

Impact of a Structured Reflective Program on Congruence and Burnout on Psychotherapists

by

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## Abstract

Reflective practice is an important part of what distinguishes expert psychotherapists from their merely average peers. Therapists who engage in it regularly are more effective than those who do not (Cropley, Hanton, Miles, & Niven, 2010; Hoshmand, 1994; Parsons, 2009). One area of reflective practice in which psychotherapists may derive particular benefit is the promotion of personal-professional value congruence (Coster & Schwebel, 1997; Lindsay, Breckon, Thomas, & Maynard, 2007; Norcross, 2000). A congruent psychotherapist is able to ‘practice what they preach’ and provide consistent, purposeful, and intentional therapy. Therapy delivered in this manner not only improves the psychotherapist’s competence and effectiveness, but should also reduce burnout. The aim of this research study was to explore the impact of a reflective practice program on congruence, engagement, job satisfaction, and burnout in psychotherapists. It is hypothesized that reflection will enhance self-awareness which will in turn resolve value conflicts that increase the risk of burnout (Anderson, Knowles, & Gilbourne, 2004; Maslach, Schaufeli, & Leiter, 2001; Poczwardowski, Sherman, & Henschen, 1998). In order to test the hypothesis, an online course was employed in order to enable participation in 10 weeks of reflective practice. Participants were randomly assigned to either reflect on their personal-professional value congruence or their ethical practice, or to a delayed control group. Results of a split plot multivariate analysis of variance revealed that psychotherapists in the three experimental conditions experienced more congruence. Results of a mediation analysis revealed that congruence did not play an intervening role in the relationship between participant’s reflection scores and their level of burnout, engagement, and job satisfaction. However, the indirect analysis did find a relationship between reflection and engagement and job satisfaction in addition to a relationship between congruence and engagement and job satisfaction. Given these results, this research has (a) theoretical implications with respect to the Hawthorne effect, non specific factors, and expectancy theory, and (b) practice implications for individual psychotherapists, trainers of psychotherapists, and the practice of psychotherapy.

**Preface**

This thesis is an original work by Holly Reanne Whyte. The research project, of which this thesis is part, received research ethics approval from the University of Alberta Research Ethics Board, Project

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### **Dedication**

There are so many individuals in my life that deserve mention for all of their “behind the scenes” work for helping me to be successful at completing my dissertation and doctoral degree. First, and most importantly, I want to thank my mom and dad. Mom, you have been extremely supportive throughout this entire journey and I knew I could always count on you. You were there when I needed to vent, when I needed support, and when I needed encouragement. You were my rock that gave me the strength to persevere. Thank you from the bottom of my heart. Dad, if I could only dedicate my degree(s) to one person it would be you. Your countless hours of editing, reading, and re-reading of my papers and dissertation did not go unnoticed. You provided me with the confidence and support that I/we could perhaps indeed write a dissertation. My gratitude cannot be fully expressed in a few lines; however I want you to know that beyond your many Education and Master’s degrees earned, you can now add Doctoral degree to your repertoire of accolades.

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## **Chapter 1**

### **Introduction**

#### **Statement of the Problem**

Burnout among psychotherapists is a significant problem. Estimates are that approximately 40% of psychotherapists fall within a high burnout range (Ackerley, Burnell, Holder, & Kurdek, 1988) and roughly 54% of days lost to absenteeism are due to it (Bellarosa & Chen, 1997). In addition to work-related issues, psychotherapists suffering from burnout exhibit physical, emotional, behavioural, and interpersonal difficulties (Grosch & Olsen, 1994; Kahill, 1988). The effects of burnout lead not only to health problems such as hypertension, cardiovascular disease, and cancer (Horan, 2002; Sethi, 1996; Wilkins & Beaudet, 1998), but also to a heightened risk of depression, substance abuse, and suicide (Deutsch, 1985; Grosch & Olsen, 1994; Kahill, 1988). The psychotherapist's personal, professional, physical, and emotional distress also contributes to a 'spill-over' effect that causes an inferior delivery of psychological services (Story & Repetti, 2006). The burned-out psychotherapist experiences decreased engagement and job dissatisfaction, in addition to increased levels of irritability, cynicism, frustration, anger, and hostility (Grosch & Olsen, 1994), all of which contribute to a poor working alliance and diminished therapeutic effectiveness. Thus, given the pervasive and persistent problems associated with burnout, it is imperative that research exploring methods to prevent, cope, and ameliorate it be undertaken for the survival and retention of practicing psychotherapists.

Since the introduction of the concept of burnout 40 years ago, more than 6,000 books, chapters, dissertations, and journal articles have been published on the topic (Maslach, Schaufeli, & Leiter, 2001). Practitioners working with individuals experiencing burnout often requested

information with respect to how to treat and combat the negative effects associated with it. However, most of the early literature and resources for practitioners treating burned out individuals focused on explaining and defining the concept rather than providing practical strategies to ameliorate it. Furthermore, the information provided to practitioners was in relation to specific individual and situational factors and did not consider the complexity of human behaviour (Maslach et al., 2001; Schaufeli, Leiter, & Maslach, 2008).

In the 1990s the research evolved to account for the fact that burnout was rarely the result of a solitary factor but, rather, developed from a combination of predisposing and precipitating factors (Maslach et al., 2001). Maslach and Leiter (1997) began to understand burnout from an interactive perspective and this promised ways to intervene. They proposed that burnout was the consequence of a mismatch between the person and his or her job environment. The greater the job-person mismatch, the greater the risk of burnout. Conversely, the better the job-person match, the greater the likelihood of engagement and job satisfaction (Maslach et al., 2001). A disparity between the person and his or her occupational setting leads to burnout stemming from a multitude of factors such as work overload, lack of control, insufficient reward, dissolution of community, absence of fairness, and value conflicts (Maslach et al., 2001). In contrast, parity between the practitioner and his or her job environment led to increased engagement and job satisfaction through sustainable workloads, feelings of choice and control, appropriate recognition and rewards, supportive work communities, fairness and justice, and meaningful and valued work (Maslach et al., 2001). According to Maslach and Leiter (1997) each factor plays a prominent role in either promoting engagement or fostering burnout. However, Maslach and her colleagues (2001) suggest that values, and in particular value conflicts, are the most important variable contributing to a heightened risk of burnout.

Holland (1966), the first to articulate and research the concept of vocational congruence, described it as the ‘fit’ between the person and his or her job environment. Liedtka (1989) explained the concept of ‘fit’ as value congruence, wherein the values of the person are in line with the values of the employing organization. In occupational settings, the environment, which includes the resources available, and the person, are the primary components necessary for success. Therefore, it is of great benefit to the individual and the organization to promote a sense of congruence between the person and his or her work environment. This may then lead to an increase in job satisfaction and engagement, and a decrease in burnout.

In psychotherapy, the environment and the resources required to execute the job are unique. Unlike other vocations, in psychotherapy the therapist is the main resource required to perform the job of therapy. Cohesion strategies such as ongoing self-care that target the personhood of the psychotherapist are essential to reducing burnout. Therefore, as proposed by Maslach and Leiter (1997), finding ways to reduce value conflicts that contribute to burnout is vital in the psychotherapy field.

For psychotherapists, value congruence is essential to becoming effective and reducing burnout (Guy, 1987; Simon 2003; Truscott, 2010; Vasco, Garcia-Marques, & Dryden, 1993), obtaining fulfilment and engagement in work (Ricketta, 2002), and building confidence and job satisfaction (Meglino, Ravlin, & Adkins, 1989; Vasco et al., 1993). Value conflicts, or incongruence, on the other hand, is associated with ineffectiveness, job dissatisfaction, and discontinuation in the profession (Orlinsky & Rønnestad, 2005; Vasco et al., 1993), and even contributes to unethical behaviour (O’Reilly, Chatman, & Caldwell, 1991; Posner & Schmidt, 1993; Truscott & Crook, 2013). Therefore, it appears that value conflicts are a significant

concern in psychotherapy and promoting value congruence should reduce burnout while enhancing engagement and job satisfaction, resulting in better services to clients.

In psychotherapy, value congruence is manifested in consistency between the values arising out of the psychotherapist's personal epistemic beliefs and those of the therapeutic approach by which the therapist practices. A person's epistemic beliefs are the result of the lessons learned from such sources as culture, family of origin, and experience (Coan, 1979; Johnson, Campbell, & Masters, 1992; Unger, Draper, & Pendergrass, 1986) which form the basis of one's worldview (Koltko-Rivera, 2004). The value-congruent psychotherapist's therapeutic approach is an extension of his or her worldview as manifested in case conceptualization and choice of interventions and strategies applied to a client's presenting problem. If the therapeutic actions stemming from the psychotherapist's adherence to a particular therapeutic approach are consistent with the values arising out of his or her epistemic beliefs then a harmonious circumstance is formed, resulting in personal-professional value congruence. However, if the psychotherapist's therapeutic approach dictates actions inconsistent with the values arising out of his or her epistemic beliefs, then the psychotherapist would experience personal-professional value incongruence.

*Reflection* is a promising means to resolve value conflicts and promote personal-professional value congruence (Coster & Schwebell, 1997; Haas & Hall, 1991; Lindsay, Breckon, Thomas, & Maynard, 2007; Norcross, 2000; Maslach et al., 2001; Skvoholt, Grier, & Hanson, 2001). Reflection aids in improving one's self-awareness such that a psychotherapist can better understand who they are as a person and as a practitioner, so that they might be more congruent (Anderson, Knowles, & Gilbourne, 2004; Cropley, Hanton, Miles & Niven, 2010; Lindsay et al., 2007; Poczwardowski, Sherman, & Henschen, 1998). It is from the knowledge



gleaned through reflection that the psychotherapist develops a consistency between his or her worldview and therapeutic approach (Lindsay et al., 2007, Poczwardowski et al., 1998). The value congruent psychotherapist then practices in a manner that is free of value conflicts, is authentic and genuine, and reduces burnout. Indeed, Coster and Schwebel (1997) found that self-awareness and values were the top two interventions reported by practitioners as helpful in preventing and coping with burnout. Therefore, it would appear that as the psychotherapist engages in the preservation of the self through reflection as a self-care strategy, value conflicts are replaced with value congruence, which in turn reduces the risk of burnout.

Given the many benefits of reflection, it would seem apparent that it is a topic that would be studied extensively, however, surprisingly, this is not the case. Currently, most contributions to the literature on reflection have been primarily theoretical, thus there is a real need for more practical and empirical literature on the topic. Exploring methods to understand, promote, and sustain reflection would not only contribute to the reflective literature, but would also reduce burnout through the resolution of value conflicts. Scholars have proposed techniques to enhance reflection; however, the most supported strategy is ongoing reflective practice (Anderson et al., 2004; Copeland, Brimingham, De La Cruz, & Lewin, 1993; Cropley et al., 2010; Johns, 2009; Lindsay et al., 2007; Poczwardowski et al., 1998; Thompson & Thompson, 2008). Reflective practice involves looking back on past actions and events, and consciously examining one's emotions, experiences, actions, and responses with the aim of: (a) adding to an existing knowledge base, (b) drawing out new knowledge and meaning, (c) heightening one's understanding and development of his or her clinical skills, (d) stimulating personal and professional growth, and (e) minimizing the gap between theory and practice (Jasper, 2003; Paterson & Chapman, 2013). Structured programs aimed at promoting reflection should enhance

reflective practice through the use of prompts that stimulate reflective thought (Anderson et al., 2004; Cropley et al., 2010; Ghaye, 2008; Johns, 2009; Lindsay et al., 2007). It is through these reflective programs that psychotherapists can increase their level of self-awareness and work to resolve value conflicts. However, even though scholars assert the importance of reflective practice and reflective programs, there is still a paucity of research in this area. Therefore, it would seem advantageous to develop and test the effects of reflective programs with respect to their impact on value conflicts, congruence and burnout.

### **Purpose of the Study**

The purpose of this study was to investigate if a structured reflective program would promote personal-professional value congruence, reduce burnout, and enhance engagement and job satisfaction. Given that value conflicts are a key factor contributing to a heightened risk of burnout, strategies aimed at resolving value conflicts should reduce it. Value conflicts also contribute to job dissatisfaction and decreased engagement both of which exacerbate the risk of burnout. Therefore, the resolution of value conflicts would not only reduce burnout, but also enhance engagement and increase job satisfaction. Thus, this research adds to the literature on reflective practice through the development and implementation a structured reflective program and quantitatively testing if reflection does indeed promote value congruence, positively impact engagement and job satisfaction, and thereby reduce burnout.

## Chapter 2

### Literature Review

The purpose of this study was to explore ways to reduce burnout among psychotherapists by promoting reflection on value congruence.

#### Part 1: Burnout

**Definition.** The concept of burnout evolved from early writings based on a practitioner's personal experience with it (Maslach et al., 2001). This development of burnout has led to the term being derived from popular origins rather than a scholarly perspective (Maslach & Goldberg, 1998). Therefore, the lack of theory and empirical studies caused uncertainty with respect to the actual definition of burnout (Maslach & Goldberg, 1998). Debates continue today regarding whether burnout can be classified as a state, representing a physical or mental condition, or as a syndrome, characterized by a set of symptoms (Chanofsky, 2008).

**Burnout.** According to Freudenberger's (1975) original definition, to burnout is "to fail, wear out, or become exhausted by making excessive demands on energy, strength, or resources" (p.73). In 1980, Freudenberger refined his definition by proposing that burnout is a "state of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that failed to produce expected rewards" (p.13). Maslach and Leiter (1997) claim that burnout "represents an erosion in values, dignity, spirit, and will—an erosion of the human soul" (p.17). Furthermore, Skovholt and Trotter-Mathison (2011b) suggest that burnout is "a haemorrhaging of self" (p. 151). As a result of these various definitions of burnout, communication regarding a universal understanding of the term has been challenging (Maslach & Jackson, 1981). However, empirical support exists for a three dimensional conceptualization of burnout proposed by Maslach and Jackson (1981). Maslach and Jackson (1981) describe burnout as a syndrome

triggered mostly by stress and manifested by emotional exhaustion, depersonalization, and decreased personal accomplishment. The culmination of these three dimensions experienced by the psychotherapist significantly increases the risk of burnout leading to numerous consequences for psychotherapists, their clients, and his or her family.

***Engagement.*** In the late-1990s a new perspective on burnout began to arise. This perspective coincided with the emergence of Positive Psychology that emphasized building on positives, rather than eliminating negatives (Schaufeli et al., 2008). This change in perspective contributed to not only a change in focus, but also a change in language (Schaufeli et al., 2008). Therefore, in 1997, Maslach and Leiter proposed an alternative, more optimistic phrase for burnout. They labelled this new term ‘engagement’ (Schaufeli et al., 2008). Engagement defined burnout as an erosion of a positive state of mind (Schaufeli et al., 2008). Energy, involvement, and efficacy replaced the previous negative perspectives on burnout (Schaufeli et al., 2008). Burnout was now considered to be the result of an erosion of engagement, in which “energy turned into exhaustion, involvement turned into cynicism, and efficacy turned into ineffectiveness” (Maslach & Leiter, 1997, p. 24).

***History.*** The early literature regarding burnout focused on explaining, labelling, and defining the concept (Maslach et al., 2001). These seminal writings began in the United States in the mid-1970s by Freudenberger (1975) and Maslach (1976).

***Freudenberger’s contributions.*** Freudenberger, a psychiatrist, worked with chronic drug abusers in New York’s East Village. During his tenure, he witnessed and experienced firsthand the gradual emotional depletion, loss of motivation, and reduced commitment by himself and the volunteers at the clinic (Freudenberger, 1975; Schaufeli et al., 2008). In an effort to define these experiences, Freudenberger borrowed a word in colloquial use. This word was used to refer to

the effects of chronic drug abuse in which the drug abusers lost motivation to participate in the world; the abuser was a 'burnout' (Freudenberger, 1975; Maslach et al., 2001).

***Maslach's contributions.*** Maslach (1976) and her colleagues were conducting interviews with human service workers in California when she first encountered the term 'burnout' (Schaufeli et al., 2008). Maslach discovered that participants often used the term to refer to their experiences that included emotional exhaustion, negative perceptions and feelings concerning clients and patients, and crises in professional competence because of emotional turmoil (Maslach, 1976; Maslach, 1982; Schaufeli et al., 2008). Thereafter, as a result of Freudenberger (1975) and Maslach's (1976) work, the term 'burnout' was generally used to describe the emotional exhaustion, depersonalization, and reduced personal accomplishment experienced by practitioners in human service professions (Maslach & Jackson, 1981).

Research on burnout in the 1980s shifted to a more systematic, empirical approach (Maslach et al., 2001). The aim of the empirical phase was to assess burnout and to create several different burnout measures (Maslach et al., 2001). The 1990s was also a significant period in burnout history. Up until the 1990s, research focused on specific individual or situational factors that increased the likelihood of burnout (Maslach et al., 2001). However, this research failed to account for the fact that burnout was rarely the result of a single factor, but rather, developed from a combination of factors (Maslach et al., 2001). Maslach and Leiter (1997) began to conceptualize burnout from an integrated perspective. They proposed that burnout was the consequence of a mismatch between the person and his or her job environment (Maslach & Leiter, 1997). Maslach and Leiter (1997) identified six factors which contribute to the job-person mismatch, namely, workload, control, reward, community, fairness, and values. Therefore, the

greater the job-person mismatch, the greater the possibility of burnout; conversely the better the job-person match, the greater was a person's engagement with their work (Maslach et al., 2001).

**Models.** Two significant models have been proposed in the burnout literature. Both models explore the role of predisposing factors that contribute to the experience of burnout. The multidimensional model examines the personal characteristics leading to burnout whereas the contextual model investigates the occupational characteristics associated with burnout. However, regardless of the model, research has indicated that a variety of factors may contribute to a psychotherapist's increased risk of burnout.

**Multidimensional model.** Maslach and Jackson (1981) proposed that three dimensions (emotional exhaustion, depersonalization, and reduced personal accomplishment) when considered together, can have a significant impact on a person and his or her relationships with their clients, family, and others. Therefore, it is essential to explore the contributing factors that lead to burnout in order to fully understand, (a) the concept of burnout, (b) how burnout develops, and (c) appropriate strategies to ameliorate burnout.

Maslach and Goldberg (1998) describe emotional exhaustion as the feeling of being overextended and depleted of one's internal resources. This often occurs during times of work overload and personal conflict in the workplace (Maslach & Goldberg, 1998). Consequently, the person feels drained, depleted, and lacks the necessary energy to adequately perform his or her daily functions, perceiving little or no hope for internal replenishment (Maslach & Goldberg, 1998). As a result, exhaustion has been perceived as the fundamental dimension characterizing burnout (Maslach et al., 2001).

Maslach and colleagues (2001) state that exhaustion is not something simply experienced, but rather it causes an individual to withdraw and detach from human contact. This

detachment often results from an excessive amount of emotional exhaustion (Maslach et al., 2001). The daily emotional demands placed on human service professionals to be involved with and responsive to clients can lead the practitioners to remove themselves in an act of self-protection (Maslach & Goldberg, 1998; Maslach et al., 2001). However, this ongoing detachment can lead to depersonalization, which is characterized by the dehumanization of clients and a cynical attitude (Maslach et al., 2001). As a result, both the client and the practitioner are negatively affected by burnout.

Maslach and her colleagues (2001) argue that a work environment plagued with continuous, overwhelming stressors can contribute to one's excessive emotional exhaustion and cynical attitude, which over time, reduces one's sense of effectiveness. This decline in real or perceived effectiveness can lead to decreased feelings of competence and productivity at work (Maslach & Goldberg, 1998). Therefore, as the sense of accomplishment dwindles, so does the person's sense of self-efficacy (Maslach et al., 2001). This insecurity then contributes to feelings of failure that predispose one to depression and an inability to employ adequate coping mechanisms and resources (Maslach & Goldberg, 1998).

Typically, exhaustion is the most widely researched and reported construct of burnout (Maslach et al., 2001). However, this popularity and familiarity with exhaustion has led to others dismissing and devaluing the remaining two dimensions of burnout (Shirom, 1989). Nevertheless, it should be noted that all of the dimensions of burnout are important and should be carefully considered when examining the negative impact of burnout.

***Contextual model.*** The contextual model of burnout emphasizes the importance of looking at the person in context (Maslach et al., 2001). This context explores how the person fits with various domains in his or her professional life (Maslach et al., 2001). The core domains in

work life, when considered in isolation or in combination, produce the antecedents of burnout (Maslach et al., 2001). The six antecedents of burnout in the occupational environment include the following factors: (a) workload, (b) control, (c) reward, (d) community, (e) fairness, and (f) values.

Excessive workload is characterized by a dissonance between the demands of a job and the resources required to perform that job (Maslach & Leiter, 1997; Maslach et al., 2001). Workload mismatch can also result from a person doing the wrong kind of work or from a person lacking the necessary skills to perform a particular job (Maslach et al., 2001). A mismatch may also occur when engaging in emotional work. A person might feel emotionally exhausted because of continually displaying emotional inconsistencies (i.e., emotions do not accurately represent feelings) (Maslach et al., 2001). Thus, workload factors are the direct results of inadequate resources needed to sufficiently perform one's job.

The discrepancy in control as measured by an individual's limited resources to adequately perform his or her job and/or insufficient authority to undertake the job in a manner he or she feels is most effective leads to diminished efficacy and reduced personal accomplishment (Maslach & Leiter, 1997; Maslach et al., 2001). Individuals tend to struggle with control and productivity if they lack the capacity to perform a job (Maslach et al., 2001), or if they have high demands and little control on how best to meet those demands (Karasek, 1992). If people do not have control over important aspects of their job, they will be vulnerable to exhaustion, cynicism, and ineffectiveness (Angerer, 2003).

Insufficient rewards occur when people are not compensated appropriately for their work (Maslach & Leiter, 1997; Maslach et al., 2001). Rewards can come in three forms: extrinsic (e.g., money, prestige, and security), intrinsic (e.g., pride, satisfaction), or social (e.g., recognition



from colleagues and/or management) (Maslach et al., 2001). Loss of social rewards, such as acknowledgement for one's hard work appears to be the most important type of reward. The lack of recognition devalues both the work and the worker, and often leads to feelings of inadequacy (Maslach et al., 2001).

People suffer loss of community when they do not feel a connection between themselves and others in the work environment (Maslach et al., 2001). Angerer (2003) states erosion in the work community can be attributed to reduced job security and the temporary nature of much current employment. People thrive in a community and perform optimally when they share praise, comfort, happiness, and humour with people they like and respect (Maslach & Leiter, 1997). Conversely, if people feel disconnected they lose their sense of teamwork, and ultimately, they are less committed to the organization (Angerer, 2003). Further, isolation and unresolved work conflict results in frustration and hostility, which diminish the likelihood of social support from colleagues (Maslach & Leiter, 1997).

Lack of fairness in the workplace results when there is a mismatch between people and their job environment (Maslach & Leiter, 1997). Fairness communicates respect and confirms people's self-worth (Maslach et al., 2001). Mutual respect between people is central to a shared sense of community (Maslach & Leiter, 1997). Unfairness can occur when there is inequity in workload or pay, when there is cheating, or when evaluations and promotions are handled inappropriately (Maslach et al., 2001). The experience of unfair treatment is emotionally upsetting and exhausting and it fuels a deep sense of cynicism about the workplace, thus further exacerbating burnout symptomology (Maslach et al., 2001).

A value conflict occurs when incongruence exists between the requirements of a job and the employee's personal principles (Maslach & Leiter, 1997). In some cases, people might feel

constrained by the job to do things that are unethical and clash with their personal values (Maslach & Leiter, 1997; Maslach et al., 2001). There are three fundamental types of value conflicts that may occur: (a) a mismatch between personal career aspirations and the values of an organization; (b) conflicting actions of the organization, as in a discrepancy between the lofty mission statement and the actual practice; or (c) when values in the organization are in conflict (Maslach et al., 2001).

*Values in psychotherapy.* It has been suggested that value conflicts are a very important factor with respect to a heightened risk of burnout (Maslach et al., 2001). However, Maslach and her colleagues (2001) define value conflicts as arising from a discrepancy between the person (internal factors) and the organization (external factors). In psychotherapy the circumstances are a bit different in that value conflicts arise between two internal factors; worldview and therapeutic approach. Such conflicts occur when the psychotherapist's worldview is not in alignment with her or her therapeutic approach. In another words, the values arising out of the psychotherapist's epistemic beliefs are inconsistent with his or her case conceptualizations, interventions, and strategies employed to treat a client. In contrast, if the psychotherapist's epistemic values are consistent with the case conceptualizations, interventions, and strategies that make up his or her therapeutic approach the psychotherapist is free of value conflicts and is value congruent.

Examples of values relevant to psychotherapy include: (a) psychotherapists who hold an empirical worldview tend to value rational thought applied to objective facts, (b) psychotherapists who hold a rationalist worldview value rational thought applied to subjective experience, (c) psychotherapists who hold a humanist worldview value growth-promoting subjective experience, and (d) psychotherapists who hold a collectivist worldview value growth-

promoting relationships (Heinonen & Orlinsky, 2013; Poznanski & McLennan, 1995; Truscott, 2010). Ultimately, if the psychotherapist's therapeutic approach is consistent with the values arising out of his or her worldview then the psychotherapist should experience personal-professional value congruence and be less likely to experience burnout.

**Outcomes.** When a psychotherapist is engaged in his or her work he or she may experience positive feelings, such as job satisfaction. However, when a therapist is not engaged in their work, he or she may ultimately experience burnout which has numerous negative consequences.

**Positive.** Research studies have frequently reported a relationship between burnout and job satisfaction. Some researchers have considered psychological burnout to be a cause of job dissatisfaction (Burke & Greenglass, 1988; Cunningham, 1983); while other researchers have considered job dissatisfaction to be a cause of psychological burnout (Leiter, 1988; Pines, Aronson, & Kafry, 1981). However, if a person is satisfied with their work, he or she is more likely to feel engaged and less likely to experience burnout.

Prochaska and Norcross (1983) surveyed a representative sample of American psychotherapists engaged in psychotherapy concerning their characteristics, activities, affiliations, theories, and selected attitudes. Four hundred and ten members (aged 24–79 years) of Division 29 (Psychotherapy) of the American Psychological Association responded to an 82-item questionnaire. The results of the study indicated that 42% of clinical psychotherapists would choose a different career if they had the choice to make again, but simultaneously, nearly 90% of the sample were satisfied with their careers (Prochaska & Norcross, 1983). When asked the career he or she would choose if they had their lives to live over again, 59.9% indicated that they would choose psychotherapy (Prochaska & Norcross, 1983). Thus, it appears on the whole that

psychotherapists are satisfied with their careers and would choose the career again if given a choice. As a result, these job satisfaction scores seem to be consistent with the low to moderate burnout rates commonly reported amongst psychotherapists.

*Negative.* If a psychotherapist happens to burn out, the negative effects are extensive. Psychotherapists who experience burnout are plagued by a variety of symptoms that impact a number of areas in his or her and others' lives. Knowledge of the detrimental effects of burnout will hopefully help the psychotherapist recognize and access help if needed.

Burnout has a profound impact on the human body. Fatigue, headaches, diarrhoea, constipation, physical depletion, gastrointestinal disturbances, back pain, weight change, and infections are some of the short-term health issues associated with burnout (Cooper & Cartwright, 1997; Grosch & Olsen, 1994; Kahill, 1988; Maslach, 1982). Research conducted by Scwhartz, Pickering, and Landsbergis (1996) found a strong link between the effects of chronic stress and hypertension, resulting in cardiovascular disease. Thus, these physical symptoms can not only significantly impair the psychotherapist's ability to practice, they may cause serious health problems, including premature death.

Mental health and well-being can also be severely impaired due to burnout. Burnout causes many devastating psychological effects that include: (a) reduced personal accomplishment, (b) loss of self-esteem, (c) decreased concentration, (d) anxiety, (e) depression, (f) panic, (g) nervousness, (h) anger, (i) frustration, (j) indecision, (k) guilt, and (l) other mental illness (Cooper & Cartwright, 1997; Grosch & Olsen, 1994; Kahill, 1988; Maslach, 1982; Wilkins & Beaudet, 1998). Maslach and Leiter (1997) state anger and frustration are also common responses to burnout that often lead to strained relationships between clients,

colleagues, and family. Therefore, the effects of the practitioner's impaired mental health can have significant consequences for the psychotherapist and others in his or her life.

Kahill (1998) states many behavioural problems often occur as a result of burnout. He reports that pessimism, callousness, aggression, cynicism, and substance abuse are all defining behavioural effects caused by burnout (Kahill, 1998). Grosch and Olsen (1994) list tardiness, ineffective use of time, loss of enthusiasm, quickness to frustration and anger, boredom, increasing rigidity, and indecisiveness as hallmark behavioural symptoms of burnout. Further, Grosch and Olsen (1994) believe that behavioural symptoms often have interpersonal features, such as withdrawal, close-mindedness, and increased irritation. In contrast, Cordes and Dougherty (1993) suggest that behavioural problems are associated with outcomes affecting physical health, such as eating foods high in fatty content, as well as smoking, drinking, and using drugs. However, regardless of the origins of the behavioural problems, the negative behaviours pose a significant challenge for psychotherapists in both their personal and professional lives.

Work-related concerns that result from high levels of stress in employees include: (a) increased absenteeism and turnover, and (b) lower levels of productivity, efficiency, creativity, and commitment (Baba, Jamal, & Tourigny, 1998; Barling, Kelloway, & Frone, 2005; Health Canada, 2000; Kahill, 1988). Kahill (1988) reports that a misuse of breaks, tardiness, and poor work performance are also work-related symptoms linked to burnout. As well, a significant amount of the financial burden that organizations face is a direct result of the high rate of absenteeism. As a result, Cooper, Liukkonen, and Cartwright (1996) state that high turnover and increased recruitment and training costs incur. Further, increased medical and drug claim costs occur as people attempt to cope with the physical and mental side effects of burnout (Health

Canada, 2000). Therefore, considering the organizational impacts, it seems reasonable to conclude that the effects of burnout extend beyond the practitioner and client.

Due to the physical, mental, and economic challenges caused by stress, many social consequences may also emerge as a result of burnout. Increased social isolation (Health Canada, 2000), conflict (Cooper & Cartwright, 1997), and marital and family problems (Story & Repetti, 2006) are only a few of the interpersonal challenges that have increased in prevalence as a result of burnout. Kahill (1988) states that burnout causes practitioners to: (a) withdraw from clients and/or workers, (b) experience difficulty concentrating and focusing on communication, and (c) engage in intellectualizing and/or dehumanizing interactions. Grosch and Olsen (1994) propose that certain clinical features also stem from burnout. These features include: (a) cynicism towards clients, (b) daydreaming during sessions, (c) hostility towards clients, (d) boredom towards clients, (e) quickness to diagnose, (f) quickness to medicate, and (g) blaming clients (Grosch & Olsen, 1994). Therefore, these negative social interactions may lead to decreased effectiveness and poorer outcomes in the therapeutic relationship, resulting in a ruptured working alliance (Safran, & Muran, 2006).

**Interventions.** Recommendations for preventing burnout have often targeted the individual's work patterns, work support and relationships, and internal resources or coping skills (Grosch & Olsen, 1994; Maslach & Goldberg, 1998). Interestingly, Maslach and Goldberg (1998) note that most recommendations for preventing burnout involve 'changing the person'. This approach assumes that it is not the work environment that leads to burnout, but rather it is the individual's response to situations that contribute to feelings of burnout (Stevanovic & Rupert, 2004). Maslach and her colleagues (2001) suggest that this approach is inadequate because situational, organizational, and personal factors all play a unique role in contributing to

burnout. Neither changing the setting, nor changing the individual is enough; effective change occurs when self-care through reflection addresses all of these areas through a method that takes into account the holistic nature of the individual and the complex dynamics of the work environment (Maslach & Goldberg, 1998).

Norcross (2000) and Skovholt and colleagues (2001) propose that self-awareness, flexibility, variety, personal therapy, balance, maximizing professional success, and appreciating rewards were ways to sustain the personal and professional self and thereby reduce burnout. Coster and Schwebel (1997) conducted pivotal mixed method research in the area of well-functioning in professional psychologists. For the first part of their research, Coster and Schwebel (1997) interviewed six peer-nominated, well-functioning, licensed psychologists. They found peer support, stable personal relationships, supervision, a balanced life, graduate department or school, personal psychotherapy, continuing education, family of origin, the cost of being impaired, and coping mechanisms as important for maintaining well-functioning status. In the second part of their study, 339 survey respondents identified the areas that they believed were vital for functioning well. The seven top-ranked coping mechanisms were self-awareness/self-monitoring, personal values, preserving a balance between personal and professional life, relationship with spouse/partner/family, vacations, relationships with friends, and personal therapy. Therefore, based on the results of Coster and Schwebel (1997), Skovholt and colleagues (2001), and Norcross's (2000) research, it would appear that self-awareness is an important intervention in reducing burnout. It is through reflection that a psychotherapist is best able to engage in self-awareness, self-monitoring, and ultimately self-care. Reflection not only improves a psychotherapist's personal and professional development it also reduces burnout through ongoing self-care strategies.

**Summary.** Burnout is a significant concern amongst practitioners in the psychotherapy community. Burnout often leads to a number of detrimental consequences that may contribute to impaired judgement and practice. It is imperative that factors contributing to, sustaining, or perpetuating burnout be examined. One such factor that requires significant attention is personal-professional value congruence. Research has indicated that personal-professional value incongruence is a precipitating factor that increases the risk of burnout (Vasco et al., 1993). In order to reduce the likelihood of experiencing burnout, researchers have suggested that reflection is an important technique that should be explicitly taught to psychotherapists (Lindsay et al., 2007). Reflection has a direct positive impact on burnout through the critical examination of the factors and coping mechanisms that can prevent or ameliorate it. Further, reflection aids in enhancing psychotherapists self-awareness which in turn promotes consistency between the psychotherapist's worldview and his or her therapeutic approach. This consistency promotes personal-professional value congruence that reduces value conflicts that often contribute to burnout. Therefore, given the direct and indirect effects of reflection, researching methods regarding how to increase it would be not only an intelligent decision, but also an ethical one.

## **Part 2: Personal-Professional Value Congruence**

**Definition.** Personal-professional value congruence is a relatively new concept. It is not surprising, therefore, that definitions regarding the concept are constantly being articulated and refined. Different occupations often describe the concept in their own, unique, but distinct terms. For psychotherapy, personal-professional value congruence is defined by the fit, harmony, or consistency between a therapist's worldview and his or her choice of preferred therapeutic approach (Fear & Woolfe, 1999; Vasco et al., 1993). Therefore, when the psychotherapist engages in a therapy session, he or she remains true to their prescribed epistemological beliefs,



while applying techniques consistent with his or her therapeutic approach. Simon (2006), a prominent researcher, clinician, and writer in the field of psychotherapy, proposes that personal-professional value congruence is not only a synergy between the personal self (worldview) and the professional self (therapeutic approach), but also an expression of the unified self. Simon (2006) states:

“For if you are led to a therapeutic model by the congruence between its values and your values, between its worldview and your worldview, then the model becomes, not a mechanism for submerging your individuality, but a vehicle for expressing those core beliefs that make you who you are...And when the therapist herself, when she uses the model, ultimately uses herself. Therapy thus becomes what it always is at its best – an encounter between persons” (p.11).

As Simon (2006) suggests, personal-professional value congruence is the integration of the personal and the professional selves into a unified therapeutic self. This involves the psychotherapist engaging in a process of finding a fit or connection with his or her particular worldview and a particular therapeutic approach.

**Worldview.** The term *worldview* derives from the German concept of *weltanschauung*, meaning an individual’s unique set of beliefs or theories with respect to human nature, the meaning and essence of life, and the composition of the universe that enable us to make sense of the world, including life, society, and its institutions (Koltko-Rivera, 2004; Wolman, 1973). Our worldview provides: (a) rules, (b) explanatory principles, (c) general behavioural guidelines, (d) meaning to ambiguity, (e) a sense of control and safety, and (f) ethical conceptualizations and action (Everly & Lating, 2004). It acts as a filter for the vast amount of information available to us and directs our attention and awareness to certain elements of life, thereby shaping our

understanding of ourselves and the world (Koltko-Rivera, 2004; Miller & West, 1993; Truscott, 2010).

One's worldview encompasses metaphysical explanations of the fundamental nature of one's being and the world that encompasses it (Vasco et al., 1993), ontological beliefs about the nature of existence (Vesselin, 2011), and epistemic beliefs with respect to the origin, nature, methods and limits of human knowledge (Koltko-Rivera, 2004; Pritchard, 2008). It is these epistemic beliefs that are most pertinent to psychotherapeutic practice and that are the focus of this research study. Specifically, this research is interested in the epistemic values that arise from a psychotherapists' beliefs about the nature of the world and our place in it because these values can be congruent or incongruent with the approach the therapist adopts for practice.

***Therapeutic approach.*** Truscott (2010) states that a therapeutic approach “provides a framework for (a) generating hypotheses about what change processes will further therapeutic goals, (b) formulating specific tasks to facilitate desired change processes, and (c) evaluating progress toward the goals of therapy” (p.7). Strupp (1955) proposes that therapeutic approaches translate theory into practice whereas Frank and Frank (1991) report that therapeutic approaches provide paradigms regarding the understanding of human suffering and healing. Halbur and Halbur (2006) suggest that decisions regarding: (a) the length of therapy, (b) the psychotherapists view of people, (c) beliefs about who is in charge of therapy, and (d) information about what the psychotherapist wants the client to learn in therapy, are all important considerations when deciding on a therapeutic approach. Therefore, when a psychotherapist selects a therapeutic approach he or she is choosing a perspective with respect to how to conceptualize a client's personality, psychopathology, and presenting problem in an effort to apply appropriate interventions aimed at treating the client (Beutler, 1983; Norcross & Prochaska, 1983).

A psychotherapist's epistemic values may be consistent with the epistemic values upon which some therapeutic approaches are based (Heinonen & Orlinsky, 2013). It has been suggested that: (a) an empirical worldview is consistent with a cognitive and behavioural approach to therapy whereby the congruent therapist is more rational, objective, conscientious, empirical and less open to experience, (b) a rationalist worldview is consistent with a constructivist, existential, and psychoanalytic therapeutic approach in which the psychotherapist is noted to be more intuitive, abstract-analytical thinking, open to experience, complex, serious and less conforming and conventional, (c) a humanist worldview is consistent with a person-centered or gestalt therapeutic approach where the practitioner is more inner-directed, self-actualizing, and intuitive, and (d) a collectivist worldview is consistent with a feminist and systematic therapeutic approach where the therapists goal is to gain insight into each member's role as it relates to the healthy functionality of the whole group (Buckerman & Barker, 2010; Heinonen & Orlinsky, 2013; Poznanski & McLennan, 2003; Truscott, 2010). Therefore, through a psychotherapist's worldview he or she can adopt a therapeutic approach that is consistent with their epistemic values and as a result practice in a manner that is personal-professionally value congruent.

**History.** Personal-professional value congruence is a relatively new concept presented in the literature. The roots of personal-professional value congruence stem from Carl Rogers' (1961) discussion of therapeutic congruence and John Holland's (1966) description of vocational congruence. It is the fusion of these two concepts, using the psychotherapeutic framework, that form the basis of personal-professional value congruence.

**Rogers' contributions.** Carl Rogers (1961) developed the basis of client-centered therapy. Rogers (1961) believes that the client is the expert with respect to his or her experience

and should direct the therapy sessions. He does not support sterile, authoritative, and psychodynamic approaches which were common during his time of training (Rogers, 1961). Rogers (1961) believes that searching for underlying tensions is not always effective and helpful for the client. Feeling an underlying tension, he began to practice therapy from a new, more personal perspective that aligned with his view of how therapy should be conducted. After practicing and refining his personal approach for a number of years, Rogers (1961) proposed six necessary and sufficient conditions to produce constructive behavioural change. Three of the six core conditions proposed by Rogers (1961) examine the specific role of the psychotherapist in the therapeutic relationship. Rogers (1961) states a psychotherapist must possess the qualities of accurate empathy, unconditional positive regard, and congruence. According to Rogers (1961), empathy is the ability to sense the client's inner world as if it belonged to the psychotherapists. Unconditional positive regard is the extent to which the psychotherapist accepts his or her client without judgment or imposing any conditions of acceptance or worth on that client (Rogers, 1961). Lastly, Rogers (1961) describes *congruence* as "...the feelings the therapist is experiencing are available to him, available to his awareness, and he is able to live these feelings, be them, and able to communicate them if appropriate" (p. 61). This means, the psychotherapist is truly him or herself in the present moment and communicates with the client in a manner consistent with his or her personhood. Rogers (1961) believes it is almost impossible to achieve a complete state of congruence; however, like the other conditions, it is a state that the psychotherapist must constantly strive for in order to be an effective and authentic psychotherapist.

In an effort to achieve congruence a certain type of relationship between the client and the psychotherapist is essential (Rogers, 1961; Schmid, 2001). Rogers (1961) states that open

dialogue with the client forms the foundation necessary for the expression of the congruent psychotherapist. Within this relationship, the psychotherapist is deemed congruent if he or she is a genuine and an integrated person who is freely and deeply him or herself. As a result, the congruent psychotherapist is truly him or herself in that moment in time, free from a facade, and listening to the core of the self (Rogers, 1961). Further, a congruent psychotherapist accepts who he or she is, allowing him or herself to be what they are (Rogers, 1961). This 'true' self is real, authentic, and pivotal for forming vital, meaningful relationships (Rogers, 1961). Thus, the congruent psychotherapist is able to reflect on the session in the present moment while at the same time being engaged with the client, the session, and his or her work. It is through this ability to reflect, connect, and engage in the session that the psychotherapist experiences a heightened sense of satisfaction which in turn buffers against the risk of burnout.

The recent introduction of positive psychology revitalized interest in Rogers' conceptualization of congruence (Schmid, 2001; Wood, Linley, Maltby, Baliouis, & Joseph, 2008). The positive psychology tenets of self-actualizing, growth promotion, and human potential have framed people in an optimistic light. Scholars researching positive psychology have frequently used the term *authenticity* to capture the essence of congruence. Schmid (2001) states authenticity can be defined by a person's expression of genuineness and congruence. The authentic person demonstrates a caring attitude in their relationships (Schmid, 2001). It is through these relationships that such an individual displays openness and communicates in a transparent manner (Schmid, 2001). This authentic individual then responds to others needs, and acts in a deliberate, non-directive or evaluative manner (Schmid, 2001). He or she stays faithful to their internal being and true to their own personality, spirit, and character (Schmid, 2001).

Thus, it is through this authentic expression that the psychotherapist is able to exemplify the personal and professional qualities required to demonstrate a congruent stance.

***Holland's contributions.*** John Holland (1966), a vocational counsellor working in education, military, and clinical settings, developed the concept of vocational congruence. Holland (1966) holds a slightly different perspective than Rogers (1961) with respect to the definition of congruence. Holland (1966) believes congruence is measured by the degree of fit between a person and his or her environment. Holland (1966) describes four assumptions in terms of vocational congruence: (1) most people can be categorized as one of six personality types (Realistic, Investigative, Artistic, Social, Enterprising, or Conventional), (2) there are six model environments (Realistic, Investigative, Artistic, Social, Enterprising, or Conventional), (3) people search for environments that will allow them to exercise their skills and abilities, express their attitudes and values, and take on agreeable problems and roles, and (4) behaviour is determined by an interaction between personality and environment. As well, Holland (1966) proposes six background principles associated with his theory: (1) choice of vocation is an expression of personality, (2) interest inventories are personality inventories, (3) vocational stereotypes have reliable and important psychological and sociological meanings, (4) members of a vocation have similar personalities and similar histories of personal development, (5) since people in a vocational group have similar personalities, they will respond to many situations and problems in similar ways, and they will create characteristic interpersonal environments, and (6) vocational satisfaction, stability, and achievement depend on the congruence between one's personality and the environment in which one works.

Holland (1997) believes that individuals develop their personhood through a combination of factors including heredity, activities, interests, competencies, and dispositions. In turn, these

factors influence a variety of aspects within the self, such as: (a) self-concept, (b) perceptions of the environment, (c) beliefs and values, (d) achievement and performance, (d) reactions to environmental factors, (e) preference for occupational roles, (f) coping styles, and (g) personal traits (Holland, 1997). However, it is the environment in which a person is exposed (home, school, relations, and friends) that ultimately influence the preceding factors (Holland, 1997). Holland (1997) states a given individual's environment provides both the opportunity and the necessary reinforcement to determine the degree of fit between his or her personality and his or her environment. It is through this process of discovering fit that a sense of congruence may begin to be experienced within the psychotherapist.

Holland's (1997) initial contributions related to person-environment congruence; however it is the topic of vocational outcomes and congruence that are of most interest to him. Holland studied vocational congruence for a number of years and as a result his findings suggest the more congruent a person: (a) the more stable are their vocational choices, (b) the higher vocational and academic achievement attained, (c) the better maintenance of personal stability, (d) the greater satisfaction felt, and (e) the more effective he or she is at developing coping strategies to deal with environmental issues that may negatively impact the work environment (Holland, 1966). However, if a person is not able to attain vocational congruence he or she may not feel satisfied or engaged with their work, and may ultimately suffer an increased risk of burnout (Vasco et al., 1993). Therefore, considering these significant risks, it is important to fully understand the concept of congruence and develop strategies aimed at facilitating a psychotherapist's congruence thus hopefully reducing the potential of burnout.

**Models.** When examining personal-professional value congruence it is interesting to note that models have been proposed with respect to how congruence evolves as well as why people

adhere to a specific therapeutic approach. It is through the exploration of the developmental and allegiance models that a better understanding of personal-professional value congruence may exist.

*Developmental model.* Worldviews do not develop in isolation, but rather in a cultural context. Often culture (Koltko-Rivera, 2004) and family of origin (Coan, 1979; Johnson et al., 1992) play a large role in shaping a psychotherapist's worldview. It is this worldview that provides the impetus for the psychotherapist preference for a particular approach and its related interventions and change tasks. Fabrikant, Barron, and Krasner (1977) suggest that worldviews develop as the result of conscious and unconscious factors. A person's religious, political, literary, and artistic preferences will often impact his or her definition of worldview (Simon, 2003). It is believed that culture directs behaviour and behaviour directs experience (Koltko-Rivera, 2004). Past experiences impact future behaviour and thus each new experience and resulting action alters one's worldview (Unger et al., 1986). People enter the universe, and beginning therapists enter the profession, as 'epistemologically naive' (Fear & Woolfe, 1999). It is through experience, training, and culture that 'epistemological innocence' is lost and the psychotherapist is faced with pluralism (Cooper & Lewis, 1983). In order to grapple with the influence of experience on one's personal worldview, a reflective stance must be assumed (Unger et al., 1986). Thus, as one's epistemic values develop and transform, an ongoing process of reflection will act as a guide to ensure a fit between the person and his or her worldview.

*Developmental process.* Skovholt and Rønnestad (1992) employed a qualitative research design in an effort to ascertain the stages and themes of a psychotherapist's development. Skovholt and Trotter-Mathison (2011b) later renamed these stages to 'phases' to represent a less abrupt change, but rather a slow, continual evolvment of therapist development. Skovholt and



Rønnestad (1992) proposed eight stages that a psychotherapist may undergo during his or her growth as a therapist. The first stage Skovholt and Rønnestad (1992) describe is the conventional stage. This stage exists before any formal training takes place and is characterized by a person who is successful in the role of a sympathetic friend (Skovholt & Rønnestad, 1992). The second stage Skovholt and Rønnestad (1992) detail is the transition to professional training stage or the lay person phase. In this stage the student adopts a theory consistent with the dominant zeitgeist, however portrays minimal concern regarding the fit with the self (Skovholt & Rønnestad, 1992). The third stage Skovholt and Rønnestad (1992) propose is the imitation of experts' stage or beginning student phase. In this stage the student mimics admired professionals in the field in an effort to learn their approach and how to employ the methods practiced by these experts (Skovholt & Rønnestad, 1992). The fourth stage Skovholt and Rønnestad (1992) describe is the conditional autonomy stage or the advanced student phase. This stage is characterized by psychotherapists' initial focus on how their personality influences their professional work (Skovholt & Rønnestad, 1992). It is through the progression of these first four stages that the psychotherapist moves toward independent practice. Further, near the end of these stages, the psychotherapist begins to consider the role of the self in his or her choice of therapeutic approach.

According to Skovholt and Rønnestad (1992), the fifth stage is the exploration stage or novice professional phase. This stage is a time when 'personal anchoring' to a theory develops and the psychotherapist begins to express his or her individuality (Skovholt & Rønnestad, 1992). The sixth stage Skovholt and Rønnestad (1992) propose is the integration stage or experienced professional phase. This stage is defined by a time of professional authenticity wherein the psychotherapist incorporates a genuine conceptual system and personal therapeutic style into his

or her work (Skovholt & Rønnestad, 1992). Next, the seventh stage Skovholt and Rønnestad (1992) describe is the individuation stage or the experienced professional phase. This stage is marked by a time of commitment to an approach that enhances the fusion of the self into the psychotherapist's techniques (Skovholt & Rønnestad, 1992). Lastly, the eighth stage Skovholt and Rønnestad (1992) propose is the integrity stage or senior professional stage. In this final stage, the psychotherapist's external influences have been internalized and connected to his or her personality and approach to therapy (Skovholt & Rønnestad, 1992). Ultimately, through these stages, the psychotherapist should develop an approach that is highly authentic and based on his or her core beliefs and worldviews with respect to human growth, development, and potential (Skovholt & Rønnestad, 1992).

*Allegiance models.* Researchers posit that a psychotherapist's propensity toward a particular worldview and orientation may be derived in part from one's personality characteristics. Results pertaining to personality factors and the prediction of counselling approach have been mixed. Some researchers conclude that an individual's personality mirrors his or her choice of theoretical orientation (Erickson, 1993; Johnson, Germer, Efran, & Overton, 1988; McBride & Martin, 1988) while other researchers report finding no statistically significant results with respect to an individual's personality and the choice of counselling approach (Freeman, Hayes, Kuch, & Taub, 2007). As well, researchers studying personality characteristics have examined the impact of a rigid or fluid personality type and its corresponding impact on the flexibility and unchanging nature of a psychotherapist's theoretical orientation (Schwartz, 1978). Schwartz (1978) states that being around the midpoint for flexibility is ideal for psychotherapists. This flexible personality allows for change in the psychotherapist's orientation when appropriate; yet still ensures that the therapist maintains an allegiance to a base theoretical approach

(Schwartz, 1978). However, regardless of the results pertaining to personality research, further investigation of the topic needs to be conducted in order for definitive conclusions to be made with respect to its role in choosing a theoretical orientation.

Personality characteristics may be one possible variable that could impact a psychotherapist's choice of therapeutic approach. However, researchers have also been interested in finding other factors that could contribute to a therapist's preference for a specific approach. Researchers have found that external influences such as professors (Sammons & Gravitz, 1990; Schwartz, 1978; Skovholt & Rønnestad, 1992), coursework (Unger et al., 1986; Skovholt & Rønnestad, 1992), dominant orientation of the university (Dryden & Spurling, 1989; Steiner, 1978), supervisors (Halgin, 1985; Skovholt & Rønnestad, 1992), clients (Skovholt & Rønnestad, 1992), and personal experience (Skovholt & Rønnestad, 1992) all play a role in the development of a chosen therapeutic approach. Researchers also question whether the psychotherapist's choice of therapeutic approach is the result of conscious, deliberate factors (Guy, 1987; Orlinsky & Rønnestad, 2005; Skovholt & Rønnestad, 1992) or unconscious, accidental factors (Cummings & Lucchese, 1978; Norcross & Prochaska, 1983). Furthermore, researchers debate if experience influences a psychotherapist's adherence to a therapeutic approach. Fiedler (1950a) states that experienced psychotherapists of differing paradigms look more alike than novice psychotherapists of the same theoretical orientation. Skovholt and Rønnestad (1992) and Goldfried (2001) also suggest that experienced psychotherapists look more similar to each other with respect to their theoretical practice in comparison to beginning therapists of the same orientation. The researchers propose that as psychotherapists learn to integrate the various parts of self, they rely less on the theoretical principles that differentiate the approaches (Dryden & Spurling, 1989; Goldfried, 2001; Skovholt & Rønnestad, 1992). In contrast, Vasco and Dryden

(1997) and Peterson and Bradley (1980) report that a significant relationship between the psychotherapist's orientation, rather than experience, account for the variation in a psychotherapist's style. Therefore, even though researchers are uncertain in terms of the role of experience, it is agreed that a psychotherapist should strive to synthesize his or her personal and professional selves in an effort to achieve personal-professional value congruence (Brammer, 1969; Skovholt & Rønnestad, 1992).

**Outcomes.** Before one can explore the outcomes of personal-personal value congruence he or she must investigate if a relationship between a psychotherapist's worldview and therapeutic approach actually exists. Three prominent studies by Unger and colleagues (1986), Lyddon (1989), and Fear and Woolfe (1999) support the notion of personal-professional value congruence.

Unger and his colleagues (1986) surveyed students in various undergraduate courses in an attempt to determine whether a student's decision to register in particular classes could be related to their preferred worldview. The study found that personal epistemic values may in fact predispose students to enrol in courses that teach content consistent with one's pre-existing worldview (Unger et al., 1986). Thus, this research supports the notion that worldview directs one's preference for the type of knowledge he or she wishes to integrate into their understanding of the world.

Lyddon (1989) surveyed undergraduate psychology students with respect to their preference for one of three different counselling approaches (rationalist, constructivist, or empiricist). The study found that participants preferred the counselling approach that was an epistemological match with their own beliefs. Therefore, this study supports the notion that individuals tend to favour theoretical orientations that best fit with their preferred worldview.

Fear and Woolfe (1999) examined the relationship between a psychotherapist's worldview (using visions of reality – romantic, tragic, comic, and ironic) and his or her choice of theoretical orientation. Thirty nine participants were separated into three groups based on developmental stage and asked to write a narrative in response to a provided stimulus (Fear & Woolfe, 1999). Each narrative was interpreted independently by the researchers and analyzed in terms of the visions of reality. The results of the research indicated that a positive relationship between a psychotherapist's worldview and preference for theoretical orientation existed across all stages of professional development. Therefore, regardless of experience, a psychotherapist's preferred theoretical orientation is frequently derived from his or her worldview. Ultimately, the results of these research studies suggest that worldview plays a significant role in shaping an individual's choices in life.

**Positive.** Research often focuses on therapeutic outcomes and efficacy; although research regarding the efficacy of personal-professional value congruence has been limited. However, a recent research study conducted by Toska, Neimeyer, Taylor, Kavas, and Rice (2010) found that psychotherapists who maintain a strong relationship between their epistemic values and their therapeutic approach have more effective therapeutic outcomes than their colleagues who lack in epistemological commitments. Other research studies also support the notion that improved therapeutic outcomes may be linked to a psychotherapist's allegiance toward a specific therapeutic approach (Elkin et al., 1998; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998; Sexton & Alexander, 2002; Wampold, 2001). Thus, the allegiance toward a specific therapeutic approach may lead to an increased sense of satisfaction in both the client and the therapist.

Spokane (1985) reviewed 63 studies in a meta-analysis with respect to Holland's (1966) hypothesis pertaining to occupational congruence and job satisfaction. Spokane (1985) found that a correlation plateau of .30 existed between congruence and satisfaction. Therefore, according to Spokane (1985), a moderate relationship exists between one's level of vocational congruence and his or her job satisfaction. In 1987, Assouline and Meir attempted to replicate Spokane's (1985) study. They found a congruence-satisfaction correlation greater than .35. It follows that Assouline and Meir's (1987) results support Spokane's (1985) initial findings with respect to a moderate relationship between congruence and satisfaction.

Lachterman and Meir (2004) surveyed 165 Israeli participants who were employed in one of the following seven fields: business, organization, general culture, service, science, arts, and technology. The researchers were interested in examining the impact of an employee's vocational congruence on his or her level of well-being. In order to evaluate an employee's well being, satisfaction, burnout, and anxiety, scores from each of the employee's were measured. The results from the research indicate that vocational congruence contributes to greater levels of satisfaction and lower levels of burnout and anxiety. Lachterman and Meir (2004) suggest that if an employee is congruent, he or she is likely to experience more positive outcomes related to satisfaction, persistence, and success, and fewer negative outcomes related to burnout, anxiety, and somatic complaints (Lachterman & Meir, 2004). Furthermore, research conducted by Meir (1988) found that years of experience were only minimally correlated to vocational congruence and satisfaction. Meir (1988) claims that as people age, they become less affected by vocational congruence and more affected by work setting factors (Lachterman & Meir, 2004). Specifically, burnout is a work setting factor proposed by Meir (1988) that warrants significant examination and intervention in both experienced and beginning psychotherapists.

*Negative.* Vasco and colleagues (1993) investigated the relationship between a psychotherapist's epistemic values and personal values and his or her resulting choice of theoretical orientation. Based on the results of the study, Vasco and colleagues (1993) concluded that dissonance between a psychotherapist's theoretical orientation and his or her personal epistemic values, led to a sense of dissatisfaction in their therapeutic practice. This conclusion was particularly true for psychotherapists who adhered to a cognitive or behavioural approach to therapy. Thus, the results from this study, the Fear & Woolfe (1999) study, and the Lyddon (1989) study, all confirm the importance of personal-professional value congruence in a psychotherapist's therapeutic practice.

Siegall and McDonald (2004) surveyed 135 tenure-track faculty members regarding personal-professional value congruence, burnout, and division of resources. The researchers found: (a) burnout was correlated with spending more time on non-work activities and less time on work-related activities; and (b) value congruence was strongly associated with burnout and had a direct relationship with several outcome variables. Furthermore, research conducted by Fear and Woolfe (1999) and Vasco and his colleagues (1993) found that inconsistency between a psychotherapist's worldview and his or her therapeutic orientation will frequently lead to burnout. The researchers suggest that the incongruent practitioner will experience interpersonal tension and distress which may impair his or her functioning. As a result, the incongruent psychotherapist may experience a sense of exhaustion, thus increasing the probability of burnout. Also, Vasco and colleagues (1993) found that dissonance with respect to personal-professional value congruence contributed to a higher risk of career abandonment as well as burnout. Therefore, in order to promote continued, ethical, and effective practice psychotherapists should

be mindful of the relationship between his or her worldview and their choice of theoretical orientation.

**Interventions.** Given the recent development of personal-professional value congruence, the paucity of research in this area, and the negative consequences associated with not being congruent, a psychotherapist may wonder how to enhance his or her level of congruence. Literature suggests that *reflection* is the primary intervention necessary to promote congruent, ethical, and authentic practice in psychotherapists (Hoshmand, 1994, Lindsay et al., 2007, Poczwardowski et al., 1998). Poczwardowski, Sherman, and Ravizza (2004) state that questions relating to core beliefs and values should be addressed through education and ongoing self-reflection. As a result of this self-exploration and regular reflective practice, the psychotherapist could resolve internal tension (Holt & Streat, 2001) and improve his or her level of satisfaction (Poczwardowski et al., 1998). Thus, reflection is an invaluable tool that may promote personal-professional value congruence and consequently reduce dissonance and burnout that results from incongruent practice.

**Summary.** Personal-professional value congruence is an important topic that requires further research with respect to the potential benefits of being congruent and the possible negative consequences of being incongruent. It is known that personal-professional value congruence may lead to greater satisfaction in one's work (Assouline & Meir's, 1987; Lachterman & Meir, 2004; Spokane, 1985), whereas incongruence may lead to an increased risk of burnout and career abandonment (Fear & Woolfe, 1999; Lachterman & Meir, 2004; Vasco, et al., 1993). Reflection is one avenue that promotes personal-professional value congruence which in turn enhances a psychotherapist's job satisfaction and engagement, in addition to decreasing his or her probability of burnout. Examining ways to increase personal-professional value



congruence in order to reduce the risk of burnout is an area that warrants significant attention and research.

### **Part 3: Reflection**

**Definition.** Reflection is a difficult concept to understand given the variety of terms that have been linked to or used interchangeably with it in the literature. Scanlan and Chernomas (1997) warn that reflection should not be confused with other metacognitive processes, such as critical thinking, pondering, scrutinizing, and ruminating. Instead, reflection is defined as an internal (Boyd & Fales, 1983), active (Dewey, 1933), and conscious metacognitive (Schön, 1983) process (Hoshmand, 1994) that leads to a change in one's assumptions or conceptual perspective (Boyd & Fales, 1983; Irving & Williams, 1995).

**Critical thinking.** Thompson and Thompson (2008) suggest that critical thinking occurs when a person not only reflects on the self, but also the social and political aspects impacting a problem or situation. The main difference between reflection and critical thinking is the attempt to answer ill-prepared or uncertain questions (Gambrill, 2005; King & Kitchener, 1994).

Gambrill (2005) reports that critical thinking is purposeful thought that adheres to specific standards, such as clarity and fairness. In contrast, there are no ideals or predetermined methods or solutions to reflective inquiry. Reflection does not necessarily have a specific beginning and ending point, but rather it is a continuous process (Copeland et al., 1993; Dewey, 1933).

Therefore, reflection often involves self-scrutiny, flexibility, and the ability to monitor one's own thoughts and actions (Hoshmand, 1994) whereas critical thinking is skilful, responsible, and facilitates good judgement due to its reliance on criteria, self-correction, and sensitivity to context (Lipman, 1988).

***Reflection-in-action and reflection-on-practice.*** Schön's (1983) greatest contribution in the area of reflection is the distinction he made between reflection-in-action and reflection-on-practice. According to Schön (1983), reflection-in-action has two different meanings. One meaning of reflection-in-action is that an individual reflects on a particular context or workplace situation (Schön, 1983). The other meaning is that reflection-in-action refers to thinking about yourself and your actions in the present moment (Schön, 1983). This type of reflection has often been labelled 'immediacy' or 'thinking on your feet'. In contrast, reflection-on-practice involves reflecting on something that has already happened or something that stood out as significant (Schön, 1983). The practitioner questions him- or herself regarding why an event, situation, or session was salient and finds a solution to resolve his or her uncertainty (Thompson & Thompson, 2008). The use of both reflection-in-action and reflection-on-action should significantly improve a psychotherapist's understanding of his or her work in the moment and after the fact, yielding more informed practice, heightened congruence, and reduced burnout.

**History.** John Dewey (1933) and Donald Schön (1983) are pioneers in the field of reflection. It is through their contributions to the reflective literature that people have developed an enriched knowledge regarding the topic and an understanding of the importance of regular reflective practice.

***Dewey's contributions.*** John Dewey, an American philosopher, coined the phrases 'learning by doing' and 'critical thinking' (King & Kitchner, 1994). Dewey (1933) believed that reflection aids in the understanding and resolving of problems. If the learner is going to possess the attitude required to engage in reflective thinking, patience, open-mindedness, empathy, curiosity, self-awareness, desire for feedback, and intercultural communication skills are necessary (Dewey, 1933). In addition to the stated personality traits, Dewey (1933) purports that

experience is necessary for learning in reflective practice. However, Dewey (1933) stipulates that not all experience is educational (Dewey, 1933). In order to learn from experience, he proposes two conditions that must always be present. First, there must be continuity. This means, the learner needs to connect aspects of a new experience to his or her pre-existing knowledge base in a way that either adds, changes, or modifies what is already known to the learner (Dewey, 1933). Second, an interaction needs to occur. In this interaction the learner alters his or her knowledge through the connection with their experience (Dewey, 1933). Therefore, this connection and continuity contributes to a consistency in one's thoughts and actions.

Dewey (1933) describes five phases required for reflective thought. Preceding any type of reflective thinking, the learner must encounter an experience that arouses tension, confusion, or doubt which motivates him or her to undertake reflective action (Dewey, 1933). Once the visceral experience has been registered, the learner commences the first phase, suggestion, of reflection. This phase is characterised by initial, tentative interpretations of the problem with respect to its meaning and possible consequences (Dewey, 1933). In the second phase, intellectualization, the learner studies a previous emotional situation in an effort to define the conditions that constitute the problem (Dewey, 1933). Next, the guiding idea or hypothesis phase, the learner utilizes an exploratory or examination approach to define and clarify a hypothesis about a possible solution to the problem (Dewey, 1933). In the fourth phase, reasoning, the learner participates in the process of elaborating on tentative hypotheses with the goal of developing a suggestion for action (Dewey, 1933). Finally, in the fifth phase, testing the hypothesis by action, the learner decides on a plan of action and performs certain behaviours in an effort to obtain a desired result (Dewey, 1933). It is during this last phase that the learner engages in reflective judgement. Reflective judgement is viewed as an active process wherein the

learner considers and justifies his or her response to the problem with the hope of resolving the initial uncertainty that required a reflective stance (Dewey, 1933). Dewey compares this five staged methodological approach of reflective thought to empirical reasoning performed in science, wherein both procedures yield significant, valid, and insightful results which are open to scrutiny, evaluation, and reformulation. Thus, according to Dewey (1933), reflection is a multistep process with a specific goal of resolving most problematic situations that may arise in either the learner's personal or professional life.

*Schön's contributions.* The American philosopher Donald Schön (1983) coined the term 'the reflective practitioner' and is considered by many to be the father of reflective practice. Schön's discussion of how people engage in self-improvement and understanding largely impacts the fields of education, health care, and architectural design (Ghaye, 2008). Schön (1983) holds an optimistic view of how people change (Ghaye, 2008), he believes people are flexible beings who incorporate one's life experiences into understanding their own personal reflective practice (Schön, 1983). However, Schön's (1983) primary research interest lies within an individual's actions in the workforce, and as such he has devoted many years to studying organisational learning. It is Schön's (1983) focus on both practical and experiential knowledge and learning that he uses to make connections between theory and practice (Ghaye, 2008).

Schön (1991) proposes four questions that he believes are necessary for reflective practice. (1) What do practitioners/learners need to know? (2) What is appropriate to reflect on? (3) What is an appropriate way of observing and reflecting on practice? and (4) How would you know if this has been done rigorously? In order to find answers to these and other questions that the learner may take for granted, he or she needs to engage in critical reflection (Ghaye, 2008). This critical reflection should entail the constant examination of one's beliefs and values through

the consideration of many ‘why’ questions (Schön, 1991). The reflector than must learn to frame these questions in a way that would reveal blind spots. Therefore, this heightened self-awareness would potentially improve a psychotherapist’s practice making him or her a more responsible, competent, and ethical practitioner (Schön, 1983).

Schön’s (1983) approach to reflection has strengths and weaknesses. Thompson and Thompson (2008) summarize three strengths as well as three weaknesses of Schön’s theories with respect to reflection. The strengths of Schön’s theories are: (a) providing an understanding that links professional knowledge to professional practice, (b) moving people away from simplistic approaches of reflection based on technical rationality, and (c) providing a platform for continuous learning based on enhanced standards of practice (Thompson & Thompson, 2008). The three weaknesses of Schön’s theories are: (a) the emphasis on the individual with the exclusion of social and organizational factors, (b) the failure to adequately address the need for critical reflection, and (c) the focus on the rational aspects of reflection while ignoring the emotional matters (Thompson & Thompson, 2008). Despite the stated limitations, Schön (1983) provides a novel way of understanding and applying the concept of reflection that has far reaching implications for a psychotherapist within his or her workplace.

**Models.** Two primary models of reflection have been proposed. The first model looks at the evolution of how one develops into a proficient reflector. The other model explores how to improve one’s level of reflective practice. Both are necessary in the refinement into an “expert” reflector.

**Developmental model.** Perry (1970) and King and Kitchner (1994) define reflection as a developmental trait that requires mental maturation, explicit instruction, and nurturance in order to be integrated into a therapist’s practice. Once a psychotherapist is able to engage in reflection,

he or she has a better chance at being successful in converting their impulsive actions into intelligent practice while behaving in a deliberate and intentional manner (Dewey, 1933; Schön, 1983).

Perry (1970) studied college students' intellectual and ethical development and determined nine vantage points with respect to how people view the world. Perry (1970) proposes that people move from a dualistic approach (positions 1 and 2), to multiplicity (positions 3 and 4), followed by relativism (positions 5 and 6), and a commitment phase (positions 7, 8 and 9). Each stage requires more complex, abstract reasoning skills. King and Kitchner (1994) developed a seven-stage reflective judgmental model where one moves from pre-reflective thinking (stages 1, 2, and 3) to quasi-reflective thinking (stages 4 and 5) and finally to reflective thinking (stages 6 and 7). Thus, according to the stated researchers, as the practitioner progresses through each stage of a given model, he or she becomes more proficient and effective at reflective thinking and practice.

***Enhancement models.*** Several models have also been developed with respect to ways in which to enhance reflection. Bager-Charleson (2010) proposes the ABC model in which the practitioner determines his or her position, considers the disadvantages of the position, and reflects on the advantages of the position. Roffey-Barentsen and Malthouse (2009) developed the ACT SMART model which describes five outcomes and levels of reflective learning. These include: acknowledging/noticing, considering/making sense, connecting/making meaning, transforming into theory/working with meaning, and transforming into practice. Each level builds on the knowledge acquired from the previous level (Roffey-Barentsen & Malthouse, 2009). The SMART part of the model refers to an action plan for developing goals that are specific, measurable, achievable, relevant, and time-bound (Roffey-Barentsen & Malthouse,

2009). Taylor (2010) developed the REFLECT model which involves readiness, exercising thought, following systematic processes, leaving oneself open to answers, unfolding insight, changing awareness, and tenacity (Taylor, 2010). Regardless of the model employed the participation in any type of reflection is necessary to promoting congruence, enhancing job satisfaction, increasing engagement and thereby reducing burnout.

**Outcomes.** The act of engaging in reflection can lead to both positive and negative outcomes. The majority of research focuses on the benefits of reflection which include personal and professional growth that fosters competent, informed, deliberate, and ethical practices. However, reflection can also yield negative outcomes. Reflection can be time consuming, confusing, and lead to self doubt in addition to a lack of knowledge regarding how to resolve unsettling situations. Regardless, the outcomes of reflection are important for all psychotherapists to understand before they begin regular, structured reflective practice.

**Positive.** Cropley and colleagues (2010) identify three potential benefits from reflection. First, reflective practice improves a psychotherapist's self-awareness (Cropley et al., 2010; Parsons; 2009). This self-awareness enables the practitioner to better understand his or her strengths and weaknesses and observe any deficiencies that might be present in his or her knowledge (Boud, Keogh, & Walker, 1985; Cropley et al., 2010; Hoshmand, 1994). Second, reflective practice improves a practitioner's knowledge-in-action (Cropley et al., 2010; Schön, 1983). Third, reflection facilitates the practitioner's development of a congruent philosophy of practice (Cropley et al., 2010; Johns, 2009; Hoshmand, 1994; Lindsay et al., 2007; Titus & Gremler, 2010). This congruent philosophy offers clarity, direction, and a consistent treatment plan in a counselling session by providing a consistent approach that aligns with a corresponding worldview (Dewey, 1933; Lindsay et al., 2007; Parsons, 2009; Poczwardowski et al., 1998).

Therefore, the resulting changes in a practitioner's assumptions, perceptions, and practices that encourage personal-professional value congruence should result in more congruent, less burned out psychotherapists (Irving & Williams, 1995; Johns, 2009; Lindsay et al., 2007; Poczwardowski et al., 1998).

**Negative.** Self-doubt, anxiety, fear, and a pessimistic self-focus are some negative reactions a person might experience when engaging in reflection (Parker, 2004; Thompson & Thompson, 2008). These negative reactions may be debilitating and as such a person may avoid reflecting on his or her experience in an effort to avoid the negative reactions. It is through this lack of ongoing reflective practice that causes psychotherapists to repeat the same unhelpful behaviour on multiple occasions. The psychotherapist then is not able to integrate what they have learned and develop a more consistent approach to their work (Boyd & Fales, 1983). As a result, the unreflective practitioner is at a higher risk of being stagnant, incongruent, and burned-out which often results in unethical behaviour and practices (Hoshmand, 1994; Orlinsky & Rønnestad, 2005; Titus & Gremler, 2010; Truscott, 2010).

**Interventions.** Many reflective techniques have been proposed in the literature. The most common methods of reflection include: writing (Bager-Charleson, 2010; Hoshmand, 1994; Taylor, 2010), journaling (Hoshmand, 1994; Scanlon & Chernomas, 1997; Titus & Gremler, 2010), supervision (Gibbs, 1988; Hoshmand, 1994; Johns, 2009), questioning (Anderson et al., 2004; Copeland et al., 1993; Hoshmand, 1994; Schön, 1983; Taylor, 2010), creating recordings (Gibbs, 1988; Hoshmand, 1994, Taylor, 2010; Titus & Gremler, 2010), and taking notes (Hoshmand, 1994; Thompson & Thompson, 2008). Furthermore, Taylor (2010) suggests painting, writing poetry, creating pottery, quilting, singing, dancing, drawing, making music, and constructing montages could also be reflective techniques if conducted and utilized for the



purpose of reflective learning, clarity, and growth. Thus, the medium utilized by the psychotherapist in his or her reflective practice is less important than the process, outcome, and intentional act of participating in a form of reflection.

Besides a skill set of reflective habits and techniques a series of attitudes and conditions must also be met. Taylor (2010) states time, effort, determination, courage, and a sense of humour are all essential qualities necessary for a person to regularly engage in reflection. Taylor (2010) also provides helpful hints for the reflector, such as being spontaneous, freely expressing him- or herself, being open to ideas, being personally prepared, and choosing suitable reflective methods. However, in spite of one's best intentions, certain barriers may occur when attempting to engage in reflection. These barriers include: time, commitment, culture, lack of skill, anxiety, and misunderstandings (Taylor, 2010; Thompson & Thompson, 2008). Therefore, in an effort to minimize these barriers, a safe, comfortable reflective space should be created for the reflector (Ghaye, 2008; Taylor, 2010; Thompson & Thompson, 2008).

**Summary.** Reflection is an internal process that requires ongoing participation in order for it to be effective. Scholars have attempted to describe models and outcomes of reflection for years, yet there is a paucity of empirical research on this topic. To date, there are no known quantitative measures that operationalize the concept of reflection. However, there does seem to be good reason to believe that psychotherapists, like other professionals, would benefit from reflection. One area of reflective practice in which psychotherapists may derive particular benefit is promoting personal-professional value congruence. When a psychotherapist is congruent he or she 'practices what he or she preaches' and provides consistent, purposeful, and intentional therapy. Therapy provided in this manner not only improves the psychotherapist's competence, effectiveness, and ethical practice, but should also enhance the practitioner's engagement and job

satisfaction. Therefore, if a psychotherapist adopts a consistent way of working he or she is likely to experience more positive aspects with respect to their work and be buffered against the damaging consequences associated with burnout. One promising way to enhance reflection and thereby promote congruence, engagement, job satisfaction while reducing burnout, is through the development and implementation of structured reflective training programs. These structured programs should improve the psychotherapist's self-awareness and thereby resolve value conflicts. Thus, through the resolution of value conflicts and the promotion of value congruence the psychotherapist can thereby reduce his or her risk of burnout.

#### **Part 4: Study Rationale**

Burnout is a significant concern amongst psychotherapists. Burnout leads to personal, professional, physical, and emotional consequences that contribute to impaired judgement, incompetent practice, and an inferior delivery of psychological services (Kahill, 1988). This study focused on value conflicts as the factor that research suggests to be the most important with respect to a heightened risk of burnout (Maslach et al., 2001). An important source of value conflict in psychotherapy is incongruence between a psychotherapist's worldview and his or her therapeutic approach. If the values arising out of a psychotherapist's worldview are incongruent with those of their therapeutic approach then he or she is at greater risk of burnout. If, however, they are congruent, then the psychotherapist is more likely to be engaged and satisfied with their work.

Reflection is currently the most supported intervention for promoting personal-professional value congruence, job satisfaction, and engagement (Anderson et al., 2004; Copeland et al., 1993; Cropley et al., 2010; Johns, 2009; Lindsay et al., 2007; Poczwardowski et al., 1998; Thompson & Thompson, 2008). Research has found that reflection has a direct impact

on burnout through the critical examination of the factors and coping mechanisms that can prevent or ameliorate it. In addition, the literature suggests that reflection aids in not only enhancing psychotherapists' self-awareness, it also promotes consistency between a psychotherapist's worldview and his or her therapeutic approach, thereby leading to the resolution of value conflicts. To date, there are no published reflective programs, however. Therefore, the first task in this research project was to develop a reflective intervention program.

**Intervention Program.** The first step in developing a valid structured reflective program designed to promote personal-professional value congruence was to review the existing literature (Bager-Charleson, 2010; Dewey, 1933; Holland, 1966; Johns, 2009; Lindsey et al., 2007; Rogers, 1961; Schön, 1983; Taylor, 2010; Thompson & Thompson, 2008; Truscott, 2010) and identify potential intervention tasks. A list of 15 tasks were compiled and considered for inclusion in the structured reflective program. The decision with respect to the program length was based mainly on the amount of time participants would be willing to engage in a structured reflective program as well as the amount of time needed to achieve personal-professional value congruence. After taking these factors into account, the following were also considered: (a) appropriateness of the tasks, (b) clinical utility of the tasks, (c) length of time required to complete the tasks, (d) organization/flow of the tasks, and (e) scholarly support regarding the tasks. A total of 10 tasks were ultimately chosen.

Using an enhancement model of reflection (Roffey-Barentsen & Malthouse, 2009), the tasks were organized according to a sequence designed to best promote personal-professional value congruence. In the first five weeks the tasks were sequenced to: (1) introduce participants to reflection through the identification of barriers to reflection, (2) discover various mediums that stimulate reflection, (3) clarify definitions associated with reflection, (4) present different types

of reflection, and (5) provide a model of reflection. The focus of these preliminary tasks was to hone the psychotherapist's reflective skills while he or she began to contemplate their values, beliefs, worldviews, and therapeutic approach. For example, in week two, participants were encouraged to use a preferred medium to stimulate thought and reflection regarding topics related to his or her childhood, life experiences, and influences in life that research suggests contributes to a preferred worldview and therapeutic approach. Next, the middle of the structured reflective program was designed to focus on, articulate, and enhance the psychotherapist's worldview and therapeutic approach. For example, in week seven, participants were asked to map their worldview onto a diagram representing possible preferred therapeutic approaches. The psychotherapist was then asked to reflect on their experience engaging in one of the provided activities that was similar and one of the provided activities that was different to their preferred approach. Finally, the conclusion of the program was intended to highlight, solidify, and promote a synergy between the psychotherapist's worldview and therapeutic approach in order to achieve personal-professional value congruence. For example, in week 10, the psychotherapist was asked to read an article relating to an individual's process developing a consistent philosophy of practice. The psychotherapist was then asked to use the article as a guide for identifying his or her own personal approach to practice. In an effort to continue to promote and assess the validity of the program, a treatment fidelity measure was utilized asking participants to rate their effort with respect to tasks undertaken. As well, participants were asked to complete a short evaluation at the end of each week in addition to an overall program evaluation. Ultimately, it was expected that if a psychotherapist engaged in all of the tasks set forth in the 10 week structured reflective program, he or she would become more reflective and engaged, satisfied with their career, personally-professionally value congruent, and experience less burnout.

In order to evaluate the initial design of the program, experts whose tasks were included in the program were asked to provide critical feedback. Almost all of the experts responded to the request for feedback. The majority of the experts who responded did not recommend any changes to the program. In fact, the overall feedback was quite positive. For example, one expert stated, “I absolutely love the topic of your dissertation. The exercises you have listed intuitively appear to be logical and right on.”

Given the diligence exerted in developing the reflective program and positive feedback received from the experts, the researcher applied for continuing education credits to be awarded to psychotherapist’s who participated in the program. The Canadian Psychological Association and the Canadian Counselling and Psychotherapy Association each approved the awarding of 13 continuing education credits for participation in the program.

The next step in the process was to recruit participants for pilot testing the program. A recruitment email was sent to Educational Psychology and Psychology departments at the University of Alberta and the University of Calgary. Six doctoral students agreed to participate and all completed the pilot testing of the program. Based on the pilot testing revisions were made to the reflective program with respect to clarity of wording, extension of estimated time frames required to complete the tasks, and ease of access to the online site. After the revisions were complete, recruitment for the study commenced.

**Research Questions.** This study sought to answer the following questions: (1) Does participation in a program designed to enhance a psychotherapist’s level of reflection promote congruence, engagement, and job satisfaction thereby reducing burnout? and (2) Does personal-professional value congruence mediate the relationship between reflection and burnout, engagement and job satisfaction?

**Research Hypotheses.** The hypotheses based on the research questions include the following: (1) Psychotherapists' scores on measures of reflection, engagement, and job satisfaction will increase significantly and psychotherapists' burnout and congruence scores will significantly decrease after participation in a structured reflective intervention program relative to their scores prior to participation, (2) Psychotherapists' scores on measures of reflection, burnout, congruence, engagement, and job satisfaction will not change after participation in a structured ethics comparison program relative to their scores prior to participation, (3) Psychotherapists' scores on measures of reflection, burnout, congruence, engagement, and job satisfaction will not change while in a delayed control group relative to their scores prior to being placed on a wait list, (4) Psychotherapists' scores on measures of reflection, burnout, congruence, engagement, and job satisfaction will differ based on the group in which they were assigned, and (5) Personal-professional value congruence will mediate the relationship between reflective practice and burnout, engagement, and job satisfaction as a function of participating in a structured reflective program.

### **Chapter 3**

#### **Methods**

The purpose of this study was to explore ways to reduce burnout among psychotherapists by promoting reflection on value congruence. A review of the literature revealed that burnout contributes to job dissatisfaction and decreased engagement in practicing psychotherapists. As well, research on personal-professional value congruence confirms that value consistency does indeed reduce the risk of burnout. Furthermore, it was also established that reflection can promote personal-professional value congruence and that reflective practice is an intervention strategy that decreases burnout independent of value congruence.

#### **Participants**

The target population for the study was counsellors and psychologists who regularly engaged in psychotherapy. Participants were recruited from a variety of sources including members of the *Canadian Psychological Association (CPA)*, *Canadian Counselling and Psychotherapy Association (CCPA)*, and provincial and territorial psychological associations.

Potential participants were informed about the study through a variety of means including: (a) an isolated email sent on three separate occasions to all members of the CCPA; (b) listserv emails to students from a variety of psychology graduate programs; (c) paper inserts in the *Psymposium* magazine distributed to members of the Psychologists Association of Alberta; (d) advertisements in a variety of psychology and counselling journals across Canada; (e) web advertisements on a variety of psychology and counselling sites; (f) recruitment through CCPA conference attendance; and (g) word of mouth (Appendix A, Appendix B).

Potential participants were asked to contact the researcher through email to enrol in the study. As an incentive individuals were offered continuing education credits approved by the

CPA and CCPA (Appendix C, Appendix D). Potential participants were asked to pay a \$30 cost recovery fee in order to access and complete the online continuing education program. Once they paid their fee and registered they were randomly assigned to one of three group conditions and could then begin their participation in the research study.

### **Measures**

***Burnout.*** The Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981; Appendix E) was used to measure the dimensions of burnout. The MBI consists of 22 items and three subscales: Emotional Exhaustion, Personal Accomplishment, and Depersonalization. In each subscale participants rate both the frequency and intensity of the feeling. The frequency scale ranges from 0 (never) to 1 (a few times a year or less) to 6 (every day). The intensity scale ranges from 1 (very mild, barely noticeable) to 7 (major, very strong).

The Emotional Exhaustion subscale consists of nine items that describe feelings of being emotionally overextended and exhausted by one's work (Maslach & Jackson, 1981). The five items on the Depersonalization subscale describe unfeeling and impersonal responses to coworkers or recipients of services (Maslach & Jackson, 1981). The Personal Accomplishment subscale consists of eight items describing feelings of competence and success towards one's achievements (Maslach & Jackson, 1981). High mean scores of Emotional Exhaustion and Depersonalization subscales and low scores on Personal Accomplishment subscale correspond to greater degrees of experienced burnout (Maslach & Jackson, 1981). An overall burnout score is computed by adding the scores together from each of the three dimensions of burnout.

The reliability coefficients for the subscales are .90 for Emotional Exhaustion Frequency, .87 for Emotional Exhaustion Intensity, .79 for Depersonalization Frequency, .76 for Depersonalization Intensity, .71 for Personal Accomplishment Frequency, and .73 for Personal



Accomplishment Intensity (Maslach & Jackson, 1981). Test-retest reliability ranges from .53 to .89 for the six dimensions of the MBI (Maslach & Jackson, 1981).

Convergent validity was established by correlating individual MBI scores with behavioural ratings made independently by individuals who knew the participant well, such as a spouse or co-worker, with the presence of certain job characteristics that were expected to contribute to possible burnout, and with measures of various outcomes hypothesized to be related to burnout (Maslach & Jackson, 1981). All three sets of correlations provide substantial evidence for the validity of the MBI (Cadavid, 1986).

**Engagement.** The Utrecht Work Engagement Scale (UWES-17; Schaufeli et al., 2008; Appendix F) is a self-report questionnaire consisting of 17 items which measure the three underlying dimensions of work engagement: Vigour (six items), dedication (five items), and absorption (six items). Participants were asked to respond to the provided statements (e.g. At my job, I feel strong and vigorous) by indicating if they ever experienced a stated feeling at work and to rate the frequency of that feeling from 0 (never) to 6 (everyday). Confirmatory factor analytic studies support the three-factors of vigour, dedication and absorption. The three factors of work engagement are highly interrelated with correlations between .60 and .99 (Seppala, Mauno, Feldt, Kakanen, Kinnunen, Tolvanen & Schaufeli, 2009). That said, the structure of the UWES-17 has been found to be consistent across samples and is a highly stable indicator of occupational well-being (Schaufeli et al., 2008).

**Job satisfaction.** The Minnesota Satisfaction Questionnaire (MSQ; Weiss, Dawis, England, & Lofquist, 1967; Appendix G) measures job satisfaction and is based on the well-established Minnesota Theory of Work Adjustment (Dawis, England, & Lofquist, 1964). The MSQ measures a person's overall level of job satisfaction and specific work-related needs or

sources of reinforcement (e.g., On my present job, this is how I feel about the praise I get for doing a good job). The MSQ consists of 20 scales, each with five items per scale, designed to measure a facet of job satisfaction. These facets include ability utilization, achievement, activity, advancement, authority, school policies and practices, compensation, coworkers, creativity, independence, moral values, recognition, responsibility, security, social service, social status, supervision–human relations, supervision–technical, variety, and working conditions. The total job satisfaction score is thus based on 100 items. The respondent chooses one of five alternatives for each item: Very satisfied, satisfied, neither, dissatisfied, or very dissatisfied.

The MSQ has good to excellent internal consistency for all scales, ranging between .82 and .96 with a mean of .90 (Levinson, 1990). The reliability of the general job satisfaction scale is .97 (Levinson, 1990). Mean reliabilities for the 20 facet scales range between .85 and .90. Reliability of the general job satisfaction scale ranges between .97 and .98 (Levinson, 1990).

***Worldview.*** The Counsellor Theoretical Position Scale (CTPS; Poznanski & McLennan, 1995; Appendix H) is a 40-item instrument designed to measure a psychotherapist's worldview based on his or her epistemic beliefs. This scale measures the psychotherapist's epistemic beliefs related to therapeutic aspects on two dimensions: Objective-Subjective and Rational-Intuitive.

At the rational end of the R-I continuum, counsellor therapeutic beliefs emphasize the importance of conscious rational thought and logical analysis in therapeutic practice (e.g., As a counsellor I would generally prefer to practice a goal-directed approach). Such an emphasis is the cornerstone of cognitive behavioural approaches to counselling and therapy (Poznanski & McLennan, 1995). At the intuitive end of the continuum, therapeutic beliefs emphasize the importance of non-conscious processes of symbolic meaning, insight, introspection, and intuition (e.g., To me, introspective and intuitive methods in counselling and psychotherapy seem more

useful than explanations which do not go beyond observable behaviour). Such an emphasis is an essential element of the psychodynamic and experiential perspectives on counselling and therapy (Poznanski & McLennan, 1995).

The Objective–Subjective dimension of the CTPS is more ideological in that it reflects the spectrum of counsellors’ commitments to broad philosophical tenets concerning the nature and causality of human behaviour (Coan, 1979). The objective polarity represents a commitment to the importance of physical reality and environmental events (e.g., As a counsellor/ psychotherapist, I would maintain a detached and objective approach during the interview with my client) whereas the subjective end of the continuum represents a commitment to the importance of personal experience (e.g., Searching for meaning and wholeness in life is the essence of human existence).

Participants are asked to respond to each of the 40 items on the CTPS using a 7-point Likert scale where 1 = Completely Disagree and 7 = Completely Agree. Scores for each subscale range from 20 to 140. High subscale scores indicate stronger preferences for Rational and Objective beliefs, respectively. The items making up the Analytic-Experiential scale of Sundland and Barker’s (1962) Theoretical Orientation Questionnaire (TOQ) and the Objective-Subjective scale of Coan’s (1979) Theoretical Orientation Survey (TOS) were inspected by Poznanski and McLennan (1995) when developing the CTPS. Items that were too narrowly related to very specific therapeutic techniques were discarded resulting in sixteen items from the TOQ and one item from the TOS being retained. Poznanski and McLennan (1995) composed a further six items that were derived from writings by others describing epistemic commonalities and differences across various therapeutic approaches. Seventeen additional items were then prepared that expressed Family-Systemic values and Cognitive-Behavioural values not addressed

by other measures. As a result, the two 20-item subscales were formulated: Rational-Intuitive and Objective-Subjective.

A factor analysis of the CTPS item inter-correlations indicated that a two-factor solution was appropriate (all the factor loadings were  $>.30$ ). Good evidence of content validity was found with the pattern of item loadings on the factors being consistent with the theoretically derived content of the items (Poznanski & McLennan, 1995). The internal consistency coefficients for the items making up Objective-Subjective and Rational-Intuitive subscales are .87 and .81, respectively, indicating an acceptable level of reliability (Poznanski & McLennan, 1995). Furthermore, criterion-related validity was evidenced by the pattern of coefficients that were generally consistent with the predictions that high scores of the Rational-Intuitive subscale were associated with high levels of adherence to Cognitive-Behavioural approaches, and low levels of adherence to Psychodynamic and Experiential approaches. High scores on the Objective-Subjective subscales were associated with high levels of adherence to Cognitive-Behavioural approaches and low levels of adherence to Experiential/Phenomenological approaches.

***Therapeutic approach measure.*** The Therapeutic Approach Measure (TAM; Appendix I) is a seven-question rating scale, composed of values between 0 to 10, that solicit a participant's preference for one of the following therapeutic approaches: behavioural, cognitive, constructivist, existential, gestalt, person-centered, and psychoanalytic. Participants in this scale rated his or her identification/allegiance to a particular therapeutic approach by selecting a response from a scale of 0 (no identification) to 10 (strongly identify). This measure enabled psychotherapists to choose an approach based on their understanding of the therapeutic approach's rationale, goals, change tasks, change processes, and therapeutic relationship. In

contrast, the psychotherapist could assert his therapeutic approach rather than relying on the implied approaches based on the CTPS.

***Congruence measure.*** Personal-professional value congruence is defined as a consistency between a psychotherapist's worldview and his or her approach to therapy (Fear & Woolfe, 1999; Lyddon, 1989; Simon, 2003; Vasco et al., 1993). For a psychotherapist to be personally-professionally value congruent, the way in which he or she perceives the world (e.g. empirical) would correspond to a complementary approach that he or she practices psychotherapy (e.g. behavioural). Therefore, the greater the consistency between a psychotherapists' worldview and his or her therapeutic approach, the more congruent the psychotherapist. Conversely, the greater the inconsistency between the psychotherapists' worldview and his or her therapeutic approach, the less congruent the psychotherapist. To date there have been no instruments developed to measure the consistency between a psychotherapist's worldview and his or her approach to therapy.

Truscott's (2010) model (Figure 1) of how seven approaches to psychotherapy correspond to representative worldviews provided a basis for identification of therapeutic approaches. In this model, approaches are aligned with a corresponding worldview and represent a consistent approach between worldview and therapeutic approach. For example, a participant's rating of 10 on behavioural should correspond to an empirical worldview if the psychotherapist is personally-professionally value congruent. However, if the participant rating of 10 on a behavioural rating does not correspond to a preference for an empirical worldview based on his or her responses to the CTPS then he or she would be deemed personally-professionally value incongruent. Therefore, the worldviews identified by Truscott (2010) are consistent with and

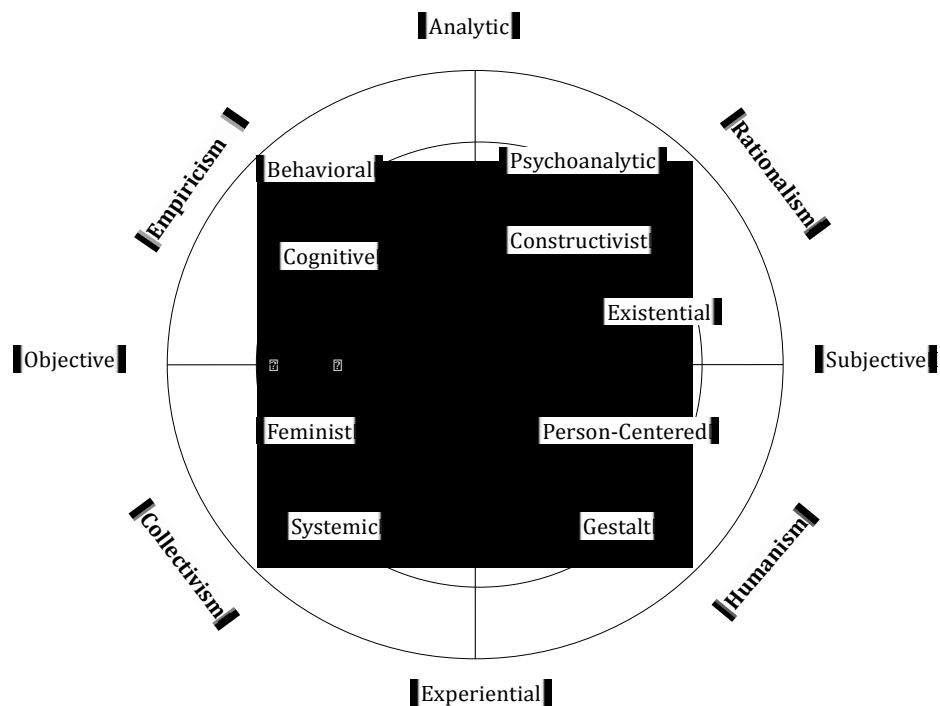


Figure 1. Truscott’s taxonomy of the systems of psychotherapy

correspond to the epistemic values measured in the Counsellor Theoretical Position Scale used in this study.

A single congruence score was calculated using scores from the worldview and therapeutic approach scales. Congruence was operationalized as a distance from zero. A value closer to zero indicates minimal deviation and a consistency between the psychotherapist’s worldview and approach score. Incongruence, on the other hand, is represented by a value further away from zero, indicating a larger deviation or inconsistency between the psychotherapist’s worldview and approach score.

The first step in the process of arriving at a single congruence score was to reverse-score the experiential, gestalt, person-centered and psychodynamic ratings so that all measures

(worldview and therapeutic approach) where in the same direction. The next step was to standardize worldview and therapeutic approach scores to enable comparison of individuals' scores relative to the standard means. The third step involved calculating congruence subscores measuring the difference between each individual's worldview subscore (rational-intuitive or objective-subjective) and their approach score (behavioural, cognitive, constructivist, experiential, gestalt, person-centered, and psychodynamic). This resulted in a total of fourteen congruence subscores (seven for each worldview dimension). The fourth step involved totalling all congruence scores for the rational-intuitive dimension to produce a Rational-Intuitive congruence subscore and totalling the Objective-Subjective dimension congruence scores to produce an Objective-Subjective congruence subscore. Once an overall rational-intuitive worldview/approach score and objective/subjective worldview/approach score was calculated, the absolute value of each was determined and the two scores were summed to produce the overall congruence score. The absolute value of each score was used because the directionality of the scores did not matter whereas personal-professional value consistency was determined by a value close to zero and personal-professional value inconsistency was gleaned by a zero farther away from zero.

Initial construct validity evidence was generated by inspecting bivariate correlations between the two worldviews and seven therapeutic approaches. Results revealed that all of the approach scores except constructivist were significant for the rational-intuitive worldview. However, results of the correlations for the objective-subjective scores revealed only two significant findings; for the behavioural and cognitive orientations. Table 1 reports the results of the bivariate correlations.

Table 1

*Correlations between Worldview and Therapeutic Approach*

Therapeutic Approach	Worldview	
	Rational-Intuitive	Objective-Subjective
Behavioural	0.45**	0.31**
Cognitive	0.28**	0.38**
Constructivist	-0.03	0.15
Existential	-0.37**	-0.08
Gestalt	-0.38**	-0.13
Person-Centered	-0.48**	-0.20
Psychodynamic	-0.36**	-0.01

*Note.* \*\* indicates significance at  $p < .01$

Based on these results, two versions of an overall congruence score were calculated. First, an unadjusted sum of all subscores was calculated. Second, an overall congruence score was calculated by summing congruence subscores that had the expected correlations between the associated approach and worldview subscores. Based on the results of the bivariate correlations it appears that the Rational-Intuitive worldview and approach scores produced the most statistically valid results. For the most part these results are consistent with the literature regarding worldview/therapeutic approach congruence and considered a good indication of personal-professional value congruence (Truscott, 2010).



**Reflection.** A five-question survey designed to measure a participant's reflective practice was employed (Appendix J). Participants were asked to rate their level of reflective practice from 0 (not reflective) to 10 (extremely reflective) in response to: "What number do you believe best represents your current level of reflective practice?" "What number best represents where you would like your reflective practice to be in the future?" "What number best represents your belief in the importance of reflective practice?" "What number best represents how often you participate in reflective practices?" "What number best represents your willingness to participate in reflective practice?" A total reflective score was calculated by totalling participants' responses to these five questions. Cronbach's alpha was 0.78, 0.84, and 0.88 on the pre-test, post-test, and follow-test, respectively, indicating an acceptable level of reliability.

### **Data Collection Procedures**

**Step one.** The researcher, with the help of expert feedback (Appendix K, Appendix L) and pilot testing, developed an intervention and comparison program.

**Intervention program.** The researcher reviewed current and seminal literature with respect to reflection and reflective practice. Based on this review a series of ten tasks were generated with the aim of enhancing personal-professional value congruence. Each weekly task included information with respect to materials required, estimated time commitment to complete the task, additional readings for the week, reference(s) to the reflective literature, a description of the task, and questions aimed at promoting personal-professional value congruence. The ten tasks were sequenced in a manner designed to facilitate the development of personal-professional value congruence. The tasks in the program included: (1) week one: removing barriers to reflective practice; (2) week two: introduction to reflective techniques; (3) week three: reflection in-action and reflection on-practice; (4) week four: five types of reflection; (5) week five: model

for structured reflection; (6) week six: discovering your therapeutic orientation; (7) week seven: identify your personal worldview; (8) week eight: identify your stage of development; (9) week nine: uninterrupted reflective writing; and (10) week ten: writing your reflective philosophy. In order to evaluate the initial design of the program, experts whose tasks were included in the program were asked to provide critical feedback. Based on the experts' feedback, revisions to the program were made in order to enhance its validity. The program (Appendix M) was then administered to a subset of participants for pilot testing. Further revisions were made following the feedback obtained and lessons learned from pilot testing. To assess treatment fidelity participants were asked to rate their effort with respect to tasks partially or entirely completed (Appendix N). In addition, participants in both the pilot and actual program were asked to complete a program evaluation in order to receive continuing education credits (Appendix O).

*Comparison program.* A comparison program was developed to contrast participant's level of reflective practice, personal-professional value congruence, burnout, engagement, and job satisfaction in relation to ethical practice. The researcher reviewed Truscott and Crook's (2004, 2013) books with respect to ethical practice for psychologists in Canada. Ten vignettes were chosen from the most recent edition and were included as weekly tasks (Appendix P). The ten vignettes included in the program were: (1) week one: understanding ethical systems; (2) week two: meeting professional standards; (3) week three: appreciating legal expectations; (4) week four: making ethical decisions; (5) week five: obtaining consent; (6) week six: protecting confidentiality; (7) week seven: helping without harming; (8) week eight: maintaining professional boundaries; (9) week nine: providing services across cultures; and (10) week ten: promoting social justice. Parallel with the reflective program, each weekly task included information about materials required, estimated time commitment to complete the task,

reference(s) to the ethical literature, vignettes for the week, and questions designed to promote ethical practice. In order to assess the merit of the tasks two experts on ethical practice in Canada were asked to review the comparison program. Based on the experts' feedback minor changes were made to the vignettes and follow-up questions. A subset of participants then completed the comparison program during pilot testing. Additional changes were made based on participant feedback from the pilot testing. Similar to the intervention program, information was also collected from participants with respect to their effort level and completion rates. Further, the same program evaluation was required from participants in both the pilot test and actual program in order to receive continuing education credits.

*Step two.* Potential participants were informed about the study through a variety of means. Interested potential participants were asked to email the researcher to obtain more information or to enrol in the study (Appendix Q).

*Step three.* Once potential participants stated that they wished to participate in the study they were sent an invoice for a \$30 cost recovery fee. Application fees, database maintenance fees, and advertisement fees were not only necessary but integral parts of the practical and ethical requirements for this study. Any profits made from the collection of fees were to be donated to the Psychological Association of Alberta program for individuals needing financial support for participation in therapy. After paying the fee potential participants were provided with a document that outlined the procedures for enrolling in the online program (Appendix R). Once participants officially enrolled in the program an online tool (Research Randomizer) was employed to randomly assign participants to either the intervention, comparison or the delayed control group.

**Step four.** Potential participants were required to read and complete the online consent form (Appendix S) in order to access the program materials. They were asked to respond by clicking either “true” or “false” to the question asking them if they agreed to the terms of the study and thus wished to participate in the study. After consenting to the research they were given a link to *PsychData*, an external data collection site, which contained the pre-test. This external link was provided to participants as a safe guard to ensure anonymity. Following completion of the pre-test, participants were provided with a password to unlock the first weekly task. Participants in the delayed control group were informed that they would have to wait approximately 16 weeks to complete either the reflective or ethical program (Appendix T).

**Step five.** Once participants in the intervention and comparison groups finished the first task they were asked a series of exit questions before they could access the second task. These questions were designed to ensure participants completed the tasks. This procedure continued for each 10 week period in the intervention as well as the comparison program. Following completion of the last task participants in the intervention and comparison group were required to fill out a program evaluation.

**Step six.** Before finally completing the program participants were asked to respond to three questions with respect to their level of participation and effort: “Of the ten tasks how many of them did you complete in their entirety?” “Of the ten tasks, how many of them did you partially complete?” “On a scale of 0 (minimal effort) to 10 (maximum effort) please rate your overall effort in completing the weekly tasks?” Approximately 90% of participants in both groups reported completing all of the tasks in their entirety. Furthermore, roughly 85% of participants reported completing the program with a high degree of effort (a self-reported score of 7/10 or better).

Once participants completed all of the required program components they were sent another link to the external *PsychData* site which enabled them to complete the post-test (identical to the pre-test). Participants in the delayed control group were sent an email with the post-test link allowing them to complete the survey. Following the completion of the post-test all participants were provided with a password to unlock the follow-up test to be taken in one month.

*Step seven:* After completing the follow-up test, participants in the intervention and comparison groups were provided with a password to unlock a document recognizing their completion of the ethical or reflective program and that they indeed had received 13 continuing education credits from CPA and CCPA. Participants in the delayed control group were granted access to either the ethical or reflective program once they completed the follow-up test. Participants in the delayed control group had the opportunity to choose which program they preferred to complete in order to earn their continuing education credits.

### **Research Design**

To test the effects of a reflective program on psychotherapists' level of personal-professional value congruence, burnout, engagement, and job satisfaction, a three group experimental design was employed (Campbell & Stanley, 1963). Specifically, a 3 x 3 x 5 between-within-within factorial design was utilized for the three groups (control, comparison, intervention), three time periods (pre, post, follow-up), and five dependent variables (burnout, engagement, personal-professional value congruence, job satisfaction, reflective practice)

A Profile Analysis of Repeated Measures was used to analyze the data. Profile Analysis of Repeated Measures is an analytic technique that determines if individuals have different profiles on a set of variables across repeated measures (Tabachnick & Fidell, 2007). In other

words, a profile analysis is interested in determining if all dependent variables elicit the same or different responses over time. In studies where there is also a between-subjects factor (experimental group) a specific application of profile analysis is used called a Doubly Multivariate design (Tabachnick & Fidell, 2007). Thus, this study utilized a Doubly Multivariate – Profile Analysis for Repeat Measures design to test for within, between, and within by between subjects interaction effects.

### **Data Analysis**

This study employed two data analysis procedures in order to examine both the direct and indirect effects with respect to the research questions and hypotheses. In order to test the direct effects relating to the following hypotheses: (a) psychotherapists' scores on measures of reflection, congruence, engagement, and job satisfaction will increase significantly and psychotherapists' burnout scores will significantly decrease after participation in a structured reflective intervention program relative to their scores prior to participation; (b) psychotherapists' scores on measures of reflection, burnout, congruence, engagement, and job satisfaction will not change after participation in a structured ethics comparison program relative to their scores prior to participation; (c) psychotherapists' scores on measures of reflection, burnout, congruence, engagement, and job satisfaction will not change while in a delayed control group relative to their scores prior to being placed on a wait list; and (d) psychotherapists' scores on measures of reflection, burnout, congruence, engagement, and job satisfaction will differ based on the group in which they were assigned, a Split Plot Multivariate Analysis of Variance that examined the differences in scores over time between the three experimental groups was used.

In order to test the hypothesis relating to the indirect effects of the following hypothesis, personal-professional value congruence will mediate the relationship between reflective practice and burnout, engagement, and job satisfaction as a function of participating in a structured reflective program, a mediation analysis was used.

*Direct effect analysis.* Given the Profile Analysis of Repeated Measures design, a Split-Plot Multivariate Analysis of Variance (Split-Plot MANOVA) was used to analyze the between and within subjects effects (Tabachnick & Fidell, 2007) as a test of the hypothesis that psychotherapists' scores will either increase, decrease, or stay the same with respect to reflection, burnout, congruence, engagement, and job satisfaction dependent on their participation in a structured reflective program. This procedure facilitates the comparison of groups with respect to how their scores differ on a set of measures over time (Tabachnick & Fidell, 2007). The groups compared are the control, comparison, and intervention groups. The dependent variables measured at pre, post, and follow-up were personal-professional value congruence, burnout, engagement, job satisfaction, and reflective practice. Both descriptive and inferential statistics were obtained during data analysis. Planned and post hoc comparisons were performed to look for particular significant difference between the levels of the factors (Glass & Hopkins, 1977). Lastly, a Scheffé post-hoc analysis procedure (Glass & Hopkins, 1977) was used to examine the simple and complex contrasts obtained from the results of the Split-Plot MANOVA. Figure 1 visually represents the direct effect analysis of reflection on congruence, burnout, engagement, job satisfaction, and self-reported reflection.

*Indirect effect analysis.* In order to test the hypothesis that personal-professional value congruence will mediate the relationship between reflective practice and burnout, engagement, and job satisfaction as a function of participating in a structured reflective program mediation

analysis was employed. Mediation analysis often provides a deeper, more refined understanding of the relationship between an independent and dependent variable (Wu & Zumbo, 2008).

Mediation analysis examines the process through which an independent variable (X) affects an outcome measure (Y) by identifying variables that are partly or wholly responsible for the observed effect (Baron & Kenny, 1986). In order for complete mediation to occur, four requirements must be met: (1) the independent variable (IV) must significantly predict the dependent variable (DV); (2) the IV must significantly predict the mediating variable (M); (3) the mediating variable must significantly predict the DV while controlling for the IV; and (4) the IV must no longer have any effect on the DV when M has been controlled (Baron & Kenny, 1986). If all four requirements are met then complete mediation has occurred. If only the first three requirements are met, then partial mediation has occurred (Baron & Kenny, 1986).

MacKinnon, Lockwood, Hoffman, West, and Sheets (2002) built upon Baron and Kenny's (1986) technique and developed the product of coefficients method,  $\alpha\beta$ . This approach tests the significance of the intervening variable effect by dividing the estimate of the intervening variable effect,  $\alpha\beta$ , by its standard error and comparing this value to a standard normal distribution. If the product of coefficients is significant, a mediating effect has occurred.

The equations used to estimate the product of coefficient approach are shown in Equations 1, 2, and 3 and are depicted in the path model in Figure 2.

$$\text{Equation 1: } Y = \beta_{0(1)} + \tau X + \varepsilon_{(1)}$$

$$\text{Equation 2: } Y = \beta_{0(2)} + \tau'X + \beta I + \varepsilon_{(2)}$$

$$\text{Equation 3: } I = \beta_{0(3)} + \alpha X + \varepsilon_{(3)}$$

In these equations, X is the independent variable, Y is the dependent variable, and I is the intervening variable.  $\beta_{0(1)}$ ,  $\beta_{0(2)}$ ,  $\beta_{0(3)}$  are the population regression intercepts in Equation 1, 2, and



3, respectively. In order to test the mediation effect using the product of coefficients approach and the provided equations five relationship must be examined. These relationships include: (a) the direct relationship between the dependent variable and the independent variable,  $\tau$ , (equation 1); (b) the relation between the independent and dependent variables adjusting for the effect of the intervening variable,  $\tau'$ , (equation 2); (c) the relation between the independent variable and the intervening variable,  $\alpha$ , (equation 3); (d) the relation between the intervening variable and the dependent variable adjusted for the effect of the independent variable, standard error, and residuals,  $\beta$ , (equation 2, and  $\varepsilon_{(1)}$ ,  $\varepsilon_{(2)}$ , and  $\varepsilon_{(3)}$ , are the residuals in equations 1, 2, and 3, respectively); and (e) the product of the coefficients,  $\alpha\beta$ , used to determine if partial or complete mediation occurred.

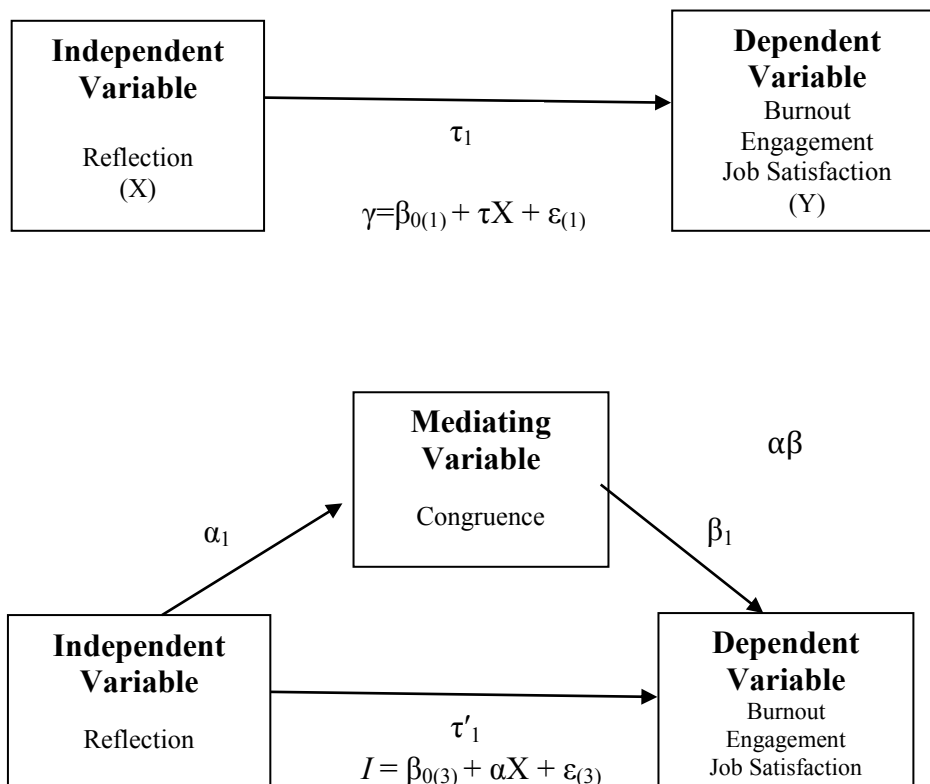


Figure 2. Path diagram and equations for the intervening variable model

**Ethical Considerations.** There are three primary ethical considerations that needed to be addressed with respect to this study. The first consideration was *free and informed consent*. All participants were provided with a detailed informed consent document outlining the voluntary nature of the study, the requirements of the study, contact information, and the right to withdraw from the study without penalty at any time (Appendix M).

Freedom of consent was an issue because continuing education credits from the Canadian Psychological Association and Canadian Counselling and Psychotherapy Association were offered to potential participants. According to the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, Second Edition (TCPS-2)* consent must be voluntary and participants must be able to withdraw at any time from the study. Both of these conditions are met in this study. Participants were made aware that they will be charged \$30 as a cost recovery fee and that if they wish to withdraw before completing the program they will be refunded their \$30; however they would not be awarded continuing education credits.

The second ethical consideration is *confidentiality*. Participants were informed that their responses to the surveys were private and that no identifying information would be collected or connected to themselves. The use of an external data collection site, *PsychData*, acted as an additional safeguard in removing identifying information. Also, participants were not required to submit the results of their reflective tasks to the researcher to ensure their privacy and confidentiality and anonymity. Furthermore, reminder emails regarding weekly tasks were sent to all participants however participants email addresses were not visible to others. Thus, numerous steps were taken to ensure the anonymity, privacy, and confidentiality of the participants.

The third ethical consideration is *data storage and ownership*. Given that a third-party online program managed the site, participants were made aware that the researcher had ownership of the material and stored the data in a manner that ensured privacy and complies with ethical standards.

## Chapter 4

### Results

The purpose of this study was to determine whether promoting reflection on value congruence reduces burnout among psychotherapists. A review of the literature revealed that burnout contributes to job dissatisfaction and decreased engagement in practicing psychotherapists. As well, research on personal-professional value congruence confirms that philosophical consistency does indeed reduce the risk of burnout. Furthermore, it was also established that reflection can promote personal-professional value congruence and that reflective practice is an intervention strategy that decreases burnout independent of value congruence. A structured reflective intervention program and an ethics comparison program were developed and psychotherapists were recruited and randomly assigned to either the reflective program group, ethics program group, or delayed control group.

#### Descriptive Statistics

**Demographic variables.** Demographic information with respect to gender, age, years of experience, setting and job title were collected over a five month period from psychologists (12%), psychotherapists (19%), counsellors (63%), and participants who identified as working with clients in another therapeutic capacity (6%). Participants worked primarily in community practice (34%) followed by private practice (26%), schools (21%), and hospital settings (5%) in Canada. Participants were predominately women (86%). Most were between the ages of 50-59 (26%) followed closely by participants aged 40-49 (25%) and 30-39 (24%). Fourteen percent of participants were under the age of 29 and 12% were over the age of 60. The majority of participants had less than 9 years of experience (53%). Approximately nineteen percent of the

remaining respondents had 10-14 years of experience, 14% had 20-24 years of experience, 9% had more than 25 years of experience and 4% had 15-19 years of experience.

**Completion rates.** Eighty-seven individuals signed up to participate in this study. Research Randomizer, a computer program designed to randomize participants, was employed to assign participants to the control (24%), comparison (34%) or intervention (41%) group. Almost all respondents (75%) completed the entire research study. Ninety-seven percent of participants completed the pre-test and first weekly task. Eighty-seven percent of respondents completed all ten of the weekly tasks and 84% of participants completed the post-test. In the control group, 90% completed the pre-test, 81% completed the post-test, and 95% completed the follow-up test. The main reason for the discrepancy between the pre-test, post-test, and follow-up scores appears to be due to participants failing to recall the password to the surveys given the long delay between the survey completions. In the comparison group, 100% completed the pre-test, 83% completed the post-test, and 63% completed the follow-up test. In the intervention group, 97% completed the pre-test, 89% completed the post-test, and 72% completed the follow-up test.

**Study variables.** Table 2 reports the mean and standard deviation on the study variables of congruence, burnout, engagement, job satisfaction and reflective practice for each group at pre-test, post-test, and follow-up.

Table 2

*Study Variables*

Measure	Group	n	Pre-Test		Post-Test		Follow-Up	
			M	SD	M	SD	M	SD
Congruence	Control	14	11.43	5.94	5.18	4.01	5.53	4.29
	Comparison	17	10.69	6.47	4.53	3.09	4.90	4.83
	Intervention	22	8.83	7.84	4.29	3.19	7.23	4.87
	Total	53	10.11	6.92	4.61	3.34	6.03	4.74
Burnout	Control	14	61.50	12.42	61.21	9.01	65.14	7.51
	Comparison	17	57.00	9.87	56.71	8.76	59.94	8.76
	Intervention	22	59.14	12.01	58.86	11.87	64.45	9.52
	Total	53	59.08	11.39	58.79	10.19	63.19	8.91
Engagement	Control	14	71.36	12.56	75.29	13.30	78.71	13.11
	Comparison	17	79.82	13.61	77.24	13.25	78.82	14.66
	Intervention	22	78.23	13.98	77.77	13.57	77.18	13.42
	Total	53	76.92	13.68	76.94	13.18	78.11	13.51
Job Satisfaction	Control	14	70.64	8.50	70.29	12.21	73.64	12.35
	Comparison	17	76.53	10.25	76.53	8.90	78.00	10.25
	Intervention	22	76.32	9.93	76.23	11.26	76.86	11.57
	Total	53	74.89	9.84	74.75	10.97	76.38	11.29
Reflection	Control	14	42.57	4.38	43.50	4.13	43.00	4.54
	Comparison	17	42.35	5.14	41.76	5.25	42.18	5.26
	Control	22	43.27	4.91	43.05	5.13	42.91	5.03
	Total	53	42.79	4.78	42.75	4.89	42.70	4.90

### **Assumptions of Statistical Tests**

The initial stage of the data analysis was to deal with sample size, missing data, and outliers in an appropriate manner and to test the assumptions of independence, normality, homogeneity of variance, and homogeneity of covariances within and across each level of the between-subjects factor before performing a Split-Plot Multivariate Analysis of Variance (Tabachnick & Fidell, 2007).

With a split-plot MANOVA there should be more research units in the smallest group than there are dependent variables (Tabachnick & Fidell, 2007). The sample size in this study satisfies this criterion as there are five dependant variables and the smallest experimental group had a total of 14 participants enrolled in the study. An unequal sample size is not a significant concern in a split-plot MANOVA because each hypothesis is tested as if in a one-way design (Tabachnick & Fidell, 2007). Therefore, the fact that the control, comparison, and intervention group have three different sample sizes is not a hindrance to statistical analysis using the split-plot MANOVA.

Missing data in this study was deleted as it appeared to be random and pose a less serious problem than non-random missing values (Tabachnick & Fidell, 2007). The missing data found in this study was not part of a dependent measure since participants were required to complete all questions in the measure before progressing in the survey. Therefore, all of the missing data in this study was the direct result of participants not completing the surveys. Thus, given that the research intended to look for patterns in participants across time, incomplete surveys were deleted and only participants who completed the pre-test, post-test, and follow-test were examined during data analysis.

In order to control for outliers a log transformation of the dependent variables was performed and for the most part yielded no change in the results or assumptions obtained from the original data. The only exception was that the interaction effect for engagement in the control group was no longer significant at the  $p \leq .05$  level, but rather it was significant at the  $p \leq .10$  level. Given this non significant finding the analysis of the results was conducted using the raw data collected from the participants.

In order to meet the assumptions necessary to perform a Split-Plot MANOVA the researcher first examined independence. In order to determine that the data is independent no individual can be counted in more than one group or influence the effect on another participant (Tabachnick & Fidell, 2007). Each participant in this study was independent of one another given that each was randomly assigned to separate experimental groups. Thus, independence for the data set is assumed.

The next assumption that needs to be considered is normality. The first step in exploring normality is to visually represent the frequency of the data using a histogram. Based on the frequency distributions most of the variables appear to be normally distributed (Appendix U). However, in order to more accurately determine if data is normally distributed the Kolmogorov-Smirnov test may be employed, which determines whether a distribution of scores are statistically different from a normal distribution. A significant value indicates a deviation from normality, however it should be noted that this test tends to be affected by large samples in which small deviations from normality yield significant results (Tabachnick & Fidell, 2007). The results of the Kolmogorov-Smirnov test without the grouping variable for burnout indicates,  $D(83) = 0.10, p < 0.05$ . The results of the Kolmogorov-Smirnov test without the grouping variable for congruence indicates,  $D(35) = 0.13, p < 0.05$  (Appendix U). Furthermore, the results



of the Kolmogorov-Smirnov test with the grouping variable, satisfaction in the intervention group, indicates,  $D(83) = 0.10, p < 0.05$ . The results of the Kolmogorov-Smirnov test with the grouping variable, engagement in the comparison group, indicates,  $D(29) = 0.20, p < 0.05$  (Appendix U). However, repeated measures designs tend to only require approximately normal data because it is quite robust to violations of normality (Tabachnick & Fidell, 2007).

Tests regarding the homogeneity of variance state that as you go through levels of one variable, the variance of the other variables should not change. Levene's Test of Equality of Error Variance tests the null hypothesis that the error variance of the dependent variables is equal across all groups. Levene's Test of the five dependent variables (congruence, burnout, engagement, job satisfaction, and reflection) at the three time periods (pre-test, post-test, and follow-up) revealed that differences in variances were non significant thus indicating that homogeneity of variance is assumed (Appendix U).

Tests of homogeneity of covariance were also necessary. Box's Test of Equality of Covariance Matrices tests the null hypothesis that the observed covariance matrices of the dependent variables are equal across groups. The results of Box's test revealed a non significant result (Appendix U). Furthermore, tests of sphericity examine if there are equal variances and covariances within each group. Mauchly's Test of Sphericity tests the null hypothesis that the error covariance matrix of the orthonormalized transformed dependent variables is proportional to an identity matrix. Mauchly's Test indicated that the assumption of sphericity had been violated,  $X^2(2)=9.08, X^2(2)=7.83, X^2(2)=18.31, p < 0.05$ , for engagement, reflection, and job satisfaction, respectively. Therefore degrees of freedom were corrected using Huynh-Feldt estimate of sphericity ( $\epsilon=0.92, 0.94, 0.81$ ) for engagement, reflection, and job satisfaction, respectively (Appendix U). Analysis of the correlations revealed that the problem correlations

impacting homogeneity of variance-covariance included: (a) the congruence score in the comparison group between the pre-test and follow-up test; (b) the satisfaction score in the comparison group between the pre-test and follow-up test; and (c) the satisfaction score in the intervention group between the pre-test and post-test (Appendix U). However, analyzing the data using the Huynh-Feldt correction for all five dependent variables accounts for violations of a lack of sphericity.

Given the adherence to the preceding statistical assumptions and the necessary corrections, direct and indirect data analysis were performed and interpretations were made based on the results obtained.

### **Results of the Direct Effect Analysis**

In order to test the hypothesis that participation in a structured reflective intervention program increases psychotherapists' engagement, job satisfaction, and reflective practice as well as decreases congruence and burnout scores, a Split-Plot Multivariate Analysis of Variance was employed.

Consistent with the hypothesis, participation in the structured reflective program led to a decrease in congruence scores over time (pre-test, post-test, and follow-up;  $p < .01$ ). A within-subjects test of the linear trend (i.e., means decreasing in a linear fashion) was significant [ $F(1,50) = 18.15$ , ( $p \leq .01$ ), partial  $\eta^2 = .27$ ]. Inspection of the overall means suggests the difference between pre-test and post-test is driving this observed effect ( $M_1 = 10.11$ ,  $M_2 = 4.61$ ,  $M_3 = 6.03$ ).

Contrary to the hypothesis that the three experimental groups will differ in their level of congruence as a result of participation in the study, a non-significant between-subjects effect as well as a non-significant interaction between time and the experimental grouping variable was found ( $p > .01$ ).

Contrary with the hypothesis that participation in a structured reflective program will reduce burnout, a significant within-subjects effect for time was found, with burnout scores increasing rather than decreasing at follow-up ( $p < .01$ ). A within-subjects test of the linear trend (i.e., means increasing in a linear fashion) supports the observed within-subjects effect [ $F(1,50) = 9.42$ , ( $p < .01$ ), partial  $\eta^2 = .16$ ]. Inspection of the overall means suggest the difference between post-test and follow-up is driving the effect ( $M_1 = 59.08, M_2 = 58.79, M_3 = 63.19$ ).

Consistent with the hypothesis that participation in an ethics comparison program and assignment to a delayed control group will not affect burnout, results reveal a non-significant within-subjects effect, between-subjects effect, and interaction effect between time (pre-test, post-test, and follow-up) and experimental (reflective intervention, ethics comparison, and delayed control) condition

Contrary to the hypothesis that participation in a structured reflective program will increase engagement, results reveal a non-significant within-subjects effect, a non-significant between-subjects main effect, and a significant interaction effect between time and experimental condition [ $F(1,50) = 3.79$ , ( $p = .046$ ), partial  $\eta^2 = .094$ ]. Inspection of the overall means suggest the difference between pre-test and post-test is driving the effect for the control group condition ( $M_1 = 71.36, M_2 = 75.29, M_3 = 78.71$ ). Figure 3 visually represents the interaction effect.

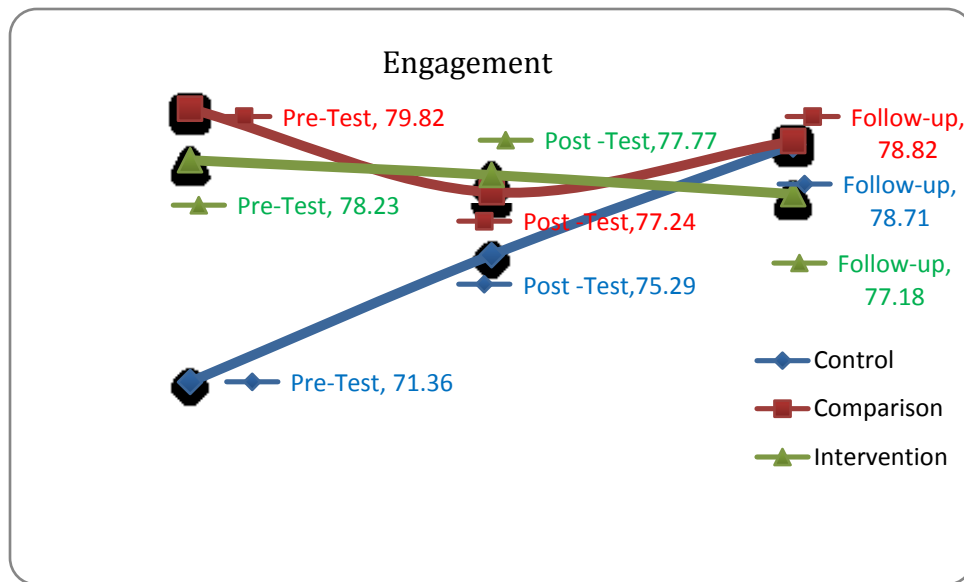


Figure 3. Diagram of the interaction effect of participants’ engagement scores.

Contrary to the hypothesis that participation in a structured reflective program will increase participants’ job satisfaction, results reveal a non-significant within-subjects effect, a non-significant between-subjects main effect, and a non-significant interaction effect.

Contrary to the hypothesis that participation in a structured reflective program will increase participants’ reflection scores over time, results reveal a non-significant within-subjects effect, a non-significant between-subjects main effect, and a non-significant interaction effect.

**Results of the Indirect Effects Analysis**

Due to the non-significant between-subjects effects the remainder of the analyses were conducted on the full sample of participants without differentiating between experimental groups. Collapsing the three experiment groups into one data set for the purpose of the indirect analysis allowed for a more normal distribution of scores and an increase in the power used to detect possible mediation effects relating to the hypothesis that personal-professional value congruence will mediate the relationship between reflective practice and burnout, engagement, and job satisfaction as a function of being a part of the study (Tabachnick & Fidell, 2007).

MacKinnon and colleagues (2002) present the product of coefficients approach,  $\alpha\beta$ , to test mediation hypotheses. The product of coefficients approach examines five separate relationships: (a) the direct relationship between the dependent variable and the independent variable,  $\tau$ ; (b) the relation between the independent and dependent variables adjusting for the effect of the intervening variable,  $\tau'$ ; (c) the relation between the independent variable and the intervening variable,  $\alpha$ ; (d) the relation between the intervening variable and the dependent variable adjusted for the effect of the independent variable, standard error, and residuals,  $\beta$ ; and (e) the product of the coefficients,  $\alpha\beta$ , used to determine if partial or complete mediation occurred. If the overall indirect effect,  $\alpha\beta$ , is significant then there is evidence to indicate that mediation did occur. The results of the indirect effect analysis are reported in Table 3.

Table 3

*Congruence as a Mediating Variable of Reflection*

Model	$\tau_i$	$\tau'_i$	$\alpha_i$	$\beta_i$	$\alpha\beta_i$
Burnout (pre)	0.05	0.07	0.17	-0.12	-0.02
Burnout (post)	0.09	0.06	-0.04	-0.63	0.03
Burnout (follow-up)	-0.26	-0.25	0.04	-0.17	-0.01
Engagement (pre)	1.59**	1.59**	0.17	0.01	0.00
Engagement (post)	1.21**	1.17**	-0.04	-0.88**	-0.05
Engagement (follow-up)	1.21**	1.21**	0.04	-0.13	-0.01
Job Satisfaction (pre)	0.84**	0.83**	0.17	0.08	0.01
Job Satisfaction (post)	0.62*	0.59*	0.04	-0.88**	0.04
Job Satisfaction (follow-up)	0.44	0.45	-0.04	-0.10	0.00

*Note.* 'i' indicates pre, post, or follow-up test

\* indicates significance at  $p < .05$  \*\* indicates significance at  $p < .01$

In order to test the hypothesis that personal-professional value congruence will mediate the relationship between reflective practice and burnout, engagement, and job satisfaction it was necessary to proceed through the following five steps. In the first relationship required for mediation as proposed by MacKinnon and colleagues (2002), a significant relationship between the independent variable (reflective practice) and dependent variable (burnout, engagement, or job satisfaction) must exist. The results revealed a positive direct relationship between reflection and engagement at pre-test, post-test, and follow-up ( $\tau_{1\text{Eng}} = 1.59, p < .01$ ;  $\tau_{2\text{Eng}} = 1.21, p < .01$ ;  $\tau_{3\text{Eng}} = 1.21, p < .01$ ). A positive direct relationship between reflection and job satisfaction in the pre-test and post-test ( $\tau_{1\text{Sat}} = 0.84, p < .01$ ;  $\tau_{2\text{Sat}} = 0.62, p < .05$ ) is also revealed. However, contrary to the first requirement for mediation the results revealed a non significant relationship between reflection and burnout in the pre-test, post-test, and follow-up test.

In the second requirement for mediation, a significant relationship between the independent and dependent variables adjusting for the effect of the intervening variable must be present. Contrary to the second requirement, the results revealed a positive relationship between reflection and engagement at pre-test, post-test, and follow-up when adjusting for the effects of personal-professional value congruence ( $\tau'_{1\text{Eng}} = 1.59, p < .01$ ;  $\tau'_{2\text{Eng}} = 1.17, p < .01$ ; and  $\tau'_{3\text{Eng}} = 1.21, p < .01$ ). Also, contrary to the second requirement for mediation the results revealed a positive relationship between reflection and job satisfaction at pre-test and post-test when adjusting for the effects of personal-professional value congruence ( $\tau'_{1\text{Sat}} = 0.83, p < .01$ ;  $\tau'_{2\text{Sat}} = 0.59, p < .05$ ). Consistent to the second requirement for mediation, the results revealed a non-significant relationship between reflection and burnout at pre-test, post-test, and follow-up when adjusting for the effects of personal-professional value congruence

In the third requirement for mediation a significant relationship between the independent variable and the intervening variable must exist. Contrary to the third requirement for mediation, the results revealed that a relationship between reflection and personal-professional value congruence does not exist at pre-test, post-test, or follow-up test ( $\alpha_i > .05$ ).

In the fourth requirement for mediation a significant relationship between the intervening variable and the dependent variable adjusted for the effect of the independent variable, standard error, and residuals must be present. Consistent with the fourth requirement, the results revealed that a relationship exists between personal-professional value congruence and engagement in the post-test ( $\beta_{2Eng} = -0.88, p < .01$ ). Also, consistent with the fourth requirement for mediation the results revealed that a relationship exists between personal-professional value congruence and job satisfaction in the post-test ( $\beta_{2Sat} = -0.88, p < .01$ ). However, contrary to the fourth requirement the results revealed a non-significant relationship between personal-professional value congruence and burnout in the pre-test, post-test, and follow-up test.

In the final requirement for mediation a significant product of the coefficient must exist. Contrary to the hypothesis that personal-professional value congruence mediates the relationship between reflective practice and engagement, job satisfaction and burnout, the results of the product of coefficient revealed a non-significant mediating relationship between all of the variables. Thus, based on the product of coefficients method proposed by MacKinnon and his colleagues (2002) the hypothesis that personal-professional value congruence will mediate the relationship between reflective practice and burnout, engagement, and job satisfaction was refuted.



Figures 4 through 9 visually depict the effects of reflective practice on burnout, engagement, and job satisfaction scores. Subscripts represent pre-test, post-test and follow-up, respectively.

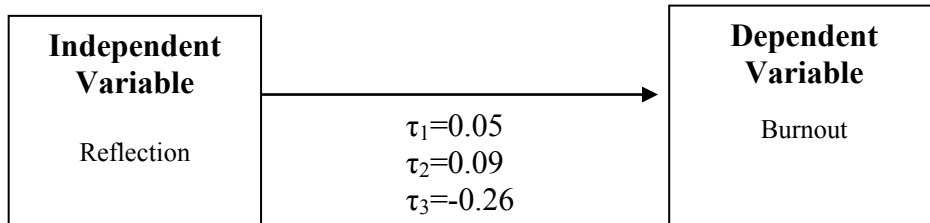


Figure 4. Path diagram for the direct effect between self-reported reflection scores and participants level of burnout.

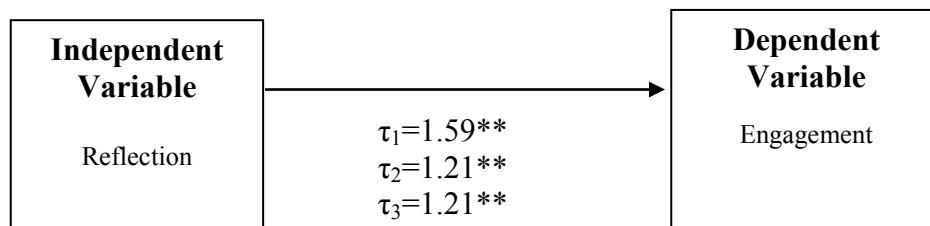


Figure 5. Path diagram for the direct effect between self-reported reflection scores and participants level of engagement.

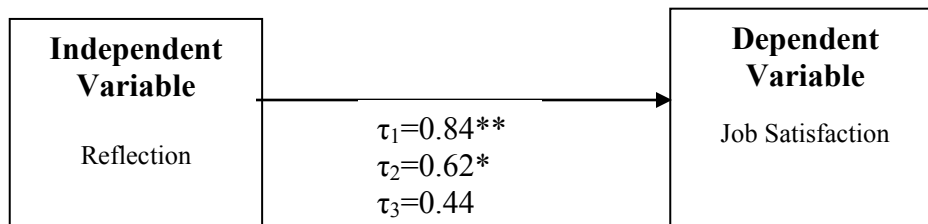


Figure 6. Path diagram for the direct effect between self-reported reflection scores and participants level of job satisfaction.

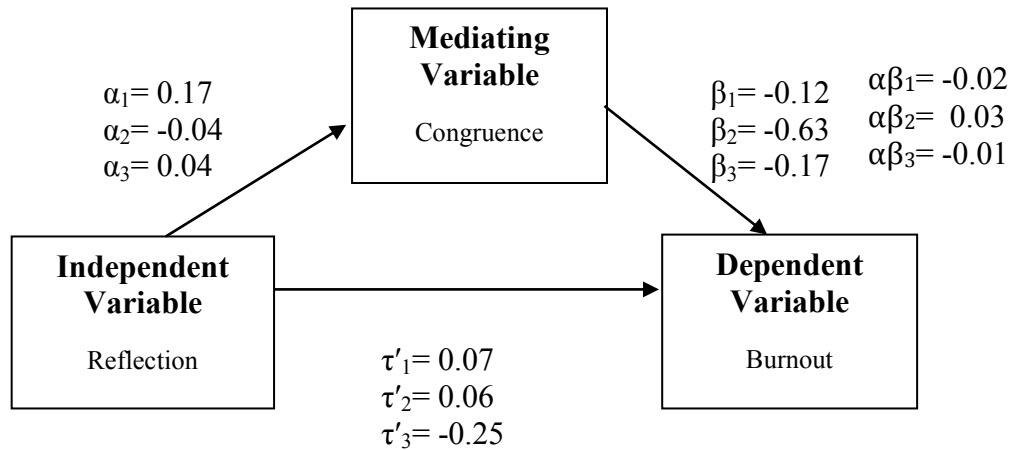


Figure 7. Path diagram for the mediation effect between self-reported reflection scores and participants level of burnout.

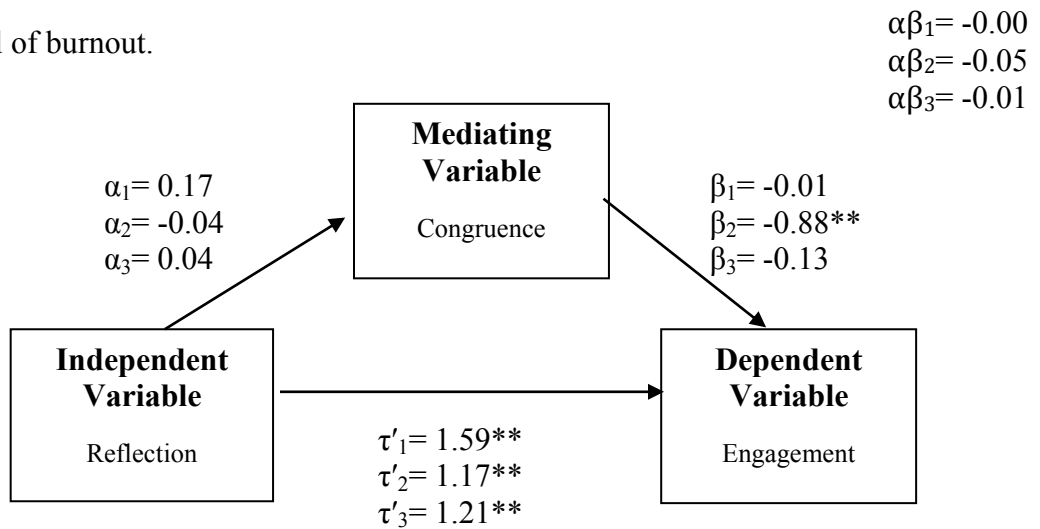


Figure 8. Path diagram for the mediation effect between self-reported reflection scores and participants level of engagement.

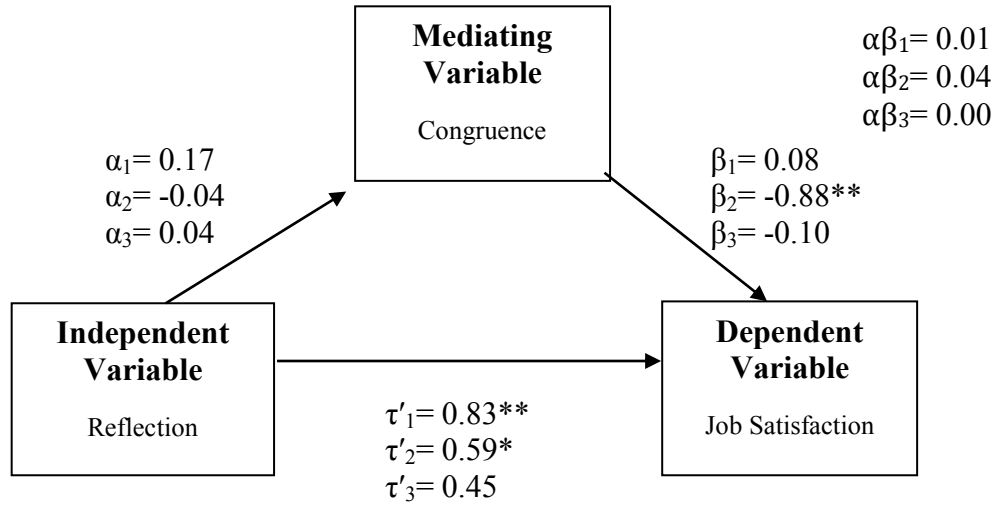


Figure 9. Path diagram for the mediation effect between self-reported reflection scores and participants level of job satisfaction.

## **Chapter 5**

### **Discussion**

The purpose of this study was to determine whether promoting reflection on value congruence reduces burnout among psychotherapists. A review of the literature revealed that burnout contributes to job dissatisfaction and decreased engagement in practicing psychotherapists. As well, research on personal-professional value congruence confirms that consistency between a psychotherapist's worldview and therapeutic approach does indeed reduce the risk of burnout. Furthermore, it was also established that reflection can promote personal-professional value congruence and that reflective practice is an intervention strategy that decreases burnout independent of value congruence. A structured reflective intervention program and an ethics comparison program were developed and psychotherapists were recruited and randomly assigned to either the reflective program group, ethics program group, or delayed control group. Results from direct effects statistical analysis found support for the hypothesis that participation in a structured reflective program will result in an increase in personal-professional value congruence, but not for the hypothesis that participation in a structured reflective program will enhance engagement, job satisfaction, and reflective practice while reducing burnout. Also, results from the direct effects statistical analysis did not find support for the hypotheses that participation in a delayed control group will have no effect on personal-professional value congruence or that the results for participants would differ based on the group in which they were randomly assigned. Results from the indirect effects statistical analysis found no support for the hypothesis that congruence has a mediating effect between reflection and burnout, engagement, and job satisfaction. However, indirect effects analysis did reveal that reflective

practice and congruence were positively related to engagement, job satisfaction and congruence, but not to burnout.

### **Discussion of Findings**

Contrary to expectations, this research did not find support for Maslach and colleagues' (2001) contention that values are the most important target for the prevention of burnout. In fact, this research did not find a relationship between value conflicts and burnout or between value congruence and engagement. This result is inconsistent with Vasco and his colleagues (1993), Fear and Woolfe (1999), and Siegall and McDonald's (2004) research that found dissonance between a psychotherapist's worldview and preferred therapeutic approach led to an increased risk of burnout and career abandonment. However, this result provides support for Maslach and her colleagues (2001) assertion that burnout is rarely the result of a solitary factor, but rather, the result of a multitude of factors such as work overload, lack of control, insufficient reward, dissolution of community, absence of fairness, in addition to value conflicts. As such, strategies aimed at alleviating only one factor, value conflict, is insufficient to account for all possible factors contributing to burnout. Indeed, this is consistent with Coster and Schwebel's (1997) discovery that psychotherapists report self-awareness and values as the top two of seven strategies as the most helpful in preventing and coping with burnout. Furthermore, research by Norcross (2000), and Skovholt and his colleagues (2001) found numerous strategies were required to reduce the risk of burnout, including personal therapy, vacations, and social support. Thus, strategies aimed at alleviating value conflicts in order to promote personal-professional value congruence are insufficient in isolation to prevent the risk of burnout.

The results of this research also support Maslach and Leiter's (1997) belief in the importance of external factors in exacerbating the risk of burnout. Maslach and Leiter's (1997)

proposition regarding value conflicts in an organizational setting may be more relevant with respect to perpetuating burnout than are the internal factors found in psychotherapy. It may be that psychotherapeutic values are different and act differently than the values studied by Maslach and Leiter (1997). As a result, incongruence between the values of the person and the organization may be more consequential in increasing the risk of burnout than is incongruence between the psychotherapist's values as a person (worldview) and the psychotherapist's values as a professional (therapeutic approach). Therefore, interventions aimed at resolving internal factors, such as reflective programs, may be less effective in reducing the risk of burnout than strategies aimed at alleviating the external factors that contribute to burnout.

Inconsistent with previous research conducted by Coster and Schwebel (1997), Norcross (2000), and Skovholt and his colleagues (2001), participation in a reflective practice program did not reduce burnout. The results of this research revealed that at the one month follow-up burnout scores for all psychotherapists significantly increased rather than decreased. It is possible that participation in a structured reflective program had a suppressing effect on burnout. A suppression effect occurs when in the presence of one variable, a suppressor variable, the expression of another or dependent variable is not observed (Tabachnick & Fidell, 2007). This was evidenced in the current study whereby participants' stable burnout scores during the pre and post test increased once the study was complete such that random assignment to an experimental group may have prevented the increased risk of burnout. It may also be that participation in a 10 week reflective program was draining and contributed to emotional exhaustion which Maslach and Leiter (1997) state is the most significant of the three multidimensional factors that contribute to burnout. Furthermore, this research supports Hoshmand (1994), Orlinsky and Rønnestad (2005) and Titus and Gremler's (2010) claim that

reflection may highlight incongruence between a psychotherapist's worldview and therapeutic approach leading to negative perceptions of the self and their practice which may then cause stagnant, incongruent, and burned-out practitioners.

This research supports Johns' (2009), Cropley and colleagues' (2010), Lindsay and colleagues' (2007) and Poczwardowski and colleagues' (1998) argument that structured reflective programs are a promising means to resolve value conflicts and promote personal-professional value congruence. Thus, as expected based on the previous research and consistent with the hypothesis of this study, personal-professional value congruence was found to be positively impacted by engaging in structured reflective practice. This is again consistent with Coster and Schwebel's (1997), Norcross' (2000), and Skovholt and colleagues' (2001) findings that revealed reflection as being one of most accepted strategies to resolve value conflicts that contribute to personal-professional value incongruence. As well, this result is consistent with Simon (2003) who states the more psychotherapists participate in reflection, the more congruent are their personal and professional values, and the more consistency there is between their worldview and therapeutic approach. Thus, as Skovholt and Rønnestad (1992) detail in the stages of therapist development, the self-awareness gleaned from the reflective program, leads to the integration of the professional and personal selves, resulting in unified therapeutic self who is personal-professional value congruence.

This research did not support Taylor's (2010), Johns' (2009) and Ghaye's (2008) suggestion that psychotherapists should reflect on specific events and situations in order to reduce personal-professional value incongruence. Further, these research findings are inconsistent with Bager-Charleson's (2010), Taylor's (2010), and Simon's (2003) argument that numerous prompts, including questions related to one's experiences, childhood, political, social,

and artistic influences, should be employed as a way to enhance personal-professional value congruence. Therefore, based on this notion, it is believed that a program aimed specifically at enhancing value congruence would be more effective at promoting personal-professional value congruence than a program designed to improve one's ethical practice. However, contrary to expectations, no differential effect was observed based on participation in a reflective program designed to promote personal-professional value congruence and an ethics program aimed at encouraging the use of an ethical decision-making model. One possible explanation regarding this finding may be that a universal belief system exists with respect to how one perceives the world personally, psychotherapeutically, and ethically. In fact, Truscott and Crook (2013) map worldviews onto the same dimensions as does the Counsellor Theoretical Position Scale. It would make sense that if we all have a foundational belief system, psychotherapists reflecting on either their personal values or ethical beliefs will gain insight and self-awareness that contributes to greater value congruence. Therefore, as suggested by Poczwadowski and colleagues (1998), reflection on one's core beliefs as a means to understanding one's epistemic values, may promote greater self-awareness. This enhanced self-awareness could then stimulate a better understanding of the psychotherapist's worldview and hence be the reason that *all* psychotherapists became more personally-professionally value congruent.

Lastly, contrary to this study's hypothesis, congruence did not have a mediating effect between reflection and burnout, engagement, and job satisfaction. However, this research did obtain support for Spokane's (1985), Assouline and Meir's (1987), and Lachterman and Meir's (2004) conviction that there is a relationship between congruence and job satisfaction in that reflection and value congruence were both positively related to participants' levels of engagement and job satisfaction. One possible explanation for this result may be that as



psychotherapists become more congruent they experience greater pleasure in their work which enhances engagement and job satisfaction. Therefore, given that reflection has been found to be important in the promotion of personal and professional growth and development (Boyd & Fales, 1983; Cropley et al., 2010; Lindsay et al., 2007; Poczwardowski et al., 1998; Titus & Gremler, 2010), it would seem plausible that psychotherapists experience greater engagement and job satisfaction when they are involved in reflective practice (Assouline & Meir, 1987; Lachterman & Meir, 2004; Spokane, 1985). However, based on the results of this study, congruence does appear to be independent of reflection. Thus, reflection may not be necessary for fostering congruence but, rather, reflection may play a role in the promotion of engagement and job satisfaction in psychotherapists independent of congruence.

Considering the entirety of the results of this study, it would seem that a placebo effect may have occurred (Moerman & Jonas, 2002). Similar to a placebo in drug trials, the act of “prescribing” a reflective task may have prompted psychotherapists to believe that an improvement in their personal-professional value congruence was forthcoming. However, examining the results in more depth and in particular participants’ self-reports of reflection, actively engaging and believing in reflective practice is associated with increased job satisfaction and engagement, not assignment to a reflective program versus the control condition. Therefore, although prescribing a treatment is initially and partially effective, degree of participation in the treatment program best accounts for the changes observed in participants.

### **Theoretical Implications**

The results of this study might best be explained by referencing three prominent psychological concepts: the Hawthorne effect, expectancy theory, and non-specific psychotherapeutic factors. The Hawthorne effect was first described in the 1930s after a study

was conducted at Hawthorne Works which attempted to measure employee's productivity in response to various lighting conditions (Franke & Kaul, 1978; Landsberger, 1958). Upon termination of the study, it was determined that employees' improved productivity was the result of simply being observed rather than by changes in lighting conditions (Franke & Kaul, 1978; Landsberger, 1958). Moerman (2002) and Moerman and Jonas (2002) propose that changes in behaviour could also be the direct result of the meaning people attach to situations and not actually the situation itself. Therefore, a control or placebo group may experience benefit from participation in the study through the meaning they attribute to certain study variables.

In the current study, it is believed that the Hawthorne effect may have occurred for the control group. For this study the control group did not receive any intervention, but did complete three surveys (pre, post, follow-up). Therefore, psychotherapists' awareness that they were participating in a research study and the meaning they attributed to being in the study and answering the survey questions may account for the changes they experienced. Thus, these results would be similar to many other studies that cite the Hawthorne effect as an explanation for unexpected improvements in participants in both control and placebo groups (Franke & Kaul, 1978; Levitt & List, 2011; McCarney, Warner, Iliffe, van Haselen, Griffin, & Fisher, 2007).

Similar to the Hawthorne effect, expectancy theory states that the act of agreeing to participate in a study can impact the research results (Lambert, 2005; Snyder, Rand, & Sigmon, 2002). Expectancy theory posits that when participants sign-up for something they "expect" certain results (Lambert, 2005). Single blind, double blind study or measuring individuals without their awareness are ways that researchers strive to minimize or eliminate the impact of expectancies (Berthelot & Goff, 2011). However, these research methods have ethical considerations that may not make the conducting of the study possible (Berthelot & Goff, 2011).

In this study, psychotherapists' knowledge and voluntary consent to participate in a reflective study may have caused them to expect to be more reflective and led to inflated reflection scores. In addition, participants' belief that the programs were credible given that they were approved for continuing education credits could have led to expectations that altered their responses or behaviour. Furthermore, expectancy theory suggests that individuals will attempt to respond in a socially desirable manner when engaging in a research study (Berthelot & Goff, 2011). Thus, the expectation of certain results combined with social desirability may be the reason for the positive results found for participants in the control group.

Non-specific psychotherapeutic factors are dimensions that are shared by most psychotherapies and include the therapeutic alliance, the therapist's competence and provision of a plausible treatment rationale, whereas specific factors refer to the techniques and interventions that characterize particular psychotherapies (Chatoor & Krupnick, 2001). In addition, non-specific factors probably account for the finding that different therapeutic approaches have similar outcomes and that there is no superior therapeutic approach (Blow, Sprenkle & Davis, 2007; Lambert, 2005; Sexton, Ridley, & Kleiner, 2004; Wampold, 2001). Studies suggest that 30% to 70% of therapy outcome is in fact due to common or non-specific factors (Imel & Wampold, 2008). When testing for common factors, two methodological approaches are frequently employed, (a) comparing placebo or common factor control groups to treatment groups, and (b) testing specific components within two or more different treatment conditions (Imel & Wampold, 2008; Lambert, 2005). In the current study both approaches were utilized and no differences were found between treatments with respect to reducing burnout and promoting personal-professional value congruence, supporting the role of non-specific factors. This result was true regardless if the psychotherapist engaged in reflection through (a) the completion of

surveys, (b) the participation of a 10 week program focused on ethical practice, or (c) the participation in a 10 week program aimed at personal-professional value congruence. Ultimately, non-specific factors may have led to all groups experiencing enhanced personal-professional value congruence. Thus, it appears that how a psychotherapist reflects is not nearly as important as simply the act of attempting to reflect on one's practice.

### **Practice Implications**

*Psychotherapists.* Psychotherapists may benefit from this study through their participation in the completion of three questionnaires (pre-test, post-test, and follow-up) with respect to their reflective practice, burnout, engagement, job satisfaction, and personal-professional value congruence. By simply asking psychotherapists to reflect on their particular worldview and their corresponding therapeutic approach they may begin to examine and question their level of personal-professional value congruence. As a result of this critical inquiry, a psychotherapist could gain a better understanding and appreciation of his or her preferred worldview and therapeutic approach and, if necessary, take steps to modify or change his or her therapeutic approach (Guy, 1987; Orlinsky & Rønnestad, 2005; Skovholt & Rønnestad 1992). The act of reflecting and adapting one's therapeutic approach tends to result in the promotion of personal-professional value congruence (Fear & Woolfe, 1999; Johnson et al., 1988; Lindsay et al., 2007, McBride & Martin, 1988; Poczwardowski et al., 1998; Simon, 2006). Therefore, through a psychotherapist's self-reflection, understanding of fit, and his or her attempt to align their personal and professional values, he or she may reduce any conscious or unconscious value conflicts that may potentially contribute to a heightened risk of burnout (Lindsay et al., 2007; Maslach & Leiter, 1997). Psychotherapists may then develop a more conscious awareness of their therapeutic style and how to use it purposefully in their work (Cropley et al., 2009; Lindsay

et al., 2007; Parsons, 2009; Poczwardowski et al., 1998; Skovholt & Rønnestad, 1992). This awareness might not only prevent the risk of burnout, but also increase engagement, enhance job satisfaction, and contribute to more ethical, informed, and deliberate psychotherapy practice (Ghaye, 2008; Maslach & Leiter, 1997; Parsons, 2009; Truscott, 2010).

***Training programs.*** The results of this study could benefit training programs with respect to highlighting areas that are important in a psychotherapist's growth and development. Munsey (2006) notes that students are not provided with adequate information or self-care strategies aimed at alleviating burnout. Ongoing reflective practice could be incorporated into the education at training facilities as a means of enhancing self-care and personal and professional growth, in addition to reducing the risk of burnout. It would behoove educational institutions to provide opportunities for instruction, supervision, and research on the nature and purpose of reflective practice (Copeland et al., 1993; Dewey, 1933). Beginning psychotherapists could then develop a better understanding of reflection and thus be able to integrate reflectivity more fully into their personal and professional life (Dewey, 1933; Hoshmand, 1994; Schön, 1983).

Further, in light of the results of this study, it would be valuable for training facilities to consider their role in promoting personal-professional value congruence (Halgin, 1985; Lindsay et al., 2007; Poczwardowski et al., 1998). According to research, in order to enhance personal-professional value congruence, beginning psychotherapists should be exposed to a variety of therapeutic approaches and worldviews in an unbiased fashion (Freeman et al., 2007; Orlinsky & Rønnestad, 2005; Simon, 2006; Skovholt & Rønnestad, 1992). Psychotherapy students should be supported as they attempt to free themselves from their "epistemological naivety" and find a connection between a particular worldview and its corresponding therapeutic approach (Copper & Lewis, 1983). Training facilities should encourage this time of self-exploration in a trusting,

safe, and confidential environment. A student can then consciously choose a preferred therapeutic approach (Guy, 1987) rather than adopting an approach based on accidental factors, such as the approach of a supervisor (Cummings & Lucchese, 1978). Therefore, it is the responsibility of training facilities to produce reflective and congruent psychotherapists who should potentially be of greater benefit to their clients as well as to the profession of psychology.

***Profession of psychology.*** It is a known fact that professions that employ and support reflective practice tend to have more ethical and accountable employees (Cropley et al., 2010; Truscott & Crook, 2013). This study encourages psychotherapists to develop competent practice through their participation in a continued education program that exposes them to a variety of reflective thoughts, habits, and tasks. Therefore, the competent psychotherapist should reduce or eliminate his or her number of ethical impairments and complaints (Ghaye, 2008; Truscott & Crook, 2013). The ethical psychotherapist may then enhance the client's trust and satisfaction in the individual providing psychotherapy, the therapeutic process, and ultimately the profession of psychology (Cropley et al., 2010; Latcherman & Meir, 2004).

As well, when the psychotherapy profession supports reflective practice the end result should hopefully be more congruent practitioners who are possibly less prone to burnout (Coster & Schwebel, 1997; Norcross, 2000; Seigall & MacDonald, 2004; Skovholt et al., 2001; Vasco et al., 1993). The engaged psychotherapist is then better able to facilitate a strong, productive working relationship in which to best work to resolve clients' presenting issues (Safran & Muran, 2006). Thus, through reflective practice, therapeutic outcomes and client satisfaction may improve, contributing to a client's positive experience with regards to psychotherapy.

**Limitations**

The limitations of this study are intertwined with its strengths. This study is a pioneer in the field of reflective practice and personal-professional value congruence, however two main limitations are inherent in the research, namely, the measures and the sample. Given the novelty of this research, not all instruments utilized were empirically tested or had confirmed psychometric properties. The reflective questionnaire and therapeutic approach scale, in particular, were created for the purposes of this study. They were pilot tested and revised before being utilized for data collection procedures, but it would be wise that further research be conducted regarding their reliability, validity and psychometric properties.

A second limitation of this study pertains to the fact that a method for measuring personal-professional value congruence had not been developed at the time of data analysis. As a result, a congruence score was derived based on standardizing scores from a worldview and therapeutic approach measure and then converting these scores into absolute values using a complex statistical process (Edwards, 1994). The closer a psychotherapist's score was to 0, the more congruent the psychotherapist was deemed to be. Given that this mathematical approach used to produce a single congruence score had never been used in psychotherapy, further validation of the measure is indicated.

A third limitation relates to the population of the study. This study employed a self-selection procedure and as such individuals who were experiencing burnout may not have enrolled in the study which may have led to an under representation of this group. In comparison, individuals who were reflective may have been more interested in participating in the study, which could have resulted in a potential over representation of highly reflective psychotherapists. As a result, homogeneity of the sample is an area of concern given the study's intent to measure

changes in burnout and reflective rates across three different groups. Therefore, future research might seek a more diverse population or target the intervention to a specific group, such as psychotherapists experiencing burnout.

### **Recommendations for Future Research**

First, it may be worthwhile to explore if psychotherapists who are experiencing burnout would benefit more from regular reflective practice than therapists who are engaged in their practice. Second, preliminary data analysis and current literature suggests that there may be a difference between novice and expert therapists with respect to reflective practice, personal-professional value congruence, burnout, job satisfaction, and work engagement. Therefore, future research may want to explore the potential effects of age and experience in relationship to reflective practice. Third, given the limitations of the research instruments, future research may want to explore if other measures yield similar research results. Fourth, in order to explore the clinical implications of personal-professional value congruence, researchers may want to investigate client outcomes when therapy is conducted by congruent psychotherapists as compared to client outcomes when therapy is conducted by incongruent psychotherapists.



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## Appendix A

## Recruitment Email



**EARN 13 CONTINUING EDUCATION CREDITS  
FROM THE CANADIAN PSYCHOLOGICAL ASSOCIATION  
AND THE CANADIAN COUNSELLING AND  
PSYCHOTHERAPY ASSOCIATION  
FOR ONLY \$30**

**WOULD YOU LIKE TO:**

- Increase your work engagement?
- Enhance your professional identity?
- Improve your ethical and reflective practice?
- Help a doctoral candidate with her research requirements?

If so, you are invited to participate in a pilot test of a doctoral research study designed to explore the impact of a reflective program on promoting personal-professional value congruence, burnout, and job satisfaction in psychotherapists.

It is well-known that burnout has detrimental consequences for the therapist, client, and organization. Often, activities aimed at alleviating burnout focus on self-care activities for the therapist (such as relaxation) or changing the environment (quitting or modifying a job). In this study, I am interested in finding out if training and practice via a structured reflective program will promote a "goodness of fit" between personal and professional values of a psychotherapist and thereby reduce burnout and enhance work engagement.

**PARTICIPATION WILL INCLUDE:**

- Completing 3 surveys (pre-test, post-test, follow-up)
- Engaging in 10 reflective task (related to either ethical practice or value congruence)
- A time commitment of approximately 1 hour per week over 16 weeks

All information is completely ANONYMOUS, collected through a SECURE, ONLINE program (thus no need to participate in any in-person training), does NOT require the submission of any personal reflections (I only ask you complete follow-up questions), and you can work at your OWN PACE (if you are busy one week you can wait until the following week to complete the task).

**THE PROGRAM WILL COMMENCE IN FALL 2012  
START DATES: OCTOBER 1 OR NOVEMBER 1**

FOR MORE INFORMATION OR TO REGISTER FOR PARTICIPATION, PLEASE CONTACT  
HOLLY WHYTE, M.Ed, PROVISIONAL PSYCHOLOGIST  
[REFLECTIVEPRACTICESTUDY@GMAIL.COM](mailto:REFLECTIVEPRACTICESTUDY@GMAIL.COM)



## Appendix B

### Journal Advertisement



OPPORTUNITY TO PARTICIPATE IN A REFLECTIVE PROGRAM  
COMMENCING FALL 2012

## Promoting Personal-Professional Value Congruence Through Reflective Practice

**Earn 13 Continuing Education Credits  
for only \$30 from the:**

- *Canadian Psychological Association*
- *Canadian Counselling and Psychotherapy Association*



Would you like to:

- Improve your ethical and reflective practice?
- Enhance your professional identity?
- Increase your work engagement?
- Help a doctoral candidate with her research requirements?
- Your participation will require approximately 13 hours of work to be completed over a period of 16 weeks starting either October 1st, or November 1st.

For more information contact:  
Holly Whyte, M.Ed., Provisional Psychologist  
reflectivepracticestudy@gmail.com



This study has been reviewed and approved by the Office of Research Ethics, University of Alberta



Appendix C

CPA Proof of Continuing Education Credits

CANADIAN  
PSYCHOLOGICAL  
ASSOCIATION



SOCIÉTÉ  
CANADIENNE  
DE PSYCHOLOGIE

AUTHORIZATION OF CONTINUING EDUCATION (CE) CREDITS AND PARTICIPATION IN THE  
CANADIAN PSYCHOLOGICAL ASSOCIATION (CPA) CE DATA BANK

This individual activity or the sponsoring organization has been approved by CPA to offer continuing education for psychologists. The organizers maintain responsibility for the program.

CPA Members who wish to participate in CPA's confidential CE data bank (record of their accumulated CE credits and activities) should complete this form, obtain an authorizing signature from the Workshop Presenter, Coordinator or Organizer and submit it to the Canadian Psychological Association, 141 Laurier Avenue West, Suite 702, Ottawa, ON, K1P 5J3. Questions may be directed to: [accreditationoffice@cpa.ca](mailto:accreditationoffice@cpa.ca)

This is to certify that:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Has attended in its entirety, the following CE activity:

Title of workshop/activity: Promoting Personal – Professional Value Congruence Through Reflective Practice

Date of workshop/activity: Oct. 1, 2012 – Feb. 1, 2013

Name of Presenter: Holly Whyte, M.Ed, Provisional Psychologist

Name of Sponsor Organization: University of Alberta

Hours of CE credit as approved by CPA: 13 Continuing Education Credits

Authorizing signature (original signature required): *Holly Whyte, MEd Provisional Psychologist*

141, avenue Laurier Avenue West, Ottawa, Ontario K1P 5J3  
T: (613) 237-2144 F: (613) 237-1674  
[www.cpa.ca](http://www.cpa.ca)



## Appendix D

## CCPA Proof of Continuing Education Credits



CANADIAN COUNSELLING AND  
PSYCHOTHERAPY ASSOCIATION  
L'ASSOCIATION CANADIENNE DE  
COUNSELING ET DE PSYCHOTÉRAPIE

114-223 Colonnade Road South, Ottawa, Ontario K2E 7K3  
Tel / tél : (613) 237-1099 or/ou 1-877-765-5565

Fax: (613) 237-9786

E-mail / courriel: reception@ccpa-accp.ca Web: www.ccpa-accp.ca

*Application for Continuing Education Unit Credit  
Demande de crédits pour les unités d'éducation permanente  
Individual Session Form / Formulaire de session individuelle*

**Promoting Personal-Professional Value Congruence Through Reflective Practice**

Name of Event / Titre de l'événement

<b>28760</b>	<b>10/1/2012</b>	<b>2/1/2013</b>
Event Code / Code de l'événement	Start Date / Début de l'événement	End Date / Fin de l'événement

Holly Whyte  
Leaders / Présentateurs

University of Alberta  
Sponsor / Parrain

Online  
City / Ville

Credit Hours / heures de crédits: **13**

**To Applicants:**

Members of CCPA will receive transcripts at no cost listing all attended events assessed as Continuing Education Credit. Non-members must attach a cheque for \$30.00 payable to CCPA to have CEC's recorded and to have a transcript issued. Members may request one additional transcript per year. Additional transcripts are available at the cost \$5.00 for each transcript

Les membres de l'ACCP recevront sans frais un relevé des événements évalués pour des Crédits d'éducation permanente. Les non-membres doivent inclure un chèque de 30\$ payable à l'ACCP pour faire inscrire des CÉP et recevoir un relevé. Les membres peuvent faire la demande d'un relevé additionnel sans frais une fois l'an. Tous relevés additionnels seront émis au coût de 5\$ chacun.

**Name/Nom & E-mail**

Address / Adresse :

City / Ville :

Province :

Postal Code /

Code postal :

Member of CCPA / member de l'ACCP: Yes No

(If "No", cheque must accompany this application / Si "non" un chèque doit accompagner cette demande)

Please send me information about joining the CCPA / Veuillez me faire parvenir l'information pour me joindre à l'ACCP.

Yes/Oui: \_\_\_\_\_ No/Non: \_\_\_\_\_

If you are a CCPA Member, please enter your Membership ID :

Si vous êtes membre de l'ACCP, veuillez indiquer votre numéro de membre :

"I certify that I participated in the event listed above and achieved the criteria necessary to obtain the Continuing Education Credits assigned to this event. Je certifie que j'ai participé à l'activité ci-haut mentionnée et rencontré les exigences pour obtenir les unités d'éducation permanente s'y rattachant."

Signature

To be completed by the CCPA National Office / à compléter par le bureau chef de l'ACCP  
Membership Verified Fee Included

**Appendix E**

**Maslach Burnout Inventory - Sample**

*Human Services Survey Form*

*The purpose of this survey is to discover how various persons in the human services, or helping professionals view their job and the people with whom they work closely.*

Because persons in a wide variety of occupations will answer this survey, it uses the term recipients to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

Please read each statement carefully and decide if you ever feel this way *about your job*. If you have *never* had this feeling, write a "0" (zero) in the space before the statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way.

**How often:**

0	1	2	3	4	5	6
Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

1.	I feel depressed at work.
2.	I have accomplished many worthwhile things in this job.
3.	I don't really care what happens to some recipients.



Appendix F

Utrecht Engagement Scale - Sample

UWES Manual; page 48

English version

Work & Well-being Survey (UWES) ©

The following 17 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, cross the '0' (zero) in the space after the statement. If you have had this feeling, indicate how often you feel it by crossing the number (from 1 to 6) that best describes how frequently you feel that way.

0	Almost never	Rarely	Sometimes	Often	Very often	Always
Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

1.  At my work, I feel bursting with energy\* (VT1)
2.  I find the work that I do full of meaning and purpose (DE1)
3.  Time flies when I'm working (AB1)
4.  At my job, I feel strong and vigorous (VT2)\*
5.  I am enthusiastic about my job (DE2)\*
6.  When I am working, I forget everything else around me (AB2)
7.  My job inspires me (DE3)\*
8.  When I get up in the morning, I feel like going to work (VT3)\*
9.  I feel happy when I am working intensely (AB3)\*
10.  I am proud on the work that I do (DE4)\*
11.  I am immersed in my work (AB4)\*
12.  I can continue working for very long periods at a time (VT4)
13.  To me, my job is challenging (DE5)
14.  I get carried away when I'm working (AB5)\*
15.  At my job, I am very resilient, mentally (VT5)
16.  It is difficult to detach myself from my job (AB6)
17.  At my work I always persevere, even when things do not go well (VT6)

\* Shortened version (UWES-9); VT= vigor; DE= dedication; AB= absorption

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Appendix G

Minnesota Job Satisfaction Questionnaire – Sample

Ask yourself: How **satisfied** am I with this aspect of my job?

**Very Sat.** means I am very satisfied with this aspect of my job.

**Sat.** means I am satisfied with this aspect of my job.

**N** means I can't decide whether I am satisfied or not with this aspect of my job.

**Dissat.** means I am dissatisfied with this aspect of my job.

**Very Dissat.** means I am very dissatisfied with this aspect of my job.

**On my present job, this is how I feel about . . .**

	Very Dissat.	Dissat.	N	Sat.	Very Sat.
1. The chance to be of service to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The chance to try out some of my own ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Being able to do the job without feeling it is morally wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The chance to work by myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The variety in my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The chance to have other workers look to me for direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The chance to do the kind of work that I do best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The social position in the community that goes with the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The policies and practices toward employees of this company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The way my supervisor and I understand each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My job security.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The amount of pay for the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The working conditions (heating, lighting, ventilation, etc.) on this job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The opportunities for advancement on this job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The technical "know-how" of my supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The spirit of cooperation among my co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The chance to be responsible for planning my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The way I am noticed when I do a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Being able to see the results of the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The chance to be active much of the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. The chance to be of service to people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The chance to do new and original things on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Being able to do things that don't go against my religious beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The chance to work alone on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. The chance to do different things from time to time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix H

Counsellor Theoretical Position Scale – Sample

**Counsellor Theoretical Position Scale**

J. Poznanski, PhD & J. McLennan, PhD

The following statements represent a range of theoretical and methodological issues in psychology. Please indicate the extent of your agreement or disagreement with each of the statements below, by circling the appropriate category. The categories are:

- |    |   |                     |    |   |                  |
|----|---|---------------------|----|---|------------------|
| CD | - | completely disagree | SA | - | slightly agree   |
| MD | - | moderately disagree | MA | - | moderately agree |
| SD | - | slightly disagree   | CA | - | completely agree |

E - equally agree and disagree

There are no right or wrong answers. It is necessary that you respond to all the items. Trust your first reaction.

- |  |    |    |    |   |    |    |    |
|--|----|----|----|---|----|----|----|
| 1. In counselling/psychotherapy understanding of a client's childhood is crucial to therapeutic change.  | CD | MD | SD | E | SA | MA | CA |
| 2. Human beings need to know meanings rather than simply factual information.  | CD | MD | SD | E | SA | MA | CA |
| 3. In counselling/psychotherapy the concept of unconscious processes is of limited therapeutic value.  | CD | MD | SD | E | SA | MA | CA |
| 4. As a counsellor I would generally prefer to practice goal-directed approach.  | CD | MD | SD | E | SA | MA | CA |
| 5. Troubling forces are within the individual's troubled personality.  | CD | MD | SD | E | SA | MA | CA |
| 6. In counselling/psychotherapy establishing a client's awareness of his/her own emotions and desires is a beneficial therapeutic outcome in itself. | CD | MD | SD | E | SA | MA | CA |

**Appendix I**

**Therapeutic Approach Questionnaire**

Please carefully read the following descriptions of seven major systems of psychotherapy identified by Truscott (2010). Based on these seven therapeutic approaches please answer the following questionnaire. For this study eclectic/integrated approaches are not provided as a choice for a preference of therapeutic orientation. Even though, eclectic/integrated approaches are valid and extremely common orientations employed by psychotherapists, we are interested in the foundational approaches which psychotherapists consider their ‘roots’ or ‘base’ of their therapeutic practice. All descriptions of the therapeutic approaches are copied from *Becoming an Effective Psychotherapist: Adopting a Theory of Psychotherapy That’s Right for You and Your Client* by Truscott (2010).

<b>Therapeutic Approach</b>	<b>Rationale</b>	<b>Goals</b>	<b>Change Processes</b>	<b>Change Tasks</b>	<b>Therapeutic Relationship</b>
<b>Behavioural</b>	objectivity, learning, prediction and control, action, measurement,	eliminating unwanted or problematic behaviours and introduction or strengthening of desired or adaptive behaviours	stimulus control (i.e. classical conditioning), and reinforcement (i.e., operant conditioning)	- exposure-based interventions, - relaxation-based interventions, - response prevention, -operant strategies, -social skills training, -modelling	useful but not necessary and certainly not a sufficient condition for bringing about therapeutic change
<b>Cognitive</b>	the way human beings make sense of situations influences how they behave and feel emotionally	help clients identify unhelpful thought processes and to learn new ways of thinking	sequential alterations or replacement of cognitive processes from irrational or distorted to rational or realistic	- identifying and testing automatic thoughts, - decatastrophize, - reattribution, - decentering, - thought stopping, -distraction, - three-column technique	necessary for effective therapy, although it is not the focus
<b>Constructivist</b>	human beings actively construct meaning from experiences that could be understood in an almost infinite variety of ways	clients replace problem constructions with more functional and satisfying ones, in whatever way the client perceives them	deconstruction of problems to promote insight or change consciousness	- patient questioning, - finding exceptions, - miracle question, -scaling, - reauthoring, -externalizing	therapist takes an active role in therapy and assumes responsibility for what happens in session
<b>Existential</b>	every human struggles with four paradoxical concerns of existence: survival versus death, freedom and responsibility, need to belong versus isolation, finding meaning versus meaninglessness	embrace the fundamental nature of human existence (Why am I here? What will happen when I die? Etc)	self-awareness, to promote authentically informed meaning and engagement	dialogue between the client and therapist	respect, faith in clients potential, and the sharing of reactions with genuine concern and empathy as a co-participant in a deeply personal process
<b>Gestalt</b>	a human being is a unified whole that cannot be reduced to a simple summation of physical,	awareness of the contact between our physical bodies, our environment, and our selves.	change is viewed as paradoxical – the more one tries to be who one is not, the more one stays the	- internal dialogue exercises, - making the rounds, - reversal	an encounter between two people in which the conditions for change are made

	biological, psychological, or conceptual properties		same	exercises, - exaggeration exercises, - dream analysis - using the language of responsibility	possible, in part, by the presence of a therapist who is committed to growth
<b>Person-Centered</b>	human beings have a powerful, innate capacity for growth that is constantly striving for expression	become a fully functioning person, and achieving such a state should be the goal for therapy	shedding the self one is not and becoming one's true self. The person goes through a journey of self-disclosure, self-discovery, and self-understanding	- dialogue - paraphrasing of verbal and nonverbal messages, - reflection of feelings directly and indirectly experienced, - open-ended questioning, - self-disclosure	reflecting client's subjective experiences in a genuine, empathic manner, while demonstrating unconditional positive regard toward the client.
<b>Psychodynamic</b>	satisfying and useful life comes from being honest with oneself	strengthening our sense of self – our conscious mind – through logical, rational self-understanding so that our everyday functioning is more flexible and less rigid	make what is unconscious, conscious – commonly referred to as insight	- free association, - interpretation, - dream analysis, - analysis of transference	analytic neutrality, or anonymity or a blank screen, is considered an essential ingredient so that the client's experience is not "contaminated" by the therapist's

**Therapeutic Approach Survey Instructions**

Based on the above explanations of the seven different therapeutic approaches, please answer the following questions to the best of your ability in terms of your own therapeutic orientation. Rate your level of identification to each approach from 0 (do not identify) to 10 (extremely identify) by circling the number you feel most accurately captures your personal experience with reflection. Please answer all five questions by circling only one number per question.

## 1. Behavioural

0    1    2    3    4    5    6    7    8    9    10

## 2. Cognitive

0    1    2    3    4    5    6    7    8    9    10

## 3. Constructivist

0    1    2    3    4    5    6    7    8    9    10

## 4. Existential

0    1    2    3    4    5    6    7    8    9    10

## 5. Gestalt

0    1    2    3    4    5    6    7    8    9    10

## 6. Person – Centered

0    1    2    3    4    5    6    7    8    9    10

## 7. Psychoanalytic

0    1    2    3    4    5    6    7    8    9    10

## Appendix J

### Reflective Questionnaire

Reflection, as defined by Dewey (1933), is the ongoing process of questioning, problem solving, and generating and applying solutions to actions undertaken.

Schön (1983) differentiated between reflection-in-action and reflection-on-practice. Reflection-in-action has two meanings. First, it means reflecting on a particular context or workplace; second, it can mean thinking about what you are doing in the moment (Schön, 1983). Some call this 'thinking on your feet' or immediacy. Reflection-on-practice involves reflecting on something that has already happened or something that stood out as significant (Schön, 1983). The practitioner questions him- or herself regarding why an event, situation, or session was salient and finds a solution to resolve his or her uncertainty (Thompson & Thompson, 2008).

### Survey Instructions

Based on the above definitions of reflection, please answer the following questions to the best of your ability in terms of your reflective practice. Rate your level of reflective practice from 0 (not reflective) to 10 (extremely reflective) by circling the number you feel most accurately captures your personal experience with reflection. Please answer all five questions by circling only one number per question.

1. What number do you believe best represents your current level of reflective practice?

0    1    2    3    4    5    6    7    8    9    10

2. What number best represents where you would like your reflective practice to be in the future?

0    1    2    3    4    5    6    7    8    9    10

3. What number best represents your belief in the importance of reflective practice?

0    1    2    3    4    5    6    7    8    9    10

4. What number best represents how often you participate in reflective practices?

0    1    2    3    4    5    6    7    8    9    10

5. What number best represents your willingness to participate in reflective practice?

0    1    2    3    4    5    6    7    8    9    10

## Appendix K

### Request for Feedback from Experts in the Field of Reflection

Dear Dr. XXX,

My name is Holly Whyte and I am currently a third year doctoral candidate in Educational Psychology at the University of Alberta in Edmonton, Alberta, Canada. During my graduate training I have developed a keen interest in studying a psychotherapists' reflective habits and the resulting impact on their practice. In an effort to examine this idea my doctoral research will involve implementing an intervention program aimed at enhancing reflective practice. The program is designed to increase professional satisfaction and reduce burnout through congruence between psychotherapists' personal approach to life and their approach to practice.

For my research, I created a ten week secure online reflective program where each week the participants will be granted access to one task. After the participant completes the assigned task they will be asked to respond to a series of follow-up questions with respect to that task. Given the nature of the tasks and the follow-up questions the Canadian Psychological Association and the Canadian Counselling and Psychotherapy Association has awarded 13 Continuing Education Credits for the completion of this program.

After reviewing and analyzing the relevant reflective literature I identified a number of authors, including yourself, whose ideas I believe would best contribute to the overall design of a valid reflective program. In an effort to design the most successful reflective program I am soliciting feedback from experts like yourself. I welcome any suggestions you may have with respect to the tasks and questions I intend to ask. Any other comments regarding your task on week \_\_\_\_\_ relating to \_\_\_\_\_ or any other programs task would also be greatly appreciated. You are welcome to use track changes, email, scanning the original with edits, or any other form of submitting feedback you prefer. I would be happy to share my results (both quantitative and qualitative) with you in approximately a year and a half when all of the data has been collected and analyzed. I am starting pilot testing of the program June 1, 2012. Thank you in advance for any assistance you are willing to provide in my doctoral research.

If you have any questions or concerns regarding my research and/or the reflective program please do not hesitate to contact myself at [hrwhyte@ualberta.ca](mailto:hrwhyte@ualberta.ca) or 780-264-5819 or my supervisor Derek Truscott at [derekruscott@ualberta.ca](mailto:derekruscott@ualberta.ca) or 780-492-1161. I look forward to hearing from you.

Sincerely,  
Holly Whyte



## Appendix L

### Request for Feedback from Expert in the Field of Ethics

Dear Dr. XXX,

My name is Holly Whyte and I am currently a third year doctoral candidate in Educational Psychology at the University of Alberta in Edmonton, Alberta, Canada. During my graduate training I have developed a keen interest in studying a psychotherapists' reflective habits and the resulting impact on their practice. In an effort to examine this idea I am proposing a quantitative research methodology which includes the administration of surveys and the implementation of an intervention and comparison program. The intervention program is aimed at enhancing personal-professional value congruence whereas the comparison program is aimed at enhancing ethical practice through the analysis of ethical scenarios. Both programs for my doctoral research are designed to increase professional satisfaction and reduce burnout through reflective practice that promotes congruence between psychotherapists' personal approach to life and their approach to practice.

For my research, I created a ten week secure online reflective program where each week the participants will be granted access to one task. After the participant completes the assigned task they will be asked to respond to a series of follow-up questions with respect to that task. Given the nature of the tasks and the follow-up questions the Canadian Psychological Association and the Canadian Counselling and Psychotherapy Association has awarded 13 Continuing Education Credits for the completion of this program.

In order to design the most successful programs I am soliciting feedback from experts in the field of personal-professional value congruence as well as experts in the field of ethical practice and decision making. I am writing to you as I believe you are an expert and have an interest in ethics. With this in mind I am asking for your feedback regarding the comparison program aimed at enhancing ethical practice in psychotherapists. I would welcome any suggestions you may have with respect to the scenarios, the questions regarding the tasks, the time commitment, or any follow-up questions you may think are pertinent to ask. Track changes, email, scanning the original with edits, or any other form of submitting changes would be extremely helpful. I would be happy to share my results (both quantitative and qualitative) with you in approximately a year and a half when all of the data has been collected and analyzed. I will start pilot testing of the program June 4, 2012. Thank you in advance for any assistance you are willing to provide in my doctoral research.

If you have any questions or concerns regarding my research and/or the reflective program please do not hesitate to contact myself at [hrwhyte@ualberta.ca](mailto:hrwhyte@ualberta.ca) or 780-264-5819 or my supervisor Derek Truscott at [derektruscott@ualberta.ca](mailto:derektruscott@ualberta.ca) or 780-492-1161. I look forward to hearing from you.

Sincerely,  
Holly Whyte

**Appendix M**

**Intervention Program: Reflecting on Personal-Professional Value Congruence**

**WEEK 1 REMOVING BARRIERS TO REFLECTIVE PRACTICE**

<b>Materials</b>
<ul style="list-style-type: none"> <li>• Paper</li> <li>• Pen or pencil</li> </ul>

<b>Time Commitment</b>
<ul style="list-style-type: none"> <li>• Approximately 40 minutes</li> </ul>

<b>Information</b>
<p>Thompson and Thompson (2008) developed a list of the top six actual or perceived obstacles to reflective practice. The authors suggested that if a counsellor has the knowledge of potential barriers to reflection and the proposed remediation strategies then the practitioner can develop an effective action plan to best combat these obstacles.</p>

<b>Reference</b>
<p><b>Thompson, S. &amp; Thompson, N. (2008).</b> <i>The critically reflective practitioner</i>. New York: Palgrave Macmillan.</p>

Barriers	Time	Waning Commitment	Organizational Culture	A Lack of Appropriate Skills	Anxiety, Fear, or Low Confidence	Misunderstanding the Nature of Reflective Practice
<b>Strategies</b>	<ul style="list-style-type: none"> <li>- Incorporating thinking time</li> <li>- Spending time to save time</li> <li>- Taking control of your workload</li> </ul>	<ul style="list-style-type: none"> <li>- Document your learning</li> <li>- Show by example</li> <li>- Address accountability</li> </ul>	<ul style="list-style-type: none"> <li>- Have your say</li> <li>- Seek out like-minded people</li> <li>- Use the right channels</li> </ul>	<ul style="list-style-type: none"> <li>- Take initiative</li> <li>- Claim ‘me’ time</li> <li>- Seek out a mentor</li> </ul>	<ul style="list-style-type: none"> <li>- Turn negative influences into positive</li> <li>- Pat yourself on the back</li> <li>- Authenticity</li> </ul>	<ul style="list-style-type: none"> <li>- Team or staff meetings</li> <li>- Training courses</li> <li>- Leading by example</li> <li>- Student placement</li> <li>- Good management</li> </ul>

**1. Time Constraints**

**a. Rationale:** Allotting time for reflection can make practice more focused and more effective. It can also lead to fewer mistakes, reduced complaints, and higher levels of morale and motivation.

**b. Strategies:**

**i. Incorporating thinking time:** Conceptualizing reflection as part of one’s overall workload and not as a separate task may help to prompt the counsellor to engage in regular reflective habits. The counsellor should schedule time (perhaps at the end or the beginning of a work day) to

reflect on what areas were successful, what areas needed improvement as well as areas that require follow-up. This reflective practice may be performed in a variety of locations including ones office, shower, vehicle, or public transit.

- ii. **Spending time to save time:** When considering the time demands of reflective practice the counsellor should ask him or herself, “Do I have time to waste?” Wasting valuable time is a risk counsellor often face when he or she rushes into action without first being informed. The counsellor may fail to analyze the resulting action and therefore miss opportunities to learn from his or her mistakes and successes. This deliberate, informed reflective practice may save the counsellor time in the future and make their overall time management more efficient and effective.
- iii. **Taking control of your workload:** It is important for the counsellor to be assertive about his or her right to maintain a manageable workload. Burnout is often the result of an imbalance between the counsellor’s workload and his or her resources. This imbalance may lead to chronic burnout which may contribute to numerous ethical, personal and professional challenges for the counsellor.

## 2. Waning Commitment:

- a. **Rationale:** When counsellors neglect to participate in regular reflective practice it is often accompanied by a degree of complacency about the efficiency and effectiveness of the work being carried out.
- b. **Strategies:**
  - i. **Document your learning:** Keeping a reflective log or diary (either temporarily or permanently) about ones practice may enable the counsellor to determine the factors that lead him or her to work more or less effectively and efficiently.
  - ii. **Show by example:** Modeling effective reflective practice by the counsellor may be a useful strategy in encouraging others to engage in reflection thereby creating a more reflective work environment.
  - iii. **Address accountability:** The counsellor may consider addressing his or her colleagues about the issue of accountability. The counsellor could share information with respect to how their reflective practice has contributed to feelings of confidence. Therefore, if their competence was ever challenged the counsellor would be able to accurately account for his or her actions.

## 3. Organizational Culture:

- a. **Rationale:** Negative attitudes and comments within a work environment can frequently lead to organizational beliefs devaluing the benefits of reflective practice.
- b. **Strategies:**
  - i. **Have your say:** A counsellor should consider volunteering to sit on committees that may provide him or her with the opportunity to voice not

only their opinion but also the opinion of others regarding the importance of reflective practice.

- ii. **Seek out like-minded people:** The counsellor may benefit from developing alliances with colleagues who support the need for education regarding reflection within an organization that devalues reflective practice.
- iii. **Use the right channels:** In order to challenge an organizational culture the counsellor should approach individuals in power positions and present clear and constructive commentary with respect to the importance of reflective practice.

#### 4. **A Lack of Appropriate Skills:**

- a. **Rationale:** High quality reflection requires certain skills in which some counsellors may be deficient or fail to recognize. These skills include: analysis, self-awareness, critical thinking, and communication.
- b. **Strategies:**
  - i. **Take the initiative:** The counsellor may benefit from engaging in a 'skills audit' on him or herself to determine if there is a need to acquire new skills or improve on existing skills. Reading, attending training courses, or taking advice from colleagues are some methods that may help with the 'skills audit' and skill development.
  - ii. **Claim 'me' time:** The counsellor should engage in regular professional development in an effort to improve his or her practice and reflective habits.
  - iii. **Seek out a mentor:** The counsellor may benefit from soliciting advice and feedback in addition to receiving support and guidance from more skilled colleagues.

#### 5. **Anxiety, Fear or Low Confidence:**

- a. **Rationale:** It is important that counsellors have the courage to recognize and address any anxieties, fears, or self-doubts in terms of one's competence that may impede the engagement in regular reflective practice.
- b. **Strategies:**
  - i. **Turn negative influences to positive:** In an effort to minimize negative self-talk a counsellor would benefit from thinking in terms of the advantages that practicing reflectively can bring – the feeling of being in control, knowing what one is trying to achieve, feeling positive about ones roles, in addition to many other personal and professional benefits.
  - ii. **Pat ourselves on the back:** The counsellor should take pride in being a reflective practitioner and view learning as an essential component of critically reflective practice.
  - iii. **Authenticity:** To identify obstacles preventing progress the counsellor should engage in a process of critical self-reflection in an effort to locate their personal strength and power to move forward in an informed manner.

## 6. **Misunderstanding the Nature of Reflective Practice:**

- a. **Rationale:** Without the proper knowledge regarding reflection a counsellor may not be able to accurately determine the difference between a descriptive account and a reflective or analytic one. This misunderstanding may prevent the counsellor from genuinely engaging in reflective practice.
- b. **Strategies:**
  - i. **Team or staff meetings:** The counsellor should find a suitable article or book chapter to read and share with colleagues regarding the expectations of reflective practice. A counsellor may also present or arrange for a presentation on reflective practice and the dangers and costs of uncritical, non-reflective practice.
  - ii. **Training courses:** The counsellor could determine if there are any courses or training offered that promotes reflective practice.
  - iii. **Leading by example:** The counsellor could model and/or look up to models who demonstrate superior reflective practice.
  - iv. **Student placement:** The counsellor may consider taking the role of a mentor or supervisor who raises awareness in students about the importance of critical reflection.
  - v. **Good management:** The counsellor may find ways to help and encourage reflective practice through readings, dialogue, supervision and team meetings.

### Task

Take your time to carefully read over the different barriers to reflective practice and possible strategies to minimize these barriers. While reading about the different barriers try to envision how they personally impact your reflective practice. Once you have finished reading each barrier schedule a sufficient amount of time to answer the following questions. Use the information gleaned from your responses to create your own personal action plan to combat these barriers as they arise during this ten week program and may arise in your daily psychotherapeutic practice.

### Questions

1. Which, if any, strategy(s) are you currently using in your practice? How effective is this strategy(s)?
2. Which barrier(s) most impede your personal reflective practice?
3. Which barrier(s) least impact your personal reflective practice?
4. Which strategy(s) did you find the most helpful?
5. Which strategy(s) did you find the least helpful?
6. Were you surprised by any of the barriers or were the barriers what you expected?
7. Which strategy(s) do you intend to employ in your personal action plan to reduce potential barriers to reflective practice?

**WEEK 2** INTRODUCTION TO REFLECTIVE TECHNIQUES

<b>Materials</b>	
• Required	<ul style="list-style-type: none"> <li>○ Paper</li> <li>○ Pen</li> </ul>
• Optional	<ul style="list-style-type: none"> <li>○ Paint</li> <li>○ Music</li> <li>○ Pottery supplies</li> <li>○ Tape recorder</li> <li>○ Video recorder</li> <li>○ Magazines</li> <li>○ Newspapers</li> <li>○ Quilting supplies</li> </ul>

<b>Time Commitment</b>
• Approximately 40 minutes

<b>Information</b>
Taylor (2010) devised a list of 12 possible activities which people could employ to enhance their reflective practice. Taylor suggested that people could use a variety of mediums to stimulate reflection; however if the person chooses a mode (such as painting) that does not encompass writing or speaking, documentation of the reflection is still encouraged. The following chart outlines the tasks presented by the author.

<b>Reference</b>
Taylor, B. (2010). <i>Reflective practice for healthcare professionals: A practical guide</i> . New York: Open University Press.

Writing	Audio-taping	Creative music	Dancing
Drawing	Montage	Painting	Poetry
Pottery	Quilting	Singing	Videotaping

1. **Writing**
  - a. The psychotherapist may choose to keep a journal, diary or log.
2. **Audio-taping**
  - a. The psychotherapist may choose to audiotape his or her sessions and/or their reflections on sessions. This approach is useful for the psychotherapist who wishes to minimize writing.
3. **Creative music**
  - a. This medium may be beneficial to the psychotherapist who finds that playing personally significant music heightens their awareness and helps to put them into a reflective space. If this is the case, the psychotherapist may want to play music when they reflect, which will allow for the reflective activity to enhance their thinking process.
4. **Dancing**
  - a. The psychotherapist may move by whatever means they have and let their body show how they feel about work related issues. At the same time, as with any other creative expression, they can also notice themselves as interested observers. The feelings and thoughts evoked from the dance can be useful for the reflective process.
5. **Drawing**
  - a. The psychotherapist should simply think of the drawing as a systematic doodle that does not need to be realistic or accurate. After the psychotherapist has drawn or doodled, they should record their response to, or reasons for, the drawing in relation to the issues they are experiencing at work.
6. **Montage**
  - a. A montage is a collection of images, often created from pictures, words and symbols cut out from old magazines and newspapers. As the psychotherapist searches for images to express what they are thinking and feelings about clinical issues, he or she might find that they begin to reflect more fully, so that the emergent montage is a comprehensive representation of the sense they are making of certain practice events.
7. **Painting**
  - a. The psychotherapist might find that by painting they can represent a situation, a thought, an outcome, or whatever it is that needs depiction for further thought. As the psychotherapist is painting he or she should notice the colors they have chosen and how they applied each stroke.
8. **Poetry**
  - a. The psychotherapist should simply let the words come and flow as long as needed. As with all creative expression for assisting reflection, the psychotherapist should record a response to their poetry, explaining when and

how they wrote it, why and for whom, and what it means in relation to their practice reflections.

### 9. Pottery

- a. If the psychotherapist creates a clay form spontaneously or intentionally he or she should notice how they are feeling and the thoughts they are having in relation to their work.

### 10. Quilting

- a. As the psychotherapist sits and sews they can reflect on each symbol, and how it relates to the whole. In between quilting the psychotherapist can record their reflections with other methods for reflecting he or she may be using, such as writing or audio-taping.

### 11. Singing

- a. The psychotherapist may record their singing and notice the words they used, the volume, the pitch, and the mood of their singing in addition to their thoughts and feelings as they sang.

### 12. Videotaping

- a. This medium allows the psychotherapist to become more aware of his or her verbal and non-verbal response to a clinical story or work related situation.

## Task and Questions

1. Practice using a variety of mediums, such as writing, audio-taping, painting or dancing as described above. Allow yourself to become familiar with these means of reflection and the resulting process of reflection. You are encouraged to remain open as you attempt to answer the following questions. Remember at no time are you required to share your reflections with the researcher!
2. Think about the person you were as a child. Find a time in your childhood in which you felt you had a good sense of who you were. Record in writing, verbally or by some other creative representation, some spontaneous responses to the questions posted below.

- What were you like as a child, physically, mentally, emotionally and spiritually?
- Where did you live and what was it like?
- Who were the important people in your life? Why were these people important to you?
- What other influences were important in your childhood, such as other people, places, and events?

3. Now that you have created a cameo of yourself as a child, make some connections to your adult work life as a psychologist, by responding freely to these questions.

- Why did you want to become a psychologist?
- Who were some of the important people in your life during your professional education?



**Materials**

- Required
  - Paper
  - Pen
- Optional
  - Audio or video recording device
  - Recording of past client

**Time Commitment**

- Approximately 60 minutes

**Information**

Schön (1987) wrote the classic book entitled, *Educating the Reflective Practitioner*. It is because of this book that he became known as the father of reflective practice. He was the first person to introduce the concepts of reflection-in-action and reflection-on-practice. He described and differentiated the two types of reflection and how they were important in one's practice. Parsons (2009) and many other authors accepted Schön's ideas and further elaborated on the concepts. Below are two definitions proposed by Parsons that clearly articulate the two different types of reflection.

**References**

- **Parsons, R. D.** (2009). *Translating theory to practice: Thinking and acting like an expert counselor*. Upper Saddle River, NJ: Parson.
- **Schön, D. A.** (1983). *Educating the reflective practitioner*. San Francisco: Jossey-Bass Publishers.

**Reflection-on-practice:** Refers specifically to the thinking that takes place following a session or an encounter, which allows the counsellor to review what he/she did, what he/she anticipated would happen, and what in fact did happen. This type of reflection after the fact provides data from which to judge the direction the sessions are taking, the rate with which the client is moving in the desired direction, and even helps the counsellor develop a set of questions, ideas, and propositions to test in the next encounter. Reflection on practice allows the counsellor to refine the case conceptualization and the treatment decisions that follow (Parsons, 2009, p. 24).

**Reflection-in-action:** Occurs in what may appear to be an intuitive, unconscious, spontaneous action. It is the process of taking data in – contrasting the experience to the original expectations and goals – and then reflecting in order to think in new ways about the experience, all with the end result of an adjustment to hopefully bring “what is” in line with what “is hoped” for (Parsons, 2009, p. 28).

**Task**

For this exercise, it is preferred if you can either engage in a simulated counselling session (with anyone such as your partner) or a regular counselling session. However, if this is not possible you may review a recording of a past client in which you have limited recognition. You may need to tape (audio or video) or review a tape of a session, so obtain proper consent if using a non-simulated session and client. Also, if this too is not possible reflect (perhaps using case notes) on a past client that was significant in your practice.

**Step 1:** Prior to meeting with your client or reviewing your tape, write down two goals you hope(d) to achieve as a result of the session. Be as concrete as possible in describing how you would know that the goals were achieved.

**Step 2:** Following the session, you are to sit and review your recording. Stop the recording at any five points in which you, as counsellor, are responding or intervening within the session. Write down what you said or what you did, even if it was to remain silent.

**Questions**

- Compare your responses (listed in Step 2) to the goals you established in Step 1. Are the goals related? Do they help move you and your client in the desired direction?
- As best as you can remember, what exactly was your intent (your goal) for this specific response or intervention at that specific point in the interaction? Were you successful?
- Knowing your intended goal at these points in the session, how else could you have responded or intervened to be more effective?

**WEEK 4**      **FIVE TYPES OF REFLECTION**

<b>Materials</b>
<ul style="list-style-type: none"> <li>• Paper</li> <li>• Pen</li> <li>• Any other medium if desired</li> </ul>

<b>Time Commitment</b>
<ul style="list-style-type: none"> <li>• Approximately 45 minutes</li> </ul>

<b>Information</b>
<p>Ghaye (2008) identified five types of reflection and corresponding habits that he believed a psychotherapist should engage in when reflecting on something significant. He suggested that these ‘reflective habits’ should become consistent ‘work habits’. Below you will find a description of the types of reflections and types of habits proposed by the author.</p>

<b>Reference</b>
<p><b>Ghaye, T.</b> (2008). <i>Building the Reflective Healthcare Organisation</i>. Malden, MA: Blackwell Publishing.</p>

<b>Type of Reflection</b>	<b>Type of Habit</b>
Reflecting on Values	Conscious Habit
Reflecting on Feelings	Supported Habit
Reflecting on Thinking	Collegial Habit
Reflecting on Action	Collaborative Habit
Reflecting on Context	Political Habit

**Reflecting on your values:**

This type of reflection guides almost all of a person’s actions. A person’s value system determines the reasons for engaging in certain actions and behaviors and not engaging in others.

- This should become a *conscious habit*.

**Reflecting on your feelings:**

This type of reflection involves examining and discovering underlying emotions and bodily responses to certain people, sessions, and situations. It can often be a painful process and thus it is important to make sure a person is supported when engaging in this type of reflection.

- This should be a *supported habit*.

**Reflecting on your thinking:**

This type of reflection can lead to decisions in terms of future action. It may also highlight any potential distortions or biases in one's perceptions. This is best done through conversation with others as there are often limitations to thinking alone.

- This should be a *collegial habit*.

**Reflecting on your actions:**

This type of reflection is essential for personal and professional improvement. Reflecting on one's actions is best done collectively with others who witnessed the actions and can offer constructive feedback necessary for professional growth and development.

- This is a *collaborative habit*

**Reflecting on context:**

This type of reflection requires holistic thinking. This is the habit that enables a person to understand that what he or she does is always context-dependent. The context in which a person works serves to constrain or liberate them. It can allow and encourage a person to do certain things as well as suffocate, frustrate and disempower them.

- This is a *political habit*.

**Task**

Familiarize yourself with each of the five types of reflections and habits. Over the next week make a conscious effort to attempt to practice each one of them at least once. Record your experiences with each of the reflective habits. You may want to consider using different mediums for each type of reflection and habit as you ask yourself the questions below.

**Questions**

Try to think about how you view yourself as a congruent practitioner by considering the following questions:

- Are you practicing according to your values?
- What are your feelings about your therapeutic practice?
- What are your thoughts with respect to your therapeutic practice?
- Are your actions consistent with your values, feelings, and thoughts?
- How does context affect your reflective practice?
- Which type(s) of reflection was the easiest for you?
- Which type(s) of reflection was the most difficult for you?
- Which type(s), if any, of the reflections are you currently employing in your practice? How effective do you find this type(s) of reflection?
- What type(s) of reflection would you consider engaging in more often?

## WEEK 5

## MODEL FOR STRUCTURED REFLECTION

**Materials**

- Paper
- Pen
- Any other medium if desired

**Time Commitment**

- Approximately 40 minutes

**Information**

Johns (2009) stated that he designed the Model for Structured Reflection (MSR) as a guide to enable practitioners to access the depth and breadth of reflection necessary for learning through experience. The cues within the MSR are arranged in a logical order, enabling a progression of thought through each cue. Remember – the cues are merely cues, a means towards gaining insight. With regular use, the reflective cues become embodied and shape the clinical gaze moment by moment in mindful attention.

**Reference**

**Johns, C.** (2009). *Becoming a reflective practitioner* (3<sup>rd</sup> ed.). Ames, IA: Wiley Blackwell.

**The Model for Structured Reflection (edition 15A)**

## Reflective cue

- Bring the mind home
- Focus on a description of an experience that seems significant in some way
- What issues are significant to pay attention to?
- How do I interpret the way people were feeling and why they felt that way?
- How was I feeling and what made me feel that way?
- What was I trying to achieve and did I respond effectively? (aesthetic)
- What were the consequences of my actions on the client, others and myself?
- What factors influence the way I was/am feeling, thinking and responding to this situation? (personal)
- What knowledge did or might have informed me? (empirical)
- To what extent did I act for the best and in tune with my values? (ethical)
- How does this situation connect with previous experience? (personal)
- How might I reframe the situation and respond more effectively given this situation again? (reflexivity)
- What would be the consequences of alternative actions for the client, others and myself?
- What factors might constrain me responding in new ways?
- How do I NOW feel about this experience?

- Am I more able to support myself and others better as a consequence?
- What insights have I gained?
- Am I more able to realize a desirable practice? (framing perspective)

**Task**

Spend some time reading over the steps in the MSR. After familiarizing yourself with the model, attempt to apply it to three reflections from your practice in the next week. Record your reflections in a medium that works best for you.

**Questions**

- Was this model or part of this model helpful? If so, which part?
- What do you believe are the strengths of this model?
- What do you believe are the weaknesses of this model?
- Would you consider using this model again in future reflection? If not, why not?









their basic cognition structures determine how they will perceive and behave.																
53. Therapy is unique, humanistic, cognitive, and existential.																
54. Therapy should be here-and-now based, where every moment of life matters.																
55. Therapy should focus on living more honestly and being less caught up in trivialities.																
56. There are no underlying causes for maladjustment. Maladjustive behavior can be directly defined and attacked.																
57. There is no one best approach or strategy when it comes to therapy.																
58. There is no one true path to effective psychotherapy.																
59. There is no such thing as free will or voluntary behavior.																
60. Viewing an event or situation out of context is one of the systematic errors in cognitive reasoning.																
Column Totals																

**SCORING THE SELECTIVE THEORY SORTER (STS)**

Use the following instructions to score the STS:

1. To score the STS, add the scores in each column on each page. Be sure to accurately count both positive and negative numbers.
2. Transfer the column totals to the corresponding theories listed below.

<b>THEORY</b>	<b>TOTAL SCORE</b>
1. Psychoanalytic	_____
2. Adlerian	_____
3. Jungian	_____
4. Client-centered	_____
5. Gestalt	_____
6. Transactional analysis	_____
7. Behaviorism	_____
8. REBT	_____
9. Reality	_____
10. Cognitive-behavioral	_____
11. Integrative	_____
12. Existential	_____

3. To determine the specific theory or theories that are most appealing to you, find the two or three of your highest column scores and list them here:

<b>THEORY</b>	<b>TOTAL SCORE</b>
_____	_____
_____	_____
_____	_____

**EXPLANATION OF SCORING**

The Selective Theory Sorter is based on a comprehensive review of literature surrounding counselling theories. The items contained in the STS reflect the beliefs inherent in each school of thought. Currently, no published psychometric properties are attached to the STS. Rather, it is a survey that is intended for self-discovery.

**Task 2: Selecting a Theory**

The two or three theories you found most appealing and scored the highest are those that likely match with your life philosophy as it is today. These theories are, however, only preferences. For example, if you had two theories tied, then you might need to examine and read about them in more depth. Additionally, you may have discovered that your preferences match a theory with which you are unfamiliar. Regardless of your results, you might find that researching in greater depth at the theories you identified gives you a better understanding of the theories and confidence in your ability to select one.

**Questions**

Now that you have identified a theory and began to explore it in more detail answer the following questions.

1. After reading about the orientation you rated the highest do you feel it accurately represents your therapeutic orientation? If not, what did you feel was incorrect or missing?
2. Do you believe one orientation can represent your approach to working with clients? Why or why not?
3. Do you believe your therapeutic orientation matches your life philosophy?
4. After completing this task is there any orientation you would like to learn more about? If so, how do you plan to learn more about this orientation?

**WEEK 7 IDENTIFY YOUR PERSONAL WORLDVIEW**

**Materials**

- Paper
- Pencil

**Time Commitment**

- Approximately 90 minutes

**Information**

- Truscott (2010) developed a complex system for identifying and examining a psychotherapist’s personal worldview. In his book Truscott provides numerous learning tasks (included below) to assist the psychotherapist in adopting and adapting their personal worldview to best suit him or herself and their clients. The following tasks will help the psychotherapist to develop a better insight and understanding with respect to their personal practice and worldview.

**Reference**

- **Truscott, D.** (2010). *Becoming an effective psychotherapist: Adopting a theory of psychotherapy that’s right for you and your client.* Washington, DC: American Psychological Association.

**Task 1: Identifying Your Personal Worldview**

Take your time while you carefully read each of the following four descriptions and rate the degree to which it describes your beliefs.

**Ob** The world can be best understood by identifying the characteristics of phenomena that represent a stable underlying essence. The best approach to understanding the world is by gathering measurements that are publicly confirmable. A complete explanation is one in which the common features that account for the functioning of a phenomenon have been classified.

Not at all      0      1      2      3      4      Completely

**An** The world can be best understood by discovering the action of phenomena on one another. The best approach to understanding the world is through logical analysis that enables us to achieve greater degrees of appreciation of the laws of nature. An explanation is complete when the causes of a phenomenon have been identified.

Not at all      0      1      2      3      4      Completely

**Su** The world can be best understood by the person trying to understand it. The best approach to understanding the world is through introspection that culminates in a highly personal result. A complete explanation is a rich, comprehensible description of an experience.

Not at all      0      1      2      3      4      Completely

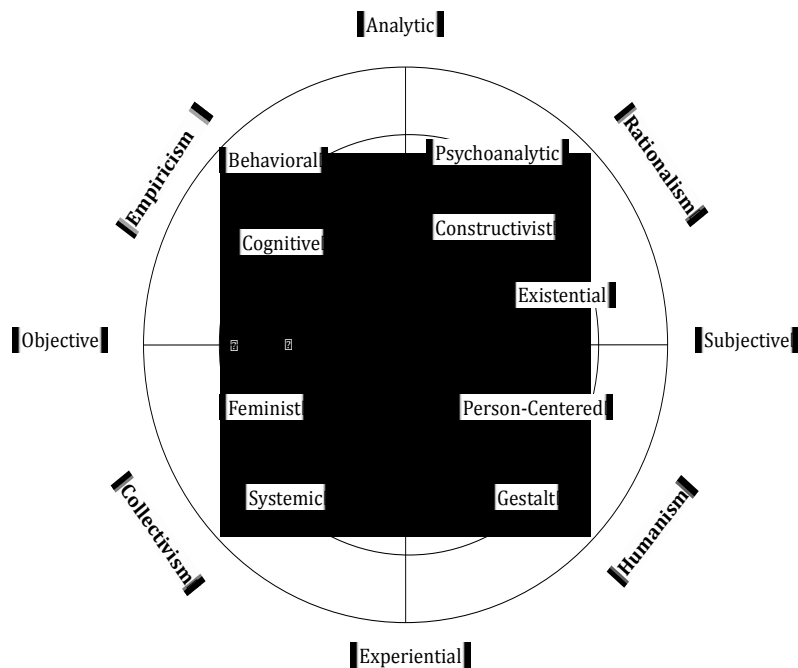
**Ex** The world is best understood as being driven by developmental processes toward healthy functioning. The best approach to understanding the world is to participate without preconceived notions so that these processes can be appreciated. An explanation is complete when the processes and ultimate function of a phenomenon have been described

Not at all      0      1      2      3      4      Completely

Now transfer your ratings to the following categories:

\_\_\_\_\_ Ob = Objective  
 \_\_\_\_\_ An = Analytic  
 \_\_\_\_\_ Su = Subjective  
 \_\_\_\_\_ Ex = Experiential

Once you have completed task 1, transfer your ratings from the categories to the corresponding axes below. The intersection of the two axes represents 0, and the intersection of the axis with the outer circle represents 4. Connect the four points, making a roughly circular shape. The theories within the area of these four points represent those that are most compatible with your personal worldview.



### Task 2: Examining Your Therapeutic Orientation

Now that you have determined your predominant worldview, examine which therapeutic orientations are most aligned with your worldview and which approaches are least aligned with your worldview. Based on this information, complete two learning tasks.

1. Chose ONE orientation that is most similar to your worldview and complete the learning task for that therapeutic approach.
2. Chose ONE orientation that is least similar to your worldview and complete the learning task. Reflect on your experiences completing both tasks.

### Psychodynamic

#### **Dream Analysis**

Record a dream and prepare the following account soon after you awake as possible:

1. Allow yourself to focus on each aspect of the dream (time, place, people, mood, etc).
2. As you focus on each aspect, try free associating either aloud into an audio recorder or through journaling, and take note of the thoughts, images, and feelings of which you become aware.
3. Allow your mind to drift to an earlier time in your life (the earlier the better) that is associated with these thoughts, images, and feelings.
4. As you allow yourself to experience these old thoughts, images, and feelings, ask yourself how they connect with your current concerns, particularly your important interpersonal relationships.
5. Ask yourself who these thoughts, images, and feelings might be connected to your therapeutic practice and your comfort working with particular clients or client problems.

After undertaking the task, take a few moments to write down your reactions and consider how useful you found each of the change tasks (i.e. free association, interpretation, dream analysis or transference). Can you imagine proposing any of them to a client? If not, why not? If so, under what circumstances?

## **Behavioural**

### **Applied Behavioural Analysis**

Think about a recurring circumstance in your life that troubles you. It might be arguing too often with someone you like or love, overeating junk food, or avoiding something you should do. Now proceed through the following steps:

1. *Operationalize the issue.* Describe the circumstance as specifically and concretely as possible. For example, describe an actual argument: Where did it occur, who was present, and what words were said?
2. *Identify antecedent events.* Describe the behavioural events that occurred prior to the circumstance. For example, what were you doing, feeling, or thinking prior to a junk food binge?
3. *Identify behaviour.* Describe in specific detail the behaviours that occurred during the circumstance on which you are focusing. For example, what were you doing while you were procrastinating? Were you watching television, visiting with friends, or worrying?
4. *Identify consequences.* Describe what happened after the circumstances. What specifically was the result of the antecedent event and behaviour? For example, did you avoid social contact with your friend for a week following the argument, feel guilty after overeating, or spend all night working after procrastinating?
5. *Establish goals.* Once you have a clear, specific description of the problematic circumstance, see if you can describe a goal you would like to accomplish. Try to incorporate the specific aspects you identified in the preceding four steps to establish an achievable behavioural goal. For example, you might listen to your friend's complete statement prior to responding when you argue, go to the library when an assignment is due rather than working in your room, or visit a friend rather than go to the ice cream store when you feel sad.

Once you have completed the task, ask yourself how successful you were in achieving the goals you established. If unsuccessful or partially successful, what hypothesis might you postulate to explain your lack of success? How might this hypothesis inform a new behavioural plan? If you had difficulty completing the task, you might even try targeting your difficulty as a behavioural goal.

## **Existential**

### **Your Obituary**

Take as much time as you need to write two obituaries:

1. One that would be written about you now.
2. One that you hope would be written about you in the future when you are older and greyer.

After you have written them, read them over, take time to reflect, and consider the following:

1. How are the two different? Do the differences speak to your level of existential self-awareness and to the meaning that you make in your life?
2. To what extent do they reflect your personal world, the world of others, the natural world, and the spiritual world? What does the presence, absence, or prominence of one or more of these worlds tell you about how you are living your life?
3. How would you live differently today if you knew that you would not live long enough for the second one to be written? What does this tell you about how authentically you are living your life and how engaged you are in life?
4. How might you imagine using this technique in therapy? Do you have reservations about doing so? If so, what are they, and to what extent do they arise out of your existential issues?

You are encouraged to really think about what your life means and how your actions represent who you truly are as a person. Use this task as an opportunity to think about how your day-to-day activities may or may not be congruent with who you want to be and what you want your life to stand for.

### **Person-Centered**

#### **An Authentic Day**

Try spending a day being fully available to everyone you meet. In every encounter, whether in line at the grocery store, over the dinner table, on the telephone, or whatever you are

1. Be truly engaged. Set aside distractions and pay attention to the other person.
2. Ask at least one question without being intrusive or judgmental that offers the other person an opportunity to go deeper into their own experience.
3. Avoid platitudes that deflect or belittle others' experiences. When you ask someone, "How are you?", for example, ask in a manner that tells them you are sincere.
4. If someone does or says something that upsets you, try being curious rather than furious. Attend to them and to your own experience with openness, acceptance, and compassion.

Record your experience. You will likely have noticed how difficult it was to do and to sustain for a whole day. You may also have noticed a variety of responses from others, especially those with whom you already have a relationship. What does this tell you about how trivial or potent an authentic relationship can be? Can you imagine yourself being this way all day every day as a therapist? What have you learned from this task about your ability to practice from a person-centered stance?

### **Gestalt**

#### **Paradoxical Experiment**

In Gestalt therapy, a paradoxical experiment is often used to allow the issue of change to recede into the background and the experience of full engagement in the present moment to guide our growth. In this "anti-assignment," you are invited to read and attend to only those aspects of the Further Resources section found below, or even this task, that you are drawn to, that catch your



eye, that you are curious about, that pique your interest, or that your heart desires – what you feel like exploring (Woldt, 2005).

As you do so, perhaps even as you think about or resist learning in this way, you may choose to pay attention to your inner processes and your awareness around not learning things you are told you “should” learn. You may notice bodily reactions (e.g. heart palpitations, tensions, relaxation). Are these in any way related to the topic you are engaged in or considering? You may also notice your mental response. Are there thoughts of resentment, anger, surprise, or relief? Finally, you may notice an urge to action. Perhaps consider sitting in one of two chairs and alternately changing seats, putting a voice to what you might like to tell me, the author, about this task.

After you have taken as much time as you need on this task, record your experience.

## FURTHER RESOURCES

### Case Readings

Aylward, J., Bauer, R., Freedman, H., Harman, R., & Perls, L. (1986). A case presentation in gestalt therapy. *The Gestalt Journal*, 9, 16-35.

Feder, B., & Ronall, R. (1997). *A living legacy of Fritz and Lara Perls: Contemporary case studies*. New York: Feder.

Perls, F. (1969). *Gestalt therapy verbatim*. Moab, UT: Real People Press.

Watson, J. C., Goldman, R. N., & Greenberg, L.S. (2007). *Case studies in emotion-focused treatment of depression: A comparison of good and poor outcome*. Washington, DC: American Psychological Association.

### Recommended Reading

Greenberg, L. S. (2002). *Emotion-focused therapy: Coaching clients to work through their feelings*. Washington, DC: American Psychological Association.

Perls, F., Hefferline, R. E., & Goodman, P. (1951). *Gestalt therapy: Excitement and growth in the human personality*. New York: Dell.

Polster, E., & Polster, M. (1973). *Gestalt therapy integrated*. New York: Brunner/Mazel.

Woldt, A. J., & Tolman, S. M. (2005). *Gestalt therapy: History, theory, and practice*. Thousand Oaks, CA: Sage.

### Recommended Viewing

American Psychological Association (Producer). (2004). *Gestalt therapy with Gordon Wheeler*,

*PhD* [Motion picture]. (Available from the American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242)

American Psychological Association (Producer). (2007). *Emotion focused therapy over time with Leslie S. Greenberg, PhD* [Motion picture]. (Available from the American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242)

Milton H. Erickson Foundation (Producer). (1990). Erving *Polster, PhD: Humanization of technique* [Motion picture]. (Available from the Milton H. Erickson Foundation, 3606 N. 24<sup>th</sup> Street, Phoenix AZ 85016-6500)

Psychological & Educational Films (Producer). (1965). *Three approaches to Psychotherapy I: Part II. Fredrick Perls (gestalt therapy)* [Motion picture]. (Available from Psychological & Educational Films, 3334 East Coast Highway, #252, Corona de Mar, CA 92625-2328).

Psychological & Educational Films (Producer). (1973). *Gestalt dream analysis with Fredrick Perls* [Motion picture]. (Available from Psychological & Educational Films, 3334 East Coast Highway, #252, Corona de Mar, CA 92625-2328).

## Cognitive

### **Tracking Dysfunctional Language**

Keep a small notebook (or other recording device) and record dysfunctional thoughts as expressed in your language and the language of others. For example,

Arbitrary inference – drawing a specific conclusion without supporting evidence;

- Selective abstraction – conceptualizing a situation based on a detail taken out of context;
- Overgeneralization – abstracting a general rule from an isolated incident and applying it to unrelated situations;
- Magnification-minimalization – treating someone as far more or less significant than it actually is;
- Personalizing – inaccurately attributing events to oneself; and
- Dichotomous thinking – categorizing events in terms of extremes, such as “all or nothing.”

At the end of each day, review your notes and consider whether any themes are present and what effective language you might substitute for the distorted thoughts you have identified. Can you think of any clients you have worked with who had similar distortions?

## Systemic

### **A Family of Origin Exercise: Interview a Family Member**

Interview someone important in your family of origin – usually your mother or father, or perhaps a sibling or relative who played a pivotal role in your life as you were growing up. If your family member is geographically close enough, perform the interview in person. If your family member is too far away, arrange a telephone interview. Try to approach this person as if you know almost nothing about him or her. Ask your family member about his or her childhood and events that

shaped his or her life. Ideally, record the interview for later review. Even if you do, make sure to take notes.

You will probably notice that your interviewee leaves out important information, such as long periods in his or her life, or fails to talk about a parent. Be persistent. Ask your family member to elaborate or fill in missing facts. Notice how difficult this can be.

## **Feminist**

### **Personal Gender Analysis**

Take some time to think about and record what you learned in your childhood about females and males. For example,

1. How were you treated differently than opposite-gender siblings or other relatives?
2. What behaviours were acceptable or unacceptable in school and other public situations on the basis of your gender?
3. What did you learn from each parent about gender expectations?
4. Make a list of *shoulds* and *shouldn'ts* you learned about your gender.

After recording your answers to these and any other similar questions that may occur to you, consider how your personally gendered frame of reference might affect your therapeutic practice. For example,

1. What positive and negative expectations for growth in therapy might you have of female clients?
2. In what ways might your expectations of personal agency be different for male and female clients?
3. Are there personal qualities that you now consider healthy, or unhealthy, that you might once have thought about differently?
4. How might your empathy be differentially available to female and male clients?
5. Are there topics commonly dealt with by feminist therapy that you would not be comfortable helping someone in therapy to deal with?

What have you learned from this task about your openness to practicing from a feminist orientation? Can you imagine proposing a gender-role analysis as a change task for a client? If not, why not? If so, under what circumstances?

## **Constructivist**

### **Authoring Your Therapeutic Identity**

Begin by creating a comfortable circumstance for quiet reflection by taking a long walk, a soothing bath, or whatever else works for you. Think about times when your actions have resonated with how you aspire to be a therapist. When have you acted in ways congruent with your preferred therapeutic identity? Incongruent? What was different about them? What was involved in your acting in a manner that was incongruent with your therapeutic self? External demands? Other reasons? Have there been particular clients, or certain client problems that particularly resonate with you? What events are currently unfolding that are significant for your

therapeutic self? What do your actions and reactions in relation to these events tell you about the therapist you want to be? Take some more time to record these thoughts.

Next, write a letter to yourself explaining how you intend to act in a manner congruent with your preferred therapeutic self. Try to specify those aspects of who you are that are most in accord with what you value as a therapist. Identify how you will know that you are acting in harmony with your values. Describe what others will see you do that will show them that you are the kind of therapist you want to be.

Record your reactions. Did you notice a change in how you think about yourself as a therapist? How convinced are you that your therapeutic identity is a constructed one? Can you imagine working with clients to reauthor their problem-saturated identities?

### Questions

Now that you have completed both tasks take a few minutes to answer the following questions.

1. Is your worldview what you expected?
2. Were the tasks easier or harder than you expected?
3. Which task(s) did you like the most?
4. Which task(s) did you like the least?
5. Would you consider trying this activity with a client?
6. Did your worldview match the theory you chose in week 6? If not, what did not fit with you?
7. Did the theory you identified this week match the theory you chose in week 6? If not, which theory do you feel best represents your therapeutic approach?

**WEEK 8 IDENTIFYING YOUR STAGE OF DEVELOPMENT**

<b>Materials</b>
<ul style="list-style-type: none"> <li>• Paper</li> <li>• Pen</li> </ul>

<b>Time Commitment</b>
<ul style="list-style-type: none"> <li>• Approximately 30 minutes</li> </ul>

<b>Information</b>
<p>Skovholt and Rønnestad (1992) employed qualitative research techniques and interviewed numerous therapists and counsellors in various stages of professional development. Based on the information gleaned from the interviews the authors developed themes and categories specific to the therapists and counsellors in particular stages of development. The authors proposed that an evolving professional self unfolds over the duration of one’s career. A summarized table of the author’s findings is included below.</p>

<b>Reference</b>
<p><b>Skovholt, T. M., &amp; Rønnestad, M. H. (1992).</b> <i>The evolving professional self: Stages and themes in therapist and counselor development.</i> Chichester, England: Wiley.</p>

Categories	Stages							
	Conventional	Transition to professional training	Imitation of experts	Conditional autonomy	Exploration	Integration	Individuation	Integrity
Definition and time period of stage	Untrained, may be many years	First year of Graduate School	Middle years of Graduate School	Internship, 6 months to 2 years	New Graduate, 2-5 years	2-5 years	10-30 years	25-35 years
Central task	Use what one naturally knows	Assimilate information from many sources and apply it in practice	Maintain openness at the meta level while imitating experts at the practical level	Function as a professional	Explore beyond the known	Developing authenticity	Deeper authenticity	Being oneself and preparing for retirement
Predominant affect	Sympathy	Enthusiasm and insecurity	Bewilderment, then later calm and temporary security	Variable confidence	Confidence and anxiety	Satisfaction and hope	Satisfaction and distress	Acceptance
Predominant source of influence	One’s own personal life	Sense of being overwhelmed because of many interacting new and old data bases	Multiple including supervisors, clients, theory/research, peers, personal life, social-cultural environment	Multiple including supervisors, clients, theory/research, peers, personal life, social-cultural environment	New data bases, i.e. new work setting, self now as professional, multiple other sources	Self as professional elder as new influence, multiple other sources	Experience-based generalizations and accumulated wisdom are becoming primary. Earlier sources of influence are internalized, self as professional elder	Experience-based generalizations and accumulated wisdom are primary. Earlier sources of influence are internalized, self as professional elder
Role and working style	Sympathetic friend	Uncertain/shifting while struggling to fit practice with theory	Uncertain while developing a rigid mastery of basics	Increased rigidity in professional role and working style	Modifying externally imposed professional style	Role and working style as mix of externally imposed rigidity and internally imposed loosening	Increasingly oneself within competent professional boundaries	Being oneself

Conceptual ideas	Common sense	Urgency in learning conceptual ideas and techniques	Intense searching for conceptual ideas and techniques	Refined mastery of conceptual ideas and technique	Personal rejection of some earlier mastered conceptual ideas	mode An emerging personally selected synergistic and eclectic form	Individualized and personalized	Highly individually chosen and integrated
Learning process	Experiential	Cognitive processing and introspection	Imitation, introspection, and cognitive processing	Continual imitation with alterations, introspection, cognitive processing	Reflection	Personally chosen methods	Personally chosen methods	Personally chosen methods
Measures of effectiveness and satisfaction	Usually assumed, often not of concern	Visible client improvement and supervisor reaction		More complex view of client feedback and supervisor reactions	Increasingly realistic and internalized criteria	Increasingly realistic and continued internalization of criteria	Realistic and internal	Profoundly internal and realistic

**Task**

Look over the eight stages Skovholt and Rønnestad (1992) proposed based on their interviews with various psychologists and counsellors in different stages of their professional development. While reviewing the stages think about yourself and your evolving professional role.

**Questions**

Based on the above chart please answer the following questions.

- What stage do you feel best represents where you are in your professional development?
- How do you feel you could advance to the next stage of professional development?
- What stage do you believe your colleagues would say you are in terms of professional development? Why?
- Reflect on your experiences in earlier stages do you believe the descriptions of the stages accurate?

## WEEK 9

## UNINTERRUPTED REFLECTIVE WRITING

**Materials**

- Paper
- Pen
- Timer

**Time Commitment**

- Approximately 30 minutes

**Information**

Bager-Charleston (2010) writes about the importance of reflective practice in counselling and psychotherapy. In her books the author provides numerous activities and reflective points that she encourages the reader to perform. In one task (found below) Bager-Charleston has the psychotherapist explore scenarios in an effort to highlight his or her personal and professional values and assumptions which impacts the therapeutic process.

**Reference**

**Bager-Charleston, S. (2010).** *Reflective practice in counselling and psychotherapy*. Exeter, UK: Learning Matters.

**Task**

Take some time to consider the purpose of counselling and psychotherapy. Using the following text as a starting point, write for fifteen minutes without interruption. Set a timer to ensure you engage in the writing process for a minimum of fifteen minutes.

Claire had considered therapy for some time, yet she felt surprised when she finally heard a voice at the other end of the phone. Claire cleared her throat and said, "I'm looking for a therapist who might help me with..."

**Questions**

Now that you have finished your uninterrupted writing ask yourself the following questions.

1. What reasons did Claire have for seeking therapy?
2. On what did you base your writing? Was it your own or others' experiences?
3. Can you identify your personal values and assumptions in your writing?
4. What did you find the most helpful about this experience?
5. What did you find the least helpful about this experience?

## WEEK 10

## WRITING YOUR REFLECTIVE PHILOSOPHY

**Materials**

- Paper
- Pen
- Article

**Time Commitment**

- Approximately 90 minutes

**Information**

Please click on the link to access this article.

<http://web.ebscohost.com/login.ezproxy.library.ualberta.ca/ehost/pdfviewer/pdfviewer?sid=f6c642ef-6f5c-4ee8-a464-350c74024933%40sessionmgr115&vid=2&hid=111>

**Reference**

**Lindsay, P., Breckson, J. D., Thomas, O., & Maynard, I. W.** (2007). In pursuit of congruence: A personal reflection on methods and philosophy in applied practice. *The Sport Psychologist*, 21(3), 335-352.

**Task**

Please read the above article which attempts to highlight questions psychotherapists may reflect on in order to achieve greater congruence in terms of their philosophy of practice. As you read the article make notes to yourself about your own personal journey to finding and/or attaining theoretical congruence. When you are finished this process, attempt to write your own autoethnographic philosophy on how you used reflection to promote congruence.

**Questions**

- What was the most helpful about this process?
- What was the least helpful about this process?
- What do you feel you learned from this process?
- Was there anything that surprised you about your autoethnographic philosophy?



**Appendix N****Fidelity Measure**

For the purposes of my research, independent of you receiving continuing education credits, I am requesting that you honestly answer the following two questions so I may engage in accurate data analyses and draw valid conclusions.

1. Of the ten tasks, how many of them did you complete in their entirety?

0    1    2    3    4    5    6    7    8    9    10

2. Of the ten tasks, how many of them did you partially complete?

0    1    2    3    4    5    6    7    8    9    10

3. On a scale of 0 to 10 please rate your overall level of effort in completing the weekly tasks?

0    1    2    3    4    5    6    7    8    9    10



Fall 2012



**Describe two ways in which your practice has changed as a result of this program:**

- 1 - \_\_\_\_\_
- 2 - \_\_\_\_\_

**What did you like best about this program?**

---

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**How would you have improved this program?**

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**Would you recommend this program to a colleague? Why or why not?**

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## Appendix P

### Comparison Program: Reflecting on Ethical Issues

#### WEEK 1

#### UNDERSTANDING ETHICAL SYSTEMS

##### Materials

- Paper
- Pen or pencil

##### Time Commitment

- Approximately 40 minutes

##### Reference

- **Truscott, D., & Crook, K. H.** (*in press*). *Ethics for the practice of psychology in Canada. Revised and expanded edition.* Edmonton, AB: University of Alberta Press.

##### Scenario

###### **A Client in Need**

You have been seeing a client for psychotherapy who had agreed to your standard fee. The client was experiencing severe distress due to an abusive marriage and had elected for individual therapy because her husband refused marital therapy. After attending four sessions, she missed the next two. You then receive a telephone call from her and she says that she and her husband have separated. She reluctantly tells you that her bank accounts have been frozen, she has no access to money, and has no family or friends to whom she can turn. If she doesn't soon pay her rent she will be evicted from her apartment. She would like to continue in therapy, but can't drive and rather than paying for bus fare has been buying food with what little cash she has.

##### Questions for Consideration

1. What individuals and/or groups would you consider in arriving at a solution to this dilemma?
2. What considerations is each individual/group owed? Why?
3. What is your choice of action? Why?
4. What alternative choice(s) of action(s) did you consider? Why did you not choose them?

## WEEK 2

## MEETING PROFESSIONAL STANDARDS

**Materials**

- Paper
- Pen or pencil

**Time Commitment**

- Approximately 40 minutes

**Reference**

- **Truscott, D., & Crook, K. H.** (*in press*). *Ethics for the practice of psychology in Canada. Revised and expanded edition*. Edmonton, AB: University of Alberta Press.

**Scenario****A Psychologist by Any Other Name**

You are visiting a private practice psychology agency when you notice a flyer on a bulletin board announcing, “Joan Doe, Ph.D. (Cand.), will be offering a counselling group for men who are divorced.” You happen to know Joan and know that she is currently enrolled in the Ph.D. program in applied psychology at your local university. She has a master’s degree in career counselling and over twenty years of experience, but has not yet earned her doctorate and is not a registered psychologist. When you ask her what “Cand.” means, she says it is an abbreviation of “Candidate,” indicating that she is a Ph.D. candidate. This means that she has completed all of her required coursework and passed her candidacy exam, but has not yet defended her dissertation.

**Questions for Consideration**

1. What protection of the public issues are involved in this situation?
2. What ethical values are involved in this situation?
3. Would it make a difference if you were in a jurisdiction where the master’s degree was the entry level to the profession? If the Ph.D. was the entry level?
4. If this situation were presented to you as a member of your provincial/territorial discipline committee, what would you want to ask of or say to Joan?

## WEEK 3

## APPRECIATING LEGAL EXPECTATIONS

**Materials**

- Paper
- Pen or pencil

**Time Commitment**

- Approximately 40 minutes

**Reference**

- **Truscott, D., & Crook, K. H.** (*in press*). *Ethics for the practice of psychology in Canada. Revised and expanded edition*. Edmonton, AB: University of Alberta Press.

**Scenario*****Haines v. Bellissimo***

Robert Haines was discharged from hospital following treatment of chronic schizophrenia under the care of a multidisciplinary team that included Dr. Bellissimo, a psychotherapist. A short time later his wife discovered a shotgun in their garage and telephoned Dr. Bellissimo, who asked Mr. Haines to return to the hospital, which he did. Dr. Bellissimo assessed his risk of suicide as not being imminent and they agreed that he would accompany Mr. Haines home to take custody of the gun. When they arrived, however, it took more than three hours for Dr. Bellissimo to persuade Mr. Haines to surrender the gun. Later that night Dr. Bellissimo followed-up with Mr. Haines on the telephone and deemed him to be “all right.” The next day Mr. Haines purchased another gun and fatally shot himself. His wife sued Dr. Bellissimo for malpractice.

**Questions for consideration**

1. What do you think Dr. Bellissimo owed Mr. Haines’s wife in relation to her husband’s suicide?
2. Would you have gone to Mr. Haines’s house as Dr. Bellissimo did? Why or why not?
3. Do you think that Dr. Bellissimo should have done anything different to prevent Mr. Haines’s suicide?
4. What do you think the average person would expect Dr. Bellissimo to do in this situation?

WEEK 4	MAKING ETHICAL DECISIONS
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<b>Materials</b>
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- |  |
|--|
| <ul style="list-style-type: none"> <li>• Paper</li> <li>• Pen or pencil</li> </ul> |
|--|

<b>Time Commitment</b>
------------------------

- |  |
|--|
| <ul style="list-style-type: none"> <li>• Approximately 40 minutes</li> </ul> |
|--|

<b>Reference</b>
------------------

- |   |
|---|
| <ul style="list-style-type: none"> <li>• <b>Truscott, D., &amp; Crook, K. H.</b> (<i>in press</i>). <i>Ethics for the practice of psychology in Canada. Revised and expanded edition.</i> Edmonton, AB: University of Alberta Press.</li> </ul> |
|---|

<b>Scenario</b>
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<p><b>Child Abuse</b></p>
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<p>You are providing therapy to Mrs. and Mr. Jones and their two children, aged eleven and thirteen. They sought help because they “argue too much” and have made good progress so far. In the third session the oldest child reports that their father has hit them in anger on numerous occasions over the past ten years. Approximately one year ago his arm was broken by being thrown against a wall by his father. Mr. Jones expresses considerable remorse and asks for your help to reduce his violent behaviour. He says that he was removed from his family when he was a boy because his father was physically abusive and that he could not bear to have his children taken away from him. There is a real risk that he will seriously harm himself if the children are apprehended. Mrs. Jones and the children state that they want to remain together as a family and work things out.</p>
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<b>Questions for consideration</b>
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- |  |
|--|
| <ol style="list-style-type: none"> <li>1. What individuals or groups ought to be considered in this situation? Why?</li> <li>2. What feelings are aroused in you? How might they influence your decision making?</li> <li>3. What ethical duties are relevant? Which do you most value? Which are most valued by the profession?</li> <li>4. What outcomes are likely? Which are most important to society? Which are most important to the family?</li> </ol> |
|--|

<p><b>SOURCE:</b> Adapted from the <i>Companion Manual to the Canadian Code of Ethics for Psychologists, 3rd ed.</i> (Sinclair &amp; Pettifor, 2001).</p>
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## WEEK 5

## OBTAINING CONSENT

**Materials**

- Paper
- Pen or pencil

**Time Commitment**

- Approximately 40 minutes

**Reference**

- **Truscott, D., & Crook, K. H.** (*in press*). *Ethics for the practice of psychology in Canada. Revised and expanded edition.* Edmonton, AB: University of Alberta Press.

**Scenario****Parental Refusal**

You have undertaken a psychological assessment of an 8 year old child referred by the child's school to address the possibility of being held back a grade. The child's parents have given consent to have their child assessed and to release the report to the school, which is your normal practice. Upon completion of the assessment and prior to providing the report to the school you discuss the results with the parents. You tell them that their child has a learning disability for which the school will provide additional in-class tutoring under their policy for children with special needs. The parents then tell you that they do not want the assessment report shared with the school because they do not want their child to be labelled as "retarded." Despite your best efforts at explanation and persuasion, they will not relent.

**Questions for Consideration**

1. What individuals and groups are affected in this situation? Why?
2. Would it make a difference if the assessment was paid for by the school? If it was paid for by the parents?
3. How do you feel about the parents' reaction and decision? How might your feelings influence your ethical reasoning?
4. What are the ethical values in conflict in this situation? Explain.



## WEEK 6

## PROTECTING CONFIDENTIALITY

**Materials**

- Paper
- Pen or pencil

**Time Commitment**

- Approximately 40 minutes

**Reference**

- **Truscott, D., & Crook, K. H.** (*in press*). *Ethics for the practice of psychology in Canada. Revised and expanded edition*. Edmonton, AB: University of Alberta Press.

**Scenario****Marital Secrets**

Many months after having provided marital therapy to a couple, you receive a telephone call from a lawyer representing the husband. The lawyer tells you that the couple is now separated and is disputing the custody of their child. The lawyer requests on behalf of the husband that you testify at a custody hearing. You will be asked to verify the wife's admission during therapy that she had numerous extramarital affairs. The lawyer intends to argue that these affairs make her an unfit mother. You contact the wife to obtain her consent to present this information in court and she refuses.

**Questions for consideration**

1. What ethical values are in conflict in this situation?
2. What implications does your choice of action have for the profession as a whole?
3. Would it make a difference if you had never discussed confidentiality with your clients before or during therapy? Why or why not?
4. How might your feelings about marriage and interpersonal commitment affect your ethical reasoning?

## WEEK 7

## HELPING WITHOUT HARMING

**Materials**

- Paper
- Pen or pencil

**Time Commitment**

- Approximately 40 minutes

**Reference**

- **Truscott, D., & Crook, K. H.** (*in press*). *Ethics for the practice of psychology in Canada. Revised and expanded edition.* Edmonton, AB: University of Alberta Press.

**Scenario****To Treat Or Not To Treat?**

You are a psychologist providing psychological assessments for an urban hospital. A young woman is self-referred complaining of anxiety. Through the process of the assessment you learn that she is concerned about being “fat,” often induces vomiting after meals, uses laxatives frequently, restricts her caloric intake, and exercises daily. She says that she feels you understand her and would like you to provide treatment. You tell her that you do not consider yourself competent to provide treatment for her eating disorder. You have extensive training and experience in the assessment of eating disorders and have a well informed opinion on how best to treat them. Your therapeutic preparation consists only of having read several of the major works on the topic and attending a two-day workshop on treatment, however. She says that she has never told anyone about her problem and that if you do not treat her she will not seek therapy from anyone else.

**Questions for consideration**

1. Do you think you would be more likely to help or harm your clients in this situation? Why?
2. If no clients ever complained about your practice, would this influence your answer to question number 1? Why or why not?
3. If a client sued you for malpractice, what grounds in law would they have?

## WEEK 8

## MAINTAINING PROFESSIONAL BOUNDARIES

**Materials**

- Paper
- Pen or pencil

**Time Commitment**

- Approximately 40 minutes

**Reference**

- **Truscott, D., & Crook, K. H.** (*in press*). *Ethics for the practice of psychology in Canada. Revised and expanded edition.* Edmonton, AB: University of Alberta Press.

**Scenario****The Dating Game**

You are providing career counselling to a client who you find quite attractive. You notice that this client makes subtle overtures of being romantically interested in you. You attribute this to a positive therapeutic relationship and deal with it by behaving in a professional yet friendly manner. In the final few minutes of your last scheduled session the client obliquely indicates a desire to spend time with you socially. In order to keep the busy agenda of termination as first priority, you decide not to address the issue directly, and services end satisfactorily. One year later you happen to meet your now former client at a community event. The two of you easily enter into a most amicable conversation. You are told that the career change has been very fulfilling. The fact that neither of you is in a committed relationship is established. The (ex-) client then asks about the possibility of the two of you having lunch together.

**Questions for consideration**

1. Is there any additional information you would want before deciding on a course of action in this situation? If so, what? How would it affect your decision?
2. Do you think that the attraction between the two of you should have been discussed while you were still in the professional relationship? Why or why not?
3. If you learned that the client has a history of romantic relationships that ended badly, how would it affect your decision about meeting for lunch? Why?

## WEEK 9

## PROVIDING SERVICES ACROSS CULTURES

**Materials**

- Paper
- Pen or pencil

**Time Commitment**

- Approximately 40 minutes

**Reference**

- **Truscott, D., & Crook, K. H.** (*in press*). *Ethics for the practice of psychology in Canada. Revised and expanded edition.* Edmonton, AB: University of Alberta Press.

**Scenarios****Hearing Voices**

A seventeen-year-old young man of First Nations heritage has been referred to you by his school for an assessment of his treatment needs. Over the past year he has become increasingly withdrawn and his academic performance has been declining. He arrives with his parents and, after being told the purpose and nature of the assessment, requests to have his parents present during debriefing. All indicators point toward an incipient schizophrenic process, including his report of hearing predominantly benign voices. He says that he is unsure what the voices mean, but that they do upset him. Upon presenting your opinion, the young man's parents reject this "bad news". They tell you that the voices are communications from his dead grandfather who was a powerful healer. They fear that a pathological Colonial understanding of his experience will sever their son's connection with his ancestors.

**Questions for consideration**

1. What is your initial reaction to this situation? How will this reaction need to be taken into account when responding to this situation?
2. If some members of the family understood the boy's voices to be healthy, and some members understood them to be unhealthy, how would this affect your response?
3. What knowledge do you need to respond ethically to this situation?

**WEEK 10** PROMOTING SOCIAL JUSTICE

**Materials**

- Paper
- Pen or pencil

**Time Commitment**

- Approximately 40 minutes

**Reference**

- **Truscott, D., & Crook, K. H.** (*in press*). *Ethics for the practice of psychology in Canada. Revised and expanded edition.* Edmonton, AB: University of Alberta Press.

**Scenario**
**The Disruptive Student**

You are a psychologist who has been asked to assess an eight-year-old boy and then refer him for appropriate services. He has been very disruptive in class, destructive of other students' property, and once attempted to start a fire in a wastebasket. His classmates are being deprived of educational opportunities due to his disruptive behaviour and his disproportionate demands on the teacher's time, and are at risk of physical harm. Based on your assessment, it is clear that the boy has individual needs that can only be addressed by services offered outside of his regular classroom. An in-school special education class capable of providing such services is full, however, with a waiting list many months long. Comparable services are available at a nearby private facility, and are very expensive. If you were to refer the boy to the private facility the school would be obligated by provincial regulation to provide funding. Doing so would result in depletion of the school's entire budget for such services.

**Questions for consideration**

1. What are your professional obligations with respect to the eight-year-old student?
2. What are your professional obligations with respect to the other students in his classroom?
3. On what basis would you weigh your obligations to the eight-year-old student against those of the other students?
4. How would your choice of action be affected if you knew that the special education class was scheduled to be discontinued?

## Appendix Q

### Information for Participants



### Information for Prospective Participants

**Title:** Promoting Personal-Professional Value Congruence Through Reflective Practice

**Principal Researcher:** **Holly Whyte, MEd**  
Educational Psychology  
6–145A Education North  
Edmonton, AB  
Canada, T6G 2G5  
Email: [reflectivepracticestudy@gmail.com](mailto:reflectivepracticestudy@gmail.com)

**Supervisor:** **Derek Truscott, PhD, RPsych**  
Associate Professor  
Educational Psychology  
6–119A Education North  
Edmonton, AB  
Canada, T6G 2G5  
Email: [derek.truscott@ualberta.ca](mailto:derek.truscott@ualberta.ca)

#### **Purpose of the Study:**

You are invited to participate in a doctoral research study intended to explore the impact of a reflective program on value congruence and burnout in practicing psychotherapists. It is well-known that burnout has detrimental consequences for the therapist, client, and organization. Often, activities aimed at alleviating burnout focus on the self-care activities of the therapist (such as massages) or changing the environment (quitting or modifying a job). In this study, I am interested in finding out if training and practice via a structured reflective program will promote a “goodness of fit” between personal and professional values and thereby reduce burnout and enhance engagement.

#### **Participation Requirements:**

Participation in this study will vary according to random assignment to the intervention, comparison, or control group. There is a \$30 non-refundable fee to help offset my research expenses for continuing education sponsor fees, website maintenance fees, and database administration fees

- The intervention and comparison groups will be asked to complete a 60 minute pre-test measure, a 60 minute post-test measure, and a 60 minute follow-up test. Participants will also be asked to undertake a series of approximately 60 minute tasks per week for 10 weeks. Participants will be sent reminders to ensure completion of each weekly task. At no time will participants be asked to provide his or her responses to the researcher. After each week's task is completed, participants will be asked a few short questions (taking around 15 minutes) about their experience with respect to that respective task.
- The control group will be also asked to complete the same 60 minute pre-test measure, 60 minute post-test measure, and 60 minute follow-up test. However, participants will not commence the 10 week reflective program until the follow-up test is completed (approximately 16 weeks after the start date).

**Learning Goals:**

Psychotherapists will...

- enhance their reflective practice through engagement in weekly tasks, analysis and review
- improve their ethical behaviour by participating in tasks designed to promote professional competence
- develop a clearer professional identity through weekly analysis and reflection tasks
- contribute data to an important but under researched area in the field of psychology

**Benefits and Risk of Participation:**

Participation in this study should be enjoyable and growth promoting. Greater insight, increased job satisfaction and engagement, reduced burnout, greater personal-therapeutic value congruence, and enhanced reflective practice is anticipated. Thirteen continuing education credits with the Canadian Psychological Association and the Canadian Counselling and Psychotherapy Association will be awarded upon completion of the reflective program. No adverse reactions or other risks are anticipated.

**Confidentiality:**

All responses are treated as confidential, and steps will be taken to ensure anonymity. Given the web-based nature of this research, participants will be asked to provide an email address in which the researcher will use to enroll participants in Moodle (an online site) that will release links to external surveys for the participants to complete. All data collected will be stored on-line by a third party in a secure, confidential site. Data is completely anonymous and responses cannot be traced back to individual participants. Only the researcher will have access to the data through password protected security. The data will be stored for approximately 2 years (until the completion of the doctoral research) and will be destroyed from the third party site and the researcher's computer following the doctoral defense.

**Right to Withdraw:**

Participation is completely voluntary. Refusal to take part in the study involves no penalty or loss of benefits to which participants otherwise are entitled, and participants may withdraw from the study at any time without penalty or loss of benefits to which they otherwise are entitled.

Participants who agree to participate in this study must complete the entire project to receive Continuing Education credits. Furthermore, since data cannot be traced back to individual respondents, participants will not be able to withdraw their data once it has been submitted. At no time will the researcher or third party site have any knowledge of individual responses. Thus, all data is completely confidential and anonymous. Any questions regarding withdrawal or data collection may be directed toward the researcher.

**How the Findings Will be Used:**

The findings from the study will be used for scholarly purposes only. They will be presented in educational settings, at professional conferences, and hopefully in professional journals and books in the field. Identities will be protected and remain anonymous in any publication or presentation.

**Contact Information:**

Any questions about the study at any time will be answered by Holly Whyte ([reflectivepracticestudy@gmail.com](mailto:reflectivepracticestudy@gmail.com)) or Dr. Derek Truscott, supervisor of the project ([derek.truscott@ualberta.ca](mailto:derek.truscott@ualberta.ca)).

If you have any questions or concerns regarding your rights as a participant, or how this study is being conducted, you may contact the University of Alberta's Research Ethics Office at 780-492-2615. This office has no affiliation with the study investigators.



## Appendix R

### Registration Procedures for Participants



### Registration Procedures

I recommend printing these instructions and having them next to you while attempting to access the site

#### A. ACCESSING THE SITE

1. Go to the website [www.ualberta.ca](http://www.ualberta.ca)
2. Click on *eClass* at the top right hand corner of the page
3. Login in to *eClass External Courses* by making sure the blue dot is in the circle next to *eClass External Courses*
4. Click *Continue*
5. Returning Users or Users with a University of Alberta CCID
  - enter your username and password that you previously created and click *Login*
6. First Time Users
  - scroll down and click *Create new account* located on the bottom right hand side of your screen.
7. Once you click *Create new account* a window will pop up which states,
  - “The server eclass-cpd.sr.ualberta.ca at eClass External Toxen requires a username and password.” The credentials needed to access the account creation page (note: these are case sensitive) are:  
 User name: external  
 Password: MoodleExternal2012
8. After you enter the username and password check the box *Remember my credentials*.
9. Click *Okay*
10. Complete the required information. Enter a password, username, repeat email, first name, surname, city/town, country
11. Click *Create my account*
12. Click *Continue*
13. In a separate window sign in to your personal email account provided during your account creation. Open the email from Admin Users entitled: *eClass External: account confirmation*. After reading the email confirm your account by clicking on the link provided.
14. A window may pop up which states, *Thanks, XXX Your registration has been confirmed*.

**B. MAKE A PAYMENT**

- a. An invoice has been sent to your preferred email address. You have the choice to pay the \$30 through one of two methods:
  - Pay Pal
    - You can set up your own account by following the instructions provided by Pay Pal
  - Cheque addressed to Holly Whyte and mailed to:
    - Holly Whyte  
Department of Educational Psychology  
6-145A Education North  
University of Alberta  
Edmonton, AB T6G 2G5
- b. Print receipt for your personal records or a receipt will be emailed to you once a cheque has been received.

**C. PROGRAM LOGIN**

1. *Login to eClass External* by entering your newly created user name and password if you are no longer logged in.
2. Click *Login*
3. A screen will appear which states, *Course Overview. No course information to show.*
4. Paste the following URL <https://eclass-cpd.srv.ualberta.ca/course/view.php?id=150> OR
  - under *Navigation*,
  - click *Courses*,
  - under *Faculty of Education*,
  - select *Reflective Program October Cohort*
5. A window entitled *Reflective Program October Cohort* will appear and you will be prompted to enter the provided password. Once you enter the password in the *Enrolment key* box click *Enrol me* and you can begin the program when it opens on October 1, 2012.
6. To access the program on subsequent weeks follow steps 1 through 5 in Part A and enter the password provided after payment is received.

**D. ENTER PASSWORD**

- a. Once a payment has been received the researcher will email you an important piece of information required to begin the study:
  - The course password (Enrolment key)

**E. BEGIN COURSE**

- a. On October 1, 2012 at 12:05 am MDT the course will be available for completion. Enter the course password and you will be able to access the consent form and first task. A weekly reminder will be sent each week prompting you to complete the next weeks task.

**F. TECHNICAL ASSISTANCE**

- a. If you need computer assistance, you may contact
  - i. [ctl@ualberta.ca](mailto:ctl@ualberta.ca) or 780-492-9372
  - ii. [edtech@ualberta.ca](mailto:edtech@ualberta.ca) or 780-492-3993
  - iii. <http://www.ualberta.ca/HELP/> or 780-492-9400



## Appendix S

### Consent to Participate in Research

I am aware that the purpose of this study is to understand how a professional development program may impact personal – professional value congruence and burnout in practicing psychotherapists. Through online surveys, I will be asked to describe my experiences of reflection, value congruence, job satisfaction, engagement and burnout. Also, I may be asked to undertake 10 short weekly tasks with respect to professional development, and demonstrate my best effort while engaging in all tasks. I understand that this study is being conducted as a doctoral dissertation by Holly Whyte under the supervision of Dr. Derek Truscott from the Department of Education Psychology at the University of Alberta.

I understand that by agreeing to participate in this study I may be awarded 13 continuing education credits from the Canadian Psychological Association and the Canadian Counselling and Psychotherapy Association for a \$30 cost recovery fee. I am aware that in order to be granted these credits I need to complete 13 hours of reflective practice. I am also aware that these 13 hours of reflective practice include completing 10 weekly tasks for 10 hours in addition to completing 3 separate questionnaires designed to be completed in 3 hours. I understand that participation in this study is completely voluntary and that I have the right to withdraw at any time without penalty. I understand that if I withdraw before completing the program I will be refunded my \$30; however I will not be awarded the 13 continuing education credits. I understand that in order to safeguard the anonymity of the data no identifying information will be collected in this research study. Thus, I am aware that by withdrawing from the study there is no way to remove previously collected data; however I understand that I have no obligation to provide any further data in this study.

I understand that all my information is confidential and that steps will be taken to ensure anonymity. I will provide an email address which the researcher and members of the research team can respond to any questions regarding the program as well as email me weekly reminders and follow-up with respect to the program tasks. I understand that at the conclusion of the study all of my information will be kept on a third-party website until data analysis is complete, at which time the site will be taken down and erased. All data kept after this point will be stored in a safe and secure location accessible to only the researcher. I understand that the findings from the study will be used for scholarly purposes only. The findings will be presented in educational settings, at professional conferences, and hopefully in professional journals and books in the field. I am aware that if my data is to be used in future research it will be confidential, anonymous, and subject to additional ethical approval by an ethical committee.

I understand that I can direct any questions I have about the study at any time to Holly Whyte ([reflectivepracticestudy@gmail.com](mailto:reflectivepracticestudy@gmail.com)) or Dr. Derek Truscott, supervisor of the project ([derek.truscott@ualberta.ca](mailto:derek.truscott@ualberta.ca)). I also understand that at my request upon completion of the study, the findings will be made available to me.

If you agree that you have been given a comprehensive explanation of the purposes and nature of this research, understand the statements above and freely consent to participate in the study, click on the "I Agree" button to begin the study.

## Appendix T

### Control Group Letter

Dear Participants,

If you are opening this document you have been randomly assigned to the **control group**. I know this might be a bit frustrating or disappointing however I appreciate you completing the pre-test.

What happens now?

- You will not be asked to complete the 10 week program at this point in time
- On January 17, 2013, you will be asked to complete the post-test
- On February 14, 2013 you will be asked to complete the follow-up test
- After you complete the follow-up test you will be able to choose if you would like to participate in the ethical program or reflective program.
- Once you decide which group you would like to participate in you may start the program of your choosing as soon as possible. You will still earn 13 Continuing Education credits for your participation.

Thank you again for your support!

If you have any questions or concerns please feel free to contact me at [reflectivepracticestudy@gmail.com](mailto:reflectivepracticestudy@gmail.com)

Sincerely,  
Holly Whyte

Appendix U

Tests of Statistical Assumptions

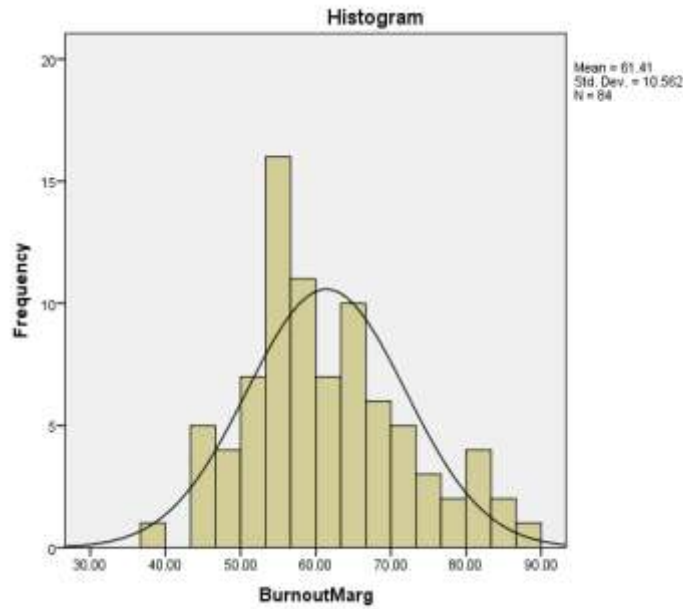


Figure 10. Frequency distribution of burnout scores.

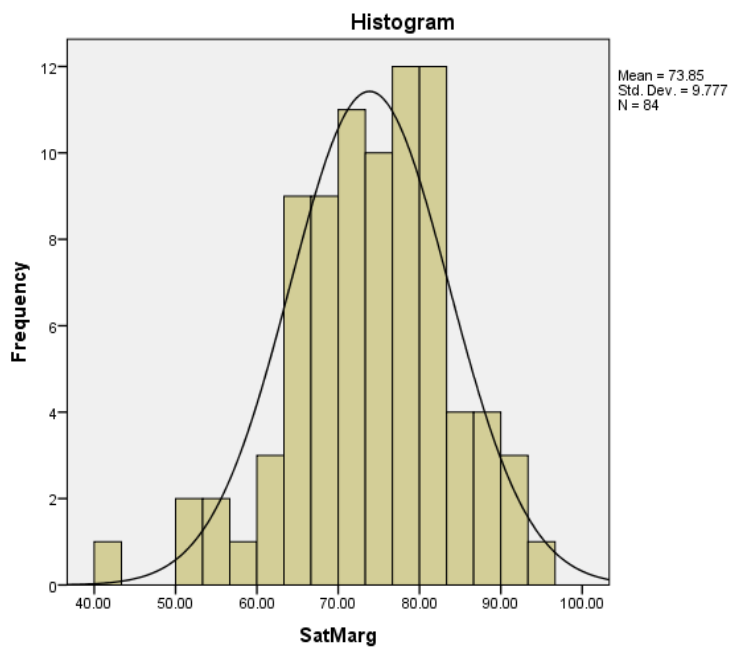


Figure 11. Frequency distribution of satisfaction scores.

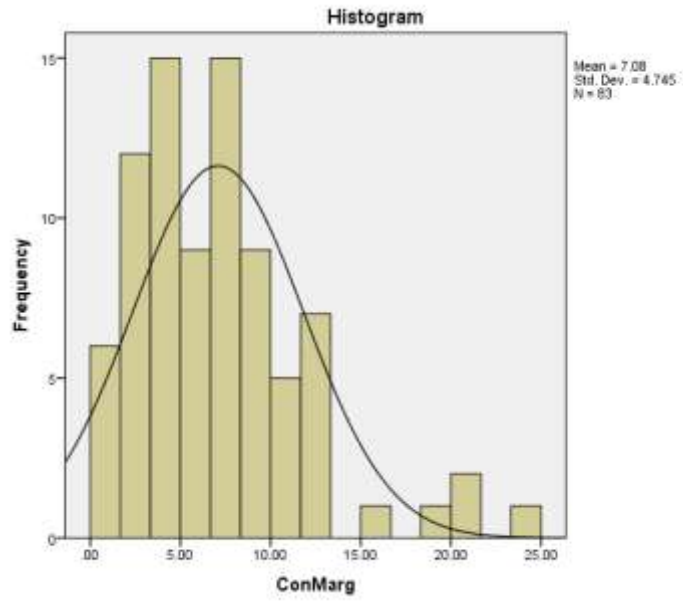


Figure 12. Frequency distribution of congruence scores.

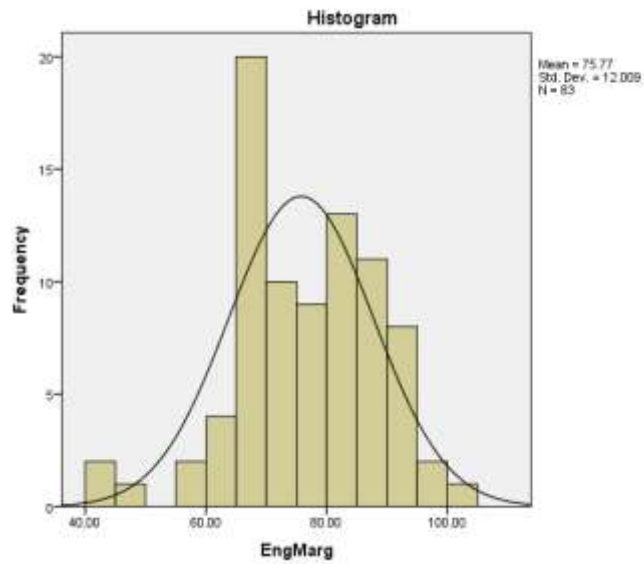


Figure 13. Frequency distribution of engagement scores.



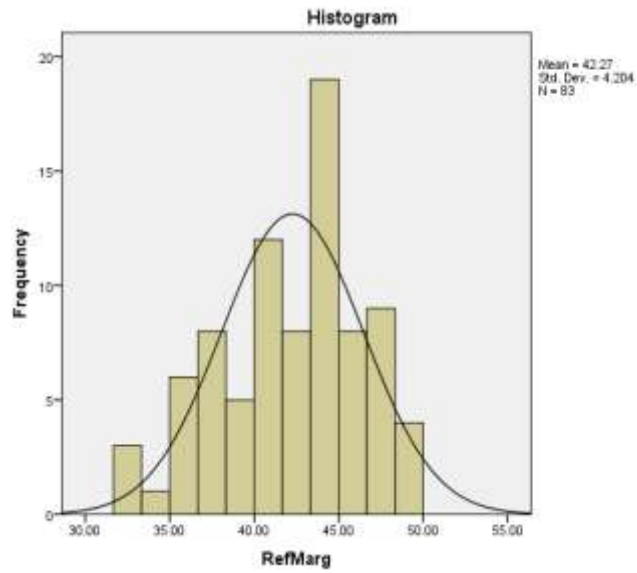


Figure 14. Frequency distribution of reflection scores.

Table 4

*Kolmogorov-Smirnov Test Without the Grouping Variable*

Tests of Normality						
	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
BurnoutMarg	.102	83	.033	.973	83	.081
SatMarg	.061	83	.200*	.982	83	.295
ConMarg	.103	83	.030	.903	83	.000
EngMarg	.076	83	.200*	.970	83	.047
RefMarg	.094	83	.069	.969	83	.041

Table 5

*Kolmogorov-Smirnov Test With the Grouping Variable*

Tests of Normality							
	Group	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
BurnoutMarg	0	.125	19	.200*	.975	19	.873
	1	.116	29	.200*	.953	29	.220
	2	.107	35	.200*	.939	35	.051
SatMarg	0	.138	19	.200*	.937	19	.229
	1	.130	29	.200*	.954	29	.232
	2	.153	35	.037	.952	35	.126
ConMarg	0	.162	19	.200*	.916	19	.094
	1	.151	29	.090	.910	29	.017
	2	.134	35	.114	.867	35	.001
EngMarg	0	.145	19	.200*	.905	19	.061
	1	.201	29	.004	.909	29	.016
	2	.112	35	.200*	.974	35	.551
RefMarg	0	.159	19	.200*	.937	19	.234
	1	.082	29	.200*	.973	29	.652
	2	.127	35	.169	.952	35	.130

Table 6

*Test of Homogeneity of Variance*

Test of Homogeneity of Variance					
		Levene Statistic	df1	df2	Sig.
BurnoutPre	Based on Mean	.995	2	50	.377
	Based on Median	1.019	2	50	.368
	Based on Median and with adjusted df	1.019	2	48.968	.368
	Based on trimmed mean	1.027	2	50	.365
GenSatPre	Based on Mean	.027	2	50	.974
	Based on Median	.044	2	50	.957
	Based on Median and with adjusted df	.044	2	49.636	.957

	Based on trimmed mean	.028	2	50	.973
	Based on Mean	.339	2	50	.714
	Based on Median	.397	2	50	.675
PreRICon	Based on Median and with adjusted df	.397	2	31.314	.676
	Based on trimmed mean	.408	2	50	.667
	Based on Mean	.136	2	50	.873
	Based on Median	.051	2	50	.951
EngPre	Based on Median and with adjusted df	.051	2	45.161	.951
	Based on trimmed mean	.123	2	50	.884
	Based on Mean	.206	2	50	.815
	Based on Median	.234	2	50	.792
Reflectionpre	Based on Median and with adjusted df	.234	2	47.654	.792
	Based on trimmed mean	.221	2	50	.803
	Based on Mean	.490	2	50	.615
	Based on Median	.514	2	50	.601
BurnoutPost	Based on Median and with adjusted df	.514	2	42.132	.602
	Based on trimmed mean	.528	2	50	.593
	Based on Mean	1.369	2	50	.264
	Based on Median	.884	2	50	.419
GenSatPost	Based on Median and with adjusted df	.884	2	41.125	.421
	Based on trimmed mean	1.231	2	50	.301
	Based on Mean	.659	2	50	.522
	Based on Median	.570	2	50	.569
PostRIOver	Based on Median and with adjusted df	.570	2	39.572	.570
	Based on trimmed mean	.579	2	50	.564
	Based on Mean	.035	2	50	.966
	Based on Median	.076	2	50	.927
EngPost	Based on Median and with adjusted df	.076	2	42.236	.927
	Based on trimmed mean	.070	2	50	.932
	Based on Mean	.862	2	50	.428
ReflectionPost	Based on Median	.917	2	50	.406

	Based on Median and with adjusted df	.917	2	46.438	.407
	Based on trimmed mean	.889	2	50	.418
	Based on Mean	.249	2	50	.781
	Based on Median	.285	2	50	.753
BurnoutFollow	Based on Median and with adjusted df	.285	2	47.230	.753
	Based on trimmed mean	.277	2	50	.759
	Based on Mean	.730	2	50	.487
	Based on Median	.579	2	50	.564
GenSatFollow	Based on Median and with adjusted df	.579	2	44.274	.565
	Based on trimmed mean	.715	2	50	.494
	Based on Mean	1.128	2	50	.332
	Based on Median	1.221	2	50	.304
FRIOverall	Based on Median and with adjusted df	1.221	2	45.427	.304
	Based on trimmed mean	1.149	2	50	.325
	Based on Mean	.517	2	50	.599
	Based on Median	.629	2	50	.537
EngFollow	Based on Median and with adjusted df	.629	2	41.686	.538
	Based on trimmed mean	.699	2	50	.502
	Based on Mean	.451	2	50	.639
	Based on Median	.445	2	50	.643
ReflectionFollow	Based on Median and with adjusted df	.445	2	47.986	.643
	Based on trimmed mean	.463	2	50	.632

Table 7

*Box M Tests of Homogeneity of Covariance*

**Box's Test of Equality of Covariance Matrices<sup>a</sup>**

Box's M	246.906
F	1.111
df1	120
df2	3686.090
Sig.	.196

Table 8

*Mauchly's Test of Homogeneity of Covariance*

**Mauchly's Test of Sphericity<sup>a</sup>**

Within Subjects Effect	Measure	Mauchly's W	Approx. Chi-Square	df	Sig.	Epsilon <sup>b</sup>		
						Greenhouse-Geisser	Huynh-Feldt	Lower-bound
Time	Congruence	.889	5.768	2	.056	.900	.969	.500
	Burnout	.895	5.433	2	.066	.905	.975	.500
	Engagement	.831	9.081	2	.011	.855	.918	.500
	Reflection	.852	7.834	2	.020	.871	.936	.500
	Job Satisfaction	.688	18.310	2	.000	.762	.813	.500

Table 9

*Homogeneity of Variance-Covariance Correlations*

Variables	Control			Comparison			Intervention		
	Pre- Post	Pre- FU	Post- FU	Pre- Post	Pre- FU	Post- FU	Pre- Post	Pre- FU	Post- FU
Congruence	0.20	-0.10	-0.18	0.27	0.50*	-0.00	-0.06	0.10	0.24
Burnout	0.70	0.54	0.83	0.83	0.71	0.82	0.80	0.68	0.72
Engagement	0.59	0.59	0.89	0.79	0.81	0.90	0.81	0.80	0.84
Satisfaction	0.81	0.51	0.75	0.70	0.74*	0.89	0.45*	0.36	0.91
Reflection	0.58	0.66	0.84	0.75	0.64	0.90	0.69	0.75	0.76

*Note.* FU indicates Follow-Up test

\* indicates a significantly different correlation value