-based approaches in order for the learning to follow the matching model used in DPE models. During the initial phase of the treatment participants' practicum experiences, the doctoral supervisors matched the developmental needs of the students depending on their need for greater structure and support when experiencing heightened anxiety as they began to engage with real clientele at their practicum site locations.

The treatment group participated in counseling-specific dilemma discussions specifically centered on any dilemmas that come up for the counselor when attempting to engage in empathy as it unfolds in the counselors' practical experiences in small group role-play exercises or once they begin seeing real clients in the field during their practica. Designed to guide group discussions and experiential exercises such as typical counseling dilemmas, counselor-client role-plays, simulated case vignettes, the small group format brought safety and immediacy to the learning process while building upon a solid foundation of the basic counseling skills.

Further, the treatment group investigated simulated case vignettes in the form of recognizing client context, perspective, nuances, cultural and gender differences. Throughout the exercises, the E2DPE provided structured opportunities for purposeful interaction between counseling students of varying conceptual levels. These variations in developmental level is natural to typical counselor education environments and have been shown to promote cognitive complexity when students are confronted with alternative viewpoints or encouraged to reconstruct understanding through explanation of how they

arrive at concepts. As part of the group supervision process, facilitators will also model empathy for the treatment group and verbally reflect on this interpersonal exchange as the role-play evolves as a transparency pedagogy technique effective for counseling training and development (Dollarhide, Smith & Lemberger, 2007).

Treatment participants were encouraged to participate in role-plays to expand the skills necessary to engage in increasingly advanced empathy while providing slight challenge to heighten personal awareness. These exercises were designed to develop both self-awareness and other-awareness when working with clients presenting a range of challenging issues. These exercises were designed to assist counseling students to explore both the avenues and potential barriers to taking others' perspectives and engaging in earnest empathic concern toward their clients when faced with stressors inherent in their environments. The treatment group participants were also asked to explore the anxiety they felt when challenged to connect with another's inner experiences. Exercises for the treatment group also included tasks in connecting with the thoughts and feelings of characters in movie scenes and assigned readings.

Once in the practicum phase of the intervention, the treatment group of counseling students prepared and presented real cases in both group and individual supervision. Individual supervisors, large group facilitators and small group supervisors focused on empathy as a theme in order to heighten personal salience and to promote the responsibility of their role-taking experience, a crucial element to the DPE model. Further, the treatment group received specific feedback centering on the behavioral techniques applied to convey empathy through congruence and emotional connection with their clients. These participants were encouraged to examine any difficulties in

conveying empathy through shared observation of their video tapes with their individual supervisors and, if appropriate, with their small supervision group. This attention to beginning counseling students' ability to connect empathically with their clients extended the concepts and role-play simulations to real life applicability and refinement of the interpersonal therapeutic process.

The treatment group also participated in weekly empathy-focused reflections through guided journaling. Individual and shared reflection assignments were designed to intentionally guide reflections specific to the challenges and successes in engaging in empathy for each participant based on the concepts they were learning and real experiences of applying empathy once in the field for the first time. Exploration of the role of empathy in their work as new counselors in training was interwoven throughout the course material and discussion groups. The treatment group's learning was conducted in the form of weekly reflective journaling requiring individual supervisor responses that guide the counselor through matching and gradual mismatching to challenge the counselor and stimulate the next empathy focused journal entry.

At the end of the six months, a summative online reflection assignment served as a final review of concepts, the intrapersonal process and interpersonal application of empathy. This assignment facilitated and moderated by the researcher provided meaningful discussion centered the functions of empathy on a conceptual and practical level. In addition, the treatment group interacted with each other in contending with the challenges to engaging in empathy as they began to see real clients and identify ways they could enhance empathy toward clients in the future. This E2DPE expanded upon the significant role-taking experience, as the participants engaged in a new, highly

challenging professional role, through carefully guided and graduated experiences,

receiving strong, continual personal support accompanied by a praxis of action and

guided reflection (Sprinthall, 1994). By providing both a supportive and challenging

E2DPE experience that will enhance complex conceptualization skills and moral

reasoning, it was hoped that the treatment group of first-year counseling students would

develop more adaptable, flexible, and responsive approaches toward promoting growth,

health and healing for a diverse array of clientele (Evans & Foster, 2000).

*The Comparison Group*

The comparison group of 43 beginning counseling students was enrolled in a local

university comparable to a typical learning environment of counselor education and

preparation coursework for beginning counseling students in the first year of their

training. The comparison group received no E2DPE developmental intervention. If the

topic of empathy was naturally raised by any of the participants at any time during the

study, the instructors could acknowledge and respond to the topic as they would naturally

but were not trained to focus, direct or facilitate training discussions on empathy. The

comparison group served as a way to compare the effects of an E2DPE intervention with

a group of early counseling students who experienced a natural learning setting of

counselor education and supervision in order to attribute the effects of the treatment

groups' difference in scores to the E2DPE.

From the onset of the study, the comparison group was informed of the nature of

the experiment and confidentiality through the informed consent. While they did not

receive an empathy-enhanced intervention, the comparison group participants did receive

a normal counselor education curriculum and instruction aimed to prepare them for

professional counseling. The natural experience of their settings did not prevent the development of empathy beyond normal circumstances. The comparison group participants were invited to receive the results for the study and were informed of their right to withdraw from the study at any time.

*Special Considerations*

All participants in this study were treated with the utmost respect and care. Due to the challenging nature of their work, beginning counseling students who participated in this study may experience heightened anxiety surrounding their new roles and functions as counselors. Participants were challenged to engage in personal exploration required for participation in the training. As a result, participants may have revealed personal issues in the process of responding to focused discussions and guided reflections that could have caused anxiety. In preparation for this study, the researcher expressed the commitment to provide a safe and supportive learning environment most essential to the subjects' well being. The E2DPE intervention facilitators were encouraged to instill a positive, welcoming atmosphere so the participants would feel comfortable to share openly and discuss any controversial perspectives involving the counseling process.

As with any new research approach, unforeseen problems with program design or methodology could develop. However, when any problems arose, the instructors, research facilitators and supervisors were prepared to respond with understanding, flexibility and support for the participants to accommodate for any potential problems that occurred. Structure was provided for the treatment group in order to maintain stability through the disequilibrating educational experience of the intervention and to ensure that the counseling students would reach their learning objectives and meet

CACREP standards in order to successfully complete their courses. Additionally, any concerns expressed by the participants related to the process or material was met with careful, supportive and appropriate response from the lead Doctoral Candidate researcher under the guidance, consultation and supervision of licensed Ph.D. faculty-level supervisors.

## Data Analysis

For this research design, several forms of statistical analysis were used. First, descriptive statistics were tabulated and summarized, including means, standard deviation, and ranges, as required in quantitative statistics to convey the measured pre-test and post-test parametric statistics for experimental designs (Creswell, 2003). The general linear model of data analysis was used to analyze the composite empathy scores, moral development scores, and conceptual level scores. One-way repeated measures analysis of variance (ANOVA) was used to analyze the aggregate PCM scores. This analysis allowed the research to test the subgroups that improved and to what degree, showing both a significant effect and how much of an effect exists (Gall et al., 2007). This statistical analysis method held the potential for uncovering the factors most responsible for positive changes in conceptual complexity. Another advantage to using the ANOVA method to analyze the data was that this researcher could control for initial differences between groups so that groups were made equal on other variables that could interfere with the empathy intervention variable we hoped would explain the effect (Gall et al., 2007).

Since this study investigated the effect of the independent variable, the E2DPE on multiple dependent variables of both the DIT-2 and the IRI and its subscales, repeated

measures multivariate analysis of variance (MANOVA) was used to present the most

suitable statistical analysis related to correlational findings. Repeated measures

MANOVA tested the significant group differences of adjusted means between the

treatment group and the comparison group by analyzing the shared variance between

empathy scores and moral functioning scores as these assessments included multiple

dependent variables before and after completion of the E2 DPE intervention in

comparison to these measurement scores of the comparison group receiving no DPE

intervention. This method presented an efficient statistical method of data analysis for

this research in that it reduced experimentwise error, thereby increasing effect size,

important to adjust if the number of participants is limited (Weinfurt, 2006).

## Limitations to the Study

The proposed study's sample size could have limited power depending on

mortality and may have caused the biggest threat to external validity. Previous studies

have shown difficulty in obtaining steady attendance, particularly through a long-term

intervention of six months. Moreover, the comparison group participants did not follow a

cohort model of progression through their counselor education program, which provided

additional challenge for locating and encouraging them to complete the post-test

assessments. Other threats to external validity included potential population validity in

that these counselors who were able to devote the time to participate may not be

generalizable to the population of beginning counseling students who may have

undergone greater stress, dropped out of the program, or who may not have been

psychologically able to commit time to the intervention. Simply taking the PCM, DIT-2,

or IRI may have influenced the sample in some way, creating a Hawthorne effect (Gall et

al., 2007). Ecological validity, the extent to which results can be generalized from the set of environmental conditions to different environmental conditions, such as program differences, level of therapeutic approach, length and structure of program, intensity of practicum settings, or the types of clients may also have affected generalizability.

Counselors participating in the study may affect the results based on their choice to volunteer for the study. Characteristics of those who volunteer for research may adjust their responses knowing it is being used for research (Gall et al., 2007). Convenience sampling could limit representation of the general population but is helpful in understanding the dynamics of counseling students in early stages of their professional development. Further, this method was more realistic and strengthened control of data collection over a specific period of time.

Other potential threats to internal validity included maturation, as participants may have merely developed naturally over time. While participants may have spoken to each other, potentially breaching or diffusing the purity of the experimental conditions (Gall et al., 2007), this would not have proven significant enough of an influence as the curriculum, learning environment, large and small group participation and facilitator/supervisor support would not have been compromised as the groups were located in separate universities. Gender differences could affect the results, as the IRI empathy instrumentation has shown a difference in outcomes whereas females tend to score higher on empathy measurements than males (Davis, 1980; Ogle, 2008, unpublished dissertation). On the other hand, an increase in empathy scores has been reported for both men and women who complete empathy training (Hatcher et al., 1994) which may show that women may fulfill natural leanings toward empathy and care but

that both genders can equally learn and engage in raised empathy after training. Additionally, the data was triangulated with the use of the DIT-2 that has shown little gender difference (Thoma, 2006). Pre-test sensitization was possible, however the duration and implementation of the six month E2DPE intervention was designed to provide impact that would overcome potential influence from taking the pre-test assessments.

Despite these potential threats, testing an intervention designed specifically for counselors early in their training can provide compelling data for the improvement of developmental instruction and supervision for counseling students at varying levels of conceptual complexity and schemas of moral reasoning within the first year of professional preparation. Studying counselors from the beginning of their development can bring rich knowledge in tracking how counselors at a similar level of experience and development can enhance their capacity for empathy and build advanced levels of conceptual complexity and moral reasoning even in the midst of disequilibrium.

## Ethical Considerations

Due to the nature of the intervention, this study presented minimal ethical risks to participants. All participants were informed that the purpose of the study included the examination of the effects of a developmental intervention on their intrapersonal growth and interpersonal professional competency. Participants were assured that they were able to withdraw from participating in the study at any point. Participation in all course lessons, reading and reflection assignments, online discussions and personal engagement throughout the process of the intervention was highly encouraged and was tracked for the purpose of maintaining consistent attendance and participation throughout the study.

Confidentiality of all discussions, written responses and test data was maintained and protected with the utmost care. Study results would report group mean data and individual scores would not be disclosed at any time.

## Conclusions

Chapter one introduced the topic of empathy and its potential for improving beginning counselor development through the implementation of an E2DPE intervention. Chapter two presented an overview of the relevant literature, thereby establishing a need for research on empathy development in beginning counseling students as a method for enhancing their development through an innovative education experience. This chapter proposed the research design and methodology most suitable for the research topic. Sampling procedures, statistical analyses, and intervention methods were illustrated. Further, this chapter explored the potential threats to validity of this study. Finally, ethical considerations and precautions were established to provide a sound, valid proposal for research.

Empathy may provide the key to promoting both moral reasoning and conceptual complexity to promote healthy counselor development through the implementation of empathy focused DPE interventions. This study is vitally important to the field because of the necessity for counseling students to grasp concepts and application of empathy from early in their learning process and to move through disequilibrating experiences to successfully reach higher developmental levels of moral and conceptual functioning. This study responds to the needs of counselors early in their professional preparation and proposes an intervention designed to strengthen beginning counseling students' capacity for empathy. Further, an empathy focus in counselor education and supervision could not

only more effectively promote counselor development but could serve to prevent future counselor distress and ineffectual performance in the field.

Ultimately, it is hoped an intentional focus on developing empathy functioning in counseling students from early in their preparatory programs will promote counselor development through increased capacity for empathy and multiple perspective taking and, as a result, will develop more adaptable and flexible responses to the complexities of their new role. This study will contribute to the body of research literature by providing a theoretical framework within which to examine the effects of enhanced empathy to best build conceptual complexity and principled reasoning in beginning counselors. Furthermore, this study proposes a sound DPE intervention aimed to inspire effective counselor instruction and supervision strategies aimed to enhance clinical counseling performance and produce long-term developmental effects in their professional environments.

CHAPTER FOUR

Intervention Design and Methodology

This chapter will describe the Empathy-Enhanced DPE (E2DPE) intervention

design. Topics to be discussed include: description of the intervention, the purpose of the

intervention, and instruction objectives and specific learning objectives. Next, this

chapter presents the curriculum design and a thorough description of the specific lesson

conceptualizations implemented in this study and researcher reflection notes aimed to

illustrate the participants' response to the intervention and explore any challenges to the

implementation phase of this study.

*Description of the Intervention*

*The Intervention*

First-year Master's level counseling students participated in a six month empathy-

enhanced curriculum infused within core counselor education coursework in a CACREP

accredited Counselor Education and Supervision program. Empathy-focused instruction,

reflection, and experiential active learning experiences were implemented into the

curricula of Techniques of Counseling, Theories of Counseling and Psychotherapy and

Supervised Practicum in Counseling for community, family, and school counseling

students. The DPE model for promoting cognitive development was incorporated into the

design as the method for providing structure to the implementation of the intervention.

The Empathy-Enhanced DPE (E2DPE) was designed and conducted by this researcher

who has an Education Specialist in Professional Counseling and is a Doctor of

Philosophy candidate in Counselor Education and Supervision. This researcher brings

over fourteen years of experience counseling in a variety of mental health and therapeutic

residential treatment settings. This researcher also trained the instructors, teaching interns and doctoral-level supervisors to facilitate the E2DPE as part of the instruction objectives of the core counseling courses. The intervention took place over the course of two semesters in a six month, focused intervention format that commenced at the beginning of September 2008 and concluded at the end of February 2009.

*Purpose of the Intervention*

    *Promoting development.* Throughout the entire intervention, the tenets of the DPE provided the structure to support the instructors and doctoral-level teaching interns and supervisors in implementing the concepts into their own style of nurturing the counseling students' growth and development. While supporting the students who experienced varying levels of anxiety and concern toward learning counseling skills and concepts, these facilitators were encouraged to promote the students' ability to view the experience of the client through empathy as a way to kindle the counselors' moral and conceptual development. The challenges of the intervention included the instruction of the complex construct of empathy and its integration into functions of intrapersonal resonance in the counseling students and interpersonal application as core therapeutic competencies.

    Mosher and Sprinthall (1971) developed the DPE approach to enhance the learning environment for learners beyond traditional teaching methods. This innovative approach evolved as a result of the work of Kohlberg and his recommendations for the role-taking experience to be present in intervention strategies aimed to enhance the learning experience for students (Kaiser & Ancellotti, 2003). This significant role-taking experience was incorporated into the DPE to bring a more intentional focus to raising the moral dimension of students as they prepared and accepted a genuine role of

responsibility for caring for the needs of others. Kohlberg suggested that counseling

sparks moral development not only in the client but also in the counselor because

listening requires the exercising of empathy and role-taking, important for both moral and

psychological growth (Hayes, 1994).

Neo-Kohlbergians expanded upon Kohlberg's work to provide more rich

description to the development of the Four Components, moral schemas that we access

and call upon when striving to solve moral dilemmas in our daily lives (Rest et al., 1999).

Through years of research, Rest et al. branched from the traditional stage theory of moral

development into more specific investigation of how we employ moral schemas as an

integrated process of moral functioning. Current research extending this work has

proposed a method for attributing the aspects of Rest's Four Components into an

instructional approach implementing Integrative Ethical Education (Narvaez, 2006), a

comprehensive model of promoting moral functioning using the DIT-2 to inform and

further clarify the constructs of ethical and moral reasoning. Specifically, Narvaez

assigned particular ethical skill sets to the four components in order to organize and

structure learning centered on raising moral development in an education setting. This

movement toward integrating modes of moral functioning through specific learning

objectives, such as understanding emotional expression, taking the perspective of others,

controlling social bias, or developing coping and resiliency, creates an array of topics to

be addressed in order for moral functioning to be raised whereas the DPE model of

promoting cognitive development serves as an over-arching method for facilitating the

content of moral education initiatives.

Supplemental to influences of moral education, the current study's DPE

intervention was informed by Hunt's instructional matching model (Harvey et al., 1971; Hunt, 1975) and proponents of training, instruction and facilitation of moral educational interventions informed the methods for supporting the active learning process of the trainee while also providing support for the trainers (Mayhew & King, 2008; Nerdrum & Ronnestad, 2002; Reiman & Dotger, 2008). The intervention implemented this approach to organize the learning environment for the students while providing meaningful support for the doctoral-level teaching interns and supervisors facilitating the intervention. Research illustrates the necessity for devoting attention and support to those carrying out the intervention along with the focus brought to the students as an innovative method of raising moral awareness for all involved (Reiman & Dotger).

This DPE method for promoting counselor development wove proponents to achieving significant gains in students' higher moral reasoning through intervention implementation. Thoma (2006) pointed to Rest's review of research (Rest, 1984) that assessed the effectiveness of moral education interventions, showing an effect size of .41 on DIT measures when compared to an effect size of .09 for comparison groups receiving no intervention. Mayhew and King (2008) proposed specific goals for morally-centered interventions, including careful and purposeful selection of moral content, promotion of active learning both in and out of the classroom, application of reflection as a leading pedagogical strategy for raising development, and intentional cultivation of the student-instructor interaction in order to create a safe learning environment. Specifically, the current study implemented empathy as the moral content, strived to create of a safe learning environment to elicit students' perceptions and questions throughout the process, encouraged continual and critical reflection on the topic of empathy as it related not only

to their didactic learning but also the active application of the construct in their practicum settings. Students also interacted in a specific exercise during which they were asked to select a partner with whom they were not familiar to encourage interaction with diverse peers, another important proponent to engaging in more challenging peer learning experiences (Mayhew & King).

Further, Reiman and Dotger (2008) proposed the importance of providing support and garnering facilitator ownership of moral interventions. An intervention primer describing the scholastic context of the study's theoretical framework and pedagogical approach and perspective of the researcher was provided to the instructors and supervisors (see Appendix E and Appendix F). This method of informing the instructors, teaching facilitators and doctoral supervisors of the research that supported the intervention and including the instructors in the intervention process served not only to ensure treatment fidelity but also to encourage discourse centered on raising the counseling students' development. This researcher provided examples of reflection responses to the facilitators to illustrate ways to promote the counseling students' contemplation as a way to bring continuity to our responses to the students while providing support to the facilitators. Particularly during supervision of practicum students, the doctoral supervisors carefully structured their supervision to provide an individualized, empathic approach (Nerdrum & Ronnestad, 2002) integrated into their supervision roles in accordance to supervision theory from a developmental perspective. This empathic approach toward not only the participants, but also the facilitators was important to creating a safe, supportive learning environment during a critical time of disequilibrium for the counseling students during the first few weeks of their practica.

Researchers acknowledge that the dissemination phase of any intervention holds copious complexities. Yet, a developmentally-based instruction framework such as the DPE provides sound and empirically supported means for delivering an intervention intended not only to provide knowledge but also to facilitate moral developmental growth through an interactive learning process to facilitate more complex reasoning (Foster & McAdams, 1998; Reiman & Dotger, 2008; Sprinthall et al., 2001) and moral sensitivity and postconventional reasoning in context of moral educative experiences (Mayhew & King, 2008). Further, in order to effectively facilitate innovative moral education and critical reflection through a developmental intervention, intervention instructors and facilitators must evaluate and hone their own ability to achieve gradual and carefully constructed guided reflection and listening agility to promote participatory discourse (Reiman & Dotger).

*Structuring the learning process.* The Techniques of Counseling class served as the primary course embodying the E2DPE curricula. Prior to each class throughout this course, the instructors and interns discussed the actual teaching approaches and assignments as a method of both matching the students' developmental needs and supporting the intervention facilitators in an open forum for sharing their affective experiences relating with the students. These weekly meetings were designed to raise the affective experiences of the instructors and provided the opportunity to organize didactic content and while grappling with effective instruction approaches that would best match the needs of the students to provide appropriate levels of matching and mismatching the level of challenge in order to promote the students' development. Through presentation of course concepts centered on the application of advanced empathy, the techniques

course instructors and doctoral teaching interns were able to receive more direct support as they naturally developed their own instructional style of facilitating counselor growth.

The E2DPE facilitators conducted ten lessons over the course of six months. The lesson topics were designed to draw out the construct of empathy through co-construction of the meaning of empathy, the differences between empathy, sympathy and pity, and person-centered concepts of the role of empathy in building and sustaining effective therapeutic relationship. Empathy was presented as part of the three conditions for therapeutic change to build upon the students' learning of person-centered theory, examining early film of Carl Rogers with Gloria in a client session aimed to highlight the application of empathy and other person-centered approaches with clients.

Experiential exercises were gradually implemented to provide a platform for active learning, continuous reflection, and personalization. Students were encouraged to share their own responses and experiences to personalize their learning, as DPE interventions provide greater impact to the learning experience through personally salient and emotionally engaging discourse, reflection and implementation of concepts (Manners et al., 2004). Further, the personalization of anxiety producing experiences can build greater sensitivity and long-term effects on managing personal distress and building moral responsiveness. Personalization was also designed to normalize counselor anxiety and explore ways to overcome over-arousal bias (Hoffman, 2000).

Additional topics covered in concert with the techniques course curriculum included discussion about ways empathy can be accessed, identification of other-oriented sensitivity, and application of empathic connection with clients through the reflection of feelings. Role-play instruction of empathy was applied through modeling. The instructors

and teaching interns modeled emotional responses then asked students to practice emotional responses in their small groups. This form of modeling was designed by the instructors to stimulate active learning through practice and discussion to help the counseling students explore a wide range of potential feeling-oriented reflections, thereby building more flexible ways of responding to clients. The small group leaders validated the students for striving to connect with their clients through empathic connection versus mere application of techniques. The exploration of reflecting client feelings, assessing incongruence in clients, and challenging clients lead to investigation of the personal distress counselors may experience when challenging clients in the counseling session.

*Building complexity.* Approximately one month into the first semester curriculum, graduated concepts of empathy, such as the cognitive and affective functions of empathy, were introduced. To build upon the students' foundational understanding of the meaning of empathy, Davis' (1980, 1983b) four factors of empathy were presented to provide scaffolding the previous concepts by structuring greater detail about the functions of empathy. These factors helped to guide the content of class discussions. For example, the topic of empathy expanded through discussion about the application of perspective taking to clarify the content of the client's story and draw common themes of the client's experience. Discussion about empathic concern was related to building an emotional connection with clients and brining personal context to the client's experience. The fantasy scale provided a platform to discuss use of the imagination to fully comprehend the client's world while personal distress served as a means for counselors to assessing client acuity and manage their own anxiety when faced with facilitating challenging client issues. As research has shown, personal distress should be managed in order to

effectively monitor one's own anxiety (Hassenstab, et al., 2007; Hoffman, 2000; Trusty et al., 2005) and proceed with responding to each client appropriately through de-centered empathy (McAuliffe & Lovell, 2006; Nerdrum & Ronnestad, 2003), respectfully keeping ownership of painful experiences and emotional needs with the client.

To further enhance the use of counseling students' imagination and to promote more complex conceptualizations, students were assigned to view films that portrayed counselors in a variety of roles and levels of appropriate therapeutic responses to their clients. This activity was implemented later in the semester in order to further build upon the basic techniques and theories the counseling students had learned to that point. In addition, this method aimed to activate empathic activity in the brain that is employed when one is learning through observation of skills, approach and demeanor (Keen, 2006). This activity further encouraged students to assess the counselors' clinical performance in the characters' movie role and differentiate between how the counselor characters engaged in empathy with clients and how they would approach clients differently.

*Overall Instruction Objectives*

The primary goal of the intervention was to enhance beginning counselors' capacity for empathy early in their counselor preparation as a way to engage moral functioning and to gradually introduce more complex conceptualization skills. Through the application of the central learning concept of empathy, the curriculum and focus of each lesson, observation, reflection, and experiential active learning exercise was designed to stimulate more complex conceptualizations and potential moral reasoning to tap into counseling students' sensitivity toward diverse client issues through specifically focused instruction on the concepts and factors of empathy. The curriculum and focus of

each training session was informed by research on intervention strategies aimed to raise empathy and carefully planned through consultation with the doctoral program director, the course instructors, and the teaching interns. Throughout the intervention, the instructors and teaching interns were continually conferred in order to both match the needs of the students in their phase of counselor development and raise any concerns or affective experiences of the intervention facilitators, an important aspect of training facilitators in social interventions that instills clarity and confidence in the process of implementation (Reiman & Dotger, 2008).

Specifically, empathy was introduced as an overarching concept then presented in increasingly complex concepts based on Davis' four factors of empathy as delineated in the Interpersonal Reactivity Index (Davis, 1980) and Hoffman's (2000) research on empathy as a moral underpinning of care and fairness through one's response of human concern and sensitivity toward another in distress. Additionally, Hoffman's concept of over-arousal bias was added to the curriculum in order for beginning counseling students to learn ways to manage their own personal anxiety when engaged in the process of responding to clients' distress to match the anxiety and fears of incompetence experienced by counselors early in their professional development. As such, empathy served as a central tenet for understanding and engaging the students' counseling skills as a competency for the functions of helping in their new role.

*Specific Learning Objectives*

The E2DPE involved several learning objectives for each student in order to optimize their learning experience and maintain a focused and deliberate safe and interactive environment in which each student was able to explore and integrate concepts

openly and thoughtfully. The intervention focus on empathy and its role in achieving and maintaining a sustained therapeutic relationship was designed to accomplish learning objectives, including:

1.  The students will be provided a safe, encouraging learning environment in which to share ideas, questions, and a range of experiences that would contribute to meaningful discussion centered on empathy and the role of the counselor in the helping relationship.

2.  The students will have weekly opportunities to learn concepts of empathy as they relate to course instruction on counseling techniques, theory and preparation for working with real clients.

3.  The students will learn basic techniques for facilitating individual counseling and the manner in which these basic techniques might also be applied in group, couples, or family counseling.

4.  The students will consider ways empathy relates to a variety of counseling theories.

5.  The students will be introduced to and learn the concepts of empathy in terms of the difference between empathy, sympathy and pity.

6.  The students will explore the impact of their emotional heritage on perceptions of clients, build a growing sensitivity for others and deepen personal self-awareness to manage their response to clients and to develop effective strategies for coping with challenging clients.

7.  The students will begin to deconstruct their previous perceptions of the role of a counselor from one who knows the answers to a role-taking experience as one

who engages empathy from within and extends a balance of moral sensitivity and fairness to support clients in finding their own answers.

8.  The students will be introduced to cognitive and emotional functioning involved in engaging empathy.

9.  The students will be introduced to the four factors of empathy in terms of perspective taking, empathic concern or emotional connection, fantasy or imagination and personal distress as it relates to both the client and the counselor (Davis, 1980).

10. The students will be introduced to the concepts of over-arousal bias and the potential for its hindrance of helping others in distress in the face of the challenges and demands of the counselor role, particularly as it applies to them in their professional developmental level and personal concerns as they are building their sense of professional identity and moral responsibility.

11. The students will explore ways to create a safe and open therapeutic environment in which to build a sustained empathic relationship through readings and reflections centered on the concepts and application of empathy.

12. The students will broaden the scope of their abilities as beginning counselors who move beyond application of mere counseling skills but who engage in contextual conceptualization of clients and respond through an enhanced capacity for empathy on both the intrapersonal and interpersonal level. This is intended to build the students resilience early in their development.

*Requirements*

The student counselors were asked to attend all classes and supervision sessions and to complete all of the assignments as course requirements. They were encouraged to participate in open classroom and small group discussions. Finally, they were expected to complete each reflection writing assignment every week and complete one reading assignment of their choice over the winter break in order to maintain the continual reflective process required of the DPE approach.

*Curriculum Design*

The curriculum infusion of empathy, as a central theme within the Techniques of Counseling and Supervised Practicum in Counseling and a select lesson in Theories of Counseling and Psychotherapy, was organized in a multimodal instructional approach. The following table organizes the instruction methods into sections of in-classroom and out-of-classroom experiences aimed to raise counselors' capacity for empathy, moral reasoning and sensitivity, and conceptual complexity.

*Facilitators and Supervisors*

The doctoral facilitators and supervisors of the intervention served an important function of providing the continuous praxis of action and reflection throughout the intervention. A total of 5 facilitators, one of whom was the researcher, were responsible for conveying concepts, reviewing and responding to the treatment students' reflections, and providing variable levels of support, challenge and reflection through a DPE matching model. The researcher supervised and provided oversight for 8 Doctoral-level supervisors who conducted both individual and group supervision for the treatment participants as they proceeded into their first counseling practicum during which time

they began to counsel real clients.

*Large Group Discussions*

Students engaged in large group discussions centered on empathy to build the interactive function of empathy the core method for connecting with clients, developing the relationship with clients, locating empathic feelings and thoughts related to perspective taking, extending empathic concern through emotional connection with clients and personal anxiety when faced with clients dealing with a range of difficult issues. These discussions were presented to match the developmental level of the students in more simple, concrete discussions and increased in complexity and challenge through the duration of the course. Discussion format included client dilemma discussions and case vignettes in order to train in recognizing client context, perspective, nuances, cultural and gender differences.

*Small Group Discussions*

Small group discussions consisted of a rotation loop of discussion, observation, specific facilitation and direct feedback to provide a range of optional ways the counseling students could tap and develop intrapersonal empathy toward simulated clients to engage empathy from within versus merely conveying it as a technique. Similarly, the counseling students were encouraged to examine what inner thoughts or feelings helped or hindered their ability to engage in empathy toward simulated clients who were different from or similar to them. Instructors and teaching interns further asked counseling students to consider how they were building interpersonal empathy as a way of conveying empathy toward clients and explored the challenges to showing empathy within these guided role-plays.

E2DPE facilitators conducted small groups that focused on the application of counseling skills to effect change and provide support for the healing process. Rather than being based on dilemmas presented from external vignettes, the dilemma approach was applied to the immediate learning environment as challenges and stressors arose for each of the students while they sought to apply techniques and theory to navigate the complex process of engaging with their client, both in role-play and real life. This technique has been effective in raising moral sensitivity in various helping professions (Bebeau, 2002) and it is hoped by the researchers that these small groups will enhance counselor empathy from early in their developmental process. The small group facilitators and supervisors carefully structured differential matching and mismatching to match optimal learning environments (Hunt, 1975; Sprinthall, 1994; Stoppard & Miller, 1985).

*Simulated Role-Play*

Beyond trading partners in small groups, the counseling students observed the instructors and teaching interns and participated in role-play exercises aimed to expose them to simulated client scenarios with which they have not had previous exposure. This instructional technique would be introduced gradually into the techniques course when the students are more prepared for this challenge. The instructors and teaching interns presented mini-sessions as the counselor and/or client while communicating to the class their thoughts and feelings as they arise both during the session and concluding the session simulation. These sessions were designed to model both techniques and the internal thoughts, feelings and choices of the counselor as a transparency pedagogy technique (Dollarhide, Smith & Lemberger, 2007) to raise counselor awareness and

explore the qualities of the client or issues presented that could prove challenging to building empathy with the client, such as resistance, multicultural, race, religious, sexual orientation or other views that are different from the counselor. Once they were ready, the counseling students engaged in this exercise as the client or counselor, observed by the instructors and the class in order to raise a level of awareness that included specific exploration developing empathy. The key aspect to this process was the pausing and processing portion of these simulated role-plays that allowed the students to personally experience the process of engaging in empathy as a way to fully join with the client, thereby letting go of the need to hold onto the techniques as sole methods of facilitating the session. In this manner, the students could also focus more intentionally on connecting with the client and less on social desirability and performance evaluation. Simulation training should be designed to go beyond teaching accurate behavioral empathy and support the intrapersonal functioning of empathy within the counseling student (Nerdrum & Ronnestad, 2003; Wear & Varley, 2008). In this manner, the simulation role-play exercises conduct empathy practice so that student counselors focus on conceptualizing the perspectives and emotions of their clients, thereby raising both moral sensitivity and conceptual complexity.

*Empathic Learning Through Film Observation*

Both during and outside the classroom, students were asked to view filmed sessions of counselors conducting therapy and movies including counselors whose characters portrayed various levels of empathy. This observation of films was implemented into the curriculum as a way to provide counseling students the opportunity to observe and critique counseling techniques and also activate students' imagination, as

part of empathic functioning through fantasy in art, film, poetry and literature (Davis, 1980), in order to engage mirror neurons in the brain that are especially active when engaging in empathy (Keen 2006). These exercises were implemented to explore ways of conveying empathy while engaging counseling students' ability to imagine themselves in the shoes of a counselor through empathy. As such, this exercise allows counseling students to build new schema through assimilation and accommodation to make meaning from these observations (Wadsworth, 1989) to differentiate and integrate a variety of empathic approaches with clients and, as a result, learn how to convey empathy in a more genuine, congruent manner. Filmed counseling sessions included the Carl Rogers Gloria session and other filmed counselor vignettes. Salient films used for observation, critique and empathic learning included Lars and the Real Girl, Good Will Hunting, and The Sixth Sense.

*Reflective Reading*

The course book used by the instructors and postings assigned for supplemental reading focused on empathy as an organic, evolving process of engaging empathy to achieve optimal resonance with the experience of the client while building a therapeutic counseling relationship. Readings included research and topic articles, books written by experienced counselors that described empathy as a part of the overall role of being a counselor, along with scenarios of counselor/client interactions that yielded consideration for the application of empathy and the capacity to effectively respond to clients' issues. Specifically, the students were asked to choose between *The Gift of Therapy* (Yalom, 2002) or *Escape from Babel* (Miller, Duncan & Hubbel, 1997) as readings recommended by the teaching interns as books that were helpful to them early in their counselor

preparation. Additional optional supplemental reflective readings were recommended, including *Man's Search for Meaning* (Frankl, 2006) and *The Art of Loving* (Fromm, 2006).

*Reflective Writing*

Continuous guided reflections in both journal form and online discussions with the treatment group focused specifically on topics related to empathy and present challenges to raise disequilibrium along with strong and purposeful support to provide encouragement to the counselor throughout the process and deepen the learning experience (Reiman, 1999; Sprinthall, 1994). Intervention facilitators will conduct weekly online guided discussion groups on the personal and professional challenges each counselor experiences when attempting to engage in empathy toward challenging clientele. One-to-one supervision provides developmentally matched support and reflection that allows proper opportunity for counselors to raise concerns and sort through dilemmas that may not have been properly addressed in the group supervision workshops. Carefully guided reflection is vital to enhancing one's capacity for perspective taking, a sign of counselor development (Foster & McAdams, 1998; Sprinthall, 1994). In addition, these one-to-one supervision sessions can be continued with supervisors beyond the conclusion of the proposed study.

Reflection served as a method of grounding the counseling students as they moved through states of disequilibrium. As the student became involved through the intervention, the facilitators were encouraged to guide their students' reflections in a way that was supportive yet facilitated new perspectives and ideas. This goal was aimed to move the participants' content from purely ventilating their stress toward a more

contemplative process of stepping back to reflect and make meaning of their assignments and practicum experiences in the larger personal and social context, a technique specifically applied to replicate the process drawn from previous DPE training interventions (Foster & McAdams, 1998; Merriam & Heuer, 1996). This approach was also implemented to assist the students in moderating their personal anxiety (Hassenstab, et al. 2007; Hoffman, 2000; Trusty, Ng & Watts, 2005).

Each student wrote about the concepts and experiences in the course to heighten constructive integration and deepen self-awareness. The instructors and this researcher planned the journal topics and provided strong personal support, guided reflection, and continual exploration. The instructors presented journal topics and carefully guided students' reflective processes by writing feedback and asking new questions to provide more support in the beginning then increase the level of challenge toward the middle into the end of the course. Following this format, the students were invited to respond to the feedback and questions as they came up to provide continuity in the scaffolding of concepts to facilitate more complexity. The journals were reviewed by the instructors and teaching interns assigned to that student. This researcher provided training in providing feedback and suggested general questions and discussion topics for consideration as each reviewer reads and responds to the journals to maintain consistency.

*Meaning Memos*

Memos were posted by this researcher, the teaching interns and the students to provide an open forum for the students to discuss the readings, grapple with concepts in meaning-making discussions surrounding the role of empathy in the helping relationship and the application of empathy as it relates specifically to the students in their practicum.

Some of the types of discussion points included aspects of intrapersonal and interpersonal awareness, recognition of differences between the client and the counselor, challenges to connecting with clients through empathy, and exploring ways to balance perspective taking, emotional recognition, empathic concern, and the management of their own personal anxiety while learning and implementing techniques to support and facilitate change in clients. Consequently, these topics, along with the immediacy of discussions centered on counseling-oriented dilemmas experienced in role-plays and with real clients, provided moral meaning discussions that surfaced in the here-and-now for the treatment group participants, providing further personalization of the meaning-making structures that would bring tangible learning to the complex construct of empathy.

<center>Description of Specific Lesson Conceptualizations</center>

*Large Group Discussions, Small Group Role-Plays and Reflections*

<center>**Conceptualization 1 – Defining Empathy, Sympathy and Pity**</center>

**Challenge 1 – Introduction of the Intervention**

*Researcher Notes:* The students were asked to participate in the intervention as part of this researcher's dissertation study. This process included an introduction to the general concepts of empathy. In addition, the students completed the IRI (Davis, 1980), the PCM (Hunt et al., 1978), and the DIT-2 (Center for the Study of Ethical Development, 2004). Taking these assessments initially challenged the students as they acclimated to the course and accepted the role of taking part in the empathy-enhanced curricular intervention.

**Reflection 1 – Differentiating Empathy, Sympathy and Pity**

Part A - Empathy, Sympathy, Pity

1) Explore and describe the concepts of empathy, sympathy, and pity. What is empathy? What is sympathy? What is pity? How are these concepts the same? How do they differ from each other?

2) Reflect on what might happen within you when you are engaging in empathy. What is happening with the client that might cause you to respond with empathy? What might get in the way of being fully empathic with a client?

Part B - What is your emotional heritage?

What did you learn about emotions and expressing them when you were growing up? How did interactions in your family inform the way you learned about emotional expression? What did you learn about who expresses emotion (i.e. female/male quality?) and when it is appropriate or was it discouraged?

*Researcher Notes:* This assignment was woven into the curriculum for the techniques course. Part A served as the empathy enhanced preparatory reflection portion that fit effectively with students' reflection upon their emotional heritage. This exercise also allowed for exploration beyond the text and was planned before the following class lesson in order to prepare the students to work with each other as an active learning exercise in the class. This pre-reflection allowed for the students to construct and anchor the meaning of empathy, sympathy and pity then, through differentiation and integration, formulate more functional definitions of these concepts in terms of their applicability to counseling.

**Lesson 1 – Defining Empathy, Sympathy and Pity**

Instructed in concepts of Empathy, Sympathy and Pity (see Part I); Small group exercise of 10/group, decided the best definitions for each word (one per group) then helped

students clarify the meaning of each concept, understand the similarities and delineating

the differences, and to explore the application of empathy to the client through cognitive

and emotional empathy.

**Meaning Memo 1**

As you continue to grapple with the distinctions of empathy, sympathy, and pity, these

definitions as we constructed them in class may assist you in clarifying them in your

mind:

**Empathy** ~ Your collective definition describes empathy as the understanding of a

positive or negative cognitive or emotional experience of another with the ability to

convey it back to that person, helping someone through a situation; the ability to step into

another's shoes or story. Here, empathy is the ability to recreate in one's mind the

emotional or cognitive state of mind of another human being and understanding the

fullness of that person's experience. Rogers defines it as an accurate, empathic

understanding of the client's awareness of his own experience – to sense the client's

private world as if it were your own with out ever losing the "as if" quality (Rogers,

2007), a form of respecting that the client's experience is their own and joining them in

exploring how they relate with others in their world. As your develop your moral

reasoning, empathy becomes the foundation for both justice and care by extending

fairness through compassion for others (Hoffman, 2000). Hoffman raises an important

discovery in his research ~ that empathy precedes the process of helping! Mehrabian and

Epstein (1972) defined *emotional empathy* as the ability to sense, feel, or vicariously

experience others' feelings and *cognitive empathy* as the capacity to understand others'

perspectives. Davis (1983a, 1983b) defines empathy as a balance of perspective taking,

empathic concern, managing one's own personal anxiety when seeing another in distress, and the ability to imagine and immerse oneself in an understanding of the fictitious world of another. Some research shows that *emotional empathy*, the level of one's ability to experience genuine, warm concern for others who are undergoing difficulty, is the only significant factor leading to client satisfaction and successful change outcomes!

**Sympathy** ~ Encarta World English Dictionary describes sympathy as the ability to enter into, understand, or share somebody else's feelings; the feeling or expression of pity or sorrow for the pain or distress of somebody else; the inclination to think or feel the same as somebody else. Sympathy speaks to the shared experience of sorrow, sadness, or grief or the feeling of compassion for another, often accompanied by the wish to see them better off or happier. According to the collective definition you constructed together in class, sympathy may not indicate one will help another ~ recognizing a difficult situation, compassion, feeling bad or sorry, having concern but having some difficulty relating to the fullness of the distress. Sympathy or compassion may surface as a result of the empathy. However, sympathy relates to our value judgments and understanding of what caused the suffering. On the other hand, empathy distinguishes itself as understanding the client's suffering through compassion but removes the need to know the cause or the need to have had such an experience ~ instead, we engage our imagination because we may not have experienced something so similar. Like Rogers clarified, he couldn't possibly know what to tell Gloria in terms of such a personal decision for herself but could relate to the struggle she was experiencing for accepting herself.... he could imagine, if he were in her shoes, that he would struggle too.

**Pity** ~ As we noted in class, pity is a form of connecting to another's situation or plight

but carries a hopelessness, inability, or unwillingness to help the person in distress. For you, this form of recognizing someone's distress holds a negative connotation, lending itself to self-pity, selfishness, or self involvement ~ one isn't taken out of the self, so pity lacks a connection. This might be both on the part of the one being pity bearer and the pity carrier! You also shared that this way of engaging in another's distress could reinforce their behavior or the victim stance of the client. This makes sense of you remember that empathy respects the client's experience as one's own and empowers the client by our being supportive to make new choices for themselves, whereas merely pitying them or being only sympathetic without taking in the fullness of their world, which includes strengths as well as struggles, could deter the client from movement toward healing or change.

As we continue to explore these concepts, we can work together to draw out your innate, natural capacity for empathy!

## Conceptualization 2 – Reflecting Content and Feelings

**Lesson 2 – Reflecting Feelings Through Empathy**

Reviewed a portion of the Carl Rogers Gloria Tape to show an example of the counselor seeking to fully understand the world of the client through empathy, unconditional positive regard and congruence. Further explored ways of understanding the clients' verbal and nonverbal communication through cognitive and emotional empathy.

**Reflection 2 – Identifying Rogers' Application of Empathy**

This week, reflect on Carl Rogers' session with Gloria from the video clip you saw in class.

1) What did you notice about his approach? What skills did he use (reflection of content, reflection of feelings, conveying empathy)?

2) What does he do to really get into the story Gloria presents to him and connect with her experience?

### Conceptualization 3 – Building a Therapeutic Relationship

**Lesson 3 – The Three Conditions for Therapeutic Change**

Instructed Person-Centered Theory in Theories of Counseling and Psychotherapy course lesson. Explored Carl Rogers' definitions of Empathy, Unconditional Positive Regard and Congruence (20 min). Reviewed Carl Rogers' Gloria Tape – Introduced the students to the concepts of person-centered theory as it relates to the concepts they are learning about empathy and viewed the session together and wrote out concepts and descriptions of empathy, unconditional positive regard, and congruence (40 min). Next, we processed the counseling session conducted by Carl Rogers. Further, we explored the students' humorous responses to Gloria as it related to their level of empathy, processed the emotions brought up in the students and considered ways to imagine her experience and manage their own feelings and expectations of the client.

*Researcher Notes:* The students raised some important considerations about Rogers' approach with Gloria in their reflections during the prior week. To anchor the students in their process of defining and differentiating empathy, sympathy and pity, the researcher decided to post the following group definitions onto the class Blackboard site, adding clarifications to assist them in distinguishing the nuances of each concept.

**Challenge 2 – Individual Midterm Tapings – Techniques Course**

*Researcher Notes:* The students were required to conduct their first official taping of their counseling skills over the course of two weeks. This raised the level of challenge to the course experience and the instructors and teaching interns were reminded of the level of support needed by students to meet this challenge.

<u>**Conceptualization 4 – Accessing and Conveying Empathy**</u>

**Lesson 4 – Reflection of Feelings, Summarizing and Conveying Empathy**

Instructor modeled reflection of feelings and summarizing in a role-play in front of the class. Explored how empathy was employed to learn more about the client and reflect the feelings back to the client to clarify the counselor's understanding of the client's emotional experience. Explored with the student volunteer how that student knew the counselor was bring empathic and showing her she understood her story. Emphasized to the students that the process of engaging empathy creates a safe place for the client to also explore their emotional experiences without judgment from the counselor. This also provided an opportunity for the instructors to introduce the notion of accessing empathy on an intrapersonal level while conveying empathy in the interpersonal process between the counselor and the client.

**Reflection 3 – Revisiting Empathy, Sympathy and Pity – Part II Application**

Please answer the following in 3-5 pages:

1) Tell us how you think your taping went and what you learned from it. Now that we are halfway through the semester, how would you describe your progress in terms of skills, confidence, and development as a new counselor? Reflect on your growth and any obstacles you are experiencing so far. What do you hope for from the second half of our class?

2) Please refer to Course Documents on Blackboard: Empathy, Sympathy and Pity ~ Definitions. As you clarify the similarities and differences of these concepts, how is your conceptualization of the counseling process itself changing? As you have been practicing reflecting content and feelings in the client, what is more difficult for you? What are some techniques you can use to help you get into the world of the client so you can engage in empathy for them?

<u>**Conceptualization 5 – Building Self and Other Awareness**</u>

**Reflection 4 – Stepping Into the Story, Assessing Emotional Landscape, Managing the Counselor's Anxiety**

1) Thinking about the issues discussed in class this week, tell us how your initial interview process and assessments can assist you in stepping into the story of the client and assess the fullness and context of your client's emotional landscape.

2) Next, think about the anxiety you have felt so far when conducting counseling in your role-plays. When you become anxious, what happens for you? What topics or scenarios might cause your anxiety or fears to come up for you when working with a client? How you would manage your own anxiety, fear or discomfort when helping a client?

**Lesson 5 – Personalizing the Client's Anxiety and Over-Arousal Bias**

**Exercise Introduction:** First, this researcher explained the need to record the session for my dissertation chair to review my work and for me to learn as I develop my teaching capabilities in order to ease the students' tension yet bring focused awareness to the intervention exercise. Introduced the idea that we want to explore how to develop our empathy beyond a discipline to internalization of empathy by personalizing how our clients may experience the therapeutic process.

**Exercise Instructions:** Began the exercise with instructions to follow only the directions of the facilitator. Encouraged the students to try their best to trust the exercise in order to set safety in the room. For the first step of the exercise, the facilitator asked students to pull out a piece of paper.

**Normalizing Anxiety:** Reviewed the anxieties the students have felt so far in learning and becoming counselors. Once the counseling students shared, asked them to write down something that they feared to reveal to others, something they disliked about themselves, something they believed others would judge them for if they knew this information about themselves, or something that happened that is a secret they would be afraid to share with others. Then, the facilitator asked the students where their anxiety level was.

**Provoking Anxiety:** Next, the facilitator asked the students to pass the piece of paper with the disclosure to the person on their right / to the other side of the room if they were on the very left side. The receivers of the piece of paper were told not to do anything with the piece of paper yet. At this point, the facilitator then explored with the class their levels of anxiety. Students shared varying levels of anxiety once again.

**Managing Anxiety:** Next, the students receiving the paper were asked to create safety for the person who gave them the disclosure setting additional safety. The facilitator checked in with the students about their anxiety level, connecting this to how their clients may feel when asked to explore and reveal their pain, struggles, and faults with them to heighten their moral sensitivity to their future clients. For the end of the exercise, the facilitator then asked the receiver to pass the paper back to the owner without opening the disclosure.

**Processing the Exercise:** The facilitator then processed the exercise and explained over

arousal bias (Hoffman, 2000) as anxiety that can hinder our ability to relate with and help

our clients.

*Researcher Notes:* This researcher recorded this particular exercise to provide visual

representation of this experiential instruction exercise to the dissertation chair for review

of the treatment fidelity. Although the filming of this portion of the intervention was not

purposefully intended to raise the level of challenge for the students, several students

shared comments indicating their anxiety about the class session being filmed. This

researcher explained the necessity of the filming of the class as an evaluation of this

researcher's teaching and provided assurance that the film was only for supervision

purposes. As such, in future experiential exercises, the use of filming the class should be

explained ahead of time if possible. However, the presence of the camera could have also

heightened the students' anxiety that was fitting for this particular experience.

This exercise was adapted from an exercise used to raise empathy through

provocations intended to bring personal connection to feeling the experience of another

(Ogle, 2008, unpublished dissertation.) During the normalizing anxiety part of the

exercise, the students shared varying levels from low, to middle, to high anxiety,

particularly because they were uncertain about what would happen with the disclosure.

Once the provoking anxiety portion ensued, several students reacted verbally with gasps,

laughing, and even a "No!" Some students reported feeling more trust as the process

continued, trust in the person to whom they handed the paper, and trust in the facilitator

since safety was created before the exercise began. One student emphasized that she was

able to move forward with the exercise because trust in the relationship established

between the facilitator and the students. Others expressed greater fear when they thought their disclosure could be revealed but some felt a level of acceptance once the paper was out of their hands. After the exercise, students processed the realization that some disclosures may not seem important or devastating from their view, but may be incredibly powerful or painful for the client.

## Conceptualization 6 – Managing Over-Arousal Bias

**Reflection 5 – Values, Inclinations, Concerns and Anxiety About Confronting Clients**

This week's reflection is now posted. Thank you for your contemplative and honest reflections. The time you take to step back and contemplate the process will enhance not only your self-awareness but also a sensitivity and perceptiveness toward understanding your clients!

1) Discuss your own values, inclinations, concerns or anxiety level in terms of confronting or challenging others, including clients.  Did your reading for this week, or our class work, affect your thinking about this in any way?

2) After you have read the chapter for next week, talk about at least one personal experience or attribute that might have therapeutic value if "self-disclosed" (shared).  To what extent would you be willing to share, and what would be your concerns about sharing appropriately?  Feel free to discuss one than one issue if you are comfortable doing so.

**Lesson 6 – Normalizing and Managing Counselor Anxiety**

The topic for this lesson included immediacy and self-disclosure, leading then to working with challenging or resistant clients and the use of immediacy in those situations. Each

professor and teaching intern shared about the clients or situations in counseling when we felt anxious and some of the ways we resolved the anxiety and or took care of ourselves. *Researcher Notes:* This provided both support for the counselors by normalizing that certain populations would be more difficult for them and reflection upon ways they might enhance their counseling effectiveness and self-care when feelings of anxiety, personal distress, or fear may play into their work with clients.

### Conceptualization 7 – Employing the Four Factors of Empathy

**Lesson 7 – Employing the Four Factors of Empathy**

Class topic focused on how to handle challenging or resistant clients through motivational interviewing and the manner in which Davis' four factors of empathy interplay with a theoretical approach. These four factors include perspective taking, emotional concern, counselor anxiety, and imagination. Reviewed how empathy works both internally as a way of being and externally as conveyed to the client through the interpersonal process.

**Reflection 6 – Identifying With Others Through Imagination; Connecting With Empathy and Personal Style of Counselors Portrayed in Film**

This is a two-week, two-part reflection. Each part reflection should be at least two pages. Watch the movie "Good Will Hunting" and at least one of these other two movies: "Sixth Sense" or "Lars and the Real Girl" (Client age levels presented in class.)

**Part One:** As you first watch the movies, "grade" the "counselor figure" according to our techniques skills rubric *and* assess how the counselor-client relationship was developed through empathy. How would you describe the relationship? Describe how they DO *and* DO NOT use the skills you have been learning and note if you observe a

particular theoretical orientation. Also, what do you like and dislike about their sessions?

**Part Two:** Choose one of the movies and imagine yourself as the counselor for that client. How confident would you feel about forming a positive therapeutic relationship based on their level of cooperation or resistance? What would be the challenges? How would you go about building empathy and trust? Are there areas of the client's "onion" that need further exploration in your mind? Which specific techniques skills you have been learning might be most useful in your work with this client? Finally, would there be a particular theoretical orientation you believe would work best? Why and how would it be an effective approach for this client?

<u>**Conceptualization 8 – Building Accurate Emotional Empathy**</u>

**Lesson 8 – Empathy Accuracy and Emotional Connection with Clients**

**Directions**

Rate your connection with your clients! Each of you will have a turn to practice your techniques and determine your level of empathic accuracy and emotional connection. Form pairs with someone who is not in your small group and who you don't know very well.

**Session Simulation**

**Clients:** Share for 15 minutes – something of personal concern, worry or struggle for you. Take a step further tonight to trust your counselor and talk about something that is a real struggle for you.

**Counselors:** Spend the 15 minutes focusing completely on your client. Get into the world of your client and what it is really like for them. Do everything you can to feel what they are feeling and understand what they are experiencing. During the 15 minutes, convey

their experience back to them with genuine concern and congruence between what they are feeling and what you are feeling as you hear their story.

**Process the Session & Evaluate the Counselor's Empathy**

**Clients:** After the 15 minutes is complete, rate your counselor on how connected you believe your counselor became with you through genuine acceptance, accurate empathy, and being emotionally connected with your experience. Be honest and specific! How accurate were they in conveying your experience? Rate on a scale of 1-10 then let them know 2-3 detailed examples of what they did to reach a deep level of connection and acceptance with you, particularly paying attention if there was a moment you felt the connection. Then, identify 1-2 suggestions that might enhance their ability to connect with you.

**Counselors:** After the 15 minutes, rate yourself on a scale from 1-10 on how connected you think you became with the client. List the verbal cues or non-verbal communication you picked up on that helped you form a deeper connection with them. Next, list any emotions were you felt or any other emotions that came up for you that perhaps weren't felt by your client. What was that like for you? Then, name 1-2 ways you managed to stay focused and centered on your client's experience despite what came up for you. Then, compare notes with each other. Share with the class how the exercise may assist you in reaching a deeper connection with your clients.

*Researcher Notes:* This exercise had the class engaged and interactive with each other as a larger group. This provided them with an opportunity to see how they might respond to a new "client" in dyads through a focus on connecting with their clients through empathy. The class shared that this exercised assisted them in letting go of the self-evaluation

thinking going on for them and focus more on being with the client and getting into the world of the client. Some students identified how they saw the story as similar to something they experienced and learned they needed to work toward avoiding assumptions and staying focused on the details of the "client's" story. The students also shared they could see a moment when they might slip out of the counselor role and become more of a peer through a shared experience, so found they needed to shift their focus back toward staying grounded in the function as a counselor. One "client" shared that they could see their counselor knew about their story and could relate but felt the "counselor" didn't jump to conclusions and was able to stay paced with their own experience, refraining from moving them too fast or making connections for them. One student also identified that she experienced some anxiety when hearing about the "client's" story but was able to note that was her own emotion and, following the directions, worked toward focusing on forming a therapeutic connection with the client and moving toward a more allocentric empathy.

**Challenge 3 – Individual Final Exam Tapings – Techniques Course**

**Conceptualization 9 – The Value of Empathy in the Therapeutic Relationship**

**Reflection 7 – Empathy and the Value to the Counseling Relationship**

As this semester comes to a close, tell us about what you feel you have gained from this class. What do you now see as your strengths for a (counseling) career? What do you see as your biggest challenges and areas for further development? Describe your goals as you continue in your (counseling) program. What understanding do you now have about empathy and its value to the counseling relationship?

**Conceptualization 10 – Personalizing Empathy to Your Own Approach**

**Reflection 8 – Contemplation of Empathy and Being a Counselor**

Hello, everyone!

As I mentioned in the techniques course, there is one assignment over the winter break. The purpose of this assignment is to keep you engaged in the process of reflecting on being a counselor. Since you have worked so hard on completing your reflections in writing, this assignment is intended to allow for further reflection in a more contemplative, relaxed state. You will be asked to share your thoughts and opinions on the reading in your first individual supervision session with your doctoral supervisor. The optional readings (or the one you don't read in the required readings) are offered to you as a list of other books that have been helpful to some of us in our development as counselors.

Choose 1 from the 2 following books to read:

> *The Gift of Therapy* – Yalom

> *Escape from Babel* – Miller, Duncan, Hubbel

Optional:

> *Man's Search for Meaning* – Viktor Frankel

> *The Art of Loving* – Eric Fromm

We hope you will enjoy the reading as a way to center yourselves in the interpersonal process of counseling/healing on a contemplative level. We wish you a relaxing and rejuvenating winter break and look forward to seeing you in January!

*Researcher Notes:* Though some of the participants complained about the requirement to read during the break, many of them reported actually enjoying the readings once they discovered they were more relaxed and contemplative in style. Some of the students even

shared they would read three or four of the readings on a continual basis. The topic itself

provided an opportunity for the practicum student and doctoral supervisor to start on

common ground with a reading that sparked discussion centered on empathy, alternative

philosophical approaches to help, healing and the counseling relationship, and helped to

bring intentional discussion related to the counseling students' goals for counseling.

*Individual Supervision, Large and Small Group Supervision and Reflections*

**Conceptualization 11 – The Moral Responsibility of Helping**

**Challenge 4 – Preparation Phase for Counseling Real Clients – Practicum Course**

**Reflection 9 – Rising to the Responsibility of Facilitating Change and Healing**

As you reflect on the role of a counselor, in what ways will you rise to the responsibility

to reach a connection with your clients, understand their experience, and help them most

effectively to facilitate change and healing? What are some of the difficulties you see

with being able extend both sensitivity and fairness toward your clients?

**Meaning Memo 2**

Online processing between the students of a journal reflection centered on the students'

experiences of engaging in empathy with clients at their new practicum sites and a review

of the concepts of empathy, building a helping relationship with their clients, providing a

balance of fairness and care toward their clients, and the manner in which they will rise to

the responsibility of being a counselor.

*Researcher Notes:* This was the first time the students interacted online in discussions

centered on empathy concepts to provide more direct interaction and active learning

between the students. Some of the students shared perceived the empathy reflection

process to cause additional work, however, the supervisors provided additional support,

understanding, and explained this was merely woven into the curriculum as one of many

topics important to meet the needs of the supervisees. A few students expressed they

were experiencing an increased level of anxiety and, for some, even frustration

surrounding the content of the practicum course. The experience of a wide range of

feelings was expected at this point in the intervention, which was one of the primary

reasons this researcher emphasized the need to carry the E2DPE through the first six

weeks of the Supervised Practicum Course in order to meet this level of heightened

emotional fluctuation resulting in disequilibrium. The goal for this researcher was to

support the doctoral supervisors in their process of instilling high levels of support for

their supervisees and process challenges as they arose during our weekly doctoral

supervision course groups.

**Conceptualization 12 – Final Integration of Practical Application of Empathy**

**Challenge 5 – Engagement Phase of Counseling Real Clients – Practicum Course**

**Reflection 10 – Assessing Meaningful Engagement and the Complexities of Empathy**

Now that you have been counseling clients in the field during your practicum, what are

the ways you believe you have been able to engage in empathy in a way that is truly

meaningful to the client? What are some of the complexities to extending empathy in

sessions with clients? What are areas you would like to continue to enhance as you

develop your ability to connect with your clients?

**Meaning Memo 3**

Online processing guided by this researcher as a culminating, final reflection centered on

the experience of engaging in empathy with real clients at their practicum sites and a

review of the concepts of empathy, building meaningful, facilitative and sustained

therapeutic relationships with their clients now and in the future. Supplementing this interactive guided reflection process, the individual and small group supervisors also read the reflections, provided feedback, and discussed these topics in group and individual supervision sessions.

*Researcher Notes:* During final week, a challenge in disseminating the instructions to the intervention arose. After sending reminders and careful instructions to implementing the E2DPE, the group and individual supervisors seemed to need additional time or instruction to provide consistent reflection assignments and clear expectations of the practicum students. Part of the challenge was inherent in the blend of group and individual supervisors, some of whom where individual supervisors for school students but may have served as the large or small group supervisor to the community students. In other cases, some of the group and individual supervisors were not required to attend the weekly doctoral supervision groups, which allowed for greater potential for missed opportunities to communicate.

CHAPTER FIVE

Results

This chapter presents the statistical analyses conducted to determine the outcomes

for the current study including a detailed description of the sample, the design of the

study, and descriptive statistics for both the treatment and comparison groups. Next, a

description of each instrument, normative scores, and a discussion of scores by group will

be presented. A description of data analyses will be presented followed by a formal

analysis of the research hypotheses. Finally, results of the statistical analyses will be

reported.

*Description of the Study*

The current study investigated the impact of an E2DPE intervention on the

treatment group's empathy, conceptual complexity and moral functioning. Statistical

analyses were conducted to compare the treatment and comparison group. The treatment

group was comprised of 29 first-year counseling students selected from a CACREP

accredited counselor education and supervision program in Southeastern Virginia. The

comparison group was comprised of 43 first-year counseling students selected from two

courses located at an alternate university counseling program meeting CACREP

accredited counselor education and supervision standards in Southeastern Virginia.

This study implemented a quasi-experimental pre-test, post-test non-equivalent

control group design. Participants were pre-tested once at the beginning of the fall

semester prior to the intervention and once at the conclusion. The principal researcher

presented the purposes of the study, allowing time for all participants to complete the

informed consent forms and demographic information and empathy questionnaires. Next,

three instruments were administered, including the Interpersonal Reactivity Index (IRI), the Defining Issues Test – 2 (DIT-2), and the Paragraph Completion Method (PCM). The treatment group participated in a 6 month empathy-enhanced DPE intervention (E2DPE) planned by the principal researcher and implemented in three core counseling curricula components. The E2DPE intervention was infused into the instruction, reflection assignment and experiential small group exercise portions of the Techniques of Counseling course, the instruction of the Theories of Counseling and Psychotherapy course, and the instruction, reflection assignments and both individual and group supervision portions of the Supervised Practicum in Counseling course. The intervention group participated in the E2DPE intervention previously described in Chapter Four. The comparison group completed a traditional Techniques of Counseling course in a similar CACREP counselor education program during the fall of 2008. Both classes completing this course offered at this university were selected for the study in anticipation of sampling mortality upon collection of post-test data, as the course groupings did not follow a cohort model, therefore not offering a guaranteed similar grouping of the participants in the spring semester.

*Demographic Statistics*

*Total Experimental and Control Group Pre-Test Sample*

Demographic data were collected using the demographic information and empathy training questionnaire (see Appendix B). A total of 72 first-year Master's counseling students ($N = 72$) located at two CACREP accredited counselor education and supervision programs were present during the pre-test data collection, 43 participants ($n = 43$) in the comparison group and 29 participants ($n = 29$) in the treatment group. The two

groups were located at separate CACREP counselor education programs.

*Gender.* The total pre-test sample consisted of 65 females ($n = 65$) and 7 males ($n = 7$). At pre-test administration, the treatment group contained nearly double the number of male students represented in the comparison group. The pre-test comparison group comprised 93.0% ($n = 40$) female and 7.0% ($n = 3$) male participants. The pre-test treatment group consisted of 86.2% ($n = 25$) female and 13.8% ($n = 4$) male participants.

*Race.* The total pre-test sample contained 53 White / Caucasian / European Americans, 12 Black / African Americans, 3 Bi-Racial / Other participants, 2 Latino / Hispanic / Mexican Americans, and 2 Asian / Asian Americans. The comparison group was comprised of a slightly wider range of racial and ethnic groups at pre-test administration.

*Age.* The total pre-test sample age was collected in categorical form but was improperly listed. Age was categorized in increments of 10 years and one category overlapped with another, thereby confusing the data collection of age demographics at the pre-test data collection. The treatment and comparison group ages of participants who completed the study is found in the Treatment and Comparison Groups Completing the Study section.

*Previous empathy training.* In the total pre-test sample, all participants completed the demographic information and empathy training questionnaire (see Appendix B) in addition to the three instruments administered for this study at the pre-test administration. Prior to this study, of the total pre-test comparison group participants ($n = 43$), 7 participants, or 16.3% reported they had completed previous empathy training, while 36 participants, or 83.7% in this group did not report completing any previous empathy-

specific training. In the total pre-test treatment group participants ($n = 29$), 2 participants, or 6.9%, reported completion of previous empathy training, whereas 27 participants, or 93.1% in this group did not report any previous empathy training. These data show that the comparison group displayed a slightly higher level of previous empathy training prior to participating in this study and, therefore, could show a stronger performance on measurements yielding empathy indicators.

Next, a summary of demographics of the total pre-test sample is presented (see Table 5.1).

Table 5.1

*Summary of Demographics of the Total Pre-Test Sample*

| Variable | Treatment | | Comparison | |
|---|---|---|---|---|
| | Percentage | *n* | Percentage | *n* |
| Gender | | | | |
| Female | 86.2% | 25 | 93.0% | 40 |
| Male | 13.8% | 4 | 7.0% | 3 |
| Race | | | | |
| White / Caucasian / European American | 82.8% | 24 | 67.4% | 29 |
| Black / African American | 10.3% | 3 | 20.9% | 9 |
| Bi-Racial / Other | 3.4% | 1 | 6.9% | 2 |
| Latino / Hispanic / Mexican American | 0.0% | 0 | 6.9% | 2 |
| Asian / Asian American | 3.4% | 1 | 2.3% | 1 |
| Previous Empathy Training | | | | |
| No | 93.1% | 27 | 83.7% | 36 |
| Yes | 6.9% | 2 | 16.3% | 7 |

Note. Pre-Test *N*=72 (comparison *n*=43; treatment *n*=29). Post-Test *N*=53 (comparison *n*=26; treatment *n*=27).

*Sample Mortality*

The final total sample size in the current study was 53 ($N = 53$), or 73.6% of the

original total sample first-year Master's counseling students located at the two CACREP

accredited counselor education and supervision programs. Two students (n = 2) from the

treatment group exited the study. Of these participants, 1 female student (n = 1) did not

enroll in the second semester practicum course portion of the intervention and 1 female

student (n = 1) left the counseling program at the conclusion of the fall semester.

Therefore, these students were unable to complete the intervention and post-test

assessments. Nonetheless, 27 participants (n = 27), or 93.1% of the original treatment

group participants completed the full intervention and post-test assessments.

Of the comparison pre-test group, 17 participants ($n = 17$) did not return for post-

test data collection, therefore preventing them from being assessed for potential changes

on the three measurements used in this study, leading to 60.5% of the original

comparison group participants completing the study. This mortality rate was anticipated

before testing began at the beginning of the study, as participants were completing the

pre-test and post-test measurements on a volunteer basis. In addition, some students in

the comparison group were not accepted into the program at the comparison university,

which may have influenced the willingness of the participants to complete the post-

testing during the spring semester.

*Scoring Procedures*

Two of the measurements were scored solely by the principal researcher. The IRI

was scored according to the instructions of points assigned from 0-4 on the 5-point Likert

scale, including 9 reverse-order scores. Then, IRI overall score and the subscales were

totaled. The PCM was scored following extensive instructions according to the test manual. Each participant's identity was hidden on the cover sheet then turned over before scoring began. Next, the instruments from the treatment group and comparison group were shuffled blindly before scoring each item to protect bias toward any particular response beyond the instructions provided in the manual. Once all DIT-2 pre-test and post-test instruments were collected from both groups, they were sent to the Center for Ethical Studies located at the University of Alabama for scan-tron scoring and initial statistical analysis of moral developmental outcomes, including the N2 scores.

*Analysis of Pre-Test Scores of Completion and Non-Completion Comparison Group Participants*

Once the descriptive data were analyzed, this researcher investigated whether the mortality of the comparison group beginning counseling students completing the study ($n$ = 26) showed significantly different pre-test scores on the IRI, PCM and DIT-2 than the non-completion comparison group participants ($n$ = 17). In order to investigate the potential impact of mortality in the comparison group, the pretest scores on the dependent measures of those who remained and those who left the study were compared. To compare the pre-test scores for both groups, an independent-measures t-Test was performed for each measurement (see Table 5.2). The results showed no significant differences on pretest scores on the dependent measures of those who remained in the study and those who left the study, allowing scores of the participants remaining in the study to statistically represent the entire comparison group.

Table 5.2

*Independent Samples t-Test Analysis of Comparison Group Mortality*

| Pre-Test tailed) Variable | Not Completed *M / SD* | Completed *M / SD* | *t* | *df* | Sig. (2- |
|---|---|---|---|---|---|
| IRI Total | 72.58 / 11.36 | 72.76 / 9.38 | -.057 | 41 | .955 |
| PT Scale | 19.46 / 4.06 | 19.71 / 3.00 | .213 | 41 | .833 |
| FS Scale | 19.42 / 6.21 | 18.71 / 5.00 | .399 | 41 | .692 |
| EC Scale | 22.62 / 3.96 | 23.65 / 3.00 | -.947 | 41 | .349 |
| PD Scale | 11.08 / 3.44 | 10.71 / 3.10 | .359 | 41 | .721 |
| PCM Total | 1.93 / 0.51 | 1.971 / 0.45 | -.261 | 41 | .795 |
| DIT-2 N2 | 39.38 / 11.61 | 35.78 / 12.56 | .947 | 40 | .350 |

Note. Pre-Test *N*=72 (comparison *n*=43; treatment *n*=29). Post-Test *N*=53 (comparison *n*=26; treatment *n*=27). Equal Variances Assumed.

The following sections provide descriptive data on the pre-test sample and the post-test sample of both intervention and comparison group participants.

*Treatment and Comparison Group Sample Completing the Study*

A total of 27 participants (*n* = 27) in the treatment group and 26 participants (*n* = 26) in the comparison group completed the study.

*Gender.* The post-test comparison group consisted of 96.2% (*n* = 25) females and 3.8% (*n* = 1) male participants. The post-test treatment group comprised of 85.2% (*n* = 23) female and 14.8% (*n* = 4) male participants.

*Race.* The post-test sample contained 40 White / Caucasian / European Americans, 8 Black / African Americans, 2 Bi-Racial / Other participants, 1 Latino / Hispanic / Mexican Americans, and 2 Asian / Asian Americans. The treatment group and comparison group were comprised of a slightly closer shared range of racial and ethnic

groups at post-test administration but were not equally distributed by race

Age. The post-test sample of participants who completed the study ranged from age

22 to 50 years ($M = 25.74$, $SD = 6.410$). The post-test comparison group age ranged from

22 to 50 years of age ($M = 26.46$, $SD = 7.123$) and the treatment group age ranged from

22 to 44 years of age ($M = 25.04$, $SD = 5.687$) (see Table 5.3).

Table 5.3

*Age (M and SD.) of Sample*

|  | N | Minimum | Maximum | Mean | Standard Deviation |
|---|---|---|---|---|---|
| Age | 53 | 22 | 50 | 25.74 | 6.410 |
| Valid N (listwise) | 53 | | | | |
| Comparison Age | 26 | 22 | 50 | 26.46 | 7.123 |
| Valid N (listwise) | 26 | | | | |
| Treatment Age | 27 | 22 | 44 | 25.04 | 5.687 |
| Valid N (listwise) | 27 | | | | |

Note. Pre-Test $N=72$ (comparison $n=43$; treatment $n=29$). Post-Test $N=53$ (comparison $n=26$; treatment $n=27$).

*Previous empathy training.* Treatment group participants who completed the

study but had no previous empathy training consisted of 92.6% ($n = 25$) of that group. In

the comparison group, 80.8% ($n = 21$) had not completed previous empathy training.

There was minimal change in the previous empathy training in the treatment group from

pre-test to post-test. However, there was a slight increase in the comparison group

previous empathy training rising to nearly 20% having completed previous empathy

training. This percentage of comparison group previous empathy training could positively

influence their empathy scores at the post-test measurement. Next, a summary of

demographics of post-test groups completing the study is presented (see Table 5.4).

Table 5.4

*Summary of Demographics of the Post-Test Sample*

| | Treatment | | Comparison | |
|---|---|---|---|---|
| Variable | Percentage | *n* | Percentage | *n* |
| Gender | | | | |
| Female | 85.2% | 23 | 96.2% | 25 |
| Male | 14.8% | 4 | 3.8% | 1 |
| Race | | | | |
| White / Caucasian / European American | 81.5% | 22 | 69.2% | 18 |
| Black / African American | 11.1% | 3 | 19.2% | 5 |
| Bi-Racial / Other | 3.7% | 1 | 3.9% | 1 |
| Latino / Hispanic / Mexican American | 0.0% | 0 | 3.9% | 1 |
| Asian / Asian American | 3.7% | 1 | 3.9% | 1 |
| Previous Empathy Training: Post-Test | | | | |
| No | 92.6% | 25 | 80.8% | 21 |
| Yes | 7.4% | 2 | 19.2% | 5 |

Note. Pre-Test *N*=72 (comparison *n*=43; treatment *n*=29). Post-Test *N*=53 (comparison *n*=26; treatment *n*=27).

*Education Level*

Most of the 72 pre-test participants, including both the students in the treatment

group and the comparison group, were engaged in the study of counseling between the

first month to the seventh month of their counselor education program. At the pre-test

assessment, 66 students were enrolled in their counselor education programs for the first

time and had completed approximately 1 month of study at the pre-test administration,

completing approximately 7 months of study by the end of the 6 month intervention. In

the treatment group, 1 student, or 3.4%, reported completion of 6 months of counseling

coursework prior to the intervention, however, began the Techniques of Counseling

course along with the remainder of their classmates in the fall semester.

In the comparison group, five students, or 11.6%, reported completion of previous

graduate level coursework and education before beginning the E2DPE intervention. Of

these participants, three students, or 6.9%, reported being enrolled in 6-14 months of

counseling coursework prior to the intervention commencement and one student reported

completion of a Master's degree in Nursing and one student reported completion of both

a Master's degree in Art History and a Juris Doctor degree. The educational demographic

data show that the comparison group entered the intervention with more exposure to

education and counseling related concepts prior to the beginning of the intervention,

potentially giving them more time to grasp concepts related to counseling, empathy, the

helping professions prior to the pre-test administration.

*Mean Instrument Scores*

This section will present the results of the pre-test and post-test scores within the

treatment group and the comparison groups who completed the study on the following

instruments: the Interpersonal Reactivity Index (IRI), the Defining Issues Test – 2 (DIT-

2), and the Paragraph Completion Method (PCM). Subscales of the IRI, including

Perspective Taking (PT), Fantasy Scale (FS), Empathic Concern (EC), and Personal

Distress (PD) will also be reported. In addition, the N-2 index scores of the DIT-2 will be

presented. A description of what the instruments measure, normative data of the instruments, and the score results for each group will be offered.

*Interpersonal Reactivity Index*

The Interpersonal Reactivity Index (IRI) consists of four subscales embedded within a 28-item self-rated Likert-scale, including the Perspective Taking (PT), Fantasy (FS), Empathic Concern (EC), and Personal Distress (PD) subscales. The mean scores from the total score and four subscales for the treatment group and comparison group in this study are presented in Table 5.5. The comparison group IRI total pre-test and post-test score ranges for males $M = 71.67$ pre-test to $M = 67.50$ post-test and females $M = 72.78$ pre-test to $M = 72.67$ post-test higher than the norm of $M = 61.01$ for men and $M = 70.66$ for women. The treatment group also showed higher scores than the normative data on IRI, showing total IRI scores of $M = 62.25$ pre-test to $M = 64.00$ post-test for males and $M = 76.92$ pre-test and $M = 76.17$ post-test for females. These measures could indicate a propensity for counseling students to possess higher empathy attributes and better management of personal distress from the start, suggesting the measurement could yield an assessment of trait empathy versus an ability to detect changes as a result of the intervention.

*Paragraph Completion Method*

The Paragraph Completion Method (PCM) that measures conceptual complexity level (CL). This instrument presents 6 semi-projective sentence stems to which testers respond by writing a short paragraph related to the subject matter of the item. The CL ranges from 0-3, with the tester being able to score in increments of .5 on each item. The mean scores derived from the total PCM score for the treatment group and comparison

group in this study are presented in Table 5.5. The comparison group scored $M = 1.95$

pre-test and $M = 2.04$ post-test, falling just above the range of graduate students found in

the normative data ($M = 1.82$ to $M = 1.93$). The treatment group mean scores of $M = 2.21$

pre-test and $M = 2.36$ post-test were also higher than graduate students in the norms set

for this measurement.

*Defining Issues Test – 2*

The Defining Issues Test – 2 (DIT-2) produces an N2 score that indexes moral

developmental shifts or gains in postconventional reasoning. The mean scores derived

from the N2 score for the treatment group and comparison group in this study are

presented in Table 5.5. The comparison group mean scores at the pre-test measurement

($M = 39.98$, $SD = 11.61$) were comparable to the mean for typical Master's degree

students ($M = 40.56$, $SD = 15.06$) and higher on the post-test measurement ($M = 45.48$,

$SD = 12.75$) as defined by the normative data for the DIT-2. The treatment group mean

scores ($M = 44.60$, $SD = 11.46$) were higher than the normative mean scores for Master's

degree students at the pre-test measurements and retained this level of postconventional

reasoning as measured by the N2 at the post-test ($M = 44.13$, $SD = 12.81$).

Table 5.5

*Comparison Group and Treatment Group Mean Instrument Scores*

| Variable | Comparison | | Treatment | |
|---|---|---|---|---|
| | Pre-Test    /    Post -Test | | Pre-Test    /    Post -Test | |
| | *M / SD* | *M / SD* | *M / SD* | *M / SD* |
| IRI Total | 72.65 / 10.50 | 72.27 / 10.74 | 74.90 / 10.62 | 74.37 / 9.39 |
| PT Scale | 19.56 / 3.64 | 19.38 / 4.11 | 20.48 / 4.86 | 21.48 / 3.88 |
| FS Scale | 19.14 / 5.71 | 19.08 / 6.32 | 21.48 / 4.36 | 21.52 / 4.67 |
| EC Scale | 23.02 / 3.49 | 21.92 / 3.40 | 22.62 / 4.00 | 23.11 / 3.45 |
| PD Scale | 10.93 / 3.28 | 11.88 / 4.07 | 10.31 / 4.91 | 8.26 / 4.64 |
| PCM Total | 1.95 / 0.48 | 2.04 / 0.28 | 2.21 / 0.49 | 2.36 / 0.33 |
| DIT-2 N2 | 39.38 / 11.61 | 45.48 / 12.75 | 44.60 / 11.46 | 44.13 / 12.81 |

Note. Pre-Test $N$=72 (comparison $n$=43; treatment $n$=29). Post-Test $N$=53 (comparison $n$=26; treatment $n$=27). Equal Variances Assumed.

Next, a formal analysis of the research hypotheses and analysis results will be presented and discussed in the following sections.

Formal Analysis of Research Hypotheses

*Research Hypotheses*

Hypothesis 1:

Beginning counseling students' IRI scores will increase significantly after participating in a six-month E2DPE intervention whereas the comparison group receiving no E2DPE intervention will show no significant increase in IRI scores.

Hypothesis 2:

Beginning counseling students participating in the six-month E2DPE will show significantly higher conceptual complexity level scores as measured by the PCM whereas

the comparison group PCM scores will show no significant increase as measured by the

PCM.

Hypothesis 3:

Beginning counseling students' DIT-2 N2 scores will increase significantly after

participating in the six-month E2DPE whereas the comparison group as measured by the

DIT-2 will show no significant increase in N2 scores.

## Results

*Repeated Measures MANOVA*

Hypothesis 1:

A 2 x 2 repeated measures MANOVA was conducted to test if the effects of the

E2DPE significantly raised empathy in beginning counseling students as measured by the

total IRI score and the PT, FS, EC and PD subscale scores. This statistical analysis

revealed no significant effect for Time $[F(4, 48) = .440, p = .779]$, Group $[F(4, 48) =$

$2.208, p = .082]$ or the Time by Group interaction $[F(4, 48) = 2.450, p = .059]$ (see Table

5.6). Based on these statistical results, the treatment group did not increase significantly

in empathy as measured by the IRI when compared to the control group receiving no

E2DPE intervention.

Table 5.6

*Repeated Measures MANOVA for IRI, PT, FS, EC and PD Scores*

Multivariate [b,c]

| Effect | | Value | F | Hypothesis df | Error df | Sig. |
|--------|--|-------|---|---------------|----------|------|
| Group | Pillai's Trace | .155 | 2.208 | 4 | 48 | .082 |
| Time | Pillai's Trace | .035 | .440[a] | 4 | 48 | .779 |
| Time * Group | Pillai's Trace | .170 | 2.450[a] | 4 | 48 | .059 |

a. Exact Statistic
b. Design: Intercept + Group
   Between Subjects Design: Group
   Within Subjects Design: Time
c. Tests are based on averaged variables.

*Repeated Measures ANOVA*

Hypothesis 2:

A 2 X 2 repeated measures ANOVA was conducted to test whether the effects of the E2DPE significantly raised conceptual complexity as measured by the PCM for the treatment group compared to the control group receiving no empathy-enhanced intervention. The analysis showed a significant effect for Group [$F$ (1, 51) = 10.647, $p$ = .002] and Time [$F$ (1, 51) = 4.276, $p$ = .044] but no significant effect for Time by Group interaction [$F$ (1, 51) = .061, $p$ = .805] (see Table 5.7). This statistical analysis showed that both groups' scores on the PCM significantly increased over the course of the six months of the study, along with showing significant differences between the two groups.

However, the effect of the E2DPE, as analyzed by the Time by Group interaction did not

contribute significantly to this growth in conceptual complexity as exhibited by the

significant increases in both the treatment group and the comparison group.

Table 5.7

*Repeated Measures ANOVA of PCM Scores – Summary of F Statistics*

Tests of Between Subjects

Measure: cl
Transformed Variable:
Average

| Source | Type III SS | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Group | 2.543 | 1 | 2.543 | 10.647 | .002 |
| Error | 12.181 | 51 | .239 | | |

Tests of Within Subjects

Measure: cl

| Source | | Type III SS | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| Time | Sphericity Assumed | .397 | 1 | .397 | 4.276 | .044 |
| Time * Group | Sphericity Assumed | .006 | 1 | .006 | .061 | .805 |
| Error(Time) | Sphericity Assumed | 4.731 | 51 | .093 | | |

Examination of the means through descriptive statistics of marginal means shows significant increase in conceptual level for both groups but not due to differential treatment  (see Figure 5.1).

*Figure 5.1.* Paragraph Completion Method conceptual level by group and time.
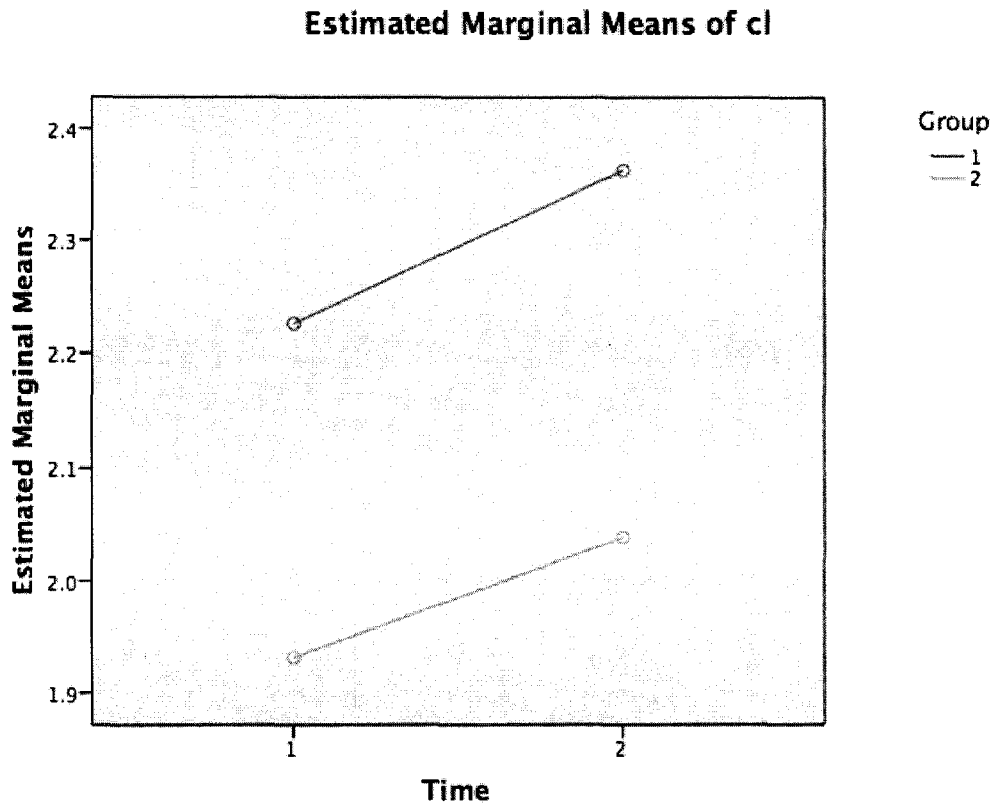


*Figure 1.* Pre-Test *N*=72 (comparison *n*=43; treatment *n*=29). Post-Test *N*=53 (comparison *n*=26; treatment *n*=27).

*Repeated Measures ANOVA*

Hypothesis 3:

A 2 x 2 repeated measures ANOVA was conducted to test whether the effects of the E2DPE significantly increased postconventional reasoning for the treatment group when compared to the comparison group receiving no empathy-enhanced intervention. The findings revealed significant differences on N2 scores for Time [$F$ (1, 51) = 4.124, p = .048] and a Time by Group interaction [$F$ (1, 51) = 5.693, p = .021] but a nonsignificant difference in N2 scores for Group [$F$ (1, 51) = .401, p = .530] (see Table 5.8).

Table 5.8

*Repeated Measures ANOVA of N2 Scores – Summary of F Statistics*

Tests of Between Subjects

Measure: PCReason
Transformed Variable:
Average

| Source | Type III SS | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Group | 98.505 | 1 | 98.505 | .401 | .530 |
| Error | 12540.485 | 51 | 245.892 | | |

Tests of Within Subjects

Measure: PCReason

| Source | | Type III SS | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| Time | Sphericity Assumed | 208.144 | 1 | 208.144 | 4.124 | .048 |
| Time * Group | Sphericity Assumed | 287.339 | 1 | 287.339 | 5.693 | .021 |
| Error(Time) | Sphericity Assumed | 2573.926 | 51 | 50.469 | | |

These results show that the participants within both groups showed significant

differences in postconventional reasoning but the results did not support hypothesis 3 that

proposed the treatment group's N2 scores would significantly increase when compared to

the comparison group. Based on these results, the comparison group grew in

postconventional reasoning, matching the treatment group after the six-month study. The

Time by Group interaction showed that some participants in both groups grew in

postconventional reasoning.

*Figure 5.2.* DIT-2 postconventional reasoning by group and time.
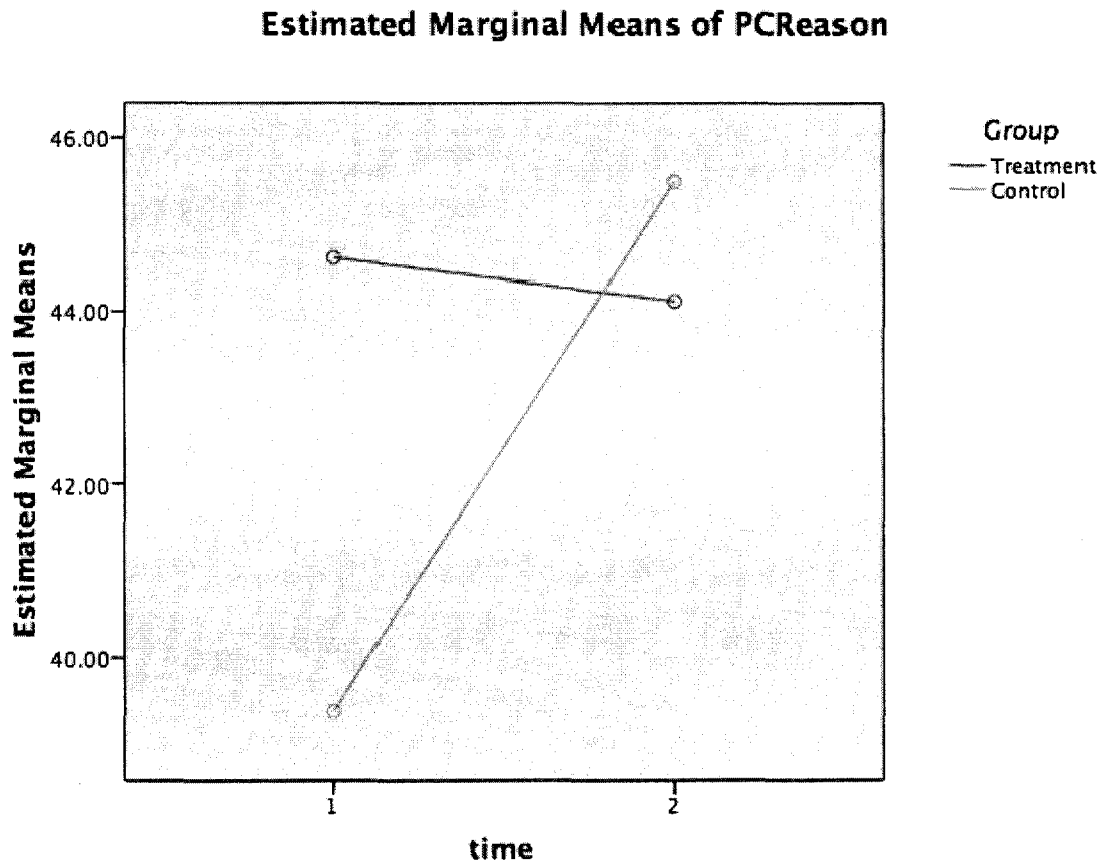
**Estimated Marginal Means of PCReason**



*Figure 1.* Pre-Test *N*=72 (comparison *n*=43; treatment *n*=29). Post-Test *N*=53 (comparison *n*=26; treatment *n*=27).

## Summary

This chapter reported the results of the current study examining the effects of an E2DPE on beginning counseling student empathy, moral development and conceptual complexity. Descriptive statistics, normative data, data analysis of the specific research hypotheses, and a discussion of the research findings was presented. The statistical analyses of the IRI revealed that the E2DPE did not produce significant gains in empathy

for the treatment group. There were no significant PCM gains for the treatment group in conceptual complexity as a result of the intervention, however significant gains were produced between the pre-test and post-test measurement for both groups as a result of time alone, indicating that the 6 month period of time in a CACREP program yielded higher conceptual complexity for both groups first year Master's level counseling graduate students. Statistical analyses of the N2 Index revealed no significant gains in postconventional reasoning for the treatment group, however, significant differences in the N2 scores were produced within groups between the pre-test and post-test measurements. The next chapter will discuss the research findings and explore their implications.

CHAPTER SIX

Research Findings, Implications and Conclusions

*Discussion of the Study*

Cognitive developmental literature points to a necessity for raising development through disequilibrating experiences. While the treatment group may have experienced developmental décalage, the DPE may have needed to become more personally salient and intensified in order to connect with the students in a way that would create dissonance and impact to necessitate the construction of new conceptual and moral schemas through accommodation. Empathy remains a highly complex construct that is difficult to clarify and challenging to convey for the beginning counseling learner. While some studies using moral dilemmas have significantly raised moral development after a DPE intervention, (Cannon, 2008; Foster & McAdams, 1998), others have not found similar results, showing nonsignificant gains in postconventional reasoning scores (Brendel et al, 2002; Morgan et al., 2000). These results indicate the challenges to pinpointing the most effective methods for significantly raising both conceptual and moral development for counselors early in their development.

Deliberate psychological education (DPE) interventions that include the significant role-taking experience may be enhanced by addressing empathy as a trigger to activation of cognitive maps that move people to respond to others in need through the moral action of helping (Hoffman, 2000). To promote a ready moral response, this study sought to enhance empathy in beginning counseling students as a template for building deep, genuine intrapersonal awareness and sensitivity toward others to strengthen interpersonal functioning through moral maturity. Through enhancing empathy, this

study proposed that counselor educators and supervisors could engender Kohlberg's ideal reversibility in counseling students by broadening the moral response of individual counseling students toward a discourse that might develop the capacity to reach moral consensus (Rest et al., 1999) through an increased sense of fairness, justice and sensitivity.

From a fresh, new perspective, the current study sought to test a very different way to raise conceptual and moral development by bringing dimension to empathy for counseling students early in their developmental process. Many studies have explored counselor development during the internship phase of the program, but few have investigated best methods for directly teaching empathy in order to promote moral reasoning and conceptual complexity in beginning counseling students. As an interactive and collaborative process, counselor educators must create an optimal environment in which to engage empathy as both an intrapersonal function and interpersonal process in counseling students early in their development. This approach explored a new method for preparing counseling students for the disequilibrating experience of working with real clients. Exploration of methods for enhancing empathy development in counselors and the challenges to promoting conceptual complexity and postconventional reasoning through this E2DPE model will be discussed.

*Implications of the Research Findings*

*Enhancing Multidimensional Functions of Empathy*

The research findings indicate several challenges to facilitating fully integrated, multidimensional functioning of empathy in beginning-level counseling students. First, the self-report nature of the IRI may only provide information on the more inherent,

personal characteristics of empathy that are more directly related to one's personal stance in general scenarios rather than the counselor's actual ability to respond with required empathy in a counseling situation. Second, if the IRI had been combined with an assessment rubric completed by observers of their counseling either live or through video, more dimensional information could have been derived about how the counseling students were processing empathy internally while also rating their capability of actually conveying empathy beyond their inner thoughts and feelings as a external measure of expressing empathy on an interpersonal level with the client.

Most importantly, the treatment group made a significant shift between their first new role as graduate level counseling students during the first semester then went through a new, highly impactful disequilibrating experience of a second significant role-taking experience as they entered their first counseling practicum in the last 8 weeks of the intervention. While the comparison group followed the same general coursework requirements within the framework of a CACREP accredited program, they did not follow a cohort model and were only continuing their coursework during the course of the current study. At this point, the treatment group began the process of engaging with real clients and experiencing the stressors associated with applying the techniques, theory, and methods of counseling while finding their way and developing their own style in working with clients. Therefore, the E2DPE may have provided a stabilizing effect for the treatment group as they struggled to apply the concepts they had gained significantly on the PCM as a result of the counseling preparation program.

When considering the results of the DIT-2, one of two challenges to exploring developmental growth in beginning counselors in training could provide information

about the effects of the E2DPE intervention on the treatment group when compared to the comparison group receiving no intervention. One potential challenge could be that the students attracted to the counseling profession are already in a state of higher moral sensitivity, expressing their concern for the needs of others experiencing distress, trauma or oppression by choosing to enter the counseling field to alleviate pain and suffering on a more global level. Mayhew and King (2008) illustrate this point and caution researchers in interpreting scores investigating moral functioning with those in the helping professions. In addition, Bebeau (2002) highlights the necessity of understanding the role of moral sensitivity in cross-profession studies aimed to better prepare helping professionals such as nurses, dentists, attorneys and doctors who are faced with moral dilemmas on a frequent basis in their professional roles.

Both pre-test and post-test treatment group means showed higher scores on perspective taking, use of fantasy, and empathic concern scores and lower to equal personal distress scores when compared to the measurement's normative data. This could indicate a propensity for counseling students to possess higher empathy attributes and personal distress management skills from the start, suggesting the measurement could yield an assessment of trait empathy versus an ability to detect changes as a result of the intervention. Empirically, one study supports this finding, reporting significantly lower PD scale scores in experienced therapists as correlating with effective recognition of social interpersonal interactions (Hassenstab, 2007). Also, the high scores could hold a ceiling effect, preventing dramatic increases in empathic functioning as measured by the IRI. If counseling students are drawn to a more philosophically-oriented profession and tend to score higher on these measurements, counselor educators and supervisors may

need more fine detail about the manner in which the students would respond to real-life dilemmas versus the theoretical approach they take to responding to the dilemmas on paper.

The second potential challenge to teaching and measuring integrated multidimensional functions of empathy lies in the difficulty of assessing if counselors show a consolidated level of postconventional reasoning or if they are still in a transition state of moving from one moral schema to the next (Thoma, 2006). Less is known about how moral sensitivity encapsulates empathy or how other potential fine moral functions may interface with empathy as one negotiates moral dilemmas in real-life scenarios. As Davis (1983b) proposed, employment of the more cognitive components of empathy could allow one to effectively manage one's distress oriented feelings. Some researchers have shown that the emotional components of empathy are more highly correlated to positive clinical performance (Morton et al., 2006) and that clients repeatedly raise emotional connection as the most significant factor that leads to successful change (Ridgway & Sharpley, 1980; Singer, 2005). Other researchers have raised the importance of consideration for the manner by which humans may find challenges to responding to others in distress if their own distress is heightened by cues and more personal meaning in real-life situations.

However, both Hoffman (2000) and Lapsley (2006) proposed that fairness is sensitive to context, which can be moderated by the underpinning of empathy through balanced cognitive functioning. In this sense, as counseling students learn to make meaning from instruction, practice, training and carefully guided reflection and feedback loops between the learner and the instructor, they engage a dual competency of both

intrapersonal and interpersonal functioning that will allow for the flexibility and adaptive response to a variety of circumstances with a flow that expands their responsive repertoire.

*Trait Versus State Empathy*

Many studies have focused on the differences between cognitive and emotional empathy, supporting the need for employing both functions to engage the integrative nature of empathy. Hatcher et al. (1994) and Ogle (2008, unpublished dissertation) reported findings suggesting that empathy is indeed a trainable function. However, the current study, may call for empathy studies to make a distinction between trait empathy and state empathy. The cognitive functions of empathy have evolved from cognitive role-taking approach models as "the ability to imaginatively take the role of another and understand and accurately predict that person's thoughts, feelings, and actions" (Mehrabian, Young & Sato, 1988) while the emotional functions of empathy have been defined as "an individual's vicarious emotional response to perceived emotional experiences of others" (Mehrabian, et al., 1988), evolving from studies centered on methods for connecting and relating to others' distress or pain and the manner in which one manages the anxiety related to vicarious emotional experiences (Hoffman, 2000). However, an examination of trait empathy versus state empathy may provide a missing gap of understanding when considering how empathy may be enhanced through interventions.

Distinguishing trait versus state empathy may be difficult but may provide information about the challenges to creating an intervention that will significantly enhance empathy in the treatment group participants. From a cognitive developmental

perspective, comparing previous studies showing significant increases in empathy following an intervention to the current study, one consideration for developmental level must be made. The previous empathy study samples comprised of high school and undergraduate students who may have been too developmentally different to generalize its findings. According to cognitive developmental research, the high school participants were likely to have functioned on a less complex, conventional moral developmental level while the college students may have been ready to transition into higher states of conceptual and moral development, leaving more room for growth. When compared to the current study participants who scored high on pre-test measures of empathy, conceptual complexity, and postconventional reasoning, a difference in developmental levels between study samples may make comparison of gains in empathy functioning at these varying developmental stages difficult.

In addition, Hatcher's study revealed significant gains only after excluding analysis of the personal distress (PD) scale. When including the PD scale, only perspective taking (PT) increased significantly for the college-level students receiving the intervention. While seemingly possible to exclude PD because it should decrease with enhanced empathic functioning, excluding this factor warrants caution in interpreting those results. The current study retained the PD scale because it was identified as a significant factor by the researchers conducting the factor analysis in the development of the scale (Davis, 1980). While there is confusion related to the optimal score level of the PD scale, it remains an integrative function of empathy as a trigger to recognizing and responding to another in distress (Hoffman, 2000).

Ogle's study was able to show significant increases in empathy after provocation

exercises in an undergraduate level helping professions course, but only when measured by the BEES (Mehrabian & Epstein, 1978) which measures emotional empathy without other cognitive functions, such as perspective taking and the use of imagination. Since the IRI was designed to measure four factors of empathy, reaching significance is more challenging. In addition, it would not detect the same level of significance that the BEES achieved because it requires higher degrees of freedom which challenges the researcher's ability to reach significant findings. However, the BEES may also be measuring more than just emotional empathy functioning. If Ogle's intervention significantly raised emotional empathy on the BEES, but not the IRI, this finding may suggest that the BEES measurement may address state-related empathy. Also, the current study's treatment participants may have already been functioning at a more integrated empathy constellation, so may not responded significantly as a result of the E2DPE intervention. Therefore, the capability of the IRI to detect changes in state dependent empathy remains in question.

One explanation of the difficulty in capturing the shape of a counselor's empathic functioning could be that the measurements do not provide a specific real-life situation in which the tester is able to personally experience, negotiate and respond to a stimulus. Actual cues, stressors, and context are missing when completing a measurement that assesses one's level of functioning with pen and paper. For example, the PCM includes six topics to which the respondent must write an extension with no prompts from an actual scenario. One item, "When someone tells me what to do…", may be interpreted in several ways on paper but managed differently when one is required to respond to an actual moment in time when being told what to do. The item "What I think about

parents..." does not provide a particular situation, causing the tester to generalize whereas another item, "When I am criticized...", may provoke more contextual response in the form of application of any empathy toward the subject in the stem versus conceptualization alone.

Of course, life experiences with the subject matter of the stems could negatively influence one's response. In fact, scoring procedures require responses that are too personally specific to be cancelled from scoring. This leaves a potential gap in assessing the triggers that could prevent or challenge one's capacity for empathy in those scenarios, for life experiences could also influence counselors' responses when a client shares particular topics or behaves in a way that reminds them of their own personal experiences. Through an integrated model of empathy, counselor educators create a more direct opportunity to both train counselors how to employ empathy and how to moderate their responses to maintain a therapeutic presence with clients. This integrative model could prepare counselors to manage both the trait empathy inherent in their intrapersonal response to the topic or situation and the state empathy that provides them with methods for conveying empathy on an interpersonal level.

Another challenge to examining the treatment group's lack of significant increase in empathy could lie in the difficulty of evaluating counselors' ability to actually respond to another through empathy. The IRI may be limited in its ability to detect the nuances that distinguish between how a counseling student might feel empathy for another in distress and how a counseling student might actual convey empathy in a situation that calls for one to be responsible to respond as part of their professional role. For example, if they were to witness another in distress naturally or whom they had little contextual

reference, they may respond in a different way than if they saw their own client in distress and were required to facilitate de-escalation of the client's distress. Perhaps a similar scale that is designed to assess counselor empathy toward clients through scenarios that require them to respond could detect a more state-oriented form of empathy. However, without the real to life cues and the actual call to respond in person, use of scales alone lack evaluative power for assessing counseling students' state empathy as it is expressed or conveyed to the client. Therefore, personal observation through both video and live supervision remains a crucial element in providing the real life development of state empathy in counseling students, particularly in the beginning of their educational experience.

Empathy instruction, experience, and application require attention to both the internalized functioning of empathy and the externalized functioning of empathy as an integrated function. In order for empathy to be awakened, cultivated and honed, integration requires counselor educators and supervisors to draw out the counseling student's self-awareness and sharpen the student's other-sensitivity by developing deep, genuine congruence within the counseling student. Since counselor education programs focus heavily on building counseling students' conceptualizations of theoretical orientation and application of skills and techniques with their clients, the instructors and supervisors evaluate the behavioral aspects of counseling through both coursework and multi-tiered supervision. As a result, counseling students undergo rigorous instruction and practice in building and implementing these counseling skills.

*Cultivating Both Intrapersonal and Interpersonal Functioning of Empathy*

Rogers (2007) contended that empathy is a leading function of counseling that

part of three core conditions necessary to initiate constructive change and sufficient to inaugurate the change process. However, as noted, empathy is one part of the therapeutic conditions. Another key condition calls for congruence and integration in the counselor, requiring a deep level of personal awareness and integrated cognitive functioning. As noted, however, the counselors in the E2DPE intervention were undergoing disequilibrating experiences that require more support yet may also require a balance of attention to both the intrapersonal functioning of the counseling student along with the interpersonal application of new counseling skills.

As an integrated, multidimensional function, empathy weaves the tenets of Rogers' conditions for change as a set of intrapersonal and interpersonal functions. Through his inclusive set of conditions for change, Rogers may have actually provided the method for engaging empathy on both an intrapersonal and interpersonal level. In other words, rather than the therapist experiencing empathy as a part of a series of conditions, Rogers' conditions may have presented the rubric for engaging empathy itself. Interestingly, when counseling students in the treatment group reflected upon effective ways to engage in empathy with their clients, they listed other conditions of change as part of the process of connecting with their clients through empathy. Striving to see the world through the fullness of the client's worldview, they sought to hold unconditional positive regard and let go of their own differentiated thoughts, such as bias, in order to engage in empathy for their client.

In addition, other students began to capture the act of continually caring through decentered empathy by strengthening sensitivity for the other and resisting potential personal filters that could deter the therapeutic connection with the client. One student

captured the active process of decentering her empathy, reflecting:

> Last semester we dealt a lot with empathy and learned of the importance of being
>
> empathic without losing the 'as if.' In other words, we must never lose sight of
>
> the fact that it is the client's own unique story. Sometimes I get carried away in
>
> the stories of others and try and relate it too much to similar experiences I have
>
> had. In order to understand their experience the best I can I must make sure that I
>
> am not filtering their stories through my own.

Extending this supposition, empathy may tap an ethical responsibility in counselors in order to effectively respond to clients who are incongruent or in distress.

Counselor educators and supervisors might reach the counseling student on a deeper developmental level if they intentionally awaken and cultivate the trait, intrapersonal level of empathy in their students and supervisees then draw out this inherent human quality as an integrated function that works in tandem with a the interpersonal process between the counselor and the client. From this researcher's observation, much of the theory and application are presented in two separate parts that may be more effective if enhanced by exploration of the counselors' intrapersonal shifts in a more open fashion than writing reflections or class participation alone. Counseling skill instruction could be amplified through a focus on explaining the interpersonal dynamics between the counselor and the client as an interaction versus mere application.

*Raising Both Complexity and Maturity*

The shape of development is more difficult to capture when using measurements

to follow only two points during the developmental process. This is part of the challenge to social sciences research in that researchers must avoid testwise error but could use more information about subtler changes in development through time. Rest et al. (1999) proposed the Four Components and, since this time, their research has moved understanding of moral development away from hard stage growth as Kohlberg once proposed toward more fluid movement described in a series of transitions and consolidation through the various schemas of moral reasoning.

One particular dilemma to capturing developmental velocity lies in depicting developmental shifts or movement in testers who already score high on a developmental measurement. Each of the three measurements used for the purpose of investigating development in beginning counseling students showed the majority of students already scoring extremely high when compared to normative data set upon the general public. In the PCM manual, Hunt et al. (1978) raised an important cautionary note in that the PCM may not be sensitive enough to detect developmental change at higher levels, indicating the need for longitudinal studies of developmental change in CL for adult samples. Through this lens, the high CL score $M = 2.210$, $SD = .4887$ for the treatment group at the beginning of the study compared to the normative data may indicate that the lack of significant findings may not fully address the velocity of development that could have taken place for the treatment group as a result of the E2DPE intervention.

Though the PCM cautions in its instruction manual that it may not be sensitive enough to detect developmental growth in those scoring in the high on conceptual level, the IRI does not make this disclaimer. Nonetheless, the counseling students participating in this study scored higher than the norms originally set by the researcher, even at the

pre-test point, potentially indicating the challenge to determining the impact of an intervention on a self-rated scale. In addition, the participants in the studies able to raise empathy were students taking helping-related coursework at either the high school or college level. This factor may follow suit with cognitive developmental research that suggests moderate developmental levels can be raised significantly, whereas those in higher developmental positions may not grow at significant rates, implying a potential ceiling effect.

As the N2 determines one's ability to decipher between postconventional and lower schema decisions, these groups clearly differed in their manner of processing the rankings of all choices and ratings of their top four dilemma choices. However, the N2, while providing information about how one delineates postconventional reasoning from non-conventional reasoning, does not give a position of moral functioning. Moral Type, a recently evolving theoretical stance in the moral developmental field, was developed to represent one's moral developmental position in terms of transitory and consolidated movement between moral schemas between Type 1 and Type 7.

Most interesting to this researcher, 65.1% of the comparison group and 69% of the treatment group scored in the highest postconventional range Type 6 and 7, indicating they were functioning either during the transition or consolidation phase the 5/6 moral schema, on pre-test measurements (Thoma, 2006). According to this groundbreaking movement in the moral developmental field, it may be important to look beyond the mere position indicated by the current N2 score and, instead, consider the tester's position of functioning between a transition state of reasoning or a consolidation state of reasoning. When examining the post-test movement between groups, the treatment group held the

exact same percentage of those remaining in Type 6 and 7 of these postconventional positions, 27.6% residing in Type 6 (5/6 schema transition) and 41.4% in Type 7 (5/6 schema consolidation). Testers scoring this high in N2 scores may require a different test to denote developmental movement or shifts, as they are already functioning at postconventional levels, indicating their empathy is fully developed.

On the other hand, it is difficult to examine the shifts in moral Type for both groups, as the statistical analyses were not able to produce significant differences between the comparison group and the treatment group. Moral developmental theory does suggest that it is difficult for most people to remain in higher moral reasoning stages. This theory may have been reflected in the comparison group, 20.9% of whom shifted back toward the consolidation Type 4 conventional reasoning from the previous strong showing in the Type 6 and 7 dropping from 65.1% to 30.2% functioning at this level. Even though the comparison group caught up to the treatment group in the N2 scores, their overall moral schematic positions may indicate their use of postconventional reasoning was part of a differentiated manner of functioning in more dramatic swings at the conventional level whereas the smaller increase in the treatment group N2 scores could show a more integrated mode of functioning, only allowing for slight changes in moral reasoning at the postconventional level. The moral Type variable is still in an early phase of development by the researchers and contrasting information about how beginning counselors could function at the highest moral Type levels warrants further investigation.

As reported by the Center for the Study of Ethical Development, intervention effects as measured by the DIT-2 have shown significant gains following moral

educational programs of 3 weeks with a moderate effect size of .4, and have produced

high significant gains of . 80 for college age liberal arts program students. Thoma (2006)

presented percentages of 30% to 50% of the variance of DIT scores being related to level

of education in thousands of samples ranging from the junior high school to Ph.D. level

of education. This information could signify that different developmental schemas in

moral reasoning are related in part to the level of education. In addition, Lapsley (2006)

pointed to the possibility of moral plateaus, or places of resonance at different

developmental phases that are more difficult to shift through interventions alone.

Specifically, the current study did implement an intervention informed by moral

developmental theory, however, may have addressed a level of micro morality through

the empathy concept as it applies to everyday, personal interactions that may not have

been strong enough to shift macro developmental functioning within the scope of

broader, societal conceptualizations and responses, particularly during a time of potential

décalage. While empathy may bridge theories of conceptual complexity and moral

development, competencies in other moral domains may also need to be included in the

E2DPE intervention in order to obtain significant moral developmental gains. After all,

the four components function as integrative functions of one's moral compass. This study

may confirm that empathy only taps the moral sensitivity component and, through moral

dilemma discussions, the fullness of the four components may provide more

developmental movement when measured by the DIT-2.

These developmental markers, while still being researched, may point to the

nature of developmental growth as one grows on both a cognitive and emotional level

through the process of differentiation and integration. As Hunt's model focused on the

interaction between one's conceptual level and the environment as an equal, integrated function (Holloway & Wampold, 1986; Stoppard & Miller, 1985), this study may illuminate the potential for differentiation and integration functions to be better captured by the DIT-2. Hunt's model describes a balance of movement from concrete, simplistic conceptualizations to higher levels of acknowledging various perspectives through the process of differentiation. Then, as one becomes more consolidated in one's moral functioning through integration, one may become more balanced in inductive and deductive reasoning, seeing multiple perspectives while recognizing themes in divergent viewpoints.

Kohlberg noted this process as a postconventional level of reaching ideal reversibility, developing finely tuned self-awareness while holding multiple perspectives of others. The developmental markers of moral Type as prescribed by the N2 score could yield information about how the conjoint process of differentiation and integration works as described in both moral developmental theory and Hunt's model of conceptual complexity. However, when examining how high the participants scored on the PCM, IRI and DIT-2 Type, the results could mark the difficulty in denoting differentiated from integrated development. Ego developmental theorists have supported this challenge, emphasizing it is necessary to distinguish between developmental complexity, more differentiated meaning-making systems, and maturity, more integrated ways of understanding the world and applying these understandings in adaptive ways (Noam, 1998). While developmental theorists debated between the natural maturation process and the influences of the environment on development, Kohlberg extended developmental theory to include human social interaction as a crucial element to bringing

about active change in thought patterns created by interpersonal, problem-solving exchanges in one's interaction with society and the environment (Hayes, 1994). The current study did not employ moral dilemma discussions, but instead, attempted to address the meaning-making structures that could allow new counseling students to open more flexible, allocentric ways of thinking, feeling and interacting with their clients.

If the transition process noted by Thoma (2006) marks high activity between states of consolidation, the counseling student could be resolving disequilibration through assimilation and differentiation then moving toward consolidation phases during which the student is depending more heavily on accommodation and integration of concepts. This, in turn, could promote long-lasting cognitive developmental shifts through the process of meaning-making. Because of its integrative nature, empathy could provide the avenue for moving students toward more accommodative functions. One sign that a student is moving toward resolving dissonance is their ability to develop a personal theory through meaning-making that allows them to accommodate more complex concepts. During the final interactive reflection assignment focused on how the counselors are learning to engage and convey empathy with their real clients, one student described the struggle of resolving the ambiguity of the construct of empathy for herself. One student expressed how she managed her frustration with the ambiguity of empathy by giving the construct more personal meaning, stating:

> I'm going to be very honest with you. The word empathy now makes me cringe. Not necessarily the idea of empathy because obviously it is something much needed in this profession but it is the ambiguity of the term. I have been trying to

come up with a different term to express the idea of "empathy" without actually

saying the word. The best I have come up with is having a "heart-to-heart" with

your client. My friends and I have heart-to-hearts all the time. It takes on a

different form when working with a client but it is a similar idea or feeling you

and they get from it. When I have a heart-to-heart with my friends I know they

know everything about me, good and bad, and whatever I am sharing with them

they fully understand. Most of the time I am not looking for advice just someone I

can share this with who has taken the time to care about the things that matter

most to me. That to me is a more tangible way of looking at empathy.

This portion of the reflection illustrates how the student is formulating the meaning of

empathy as it is likened to personal experience with listening to and connecting with

another person on a deeply accepting level. Next, her reflection points to the challenge to

accommodating this construction with a new way of engaging in empathy with clients

who are different from her.

In using the new term for empathy that I have just described I believe that I have

developed empathy with my students that are similar to me. The students I am

talking about are mature driven students who are currently dealing with some

typical middle school problem. Those are the ones I have empathy for, because I

have been there, I really get it, I still understand. I am still trying to discover how

to empathize with the students whose lives I am so removed from. I recognize that

I am getting there. I am no longer my pompous self coming in and thinking that

each student's main focus should be school and if they are not succeeding they are

not trying hard enough. My mindset has become more compassionate, but I am

not yet sure it has moved into the realm of empathetic.

Here, the student is seeking to resolve the ambiguity through assimilation so that it

becomes a tangible function but finds that her old ways of assimilating concepts to

current schemas are no longer working for the level of complexity required for

counseling. So, she searches for build a new construction of empathy through a more

accommodative process so that empathy can serve as a shifting agent, moving the

counseling student from self-oriented worldviews toward other-oriented sensitivity as a

function for facilitating the interpersonal process with all clients.

Another student constructed a way to understand clients and convey empathy by

connecting with shared human experiences, relaying:

As I've now spent over a month in the school system, seeing middle school

students in the midst of all their ups and downs, I have been able to remember

many details of my own middle school experience that had escaped into the

shadowy corners of my memory…I've used these memories as my main source of

empathy. Although we've attempted to define empathy for the entire school year,

I've simply come to paraphrase it as "standing in another's shoes" and "seeing

life through their eyes", as banal as those clichés may be. This does not prove to

be difficult for me when I am sitting across from a student who is pudgy, socially

awkward, and hormonally confused. Although I recognize that the student in front

of me is a completely unique human being, I am also able to see myself in him; I can "pick and choose" certain human experiences that sometimes transcend culture: desire for acceptance, fear of the unknown, hope for the future. Even when I see students who are quite different from how I was, I still often see these feelings in them and try to relate to them by respecting these powerful emotions.

One major complexity is obvious; sometimes it is difficult to find anything at all in common with the students....In such cases, I will need to look past the cliché definitions of empathy that I have employed and instead simply try to understand. Understanding may be the first step toward empathy, and I often try to understand why the student is doing what he or she is doing, without passing judgment. I don't need to have experienced the situation myself, I just need to see a world where I *could* have experienced the situation if I lived this student's life.

In this reflection, the student assimilated empathy by referencing personal experiences, briefly differentiated between his personal experience and the personal experience of the client, and then recalibrated his previous construction of empathy. To further build tolerance for ambiguity, this student then used a more accommodative process of predicting how he might navigate unknown territory by approaching a student he perceives as different from him through curiosity. In order to forge an empathic opening, this student created avenues for applying empathy as a function that facilitates understanding and connection with the client.

Through the E2DPE, beginning counseling students could generate more accommodative responses to challenging interpersonal experiences early in their preparation, thereby building a tolerance for ambiguity, a noted precursor for empathy competency in medical students (Morton, et al., 2000) and counselors (McAuliffe & Lovell, 2006). Differentiation may still occur in higher developmental schemas but may take form in more brief, subtle shifts than in previous moral developmental positions. In turn, counseling students functioning at these levels may continue to reinforce their current postconventional reasoning through solid integrated complexity. In addition, if counseling students can lower their level of personal distress through learning how to engage empathy, this can further enhance clinical competency and reduce stress in handling more complex and escalated emotions from clients (Hassenstab et al., 2007). Following an integration of these tenets, the E2DPE may provide a *stabilizing effect* on counselors' developmental trajectory in the higher developmental stages by reinforcing integrative development toward moral consolidation.

*Detecting Developmental Décalage*

Finally, there is one important distinction that must be raised when considering increases or decreases in developmental growth trends in counseling students. The tenets of the DPE recommend that reflections be combined with active learning, practice of skills and use of concepts that are both disequilibrating and salient to the learner (Manners et al., 2004). Disequilibration has also been noted as a required process for development to occur (Rest, 1986). Beginning counseling students incur stressors inherent in the preparation of counseling real clients and, in order to grow and are, therefore, expected to experience levels of disequilibrium throughout the differentiation

and integration process as they deconstruct old schemas of understanding and reconstruct new schemas to reach higher levels of developmental functioning. Some researchers have raised the necessity for examining the fullness of one's cognitive developmental gains and shifts by including the potential for developmental décalage (Foster & McAdams, 1998; Foster & Sprinthall, 1992; Lapsley, 2006; Morgan et al., 2000).

Researchers have questioned how décalage functions in the developmental process. Décalage may serve a purpose as a necessary mode of functioning within one's current state of moral development during which one experiences dissonance to the point of resorting to more familiar modes of cognitive functioning in order to make sense of highly challenging situations. In particular, morally related challenges can bring about cognitive dissonance during which personal distress marks a heightened level of schematic disequilibrium to the point of shifting one's current functioning toward earlier, more comfortable manners of responding in order to gain a sense of self-preservation or protection from a perceived threat to one's safety. Often, those experiencing such décalage might express feelings of deep, personal vulnerability characterized by heightened feelings of fear or the need to protect oneself from perceived harm or rejection. This dissonance can then influence one's capacity for responding to others in need.

Methods for more clearly marking developmental décalage in counseling students could provide counselor educators with information about the counseling students' ability to manage the increasing complexity of differentiation while also making meaning from challenging situations into a more developed, overarching personal moral theory that carry integrative components necessary to hold multiple perspectives long-term.

Décalage could serve as an indication of pending movement into a new mode of developmental functioning. Perhaps like tremors before an earthquake, décalage could mark the beginnings of developmental shifts. The goal of the counselor educator or counseling supervisor would be to detect décalage and nurture the counseling student through the dissonance rather than rendering them unable to move through the dissonance to the point of rupture in development. Intentional use of intensive support and guided challenge balance to the DPE could assist in breaking the counseling student free from the previous modes of functioning and facilitating a numinous experience.

<div align="center">Limitations of the Study</div>

*Threats to Internal Validity*

Some variables may have influenced the results of this study. Sampling procedures did not allow this study to investigate changes in empathy, moral development or conceptual complexity for beginning counseling students within the same counselor education program. Future studies could compare differences between students participating in an empathy-focused DPE compared to a group who did not engage in an empathy-focused DPE intervention. Naturally, the challenge to this design lies in the potential for problems with treatment fidelity in that the treatment group and comparison group could contaminate the treatment if participants discuss their coursework, experiential exercises, or assignments.

One potential threat to internal validity includes the possibility that any increases in the participants' empathy, conceptual complexity or moral capacity scores were attributed to history as it unfolded during the time of the 6-month intervention period. For example, during the post-testing administration of the three assessments, most of the

comparison group participants were completing their mid-term exams that may have influenced their post-test scores. Also, approximately 3 participants from the comparison group reported that they were on part-time status, one during the first semester, and two during the second semester. This variable could have changed the dynamics of the respondent answers based on a difference in the level of academic program intensity or other variables that would be different for part-time students from full-time students, such as intensity of the program or challenges faced when balancing both a career and coursework. Maturation could have also taken place naturally, however, research has shown that neither age nor experience raise cognitive development as does conceptual complexity (Holloway & Wolleat, 1983).

Comparison group participants comprised 11.6% students who had engaged in previous education, including 3 students, or 6.9% of these participants, who completed counselor education coursework prior to the intervention compared to 1 student, or 3.4% of the participants in the treatment group who completed previous counselor education coursework. This potential variable may have affected differences between groups in the score results. However, statistical analysis using repeated measures ANOVA tempers such differences to determine the effects of the independent variables on the groups being investigated by removing individual differences from the variance between treatments and comparing variance between treatments to variance that are expected if there is no mean treatment effect (Gravetter & Wallnau, 2008).

Another limitation that may have affected the intervention group's performance is the Hawthorne affect, a phenomenon that arises when participants are aware they are part of a study and perform differently because of their knowledge of being a part of the

research. The participants may have performed differently than they would normally based on perceived expectations of the researcher or by providing answers that they may have thought socially desired by the researcher or facilitators of the intervention. In addition, a halo effect may have taken place in that this researcher was viewing or evaluating the participants in a more positive light.

First, to control for these potential threats to internal validity, several measures were taken to control for differences between groups. The comparison group was selected as a viable representative group of first-year counseling students enrolled in a CACREP accredited program. This measure helped to control for the natural maturation or historical effects that could have occurred for any first-year counseling student. the treatment group participants were not informed of the specific factors being measured by each of the assessments beyond basic information communicated in the directions of each assessment. Secondly, the duration of the 6-month intervention along with the researcher being removed from the course grading process allowed the participants to engage in the didactic and experiential portions of the courses without being graded by the researcher. To protect treatment fidelity, this researcher did review and respond to journal entries and feedback was provided for training purposes both for the small group on a consistent basis and the treatment group as a whole during the beginning, middle, and end of the intervention.

To avoid a halo effect, this researcher also blind-scored the measurement requiring interpretation in order to maintain interrater reliability and avoid any potential bias toward the tester. In addition, each item on the PCM was scored one at a time in order to remain focused on the scoring rubric for each item. In addition, this researcher

strived to remain as neutral as possible by continually scoring the same item but allowing

for short breaks to avoid potential scoring fatigue. In order to infuse the intervention into

the curriculum but avoid the Hawthorne effect, the facilitators were trained to provide

guidance related to the intervention process and content but were allowed their natural

style of instruction, supervision, and reflection responses so that the students were

responding primarily to the variation that would occur naturally in the courses utilizing a

number of instructors, teaching interns and doctoral supervisors. This balance between

teaching the conceptualizations of the intervention while maintaining a more natural

approach was purposeful in design in an attempt to avoid resistance to the intervention

while supporting academic freedom and an open approach to various supervisory styles.

Most importantly, this researcher took several measures to maintain treatment

fidelity. By filming the researcher's instructional methods and sharing it with the

dissertation chair, this researcher was able to discuss any initial difficulties or challenges

to delivering the intervention while receiving feedback from her committee chair in order

to maintain the purity of the DPE. This researcher also checked in with all treatment

participants during weeks 7 and 14 by reading and responding equally to all intervention

participants' reflections. During week 22, this researcher conducted an online-guided

reflection and series of responses to review concepts and process empathy application

with real clients in the field. In addition, this researcher maintained a researcher's log to

record participant responses and an account of any notable occurrences that could

threaten the treatment fidelity.

Perhaps most importantly, the treatment group may have experienced resentful

demoralization by virtue of being placed in the treatment group and perceiving that the

treatment was less desirable than the comparison group's normal experience (Gall, Gall & Borg, 2007). As a result, the treatment group's knowledge that they were receiving a treatment may have created resentment and potential resistance to learning the concepts, thereby encumbering their performance on the post-tests. The instructors of the courses welcomed the E2DPE into their curriculum, however, referred to the primary investigator often in front of the participants to ask for input, clarification, or additional comments to add to the class discussion. Also, the primary researcher was the main presenter on empathy topics so the participants may have been made aware of E2DPE intervention didactic sessions. Through both the support process of checking in with teaching interns and supervisors, along with an end of study discussion about their overall impressions of the intervention, the facilitators also raised the potential for this phenomenon in the current study. For example, students verbally shared resistance to completing assignments during various phases of the 6 months that were related to empathy, including readings, reflections, and use of film review of counselors. This resistance could also be related to the intensity of the intervention and the level of continual reflection that, without practical application, became tiresome to the participants.

*Threats to External Validity*

Counseling students, by nature, may exhibit higher pre-test scores of conceptual complexity or principled reasoning, as these students are drawn to philosophically-grounded moral content in their courses (Mayhew & King, 2008), thereby not responding as dramatically to the intervention as would the general population. Another factor affecting external validity could be that the comparison group did not complete the same coursework in the same counselor education and supervision program. While the

comparison group at the local university may have provided a match for the treatment

group in terms of the type of program and level of standardization of coursework

requirements, differences in teaching methods, style, materials and curricular design were

not controlled, thereby leaving the natural influences of their program to potentially

effect the generalization of the results to all first-year counseling students in a CACREP

program. Other factors within counselor education and supervision programs could have

also contributed, both negatively or positively, to the change in scores for the treatment

group and the comparison group. For example, the comparison group participants

completed their post-test assessments during the time of their mid-term exams, which

could have influenced their scores.

In contrast to the treatment group, the comparison group students did not follow a

cohort model of instruction, so may not have experienced the supervised practicum

course during the last six weeks of the six-month experimental time period. Therefore,

the comparison group did not engage with real clients at the same time in their program,

which may have affected their ability to apply concepts learned from the previous

semester. However, this factor could have given them an advantage, as well, because they

may have not yet been confronted with the level of disequilibrium experienced by the

treatment group students who did begin to conduct real sessions with clients during the

last portion of the intervention.

However, as studies have shown, beginning counseling students do not

necessarily apply empathy at the level necessary to support counseling self-efficacy or

their own professional competency (McAuliffe & Lovell, 2006). To counteract the

possibility of the potential threat of counseling students scoring higher on assessments by

nature of their selected profession, the pre-test data should have measured counselors at a base level before significant changes in development would have occurred either as a result of the natural course effects for the comparison group or the additional E2DPE intervention for the treatment group. Also, novelty effects of the treatment were controlled by extending the intervention to a 6-month duration. Test-wise error was also addressed by lengthening the intervention in order to lessen potential effects of either group from remembering the pre-test assessment prompts and answers. While students from both groups verbally shared to this researcher they remembered the prompts and questions from the IRI, DIT – 2 and the PCM, they also shared that they did not recall how they answered the items on each measurement.

Furthermore, the students in the treatment group and comparison group were selected to represent a typical sample of first-year counseling students enrolled in a typical CACREP counselor education and supervision and were further matched as students enrolled in a Techniques of Counseling course, providing a way to compare both groups to typical beginning counseling students in their first year of coursework and preparation. While the comparison group may have been attending a counseling program set in an urban setting that allows for flexibility of students' part-time or longer-term completion of their program requirements, the CACREP accreditation standardized the program typical beginning counseling students served to control for these potential differences. The treatment group entered their practicum course together but they were only assessed during the first six weeks of this experience, providing intentional support and guidance during a time of expected disequilibrium but also gauging the level of practice the treatment group students were able to complete, making sure they did not

stretch too far from the scope of the comparison group's experience.

Methods for evaluating empathy development in counselors requires further empirical inquiry, as the IRI may not be able to detect significant shifts in building state empathy functioning in the educational setting. While the IRI shows strong construct validity, the results of this study call for clarification of whether the IRI measures trait or state empathy. In addition, the PCM did show a significant increase in conceptual complexity that, theoretically, would state that the empathy scores would have also followed suit. However, the IRI did not show significant changes for either group, showing a potential gap between what the IRI claims to measure and what the IRI actually measures. In particular, the IRI may not capture changes in counselors' application of empathy as a responsibility of their professional role in the clinical setting.

## Future DPE Intervention Recommendations

### *Balancing the Intensity of the E2DPE*

One way to build a more effective intervention would be to balance the didactic lessons with more practical, real application and immediate feedback throughout the Techniques course and into the Supervised Counseling Practicum course. Both the comparison group and the treatment group engaged in continual small group and role-play counseling skills practice and feedback from instructors, however, the comparison group engaged in more frequent taping of their role-play practice sessions for more intentional 1:1 feedback from their doctoral teaching interns throughout the fall course. As an even more balanced process, the Techniques Course could provide more powerful preparation by expanding the course into two segments, one to allow for more discussion of the techniques and theoretical frameworks for selecting when and how to implement

the techniques while another segment could allow more time for small groups to meet and engage in live practice and supervision so that all of the students are able not only to practice their skills while receiving feedback from trained instructors and facilitators of the intervention, but to engage in more personally salient experiences with empathy through more natural channels.

Nerdrum (2000) was able to bring about significant gains in empathy functioning in therapists in the field during which time the participants could directly apply the concepts of empathy, including active listening, emotional recognition, and other-focused sensitivity building exercises by carrying their new constructions and applying it with real clients in treatment settings. Similarly, Brendel et al. (2002) found significantly higher conceptual complexity only after completing the supervised counseling internship and Cannon (2008) raised significantly higher post-conventional reasoning following a multicultural / moral developmental intervention that was interwoven into the supervised counseling internship. While some may argue that time in any counseling program could then raise counselor development, the results of the current study suggest that empathy does not necessarily increase even if conceptual or moral developmental measures indicate growth through time in a counselor education and supervision program.

Second, training the facilitators and doctoral supervisors before the commencement of the intervention may ensure more intensive delivery of the E2DPE from the start of the intervention. One way to better prepare the instructors, teaching interns and supervisors would be to train them one semester prior to the intervention to allow for concept absorption along with any growth that may occur in the facilitators themselves. Facilitators and supervisors new to teaching or supervision may experience

potential conceptual confusion, delay, or décalage that may interfere with the purity and power of carrying out the intervention. Also, new doctoral teaching interns may need additional support to work through potential feelings of vulnerability or self-doubt in their instruction efficacy. In addition, facilitators reported the need to figure out how best to implement the new concepts into their own way of teaching and facilitating growth. The added challenge of incorporating the E2DPE facilitation into their own process of learning how to teach counseling, the very first time for some, brought about a learning curve that could have lessened the effects of the E2DPE.

In addition, some supervisors were brought into the E2DPE for the supervision phase in the second semester. While two brief in-person trainings were provided, along with supplying them with the E2DPE Primer (one long version, then one shorter version at the second semester), the facilitators reported that these trainings did not provide enough impact in order to fully prepare the facilitators from the beginning of the E2DPE. Further, this researcher recommends including the facilitators in the process of planning the course curriculum and supervision could allow more time for actual support for the facilitators as they developed their skills in educating new counseling students. This posed a logistical challenge in that many of the facilitators were new to the program and did not begin the program until just before the commencement of the E2DPE.

Raising empathy along with moral and conceptual development may require the combination of intensity and experiential application. The current study's results bring clarity to how first-year counselors develop, particularly in contrast to previous studies on raising development in second-year counselors during the counseling internship. Returning to Hunt's theory of conceptual systems development, the person *plus* the

environment are both important in raising development. This study assists in defining the

environment as including the actual counseling environment beyond the classroom. To

bring more impact to classroom practice and role-plays, counselor instructors may

consider bringing more intensity to the in-classroom role-plays and practice sessions as

the counselors develop basic counseling skills then expand their applicability. As well,

meaning-making may not hold enough personal salience until counseling students are

fully engaged in working with real clients.

One challenge to carrying out the intervention was this principle researcher's

inability to monitor and instruct the doctoral teaching interns and course instructors in

any nuances or concepts that could have brought intensity to both the intrapersonal and

interpersonal process during the practice sessions. In addition, facilitators could rotate

small groups in order to bring fresh perspectives and feedback to the students in order to

help them build a stronger scaffolding of empathy concepts as they interplayed in the

role-plays. Moreover, more frequent modeling with clear instruction on how the

technique was delivered after the modeling could also reinforce some of the

conceptualizations presented in the didactic portion of the course.

The effectiveness of a future E2DPE intervention could be augmented through

longer engagement of the intervention matched by heightened personalizing experiences

that are strong enough to stimulate significant growth early in professional counseling

preparation. For the current study, the treatment participants may have shown significant

growth as a result of the interaction between the intervention and completion of their

practica. As described by the facilitators, the students seemed just at the point of

discovering the value of the function of empathy as they began to engage with real clients

at their practicum sites. The practical application of empathy conceptualizations through an active praxis of both reflection and intensive, real experience may have been an underdeveloped function at post-test data collection. The more subtle, positive effects of the E2DPE may also have been captured with a more dimensional assessment process that includes not only the counselor's self-evaluation, but also direct, live supervision with immediate reflection by an instructor or supervisor along with immediate feedback from the client on a more consistent, intensive and supportive basis.

*Infusing the E2DPE*

When planning the curriculum centered on promoting the early development of student counselors, counselor education and supervision programs would benefit from collaborating together to build the E2DPE into all curricula to further enhance the effects of the CACREP standard coursework, ensuring consistency yet avoiding the risk of redundancy. For example, counseling students required to write reflection journals for several courses may benefit from completing reflective writing exercises that are more directly linked to building conceptual complexity through a more interactive, conversational style of communication between the students and the course instructors in order retain novelty and depth required for the reflective process.

In terms of particular subject content that might increase the impact of empathy curricula, inclusion of the concepts of empathy in the multicultural course might serve as a continuation of the introduction of the concepts of empathy in the theories course. On that note, another recommendation of this researcher would be to add one to two additional instructional segments regarding empathy as it relates to other theories beyond person-centered theory. As it was presented primarily as connected to person-centered

approaches, the student may or may not absorb the cross-theoretical nature of empathy as it relates to other theories or techniques. Infusing the E2DPE on a program-wide level could draw out the development of this core counseling function to support the integrative, accommodative developmental process rather than presenting it as a separate, external concept for assimilating or differentiating from other theories.

Future Directions for Counselor Education and Research

*Clarifying the Empathy Construct*

Continue studies that further clarify how empathy can be awakened, applied and evaluated for counselors both in training and in the field. Nerdrum (2000) points to the need for further measures of therapists' ability not only to engage in empathy on a personal level but extend and effectively convey empathy with clients in order to promote therapeutic change. Other researchers have examined the difficulty in instructing a multidimensional process of cognitive and emotional empathy (Morton et al, 2000; Ogle, 2008, unpublished dissertation) and gender differences in engaging in empathy (Hatcher et al., 1994; Ogle, 2008, unpublished dissertation). Building upon these concepts, other research has strived to clarify differences between trait and state empathy (Davis, Luce & Kraus, 1994; Mehrabian, Young & Sato, 1988; Nerdrum, 2000). Through the current study's focus, the nature of empathy as a cross-theoretical, multidimensional function emphasizes that empathy remains a highly complex construct, particularly in context to raising counselor development through instruction and supervision.

Despite extensive empirical investigations, studies in counselor education and supervision fail to deliver a particular instrument or method that not only deciphers advanced empathy but also clarifies the manner in which the factors of empathy play out

in real interpersonal scenarios, therefore lacking clarity of how the multidimensional functions work in relation to a counselor's professional requirements to respond to clients in distress. This study presents a starting point for asking questions about the relationships between empathy, conceptual complexity and moral sensitivity. Future studies could provide a deeper exploration of the interpersonal nature of empathy by exploring the qualitative experience not only as it is conceptualized and utilized by the counseling student but also how it is received by the client, a crucial element to understanding empathy efficacy (Nerdrum, 2000; Singer, 2005).

*Building Contextual Complexity Through Empathy*

Empathy, an integrated function of both self-awareness and other-sensitivity, can be augmented through instruction and supervision as a way to bridge potential intrapersonal blind spots or intercultural gaps of understanding. Moral maturity calls for counselors to read and hold different perspectives simultaneously while facilitating the change and healing process through managing the balance of presenting new alternatives to clients while maintaining a therapeutic alliance. Without this level of developmental maturity, counselors could read client perspectives erroneously based on different non-verbal cues and values that have not been differentiated by the counselor or integrated into a more flexible level of contextual comprehension. Some studies have described the necessity for cultural empathy to be raised in counselors as a manner of connecting with culturally diverse clientele and caution educators that, if not addressed, could leave counselors' capability to engage in empathy with clients of diverse race, class, socioeconomic status, sexual orientation, or gender (Chung & Bemak, 2002; Nelson & Baumgarte, 2004).

Further, studies investigating the application of multicultural counseling techniques through live observation could provide a method for enhancing the interpersonal process of empathy and drawing out counseling students' state empathy when challenged by multicultural differences. Depending on the level of multicultural identity, counseling students could over-identify with or pander to the client, missing opportunities to point out discrepancies through avoidance (Gushue, Constantine & Sciarra, 2008), the factor that can significantly decrease one's capacity for empathic engagement in the helping relationship (Trusty, Ng & Watts, 2005).

This empathic avoidance can be understood the real experience of a natural disaster, war, or economic crisis faced by Americans presently. Godwin (2009, unpublished dissertation) found in an in-depth qualitative study on surviving families of Hurricane Katrina that those devastated by the disaster described their experience with helping professionals as one characterized sympathetic gestures, the helpers assumed their needs and avoided learning the depth of their experience. Instead, participants of the study requested that helpers first to get to know them as people and then clarify the distinctions of deeply personal experiences in order to help them recover. It is important to note that the survivors' perceptions of the loss they experienced were embedded not only in the context of the traumatic event but also in their perceptions of the influence of social class on their ability to recover. This distinction between sympathy and empathy is crucial in relating on a more personal level that can allow the helper to connect with the survivor through human concern instead of through a relationship built on assumptions that can create a mismatch of power and potentially reinforce oppression and, therefore, victimization.

Most crucial to the current study, Nelson & Baumgarte (2004) revealed that

participants scored lower on emotional empathy when observing behaviors different from

their own cultural norms. Path analysis showed the integrative nature of perspective

taking with the emotional functions empathy, as the decrease in empathic concern was

negotiated through the process of perspective taking. Future studies could concentrate on

the contextual factors of processing empathy that could add new information about the

way empathy is engaged as either part of a moral response, as Hoffman suggests, or

perhaps a driving force that moves the moral dimensions into action. Haidt (2001) has

connected responses to a more emotionally charged response to assess how to come to

the aid of others. However, these theories leave out a developmental evaluative measure

that should accompany studies on empathy not just as an acquired skill but an

increasingly complex function that requires integrative maturity, as well.

Hassenstab (2007) pointed to reduced personal distress and accurate recognition

of interactive social contextual cues that were significantly improved in psychotherapists

compared to non-experienced participants when rated on measures of empathy as

measured by the IRI and the Movie for the Assessment of Social Cognition (MASC) test,

involving movie segments that allowed the viewer to detect both verbal and non-verbal

interactions of communication. Interestingly, facial expression recognition measures were

not significantly different. The factor that created a difference was the verbal and non-

verbal interactions in film form, allowing for a better gauge of natural social interactions

in order to provide a more accurate assessment of the nuances of social behavior and

intentions. This notation mirrors the work of Kohlberg who continually raised the

importance of social discourse as a vital component to the promotion of postconventional

reasoning, giving a nod to empathy as one of the methods for accessing universal

acceptance of others (Walker & Frimer, 2009).

Future studies could uncover cross-cultural values surrounding empathy in order

to better understand how empathy can build multicultural awareness and enhance the

interpersonal process between the counselors and clients of differing backgrounds.

Through assumptions or misplaced contextual understanding, counselors could reinforce

oppression through cultural, racial, or socioeconomic status, thereby running the risk of

disengaging the therapeutic alliance and disempowering the client. In addition,

responding to massive levels of distress can cause rapid burnout if counselors are not

aware of the components required to build and sustain a healing presence and therapeutic

competency in the face of such devastations. To circumvent such potential risks for their

students in the future, counselor education research can center its focus on integrated

empathy as the kingpin that may release the counseling student's biases and allows them

to reach a deep, rich understanding of the client's struggle in order to facilitate the client's

development through a process of empowerment.

*Capturing the Qualitative Nature of Empathy for Counselors in Training*

The experiential dynamics of interventions such as the DPE have been

empirically supported as effective methods for stimulating growth. However, counselor

development continues to be measured as a linear progression yet conceptualized as a

cyclical process on a continuum of development through time. Loganbill, et al. (1982)

described the counselor as growing through cyclical process of building upon previous

understanding and, if challenged, could cycle back through the previously learned

concepts and then integrate the new concepts in order to grow. Nerdrum and Ronnestad

(2003, 2004) investigated the qualitative nature of the experience of social work students after engaging in an empathy-focused intervention, however, more information about how best to teach empathy is warranted.

A qualitative study focusing on the nature of the role of empathy early in the counseling process then tracking through time could deepen our understanding not just of how empathy changes students counseling abilities but enhances their cognitive development throughout the E2DPE intervention and beyond. Examining student counselor development from another angle, it may be that the rate of growth and direction of the treatment group's development could not be fully understood with a pre-test and post-test snapshot alone and may require a more qualitative look at the experience of the counseling student, challenges to learning the complex construct of empathy, and the heightened difficulty counselors may experience once they are responsible for applying empathy on a consistent basis with real clients.

An important aspect to the cultivation of empathy resides in the facilitators of the intervention, as both teaching interns and supervisors. While there have been many studies exploring supervision approaches and methods, fewer studies draw upon the qualitative experience of supervisors as they were able to engage in the process of nurturing growth in counselors. The teaching interns and supervisors who participated in the implementation of the E2DPE showed an immense care and concern for the well being of their students, along with an earnest desire to understand the students' needs and develop ways to support their small group students and supervisees. A future qualitative study could identify how the supervisees view the role of empathy not only in their students' work with clients but also in the supervisory process.

*Depicting Empathy Development in Counselors Through Time*

Developmental theorists have raised the arduous and painful nature of the process of change, stating, "It moves, but slowly" (Oser, 1985). Development is not changed from one workshop alone, but continual, consistent engagement between the environment and socio-interpersonal interactions through a long-term process, one that must be revisited again and again. Longevity studies may better capture the velocity of development depending on how counselors conduct empathy in the field, experience developmental shifts, or incur potential décalage during the process of growth. Brendel et al. (2002) showed a significant increase in PCM scores only after completion of the counseling internship and program. Counseling students measured on the DIT after the first year practicum semester course did not yet show significant growth. In contrast, the current study showed significant growth in counselors earlier in their development as a result of the effects of the second through the seven months in a CACREP accredited counselor education program. Overlaying the results of these two studies, the results suggest counselors may develop in conceptual complexity at a significant rate during the beginning phase of a CACREP program. This finding supports the evolving changes in CACREP counseling preparation programs over the last decade that may now be more conducive to promoting early counselor development.

In particular, a longevity study of the treatment group, measuring them directly after the completion of their practicum experience to investigate the rate and direction of their development in comparison to the Brendel et al., 2002 findings. A follow-up study that could shed light on the current study would also be one that conducts a follow-up study of the current study's treatment group at the completion of their program to

determine if the pattern and rate of development mirrors the results of similar studies. An even more ambitious follow-up study would test the treatment group after 2-5 years of working as a counselor in the field to capture increments of developmental change and comparing them to counselors in the field who did not receive empathy-enhanced training. These studies could trace the pattern of development and potential décalage points for counselors in training and as they change once in the field to magnify examination of the long-term effects of interventions aimed to raise counselors' psychological development through time.

More information is needed about the process and manner by which the cyclical pattern of development may unfold in more advanced counselors who resonate at higher conceptual complexity and moral developmental levels. In these cases, counseling students functioning at high levels of moral and conceptual development may require structure and support as they learn the complex, personally contextual functions of counseling and may need stronger support balanced with enough challenge to move them through a state of developmental dissonance. A combination of qualitative and quantitative measurements through time could yield a more dimensional look at the pattern of development for counselors and provide a way for counselor educators and supervisors to impact development through an empathy-enhanced intervention.

## Conclusion

The current findings present a fresh, new approach for counselor educators and supervisors to read, match, and flex with the needs of students functioning at higher levels of cognitive development in order to stabilize current integrative functioning, facilitate growth through potential décalage, and instill long-term moral development and

contextual complexity in counseling students. Though counselor educators and supervisors may facilitate some developmental growth within counselor education programs, research has shown that they may not provide enough powerful impact to spark significant growth and sustain development through time. Researchers in the counselor education field have struggled to fully raise the developmental level of students across all cognitive development domains (Brendel et al., 2002; Foster & McAdams, 1998) or sustained development of empathy through time with consistent results (Nerdrum, 2000). While the E2DPE intervention may not have yielded significant results, the findings of the current study uncover important information about the functioning of counselors at higher levels of empathy, moral and conceptual development.

Through a developmental framework, the construct of empathy may challenge counselors to engage in a continual, integrated journey with their clients. Empathy does not merely serve as a finite skill set but as enhancing long-term competency through a process conducted in continual cycles of connection on an intrapersonal and interpersonal level. One doctoral supervisor described a supervisee's experience as that of an evolving process of understanding clients, a continual revisiting of relating to the client and comprehending the depth and breadth of their experience while facilitating change and healing. This description captures the essence prescribed by Carl Rogers as a *way of being with* the client. Through a process of awakening and honing each counselor's empathy as the method for building *and* sustaining the therapeutic relationship, empathy serves as a powerful component to developing counselor competency and long-term development as a core integrative function of intrapersonal and interpersonal awareness and contextual sensitivity for counselors in preparation.

# Appendix A

## INFORMED CONSENT

I, (print name here) _____, am willing to participate in a study of empathy development in new professional counselors and the effectiveness of an empathy training on counselor development its relationship to conceptual complexity and moral development. I understand that Adele Logan, a doctoral candidate in counselor education at the College of William and Mary, is conducting this study.

As a participant in this study, I am aware that I will be asked to complete research instruments at two separate times: at the beginning and end of my participation in a six month training course. The research instruments are: the Interpersonal Reactivity Index (IRI), the Paragraph Completion Method (PCM), the Defining Issues Test (DIT-2), and a brief demographic questionnaire.

I am aware that my participation is voluntary and that I may withdraw from this study at any time without penalty. The assessments and demographic questionnaire will be confidential and identified by a code that I will choose for instrument matching purposes. No identifying information will be reported in the study results. If I wish to discontinue participation in the study I am aware that I am able to discontinue with no further consequence or obligation.

By participating in this study, I understand that there are no obvious risks to my physical or mental health. I understand that a copy of the results of the study will be given to me upon request. The investigator in this study may be reached by contacting Adele Logan, (757) 221-2363, paloga@wm.edu.

Confidentiality Statement

As a participant in this study, I am aware that all records will be kept confidential and my name will not be associated with any of the results of this study.

If I have any questions that arise in connection with my participation in this study, I should contact Dr. Victoria Foster, the Chair of Ms. Logan's Doctoral Committee at (757) 221-2321 or vafost@wm.edu. I understand that I may report dissatisfaction with any aspect of the research to Dr. Thomas Ward, Chair of the School of Education Internal Review Committee at (757) 221-2358 or tjward@wm.edu or Dr. Michael Deschenes, chair of the Protection of Human Subjects Committee at the College of William and Mary at (757) 221-2778 or mrdesc@wm.edu.

**I fully understand the above statements, and do hereby consent to participate in this study.**

_____          _____
Date                                                              Participant's Signature

# Appendix B

## DEMOGRAPHIC INFORMATION / EMPATHY QUESTIONNAIRE

Gender: (1) Male _____    (2) Female _____

Race (please check only one group):

_____ (1) Asian, Asian American                _____ (4) Native American, American Indian

_____ (2) Black, African American              _____ (5) White, Caucasian, European American

_____ (3) Latino, Hispanic, Mexican American   _____ (6) Other (please specify _____)

Age:      _____ (1) 20-30                       _____ (4) 50-59

          _____ (2) 30-40                       _____ (5) 60-70

          _____ (3) 40-50

Degrees attained:                                                  Years / Months

Completed:

_____ (1) Bachelors in _____        _____

_____ (2) Masters in _____          _____

Have you completed a course or training in empathy?

_____ (1) No

_____ (2) Currently enrolled in an empathy course or training elsewhere

_____ (3) Yes

*If yes, how many empathy courses or trainings have you taken? _____

# Appendix C

## INTERPERSONAL REACTIVITY INDEX

The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate letter on the scale at the top of the page: A, B, C, D, or E. When you have decided on your answer, fill in the letter on the answer sheet next to the item number. READ EACH ITEM CAREFULLY BEFORE RESPONDING. Answer as honestly as you can. Thank you.

ANSWER SCALE:

| A | B | C | D | E |
|---|---|---|---|---|
| DOES NOT DESCRIBE ME WELL | | | | DESCRIBES ME VERY WELL |

1. I daydream and fantasize, with some regularity, about things that might happen to me.

    A          B          C          D          E

2. I often have tender, concerned feelings for people less fortunate than me.

    A          B          C          D          E

3. I sometimes find it difficult to see things from the "other guy's" point of view.

    A          B          C          D          E

4. Sometimes I don't feel very sorry for other people when they are having problems.

    A          B          C          D          E

5. I really get involved with the feelings of the characters in a novel.

    A          B          C          D          E

6. In emergency situations, I feel apprehensive and ill-at-ease.

    A          B          C          D          E

7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.

    A          B          C          D          E

8. I try to look at everybody's side of a disagreement before I make a decision.

    A          B          C          D          E

| A | B | C | D | E |
|---|---|---|---|---|
| DOES NOT DESCRIBE ME WELL | | | | DESCRIBES ME VERY WELL |

9. When I see someone being taken advantage of, I feel kind of protective towards them.

A          B          C          D          E

10. I sometimes feel helpless when I am in the middle of a very emotional situation.

A          B          C          D          E

11. I sometimes try to understand my friends better by imagining how things look from their perspective.

A          B          C          D          E

12. Becoming extremely involved in a good book or movie is somewhat rare for me.

A          B          C          D          E

13. When I see someone get hurt, I tend to remain calm.

A          B          C          D          E

14. Other people's misfortunes do not usually disturb me a great deal.

A          B          C          D          E

15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.

A          B          C          D          E

16. After seeing a play or movie, I have felt as though I were one of the characters.

A          B          C          D          E

17. Being in a tense emotional situation scares me.

A          B          C          D          E

18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.

A          B          C          D          E

19. I am usually pretty effective in dealing with emergencies.

A          B          C          D          E

|       A       |   B   |   C   |   D   |       E       |
|:-------------:|:-----:|:-----:|:-----:|:-------------:|
| DOES NOT      |       |       |       | DESCRIBES     |
| DESCRIBE      |       |       |       | ME VERY       |
| ME WELL       |       |       |       | WELL          |

20. I am often quite touched by things that I see happen.

       A          B          C          D          E

21. I believe that there are two sides to every question and try to look at them both.

       A          B          C          D          E

22. I would describe myself as a pretty soft-hearted person.

       A          B          C          D          E

23. When I watch a good movie, I can very easily put myself in the place of a leading character.

       A          B          C          D          E

24. I tend to lose control during emergencies.

       A          B          C          D          E

25. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.

       A          B          C          D          E

26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.

       A          B          C          D          E

27. When I see someone who badly needs help in an emergency, I go to pieces.

       A          B          C          D          E

28. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

       A          B          C          D          E

# Appendix D

## PARAGRAPH COMPLETION METHOD

On the following pages you will be asked to give your ideas about several topics. Try to write at least three sentences on each topic.

There are no right or wrong answers so give your own ideas and opinions about each topic. Indicate the way you really feel about each topic, not the way others feel or the way you think you should feel.

In general, spend about 3 minutes for each stem.

1. What I think about rules...

2. When I am criticized...

3. What I think about parents…

4. When someone does not agree with me...

5. When I am not sure...

6. When I am told what to do…

# Appendix E

## EMPATHY-ENHANCED DPE CONCEPTS PRIMER

<u>Hunt's Matching Model</u>                                              (Hunt, 1975: Hunt & Gow, 1984)

Researchers have proposed that empathy may be best nurtured through eliciting an interaction between one's personal, developmental potential for the capacity for empathy and an optimal learning environment (Hatcher et al., 1994; Hunt, 1975; Sprinthall, 1994).

*Maximize* on a student's strength and extending the scope
*Reinforce* the positive dimension of a particular student behavior in order to reduce the negative dimension
*Implement* more structure and segmenting each task into smaller, more specific chunks
*Compensate* for a deficit by providing more direct, one-to-one teaching

Basic Premise:
*Match* their current developmental level of understanding then *slightly challenge* once they have mastered the current concepts.

<u>Kohlberg's Ideal Reversibility</u>                                     (Rest, Narvaez, Bebeau and Thoma,1999)

***Build Counselor's Concept of Self Awareness and Building Other-Focused Sensitivity***
– by extending one's ability to reason through a differentiated awareness of both self and other, perspective taking increases one's capacity for reaching universal moral standards. These students may focus more on their own anxiety, therefore allowing it to interfere with the client's experience. As well, the beginning counseling student may be realizing the magnitude of their responsibility for the client and are required to extend care and fairness, a complex moral exchange between the counselor and the client. By raising moral sensitivity and reasoning skills in counselors, developmental interventions can stimulate heightened empathy, joining, and listening skills, thereby increasing counselors' potential for advanced perspective taking (Foster & McAdams, 1998).

<u>Rest's Four Components</u>                                           (Rest, Narvaez, Bebeau and Thoma,1999)

***Draw out Perspective Taking and Moral Sensitivity*** as an avenue to tap counseling student's capacity for engaging in advanced empathy.

<u>Universal Human Concern & Over Arousal</u>  (Hoffman, 2000)

Empathy itself has been proposed as a construct including both emotional concern and with perspective taking (Davis, 1980, 1983a, 1983b; Hoffman, 2000), signifying that

moral sensitivity cannot be measured as empathy alone but as an integrated process of cognitive and emotive functioning.

***Human Concern*** – the sensitivity devoted toward recognizing another is in distress
***Over Arousal Bias*** – the propensity to select who one helps when feeling overwhelmed by the distress of another; can lead to helping those who are more like the helper or who are in closer proximity versus determining who is in the most need of help / hinders ability to connect with someone very different from oneself. Can remind them of the exercise when their anxiety was raised and how to create a safe place for the client while managing their own anxiety.

<u>Four Factors of Empathy</u>                                                     (Davis, 1980, 1983a, 1983b)

***Perspective Taking*** – one's capability adopting others' points of view / step into their story
***Emotional Connection*** –the level of one's ability to experience genuine, warm concern for others who are undergoing difficulty and emotionally connecting to another.
***Personal Distress/Anxiety*** – personal discomfort and anxiety when sees another in distress
***Fantasy Scale*** – emotional identification with fictitious characters through imagining their experiences / also, filling in the gaps through imagination – how might they still need the client's help in order to fill in the gaps if they can't imagine their experience?

# Appendix F

## EMPATHY-ENHANCED DPE SUPPORT & REFLECTION PHASE:
## SUPERVISOR PRIMER

Individual Supervision focus:
**1st session** – Discuss the reading they completed over the break (Gift of Therapy, Escape from Babel) This discussion can then move into discussing your supervision relationship, identifying ways you can provide support, challenge and reflection to the counselor in their process, and set goals for supervision.

**2nd session** - Clarify goal focus to include ways of enhancing empathy for their real clients, identify three ways they want to focus on building a helping relationship with their clients. Then, add empathy into the conversation, such as exploring how they will gauge their ability to listen and engage in emotional empathy, how they plan to relate to clients in distress, and ways they can open the world / story of the client to better understand the client's pain / struggle / experience.

**3rd – 5th sessions** – Upon review of their session videotapes with real clients, please include time to explore how they are engaging in empathy. Ways to engage in this discussion might include uncovering any challenges to their ability to connect to the client and clarifying goals of enhancing their perspective taking, the counselor's connection with the client's emotional experience, and any anxiety or blocks that might be getting in the way of reaching understanding of their clients.

**Reflections** – Two topics to cover in the first 6 weeks: once in the 2$^{nd}$ week and once in the 5$^{th}$ week: (Due 1/28, Due 2/18)

1) As you reflect on the role of a counselor, in what ways will you rise to the responsibility to reach a connection with your clients, understand their experience, and help them most effectively to facilitate change and healing? What are some of the difficulties you see with being able extend both sensitivity and fairness toward your clients?

2) Now that you have been counseling clients in the field during your practicum, what are the ways you believe you have been able to engage in empathy in a way that is truly meaningful to the client? What are some of the complexities to extending empathy in sessions with clients? What are areas you would like to continue to enhance as you develop your ability to connect with your clients?

Small Group Supervision focus:
If you see in the small group presentation tapes that empathy might need some improvement, use that time to explore it in a highly supportive and encouraging way. This doesn't have to be a regular part of the small group supervision, but pay attention to their "way of being" and ability to connect with their clients and explore it as needed.

# Appendix G

## EMPATHY-ENHANCED DPE CURRICULUM

| Course & Class # | Date | Discussion | Reflect # | Small Group | Support & Challenge |
|---|---|---|---|---|---|
| Techniques 1 | 9/1 | Introductions; Present Syllabus | | | |
| Techniques 2 | 9/8 | Basic Attending Skills & Therapeutic Relationship; **Introduce Dissertation Research** | 1 | | |
| Techniques 3 | 9/15 | Exploring Biases & Self as Helper Across Differences; **Pre-Testing** | 2 | | Challenge |
| Techniques 4 | 9/22 | **Assign E2 Reflection - Empathy, Sympathy & Pity - Part I Conceptualization** | 3 | | Pre-test |
| Techniques 5 | 9/29 | **Empathy, Sympathy, Pity: Engaging Empathy; Rogers - Gloria Tape - Reflecting Feelings & Empathy; Assign E2 Reflection - Identify Rogers' Empathy Techniques** | 4 | Emotional / Cognitive Empathy Balance | Instruction; Reflection Feedback; Small Group Feedback |
| Theories 6 | 10/6 | **Person-Centered Theory: Carl Rogers and Gloria - The Three Conditions for Therapeutic Change** | | | Instruction |
| Techniques 6 | 10/6 | **Reflection of Feelings; Summarizing and Conveying Empathy; Assign Mid-Course Reflection E2 Reflection - Empathy, Sympathy & Pity - Part II Application** | 5 | | Reflection Feedback |
| Techniques 7 | 10/13 | No Class (Taping) | | | Challenge |
| Techniques 8 | 10/20 | No Class (Fall Break) | | | |
| Techniques 9 | 10/27 | Initial Interviews & Assessments; **Role-Plays: Counselor, Client & Empathy within the Interpersonal Process; Assign E2 Reflection - Stepping Into the Story, Assessing Emotional Landscape of the Client, Managing the Counselor's Anxiety** | 6 | | Reflection Feedback |
| Techniques 10 | 11/3 | Challenging Clients: **Role-Play: Counselor's PT, EC & Personal Distress when Challenging a Client; Assign E2 Reflection - Processing Values, Inclinations, Concerns & Anxiety re: Confrontation** | 7 | Process Counselor Anxiety When Challenging the Client | Transparency Pedagogy; Small Group Feedback |

| | | | | | |
|---|---|---|---|---|---|
| Techniques 11 | 11/10 | Self-disclosure, Immediacy & Challenging / Resistant Clients; **Counselor Anxiety (Part 2); Assign E2 Reflection - Identifying with Others Through Imagination: Connecting with Counselors Portrayed in Film (2)** | 8 | PT, EC, PD, Imagination When a Client is Resistant | Transparency Pedagogy; Small Group Feedback |
| Techniques 12 | 11/17 | **Stages of Change & Motivational Interviewing: Employing the Four Factors of Empathy;** Engaging resistant clients in counseling. | | | Transparency Pedagogy; Small Group Feedback |
| Techniques 13 | 11/24 | Matching and Joining the Client through Motivational Interviewing; Focusing, Goal Setting | | | Reflection Feedback; Instruction; Small Group Feedback |
| Techniques 14 | 12/1 | **Empathy Accuracy & Emotional Connection Exercise: Assign E2 What They Have Learned About Empathy & Value to the Counseling Relationship;** Practice Sessions | 9 | Exploring & Overcoming Barriers to Connecting w/ Clients | Modeling - Transparency Pedagogy; Small Group Feedback |
| Techniques 15 | 12/8 | No Class (Taping) | 10 | | Challenge |
| Techniques 16 | 12/15 | No Class (Feedback from Professors) | | | Counselor Feedback |
| | | No Class (Winter Break) | | | |
| Practicum 1 | 1/21 | **Reading Discussion - Empathy & Imagining Being a Counselor** | 11 | | Support & Challenge |
| Practicum 2 | 1/28 | Goal Setting: **Three Ways to Build Helping Relationship Through Empathy** | | | Support & Challenge |
| Practicum 3 | 2/4 | **Process Empathy from Filmed Sessions** | | | Support & Challenge |
| Practicum 4 | 2/11 | **Process Empathy from Filmed Sessions** | | | Support & Challenge |
| Practicum 5 | 2/18 | **Process Empathy from Filmed Sessions; Final Meaning Memo** | 12 | | Support & Challenge |
| Practicum 6 | 2/25 | **Post-Testing** | | | Support & Challenge |

References

Barrett, M. S. & Barber, J. P. (2005). A developmental approach to the supervision of

therapists in training. *Journal of Contemporary Psychotherapy, 35(2)*, 169-183.

Bebeau, M. J. (2002). The defining issues test and the four-component model:

contributions to professional education. *Journal of Moral Education, 31(3)*, 271-

295.

Bebeau, M. J. & Thoma, S. J. (2003). *Guide for DIT-2* (Minneapolis, MN, Center for the

Study of Ethical Development, University of Minnesota).

Blocher, D. H. (1983). Toward a cognitive developmental approach to counseling

supervision. *The Counseling Psychologist, 11*, 27-34.

Borders, L. D. (1989). Developmental cognitions of first practicum supervisees. *Journal

of Counseling Psychology, 36(2)*, 163-169.

Borders, D. (1998). Ego development and counselor development. In P. M. Westenberg,

A. Blasi & L.D. Cohn (Eds.), *Personality development* (pp. 331-343). Mahwah,

NJ: Lawrence Erlbaum Associates.

Brendel, J. M., Kolbert, J.B. & Foster, V.A.(2002). Promoting student cognitive

development. *Journal of Adult Development, 9(3)*, 217-227.

Brown, L. S. (2007). Empathy, genuineness – and the dynamics of power: A feminist

responds to Rogers. *Psychotherapy: Theory, Research, Practice, Training, 44(3)*,

257-259.

Carkhuff, R. R. & Truax, C. B. (1965). Training in counseling and psychotherapy: An

evaluation of an integrated didactic and experiential approach. *The Journal of

Counseling Psychology, 29(4)*, 333-336.

Carlozzi, A., Gaa, J. & Liberman, D. (1983). Empathy and ego development. *Journal of Counseling Psychology, 30,* 113-116.

Cooper, B. (2002). *Teachers as moral models? The role of empathy in teacher / pupil relationships.* Unpublished doctoral dissertation, Leeds Metropolitan University, Leeds, England. Retrieved November 21, 2007, directly from dissertation author.

Craemer, T. (2004, September). *Framing race: Group attachment, empathy and political solidarity across the color line.* Paper presented at the annual meeting of the American Political Science Association, Chicago, IL. Online <.PDF>. February 2, 2009 from http://www.alloacademic.com/meta/p60605_index.html.

Crenshaw, D. A. & Hardy, K. V. (2007). The crucial role of empathy in breaking the silences of traumatized children in play therapy. *International Journal of Play Therapy, 16(2),* 160-175.

Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2$^{nd}$ edition). Thousand Oaks, CA: Sage Publications, Inc.

Davis, Mark H. (1980). A multidimensional approach to individual differences in empathy. *Catalog of Selected Documents in Psychology, (10)4,* 85-104.

Davis, M. (1983a). The effects of dispositional empathy on emotional reactions and helping: A multidimensional approach. *Journal of Personality, (51)2,* 167-184.

Davis, M. (1983b). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology, 44(1),* 113-126.

D'Andrea, M. (1988). Counselor as pacer: A model for the revitalization of the

counseling profession. In R. Hayes & R. Aubrey (Eds.), *New directions for*

*counseling and human development* (pp. 22-44). Denver, CO: Love Publishing.

D'Andrea, M. & Daniels, J. (1992). Measuring ego development for counseling practice:

Implementing developmental eclecticism. *Journal of Humanistic Education and*

*Development,* 31, 12-20.

Dennin, M.K. & Ellis, M.V. (2003). Effects of a method of self-supervision for counselor

trainees. *Journal of Counseling Psychology, 50(1)*, 69-83.

Dollarhide, C. T. Smith, A. T. & Lemberger, M. E. (2007). Counseling made transparent:

Pedagogy for a counseling theories course. Counselor Education and Supervision,

*46(4)*, 242-253.

Duckett, L. J. & Ryden, M. B. (1994). Education for ethical nursing practice. In J. R. Rest

& D. Narvaez (Eds), *Moral development in the profession: psychology and*

*applied ethics,* (pp.43-68). Mahwah, NJ. Lawrence Erlbaum Associates, Inc.

Evans, K. M., & Foster, V. A. (2000). Relationships among multicultural training, moral

development, and racial identity development of White counseling students.

*Counseling and Values, 45,* 39-48.

Foster, V. A. & McAdams, C. R. (1998). Supervising the childcare counselor: A

cognitive developmental model. *Child and Youth Care Forum, 27,* 5-19.

Foster, V. A. & Sprinthall, N. (1992). Developmental profiles of early and middle

adolescents and young adults choosing abortion: Stage sequence, décalage and

implications for policy. *Adolescence, 27,* 655-673.

Furman, R. (2005). Using poetry and written exercises to teach empathy. *Journal of Poetry Therapy, 18(2),* 103-110.

Gall, M. D., Gall, J. P., & Borg, W. R. (2007). *Educational research: An introduction* (8th ed.). Pearson Education, Inc.: New York, NY.

Gibbs, J. C. (2003). *Moral development and reality: Beyond the theories of Kohlberg and Hoffman.* Thousand Oaks, CA: Sage Publications.

Gielen, U. (1991). Research on moral reasoning. In L. Kuhmerker (Ed.), *The Kohlberg legacy for the helping professions* (pp.39-60). Birmingham, AL: Doxa.

Gilligan, C. (1982). *In a Different Voice: Psychological Theory and Women's Development.* Cambridge, MA: Harvard University Press.

Godwin, E. E. (2009). *Hurricane Katrina families: Social class and the family in trauma recovery.* Unpublished doctoral dissertation, The College of William and Mary, Retrieved March 22, 2009 directly from dissertation author.

Granello, D. H. (2002). Assessing the cognitive development of counseling students: Changes in epistemological assumptions. *Counselor Education and Supervision, 41(4),* 279-293.

Gravetter, F. J. & Wallau, L. B. (2008). *Essentials of statistics for the behavioral sciences.* (6th ed.). Belmont, CA: Thomson Wadsworth.

Greene, J., Sommerville, R. B., Nystrom, L. E., Darley, J. M. & Cohen, J. D. (2001). An fMRI investigation of emotional engagement in moral judgment. *Science, 293,* 2105-2108.

Griffin, D. (2007). *A comparative study of professional school counselors' and school counseling interns' multicultural competence and moral development: Exploring*

*the gap between training and supervision.* Unpublished doctoral dissertation, The College of William and Mary. Retrieved September 8, 2008, from PsycINFO database.

Gushue, G. V., Constantine, M. G. & Sciarra, D. T. (2008). Multicultural counseling competence, and shifting standards on judgment of perceptions of family functioning of white counselors. *Journal of Counseling and Development, 86(1),* 85-94.

Haidt, J. (2001). The emotional dog and its rational tail: A social intuitionist approach to moral judgment. Psychological Review, 108(4), 814-834.

Haidt, J., & Bjorklund, F. (2007). Social intuitionists answer six questions about morality. In W. Sinnott-Armstrong (Ed.), *Moral psychology, Vol. 2: The cognitive science of morality* (pp. 181-217). Cambridge, MA: MIT Press.

Hammond, R. T. & Nichols, M. P. (2008). How collaborative is structural family therapy? *The Family Journal: Counseling and Therapy for Couples and Families, 16(2),* 118-124.

Harvey, O. J., Hunt, D. E. & Schroder, H. M. (1971). *Conceptual systems and personality organization.* New York, NY: Wiley.

Hassenstab, J., Dziobek, I., Rogers, K., Wolf, O.T. & Convit, A. (2007). Knowing what others know, feeling what others feel; A controlled study of empathy in psychotherapists. *The Journal of Nervous and Mental Disease, 195(4),* 277-281.

Hatcher, S. L., Nadeau, M. S., Walsh, M. R., Galea, J. & Marz, K. (1994). The teaching of empathy for high school and college students: Testing Rogerian methods with the Interpersonal Reactivity Index. *Adolescence, 29(116),* 961-974.

Hayes, R. L. (1994). The legacy of Lawrence Kohlberg: Implications for counseling and

human development. *Journal of Counseling and Development, 72,* 261-267.

Hoffman, M. L. (2000). *Empathy and moral development: Implications for caring and

justice.* Cambridge, England: Cambridge University Press.

Holloway, E. L. & Wolleat, P. L. (1980). Relationship of counselor conceptual level to

clinical hypothesis formation. *Journal of Counseling Psychology, 27(6),* 539-545.

Holloway, E. L. & Wampold, B. E. (1986). Relation between conceptual level and

counseling-related tasks: A meta-analysis. *Journal of Counseling Psychology, 33,*

310-319.

Hunt, D. E. (1970). A conceptual level matching model for coordinating learner

characteristics with educational approaches. *Interchange, 1(3),* 68-82.

Hunt, D. E. (1975). Person-environment interaction: A challenge found wanting before it

was tried. *Review of Educational Research, 45(2),* 209-230.

Hunt, D. E., Butler, L. E., Noy, J. E. & Rosser, M. E. (1978). *Assessing conceptual level

by the paragraph completion method.* Toronto: The Ontario Institute for Studies

in Education.

Hunt, D. E. & Gow, J. (1984). How to be your own best theorist II. *Theory Into Practice,

23(1),* 64-71.

Kaiser, D. & Ancellotti, T. (2003). A family counselor practicum based on a deliberate

psychological education model. *Counselor Education and Supervision, 42,* 286-

301.

Keen, S. (2006). A theory of narrative empathy, *Narrative, (14)3,* 207-236.

Kohlberg, L. (1969). Stage and sequence: The cognitive-developmental approach to

socialization. In D. Goslin (Ed.), *Handbook of socialization theory and research*

(pp. 347-480). Skokie, IL: Rand McNally.

Kohlberg, L. (1986). My personal search for universal morality. In L. Kuhmerker (Ed.),

*The Kohlberg legacy for the helping professions* (pp.11-17). Birmingham, AL:

Doxa.

Lapsley, D. K. (2006). Moral stage theory. In M. Killen & J. G. Smetana (Eds.), *The*

*handbook of moral development* (pp. 37-66). Mahwah, NJ: Lawrence Erlbaum

Associates.

Linley, P. A. & Joseph, S. (2007). Therapy work and therapists' positive and negative

well-being. *Journal of Social and Clinical Psychology, 26(3),* 385-403.

Loganbill, C., Hardy, E. & Delworth, U. (1982). Supervision: A conceptual model. *The*

*Counseling Psychologist, 10(1),* 3-64.

Loevinger, J. (1976). *Ego development: Conceptions and theories.* San Francisco, CA:

Jossey-Bass.

Lovell, C. (1999). Empathic-cognitive development in students of counseling. *Journal of*

*Adult Development, 6,* 195-203.

Manners, H., Durkin, K. & Nesdale, A. (2004). Promoting advanced ego development

among adults. *Journal of Adult Development, (11)1,* 19-27.

Mayhew, M. J. & King, P. (2008). How curricular content and pedagogical strategies

affect moral reasoning development in college students. *Journal of Moral*

*Education, 37(1),* 17-40.

McAuliffe, G. J. & Eriksen, K. P. (1999). Toward a constructivist and developmental

identity for the counseling profession: the context-phase-stage-style model.

*Journal of Counseling & Development, 77,* 267-280.

McAuliffe, G. & Lovell, C. (2006). The influence of counselor epistemology on the

helping interview: A qualitative study. *Journal of Counseling & Development, 84,*

308-317.

McNeel, S. P. (1994). College teaching and student moral development. In J. R. Rest &

D. Narvaez (Eds.), *Moral development in the professions: Psychology and*

*applied ethics* (pp. 27-49). Hillsdale, NJ: Lawrence Erlbaum Associates.

Mehrabian, A. & Epstein, N. (1972). A measure of emotional empathy. *Journal of*

*Personality, 40,* 525-543.

Mehrabian, A., Young, A.L., & Sato, S. (1988). Emotional empathy and associated

individual differences. *Current Psychology: Research & Reviews, 7,* 221-240.

Merriam, S. B. & Heuer, B. (1996). Meaning-making, adult learning and development: A

model with implications for practice. *International Journal of Lifelong Education,*

*15(4),* 243-255.

Miller, A. (1981). Conceptual matching models and interactional research in education.

*Review of Educational Research, 51(1),* 33-84.

Morgan, B., Morgan, F., Foster, V. A. & Kolbert, J. (2000). Promoting the moral and

conceptual development of law enforcement trainees: a deliberate psychological

educational approach. *Journal of Moral Education, 29,* 203-218.

Morton, K. R., Worthley, J. S., Testerman, J. K., & Mahoney, M. L. (2000). Defining

features of moral sensitivity and moral motivation: Pathways to moral reasoning

in medical students. *Journal of Moral Education, 35(3)*, 387-406.

Mosher, R. L. & Sprinthall, N. A. (1971). Psychological education: A means to promote

personal development during adolescence. *The Counseling Psychologist, 2*, 3-82.

Murphy, D. (2005). A qualitative study into the experience of mandatory personal

therapy during training. *Counselling and Psychotherapy Research, 5(1)*, 27-32.

Narvaez, D. (2006). Integrative ethical education. In Killen, M. & Smetana, J. G. (Eds.),

*The handbook of moral development* (pp. 37-66). Mahwah, NJ: Lawrence

Erlbaum Associates.

Nelson, D. W. & Baumgarte, R. (2004). Cross-cultural misunderstandings reduce

empathic responding. *Journal of Applied Social Psychology, 34(2)*, 391-401.

Nerdrum, P. (2000). *Training of empathic communication for helping professionals.*

Unpublished doctoral dissertation. Oslo: Psykologisk institutt, Universitetet i

Oslo. Retrieved February 25, 2009, directly from dissertation author.

Nerdrum, P. & Ronnestad, M. H. (2002). The trainees' perspective: A qualitative study of

learning empathic communication in Norway. *The Counseling Psychologist,*

*30(4)*, 609-629.

Nerdrum, P. & Ronnestad, M. H. (2003). Changes in therapists' conceptualization and

practice of therapy following empathy training. *The Clinical Supervisor, 22(2)*,

37-61.

Noam, G. (1998). Solving the ego development-mental health riddle. In P. M.

Westenberg, A. Blasi, & L. Cohn (Eds.). *Personality development: Theoretical*

*empirical and clinical investigations of Loevinger's conception of ego*

*development* (pp. 271-295). Mahwah, NJ: Lawrence Erlbaum Associates.

Ogle, N. (2008). Cultivating empathy among undergraduate students through the implementation of personalization exercises. Unpublished doctoral dissertation, University of Arkansas, Fayetteville. Retrieved December 11, 2008, directly from dissertation author.

Oser, F. K. & Schläfli, A. 1985. But it does move: The difficulty of gradual change in moral development. In M. Berkowitz & F. K. Oser (Eds.), *Moral education: Theory and application: International perspectives* (pp. 269-296*).* Mahwah, NJ: Lawrence Erlbaum Associates.

Perry, W. G., Jr. (1970). Forms of intellectual and ethical development in the college years. New York: Holt, Rinehart, & Winston.

Reiman, A. J. (1999). The evolution of the social roletaking and guided reflection framework in teacher education: recent theory and quantitative synthesis of research. *Teaching and Teacher Education, 15,* 597-612.

Reiman, A. J. & Dotger, B. H. (2008). What does innovation mean for moral educators? *Journal of Moral Education, 37(2),* 151-164.

Reiman, A. J. & Peace, S.D. (2002). Promoting teachers' moral reasoning and collaborative inquiry performance: A developmental role-taking and guided inquiry study. *Journal of Moral Education, 31,* 51-66.

Rest J. R. (1983). Morality. In J. H. Flavell & E. M. Markman (Eds.), *Handbook of child psychology: Vol. 3. Cognitive development* (pp. 556-629). New York, NY: Wiley.

Rest, J. R. (1986). *Manual for the defining issues test.* Minneapolis, MN: University of Minnesota Press.

Rest, J. R. & Narvaez, D. (1994). *Moral development in the professions: Psychology and applied ethics.* Hillsdale, NJ: Lawrence Erlbaum Associates.

Rest, J. R., Narvaez, D., Bebeau, M. J. & Thoma, S. J. (1999). *Postconventional moral thinking: A neo-Kohlbergian approach.* Hillsdale, NJ: Lawrence Erlbaum Associates.

Rest, J. R., Narvaez, D., Thoma, S. J. & Bebeau, M. J. (2000). A neo-Kohlbergian approach to morality research. *Journal of Moral Education, 29(4),* 381-395.

Rest, J. R., Thoma, S. J., Narvaez, D. & Bebeau, M. J. (1997). Alchemy and beyond: Indexing the Defining Issues Test. *Journal of Educational Psychology, 89(3),* 498-507.

Rogers, C. R. (2007). The necessary and sufficient conditions of therapeutic personality change. *Psychotherapy: Theory, Research, Practice, Training, 44(3),* 240-248.

Ronnestad, M. H. & Skovolt, T. M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling and Development, 71(2),* 396-405.

Shapiro, J., Morrison, E. H., & Boker, J. R. (2004). Teaching empathy to first year medical students: Evaluation of an elective literature and medicine course. *Education for Health, 17(1),* 73-84.

Singer, M. (2005). A twice-told tale: A phenomenological inquiry into clients' perceptions of therapy. *The Journal of Marital and Family Therapy, 31(3),* 269-281.

Sprinthall, N. A. (1978). A primer on development. In N. A. Sprinthall and R. L. Mosher

(Eds.), *Value development as the aim of education* (pp. 1-15). New York, NY:

Character Research Press.

Sprinthall, N. A. (1994). Counseling and social role taking: Promoting moral and ego

development. In J. R. Rest & D. Narvaez, D. (Eds.), *Moral development in the*

*professions: Psychology and applied ethics* (pp.85-99). Hillsdale, NJ: Lawrence

Erlbaum Associates.

Sprinthall, N. A., Peace, S. D., & Kennington, P. (2001). *Cognitive Developmental Stage*

*Theories for Counseling.* Alexandria, VA: American Counseling Association.

Stoltenberg, C. D. (1981). Approaching supervision from a developmental perspective:

the counselor complexity model. *Journal of Counseling Psychology, 28(1),* 59-65.

Stoltenberg, C. D. (2005). Enhancing professional competence through developmental

approaches to supervision. *American Psychologist, 60(8),* 857-864.

Stoppard. J. M. & Miller, A. (1985). Conceptual level matching in therapy: A review.

*Current Psychological Research and Reviews, 4,* 47-68.

Tehrani, A., Hauer, K.E., O'Sullivan, P.O. (2008). Can simulations measure empathy?

Considerations on how to assess empathy via simulations. *Patient Education and*

*Counseling, 71,* 148-152.

Truax, C. B., Wargo, D. G., Frank, J. D., Imber, S. D., Battle, C. C., Hoehn-Saric, R.,

Nash, E. H., Stone, A. R. (1966). Therapist empathy, genuineness, and warmth

and patient therapeutic outcome. *Journal of Counselor Psychology, 30(5),* 395-

401.

Truax, C. B. and Carkhuff, R. R. (1967). *Toward effective counseling and psychotherapy:*

*Training and practice.* Hawthorne, NY: Aldine Publishing Company.

Trusty, J., Ng, K-M. & Watts, R. E. (2005). Model of effects of adult attachment on emotional empathy of counseling students. *Journal of Counseling and Development, 83,* 66-77.

Thoma, S. J. (2006). Research on the Defining Issues Test. In M. Killen & J. G. Smetana (Eds.), *The handbook of moral development* (pp. 67-91). Mahwah, NJ: Lawrence Erlbaum Associates.

Walker, L. J. (2006). Gender and morality. In M. Killen & J. G. Smetana (Eds.), *The handbook of moral development* (pp. 93-115). Mahwah, NJ: Lawrence Erlbaum Associates.

Walker, L. J. & Frimer, J. A. (2009). 'The song remains the same': Rebuttal to Sherblom's re-envisioning of the legacy of the care challenge. *Journal of Moral Education, 38(1),* 53-68.

Wear, D. & Varley, J. D. (2008). Rituals of verification: The role of simulation in developing and evaluating empathic communication. *Patient Education and Counseling, 71,* 153-156.

Weinfurt, K. P. (2006). Multivariate analysis of variance. In L. G. Grimm & P. R. Yarnold (Eds.), *Reading and understanding multivariate statistics* (11th edition) (pp. 245-276). Washington, D.C.: American Psychological Association.

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