Exploratory Study of Practicum Counselor Strategies of Connection and Disconnection

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ABSTRACT

EXPLORATORY STUDY OF PRACTICUM COUNSELOR STRATEGIES OF CONNECTION AND DISCONNECTION

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Northern Illinois University, 2022
Dr. Melissa J. Fickling and Dr. Kimberly A. Hart, Co-Directors

There is an urge within professional counseling to provide socially just and multiculturally competent care. Relational Culture Theory (RCT) aligns with these goals as included its core components is a theory about how people develop in stratified cultural contexts. Although there is increasing empirical support for RCT, there is a gap in understanding of how professional counselors implement RCT strategies of connection and disconnection. Therefore, the researcher in this study implemented instrumental case study design and directed content analysis to understand practicum counselor responses to clients. Findings of this study are applied to clinical practice, counseling education, and supervision.
EXPLORATORY STUDY OF PRACTICUM COUNSELOR STRATEGIES OF CONNECTION AND DISCONNECTION

BY
ASHLEY S. ROBERTS
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Doctoral Co-Directors:
Dr. Melissa J. Fickling and Dr. Kimberly A. Hart
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This work was only completed because of the support of those around me. I feel indebted to the guidance and wisdom of my committee members for challenging me and my thinking, writing, and scholarship. I know that I am in this position today because of the many mentors who have offered me opportunities to learn and grow. I am so moved that you believed in me. To my family, I can’t explain how much your support, both from a distance and during the trips to be near, have meant to me. I will remember those moments and continue to be grateful for them. To my friends, you have brought me so much joy during a stressful time. The scholars of RCT have continued to teach me that we are all connected, I am grateful for this personal and professional journey.
DEDICATION

This is to all of us: students, clients, counselors, supervisors, and educators. I hope this work brings us back to ourselves and each other.
# TABLE OF CONTENTS

| LIST OF TABLES | vi |
| LIST OF FIGURES | vii |
| LIST OF APPENDICES | viii |

## Chapter

I. Introduction

- Personal Interest in Study ................................................................. 1
- Professional Counseling and Multicultural and Social Justice Competency .... 2
- Theoretical Framework ............................................................................ 4
- Study Purpose .......................................................................................... 6
- Problem Statement ................................................................................... 7
- Research Questions and Significance of Study ......................................... 8
- Summary of Subsequent Chapters ............................................................ 8

II. Literature Review

- Professional Counseling and Multicultural and Social Justice Competency .... 10
- Models of Counselor Development .......................................................... 14
- Relational Cultural Theory ........................................................................ 18
- Integrating RCT and Counselor Development ........................................... 38
- Summary .................................................................................................... 49
III. Methods................................................................................................................................. 51

Rationale for Study Design........................................................................................................ 51
Coding Frame............................................................................................................................. 54
Data Collection and Process ....................................................................................................... 60
Primary Researcher Positionality............................................................................................... 64
Data Analysis............................................................................................................................. 64
Summary..................................................................................................................................... 68

IV. Findings .................................................................................................................................. 69

Research Question 1 Frequency of Strategies of Connection and Disconnection ................. 69
Research Question 2 Context of Strategies............................................................................... 76
Conclusion.................................................................................................................................. 98

V. Discussion and Implications ................................................................................................. 100

Discussion.................................................................................................................................. 100
Connections to RCT Literature ................................................................................................. 109
Connections to Professional Counseling Literature ............................................................... 111
Implications............................................................................................................................... 112
Limitations.................................................................................................................................. 115
Future Studies ........................................................................................................................... 116
Conclusion.................................................................................................................................. 117

REFERENCES ............................................................................................................................. 118

APPENDICES ............................................................................................................................... 126
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Finalized Coding Frame</td>
<td>57</td>
</tr>
<tr>
<td>2. Participant Demographics</td>
<td>62</td>
</tr>
<tr>
<td>3. Practicum Counselor Strategy Type Frequency</td>
<td>70</td>
</tr>
<tr>
<td>4. Strategy Type Frequency</td>
<td>71</td>
</tr>
</tbody>
</table>
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dyad 1</td>
<td>73</td>
</tr>
<tr>
<td>2. Dyad 2</td>
<td>74</td>
</tr>
<tr>
<td>3. Dyad 3</td>
<td>74</td>
</tr>
<tr>
<td>4. Dyad 4</td>
<td>75</td>
</tr>
<tr>
<td>5. Dyad 5</td>
<td>75</td>
</tr>
<tr>
<td>6. Dyad 6</td>
<td>76</td>
</tr>
<tr>
<td>Appendix</td>
<td>Page</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>A. Counselor Strategies Coding Frame</td>
<td>126</td>
</tr>
<tr>
<td>B. Reflective Journal Prompts</td>
<td>131</td>
</tr>
<tr>
<td>C. Client Recruitment Email</td>
<td>133</td>
</tr>
<tr>
<td>D. Counselor-in-Training Email</td>
<td>135</td>
</tr>
<tr>
<td>E. Auditor Recruitment Email</td>
<td>137</td>
</tr>
<tr>
<td>F. Expert Reviewer Email</td>
<td>139</td>
</tr>
<tr>
<td>G. Expert Feedback</td>
<td>142</td>
</tr>
<tr>
<td>H. Strategies Table</td>
<td>150</td>
</tr>
<tr>
<td>I. Participant Journal Prompts</td>
<td>172</td>
</tr>
</tbody>
</table>
CHAPTER I INTRODUCTION

Professional counselors distinguish their professional identity from other professional helpers by highlighting two core characteristics a) a commitment to relationship and the b) empowerment of diverse individuals (Kaplan et al., 2014). A critical examination of counseling history and the mainstream counseling theories implemented by practitioners and counselor educators can lead one to realize this may be aspirational (Ratts & Wayman, 2015; Singh et al., 2020; Sue & Sue, 2016). In this chapter I am going to describe how Relational Cultural Theory (RCT) is a useful framework to further study because it aligns with the core characters of professional counseling (Miller, 1986; Miller & Stiver, 1997, Jordan et al., 2004). First, I will explain my interest in the study and then give a brief explanation of RCT. After that I will provide a brief history of multiculturalism and social justice in professional counseling. From there, I will further explain my RCT as my theoretical framework while linking the core concepts to the counseling ideals described. I will complete the chapter by describing the study purpose, problem statement, and research questions.

Personal Interest in Study

Like many researchers, I am drawn to this topic of study largely due to my own personal experiences, ones in educational and clinical contexts. As a student and novice clinician, it was my sense that the training I had gotten, while intended to “empower me to work with diverse individuals” was incomplete (Kaplan et al., 2014, p 366). I did not understand the nuances of a
counseling relationship and how power and social identity are entwined with that relationship. In the dissertation process I hoped to find a theoretical framework to help fill a gap in understanding that I could not quite articulate when I learned about RCT. RCT scholars posit that human beings are inherently motivated to form authentic and mutual relationships through which their development is realized (Miller, 1986). However, as individuals respond to social oppression and individual relationships, they develop survival strategies that may keep themselves safe in the moment but also inhibit authentic connection. These are called strategies of disconnection, which develop from internalized images or cognitive maps of what to expect in relationships (Miller & Stiver, 1997).

Because we all have these strategies to one extent or another, in much of counseling history, I see the desire to help clients and that professional counselors have perpetuated much of the problem that clients were seeking to escape (Hoyt, 1967; Singh et al., 2020; Sue & Sue, 2016). Clients experiencing distress that results from a stratified social cultural context enter a counseling space in which professional helpers mirrored power-over structures (Sue & Sue, 2016). In the next section I will summarize a brief history of multiculturalism and social justice in profession counseling with my interpretations to contextualize the importance and usefulness of RCT.

Professional Counseling and Multicultural and Social Justice Competency

Anti-oppressive values such as the inherent dignity of all people and trust in the individual are integral to professional counseling (American Counseling Association (ACA), 2014; Rogers, 1961). However, a critical reflection of the history of professional counseling highlights entrenchment with oppressive perspectives and theories, as well as movement towards
embracing a holistic and humanizing perspective of humanity (Ratts & Wayman, 2015; Singh et al., 2020; Sue & Sue, 2016). Despite being a professional identity that is wellness focused and strengths based, it seems that it has taken far too long for the counseling profession to recognize diverse identities as being a source of strength, much less as a crucial part of development which is highlighted in RCT frameworks (Kaplan et al., 2014; Miller, 1986; Singh et al., 2020).

In the 1960s, when the American Personal and Guidance Association (APGA), what is now considered the American Counseling Association (ACA), was pushed to address concerns of racism and segregation, they created standards for working with persons who were “culturally disadvantaged” (Hoyt, 1967, p. 625). This particular language reveals a paradigm that members of the field are still reconciling, a paradigm centered in Eurocentric, heterosexual, cis-male values as the norm for conceptualizations of human development, treatment, and case conceptualization. Nearly 30 years after those standards and nearly 30 years prior to now, Sue et al. (1992) wrote, “Despite a long history of warnings and recommendations concerning the need to develop a multicultural perspective in the counseling profession and the need to develop multicultural competencies and standards it is ironic that AMCD finds itself continuing to justify these concerns (p. 477).” They cited nearly two decades of presentations, studies, and conferences to call for a multiculturally inclusive profession and then outlining what would become the Multicultural Counseling Competencies (MCC; Arredondo et al., 1996). The standards included knowledge about diverse client experiences, specific skills for working with diverse client experiences, and counselor awareness about their own experiences and potential biases. The intention was to help counselors understand their own culture as well as the cultures of their clients, which should influence how they work with clients.
Progress has been made since the development of the MCCs when less than 1% of
graduate programs in counseling offered courses in multicultural counseling (McFadden &
Wilson, 1977, as cited in Sue, Arredondo, & McDavis, 1992). As of 2016, cultural competency
is a core concept in counseling accreditation standards (Council for Accreditation of Counseling
& Related Educational Programs [CACREP], 2016). However, as counselors and counselor
educators began to integrate these competencies a couple of themes emerged. Namely, that
counselors may continue still be centering Whiteness in how they discuss and teach multicultural
competency (Goodman, 2005; Shorter-Gooden, 2009; Spanierman et al., 2008).

Most recently, in response to changing conceptualizations of justice and multiculturalism,
Ratts et al. (2016) created an updated framework for Multicultural and Social Justice Counseling
Competencies (MSJCC) that has several components: considerations of the intersectional
identities for client and counselor, four developmental domains, and competencies around
attitudes and beliefs, knowledge, skills, and now—action to be applied throughout. With the
implementation of the new components, there is a revitalized focus on the counseling
relationship. Instead of MCCs being a skill set that the counselor acquires to work with a client,
part the underlying philosophy of the MSJCCS seem to indicate the relationships between
counselor and clients matters. As professionals of the field determine how to train professional
counselors to meet these competencies, RCT can be used as a framework to help counselors
foster relationships and empower diverse individuals (Kaplan et al., 2014).

**Theoretical Framework**

RCT scholars proposed that relational connection is both a guide and the goal of human
development (Miller, 1986). They hypothesized that an innate drive towards connection is in all
human beings and that connection promotes humans flourish because it buffers individuals from psychological distress (Jordan, 2010; Frey et al., 2006). However, as individuals move across the lifespan their efforts to connect may become distorted or misguided due to a variety of reasons, including interpersonal or familial interactions, culturally instilled messages about connections and human development, and reactions to oppressive power structures that are occur in stratified social-political contexts (Walker, 2005). This may result in internalized images, or controlling images (Collins, 2000), about what a person may expect in relationships (Miller, 1986). Guided by these things, a person will begin to create relational patterns that promote connection or disconnection (Miller & Stiver, 1997). Strategies of disconnection are mechanisms people may develop in order to protect themselves, such as sacrificing authenticity to be perceived in ways they believe are more acceptable, but ultimately prevent true connectedness. RCT theorists describe this as a relational paradox, meaning that a person attempts to maintain connection in such a way that prevents it. Strategies of connection are relational movements toward authenticity, mutuality, and vulnerability (Miller & Stiver, 1997). These strategies foster healthy development.

The work of RCT scholars offers a framework that addresses is aligned with many of the good intentions set out by the field (Ratts et al., 2015). First, the RCT components of power and internalized images help practitioners conceptualize behavior through reaction to both personal life experiences and a stratified society (Miller, 1986). A practitioner does not have to adapt the theory to include culture and society to the theory, it is already a crucial part of how to understand human development. This aligns with the aims of the MCCs and MSJCCs in which human diversity is core to counseling the counseling process (Arredondo et al., 1996; Ratts et al.,
RCT scholars also offer a frame for a counselor to simultaneously evaluate how the spectrum of privilege and oppression are influencing clinical work, because the clinician’s goals involve reconstructing internalized images and patterns of response that have been formed in reaction to oppressive society. Finally, RCT may suit various developmental stages for counselors, as it emphasizes postures of vulnerability and curiosity. Rather than being the perfect or competent counselor, RCT theorists emphasize mutuality and assert that disconnections are normative and will happen because it’s integral to human development (Jordan, 2005). While the work of RCT scholars addresses several important concerns for clinical practice and education, there are still major gaps within the empirical understanding of the framework. One notable gap is that the developmental perspective of how humans exhibit relational patterns has not yet been applied to practicum counselors-in-training (PCITs). There is a paucity of knowledge around how PCITs implement their own learned strategies of connection and disconnection.

**Study Purpose**

The purpose of this study is to understand how PCITs demonstrate strategies of disconnection and connection in their counseling relationships. Understanding how practicum counselors through this lens is helpful for several reasons. RCT theorists make assertions both about how social locations and intersecting identity impact development and how this informs the way human beings relate with each other. It also includes conceptualization of how counseling training and internalized images about counseling might influence how counselors’ acts. Thus, this was an exploratory study about how PCITs relate to their clients through the lens of RCT.
Problem Statement

In the broader context of professional counseling, there is an urgency to understand how counselors can provide multiculturally competent and socially just care (Arredondo et al., 1996; Ratts et al., 2015; Sue et al., 1992). Counseling professionals are reassessing how to dismantle oppressive themes within counseling and counselor education to ensure that the range of human diversity is celebrated and supported (Singh et al., 2020). In the introduction above briefly, I described how RCT can be useful in this endeavor. However, there is limited empirical support for RCT. Although some of the core tenets of RCT are well supported, the focus of researchers has been on the experiences of clients (Crete & Singh, 2015; Duffey et al., 2009; Frey, 2006). There has been research conducted on the role of growth fostering relationships for clients outside of the clinical space and if RCT interventions are helpful to them (Crete & Singh, 2015; Duffey et al., 2009; Frey, 2006; Lenz, 2015). However, there is still a gap in understanding how counselors implement their own strategies of connection and disconnection in the counseling relationship. These strategies of connections and disconnection have not been formally defined. And what is known about these strategies are from the perspective of advanced clinicians and RCT experts in their personal reflection on their own internalized strategies of connection and disconnection (Walker, 2005; Jordan, 200). These reflections have yet to be synthesized or corroborated in the field. This means there is a paucity of research to understand how PCITs might be implementing such connection and disconnection strategies.

PCITs experience heightened levels of anxiety and have the capacity to demonstrate tremendous growth (McNeill & Stoltenberg, 2016; Rønnestad & Skovholt, 2003; Stoltenberg & McNeill, 2010). According to a RCT lens, Western myths of hyper-individualism result in
socialization where individuals exert power in avoidance of perceived vulnerability when feeling scared (Jordan, 2000). This means that how a PCIT reacts to their own developmental stage in combination with their internalized strategies will deeply impact their counseling relationship.

**Research Questions and Significance of Study**

Overall, there is a dearth of research that explores how PCITs may demonstrate their learned strategies of connection or disconnection in their counseling relationships. Therefore, I am proposing a study to answer the following questions:

1. How frequently do practicum counselors-in-training demonstrate strategies of connection and disconnection in counseling sessions?
2. How do practicum counselors enact strategies of connection and disconnection?

The results of this study have several important components. The findings extend theoretical concepts found in RCT literature. RCT is a framework that is aligned with the aspirations and values identified by professional counselors and therefore is useful to further study (Singh, 2020). Additionally, findings may add to the current literature about counselor development, particularly how PCITs connect or disconnect with their clients. That insight can be applied to clinical care, counselor education, and supervision.

**Summary of Subsequent Chapters**

Before concluding this chapter, I will describe the organization of my five-chapter dissertation. I have already contextualized the problem, named the problem, and provided the potential significance of further study in this chapter. In Chapter II, I will examine the theoretical and empirical literature related to counseling training, counselor development and RCT. In Chapter III, I will focus on the utilized methods to answer the research questions. I used Instrumental
Case Study Design (ICSD) design to analyze practicum counselor sessions and the reflective journals of clients and counselors (Stake, 1995). To ensure that I was capturing the phenomena of interest, strategies of connection and disconnection, I used Directed Content Analysis (DCA) as my analytic method (Hsieh & Shannon, 2005; Assarroudi et al., 2018; Shreier, 2012). The findings of the study will be described in Chapter IV. For Chapter V I will discuss the implications of the findings.
CHAPTER II LITERATURE REVIEW

As introduced in the previous chapter, commitment to multicultural and social justice competency is integral to the field of counseling, however professionals are still grappling with how to do such. It is well established that multiculturally competent care is good clinical care, which matches RCT conceptualizations that development cannot be separated from socio-political contexts. (Ratts et al., 2015; Miller, 1986). In this chapter I will first summarize professional counseling and multicultural social justice counseling. Then I will review two frameworks used to understanding counselor development (Rønnestad & Skovholt, 1991; Rønnestad and Skovholt, 1992; Stoltenberg & McNeill, 2010). After that I will describe the empirical support for RCT as a developmental theory and report how RCT is used in the clinical and education settings (Crete & Singh, 2015; Duffey et al., 2009; Frey et al., 2006; Liang & West, 2011; Mereish & Poteat, 2015). I will complete this chapter by describing how the developmental framing of connection and disconnection is particularly useful to understanding practicum counselor’s responses to clients.

Professional Counseling and Multicultural Social Justice Competency

Counseling as a separate profession from other helping professions is understood to have begun under Frank Parsons when he created vocational guidance in response to changing socials needs during the early 1900s (Pope & Sveinsdottir, 2005). Since then, members of the profession have demonstrated a pattern of responding to current social needs and establishing a unified
professional identity (Pope, 2000). Researchers utilized a Delphi method with representatives of the 31 counseling organizations to reach consensus about the definition of counseling (Kaplan et al., 2005). After two rounds of review, 29 of the 31 organized agreed upon the definition for counseling that would be used, “Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. (Kaplan et al., 2005, p. 366). Since then, the definition has been distributed by counselor educators and professional counselors. Notably, one of the organizations that did not confirm this definition was Counselors for Social Justice (CSJ), because the definition did not include explicit language about multicultural competency, social justice, and advocacy. This is another example of what was described in the problem statement, that there is a theme of counseling professionals struggling to find a unified approach in understanding and implementing multicultural and social justice competency. In the next subsections I will describe implementation of the MCCS in Counselor Education and the context in which counselors trained in.

**Implementation of MCCs in Counselor Education**

Cultural competency is considered a core element of counseling training; however, researchers are beginning to study how that instruction is being implemented (Goodman, 2005; Pieterse et al., 2009; Pebbani, 2019; Shorter-Gooden, 2009; Spanierman et al., 2008). Pieterse et al. (2009) found that the content intended to increase counselor knowledge of diverse individuals was predominantly groups focused, such as how to counsel African American or Arab American clients. There are several concerns with these findings. Increasingly the “groups-approach” to education has become criticized for not accurately capturing the nuanced experiences of identity and risking the likelihood of stereotyping (Pebbani, 2019; Sue & Sue, 2016). Pebbani (2019)
highlighted that groups approach textbooks tend to be written from the perspective of a White counselor. Again, this is a subtly racist idea, as it implies an assimilationist view and maintains the position of White person as counselor or helper—potentially the most pervasive oppressive message in counseling programs (Kendi, 2018). This locates the problem within the client rather than identifying oppressive power structures as the source of distress. It is important to note how this might influence internalized images and strategies of connection or disconnection in counselors in training.

Presently, much of the research regarding MCC education is focused on White CITs (Goodman, 2005; Shorter-Gooden, 2009; Spanierman et al., 2008). The existing problems within MCC education may be exacerbated in the fact that little educational attention is given to skills development (Pieterse et al., 2009). Thus, counselors may not know what to do with newly learned awareness of privilege and may react to internalized guilt that ultimately leads to paralysis in session (Spanierman et al., 2008; Todd et al., 2010). Studies also demonstrate that the educational experience differs for CITs of Color. In one study, CITs of Color reported frustrations that courses “position members of their racial group and other People of Color as primary objects for study rather than potential consumers of knowledge” (Seward, 2014, p. 70). Practicing clinicians describe a lack of feeling prepared for how to address themes of privilege with White clients, while Counselors of Color report feeling ill-equipped to work with clients of shared racial identities (Goode-Cross & Grim, 2016; Hayes et al., 2007). Through the lens of RCT, it seems that present educational interventions do not give CITs a robust understanding to conceptualize how power and social location influence their relational patterns, meaning CITs don’t seem to grasp their own ways of connections or disconnecting with clients.
It seems professional counselors and counselor educators may have unintentionally centered and perpetuated value systems of the dominant group (Goodman, 2011, Singh et al., 2020). This has been highlighted even in how competency language and evaluation focus on proficiency attainment, which can become an oppressive approach as it may externalize the problem to knowledge of the other rather than self-exploration and way of being. For example, the Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition-Revised (MAKSS-CE-R; Kim et al., 2003) and the Multicultural Counseling Inventory (MCI; Sodowsky et al., 1994) are psychometric instruments that are considered to accurately and reliably assess multicultural counseling competence. As Goodman and Gorski (2020) highlighted, these two instruments assess competence by asking counselors to rate their own skills, meaning the individual in the position of power is defining competence.

**Training Professional Counselors**

Counselor education became its own distinct academic discipline more than 100 years after the counseling was initiated as a separate profession by Frank Parsons (Savickas, 2011). Counselor education became more standard and was organized into departments and programs within academic institutions. In 1978 that the Association for Counselor Education and Supervision (ACES) began to review training processes and accredit programs. This has refined counseling training process and continued to bolster the creditability of the field (Brady-Amoon & Keefe-Cooperman, 2017). Today, Council for the Accreditation of Counseling and Related Educational Programs (CACREP) is the predominant accrediting body for counseling training programs (Brady-Amoon & Keefe-Cooperman, 2017; CACREP, 2020). CACREP outlines training standards that include core content areas and experiences students must complete before
graduating. Part of the required training outlined by CACREP is a practicum experience in which students must complete a minimum of 100 hours over the course of at least 10 weeks. It is during practicum that CITS work with clients for the first time, including the sample in this study. In the next section I will describe models of counselor development to provide information about is expected from practicum counselors and to demonstrate why relying on the perspective of expert counselors is insufficient in understanding how counselors enact strategies of connection and disconnection.

**Models of Counselor Development**

I am going to provide an overview of two models of counselor development in this section. The first model is the Rønnestad and Skovholt’s (2003) Lifespan Development Model (LPM) where researchers describe themes in counselor development they found while completing a qualitative, cross-sectional and longitudinal study of 100 counselors. This framework is useful because what is known about potential counselor strategies of connection and disconnection only comes from experienced counselors. Understanding the differences between practicum counselors and experienced ones demonstrate why gap in the present theoretical knowledge of counselor strategies is significant. Experienced counselor and senior counselor phases are characterized by different cognitive and emotional processes than that of the student counselor phases. The second model I will describe is Integrated Development Model (IDM) in which theorists propose that counselor development occurs within four stages with different domains that mark growth (McNeill & Stoltenberg, 2016; Stoltenberg & McNeill, 2010; Stoltenberg, McNeill, & Delworth, 1998). These models were chosen because of their relevance within the field and their application to this study.
Rønnestad and Skovholt’s (1991) conducted a longitudinal study with 100 counselors at varying levels in their career. They utilized grounded theory methods to attempt to understand how counselor develop and eventually described their findings both using themes of development and a stage model for counselor development (Rønnestad & Skovholt, 1991; Rønnestad and Skovholt, 1992). They published the final version of their findings, where the proposed that counselor development consists of six phases: a) the lay helper phase, b) the beginning student phase, c) the advanced student phase, d) the novice professional phase, e) the experienced professional phase, and the senior professional phase (Rønnestad & Skovholt, 2003).

Persons who have not begun the formal training process for counseling but assume the roles of confidant and problem-solver for those around them are described by Rønnestad and Skovholt (2003) as being in the lay helper phase. Help is given from personal intuition and strong investment in problem solving. This means it is likely that someone in the lay-person stage gives advice based off their own personal experience and feelings. This pattern typically shifts, once people enter the beginner student phase, when they learn that the sort of help described above is inappropriate and not effective. However, this transition is marked by counselor anxiety and self-doubt because their former way of being is no longer apt for their current way of working. It is highlighted that counselors in this phase may become hyper-focused on a particular theory or counseling skill to alleviate that anxiety. The advanced student phase is when the student counselor is working in practicum or internship. This phase is described by CITs having internalized high standards that may prevent spontaneity or
playfulness. In the beginner student phase and the advanced student phase, supervision is described as important to CIT development.

The transition from student phases to the novice professional phase is described as intense and engaging (Rønnestad and Skovholt, 1992). Counselors at this phase are expected to feel freedom and independence from not having regular academic evaluation and potential disillusionment that their training did not prepare them for every clinical situation. It is also expected that counselors may begin to shift in using more self in the therapeutic relationship. This pattern continues to the experienced professional phase, where the goal of this phase is that counselors would act in the counseling relationship in alignment with their values, interests, and aptitudes. Counselors in the phase also report a different influence, instead of supervisors being influential to development, counselors describe the work with their clients and events in their personal lives as being the most influential to their clinical work. The final phase, the senior professional phase was described to begin when perception of peers shifts to understand the counselor as being a leader or expert. For some counselors this might be in mid-career, or for others it might be after over 30 years of practice. Counselors in the senior professional phase are described as being self-accepting, satisfied with their work, and more modest about their accomplishments than those in the experiences professional phase.

**Integrated Developmental Model**

The IDM model is one of the most known and used developmental models for supervision because it describes counselor development and has guidelines for supervision intervention and domains for counselor competency (Bernard & Goodyear, 2019; McNeill & Stoltenberg, 2016; Stoltenberg & McNeill, 2010). For this subsection, I will only describe the
counselor development stages described in the model. Authors of the IDM model describe counselor development as occurring through four levels. Each level is described under three content areas that can be used to assess the stage of development: a) self-other awareness b) motivation c) autonomy.

The first level occurs when a counselor is new to clinical work or the modality or practice. These people are understood to exhibit high motivation to perform competently which is driven by anxiety, high dependence on their supervisor, and pre-occupied with personal experience and responsibility of the counseling process. Counselors in the second level are described as experiencing adolescent-like turbulence as they increase in autonomy and wrestle with self-doubt. Second level counselors are increasingly able to empathize with the client’s experiences which in turn may lead to increased anxiety and self-doubt. This means counselors at this level may seem to be ambivalent towards their motivation and towards their supervisor as they reconcile this dissonance. Counselors at the third level have become more secure in their professional abilities. This means they are consistent in their motivation towards clinical work and may experience collegiality rather than dependence or conflict with their supervisor. Their awareness has shifted back towards self, but they are able to process both the experience of their clients and their own reactions. The final level, which authors call 3i is described by a counselor’s ability to recognize strengths and growth area and competency over multiple domains that are outlined in the model.

The authors for both models describe that the experience of a practicum counselor is unique from other stages of clinical training. The theorists of both models assert that the experience for practicum counselors is more than just skills acquisition, rather it is a tumultuous
emotional experience too (McNeill & Stoltenberg, 2016; Rønnestad & Skovholt, 2003; Stoltenberg & McNeill, 2010). This is vastly different from what is described from expert counselors or 3i counselors that possess some levels of confidence as they manage the multiple elements of the counseling relationship. Thus, the existing conceptualizations about strategies of connection and disconnection are incomplete because they are solely from the perspective of advanced counselors.

Relational Cultural Theory

In this section, I will describe the core theoretical underpinnings to RCT, relevance to the field of counseling, and the existing empirical support of the clinical applications. The purpose of describing the empirical support for RCT as a clinical intervention is to demonstrate the full range of how RCT is applied and the increasing evidence for the usefulness of the frame. However, the scope of this study is not that practicum counselors demonstrate RCT as a therapeutic approach, but to understand practicum counselor responses through the lenses of connection and disconnection. It is my intention to understand how practicum counselors exhibit these strategies that would have developed due to their own socialization and in reaction to the education processes of becoming a professional counselor. Similarly, I described RCT findings within counselor education, not because I am assuming that RCT is being taught to the sample in this study, but to continue to contextualize RCT within the profession.

Core Elements of RCT

Miller and subsequent theorists attempted to decenter principles of individuation, autonomy, and self-actualization that previously characterized the goal of human development in
existing counseling theory and literature (Miller, 1986; Miller & Stiver, 1997, Jordan et al., 2004). The theorists recognized that existing theoretical models were from a distinctly Western frame:

The theoretical models of Western psychology represent variations on a culture-bound story: a story marked by efforts to appear scientifically objective or neutral. Yet the theories typically derive from a position of cultural dominance, and so certain omissions and distortions seem all but inevitable (Miller, 1986). To the extent that any psychological theory ignores the sociopolitical realities of the culture in which it arises, it can render only a fragmented interpretation of human experience. (Jordan et al., 2004, p. 68-71)

Under this lens, human nature was no longer seen to be actualized independently, but instead psychological maturity defined by relationship resiliency that occurred because of dependence on other people. Miller (1986) highlighted that previous concepts of human development were particularly pathologizing to women and collectivist orientated cultures in the assumptions that reliance on human connectedness is too dependent or overly reliant rather than being integral to human functioning. Instead of self-esteem or self-concept being developed before one can engage in intimate relationships, self-esteem was described to develop in and because of relationships. Therefore, RCT is contrasted with many of the male-centered and individualistic lenses applied previously to human development.

Miller posited that all people want and need connection, but ideologies of independence and dominance permeate United States’ social contexts (Miller, 1986). These concepts were broadened and deepened by theorists at the Jean Baker Miller Training Institute at the Wellesley Centers for Women. Jordan (2010) summarized the RCT definition of human development as such (p. 1007):

1. People grow through and toward relationship through-out the life span.

2. Movement toward mutuality rather than separation characterizes mature functioning.
3. The ability to participate in increasingly complex and diversified relational networks characterizes psychological growth.

4. Mutual empathy and mutual empowerment are at the core of growth-fostering relationships.

5. Authenticity is necessary for real engagement in growth-fostering relationships.

6. When people contribute to the development of growth-fostering relationships, they grow as a result of their participation in such relationships.

7. The goal of development is the realization of increased relational competence over the life span.

Empirical support for theoretical underpinnings of RCT has can be organized in the following themes: a) the renewed conceptualization of human relationships, b) role of power in relationships, c) and of strategies of connection or disconnection. Each component will be explained in the following subsections.

**Reconceptualizing Human Relationships**

Jordan’s Tenets 1-3, and 7, which describe relationship as core of human function have been studied in different ways (Crete & Singh, 2015; Duffey et al., 2009; Frey, 2006). Overall, the reconceptualization of human relationship by Miller (1986) centers the processes of relationship to human development. Frey et al. (2006) sought to establish that relationships were (a) ongoing, active, and reciprocal and (b) involving continual elaboration about the meaning of relationships . . .” and connected to growth (Frey et al., 2006, p. 308). Researchers compared the predictive power of peer, mentor, community relationships with the predictive power of attachment relationship for distress in college aged participants. Aligned with RCT
conceptualizations, they hypothesized that quality of peer, mentor, and community relationships would predict distress beyond attachment relationships. While attachment figures are important to the forming of relational patterns, Miller (1986) identified that relational patterns would continue to change as one moved through the environment and their lifespan. Thus, while attachment figures are important for psychological development, Miller hypothesized that the relational movement would be ongoing. Frey et al. (2006) found that for woman participant’s attachment figure relationships predicted a significant 15% of the variance in the model, while community, peer, and mentorship relationships predicted a significant 22% in the model. Men demonstrated the same levels of variance for attachment figures of 15% in the predictive model of psychological distress, but only 8% for community, peer, and mentor relationships. Researchers hypothesized that these gender differences are related to men’s socialization that focuses on hyper-independence. This was inferred also because men reported mentor relationships as being more important than other relationships- potentially demonstrating a socialized transactional quality to relationship style for men. Although limited by differences found between gender, findings seem to support that relationship processes shift over time and are related to psychological distress.

However, another research method demonstrated similar themes of relational processes in male participants. Crete & Singh (2015) sought to explore the lived experiences of adult males with history of childhood sex abuse. The team utilized phenomenological methodology for the following research question: “how do male survivors of CSA describe their resilience processes and implement them in relationship with female partners” (Crete & Singh, 2015, p. 343). Participants completed a one-hour interview alone and another one-hour interview as a couple.
Researchers identified seven themes amongst the participants related to movement towards resilience, all within a relational context. All seven participants had sought at counseling in order to better understand themselves and healthy family contexts which highlights the link between relationship and psychological growth. Participants described reactions to childhood trauma that affected their self-concept, limited their emotionality, and impacted ability to receive love, all of which was transformed in the context of their romantic relationships and peer relationships. This aligns what is posited by Miller, that self-concept development occurs in the context of relationship.

Two themes around resisting what participants perceived as societal values arose- one regarding what makes a person valuable, such as relational connection rather than financial success. The other theme occurred in what participants described as traditional views of masculinity. One participant described how relationship to others was not only healing but helped solidify a sense of personal meaning when connecting with others who had experienced sexual abuse:

Feeling like the only way that they can prove their worth is through the creation of the good family, and company and success and all these other kinds of things. And so, I feel empathetic to those people, like I think those are the hidden among us. (Crete and Singh, 2015, p. 347)

Another participant reported that he wrote a blog to connect to male survivors of childhood abuse, which he too found to be healing rather than other accomplishments. Overall, the importance of relationship to these seven participants for healing and self-concept emerged. Despite limitations to both studies, findings are useful in considering how relational processes change overtime and are central to human the process of human development (Crete and Singh, 2015 & Frey et al., 2006).
Researchers have attempted to define what development or relational competency is across the life span (Duffey et al., 2009). They utilized grounded theory methodology to begin to define relational competency and understand connections between creativity and professional counseling. This aligns with Miller’s assertion that relational processes are the goal of psychological development and are growth producing. Researchers analyzed survey responses to open ended questions about experiences with the relationally competent individuals, core element of RCT framework—such as mutual empathy or strategies of connection, and how relational strategies and experiences influence their creativity in counseling for 131 participants. This study has several limitations including a limited sample and breadth of exploration, however it is still useful as it provides observations about relational resilience.

Participants described relational competency as being characterized by individuals who are both aware of and equally committed to meeting the needs of self and those they are in relationship with (Duffey et al., 2009). Not only are these relationally competent people dedicated to mutual satisfaction in the relationship, but they are motivated to foster growth in others. Participants defined this commitment as a person who would work through challenges in a relationship and self-assess personal responsibility to any relational problems. Importantly, participants discussed personal use of power as being significant to relational competency. Researcher summarized the themes of power as, “Overall, misused and abused power dismisses, controls, and exploits... Conversely, power used responsibly for relational growth empowers, energizes, and promotes creativity” (Duffey et al., 2009, p. 104). Overall, this study findings demonstrate themes of relational competency and how use of power is integral to growth fostering relationships which aligned with RCT’s theoretical outline for human development.
Power in Relationships

Miller’s framework highlights that power is central to all relationship, it quickly becomes clear in her writing that you cannot discuss relationships without describing power within relationships and therefore social locations (Jordan, 2010; Miller, 1986; Walker & Rosen, 2004). Miller (1986) posited that mutuality, so power-with approaches within relationships as opposed to power-over, is required for psychological growth. This was summarized by Jordan in tenets 3-6. Miller and Stiver (1980) highlighted that in stratified social environments some people will have less power, and therefore may sacrifice their own authenticity in order to remain safe. Mutuality and authenticity as a curative element to relationships has been studied by several scholars (Liang et al., 2002; Merish & Poteat, 2015; Tantillo & Saftner, 2005).

The Relational Health Indices (RHI) is a 37-item scale intended to measure the extent to which relationships are growth fostering (Liang et al., 2002). The scale initially was used to support theoretical assumptions of RCT and subsequently has been used to further understand the connections between grow fostering relationships and various psychological symptoms. Scale developers posited that the important elements of a growth fostering relationships were the following four elements: engagement, empowerment or zest, authenticity, and conflict resolution. The tool includes attitudinal and behavioral assessments for three categories of relationships within the four concepts. Researchers utilized existing empirical knowledge that demonstrates that peers, mentor, and broader sense of community relationships are all included within adult women’s social web.

To develop the items for each of the four concepts, researchers utilized clinical data and theoretical work from RCT. Once they had constructed separate scales for a close friend, a larger
social circle, and a mentor, the instrument was evaluated by two focus groups. The RCT expert group and the student focus group confirmed the applicability of the instrument to real relationships. Next the tools were evaluated for convergent validity and concurrent validity on a sample of 448 college women. Factor analysis confirmed that the three scales were indeed measuring separate phenomena, and correlation between each subscale other measures for self-esteem and psychological distress indicated that each relationship impacted the measures differently. In comparison to the only other existing scale from an RCT framework at the time, the Mutual Psychological Development Questionnaire (MPDQ; Genero et al., 1992) and another existing measure for relationships, the Quality of Relationships Questionnaire (QRI; Pierce et al., 1997), RHI was more closely linked to the MPDQ as was expected due shared theoretical foundation. It is also notable the strongest negative correlations were found between the RHI scales and the markers of mental health and adjustment in college aged women (Liang et al., 2002).

The largest limitation to the study was that the RHI was only tested on college aged women and that they were predominantly White, which led to several critics questioning the external validity of the scale. Initially, the framework was described as only being applicable to women’s relationship styles, which was quickly debunked (Frey et al., 2005). Bergman (1991) posited that RCT would apply to men in that they are socialized to ignore their relational needs in a society that values hyper competition. Thus, Frey et al. (2005) examined whether RHI would apply to a mixed set population wherein relational health as defined by mutuality and authenticity predict lower levels of psychological distress. The RHI questionnaire was implemented to 247 women, 135 men, and 29 gender not designated college students seeking
services as a university counseling center. Analysis supported the findings of Liang et al. (2002) that higher scores on the RHI predicted had a significant negative correlation with psychological distress in both the male and female participants. Analysis also confirmed that different relationships, whether peer, mentor, or community had different impacts on psychological distress. Subsequent researchers have created a tool for measuring adolescent RHI (Liang et al., 2010) and have evaluated the usefulness of evaluating the individual scores versus the composite scores of all the relationships (Liang et al., 2008). Overall, the RHI has demonstrated psychometric soundness for measuring elements of growth fostering relationships.

Subsequently, the RHI has been used in several studies which all demonstrate mutuality and authenticity in the identified relationships serve as a protective factor. With the use of the RHI, researchers continue to corroborate that growth fostering relationships have an inverse relationship with psychological distress. Gibson and Meyers (2002) found that higher scores on the RHI were significantly associated with coping skills and negatively associated with infertility related stress in women that had been diagnosed with infertility. Belford et al. (2011) examined the relationship between betrayal trauma, Borderline Personality Disorder (BPD) traits, and RHI. They found that higher score on RHI for community subscales significantly mediated the relationship between betrayal trauma and BPD. Lastly, Mereish and Poteat (2015) found relational quality predicted psychological distress in sexual minorities as related to internalized homophobia.

RCT scholars and clinicians have focused attention on the role of mutual relationships in woman with disordered eating. Saftner et al. (2006) found in a sample of 387 female college students that reported low perceived mutuality with parental relationships were predictive of
higher levels of negative self-concept, perfectionism, and binge eating behaviors or preoccupations. Low perceived mutuality with romantic relationships predicted higher levels of body or weight dissertation and the other themes associated with parental relationships. Overall, low mutuality in relationships was predictive of thoughts, beliefs, and attitudes associated with eating disorders in college women. In a later study, Saftner et al. (2009) examined the same themes in college men and women and demonstrated similar trends, mutuality in relationships was predictive of disordered eating.

The Connection-Disconnection Scale was originally developed specifically for women diagnosed with eating disorders (CDS; Saftner and Tantillo, 2010). Aligned with RCT literature, it was hypothesized that eating disorders are a relational disorder, meaning that chronic disconnection may lead to development of mental health concerns. The CDS was developed because the scores of existing measures like the RHI were seemingly high when considered in context of participant’s relational history. Saftner and Tantillo (2010; 2006) posited that this was potentially due to repression of negative experiences or social desirability bias. To ensure more accurate reporting, section one of the CDS implements a brief vignette to assess perceived mutuality during a negative interaction with caregivers or romantic partners. When the new measure was compared to other measures of relational quality or perceived mutuality, the CDS demonstrated correlations with theoretically similar measures, such as the Parental Attachment Questionnaire, Social Support Questionnaire, and Dyadic Adjustment Scale. Overall, the results showed good convergent and discriminant validity. While this tool is another helpful resource for understanding the role of mutuality in relationships, there is still a notable gap in understanding how counselors enact mutuality with their clients.
The evidence for growth fostering relationships as a protective factor is convincing. RCT theorists highlight that lack of growth fostering relationships is the root cause of most, if not all, human suffering (Miller, 1967, Jordan, 2000). However, the framework does not just provide conceptions to describe the need and important elements of growth fostering relationships as summarized by Jordan’s (2005) treatise of the Miller’s work. RCT theorists also describe that despite connection being necessary for human flourishing, many humans experience chronic isolation, also called condemned isolation (Miller, 1986, Comstock et al., 2005). Condemned isolation has a variety of implications, including internalized beliefs about the self, as individual will begin to believe that that they are unworthy of connection resulting in pervasive feelings of shame and isolation (Miller, 1986).

**Relational Images and Strategies of Connection**

Miller (1986) described a process in which individuals create “relational images” about the nature of relationships. Relational images will form in compliance with sociocultural norms and in response to unmet relational needs within interpersonal relationships (Jordan et al., 2004). Thus, internalized images are not formed solely in an individual context but are influenced by social stratification and oppressive contexts. Jordan & Walker (2004) writes:

> We are concerned about the suffering incurred at an individual level when people experience a sense of personal isolation, immobilization, and not “mattering” in the world. But we also care deeply about the effects of disconnection at a societal level, the ways that power differentials, forces of stratification, privilege, and marginalization can disconnect and disempower individual groups of people. The exercise of power over others (dominance), unilateral influence, and/or coercive control is a prime deterrent to mutuality. (Jordan & Walker, 2004, paragraph 4)

Walker has succinctly articulated this as, “movement toward connection over the course of individuals’ lives is made in relational contexts that have been raced, engendered, sexualized,
and situated along dimensions of class, physical ability, religion or whatever constructions carry ontological significance in the culture” (Walker, 1997, p. 2).

One research team explored the relevancy of internalized images and growth fostering relationships in sexual minorities (Mereish & Poteat, 2015). Aligned with RCT theory, they hypothesized that growth-fostering relationships measured by RHI would mediate the psychological distress caused by internalized homophobia which they categorized as causing disparaging internalized images. This was demonstrated to be true in a LGBT identifying sample of 661 adults ranging from 18 to 76 years old. Individuals with lower levels of internalized homophobia demonstrated low levels of psychological distress if they had a moderate growth-fostering relationship with a friend. Participants with high levels of internalized homophobia demonstrated higher levels of distress and low levels of growth fostering relationship. This supports the theoretical assertion that internalized images will be connected to relational quality and wellbeing. Secondly, the researchers found a significant relationship around the sexual orientation of the participant’s described friendships. Individuals who reported their close relationship was with another LGBT identifying person demonstrated lower psychological distress. Researchers inferred that this likely due to the “power with” dynamics in the relationship, as opposed to “power over” dynamics for participants with heterosexual identifying friendships. Although the focus of the study was on sexual minorities, future research should focus on the consequences of internalized images from the “power over groups” to understand how their relational dynamics might inhibit mutuality.

Internalized images are linked to the development of psychological and behavioral patterns of disconnection, patterns that are protective and yet cut off a person from basic needs of
relationship. Miller and Stiver (1997) described that individual who experience chronic isolation “learn to keep feelings, experiences, and/or thoughts out of relationships, thus sacrificing authenticity and mutuality to experience some semblance of acceptance and safety” (p. 1). This does not happen just within interpersonal relationships but is going to occur within hierarchy ruled society meaning that patterns of disconnection may emerge around social dominance (Walker, 2004).

Presently, there is limited research that investigates strategies of connection or disconnection. The work of Liang and West (2011) explored alexithymia as a potential strategy of disconnection by exploring the mediating effects of alexithymia, psychological distress, and relational health. Alexithymia is a psychological phenomenon in which individuals have difficulty accessing, interpreting, and expressing their internal experience of emotions. It has been linked with psychological distress and poor relational health, however there is disagreement regarding the etiology of alexithymia. Aligned with RCT, researchers hypothesized that alexithymia develops in reaction to poor relational health rather than alexithymia leading to poor relational health which would then mediate psychological distress. Utilizing multiple regression analysis to predict direct and mediating effects of poor relational health as measured by the RHI, psychological distress, and alexithymia, researchers identified a significant and unique mediating effect of alexithymia between relational health and psychological distress. To increase confidence in the models, researchers also used regression analysis to assess a) whether psychological distress mediates the relationship between peer relational health and alexithymia, and (b) assessed whether peer relational health mediated the association between alexithymia and psychological distress. The results of both alternative models did not support the null hypothesis.
Thus, with the use of path analysis, researchers to inferred temporal location about their hypothesis that alexithymia may develop after low relational health as opposed to before. This sort of analysis is inherently limited; however, it may give reasonable support that strategies of disconnection may develop in response to relationships in which one does not experience authentic or mutuality.

A synthesized understanding about patterns of connection and disconnection, meaning what they are or how they might function, has been limited. Linda Hartling and colleagues (2000) integrated ideas from Karen Horney’s (1945) shame reactions of moving towards, moving away, and moving against to create a potential framework for strategies of disconnection. For example, Hartling et al. (2000) hypothesized that one potential moving against strategy of connection would be for a person to attempt exert power over another person when feeling vulnerable. Other RCT theorists have written about their personal strategies and that of their clients (Miller, 1986; Miller & Stiver, 1997, Jordan et al., 2004). So far there is a paucity of research to explore which strategies of connections or disconnection counselors might demonstrate because overall the research has focused on client’s growth fostering relationships, or lack thereof, outside of the clinical context. Despite this, there is a wealth of theoretical information about how expert RCT clinician perceived their own internalized strategies of connection and disconnection. However, it will remain limited until there is further understanding of how counselors at varied developmental levels implement strategies of connection and disconnection.
RCT Approach to Clinical Work

RCT theorists not only offers insight regarding the human experience but guides clinicians in how to mitigate human suffering. The existing conceptual framework describes that the role of a counselor is to foster strategies of connection with the client that can be restorative within the therapeutic relationship and outside of it. Counselors are called to recognize the protective nature of strategies of disconnection and the paradox that these strategies cause suffering (Jordan et al., 2004). Broadly, the role of a counselor is to create a growth fostering relationship for the clients in which they no longer need to rely on strategies of disconnection. Jordan (2010, p. 179) summarized the work of clinicians as:

(a) working with relational connections and disconnections, including therapist commitment to working through disruptions in the therapeutic relationship
(b) focusing on the development of mutual empathy
(c) working through and restructuring negative relational images
(d) therapist responsiveness, authenticity, and willingness to be impacted by the client
(e) fostering relationship resilience
(f) validating and incorporating clients’ cultural and social contexts

In summary, applying the core concepts of RCT, means that overall, a counselor is going to be focused on mutuality and authenticity in themselves and the client. A RCT counselor is going to be aware the social stratification is going to influence both of those tendencies.

A concept related to mutuality is mutual empathy. Mutual empathy is distinguished from Carl Rogers’ definition of empathy (Jordan, 2000). RCT theorists highlight that traditional conceptions of empathy combat disconnection because it is inherently less isolating to have one someone “experience with you” (Rogers, 1961). However, this is different than a mutually moving experience. RCT theorists posit that if the relationship is not mutual, then it does disrupt the contextual influences to the source of internalized image and instead may replicate the
For example, a client may not feel as alone when describing the feelings of inferiority related to experiences of marginalization while describing their experiences to another person. But if the counselor is not visibly moved by the client’s distress, it may reaffirm the client belief that they don’t matter. Similarly, if a counselor does not contextualize such feelings within a hierarchical society, it may reaffirm the client belief that they are at fault. Finally, lack of mutuality continues the client experience of powerlessness and impacts their ability to experience, and therefore replicate outside of counseling relationship, power-with dynamics in relationship.

Counselors working from an RCT framework can identify the signs of a growth fostering relationship when clients when the five good things of are demonstrated: zest, clarity, worth, productivity, and desire for more connection (Miller & Striver, 1997). Conversely, the experience of relational disconnection “usually involves disappointment, a sense of being misunderstood, and sometimes a sense of danger, violation, or impasse” (Jordan, 2010, p. 103).

Lenz (2016) conducted a systematic review to confirm the empirical utility for RCT. He sought to explore “(a) the application of RCT concepts for understanding client experience; (b) supportive studies related to relational concepts; and (c) outcome research that evaluated the effectiveness of RCT-based counseling intervention” (p. 417). Utilizing two online databases and journal specific searches, he finalized a sample of 40 empirical articles. It is important to note, that his search yielded 226 articles related to RCT demonstrating an abundance of theoretical publications but proportionally limited empirical data. Support for the first research question, application of RCT as a framework for explaining the experiences of clients with a variety of presenting concerns was demonstrated with 7 qualitative studies and 1 mixed methods study.
Populations in the study varied in age (both children and adults were represented) and clinical focus such as formal mentorship, coping with illness, and group process. Despite the wide differences in topic, the studies demonstrated that emerged demonstrating the usefulness for RCT to make sense of client experience.

The second research question was focused on formal measures of the core constructs for RCT (Lenz, 2016). The identified measures were: the Mutual Psychological Development Questionnaire (MPDQ; Genero, Miller, Surrey, & Baldwin, 1992), the Relational Health Indices (RHI; Liang, Tracy, Taylor, Williams, Jordan, & Miller, 2002), and the Connection-Disconnection Scale (CDS; Tantillo & Sanftner, 2010). A search yielded 27 articles and demonstrated moderate to strong support for the use of RCT constructs that are relevant for counselors and clinical outcomes. Finally, the researcher identified four outcome studies that varied in methodology demonstrating RCT based interventions as effective for reducing client symptoms and increasing sense of personal empowerment. Overall, Lenz concluded that there is emerging empirical support for RCT (Lenz, 2016). It is important to highlight that the sample sizes and varied methodological approaches to these studies do not permit a meta-analysis, continued research, adhering to rigorous be helpful to continue to determine support for RCT in a clinical context. Furthermore, the paucity of research focusing on how the counselor participates in the counseling relationship is not aligned with the theoretical underpinnings of RCT. This lack of knowledge greatly reduces what is known about RCT.

**RCT in Counseling and Counselor Education and Supervision**

The work of RCT theorists has increasingly garnered attention of professional counselors and counselor educators in recent years as it has demonstrated usefulness in both clinical practice
and counselor development (Comstock et al., 2008; Duffey & Trepal, 2015; Hall et al., 2017; Singh et al., 2020). Again, my purpose of this subsection is to demonstrate how RCT is already being applied within counselor education and supervision, not to imply that the students from this study had exposure to the theory. RCT has been used in tandem with various theoretical orientations and has been highlighted as being suitable for increasing profession-identified competencies (Frey, 2013). Furthermore, counselor educators have begun to implement RCT practices within their teaching pedagogy and counselor supervisors have used the framework to foster counselor development (Dorn-Medeiros et al., 2020; Hall et al., 2017).

Multiple counselor educators have posited that RCT is an important framework to align with the 4th wave of professional counseling (Comstock et al., 2008; Hall et al., 2014; Singh et al., 2020). Comstock et al. (2008) posited that RCT should be included in “mainstream” counseling theories and education because it aligns with the 4th wave of counseling. They highlighted how the framework describes isolation within a socially stratified and oppressive society as the core of human problems and mutuality in growth fostering relationships as the antidote. RCT was described as “an alternative theoretical framework from which mental health professionals can explore how issues related to gender role socialization, power, dominance, marginalization, and subordination affect the mental health and relational development of all people” (Comstock et al., 2005, p. 279). Since then, Hall et al. (2014) highlighted RCT can be used not only in shifting the focus of treatment, but for supplementing micro skills development towards multicultural competency in counseling students. “Counselor educators have the ability to combine elements of RCT with micro skills to enhance multicultural development in students. By linking knowledge, awareness and skills with the RCT elements of emphasis on worldview,
power-over structures, and mutual empathy, counselor educators give students tangible skills that can be employed with multicultural clients” (Hall et al., 2014, p. 81).

Finally, Singh et al. (2020) described RCT as being one of three theories being useful for decolonizing clinical practice. Coloniality is described as “the systemic suppression of subordinated cultures and knowledges by the dominant Eurocentric paradigm of modernity, and the emergence of knowledges and practices resulting from this experience” (Hernández-Wolfe, 2011, p. 294). Thus, Singh et al. (2020) highlighted how traditional counseling theory and practice may maintain the expectations of dominant groups as it was created within the context of dominant groups. Although, mainstream counseling theory like psychodynamic approaches, cognitive, behavioral therapy, and person-centered therapy can by modified to include multicultural and social justice competencies, RCT is a theory that is aligned with more recently developed competencies (MSJCC; Ratts et al., 2016) and has been since RCT’s origination. The RCT framework has always centered how social stratification will influence individual function. In the calls to include RCT within the field of counselor education, there seems to be heightened awareness that the framework can help facilitate learning due to its clinical and developmental implications. Counselor’s educators have not formally focused on strategies of connection or disconnection, however, has described ways in which the model’s emphasize on power are influential to the counselor development.

Counselor educators have not only called for further inclusion of RCT in counseling content areas but have integrated the practices within teaching pedagogy (Dorn-Medeiros et al., 2020; Hall et al., 2017). Dorn-Medeiros et al. (2020) theorized three strategies that instructors could implement within teaching pedagogy to model RCT values. Authors describe that
instructors can utilize activities in which they co-participate with their students to reduce the power differentials between professor and students. In this, if instructors adopt a non-defensive stance in which they too are moved by course content and students, this also creates a power-with approach to teaching. In terms of RCT concepts, this models mutual empathy, mutual empowerment, and authenticity which are expected for psychological growth, and in this context, learning. The research team members described class activities for these goals, which included a co-created vision statement for the course, creation of social location that maps that described intersecting personal formation within social context to be shared in class by students and professor, and finally professors joining in the reflection assignments that are often implemented only to students. Although, these activities were described in only the context of a multicultural counseling course, instructors of many counseling courses may find them relevant (Dorn-Medeiros et al., 2020).

Hall et al. (2017) studied student experiences in which the professor modeled RCT practices and integrated RCT concepts with a group counseling course. The research team explored the lived experiences of 24 master’s level counseling students enrolled in four sections of the group counseling course in a CACREP-accredited counseling program at a large Midwestern university during two of three academic semesters. The group counseling course was taught by an RCT scholar whose pedagogy focused on “awareness and growth and less on interventions and techniques” (Hall et al., 2017, p. 86). Course content integrated concepts of the power with model, authenticity, mutuality, and relational images supplemented to content that is traditionally taught in a group counseling class. Several themes emerged including participant perception that they better understood their own power and powerlessness from differing roles
group facilitator, group participant, and student. They also linked the relevance of power in their perceived connectivity to the group and group facilitator. One participant explained this as:

One time I played the authoritarian group leader with a Power Over relationship and I saw and everyone commented on how they kind of shut down. I think that Power Over can create disconnection and it can come in multiple forms. In Power Over people feel a real need to please the person with power. They are agreeable, but do not share. (Hall et al., 2017, p. 95)

Participants overall described the importance of RCT in a group counseling context and within other modalities of counseling. The framework demonstrated usefulness in fostering counselor development as it encouraged participants to explore self in relation to power and the nature of counseling. Furthermore, practicing power over behaviors may have helped students understand their own strategies of disconnection, however this process was not formally evaluated.

The usefulness of RCT in the field of counseling is clearly demonstrated. However, there are still gaps remaining. Researchers have attended to the client perspective and clinical efficacy; however, research has not yet focused on counselor strategies of connection and disconnection in actual counseling sessions with individual clients. The following section will integrate counselor development, known challenges to mutuality, and RCT.

**Integrating RCT and Counselor Development**

There is a paucity of research that explores relational patterns for counselors from a RCT frame. However, there is existing literature that one can interpret through an RCT lens. Because authors of RCT frame individual work in the context of relationship, which occurs in the context of society, understanding the themes and effects of stratified society is crucial to understanding potential counselors’ strategies of connection and disconnection. Jordan et al. (2018, p. 76) writes:
When the client and clinician enter the therapeutic relationship, they bring with them not only their personal developmental histories but also the cultural history of the groups with which they are socially identified. As the cases in this volume demonstrate, relational images ages that are enacted in particular relationships are often aligned with, or are derivative of, the controlling images associated with their cultural histories. Because of the distorted power arrangements inherent in controlling images, this alignment results in severely attenuated receptivity to mutual engagement in relationship. When relational images are aligned with the controlling images of the dominant culture, both client and therapist are prone to defensive enactments.

Understanding models counselor development, outcomes in cross cultural work, and theories regarding power and oppression can provide a framework for understanding potential strategies of connection or disconnection a counselor might implement. For purposes of this literature review, it is not feasible to explore every element of identity or social location exhibited in the literature. Instead, guiding concepts such power, privilege, and oppression will be the foundations for understanding counselor development. Examples are intended to provide ideas for how strategies of connection and disconnection might be enacted by a developing counselor.

**Power**

Professional counselors and counselor educators have been increasing the understanding for power, privilege, and oppression in a clinical context (Nassar-McMillan, 2014; Singh & Salazar, 2010; Roysircar, 2008). Ratts et al. (2015) used the word power over 23 times when creating multicultural social justice competencies. The assumption is that power, privilege, and oppression influence the counseling relationship to varying degrees dependent on the counseling dyad’s spectrum of privileged and marginalized statuses. Power is also central to the understanding of strategies of connection and disconnection. RCT scholars described power as related to social location and highlighted that power Western culture has been portrayed to be scarce:
In a racially stratified culture, as in any power-over culture, people are divided into dominant and subordinate, superior and inferior. Relational images, then, are also based on premises of “better than” and “less than.” Although these racial belief systems (sometimes termed internalized dominance and internalized oppression) trigger a variety of disconnection strategies, the shared behavioral and attitudinal theme is the dichotomization of power. (Walker & Rosen, 2004, Case Analysis and Discussion section, paragraph 4)

When an internalized dichotomization of power is central to individuals in relationship, the interactions will be less authentic and less mutual. Additionally, uneven power distorts reality; Johnson (2001) described this as:

the dominant group has the authority to define what is normal. In contrast, people who use wheelchairs, for example, to get from one place to another—to “reach” places they cannot otherwise go—do not have the cultural authority to include their condition in what is considered to be normal, that is, as one more instance of the fact that in the course of life, people come in many shapes and sizes and physical and mental conditions. (p. 18)

Despite general agreement that power is influential in the context counseling, there is limited empirical studies for power. McKinney (2007) conducted an ethnography in which he identified mental health professionals completing trauma work with displaced refugees in Western contexts. His findings demonstrated that the professionals focused on providing care while maintaining power arrangement of helper and helped. He contrasted the observed behaviors with aspirational theoretical models aimed to be egalitarian and culturally sensitive. McKinney highlight continued need to address power dynamics within the field. Increasing studies that aim to understand counseling behaviors through the lens of power is crucial to improve clinical care, therefore understanding counselor’s strategy of connections and disconnection will help this endeavor.
Racialized Strategies of Disconnection

RCT literature describes distinctly racialized strategies of connection or disconnection in the literature. Walker (2005) reflected on an experience she had in her clinical work as a Black woman working with a White client who referenced demeaning stereotypes a Black peer during a session. Walker’s response to the client was to self-silence how race was impacting their clinical work while attempting to be an exceptional therapist. She described this response as two racialized strategies of disconnection:

The first is what William Cross (1992) has termed “spotlight anxiety”; the second is what I like to call “racelessness.” When a relational encounter is defined by spotlight anxiety, excessive energy is channeled into managing the impressions of other people in a way that (1) supports one’s vested image of self, and perhaps more important, (2) staves off the potential for disconnection. (Walker & Rosen, 2014, Case Analysis and Discussion, paragraph 6)

In the following subsections I will discuss potential dynamics and relevant studies regarding same-race counseling dyads and cross-race counseling dynamics through the lens of strategies of connection and disconnection.

Same-Race Therapeutic Relationships

RCT writers described not only dynamics between those that have historically been positioned in places of power and those who are not, but like MJCC’s, those who have shared racial identities:

It is worth noting that power distortions associated with stratification are not confined to cross-racial relationships or to racial marginalization. In fact, it is important for white therapists and white clients to explore the silent assumptions of racial dominance and the impact of those assumptions on their relationship with each other as well as on their functioning in the larger world. It is important to explore those assumptions because the disconnections that surface in bold relief in cross-racial encounters often exist in muted form in the relational images and meanings that shape same-race relationships. In other
words, social stratification gives rise to distorted images that constrain the relational
development of both the dominant and marginalized group members. The disconnections
created by politics of social stratification have a profound impact on psychological
development and manifest in relationship, including those that exist for the express
purpose. (Walker & Rosen, 2014, Narrative Redux Section, paragraph 8)

This concept can be applied to findings that emerged in a study completed by Hays et al. (2007).
Researchers conducted a qualitative experiment in which 16 practicing counselors were asked to
describe their reactions to multiculturalism in clinical work. The sample represented a range of
identities and a variety of clinical settings. The researchers collected data from 8 white
counselors through individual interviews and triangulated that data with a focus group that
intentionally reflected a range of ethnic and racial backgrounds to ensure saturation and
transferability. Researchers wanted to explore how the participants perceived privilege and
oppression influenced and interacted with the counseling process in their own work. Participants
focused their reflections on the perceived privilege/power possessed by client.

Participants demonstrated this affected their personal reactions to the clients and their
intervention and ways of beings with clients. Notably, they described more difficulty being
compassionate towards “entitled” clients, lack of broaching for concepts of power and privilege,
and utilizing fewer empowering interventions than with those whom they perceived to
marginalized. For clients they perceived as possessing less social power, participants reflected a
commitment to “doing more” for their client, feeling personally related or connected to their
clients, and contextualizing symptoms due to systematic barriers.

The researcher team summarized the findings with two noteworthy themes: a) counselors
felt open to broaching privilege and oppression with individuals that they perceived to be
marginalized and b) counselors felt ill-equipped for clinical work to respond issues of
multiculturism (Hays et al., 2007). Although these findings are useful, it must be highlighted that
researchers focused on counselor’s perceptions of their own work which is going to vary dependent on which identity status they are presently in and their own personal development. Secondly, it is also notable the counselors did not reflect on their own perceived power despite 11 of the 16 participants identifying as White and all of them possessing degrees of higher education as professional counselors. Interesting this will limit the counselor’s ability to highlight the relational paradox exhibited by clients, such a White male client dominating in a relationship to stay invulnerable and therefore emotionally safe. By participants’ reports it seems that the clinicians may locate the problem within the client as a disconnected relational strategy formed in response to a socially stratified society. Ironically, it also might imply that the counselors who have not yet examined their internalized images will replicate power-over strategies with their clients (Walker, 2005).

Goode-Cross and Grim (2016) found similar themes when interviewing 36 Black counselors about their experiences working with Black clients. Participants reflected on the initial ease they felt when working in same-race dyads and the felt connection to client struggles. Through the lens of the RCT, this could denote increased authenticity and ability to contextualize client problems within socially stratified society rather than unilateral thinking. Similar to the Hays et al. (2007) findings, counselors felt ill-equipped to work within same-race dyads, although for differing reasons. Participants highlighted the complexity of relationship with their client, that in some cases counter-transference acted as a barrier to their clinical work because they did not have adequate boundaries. One participant described:

Sometimes when I had Black clients, I identified with them and invested in them so much that I might not have pushed them in the way they needed to be pushed. Or I might not have helped them develop something they may have needed to develop. Because I was so busy caring about . . . being helpful. (Goode-Cross & Grim, 2016, p. 42)
Again, the need for a nuanced understanding with the realm of clinical context is highlighted in this study. As described in RCT, desire to connection may result in a power-over dynamics or even unilateral thinking.

**Cross-Racial Therapeutic Relationships**

RCT writers describe several potential relational dynamics which might be expressed in cross-racial therapeutic relationships.

A history of separation and abuse of power shapes the relational images ages that black and whites have of each other. Experiences of racism, prejudice, and discrimination lead to the development of strategies for disconnection connection that support the illusion of safety. As a result, members of black-white therapist-client dyads may present less than authentic versions of themselves to each other, especially in the important initial contacts. How Connections Heal: Stories from Relational-Cultural Therapy (Walker & Rosen, 2006, Five Good Things in Cross-Cultural Therapy Section, paragraph 5)

This inauthenticity may influence well-documented early termination between mixed racial dyads (Imel et al., 2011; Owen et al., 2012). It has been well established that individual counselors contribute for clinical outcomes, indicating that some counselors are more effective than others. This has been demonstrated both generally and with historically marginalized clients. Research teams have identified that individual White counselors experience more unilateral termination than others, in other words there are between group difference for individual White therapist case load retention of historically marginalized clients (Owen et al., 2017). They hypothesized that one therapist’s cultural comfort may be predictive of REM client retainment. Cultural comfort is described is one of the three dimensions of Multicultural Orientation (Hoke et al., 2013). This means that a counselor has both knowledge about varied identities and ease in knowing how to facilitate therapeutic conversations regarding the interaction between client’s salient identities and presenting concerns. Researchers surveyed 173
clients who had received services at a college counseling center to explore the predictive value of cultural comfort (Owen et al., 2017).

Of the sample, White clients demonstrated a 20.9% unilateral termination rate, while REM clients reflected a termination rate of 32.2% (Owen et al., 2017). Researcher’s initial analyses demonstrated that race was not sole predictive of unilateral termination rates, and that individual counselors varied in their caseload retention. When researchers conducted multi-leveled analysis that controlled for not only race, but also counselor comfort rating the model explained 50% of the variance in client unilateral termination and 6.1% of the variance between counselors. This highlighted the within group and between group differences. It is important to note that cultural comfort (and therefore Multicultural Orientation) and RCT frameworks are not mutually exclusive. There is overlapping constructs, cultural comfort seems to share similar conceptual understandings as RCT authenticity, that make it appropriate to refer to both constructs when exploring unilateral termination in cross-racial dyads. However, one strength of RCT is that it provides a comprehensive framework that CITS can implement, which in turn may increase cultural comfort and authenticity.

Another way to consider racialized strategies of disconnection, can be interpreted through the lens of racial microaggressions. Microaggressions through the RCT lens can be conceptualized in a couple ways- perhaps evidence of distorted internalized images or subtle power-over strategies that maintain a perceived status quo of domination and subordination. Owens et al. (2018) assessed 78 therapists (whose training ranged in education level and discipline) ability to identify racial microaggressions in counseling vignettes. Notably, only one quarter of the sample was able to identify all three of the microaggressions displayed. Of the
sample, 61% identified as White- authors did not publish as to whether there were racialized differences in identification of microaggressions. Research participants rated the counselor in the experimental condition as “less sensitive” however were overall unable to the identify that a racial microaggression had occurred. Additionally, less than 25% identified that multiple microaggressions occurred. Interestingly, this identification was not correlated with the Color-Blind Racial Attitudes Scale (CoBRAS; Neville et al., 2000). This could be for multiple reasons- the CoBRAS is capturing a different phenomenon than microaggression detections. Through the lens of RCT, this may demonstrate several themes. Although counselors were sensing strategies of disconnection or potential breaks in therapeutic alliance, they were unable to contextualize the importance of the moment. This is significant when considering the previous findings around microaggressions.

Constantine (2007) examined microaggression exhibited by White counselors. In the first phase of research, a focus group of 24 Black clients who had received counseling in a college counseling center at a predominantly White institution identified 12 microaggression categories. These microaggressions included (a) colorblindness, (b) overidentification, (c) denial of personal or individual racism, (d) minimization of racial-cultural issues, (e) assignment of unique or special status on the basis of race or ethnicity, (f) stereotypic assumptions about members of a racial or ethnic group, (g) accused hypersensitivity regarding racial or cultural issues, (h) the meritocracy myth, (i) culturally insensitive treatment considerations or recommendations, (j) acceptance of less than optimal behaviors on the basis of racial-cultural group membership, (k) idealization, and (l) dysfunctional helping or patronization. These align with Walker’s (2015)
descriptions of many of these behaviors potential strategies of disconnection exhibited by counselors.

The identified categories were made into a scale which was administered to 40 Black clients receiving counseling at three different counseling centers situated in Predominantly White Institutions (Constantine, 2007). In the sample, higher occurrences of microaggressions had two significant negative relationships with both the perceptions of working relationship and satisfaction with counseling. The researcher utilized statistical bootstrapping methods to extrapolate findings to a sample size of 1000. The predictive model indicated that perceived racial microaggressions were negatively associated with African American clients’ perceptions of (a) the therapeutic working alliance, (b) White therapists’ general competence, and (c) multicultural counseling competence (Constantine, 2007).

It is important to note that 15.8% of the variance in the therapeutic working alliance was explained by perceived racial microaggressions, 43.9% of the variance in general counseling competence was accounted for by perceived racial microaggressions and the therapeutic working alliance, 50.1% of the variance in multicultural counseling competence was explained by perceived racial microaggressions and the therapeutic working alliance, and 61.7% of the variance in satisfaction with counseling was explained by all of the predictors in the hypothesized model. These findings demonstrate the importance of therapists’ ability to recognize microaggressions as means to prevent them or implement relational repair once occurred.
**Counselor Mutuality**

Aligned with RCT tenets, seems when counselors permit their clients to be their own teachers, essentially an act of mutuality, counselors grow. RCT scholars highlights that it is not the power differential itself that is the cause of potential disconnections, which provides hope that as counselors develop beyond amateur levels, it is still how power navigated that can create disconnection:

Unacknowledged, unnamed, and unexamined power differentials and imbalances create the greatest potential for disconnection and violation in therapy. Mental health service delivery models are typically based on a hierarchical power structure, in which the person who asks for help is in a one-down, less powerful position... The goal for the relational-cultural therapist is not to ignore or deny differences in power and authority but rather to be aware of how those differences lead the therapist to act in relationship and to understand how power and authority can be used most respectfully on behalf of him- or herself, the client, and the therapeutic relationship. (Walker & Rosen, 2004, First Contact Section, paragraph 2)

Through the lens of RCT, whether beginner counselor or expert counselor, the potential for connection lies in mutuality in the counseling relationship. RCT highlights scholars also highlight unique relational dynamics are formed by misuse of pathology internalized images of a counselor:

Reflective of the dominant society in which it is embedded, the culture of therapy also proliferates controlling images that may constrain movement in relationship. For example, the image of the therapist as Unfailingly Wise or Perpetually Empathic imposes a set of shaming idealizations that may constrict the therapist’s openness to new learning in relationship. Similarly, there exist many disempowering controlling images associated with clients. Many of the Axis II diagnostic labels so readily applied to clients (e.g., borderline) serve as a ready-made explanation for disturbances in relationship. How Connections Heal: Stories from Relational-Cultural Therapy (Walker & Rosen, 2014, Cultural Controlling Images Section, paragraph 2)

It is reasonable to infer, that CITs in early development may have their own beliefs about how they should be relating to their clients. Aligned with RCT, the beliefs will be informed by a
variety of factors, like socio-cultural beliefs, their understanding of professional counseling, and their strategies of connections and disconnection that developed before they begin their studies as a graduate student in counseling. As described in chapter 1, the way they have been educated will inform their awareness of their own development and perceptions about clinical work. It is crucial to begin to study how these factors come together in the context of how a counselor exhibits these strategies to understand

RCT theorists offer a deconstructed views of human nature and provide a comprehensive theoretical frame by which counselors can understand themselves and clients. RCT theorists also offer useful frameworks that counselor’s educators can implement in their pedagogy to encourage mutuality and growth. So far, this deconstructed view of humanity has not been studied in perspective of counselor, or specifically of counselors-in-trainings.

Summary

The framework asserted by RCT scholars is aligned with the values and goals identified by professional counselors (Kaplan, 2015; Ratts et al., 2016). Some of the core elements of the framework, like internalized images, strategies of disconnection, and growth fostering relationships have empirical support (Crete & Singh, 2015; Duffey et al., 2009; Frey et al., 2006; Liang & West, 2011; Mereish & Poteat, 2015). Additionally, the research demonstrates that RCT has clinical utility for various populations with differing presenting concerns. The approach has also been applied within the context counselor education (Comstock et al., 2008; Duffey & Trepal, 2015; Hall et al., 2017; Lenz, 2015; Singh et al., 2020). However, there is paucity of understanding how counselors demonstrate their own strategies of connections and disconnection in their counseling relationships. What is known about how counselors implement such strategies
are personal reflections from RCT experts. This is incomplete for several reasons. First, the experts have been trained in RCT and therefore they been working on their own strategies that developed organically across the lifespan. Second, existing models of counselor development demonstrate that the emotional and cognitive processes for a practicum counselor is different from that of an expert counselor (McNeill & Stoltenberg, 2016; Stoltenberg & McNeill, 2010; Rønnestad & Skovholt, 2003). Existing literature around power and racial socialization is useful to inferring the behaviors of practicum students, however further observation is required to fully understand practicum counseling student strategies of connection and disconnection.
CHAPTER III: METHODS

The purpose of this study was to explore practicum counselor strategies of connection and disconnection. Strategies of connection and disconnection are defined through the RCT lens described in previous chapters. I implemented Instrumental Case Study Design (ISCD and Directed Content Analysis (DCA) to answer the following research questions:

1. How frequently do practicum counselors-in-training demonstrate strategies of connection and disconnection in counseling sessions?
2. How do counselors-in-training enact strategies of connection and disconnection?

In the following sections I will describe what occurred during this study. This chapter is divided into five sections. In the first section I will provide more in-depth description of the methods and rationale for the study design. Next, I will describe the pre-work I completed for the study which was the coding frame development process. Then I will describe the data collection process and how I stored the data. In the fourth section I will describe the addition data sources used including the participants responses and researcher positionality. In the fifth section I will describe the data analysis process and then I will summarize this chapter in the summary section.

Rationale for Study Design

For this study I implemented ICSD to explore practicum counselor strategies of connection and disconnection and used DCA to guide my interpretations of the case (Assarroudi et al., 2018; Hsieh & Shannon, 2005; Shreier, 2012; Stake, 1995). First, I will discuss the
rationale for using instrumental case study design. After I will describe the usefulness of directed content analysis.

**Instrumental Case Study Design Rationale**

According to Yin (2003) a case study design is suitable when a) the focus of the study is to answer ‘how’ and ‘why’ questions, (b) you cannot manipulate the behavior of those involved in the study, (c) you want to cover contextual conditions because you believe they are relevant to the phenomenon of study, and (d) the boundaries are not clear between the phenomenon and context. The implemented study aligned with each of these criteria in the following ways. It was naturalistic in that it sought to explore practicum counselor responses to their clients without researcher intervention. For the latter two criteria, it must be emphasized that although the purpose of the research was to understand strategies of connection and disconnection demonstrated by the counselor, I examined the dynamic between counselor and client as it gave cues for how to interpret counselor response. Thus, context is important and boundaries between phenomenon and context is ambiguous. This is reflective of the enigmatic nature of the strategies of connection and disconnection; it is likely that the counselor wants to connect with the client but maybe be implementing behaviors or responses that are in fact disconnecting. In this exploration, the phenomena could not be separated from the context; I needed to understand the clinical setting and relational dynamics to ascertain the strategies of connection or disconnection implemented by practicum counselors.

For this reason, within the broad methodology of case study, I utilized a design called ISCD (Stake, 1995). ISCD is utilized when researchers are interested a phenomenon and thereby use the context of the case to explore such. It is not necessarily the individual cases that are of
interest to the researcher, rather the phenomena that is rendered by the cases. For this study, the phenomena of interest were counselor strategies of connection and disconnection, which was observed within the counselor client dyads and their counseling relationship. Thus, the case was bound by activity, context, and time (Stake, 1995).

I implemented Stake’s (2005) four defining characteristics of qualitative research to guide the research design, observations, and analysis. Stake posits that qualitative research is holistic, empirical, interpretive, and empathic. In addition to these characteristics, Stake maintains that good qualitative research consists of observation and interpretations that are validated through intentional design to disconfirm potential biases and routine triangulation which were included in this study.

**Directed Content Analysis Rationale**

Within the case study design, I applied directed content analysis as an analytic method to interpret the case. This is a deductive approach to qualitative inquiry because it relies on already existing frameworks to analyze data (Hsieh & Shannon, 2005; Assarroudi et al., 2018; Shreier, 2012). The approach is applied to research questions that may have conceptual support but do not have support in the field or need to be supported in new contexts. Shreier (2012) described the approach as having three core characteristics, “reductive of data, systematic, and flexible” (p. 179). All research is reductive, meaning researchers moderate data sets to render information to be meaningful. However, qualitative approaches are typically inductive, meaning researchers draw conclusions about specific instances in data to better understand the world or lived experiences of their participants. Contrary to those qualitative approaches, directed content analysis funnels data in a deductive manner, meaning researchers apply specific principles to a
data set (Hsieh & Shannon, 2005). A deductive approach is appropriate because I aimed to answer how particular theoretical phenomena are expressed within a specific population.

To implement directed content analysis, I create an a-priori codebook to guide my interpretation of the data set which I will describe in subsequent sections. Like all qualitative approaches, researchers utilizing directed content analysis implement rigorous, systematic steps to ensure trustworthiness including multiple reviewers of the coding frame and auditors of coded materials. Directed content analysis is flexible in many regards (Hsieh & Shannon, 2005; Shreier, 2012). It is both concept-driven and data-driven, initially the coding frame is concept driven as it is derived from existing concepts found in theoretical or conceptual literature. However, as the researcher applies the coding frame to the data set the coding frame may be modified due to observations that emerge ensuring that it is also data driven. Interpretation and documentation of results are also flexible. Notedly, the results can be reported in a quantitative lens such as describing frequency of observations and meaning making can also be applied between units from a qualitative lens.

**Coding Frame**

Directed content analysis is a flexible method that can be used to extend theoretical conceptualizations to the field (Shreier, 2012). To implement this approach, a researcher creates a codebook using existing theory. This codebook is then used by the researcher to guide the interpretations of the data. In the following section, I will discuss the development of the coding frame used for this study, the expert review of the coding frame, and the final codes in the codebook.
**Coding Frame Development**

Prior to data collection, I developed an initial coding frame by utilizing existing theoretical work. I used theoretical and experiential writings from RCT scholars about strategies of connection or disconnections (Jordan, 2005; Miller, 1986; Miller & Stiver, 1997). To synthesize the existing writings, I selected quotes about the strategies and pasted the quotes into a Word document. I then organized and reduced quotes into general categories in an excel spreadsheet which provided the basis for counselor responses to be examined in this study. Assessed works include Psychology of Woman- Jean Miller, The Healing Connection-Stiver and Miller, Complexity of Connection, and How Connections Heal and published writings from the Stone Miller Institute related to strategies of connection or disconnection. This review and categorization process yielded over 50 quotes. These categories would be expanded and collapsed depending on relevancy found in the literature and would develop into the various strategies for connection and disconnection which are described below. To see theoretical support for each code, see table in Appendix H.

**Expert Review of Coding Frame**

Prior to data collection, the identified strategies of connection and disconnection in the coding frame were sent to expert reviewers for feedback on accuracy, representativeness of the model, clarity, omissions, or redundancy. To see recruitment email, examine Appendix F. Expert reviewers were selected based off the following criteria: publications related RCT to practice, experience teaching or supervising within a RCT lens, and experience of clinical practice. In total, four experts provided feedback. Generally, experts provided feedback for potential
examples of the connections and disconnections and articulated places within the framework where RCT language could be more distinctly utilized. Overall, no major changes were recommended to the coding frame. To see detailed feedback from each expert reviewer, examine Appendix G.

There was correspondence regarding the philosophy of the mixed category. One expert reported:

I’m wondering if the category “mixed” is somehow trying to capture the difficult moments of relational transformation. It’s the messy stuff that happens when people are in the process of working to re-create connection after a disconnection. There are starts/stops, missteps and mistakes, but inevitably it boils down to the intention behind the engagement. Are people “intending” to engage in the spirit of mutual care and growth? Maybe there could be some kind of subcategory under “Mixed” that could denote the mutual intentions in an effort to capture attempts at “relational movement” or not. Hope that makes sense. With RCT being based in the idea that relational movement is always in progress (in one direction or another) it’s tricky to capture the messy stuff between connections and disconnections. I’m specifically referring to the stuff that happens when people are attempting to re-create mutual empathy through supported vulnerability, constructive conflict, empathic resonance, authenticity. (Personal Communications on Nov. 15, 2020)

This expert reviewer feedback is aligned with the researcher intention of creating a mixed category. It was intended attempts to capture the nuance of the phenomena in what such a way that could render meaningful information with the research method. The feedback highlights why there is a use of the reflective journal, to try to understand the intentions of counselor and client. Overall, no major changes were made to the coding frame after review feedback, just minor edits.

**Finalized Coding Frame Codes and Application**

The coding frame consists of 17 potential codes (Table 1). The counselor strategies of connection are marked by various ways that a practicum counselor might demonstrate mutuality,
authenticity, and bidirectional relationship. Inversely, strategies of disconnection are ways a practicum counselor might exert power over client, avoid authenticity or mutuality, or re-reinforce socio-cultural messages that increase separation and isolation. Mixed categories were included to ensure researcher’s intent to capture nuanced and on-going nature of relational connection.

Table 1: Finalized Coding Frame

<table>
<thead>
<tr>
<th>C.1. Counselor Impact: Counselor verbal/affective expression of client impact on counselor demonstrating mutual empathy such as counselor responding to client narrative with visible emotion instead of remaining still faced or neutral.</th>
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<td>C.2. Counselor Paradox: Counselor responding and remaining empathic to both sides of “relational paradox” for example counselor describing behavior as attempts to keep client safe that are increasing client suffering in context of therapeutic relationship</td>
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<td>C.3. Counselor Vulnerability: Counselor appropriate self-disclosure such as expression of their own vulnerability, imperfection, non-expert status, etc.</td>
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<td>C.5. Naming Mutuality: Counselor increasing mutuality by power sharing behaviors- like naming context of relationship and boundaries as points of connection rather than rules, verbalizing when client counselor power dynamics are present, etc.</td>
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<tr>
<td>C.6. Counselor 2-way: Counselor expressions of “two way” thinking interacting such as counselor verbalization of contribution in relational dynamics, using we language, acknowledgement of how counselor may be adding to the dynamic in session</td>
</tr>
<tr>
<td>C.7. Counselor Repair: Counselor repair of previous disconnections such as counselor acknowledging a previous disconnection, sharing how she/he felt about it, taking responsibility if appropriate and inviting client to share their experience and any after thoughts</td>
</tr>
<tr>
<td>D.1. Counselor Withdrawal: Counselor interpersonal withdrawal such as looking away suddenly or getting distracted, changing the subject, may be indicated by notable awkwardness between client and counselor etc.</td>
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(Continued on following page)
D.2. Counselor Overhelping: Counselor exerting power over client by over-reliance of professional helper identity or expert role such as offering help or feedback when it is not a part of client presenting concern or present topic or focus on skills/interventions

D.3. Controlling Images Validation: Counselor validation of behaviors, thoughts, expressions of the dominance (value systems associated with dominance) such as focusing on client’s need to by hyper-independent, validating diet culture as means to achieve “thin ideal” that is rooted in racism, sexism, ableism, etc., or enacting microaggressions against client

D.4. Controlling Image Reenactment: Counselor performing in a role that has been “raced, engendered, sexualized, and situated along dimensions of class, physical ability, religion or other culturally significant themes” such as counselor committing microaggression, fawning to client in power, etc.

D.5. Counselor Unilateral: Counselor expressions of unilateral thinking/practice such as over-reliance on external presenting concerns instead of counseling relationship or failure to contextualize in socio-political context i.e. naming an interaction in session due to client’s symptoms rather than dynamic within therapeutic relationship or reaction to stratified society, sometimes called locating problem in client rather than expressing relational focus

D.6. Counselor Performing: Counselor performing (sacrificing authenticity) as to be liked, appease, or avoid conflict with client (described in RCT lit as using empathy as a tool rather than being empathic)

D.7. Counselor Objectivity: Counselor maintaining power by denying opinion, subjectivity, or bias, remaining neutral or unmoved by client in speech or affect

D.8. Counselor Dominating: Counselor exertion of power by interrupting, redirecting, ignoring client requests/engagement

M.1. Indistinguishable: Unable to identify but client reaction or counselor affect demonstrates some sort of moment within therapeutic relationship such as client abrupt response, client withdrawal, etc.

M.2. Connection Ambivalence: There seems to be both connection and disconnection in the same response (a push/pull towards connections): such as counselor using “we language” to describe relationship while also remaining emotionally distant from client
The finalized codebook consists of 17 total codes, 7 strategies of connection, 8 strategies of disconnection, and 2 mixed strategies. Emphasis on bilateral nature to both connection and counseling relationship is important within the framework of RCT (Miller, 1986). Meaning, it is not just the action or response of a counselor that creates change in a client. Instead, it the mutual exchange between counselor and client that promotes growth. Thus, when exploring strategies exhibited by the counselor, researcher must contextualize the response within the dynamics being exhibited between counselor and client. For example, a counselor providing psychoeducation can be an action of power-with movement, providing information from which the client may make choices or have better sense in relation to concern. However, it can also be a power-over move, if the counselor implements psychoeducation to coerce the client in to changing or perhaps to fill the silence of a session with information due to the counselor’s own feelings insecurity or perceived vulnerability. The observer had to be attuned to not only the response, but the interaction leading to the response. Additionally, data points were used to provide opportunity for interpretation to be contradicted.

Thus, the same counselor action may be coded as either a strategy of connection or disconnection dependent on context. If it is unclear, a mixed strategy was documented for future considerations. Another element for consideration is that strategies of connection or disconnection may have developed in patterns within the relational dynamic. Meaning the impacts of strategies may change or develop over time. Counselor responses are defined as both active and inactive, as in the primary researcher was not only interested in what practicum counselors responded to but also what is not responded to. Each strategy has a shorthand name
for ease of coding, description of the code, and an example. The examples are not comprehensive, instead functioned as one potential exchange to guide analysis process.

The coding frame is not considered to be an assessment tool or instrument, rather it is a guide from which the primary research could understand the case. Aligned with DCA, this guide should be rooted in theoretical understandings of the phenomena of study, but it is not considered “complete” until it has been applied to the context of study (Shreier, 2012). Thus, steps were taken to ensure the coding frame is broad and detailed enough to help capture the phenomena of study, but it has not undergone the rigor one would expect for an instrument as it is not such. The coding frame is intended to guide meaning making, not measure practicum counselor response.

**Data Collection and Process**

In the following section I will describe the process by which I collected the data for my study. I will describe the recruitment process and targeted sample. Then I will report the participant demographics that they self-reported. Lastly, I will describe the different data sources and data storage process.

**Recruitment and Sampling**

A combination of purposive and snowball sampling was implemented to recruit practicum counselor and client dyads from a training clinic at a medium sized public university in the Midwest. Recruitment emails for the study were sent by the clinical director the training clinic practicum counselors enrolled for practicum experience. Additional emails were sent to practicum by their course instructors and practicum supervisors. The clinical director also shared recruitment email for clients seeking services at training center.
If clients completed the informed consent, primary researcher utilized snowball sampling to contact assigned counselor. The practicum counselor and client independently agreed to participate in the study before being included in the sample. Access to services and assignment of client to practicum counselors were not contingent upon study participation. Clients and counselors were permitted to withdraw from the study at any point without adverse consequences to services. Aligned with instrumental case study, goal sample size was at least 5 counseling dyads (Liu et al., 2021; Merlin-Knoblich & Camp, 2018).

**Participants**

The study sample included PCITs and clients recruited from a counseling and training center at a midsized university in the Midwest. PCIT participants were graduate students studying counseling who enrolled in a practicum experience as part of their clinical training and academic coursework. Practicum counselors were at least 18 years old and will varied in demographic characteristics. Client participants were individuals seeking counseling at a university counseling and training clinic. Clients were at least 18 years of age to be included in the study and varied in demographic characteristics. Participants reported demographic information with their own language in open self-response. See demographic information in Table 2:
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<thead>
<tr>
<th>Dyad Number</th>
<th>Counselor/Client</th>
<th>Gender</th>
<th>Age</th>
<th>Sexual Orientation</th>
<th>Racial Identity</th>
<th>Spiritual/Religious Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>counselor</td>
<td>male</td>
<td>30</td>
<td>straight</td>
<td>White</td>
<td>NR</td>
</tr>
<tr>
<td></td>
<td>client</td>
<td>female</td>
<td>43</td>
<td>heterosexual</td>
<td>White</td>
<td>NR</td>
</tr>
<tr>
<td>2</td>
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<td>female</td>
<td>24</td>
<td>heterosexual</td>
<td>Black</td>
<td>Christian/non-denominational</td>
</tr>
<tr>
<td></td>
<td>client</td>
<td>female</td>
<td>42</td>
<td>bisexual</td>
<td>Black</td>
<td>Christian</td>
</tr>
<tr>
<td>3</td>
<td>counselor</td>
<td>female</td>
<td>24</td>
<td>heterosexual</td>
<td>Black</td>
<td>Christian/non-denominational</td>
</tr>
<tr>
<td></td>
<td>client</td>
<td>female</td>
<td>22</td>
<td>bisexual/Prefer not to answer</td>
<td>Indian American/South Asian</td>
<td>spiritual (Hindu-based), agnostic/spiritual (raised Hindu)</td>
</tr>
<tr>
<td>4</td>
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<td>22</td>
<td>heterosexual</td>
<td>White</td>
<td>Lutheran Church Missouri Synod</td>
</tr>
<tr>
<td></td>
<td>counselor</td>
<td>female</td>
<td>30</td>
<td>gay/lesbian</td>
<td>White/Caucasian</td>
<td>non-denominational, spiritual</td>
</tr>
<tr>
<td>5</td>
<td>client</td>
<td>female</td>
<td>22</td>
<td>heterosexual</td>
<td>Caucasian</td>
<td>NR</td>
</tr>
<tr>
<td></td>
<td>counselor</td>
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<td>30</td>
<td>bisexual</td>
<td>White</td>
<td>agnostic</td>
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<td>6</td>
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<tr>
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<td>Unmatched Client</td>
<td>client</td>
<td>female</td>
<td>22</td>
<td>straight</td>
<td>White</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Note: Unmatched client did not have counseling tapes to observe, but journal entry was utilized to triangulate findings. NR denotes No Response.
Data Sources

Data sources included recorded counseling videos of dyad’s session, participant demographic data, and participant journals. Counseling sessions at the training center were recorded to be in compliance with training requirements at the university clinical training center. Counselors manually began the session recordings and session videos were automatically uploaded to Microsoft Stream after counseling sessions were completed. As the primary researcher, I accessed the videos in shared drive. Participant demographic survey was included as part of the informed consent process and was administered using the website Qualtrics. The third data source, participant journals, were collected on Qualtrics with a separate link.

Data Storage

All data was stored in separate entities that were password protected. I will lose access to counseling session videos after successful dissertation defense when the clinical director of the training center will delete the files. Deidentified session notes will be retained for potential future research studies. Informed consent and demographic information were stored in Qualtrics website and will be maintained for seven years to be in compliance with research code of ethics. Participant journals were also completed on Qualtrics website. Journals were deidentified and moved to an a locked excel spread sheet what was stored on password protected shared drive. De-identified participants journals will be retained for record keeping and future potential studies.
Primary Researcher Positionality

Consistent with qualitative modes of inquiry, the researcher is viewed as an instrument in the research design (Crestwell, 2018). Therefore, I created a reflection column on my coding notes so that throughout the study I was able to document reactions, perspectives, and on-going changes to the research process. Aligned with RCT assertions, breadth of perspective will reduce research blind spots potentially related to my own internalized images or strategies of connection and disconnection that will have developed based off reactions to my personal social location and family history (Miller, 1986). As a White, ciswoman, my own strategies of will reflect both oppressive and oppressed socialization. There is literature about White woman’s actions that uphold and perpetuate White Supremacy which may imply a learned disposition towards power-over strategies as means to uphold social standing and safety (Hooks, 1984). Themes of competition, empiricism, and hyper-independence were also highly valued in my family of origin. While I have begun to evaluate my own internalized strategies that have formed in reaction to these contexts, additional perspectives are needed to circumvent any potential bias due to my personal social locations which were provided by dissertation committee members.

Data Analysis

For data analysis, I relied on the coding a-priori coding frame and used Stake’s principles for decision making. Stake’s (2005) principles of direct interpretation and categorical aggregation to implement the coding frame. Direct interpretation is described as a researcher making interpretations about individual instances as they arise. This skill is used for categorical aggregation, as in a researcher tracks similar occurrences until something can be said of the
phenomena. Stake posits that even a single occurrence of an event can be meaningful in instrumental case design, and more importantly repetition of an event, can enable the researcher “emerging meaning” of the events. He described this analytical process within these observations as “researcher concentrates on the instance, trying to pull it apart and put it back together more meaningfully—analysis and synthesis in direct interpretation” (Stake, 2005, p. 75). Such interpretations were documented in the coding sheet when I analyzed counselor responses as a strategy of connection or disconnection. Continuation of analysis occurred for each counselor relationships in during the approximate beginning, middle, and end. Aligned with ICSD, the phenomena was explored across the counseling relationships in the study.

In total, 23 sessions were watched and analyzed. Sessions were watched at least once, and when the session was watched more than once it was documented. Tapes that reviewed more than once occurred if the researcher could not identify the dynamic between the counseling dyad with just one viewing. At least three sessions were coded for each dyad. For dyads that had more than three tapes collected in the sample, researcher analyzed more than three until saturation was met. Saturation was evaluated by the strategies being observed by the individual counselor and in reference to the other observed counselor. This means if the counselor was demonstrating patterns of responses frequently and those patterns aligned with their patterns being observed in the sampled counselors, saturation was perceived to have been met. Once all the sessions had been coded, the observed strategies of disconnection and connection were moved from individual coding sheets, to an excel spread sheet. During this second phase of analysis codes across dyads and sessions were compared, and potentially eliminated or relabeled if codes did not fit under original categorization.
Stake (2005) described different types of triangulations including utilization of different data types. This research used two key data types, recorded audio/video of counseling sessions and the reflective journals. Research participants, both PCITs and clients, completed a journal reflecting on their therapeutic relationship. The purpose of the journal was to illuminate understanding regarding dyad’s internal processes and was used to triangulate observed strategies of connection or disconnection during the data analysis process. I asked participants in their journals to reflect on moments of connect and disconnection in their counseling relationships.

The multiple data points were utilized in varied ways, including to disconfirm potential bias. As I interpreted the counselor responses during session, the written reflections of the PCITs and clients provided the opportunity for my interpretation to be contrasted. For example, I may have interpreted a counselor’s action as overhelping and therefor a strategy of disconnection but read in the client’s journal that the helping was the most useful part of session that day and they felt highly connected to their counselor during the moment. Such an instance would be documented and reflected upon. Using the same example, perhaps the client journal indicated the client felt the counselor did not listen to them that day and was advice giving. This would be a potentially a dynamic in which my interpretation could be corroborated. Additionally, the counselor journals helped enhance the understanding of what was going on surrounding the counselor response. For example, I may have noted that a counselor is implementing several disconnected strategies during a particular session. Counselor reflection on felt emotions in the
Audit Process

Originally, this study was designed to include an audit process to ensure interrater reliability in coded strategies. Recruited auditors were intended to be intentionally selected to ensure differing clinical experience levels, intersecting identities, and social locations so that variety of perspectives about the strategies were included and to limit researcher blind spots that may have emerged due to personal internalized. Several invitations were sent out for auditor participation; however, auditors were not available. Two potential auditors committed to participate and then dropped due to time constraints. Thus, the study design was shifted, and doctoral committee consultation was utilized to ensure rigor and trustworthiness. Continual researcher reflexivity was practiced reduce potential blind spots as well.

Missing Data

The study design included at least three counseling tapes per counselor and a journal reflection from each participant. All five of the counselors submitted at least three counseling tapes and all pairs submitted their journals. There was one client whose counselor did not upload tapes, but this client completed a reflective journal. This journal was used to triangulate interperterion about a specific strategy of disconnection because the journal described that strategy. Inferences about her particular counseling relationship were not made because it was outside the scope of the data available.
Summary

The study implemented an instrumental case study design with the use of directed content analysis to guide interpretations in the case. The identified case was the counseling relationship between practicum counselors and their client. The total samples consisted of 6 dyads from a university counseling center at midsized university within the midwestern region of the United States. The context of the case was used to understand the identified phenomena in the research questions, PCIT strategies of connections and disconnection. A coding frame was developed utilizing existing theoretical ideas about RCT which will ensure that the identified phenomena is captured. The findings will include frequencies of implemented strategies within each dyad, but more importantly descriptions answering how and under what context PCITs implemented such strategies. The findings will validate or challenge theoretical understandings of RCT in the clinical context for counselors-in-training. This information is useful as it aligns with the goals of professional counseling, may inform best practices for counselor development, and provide key clinical insights about how practicum counselors engage in clinical relationships.
CHAPTER IV FINDINGS

I implemented an ISCS with the DCA to answer the understand PCIT strategies of connection and disconnection. This chapter will be organized by research questions. To answer research question one, I will report the frequencies of strategies overall and the frequency of observed per dyad. Then I will describe how the counselors demonstrated the observed strategies. When I describe the observed strategies, I will report from strategies observed most frequently to least frequently per dyad.

Research Question 1 Frequency of Strategies of Connection and Disconnection

Table 3 and Table 4 depict the observed strategies of connection and disconnection in the sampled practicum counselors. Frequencies of observed behaviors should not be interpreted for external validity, rather to provide additional information through which to understand the phenomena demonstrated in the case study. The frequencies totals are limited in that on occasions, the original behavior or response would not be coded as a strategy, until later when it becomes apparent that the counselor pattern of response promote or diminish relational connection. Such instances are described in answering research question two.
Table 3: Practicum Counselor Strategy Type Frequencies

<table>
<thead>
<tr>
<th>Counselor/Client Dyad</th>
<th>Strategy Type</th>
<th>Session 1 (intake)</th>
<th>Session 2</th>
<th>Session 3</th>
<th>Session 4</th>
<th>Session 5</th>
<th>Session 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyad 1</td>
<td>Connection</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disconnection</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyad 2</td>
<td>Connection</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disconnection</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyad 3</td>
<td>Connection</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disconnection</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyad 4</td>
<td>Connection</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disconnection</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyad 5</td>
<td>Connection</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disconnection</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Dyad 6</td>
<td>Connection</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disconnection</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. A zero indicates strategy not observed. Blank cell indicates session not coded.
Table 4: Strategy Type Frequency

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Proportion of Sampled Counselors</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1: Counselor Affective Movement</td>
<td>5/5</td>
<td>6</td>
</tr>
<tr>
<td>C2: Counselor Paradox</td>
<td>0/5</td>
<td>0</td>
</tr>
<tr>
<td>C3: Counselor Vulnerability</td>
<td>5/5</td>
<td>9</td>
</tr>
<tr>
<td>C:4 Counselor Contextualizing</td>
<td>0/5</td>
<td>0</td>
</tr>
<tr>
<td>C5: Expression of Mutuality</td>
<td>5/5</td>
<td>12</td>
</tr>
<tr>
<td>C6: Counselor 2-Way Thinking</td>
<td>0/5</td>
<td>0</td>
</tr>
<tr>
<td>C7: Counselor Repair</td>
<td>0/5</td>
<td>0</td>
</tr>
<tr>
<td>D1: Counselor Withdrawal</td>
<td>0/5</td>
<td>0</td>
</tr>
<tr>
<td>D.2 Overhelping</td>
<td>4/5</td>
<td>7</td>
</tr>
<tr>
<td>D.3 Controlling Image Validation</td>
<td>3/5</td>
<td>3</td>
</tr>
<tr>
<td>D.5 Unilateral Focus</td>
<td>5/5</td>
<td>15</td>
</tr>
<tr>
<td>D.6 Counselor Performing</td>
<td>2/5</td>
<td>3</td>
</tr>
<tr>
<td>D.7 Counselor Objectivity</td>
<td>3/5</td>
<td>4</td>
</tr>
<tr>
<td>D.8 Counselor Using Power Differential</td>
<td>3/5</td>
<td>7</td>
</tr>
</tbody>
</table>

One key trend in the frequency of demonstrated strategies, is that counselors made relatively few relational moves according to a RCT lens. In contrast to frequency and duration of client verbal expressions, counselors were significantly quieter and less responsive. Counselor non-verbal responses tended to be visible displays of empathy which were coded as strategies of connection and will be discussed in sections below. In most sessions, more strategies of disconnection were coded than connection. It is important to remember that this does not mean the counselor was ineffective, rather that these strategies were observed more frequently. Understanding the impact of different strategies is not under the scope of this research study. The strategy of connection that was most frequently observed was counselor expression mutuality. The strategy of disconnection observed most frequently was counselor unilateral focus.
The following figures 1-6 depict the frequency of strategies demonstrated by each counselor over the course of the counseling sessions. Sessions that do not have data depicted were not coded. Sessions were not coded for a varied of reasons including between counselor differences in how many tapes were uploaded and saturation of the phenomena (Cresswell, 2018; Saunders et al., 2017). The reasons specific to the counselor will be explain below along with any relevant analysis of the figure. Although information about each dyad is displayed, it important to maintain a holistic perspective when considering the findings. Researchers using ICSD focus on how the context of demonstrate the phenomena, not necessarily each case (Stake, 1995).

Dyad One had five sessions to be included in data set. One session was not coded because it was outside of the goal sample size and saturation has occurred. Figure 1 depicts the frequency of strategies demonstrated by the Counselor One. It is noticeable that he demonstrated more strategies of connection in the beginning of client relationship during the intake process in the first two sessions. This switched in subsequent sessions, which is contrasted from the other sampled practicum counselors.
Figure 1: Dyad 1.

Counselor Two and dyad Counselor Three is the same counselor working with different clients. For Dyad Two, four sessions were uploaded to the shared drive by the counselor. The first session was not included in the study because it was on 36 minutes long and was the counselor explaining the client’s rights to counseling and university clinic policies. One other session was not coded because the other three sessions met requirements for goal sample size and saturation has been met. For Counselor Two, the counselor implemented more or equal to strategies of disconnection compared to strategies of connection. Counselor Three implemented less or equal strategies of disconnection to connection. The counselor wrote about different perceptions of connectedness between the clients. For the client from counseling Dyad Two, the counselor wrote in her reflective journal:

With my client [name redacted], I had several moments of disconnect and it was sometimes hard to really reach her. One time, I asked her about why she put her needs last, something we spoke about in the previous session. She changed the subject and she did this a lot. After that, it was so hard to really talk about a lot of things.

This contrasted from what she wrote about Client Three, “With my client, I felt close to her and never really had moments of disconnect.” This is the only counselor that was observed with
multiple clients; therefore, it is unknown whether the other observed counselors had different frequencies in their strategies across clients.

Figure 2: Dyad 2.

Figure 3: Dyad 3.

Counselor Four uploaded three videos and all three videos were included in the sample. The counselor demonstrated more strategies of connection in the earlier sessions compared to the later sessions which seemed to be pattern for the practicum counselors, except Counselor One.
Figure 4:  Dyad 4.
Counselor Five uploaded five sessions and all five were coded. This counselor was observed earlier in the analysis processes before saturation had been met and therefore more sessions were coded than subsequent counselors. The counselor implemented more or equal strategies of disconnection to connection.

Figure 5:  Dyad 5.
Counselor Six uploaded six videos and four were coded. Two sessions were not coded because the goal sample size for client observed sessions had been met.
In this section I will describe the context of the observed counselor strategies of connection and disconnection demonstrated. When I describe the observed strategies, I will report the strategies demonstrated by the greatest proportion of counselors within the dyads to the least.

**Strategies of Connection**

Three categories for strategies of connection observed during the sampled sessions were (a) counselor affective movement, (b) counselor expression of mutuality, and (c) counselor expression of imperfection or vulnerability. I have written about counselor expression or mutuality and expression of imperfection in the same subsection because they occurred individually and occurred simultaneously. These strategies were demonstrated by all of the practicum counselors, at least once. This is a contrast from the other identified strategies of
connection identified in the coding frame which were not observed. The unobserved strategies will be discussed in Chapter IV.

**Counselor Affect**

Relational Cultural Theorists have identified assumptions that traditional clinical training may “emphasize therapist objectivity, neutrality, or non-gratification in the therapeutic relationships” (Jordan, 2005). However, the potential pattern of affectual neutrality described in RCT literature was not overtly or habitually demonstrated in the sampled counseling tapes. At least once, and often more, every single sampled counselor was visibly expressive to client’s concerns and experiences. Generally, practicum counselors were not still-faced or limited in range of expression when interacting with clients. Additionally, two counselors verbally described client’s positive impact on them. They expressed gratefulness when clients reported positive interactions or pleasure about client’s personal growth:

Client: Thank you, you made me feel so comfortable, I am so excited now.
Counselor: Oh that makes me happy, so very happy. (Dyad Two)
Client: It’s just funny, I didn’t know I was doing it. Which I guess is a good thing, or where you want to be. Like kind of cope, where it becomes automatic- you can cope. It’s not so rigid and structure. So ya, that feels good, I guess.
Counselor: It feels good to me to see you taking care of yourself, prioritizing those feelings and giving them space. (Dyad Five)

In other instances, when clients described their suffering or traumatic experiences, counselor affect would visibly shift. Counselors appeared to be emotionally saddened with their clients in these instances. One counselor looked visibly sad and expressed personal sorrow for a traumatic experience that a client experienced:
Client: My middle school boyfriend, we dated for a year and a half. We stayed friend but going from my junior year to my senior year he sexually assaulted me. And that was kind of, I couldn’t get past the person I just met even with such a large event.
Counselor: I’m sorry to hear you had to go through that.
Client: Thank you. (Counseling Dyad Four)

Client Four wrote that the counselor’s affirmation fostered a sense of connectedness. In her journal she wrote that “…Additionally, when I was vulnerable, her affirmation truly helped in this feeling [of connection].” Although it cannot be assumed the client is referencing this moment specifically because the journal prompt was for the entirety of the counseling relationship, it is reasonable to suspect the counselor’s willingness to be emotionally moved by the client impacted counseling relationship.

It should be noted that there were instances in which counselors did not verbally describe concern or visibly demonstrate worry for the clients even when it was likely present, such as during client risk assessment. During risk assessments and intake assessments, all but one of the counselors looked visibly neutral and displayed less range of emotional expression compared to other sessions. This observed pattern of counselor affective immovability will be further discussed in subsequent sections. Overall, counselor participants were open to being affectively moved by their client’s experiences and were visibly expressive when working with their clients.

**Counselor Acknowledgment of Vulnerability and Mutuality**

All five of the sampled practicum counselors at least once utilized appropriate self-disclosure to communicate personal imperfection or non-expert status. This strategy is described in RCT literature as being counter-cultural to Western socialization and clinical training. RCT writers propose that counselors should be “released from idealized (and shaming) images of perfection and unwavering certainty. He or she is then free to relate to the client in active and
alive ways, experiencing him- or herself more as a real person-therapist therapist than as a therapist-impersonator” (Walker, 2004, Kindle Locations 196-198). Thus, counselor’s expression of humanity, which is also related to authenticity instead of professional posturing, is seen to be a strategy of connection.

The sampled practicum counselors demonstrated this strategy in various ways. One way was counselor’s acknowledging personal; struggles with technology and adaption to virtual modality:

Counselor: Sometimes my headphones, when it comes to connecting to teams or zoom—oh my gosh.
Client: I have a friend that has them too, it’s like wait no I’m echoing or I can’t hear you
Counselor: It’s like such an issue, and I just wish, like the headphones you have to connect to the MacBook but you have to use an adapter, all the stuff you have to go through. But enough about my problems, how are you (Dyad Three)

When counselor acknowledges personal struggle, it is subtly communicating imperfection and personal vulnerability. Other ways non-expert status was demonstrated in counselor’s explanation of student status and need for supervision.

Counselor: We will definitely get through the intake today. I talked to my supervisor and he told me I didn’t need to go question, by question, but I did get to know you a little better… I have a supervisor who will be helping me on things like, taking too long on an intake. (Dyad One)

Counselor: My name is [redacted]... I am enrolled in a masters in counseling program. Part of our training is to provide services to students and that’s the capacity I am meeting you in. It’s my job to support you, listen to you, and see what work we can do together to help you…. Just so you know a little about me, I am from Chicago. I am currently in Chicago, that’s where I am stationed right now. And I’m a Masters student and I am excited to work with you. (Dyad Six)

Although these two counselors described student status with ease, this was not the case for all the other dyads. Some of the dyads did not reference it and Counselor Five described that the shared
student status was a source of internal tension for her, perhaps explaining why she did not acknowledge the shared status often.

All five counselors articulated mutuality to clients at least once. This strategy was also demonstrated in several ways. One way practicum counselors exhibited mutuality was when they would ask permission to give assessments or suggest interventions:

Counselor: I also have (an assessment), which if your comfortable taking it we can, if not we can put it off for today... Again, if you’re not comfortable taking it today, that’s completely fine too. (Dyad Four)

Counselor: If you mind me changing the topic real quick, on the topic of self-talk and self-concept, I have an assessment that I thought might be useful. It’s called the self-compassion scale. Would be interested in filling that out? (Dyad Five)

Counselor: I know you talked about coping strategies, and I’m asking your permission to recommend certain things. One homework assignment I’d love for you to do is... (Dyad Three)

Another way practicum counselors articulated mutuality was by using collaborative language:

Counselor: Great we can keep each other in check... I wonder where we drew both conclusions. What do you think? (Dyad One)
Client: I don’t like comparing myself to others, but some of those numbers are rather on the high end. That’s kind of how I am, that’s what I consider normal at this point and how much it really is not.
Counselor: Right, and just so you know, it’s not meant to be a comparison thing. So I hope you don’t take it that way. It’s something for us to look at together, and actually kind of in hopes building goals so we can start working on a talking more about, and you know, if you want to see some reduction in those numbers I think it would be a good place to start with looking at that. (Dyad Two)

In some instances, sampled practicum counselors used language that expressed both imperfection and invited client to provide feedback, a combination of the two strategies described about.

“It sounds like you are sad and feeling regret correct me if I am wrong” (Dyad Three)
“So, what I think I am hearing, and again pause me” (Dyad Four)
“Let me know if I am understanding” (Dyad Five)
Although counselors did not explicitly use non-expert or imperfection language, they implied such in the way they proposed ideas or feedback. Observed practicum counselors seemed to display this behavior which postured them as collaborative and humble multiple occasions across the course of their counseling relationships.

**Strategies of Disconnection**

The predominant strategies of disconnection displayed by the practicum counseling students in this study were unilateral focus and overhelping. At least four of the PCITs demonstrated these strategies multiple times. The other strategies of disconnection demonstrated by at least two the PCITs at least once were validation of controlling images, controlling image re-enactment, counselor objectivity, and counselor maintaining power differential.

**Counselor Unilateral Focus**

All five PCITs demonstrated unilateral focus. They responded almost exclusively to client’s intrapsychic and interpersonal experiences instead of the counseling relationship, which RCT theorists describe as a block to connection (Miller, 1976). This strategy of disconnection was demonstrated most frequently by the practicum counselors.

One expression of this strategy occurred when clients seemed to invite counselors into a relational frame and counselors responded by focusing on dynamics occurring outside the therapeutic relationship. For example, during a session between counseling Dyad Five, the client was discussing challenges the client was experiencing due to roommate tension. The client wrought her hands and stumbled over her words looking visibly uncomfortable while describing
her disappointment and perception that the roommate’s behavior was selfish. When the
counselor asked about why this topic was difficult to express, the client responded:

Counselor: So, what’s shitty about saying, in this space, I am happier without her in my
life. Why is it that shitty?
Client: Because, like, I don’t know. Like, (laughs), it just seems, just so bad to be like,
uh…. I don’t want to make her feel bad.
Counselor: Why would she feel bad about something you are saying in private?
Client: Well, I don’t know. It, uh, it, I don’t want other people to think I am shitty person.
And like, I know ultimately, it’s like me setting my own boundaries. And I need to
what’s best for myself because I the only one living my life. But that is so hard for me.
Counselor: Ya…
Client: Like, to me, I don’t know, it seems like I’ve just always known myself to be a
very accepting person, and so like, to flat out reject someone, I feel like is very harsh.
And, I don’t ever want to make people feel bad, but I also notice, specifically in this
situation, and other where I can’t communicate my feelings, I get resentful. Like I was
upset before she even moved.
Counselor: Ya, she was, it doesn’t… You mentioned rejecting someone… But her
behavior was that she would talk about herself, and she wasn’t considering your feelings.
But even in private, you are considering her feelings… (Dyad Five)

In that moment and for the rest of session, counselor never acknowledged that she could be the
who the client was talking about. The counselor did not verbally express that the client could be
worried about how the counselor was perceiving her or articulate the relational implications of
what the client described. Instead, the counselor continued to focus on the client’s own emotional
reactions to her roommate and to those around her. She focused on the client’s consciousness
even in a “private conversation” but does not invite investigation about the dynamics of their
counseling relationship. A similar moment occurred in a subsequent session when the client
described “difficulty processing her emotions alone, much less with someone else.” The
counselor responded by expressing that she was “marveling at her [client’s] insight” but again
did not respond to client’s relational invitation.

Another poignant example of unilateral practice occurred between counseling Dyad Six. The
dyad was working on several presenting concerns including the counselor urging the client
to make more interpersonal connections. The client would often describe his isolation and
difficult understanding of relational processes. On one instance, the client verbally expressed the
role the counselor played in his life.

Counselor: I know one of the things you said you wanted to work on was building
connections and relationships. How are you going to do that, if up until now you have
kept everyone at a distance?
Client: [talks about social media/linked in as a way to build professional relationships] ....
Personal relations, that might be when we are in person, because right now we are pretty
isolated. I think besides [student meeting for undocumented students] and these
counseling meetings, I don’t think I’ve talked to anyone outside my family in the last
year.
Counselor: Yaaa, that’s a long time. And I also understand, cause we are in the middle of
a pandemic, so it makes sense. Once Covid is over what will you do? (Dyad Six)

Counselor Six did not respond to being one of client’s social connections in the moment or in
subsequent sessions. Another client expressed difficulty working towards her goals without the
support of another person.

Client: I want to break it, but I feel like it’s just kind of, I can’t even break it unless I am
talking to someone else.
Counselor: Hmmm, it’s harder by yourself… With addition to that stress that you are
feeling (Dyad Three)

Not all instances of counselor unilateral focus were initiated as directly by client invitation like
the moments described above. A more nuanced example occurred between several of the dyads
when working with client’s relational concerns. In these moments clients would be describing
their experiences with others, sometimes in generalized ways such as a client’s perception that
people are untrustworthy. In these interactions, counselors would not acknowledge the
implications of those generalizations for the counseling relationship. For example, Client Four
often discussed her disappointments, distrust, and betrayal experiences in past and current
relationships:
Client: I know for a fact; I have attachment issues.
Counselor: When you say attachment issues, what do you mean by that? What does that look like for you?
Client: It’s like I don’t want to get close to people, because in the will end up just leaving and I usually find a reason to take that blame on myself, even if I’m 100% positive it’s nothing I could control. At the end of the day, I take it and twist it and say this is what I should have done better.
Counselor: So it sounds like you take even those negative relationships or attachments and you put the blame on yourself, for what could have gone wrong on your end.
Client: Ya
Counselor: I imagine that’s hard too. Pretty overwhelming and anxiety producing.
Client: Ya (Dyad Four)

In this moment, and in other similar moments, the counselor focused on symptoms or patterns of response. She did not explore the relational implication for them or address the sweeping generalizations about people that the client was making. Another example of this occurred between Dyad Five:

Client: Sometimes I think I avoid getting close with people.
Counselor: Ya that reminds me what you were talking about last week with how complex it was to learn about grandpa’s abuse. (Dyad Five)

This expression of unilateral thinking may not be a strategy of disconnection in the singular occurrence; however, it is the pattern that potentially reflects the counselor distancing from the client. If counselors had general postures of bi-lateral practice, these singular moments perhaps would have been coded differently.

Another way counselors demonstrated unilateral thinking was in their expression of what the counseling is. One counselor focused on services being rendered rather than the relationship in her journal:

There were sometimes I felt disconnected from my client’s experience. He is a very logical person and at times I found it difficult to understand the lack of emotion in his decisions. However, I worked to put myself in his shoes and see life from his perspective. That helped me connect more to him and provide adequate service. (Counselor Six journal)
This seems to align with what RCT theorists describe as empathy being used as a tool to accomplish a goal rather the organic outflowing connection. Counselor Two, explained what counseling is without the use of any relational language:

Counselor: You’re right, counseling is a journey, from after we are done here to your own personal life um and what you apply, it’s a journey for yourself. You can apply, what you can grow. And with counseling, everyone’s journey is different, everyone’s speed is different. And it’s different for the person. It’s good that those experiences didn’t deter you from optimism or what you are doing right now.

Both counselors’ conceptualization of counseling aligns with their unilateral behavior in session. These counselors relied heavily on problem solving behaviors and language with their client. Both counselors seemed to focus on how the client could meet personal goals and have personal development without attention to how the counseling relationship might facilitate such.

**Counselor Overhelping**

Counselor “overhelping” was also frequently demonstrated in sampled practicum counselors. RCT theorists would describe “overhelping” as a way to maintain power over clients, perhaps as a way to reduce internal distress, but none the less a block to connection (Miller, 1996; Walker, 2005). In many instances the strategy was demonstrated as advice giving, problem solving, or over-focus on interventions. To interpret whether the response was a strategy of disconnection, meaning the counselor overly relied on the role of helper in a way that potentially blocked connection, researcher attention was given to the client response and context of counselor response. In moments during which the client would respond to the counselor’s offering with dullness, shift in affect, or reduction in words it was interpreted to be potentially a sign of counselor overhelping. Due to the developmental level of practicum counselors, it is expected that application of counseling language or interventions would reflect novice levels.
Thus counselor responses and interventions that were awkward or confusing were examined carefully to ensure capturing the phenomena of interest.

An example of counselor overhelping occurred between counseling Dyad One. Client One sought out counseling to verbally process stressors related to the pandemic and career. The client described a multi-year long pattern of job dissatisfaction and role conflict. The counselor identified a goal of focusing on client’s five-year plan during their third session. It’s notable that the client did not articulate this goal herself and therefore the counselor response was also from a unilateral focus, both in that it did not identify the structural barriers impacting the client nor did it focus on the relational dynamics occurring within session. One exchange demonstrating counselor overhelping looked like during this session was this:

Counselor: So, in ten years, they [my children] will be about to leave, you know, hopefully.  
*Client makes exaggerated face of despair, closing her eyes and deeply frowning with quivering mouth then starts laughing off screen  
Counselor: Well hold on, you get a life after that, hold on, relax. [starts laughing]  
Client: Well no, I know that part I like. Like having more time, to really just focus on what I want to do is great. But then, the part that makes me freak out, is the financial side, like okay no I need to get you to college, shit.  
Counselor: Start saving now, that’s a whole different story. (Dyad One)

After this, and in similar exchanges, the client would nod and smile politely. However, the conversation would lull or get redirected. The responses of counselor were likely with the intention to help client, but also putting himself in the place of expertise that ultimately relationally distanced himself from the client. When asked about moments of connection and discussion, the client reported:

The moments of disconnection came from differences in life experience and stage of life. I came in as a middle-aged woman with what I consider, a typical disillusionment that occurs when one realizes their lofty careers goals didn’t quite manifest in the way you conceived when young and ideal. I was trying to decide whether I should switch jobs, go back to school, revive a part of my career that was lost, all while raising two small kids. I
don't think the counselor could understand this stage of life quite yet not intrinsically. He is still on the cusp of building a career, without a family to balance the scales. Looking back, I should have looked for a counselor that works with middle-aged women. There is a completely different set of stresses and constraints functioning as a good mother and trying to jump-start a career. (Client Reflective Journal, Client One)

While the client’s observations about differences in life stage and career development are poignant, a break down in the relational exchange is revealed. As counselor urged her to identify a dream job in the context of a five- or ten-year plan, she felt misunderstood and distant from him. Another client journal of someone who was not observed by submitted a reflection about the counseling process reflected the tension between overhelping and relational disconnect:

I would sometimes feel disconnected from my counselor when she would give some suggestions, she thought would help my symptoms. I know she was offering the suggestions to help, but I would sometimes feel overwhelmed by the suggestions as well as felt some pressure to comply, which would make me feel a little misunderstood and disconnected from my counselor. These instances happened a couple of times, especially at the beginning of our time together, but recently have gotten much better. I’ve felt more connected with my counselor lately. (Unmatched client)

One practicum counselor also alluded to the tension between relational connection and overhelping. She wrote in her reflective journal:

I also felt disconnected from [client name] when I tried visualization mindfulness exercises in session. The ACT exercises I chose (Leaves on a Stream and Physicalizing/Allowing emotions) did not bring [client name] the catharsis I had hoped. I realized how different our thought processes must be and wondered how I could help [Client name] if the exercises that worked so well for me personally did not do the same for them. (Counselor, Dyad Five)

A similar expression of overhelping occurred between Counseling Dyad Six. The client sought counseling due to distress related to the safety of his family. The counselor attempted to convince the client to discuss the topic with his parents even though that was not the identified goal for the client. During this session the client became increasingly less verbal and hesitant about the recommendations:
Counselor: No that does make sense, they have their own way of interacting and surviving with the gang and there is no other choice for people, especially when the gang is very prominent. So ya, it sounds like you have gotten of that reinforcement of what people are doing in general to be safe, but I still think it would be an idea to speak with your parents if you’re open to it about what they are doing specifically to stay safe. But I think it will give you some piece of mind, obviously not a lot because you never know what will happen. But it will give you something, right and you’ll know they are actively thinking about efforts to make sure that they are safe.
Client: Mhm.
Counselor: Do you think you would be open to having that conversation?
Client: Possibly, but I don’t want to throw my aunts and uncles under the bus for exposing me to something they obviously didn’t want me know.
Counselor: Well, I think you could phrase it. Well, I don’t about you, but I feel like the topic of gangs in Mexico is a general topic of conversation that happens with Mexicans a lot and so I don’t think you have to bring it up as directly that you know that they interacted, instead like I heard the gang is more active, what are you going to do if you have an interaction. You can frame in a general, this happening all across Mexico, what will you do, and then you get the security for yourself and at the same time, they won’t know you are talking about a specific event, because you know, it’s on the news, everyone is talking about it.
Client: Mhm.
Counselor: It’s by no means obligatory, but I think it would help feel more secure.
Client: Mhm. (Dyad Six)

In this instance, and in other instances when the counselor would offer advice, there was a notable lull in the conversation. Lastly, this strategy was demonstrated by a counselor explanation of the role of a counsel:

Client: So does it work like you just go over a list of questions and you dig for stuff? I don’t know how it works.
Counselor: No that’s okay, it’s your fist time. You’re probably really curious about how it does work. It’s more of a journey for yourself, it’s an open dialogue, I’ll ask you whatever you want to talk about and maybe the first session you may not have anything or can’t think of anything. But you will tell me stuff, and it’s more like a professional conversation. And I’ll be there assisting you along the way with anything you might be dealing with and offering my clinical impressions on anything that I can assist with. (Dyad Two)

Much like her previous explanation of counseling that had a unilateral focus, this counselor highlighted her role as providing insight and offering help.
Controlling Image Validation

RCT scholars write about the internalization of controlling images in all people, that occurs in order for people to maintain psychological and relational safety (Miller, 1986; Stiver and Miller, 1998). However, these internalized beliefs block authentic connection from self and others. Thus, counselors may inadvertently validate such. Counselor validation of behaviors, thoughts, expressions of the dominance (value systems associated with dominance) such as focusing on client’s need to be hyper independent, validating diet culture as means to achieve “thin ideal” that is rooted in racism, sexism, or ableism were identified as potential themes for this strategy. Controlling image validation occurred explicitly twice around weight and body size in the sampled counseling tapes. Other expressions of controlling image validation was not demonstrated. In one instance, the counselor-training espoused beliefs about normality of body image or weight concerns.

Counselor: Do you have any body image or weight concerns?
Client: Oh always. (laughs)
Counselor: Like normal ones or more severe?
Client: I’d probable say normal ones.
Counselor: Okay. (Dyad One)

Perhaps more notable, in another instance, a counselor offered losing weight as a potential stressor:

Counselor: Do you have any other stressors in your life, um such as maybe emotional, education, um family, grief, home life. Anything you can describe to me that could be possible stressor in your life in the moment.
Client: Umm, well, maybe because the kids are doing remote learning, we are trying to keep them active and busy. We are trying to get with the new normal things.
Counselor: Okay. Would you say, um maybe, losing weight is a stressor in your life, you mentioned it earlier?
Client: Umm I don’t think it’s really causing me any stress, but we can put that. I haven’t gotten too serious about weight loss. I am not really, really, really overweight or
anything. I just am heavier than I was before COVID, and I want to get back down. (Counseling Dyad Three)

In both these instances, counselors are affirming and norming weight bias. In the second described interaction, it is possible to interpret the client is responding to the counselor’s inference whether weight loss should be a concern. She maintains that she is still within an “acceptable” threshold. Both client moments send covert message to the client about what experiences of body is to be expected.

**Enactment of Controlling Images**

Enactment of controlling images is described in RCT literature as counselor and client performing. Walker (2004, p. 5) described that these strategies of disconnection might range “from mimicking the postures and practices of the dominant group or by disavowing their own power and relevance in relationship.” There was only one moment that was coded as this, and it occurred with counseling Dyad Four.

Client: A lot of the CAs are awful, I had one ask, I wear a lot of camo.
Counselor: Okay.
Client: And outdoors, and I had one ask if I was a racist because of it.
Counselor: Okay. [speaking softer]
Client: Which, she was talking about Black Lives Matter, and I am like, okay let’s talk about it, let’s discuss it. What are your thoughts on it?
Counselor: Mhm.
Client: And then she talks about how she hates stereotypes. Then she asks, camo is popular in the South, the South is racist, are you racist?
Counselor: [nods looking still faced]
Client: Oh, okay that’s a new one.
Counselor: Right.
Client: Ya. [shrugs and laughs softly]
Counselor: So kind of a frustrating comment, I’d imagine.
Client: Mhm- this was at like 4:00AM.
Counselor: Okay.
Client: Ya, but um, I asked her about the floor above me. Since I have to help. I guess they aren’t going to hire anyone, so that’s another stressor that’s going to come up. I guess everyone in the candidate pool is that bad.
Counselor: So it’s kind of an added stressor? (Dyad Four)

To understand why this was coded in this way, one must understand the dynamics of Whiteness that lead to controlling images (Hays, 2014; Sue, 2019). Both describe that because White people are entrenched in “ethnocentric monoculturalism as manifested in White supremacy” many White people believe they are unbiased individuals who do not harbor racist beliefs or feelings (Sue, 2019, p. 258). This attitude is demonstrated by the client who seems to be both offended and outraged by the peer feedback that she may have internalized racist beliefs. The counselor looks visibly uncomforted and is less verbal than in previous moments but does not engage in the conversation further. She acknowledges that peer feedback may have elicited emotions, but she not further engages the client’s lived experiences of Whiteness. The avoidance of this topic which maintains and perpetuating the invisible veil of White Supremacy and blocks authentic connection.

**Counselor Objectivity**

The observed practicum counselors demonstrated a posture of objectivity and immovability during assessment. This is contrasted from the frequently observed strategy of connection described in the earlier section. Typically, the practicum counselors were response in their affect to clients. For the six counseling dyads, three intake assessments and four risk assessments were observed. Two of three counselors seemed to implement different strategies of connection and disconnection during intake assessments, they were less verbally and visibly moved in their affect. The two counselors that implemented risk assessments also demonstrated
the similar patterns of immovability. Overall, of the observed counselors that completed intake displayed limited relational movement during intake assessment processes and risk assessments compared to their other moments in sessions.

Counselor Five and Counselor Two completed intake assessments with minimal affectual shifts and verbal responses to the client narratives during assessment. When asking questions related to the client’s biopsychosocial history, they focused on typing the answer that they heard even when the client information was emotionally latent. In comparison to subsequent sessions with the clients, counselors seemed to posture themselves as emotionally unmovable or relationally distant, which is coded as a strategy of disconnection. For both dyads, the client affect was less expressive and limited in speech compared to subsequent sessions.

An example of the how the counselor position changed once the intake was complete occurred between counseling Dyad Two when the tone of the session shifted considerably at the end of the intake assessment. The counselor had completed the intake assessment questions and invited client to ask any inquiries or give feedback. The client became increasingly verbal and acknowledged interpersonal dynamics occurring between them and the counselor:

Counselor: …Do you have any other questions about counseling or…
Client: Okay do you prefer the camera on or off?
Counselor: We would love, prefer the camera on. I didn’t know if you were in a particular space or anything.
Client: I’ll turn it on for a second, it’s just I’m burned up because I just got back from Cancun. I was just thinking it’s kinda crazy, I was just thinking I couldn’t imagine asking you all these questions like if your camera was off. So, I know it is probably like uhh, I am talking to a perfect stranger.
Counselor: It’s fine, I probably would have said something in the next session and but and it is intake that you were sharing as much as possible. So, I am glad you were able to mention that, because sometimes people are a little too shy regarding the camera.
Client: I’m not shy (laughs).
Counselor: It was really nice meeting, [client name], I look forward to meeting with you again this time next Tuesday to discuss some more stuff and to work until the rest of this term together.

The exception to the demonstrated counselor immovability during intake processes was Counselor One who took over two sessions to complete the intake assessment. During this process, he responded with facial expressions corresponding with the content of the client’s narrative and with follow up questions or remarks to what the client was describing. The client was expressive and quite verbal as well. As I observed their sessions, I was reminded of what RCT theorists identify when counselor and client are connecting, zest (Miller & Stiver, 1997). Zest is described as the energizing effect that is elicited by connection. The intake sessions were dynamic even as the counselor stumbled over his words or took too long to complete the assessment according to the practicum site protocol. It was during these sessions that the counselor demonstrated highest number of strategies of connection compared to subsequent sessions. Particularly, he used language to indicate shared problem solving and accountability language:

Counselor: Great we can keep each other in check?
Counselor: I wonder, could you guide me on your experience?
Counselor: I wonder where we drew both conclusions. What do you think? (Counselor, Dyad One)

What is also notable about this pair is that the counselor pattern of response shifted from curious and open to predominantly advice giving and problem solving once the intake assessment was complete (See Chart above Research Question 2). When looking at the frequency of implemented counselor strategies, this counselor displayed more strategies of disconnection after the assessment process ended, which opposite of the other two observed counselors.
RCT theorists describe that people in Western contexts are socialized to maintain power. Walker (2005, Kindle Locations 674-676) writes:

The implications are clear: When containment, separation, and control are the dominant goals of social behavior, all relationships are infused with some degree of zero-sum competition or the dichotomization of power. Likewise, underneath each relational encounter lies the subterranean goal of establishing power over, or winning. Each relational encounter, including therapy, is an event to be won. Strategies of disconnection, deployed by both therapist and client, provide the illusion of winning—either by establishing power over or forestalling the threat of being overpowered.

In the sample, counselor dominating occurred in nuanced ways. Practicum counselors did not interrupt or ignore client requests as potentially posited in the coding frame. However, some of the observed counselors would exert their power subtly during risk assessments processes.

Counselor Five completed a brief, informal risk assessment regarding client previous self-harm behavior. Counselor Four completed ongoing risk assessments regarding substance use and suicidality. Both counselors remained neutral in facial expressions and verbally responded with words like “Mmmhmm” or “okay” when asking about the client’s self-harm behaviors or potential suicidality. In both cases, clients shifted in their seats and looked uncomfortable compared to subsequent sessions and interactions. Both of these assessments were contrasted from other counselor behavior, in that counselors did not ask permission to explore topic or initially give the client the option to opt out of the assessment.

It is intuitive that novice counselors may express more dominating patterns during assessment safety concerns for several reasons. The counselor will likely feel increased anxiety about the potential consequences of making mistakes. Additionally, training protocol surrounding safety concerns may teach power-over strategies with the intention of keeping
clients safe. One poignant example of the contrast occurred between counseling Dyad Four during their fifth session. For the first 16 minutes of session, the client had directed the conversation and the counselor seemed to follow the client’s lead. She so far had validated feelings and asked open ended questions. When the client mentioned stressors, the counselor seemed to take the lead of session although she did not verbalize that was her intention of changing the topic. It can be inferred that the counselor came to session with an agenda, because she had the required screen share ready. The counselor makes it clear that she planned on sharing assessment results and talking about substance use, but she does not verbalize why.

Client: I had talked to my supervisor last week, and I had her about the floor above me.
Counselor: Right.
Client: Since they, that was kind of, since I have to help with that. I guess they are not going to fill it. So that's another kind of stressor that's starting to come on. I guess the candidate pool is that bad, like they don’t want to hire them.
Counselor: So it’s kind of an added stressor?
Client: Mhm.
Counselor: Speaking of stressors, I kind of have wanted to um jump in, you had filled out the C-CAP. So that was kind of like the assessment you filled in. I can actually share my screen and show you if you want to. But it was the form you filled out maybe a week ago. Does that sound right?
Client: Umm, was that the one on the scale like 1-5, that was in the beginning of February.
Counselor: Okay. Well if you don’t mind then I can pull it up and we can go over it. It should acknowledge some of the stressors and some of the anxiety pools if that’s something you’re okay with.
Client: Ya.
Counselor: Okay, let me pull it up. I was logged on and it logged me out.

As counselor shared the screen, client began to her bite fist while looking visibly uncomfortable. Counselor did not verbally acknowledge the change in client presentation, rather she continued to explain the results. She did ask how the client felt when looking at the results which the client reported feeling uncomfortable but not surprised. Counselor stopped the screen share and began
to implement an assessment of the client substance use. She began to ask a series of questions about history of alcohol consumption and over the counter pain medication use.

Counselor: I noticed a big breath. How are we feeling talking about that?
Client: I’m glad it’s out there, but that was one thing I was really reflecting on a couple weeks ago and I was still kind of thinking about the throughout the week. It’s like I don’t want that to get out to my family, because I don’t want them to get disappointed in me. I don’t want to have the rest of my family, my brother and I are the most sane, I guess. Kinda having to keep that face, I guess. And just talking about it makes me feel like it’s going to go out to the entire world. I know it doesn’t, unless it was a major concern.

The client continued to talk about her fears that friends or family might recognize her substance use. The counselor highlighted that she seemed to be uncomfortable in the moment, but not explore the fears the client described. Instead, the counselor recommended another assessment.

Counselor: There is a screening called an audit screening, probably not the audit you normally think about, but it’s a screening, like an alcohol measuring screening. So if you’re comfortable, I can run through them or share screen. Again, if you’re not comfortable taking it today, that’s completely fine too.
Client: Umm, I’m honestly not comfortable taking that today.
Counselor: That’s fine. We do leave the option up to you to take assessments, we can return to it in the future.
Client: Thank you.

As I observed the session, I noted what I perceived as a series of disconnections, not just discomfort on behalf of the counselor and client. It seemed that the counselor was less open to the leading of the client than in previous sessions. In the past the counselor framed discussions and invited the client to take assessment, but she did not during this session. My interpretations deepened when I read the counselor’s reflective journal. The counselor wrote about this interaction when describing moments of disconnection with her client:

There haven’t been too many moments in which I felt a sense of total disconnect. But there was a moment in which I felt that maybe she would feel irritated or annoyed, and in this moment, I felt what I would consider to be a form of disconnection. It was during a time of conducting assessments, my client has struggled with substance use, primarily alcohol. However, I didn’t personally feel that conducting an alcohol use assessment would be appropriate considering we were in the beginning stages of building rapport.
My supervisor at the time urged me to use that assessment. I did, I offered it to my client and my client very adamantly dismissed the want to take part in that assessment. As soon as I said it and saw my client’s reaction, I felt like I had almost “messed up” and was worried about the rapport we had started building. I gave my client the space to be honest and say she was not interested in the assessment and the following week, gave her another assessment alternative I felt was relevant but that would also be something she would feel more comfortable doing at that stage.

The counselor’s perspective verified that she was feeling nervous about implementing the assessment and that she did not recognize the break down between her and the client that occurred before she offered the AUDIT assessment. She did communicate awareness about the ways she had leveraged her power before introducing the formal assessment that her supervisor urged her to use.

Another layer observed during counselor’s dominating that occurred around the administration of assessments was the way counselors potentially withheld the aims of the assessment. As a person who was trained in the counseling clinic and someone who has trained other CITs in the clinic, I know that it is an educational requirement to administered at least one assessment with clients. In two instances, the one described above and between counseling Dyad Five, counselors were potentially fulfilling that requirement. Rather than inviting the client into the knowledge that the completion of the assessment would be mutually beneficial, that the client could gain insight and the practicum counselor could meet educational goals, the counselors-maintained power by framing it just as serving the goals of the client. This may not have impacted the client, but it does highlight a potential lack of authenticity and mutuality fostered by the counselor.
Counselor Performing

Counselor performing or sacrificing authenticity to ensure client change or being liked by the client is described extensively in RCT literature (Jordan, 2000; Walker, 2005). This dynamic coded as occurring potentially once during the sampled sessions. However, this code was difficult to distinguish because it requires marked counselor inconsistency to demonstrate sacrificing authenticity or knowledge of the counselor that may not be observable, like inner conflict related to the counseling dynamic or client. Thus, this may have occurred more than what was documented. The coded moment of this occurred with counseling Dyad Two.

Client: Okay do you prefer the camera on or off?
Counselor: We would love prefer the camera on. I didn’t know if you were in a particular space or anything.
Client: I’ll turn it on for a second, it’s just I’m burned up because I just got back from Cancun. I was just thinking it’s kind of crazy, I was just thinking I couldn’t imagine asking you all these questions like if your camera was off. So, I know is probably like uhh, I am talking to a perfect stranger.
Counselor: It’s fine, I probably would have said something in the next session and but and it is intake that you were sharing as much as possible. So I am glad you were able to mention that, because sometimes people are a little too shy regarding the camera. (Dyad Two)

Although subtle, the counselor reveals her preferred way of interacting and acknowledges she would address camera preference in future sessions. It can be inferred that she was waiting until despite the fact the naming this preference may have fostered connection.

Conclusion

In this chapter I described the findings from the instrumental case study I implemented to better understand practicum counselor strategies of connection and disconnection. I reported the findings by summarizing coding frame, showing the frequency of the observed strategies, and by
describing examples of the observed strategies. In the next chapter I will discuss the implications of these findings including strategies not discussed, the limitations to these findings, and potential future direction of study for the findings.
CHAPTER V DISCUSSION AND IMPLICATIONS

In this final chapter of the dissertation, and I will conclude by linking the findings to existing concepts with existing literature, both within RCT and professional counseling literature. For the purpose of this chapter, I will continue to organize the findings by observed strategies of connection, observed strategies of disconnection. I will also describe the strategies that were not observed as it demonstrates important dynamics about how practicum counselors relate to their counselors. After contextualizing the findings, I will explain the implications of the study findings for counselors, counselor educators and counseling supervisors. I will also describe limitations to the findings and the potential areas of future study to extend the findings. Finally, I will conclude with my final thoughts and a summary.

Discussion

The purpose of this exploratory study was to understand the strategies of connection and disconnection exhibited by practicum counselors. Understanding this extends conceptualizations described in RCT to the counselor perspective and provide insights about counselor development. Although primary concepts of RCT are becoming viewed as having increased empirical support (Lenz, 2016), there are still major gaps in understanding how counselors may enact their own internalized strategies of connection and disconnection while counseling. First, I will describe the potential strategies that were described in RCT literature that were not observed within the sample. Then, I will discuss how the observed strategies fit within the of broader RCT
literature. Lastly, I will describe how the findings fit particularly within the developmental level for the sample.

**Unobserved Strategies**

In the coding and analyses process there were unobserved strategies of connection. These strategies were described in the literature but not demonstrated by the sampled practicum counselors. Although researchers implementing directed content analyses might identify a problem with the coding frame or eliminate the observed codes, I chose to include the unobserved strategies as a finding because these codes are some of the most frequently described strategies in RCT literature. In this case, lack of the observed phenomena in the context of the counseling sessions potentially reveals information about the counselor development through the lens of RCT. There were four unobserved strategies of connection, two unobserved mixed strategies, and zero unobserved strategies of disconnection.

**Unobserved Strategies of Connection**

The unobserved categories for counselor strategies of connection from the coding frame were expression of bi-lateral practice, counselor repair, counselor contextualizing, and counselor paradox. Counselor articulation or expression of bi-lateral practice was not demonstrated in the sampled counseling sessions. This means counselors did not directly articulate how the counseling relationship and their own participation in the counseling relationship was part of the on-going process of counseling with clients during the observed sessions. Markedly, the most frequently observed strategy of disconnection was expression or demonstration of unilateral practice. The other unobserved strategies are also related to bi-lateral practice.
**Counselor Contextualizing and Counselor Paradox.** Potential counselor coding categories a) counselor contextualizing and b) counselor paradox was both demonstrated as interventions, rather than strategies of connection. This is an important distinction both about the scope of the study and the phenomena. As described in previous sections, RCT is both a clinical approach and a model of development. The purpose of this study is to understand practicum counselors through the developmental lens outlined by RCT scholars. Despite that the practicum counselors had not been trained in RCT, they described RCT strategies to clients in a way that is a clinical intervention. Another way to say this is that the practicum counselors demonstrated a counseling skill rather than an overt relation move. The sampled practicum counselors applied the RCT concepts in a unilateral way, rather than in context of the counseling relationship.

For example, during one exchange with Dyad Three the counselor asked if gender roles were important to the client’s family. Initially the client was hesitant to acknowledge that rigid gender roles were a part of her family system. However, in subsequent sessions the client began to connect patriarchal expectations in her family system with her current distress. This is an example where the counselor highlighted how social location and oppressive forces might be impacting the client, which is key factor in understanding strategies of connections and disconnections. However, the counselor did not articulate how social location might be impacting their clinical relationship. Similarly, the counselor from Dyad Four highlighted how sexism might have impacted client in her adjustment to college and her attempts to participate in local sports activities. In both cases, the acknowledgment was significant to the client’s experience, but was not directly connected to the counseling relationship and therefore not coded as a counselor strategy of connection.
Counselor Six is the only counselor to acknowledge her social location and it was with a client who had shared cultural context. She did not name how it might impact the relationship to the client, but she did reflect on it in her journal. The participant reflections were used as another set of data to deepen understanding of the phenomena and to confirm or disconfirm analysis if possible. In this case, the counselor reflection deepened understanding of the phenomena by revealing some of the counselor’s internal processes that were not explicitly named during session:

Counseling my client so far has gone well. I felt connected to my client when we shared things that were common in our culture, introversion, and feeling an obligation to support our parents. I implemented some self-disclosure when I thought it was relevant and would encourage the client. (Counselor Six)

In her journal, the counselor references self-disclosure, which the various occasions of disclosure were coded as both strategies of connection and disconnection depending on the context. It’s notable this counselor was the only trainee to name their own lived experiences explicitly.

Two counselors intuitively highlighted the elements of paradox of disconnection to their clients in a unilateral way. Counselor highlighting the relational paradox is defined as counselors responding to and remaining empathic to both sides of “relational paradox” (Miller, 1986). For example, counselor describing withdrawing behavior as attempts to keep client emotionally safe from counselor that also increases the client’s perception that counselor doesn’t understand them. For both sampled practicum counselors, it was not describing a relational pattern in their own counseling relationship, instead about the way the client seemed to function in other relationships:

Client: It’s the mental idea of doing everything myself so I don’t have to rely on anyone, cause living with family members your entire teen life is nuts, you learn to not want to rely on others, to be as independent as possible.
Counselor: Ya, it seems like you’ve accomplished that in many ways, but there are some negative effects to that, to being independent that you won’t accept help from anyone.
Client: Ya, stress is a big thing. My first year at NIU I was constantly worrying about money which probably negatively affected my grades. (Dyad Six)

Counselor: So what I hear you saying is that your level of content is making other people content, but it doesn’t sound like it’s not leaving you very content.
Client: It’s more content than I would have before, but the stress and content is added together.
Counselor: Which I imagine is conflicting, to take on another stress but to also feel like you’re helping someone else. (Dyad Four)

Practicum counselors made few comments about what was occurring in the counseling session; thus, practicum counselors did not comment if there were feeling what RCT theorists would label as a strategy of disconnection, specifically the paradox of disconnection, from the client.
However, in the reflective journals there does seem to be reference to counselors remaining in the discomfort of the relationship for counseling Dyad Four. The counselor wrote in her reflective journal:

This experience with this particular client has been eye opening for me. The client began sessions in a very solemn mood, often sad and focused on the negative aspects of their life. In the last few weeks I have noticed them working hard to point out the positives! There have been several moments where I could really identify connection with this client, the first being a day when she was really emotional, having a very hard time. She stated she had nothing to say and was going to be quiet that session, with some minimal engagement, she opened up about what was bothering her and was able to remain in the session for the full 50 minutes. Here I noticed I had opened the space for her to feel she could be vulnerable with me. This was the same session in which her vulnerability and sad demeanor, had me worried about her over all wellbeing. (Counselor Four)

In the segment of the journal, it is observable that the counselor continued to pursue the client despite the client’s initial withdrawn response. The counselor continued in her journal:

The next moment of true connection I felt with this client, was when we ended a session, one in which we had ventured a little deeper into feelings about family, past, etc. My client “thanked” me for caring at the end of the session and verbalized that she was truly thankful for our sessions and that she looked forward to them each week. In this moment I realized that this job really does make a difference in the lives of clients. This client,
whom I haven't known too long, only meet with once a week, really feels comfortable enough to share her secrets, her feelings, her vulnerabilities with me and that is not only a rewarding aspect of the job, but as a person. From one person to another, to create a space where a client feels and acknowledges connection, is an honor. I told her that I appreciate her willingness to come to sessions and to be vulnerable in this manner. This was the exact moment I realized that practicum is difficult, I am still learning, however there is a gift to be seen within counseling, and that moment of thanks opened it up. (Counselor Four)

These perspectives were not shared by the counselor with the client in the observed sessions. However, it is possible to wonder how the sentiment impacted the way that the counselor showed up for her client. The client from Counseling Dyad Four alluded to the counselor’s commitment to remaining present during potentially challenging topics:

> Overall, I have felt connected with [counselor name]. Specifically, speaking about heavier topics truly helped to reinforce this and made me feel more connected with her. Additionally, when I was vulnerable, her affirmation truly helped in this feeling. (Client Four)

This is potential evidence that the counselor remained present and empathetic despite felt discomfort during sessions in such a way that the client noticed. As an observer, I noticed the pattern of feeling emotionally drained and distant when coding this dyad due to the client’s way of being in the session. It reminded me of a clinical experience written by RCT expert, Maureen Walker, who described a client’s presentation as being a nearly deadpan delivery of trauma and suffering while mitigating the experiences she described (Walker, 2004). Walker described this strategy of disconnection as a way to be insupportable to counselor and thus avoid the potential pain the vulnerability might bring. On many occasions, I perceived that the client was engaging in a similar relational pattern with the counselor. Overall, there is not enough information to conclude definitively whether this instance was the counselor remaining empathic to the paradox of disconnection.
Despite the lack of counselor articulation to the client regarding context and empathy to the paradox of disconnection in observed sessions, it is possible to infer that the counselor possessed a conceptual understanding of the strategy of connection or disconnection because of the interactions described above. Practicum counselors were able to identify and articulate some of the underpinnings for the strategies in reference to their clients. It reasonable to infer that counselor-in-training can be trained or guided to apply and articulate contextualization or empathy to paradox of disconnection within their counseling relationship and therefore shift them towards a bi-lateral way of practicing.

**Counselor Repair.** Counselor repair was also not observed during the sampled sessions. It might be inferred that the counselors were unaware of the potential ruptures within the counseling relationship because of their focus of unilateral practice. If the practicum counselor was solely focused on what they could provide for the client, they might be less empathically responsive to how they are impacting their client on an emotional level. A potential example of this could be counselor focus on whether they are providing an intervention that reduces symptoms, instead their actions emotionally impact the client. It is also feasible that counselors did recognize the rupture but did not verbally acknowledge it in the moment. An instance like that occurred between counseling Dyad One during their fourth session when the counselor said:

Counselor: I think that, perhaps, that people in my generation versus your generation, which luckily, I am an outlier of my generation, have found a different definition of content and place of peace. I think people of your generation were pushed same way that I was, get out of the house at 18 specifically. (Dyad One)

When the counselor referenced the client’s age, the client’s eyes brows raised up briefly and she grimaced slightly. As the counselor continued to speak, the client nodded with a still face but as an observer, I noticed the shift in tone between the counselor and client. The client responded to
the content of what was said by the counselor rather than the comment about age so they continued to discuss the subjective definition of contentment. However, in the fifth session, after the second time the counselor elicited feedback, the client commented on the conversation:

Client: Like I said, most of the time I’ve had with you has been really good. But, oh you know what, one thing I would say, and this is because I am older and I don’t want to be, is pointing out separate generations may not be the best plan of action. (laughs). I’m just thinking back to the appointment we had last week and the debate that we had about words, um the good part about it was identifying the meaning of the words, which is crucial because everyone has a different lexicon when we are talking, even though we use a similar language. But how we interpret it and how we use it is different. Um so I really enjoyed that conversation, but then you had said, but back in my generation, and I was like no uh uh. You’re only 13 years younger than me, child I could be your mother, I couldn’t be your mother, I could be your older sister. Uh, [laughs], so I think that’s tricky, super tricky, because there are times, I’ve worked with students that have been much older than me, much older than me. And it’s like, how do you play with that? Because you want to find common ground, you want to be able to connect and bond in some type of way even though there are those types of differences that are either from a generational difference or life experience that’s not even based on how old you are. So ya, that’s the tricky part is like, how do you pose that, so it creates an inclusive type of atmosphere as opposed

Counselor: Without alienating
Client: Right, exactly without making me feel like a grandma.
Counselor: Fair, I noticed your face earlier, you went (counselor tilts head to the side) and I was like uh-oh that was the wrong word.
Client: And that’s when I would be like child And like I’ve said, I’ve experienced that too. And how do you play with that in a way? But ya it doesn’t alienate, because you don’t know, I don’t want to say everyone’s triggers, but um, ya, how can bring people together, as opposed to really identifying those differences and those differences will become apparent, that’s a part of the process of discussing. So ya, it’s tricky ground.
Counselor: Well, if it makes you feel better, when I am working at the middle school next fall, I am sure they will be calling me grandpa.

In this dialogue, it is verified that the client felt excluded in the comment and the counselor acknowledged noticing the moment. However, even when given direct feedback the counselor does not exactly repair the relationship. Instead of naming the mistake or taking responsibility, he reports expecting similar treatment in his next position. This may have been an attempt at an apology, but it did not explore the relational dynamics of the moment between them. The
conversation follows that topic as the client asks what he likes about working in middle school.

As this is the last session between the dyad and in the last five minutes of the session, it is not possible to interpret how the dynamic impacted the relationship. The counselor did reflect moment in the counseling relationship several months after the termination session:

The only moment where I had a lapse in connection or disconnect was when I mentioned the clients’ age. I did not specifically say how old they were, rather I said something along the lines of “someone from a different generation or my parents’ age.” The client stated that this was insulting and made them feel much older than they actually were. I apologized and we were able to move forward quickly but we both noticed a moment of discomfort. She specified that I’m only 10 years or so younger than her and it was just unnecessary to say. It was a good lesson to learn, don't mention clients’ age in a session if it’s not fully relevant and respect the boundaries of others even if they are not boundaries of my own. (Counselor One)

It’s noticeable that the counselor perceived that he apologized, although he did not use apology language. It seems possible the counselor did not know how to directly address the rupture and that unilateral thinking may also be a part of his response.

**Unobserved Mixed Strategies.** Initially the code book described two types of mixed categories, one to describe a strategy of mixed effect and one to describe uncertainty. In the first round of coding, I used the mixed categories on three occasions. Twice because I was unsure of how to code the moment, and once because the strategy seemed to have both connection and disconnection. For the two moments that I was unsure about, upon later review I was able to code one as it made more sense in comparison to other moments. The second I deleted as it was more due to my personal reactions rather than the counseling dyad’s dynamic. For the code that seemed to be mixed, I chose to break up the interaction into two codes, the strategy of disconnection and the strategy of connection. This is permissible because the scope of the study is not to evaluate how the strategies are impacting the client, or how these strategies lead to clinical outcomes, rather to understand what strategies practicum counselors implement.
In this study, perhaps the strategies that were not observed are as important as those that were observed. Practicum counselors were not observed enacting any sort of bi-directional strategies of connection across the observed sessions. Instead, practicum counselors by far were more likely to demonstrate a unilateral posture. Even when clients would use language to engage the relation nature of what was occurring between client and counsel, the practicum counselor would deflect. It seems reasonable to wonder what practicum counselors have internalized to lead them to respond in this way.

**Connections to RCT Literature**

In chapter two, I described a literature review of the support for RCT. There is increasing empirical support that RCT is an empirically supported clinical intervention and that RCT core concepts for human development seem to have both empirical support and construct validity (Crete & Singh, 2015; Frey et al., 2005; Lenz, 2016). The findings of this study add to this. In the following subsection, I will describe how the observed strategies of connection and disconnection and the unobserved strategies of connection align with, supplement, and conflict with existing RCT knowledge.

The observed strategies of connection in this study do not align with proposed stance of counselors described by RCT theorists (Jordan, 2005; Miller, 1986). Rather than being emotionally removed or still faced, the sampled counselors were often visibility moved by their clients. This deviation from the literature could be due to a variety of reasons including differences in professional identities. The sampled participants were trained as professional counselors rather than psychiatrists and psychologists as RCT writers. It may also display a change in subculture for mental health providers that has occurred in the several decades since
the seminal RCT conceptualizations were written. Perhaps instead of a stoic counselor ideal, counselors-in-training are being educated in such a way that emphasizes emotional expression or more authenticity that was previously described. The second observed strategy of connection by the sampled practicum counselors was an overall expression of imperfection and non-expert status. This also did not align with the proposed stance that counselors might take (Miller, 1986; Walker, 2005). RCT theorists expected counselors to position themselves as the expert in the room to maintain power dynamics. There is a chance that novice counselors position themselves more collaboratively and with acknowledgement of limitations due to their novice status. The counselors were acutely aware of their developing skills and therefore may have been more apt to acknowledge that.

The observed strategies of disconnection aligned with many of the concepts posited by RCT theorists. All the strategies of disconnection that were described in the a-priori coding frame were observed at least once. As the coding frame was developed from RCT literature there is overall confirmation to some extent that what is described by RCT theorists for strategies of disconnection may occur in counseling relationships with practicum counselors. (Jordan, 2000; Miller, 1986; Walker, 2005). Most notably the strategy of disconnection, unilateral focus, was demonstrated in several ways by all the counselors at least once and often more so. This is both surprising and important as part of the research goal was to apply the developmental relational concepts described in RCT to the unique population of practicum counselors. It is reasonable to think that these counselors likely exhibit more strategies of connection in their interpersonal relationships than what was observed. These findings perhaps indicate there is something about
being a novice counselor that informed their behavior and responses to the client to solely focus on the client rather than the counseling relationship.

**Connections to Professional Counseling Literature**

The findings from this study can also be contextualized within the field of professional counseling. In the next subsection I will describe how the findings align with, supplement, and conflict with existing empirical knowledge related to counselor development and social justice competency. As described earlier, RCT offers a framework that can illuminate themes with professional counseling.

**Counselor Development**

Unilateral practice was a core feature of demonstrated strategies of disconnection in all the sampled practicum counselors. This conflicts with what the profession has conceptualized as the role of counselor and aligns with many of the existing counselor developmental models (Kaplan, 2014; McNeill & Stoltenberg, 2016). In some developmental models, novice counselors are described as being self-preoccupied (McNeill & Stoltenberg, 2016). Thus, the findings of this study both support the existing literature and can offer a different interpretation of counselor development. If a supervisor or educator conceptualizes novice counselor unilateral practice as a way to maintain interpersonal safety, rather than just a stage of counselor development, perhaps the way they intervene will shift. Instead of relying on prescriptive interventions as the IDM model might suggest, a focus on felt interpersonal safety and supported vulnerability can be implemented (Miller, 1986). Additionally, if a prescriptive intervention is implemented to the novice counselor in a power-over way or without attention to the relationship, it is reasonable to
infer that such practice might re-enforce strategies of disconnection such as inauthenticity or overhelping by the counselor. Thus, findings of this study supplement some of what is known in counselor development.

**Multicultural and Social Justice Competency**

Rats et al. (2015) all provided a framework to guide counselors to ensure they are providing socially just care, part of this included positionality of the counselor and of the client. One of the largest themes of the study is that counselors did not insert themselves within the context of the counseling relationship. This also means that none of the observed counselors broached in such a way to acknowledge their own lived experiences and how it functioned within the context of the therapeutic relationship. The counselors that did acknowledge how identifies like race or gender were with clients who shared those identities. For example, counselor who identified as Mexican American referenced her own racial and ethnic identity to the client who was also a Mexican American. She was the only counselor who verbally acknowledged personal racial identity. Other practicum counselors would acknowledge when lived identity was potentially impacting the clinical concerns. For example, two of the female counselors referenced when sexism may have been leading to the client's distress. They did so with other female clients. These findings demonstrate a growth area to ensure multicultural and socially just care.

**Implications**

In the following section I will describe how the study findings can be applied to counseling, counselor education, and supervision. Overall, I see the findings of this study as an
opportunity of growth for counselor educations and supervisors. The responses of practicum counselors can be refined towards more authentic and mutual connection with clients. It is educators and supervisors who will shape such.

**Implications for Counselors**

The findings from this study align with what is described in RCT and highlight that clients yearn for a bi-directional relationship. It seems to demonstrate that clients desire a mutual and authentic relationship which aligns with what RCT scholar hypothesize. Counselors need to be prepared to respond to this yearning in a way that is appropriate, authentic, and that fosters mutuality (Miller, 1986). This means that counselors should do internal work that will prepare them to be authentic and appropriately vulnerable within the context of the counseling relationship. This likely means counselors and counselors in training must understand and reconcile their own shame responses to that they can be vulnerable and authentic with clients.

An additional theme in the findings was the practicum counselor advice giving was seemingly not useful. It seemed that often clients would disengage when advice giving occurred. Although this has been well-established and seems to be a professional norm of understanding, a RCT lens does offer insight about why this might be, and it was observable in this study. Although advice giving is considered a typical behavior for novice counselors, it is further evidence that the behavior is not fostering of connection. Overall, these findings demonstrate a need for counselors to have a robust understanding of what the counseling relationship is, particularly from a RCT perspective.
**Implications for Counselor Educators**

An important place to address the needs and development of individual counselors is through counselor education. The findings of this research can be applied in two core ways to the field. First, it is a call to deeply consider teaching pedagogy and whether it truly permits students to authentically participate in the classroom. RCT posits that individuals will sacrifice authenticity to meet the expectations of others, particularly those who have power (Miller, 1986). Thus, counselor educators must critically examine if the strategies and structures used in the classroom are inadvertently blocking authenticity. If socially developed strategies of disconnection are reinforced in the classroom, it is likely that those strategies will be even more evident within the counseling relationship.

Second, it is a reminder that education must be relationally focused to train counselors specifically. Sampled counselors demonstrated limited relational movement during observed tapes. This is partially because students were limited in verbal responses and those verbal responses tended to be counselor basic skills (Ivey et al., 2014). RCT theorists write about empathy can as a tool rather to foster than authentic connection (Jordan, 2005; Walker, 2014). The findings seem to indicate that concept can be applied basic skills as well. For example, open ended questions and summary of content should be conceptualized as ways to connect more fully with a client, not necessarily ways to facilitate change in the client or to keep the client communicating. The findings highlight a need to teach students to engage fully in professional relationships, like how to connect authentically with clients with the use of basic skills. This might mean counselor educators implement teaching interventions to teach students how to be vulnerable, repair, express challenging feelings, or set boundaries with clients.
Implications for Supervisors

Bernard and Goodyear (1992) highlighted that supervision is an intervention that is implemented in context of a relationship. According to them, this relationship should be growth-focused, hierarchal, and aimed to enhance counseling skills and ability. There are a variety of supervision models, and it is well established that supervision processes can be parallel to counseling processes (Friedlander, 1989; Searles, 2005). The findings from this study potentially highlight how the hierarchal nature of supervision, if not monitored, will encourage strategies of disconnection in practicum counselors. For example, Counselor Four articulated internal struggle about an intervention her supervisor urged her to use. It’s possible that the supervisor guided the practicum counselor in a power-over way, that the counselor then replicated partially during her work with the client. Supervisors have the unique opportunity to both model and name power-with behaviors, but to also demonstrate what authenticity is within the context of a professional relationship. Supervisors can name the bi-directional nature of the supervision relationship which counselors will then be able to implement within their own counseling relationships.

Limitations

The findings of this study fill an important gap in understanding how practicum counselors may demonstrate strategies of connection and disconnection. The findings extend conceptual frameworks within RCT to the practicum counselor and potentially reveal information about counselor development within a very specific population. Instrumental case study design is used to generate depth of understanding, but the findings cannot be applied to the general population. Using directed content analysis to generate of a-priori frame ensured that the
researcher was able to capture the phenomena of interest but also lead to potential limitations. Strategies of connection and disconnection are complex and sometimes paradoxical phenomenon. The coding frame was used as a guide to interpret the relational dynamics between counselor and client; however, the frame may not have been able to capture all the strategies. The method of observation also poses a potential limitation. For example, the strategies are not completely observable by researchers because strategies of connection and disconnection activated by internal processes like shame. This means a counselor may have had an internal reaction, but their behavior shift was not captured by the researcher. Overall, these limitations mean that there is likely more to be learned about counselor strategies of connection and disconnection.

**Future Studies**

Understanding how counselors relate to others and how to refine those processes are central to the field of counseling (Kaplan, 2014). RCT is a framework that can be used to understand the nuances of this process. As an exploratory study, the findings of this study lead to more curiosities and therefore there are several potential future studies that can be implemented. The study methods should be replicated with other counseling training programs to explore what is phenomena versus training specific context to continue to deepen the understanding of how practicum counselors exhibit strategies of connection and disconnection. Utilizing a research team so that interrater reliability can be used for applying coding frame would also broaden the potential findings because the research team would be able to engage with one another’s internalized strategies during the analysis process. These methods should also be applied to advanced counselors to understand how strategies may change over time and determine if the
observed strategies of connection are relevant. Studying a group of counselors who have been trained in RCT would also broaden the undersigning of how counselors use their own internalized strategies of connection and disconnection. Finally, the coding frame can be expanded and potentially validated to be used as an assessment tool for future use.

**Conclusion**

My original interest area was around multicultural education within counselor education and the implications for clinical practice. Although I could not sense the origin, I felt dissatisfied with my own training and wanted to understand more. In this process, I found the lens of RCT. I savored the perspectives of RCT theorists in that they critically applied lenses of power and authenticity to clinical work in ways that felt new to me. The study findings offer description of RCT concepts in practice and insight about counselor development. Observing the potential strategies of connection and disconnection in practicum counselors extended theoretical frames found in RCT to novice counselors. The five practicum counselors demonstrated responses to their clients that revealed both strengths and growth areas that can be applied to counseling counselor education and supervision. Novice counselors exhibited a willingness to be emotionally and visibly moved by their clients and exhibited a non-expert, collaborate posture. However, there was notable growth too, namely that counselors did not position themselves within the context of their own counseling relationship. This points to a wider professional problem of acknowledging and working well within a multicultural and socially just framework. By teaching counselors how to robustly understand themselves in the context of the counseling relationship, as social beings rooted within cultural context, it will ultimately lead to better client care and increased alignment with the identified philosophy the counseling profession.
REFERENCES


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APPENDIX A

COUNSELOR STRATEGIES CODING FRAME
<table>
<thead>
<tr>
<th>Strategy of Connection</th>
<th>Strategy of Disconnection</th>
<th>Mixed</th>
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<tbody>
<tr>
<td><strong>C.1. Counselor Impact:</strong> Counselor verbal/affective expression of client impact on counselor demonstrating mutual empathy such as counselor responding to client narrative with visible emotion instead of remaining still faced or neutral.</td>
<td><strong>D.1. Counselor Withdrawal:</strong> Counselor interpersonal withdrawal such as looking away suddenly or getting distracted, changing the subject, may be indicated by notable awkwardness between client and counselor etc.</td>
<td><strong>M.1. Indistinguishable:</strong> Unable to identify but client reaction or counselor affect demonstrates some sort moment within therapeutic relationship such as client abrupt response, client withdrawal, etc.</td>
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<tr>
<td><strong>C.2. Counselor Paradox:</strong> Counselor responding and remaining empathic to both sides of “relational paradox” for example counselor describing behavior as attempts to keep client safe that are increasing client suffering in context of therapeutic relationship</td>
<td><strong>D.2. Counselor Overhelping:</strong> Counselor exerting power over client by over-reliance of professional helper identity or expert role such as offering help or feedback when it is not a part of client presenting concern or present topic or focus on skills/interventions</td>
<td><strong>M.2. Connection Ambivalence:</strong> There seems to be both connection and disconnection in the same response (a push/pull towards connections): such as counselor using “we language” to describe relationship while also remaining emotionally distant from client</td>
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<tr>
<td><strong>C.3. Counselor Vulnerability:</strong> Counselor appropriate self-disclosure such as expression of their own vulnerability, imperfection, non-expert status, etc.</td>
<td><strong>D.3. Controlling Images Validation:</strong> Counselor validation of behaviors, thoughts, expressions of the dominance (value systems associated with dominance) such as focusing on client’s need to by hyper-independent, validating</td>
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<td>C.4. Counselor Contextualizing: <strong>Counselor contextualizing client or client problem in sociopolitical context.</strong></td>
<td>D.4. Controlling Image Reenactment: <strong>Counselor performing in a role that has been “raced, engendered, sexualized, and situated along dimensions of class, physical ability, religion or other culturally significant themes” such as counselor committing microaggression, fawning to client in power, etc.</strong></td>
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<tr>
<td>C.5. Naming Mutuality: <strong>Counselor increasing mutuality by power sharing behaviors- like naming context of relationship and boundaries as points of connection rather than rules, verbalizing when client counselor power dynamics are present, etc.</strong></td>
<td>D.5. Counselor Uni-lateral: <strong>Counselor expressions of unilateral thinking/practice such as over-reliance on external presenting concerns instead of counseling relationship or failure to contextualize in socio-political context i.e., naming an interaction in</strong></td>
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<tr>
<td>Counselor expressions of “two way” thinking interacting such as counselor verbalization of contribution in relational dynamics, using we language, acknowledgement of how counselor may be adding to the dynamic in session</td>
<td>Counselor performing (sacrificing authenticity) as to be liked, appease, or avoid conflict with client (described in RCT lit as using empathy as a tool rather than being empathic)</td>
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<tr>
<th>C.7. Counselor Repair:</th>
<th>D.7. Counselor Objectivity:</th>
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<tbody>
<tr>
<td>Counselor repair of previous disconnections such as counselor acknowledging a previous disconnection, sharing how she/he felt about it, taking responsibility if appropriate and inviting client to share their</td>
<td>Counselor maintaining power by denying opinion, subjectivity, or bias, remaining neutral or unmoved by client in speech or affect</td>
</tr>
</tbody>
</table>
Sample Coding Sheet

<table>
<thead>
<tr>
<th>Counselor/Client Pseudo-name:</th>
<th>Session Date:</th>
<th>Coded on:</th>
<th>Coded by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Observed Strategy Type:</th>
<th>Time:</th>
<th>Transcribed Dialogue:</th>
<th>Context Description (should be detailed and may include observer reflexivity):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Summary of counselor’s relational movement towards connection/disconnection during session: | |
|------------------------------------------------------------------------------------------| |
|                                                                                           | |
APPENDIX B

REFLECTIVE JOURNAL PROMPTS
Practicum CIT’s reflection journal prompts:

a) Did you feel connected to your client during session today? If so, explain the context and your feelings during the moments.

b) Did you feel disconnected from your client during session today? If so, explain the context and your feelings during the moments.

Client reflection journal prompts:

a) Did you feel connected to your counselor during session today? If so, explain the context and your feelings during the moments.

b) Did you feel disconnected from your counselor during session today? If so, explain the context and your feelings during the moments.
APPENDIX C

CLIENT RECRUITMENT EMAIL
Hello,

My name is Ashley Roberts and I am a third-year doctoral student in the Counselor Education and Supervision program. I am conducting a study to explore how beginning counselors work with their clients. I am doing this in a couple of ways, by watching recorded counseling tapes and by asking clients to complete a short reflection each week on the work with their counselor. I am hoping you will consider participating in this study.

There are minimal to zero risks to participation and very little additional work is required of you outside attending your counseling session. I ask that you give permission for your recording counseling session to be used for research purposes. In my review of the counseling tapes, most attention will be given to the work of the counselor. Second, I ask that you answer two questions about your session within 72 hours after meeting with your counselor. Your responses can be informally written and as brief as your wish, I’m just hoping to understand some of your internal reactions to your counselor. Participation is completely voluntary and access to services at the CCTC is in no way contingent on research participation. The long-term goal of this work is to improve clinical care. I appreciate any consideration given to being a part of that process. If you have any questions please reach out!

Warmly,

Ashley S. Roberts, MS, LPC e. z1779203@students.niu.edu

If you would like to contact my faculty supervisors, the co-chairs of my dissertation are:

Dr. Kimberly Hart, Clinical Assistant Professor: p.815-753-9308; e. khart2@niu.edu

Dr. Melissa Fickling, Assistant Professor of Counseling: p.815-753-9304; e. mfickling@niu.edu
APPENDIX D

COUNSELOR-IN-TRAINING EMAIL
Hello,

My name is Ashley Roberts and I am a third-year doctoral student in the Counselor Education and Supervision program. I am conducting a study to explore how beginning counselors work with their clients. I am doing this in a couple of ways, by watching recorded counseling tapes and by asking counselors to complete a short reflection each week on the work with their counselor. One or more of the clients has agreed to participate in this research and I am hoping you will consider participating as well.

There are minimal to zero risks to participation and very little additional work is required of you outside facilitating your counseling session. I ask that you give permission for your recording counseling session to be used for research purposes. Second, I ask that you answer two questions about your session within 72 hours. Your responses can be informally written and as brief as you wish, I’m just hoping to understand some of your internal reactions during session. Participation is completely voluntary and academic evaluation on practicum experience is in no way contingent on research participation. The long-term goal of this work is to improve clinical care. I appreciate any consideration given to being a part of that process. If have you have any questions, please reach out!

Warmly,

Ashley S. Roberts, MS, LPC e. z1779203@students.niu.edu

If you would like to contact my faculty supervisors, the co-chairs of my dissertation are:

Dr. Melissa Fickling, Assistant Professor of Counseling: p.815-753-9304; e. mfickling@niu.edu

Dr. Kimberly Hart, Clinical Assistant Professor: p.815-753-9308; e. khart2@niu.edu
Hello Future Counselor Educators,

My name is Ashley Roberts and I am a third-year doctoral student at Northern Illinois University. I am proposing an instrumental case study using directed content analysis to understand the strategies of connection and disconnection demonstrated by practicum counselors. I am hoping to recruit 2-3 auditors who would be interested in coding counseling sessions to increase represented perspectives for the study. Auditors would be trained to understand foundational elements of Relational Cultural Theory and how to consider them in a clinical context. Benefits include research experience, RCT training, and potential co-authored materials.

If you are interested in participating as auditor for the study or have questions about the study, please email me at z1779203@students.niu.edu

Warmly,

Ashley S. Roberts, MS, LPC

If you would like to contact my faculty supervisors, the co-chairs of my dissertation are:

Dr. Kimberly Hart, Clinical Assistant Professor: p.815-753-9308; e. khart2@niu.edu

Dr. Melissa Fickling, Assistant Professor of Counseling: p.815-753-9304; e. mfickling@niu.edu
APPENDIX F

EXPERT REVIEWER EMAIL
Hello,

My name is Ashley Roberts and I am a third-year doctoral student at Northern Illinois University. I am proposing an instrumental case study using directed content analysis to understand the strategies of connection and disconnection demonstrated by practicum counselors-in-training. One important component of directed content analysis is a coding frame to guide observations of the researcher.

I am reaching out to inquire if you would be willing to serve as an expert reviewer of the coding frame I have been developing. This should take no more than 20 minutes of your time. The frame utilizes existing RCT literature around strategies of connection and disconnection that I have gathered so far.

If you agree to review the coding frame, I will send you a document where you will be asked to read and evaluate the coding frame. I ask that you indicate your opinion about the accuracy of the wording of each code and indicate whether you think the codes are representative to the potential strategies a counselor-in-training might implement using the comment and track changed features in Microsoft word. You can also offer additional codes which you determine are not currently captured in the frame or recommend dropping or changing codes you find to be redundant.

As an expert in the field, your input would be incredibly valuable to this study and to establishing the credibility of the coding frame. I am happy to answer any questions you may have about this study.

If you are able and willing to review the coding frame, please reply to this email and I will promptly send the coding frame. My goal is to receive expert feedback by November 25, 2020.
Your work in the field has inspired me and I am grateful you have taken the time to read this email.

Sincerely,

Ashley S. Roberts MS, LPC

If you would like to contact my faculty supervisors, the cochairs of my dissertation are:

Dr. Melissa Fickling, Assistant Professor of Counseling: p.815-753-9304; e. mfickling@niu.edu

Dr. Kimberly Hart, Clinical Assistant Professor: p.815-753-9308; e. khart2@niu.edu
APPENDIX G

EXPERT FEEDBACK
<table>
<thead>
<tr>
<th>Strategy of Connection</th>
<th>Strategy of Disconnection</th>
<th>Mixed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C.1. Counselor Impact:</strong></td>
<td><strong>D.1. Counselor Withdrawal:</strong></td>
<td><strong>M.1. Indistinguishable:</strong></td>
</tr>
<tr>
<td>Counselor verbal/affective expression of client impact on counselor</td>
<td>Counselor interpersonal withdrawal such as looking away or getting distracted, changing the subject, etc.</td>
<td>Unable to identify but client reaction or counselor affect demonstrates some sort moment within therapeutic relationship such as client abrupt response, client withdrawal, etc.</td>
</tr>
<tr>
<td><em>R1:</em> Done by being “responsive” to client, instead of neutral.</td>
<td><em>R1:</em> There’s also an awkward energy depletion when this happens.</td>
<td><em>R1:</em> This reminds me of the confusion inherent in disconnections.</td>
</tr>
<tr>
<td><strong>R2:</strong> What kind of pre-work might be involved in helping the counselor correctly encode the affective impact?</td>
<td><strong>R2:</strong> Good clue that the counselor is impacted... sometimes it shows up as an “alternative” explanation/interpretation of the experience.</td>
<td><strong>R3:</strong> This feels like we’re talking about empathy when there are several kinds of empathic connection. What if you aren’t emotionally connecting but still connecting cognitively or culturally? Is it still ambivalent?</td>
</tr>
<tr>
<td><strong>C.2. Counselor Paradox:</strong></td>
<td><strong>D.2. Counselor Overhelping:</strong></td>
<td><strong>M.2. Connection Ambivalence:</strong></td>
</tr>
<tr>
<td>Counselor responding and remaining empathic to both sides of “relational paradox” for example counselor</td>
<td>Counselor exerting power over by over-reliance of professional helper identity or expert role such as offering help or feedback</td>
<td>There seems to be both connection and disconnection in the same response (a push/pull towards</td>
</tr>
<tr>
<td>describing behavior as attempts to keep client safe that are increasing client suffering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>R1:</strong> This one is tricky. It could be clients really need to stay safe. Maybe it would help if code noted if client’s paradox was being played out in relation to counselor or another relationship.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>R2:</strong> Right…. This is our mentor Irene Stiver reminding us that we must always “honor” the strategies of disconnection. BTW, this is consistent with the IFS notions of the protector self.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>R4:</strong> being willing to stay in moments of discomfort if beneficial to client</td>
<td></td>
<td></td>
</tr>
<tr>
<td>when it is not a part of client presenting concern or present topic or focus on skills/interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>R1:</strong> Good!</td>
<td></td>
<td></td>
</tr>
<tr>
<td>connections): such as counselor using “we language” to describe relationship while also remaining emotionally distant from client</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **R1:** I’m wondering if the category “mixed” is somehow trying to capture the difficult moments of relational transformation. It’s the messy stuff that happens when people are in the process of working to re-create connection after a disconnection. There are starts/stops, mis-steps and mistakes, but inevitably it boils down to the intention behind the engagement. Are people “intending” to engage in the spirit of mutual care and growth? Maybe there could be some kind of subcategory under “Mixed” that could denote the mutual intentions in an effort to capture attempts at “relational movement” or not. Hope that makes sense. With RCT being based in the
C.3. Counselor Vulnerability:
Counselor expression of their own vulnerability, imperfection, non-expert status, etc.

R1: Counselor vulnerability comes in many forms. It can be experienced internally (controlling images counselors hold of what it means to be a “good clinician” or in relation to client in a moment of authentic expression.

R3: There should be something here about appropriate self-

D.3. Controlling Images Validation:
Counselor validation of behaviors, thoughts, expressions of the dominance (value systems associated with dominance) such as focusing on client’s need to be hyper-independent, validating diet culture as means to achieve “thin ideal” that is rooted in racism, sexism, ableism, etc., or enacting microaggressions against client.

R1: Another way to phrase this would be counselor colluding with client in a way that stunts racial identity development, critical thinking of consciousness.

R1: I’m wondering if you could capture interns’ struggle to say the right thing using the facilitative skills they’ve been taught in training to such a degree they don’t feel grounded or present in their relationship with the client.

Idea that relational movement is always in progress (in one direction or another) it’s tricky to capture the messy stuff between connections and disconnections. I’m specifically referring to the stuff that happens when people are attempting to recreate mutual empathy through supported vulnerability, constructive conflict, empathic resonance, authenticity.
**disclosure as vulnerability can go too far.**

**R4: naming mistakes when appropriate for client/counselor relationship or client’s own development, appropriate self-disclosure, etc.**

raising. Also a signal of lack of multicultural competence in counselor or when client and counselor are not a good match in terms of relational competencies and/or multicultural competencies.

*Straight up gross no matter what you call it. Just sayin’…Sadly, implicit bias and fat shaming is alive and well amongst mental health professionals.*

**R2: (sounds good – will the respondents have specific examples?)… People often have different interpretations of these terms.**

---

**C.4. Counselor Contextualizing:** Counselor contextualizing client or client problem in sociopolitical context

**R1: The assumption is the counselor has multicultural competencies. If client already understands the sociopolitical context this could be tricky.**

**D.4. Controlling Image Reenactment:** Counselor performing in a role that has been “raced, engendered, sexualized, and situated along dimensions of class, physical ability, religion or other culturally significant themes” such as counselor committing microaggression, fawning to client in power, etc.
<table>
<thead>
<tr>
<th>R4: (possibly in this section something about acknowledging client’s own expertise in their life)</th>
<th>R1: Reenactment or reinforcing. Either way it stimies growth.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C.5. Naming Mutuality:</strong> Counselor increasing mutuality by power sharing behaviors- like naming context of relationship and boundaries as points of connection rather than rules, verbalizing when client counselor power dynamics are present, etc.</td>
<td><strong>D.5. Counselor Uni-lateral:</strong> Counselor expressions of unilateral thinking/practice such as over-reliance on external presenting concerns instead of counseling relationship or failure to contextualize in socio-political context i.e. naming an interaction in session due to client’s symptoms rather than dynamic within therapeutic relationship or reaction to stratified society.</td>
</tr>
<tr>
<td>R1: I like this and see it as an invitation for clients to be more authentic in their relationship with counselors.</td>
<td>R1: I also think of this as the counselor “locating” the problem in the client – aka pathologizing them.</td>
</tr>
<tr>
<td>R4: Counselor increasing mutuality by power sharing behaviors- like naming context of relationship and boundaries as points of connection or places of meeting rather than rules, verbalizing when client counselor power dynamics are present, recognizing and naming own privilege, etc.</td>
<td>R3: I’m not sure how the sociopolitical context didn’t make it into this explanation. I would think a counselor neglecting the client’s cultural context here would be a disconnection.</td>
</tr>
<tr>
<td>R4: Counselor Performing: Counselor performing (sacrificing authenticity and...</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Counselor expressions of “two way” thinking interacting such as counselor verbalization of participation in relational dynamics, using we language, acknowledgement of how counselor may be adding to the dynamic in session</td>
<td>Counselor performing (sacrificing authenticity) as to be liked, appease, or avoid conflict with client (described in RCT lit as using empathy as a tool rather than being empathic); counselor responding out of their own internalized relational images and/or controlling images</td>
</tr>
<tr>
<td><strong>R1:</strong> Counselor isn’t necessarily adding to, but acknowledging being a “part of.”</td>
<td><strong>R1:</strong> Counselor lacks capacity, courage, or resilience to risk moving into disconnection.</td>
</tr>
<tr>
<td><strong>R2:</strong> Yes!</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.7. Counselor Repair:</th>
<th>D.7. Counselor Objectivity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor repair of previous disconnections.</td>
<td>Counselor maintaining power by denying opinion, subjectivity, or bias, remaining neutral or unmoved by client in speech or affect</td>
</tr>
<tr>
<td><strong>R2:</strong> Counselor acknowledging a previous disconnection, sharing how she/he felt about it, takes responsibility if appropriate and invites client</td>
<td><strong>R1:</strong> Almost like the counselor is objectifying and dehumanizing her/himself.</td>
</tr>
</tbody>
</table>
to share their experience and any after thoughts.

**R4:** Naming when things went “wrong” in therapeutic relationship and owning their own responsibility in the disconnection

| **D.8. Counselor Dominating:**
| Counselor exertion of power by interrupting, redirecting, ignoring client requests/engagement
| **R1:** Well yuk. *This again signals some kind of enactment of the central relational paradox in the counselor.*
APPENDIX H

STRATEGIES TABLE
| C.1. Counselor Impact: Counselor verbal/affective expression of client impact on counselor demonstrating mutual empathy such as counselor responding to client narrative with visible emotion instead of remaining still faced or neutral. | Mutual empathy requires the therapist’s willingness to move information (i.e., the information of his or her response to the client) out, into the relationship, rather than conceal it behind a mask of neutrality. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 174-175). Kindle Edition.

The use of mutual empathy in therapy challenges many of the more traditional dynamic approaches that emphasize therapist objectivity, neutrality, or non-gratification in the therapeutic relationship. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Location 343). Kindle Edition.

When a therapist struggles with a client’s core dynamics, which interface so well with the therapist’s own, there are opportunities either for hiding or for authenticity. Authenticity does not require disclosure or even exposure, sure, necessarily. Authenticity does mean that the “therapist tries to be with the thoughts and feelings occurring in the relationship. It also means that the therapist tries to be with the movement towards connection, the fears of that movement, and the strategies of disconnection” (Miller, 1999, p. 2). How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 1599-1602). Kindle Edition. |
C.2. Counselor Paradox: Counselor responding and remaining empathic to both sides of “relational paradox” for example counselor describing behavior as attempts to keep client safe that are increasing client suffering such as counselor description. The paradox is that these strategies, which may or may not be held in conscious awareness, mask both the longing for and the terror of connection. If the therapy is to be productive, the therapist must remain empathic as both sides of the paradox emerge in the therapist-client relationship (Miller & Stiver, 1995, 1997). If instead the therapist disconnects in reaction to this paradox, the likely result is an impasse. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 154-156). Kindle Edition

The relational-cultural model reframes vulnerability to emphasize the importance of nonjudging awareness and self-empathy, qualities that allow the therapist to view his or her uncertainty as an opportunity for growth in his or her own capacity for sustaining the complexity inherent in connection. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 192-193). Kindle Edition.

Relational-cultural practitioners also recognize that expertise is fluid (Fletcher, 1999). Such recognition releases the therapist from idealized (and shaming) images of perfection and unwavering certainty. He or she is then free to relate to the client in active and alive ways, experiencing him- or herself more as a real person-therapist therapist than as a therapist-impersonator. How Connections...
Asking for help and clarity means we have to acknowledge our vulnerabilities as therapists. In short, I believe that misusing, abusing, or simply relying on diagnostic labels is one of the ways that therapists resist their vulnerabilities to feel ineffective, helpless, or incompetent. When things do not move in therapy, we have the privilege to blame it on this “disorder” that is wrong with our client. In doing so, we gain control of our feelings by naming where, and in whom, the problem lies. At the same time, we deplete our creativity and dismantle the context of our clients’ lives. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 1465-1468). Kindle Edition.

Mutuality is at its best when we “put our money where our mouth is”- when we, the therapists, stretch ourselves to grow in ways that we are asking clients to grow. We are asked not to work “on” our clients’ problems, but to work “in” them-to bring ourselves to the therapy more fully, to be authentic in our presence, and to strive for mutuality in the process. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 1534-1536). Kindle Edition.
Related to the process of increasing authentic responsiveness is the issue of therapist vulnerability. In the dominant culture, vulnerability is often seen as a danger to be minimized, if not outright avoided. Indeed, the implicit message in many traditional training settings is that therapist vulnerability is evidence of therapist ineptitude. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 188-190).

Moreover, because the therapy relationship exists in a cultural context where power is stratified and sinuously layered along multiple dimensions, the therapist and client must pay close attention to the enactments of power between them. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 467-468). Kindle Edition.

Being able to talk about how all of us subscribed to this cult of self-sufficiency-in sufficiency-in essence, “the less I need and the more I can do for myself, the better person I am”-was mutually freeing. We each shared ways in which our own personal sense of isolation could turn into a breeding ground of struggles to gain positions of superiority with colleagues, friends, and family. Regularly naming this trap and putting it outside of us detoxified its effects and encouraged positive acts of resistance and resilience. How

| C.3. Counselor Vulnerability: Counselor appropriate self-disclosure such as expression of their own vulnerability, imperfection, non-expert status, etc. | Related to the process of increasing authentic responsiveness is the issue of therapist vulnerability. In the dominant culture, vulnerability is often seen as a danger to be minimized, if not outright avoided. Indeed, the implicit message in many traditional training settings is that therapist vulnerability is evidence of therapist ineptitude. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 188-190). Moreover, because the therapy relationship exists in a cultural context where power is stratified and sinuously layered along multiple dimensions, the therapist and client must pay close attention to the enactments of power between them. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 467-468). Kindle Edition. Being able to talk about how all of us subscribed to this cult of self-sufficiency-in sufficiency-in essence, “the less I need and the more I can do for myself, the better person I am”-was mutually freeing. We each shared ways in which our own personal sense of isolation could turn into a breeding ground of struggles to gain positions of superiority with colleagues, friends, and family. Regularly naming this trap and putting it outside of us detoxified its effects and encouraged positive acts of resistance and resilience. How |
Relational-cultural theory is based on a philosophy of cultural pluralism in which differences between people, especially cultural differences, are viewed as important. The theory’s focus on the interaction between macro issues and micro problems makes it an especially effective approach for cross-cultural clinical work. In such work, the therapist must recognize and manage issues that might inhibit both therapist and client. However, the practice of relational-cultural therapy is not an either-or proposition. Earnest and thoughtful interventions that address a specific clinical issue need not preclude confronting the cultural power dynamics that shape the therapy relationship, as well as the presentation of the issue itself.

The issue of boundaries is central to any discussion about the construction of power in the therapy relationship. The stance that distinguishes relational-cultural practice from many traditional...
<table>
<thead>
<tr>
<th>client or client problem in sociopolitical context rather than locating client as center of the problem.</th>
<th>models is the belief that boundaries represent a place of meeting and exchange rather than a line of rigid demarcation. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 225-226). Kindle Edition.</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.5. Naming Mutuality: Counselor increasing mutuality by power sharing behaviors- like naming context of relationship and boundaries as points of connection rather than rules, verbalizing when client counselor power dynamics are present, etc.</td>
<td>Specifically, the therapist should not use his or her power to secure more and lasting power over the client. In much traditional practice, the client must participate in the relationship according to terms unilaterally determined by the therapist. To counteract this norm, Miller (2003) suggests that the therapist should take explicit steps to minimize the risk of misusing the power differential. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 240-241). Kindle Edition.</td>
</tr>
<tr>
<td></td>
<td>Mutuality does not always happen in an even, graceful flow, and it is often the client’s confrontation of the therapist’s form of Disconnecting that compels it forward. The client’s equal need to know who we are, to have us participate in the relationship, to feel that he or she can understand us, even give to us, is often the root of mutuality’s emergence. To allow clients to give of themselves (their empathy, their kindness) and to feel empowered powered in those capacities are essential experiences for their growth and the development of the therapy. It is important not to maintain a unilateral stance that therapy is all about the therapist knowing,</td>
</tr>
</tbody>
</table>

The movement toward mutuality may be achieved by various means. The therapist’s disclosure of personal information about her life is only one method—one I have found to be too easy to do and too difficult to use effectively. It doesn’t involve much creativity on my part to impart information about my life; but the usefulness of that information is often doubtful. However, there are several other movements toward mutuality at our disposal.

• The therapist can be open to being affected and changed by the treatment relationship (Jordan, 1991).

• The therapist can express affect about the client.

• The therapist can disclose opinions about the client.

• The therapist can admit uncertainty or error, including fumbling and indecision; the therapist can propose tentative hypotheses, instead of delivering sure interpretations.

• The therapist can accept and validate the client’s expressions of caring and concern for the therapist.

• The therapist can validate the client’s accurate perceptions about the therapist.
| **C.6. Counselor 2-way:** Counselor expressions of “two way” thinking interacting such as counselor verbalization of contribution in relational dynamics, using we language, acknowledgement of how counselor may be adding to the dynamic in session | This action can start with the very first interview with steps like the following: We can explain how we work and ask what the patient expects. Sometimes people expect something very different and it is best to discuss that. Second, we can explain the conditions in which we can work. We can say, “You tell me what you’d like” and try to meet the patient’s conditions. When we can’t, we should be honest about it. As part of the way we work, we can explain that this work depends on a dialogue, an interaction based on mutuality, with words like, “I can’t possibly do it alone.” This kind of mutual engagement may be different from what the patient is accustomed to in other healing situation. (Miller, 2002) But, because practitioners of relational-cultural therapy hesitate to use language that over pathologizes or objectifies the client, I found myself reluctant to use the obvious diagnoses of borderline personality disorder or dissociative identity disorder. Instead, relational-cultural therapy principles led me in a different direction from the beginning. I chose posttraumatic stress disorder, since it |

• The therapist can tell the client what she (the therapist) has learned from the client.

• The therapist can refuse to take precautions to prevent the client from seeing the therapist as “a real person.”

(Eldridge et al., 1993)
seemed clear to me that Laura’s destabilization could be traced to several traumatic childhood events. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 977-980). Kindle Edition.

The more one wants and needs, the more threatened one feels. These were some of the more difficult, though inspiring, times for me, as we struggled to remain main present to each other and forge a connection in such profound places of shame and despair. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 1787-1788). Kindle Edition.

We were all left with that common experience in trauma work that talking about the trauma is itself retraumatizing. I knew when Jan was approaching her limit; she would fix me with that glare and make numerous comments about my ineptness and utter failure to understand how terrible talking about this felt for her. At my better times, I could hear what she was saying, stop myself, collect all the images I had of what I knew she had been through-the more detailed information was given to me, with her consent, by her individual therapist-and realize that I was distressed about her pain and wanted to get her through it quickly, at a pace she sensibly was not going to sustain. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 1689-1693). Kindle Edition.
Rarely does one human being engage in an intense encounter with another and remain neutral throughout the process. To assume such a stance in therapy is simply disingenuous. That the values of nonresponsive neutrality and empathic possibility would be held simultaneously is one of the mystifications of modern therapy that relational-cultural practice seeks to rectify. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 219-221). Kindle Edition.

With each deadpan delivery of yet another horrific event, I came to see myself more and more as her champion-savior: the one who could help her not only see and come to terms with a painful past, but also begin to envision new ways of being in all of her relationships. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 529-530). Kindle Edition.

D.1. Counselor Withdrawal: Counselor interpersonal withdrawal such as looking away suddenly or getting distracted, changing the subject, may be indicated by notable awkwardness between client and counselor etc. when the therapist disconnects from her own experience and makes it unavailable to the relationship, the client is not free to represent herself with authenticity (Stiver, 1992). Again, the profound irony of the situation is that by focusing on winning her trust by withholding parts of myself from relationship, I may have inadvertently advantently shamed parts of Kira out of relationship. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 721-723). Kindle Edition.
It was at that point that, like Carin, I sought psychiatric help and counseling. Personally, I felt a lot of shame for needing help at all; somewhere along the way I uncovered an image I held of myself as someone who was supposed to know how to handle whatever came her way, no matter the context. I am certain that my training as a mental health provider had something to do with my having developed this image, as it had worked its way into my personal and professional life. Looking back, this image seems so obviously naive yet dangerously common, readily acceptable, and very easy to slip back into. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 1271-1274). Kindle Edition.

The word “competence” has its roots in two Latin words: com, meaning “together,” and petere, to aim at, go toward, try to reach, seek (Oxford English Dictionary, 1971). It shares these roots with the word “compete.” In fact, competition used to mean “to strive after [something] in company or together.” Much later did competition come to mean “to be in rivalry with” or “the action of endeavoring to gain what another endeavors to gain at the same time” (Oxford English Dictionary, 1971). Current notions of competence are saturated with images of “mastery over” and competition. The verb “to master” suggests “to reduce duce to subjection, to get the better of, to break, to tame” (Oxford English Dictionary, 1971). Evelyn Fox
Keller (1985) notes that Western models else of science are based on a “Baconian” model of mastery over nature. The competition and mastery implicit in most models of competence create enormous conflict for many people, especially women and other marginalized groups, people who have not traditionally been “the masters.” (The Complexity of Connection: Writings from the Stone Center’s Jean Baker Miller Training, p. 2004)

<table>
<thead>
<tr>
<th>D.2. Counselor Overhelping: Counselor exerting power over by over-reliance of professional helper identity or expert role such as offering help or feedback when it is not a part of client presenting concern or present topic or focus on skills/interventions</th>
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1) defensiveness; 2) the failure of a relational perspective, with overreliance on individualistic and intrapsychic models; 3) the intrusion of what I call outside judges or old supervisors; 4) the difficulty of staying present with anger and conflict; and 5) the imposition of control rather than empathic responsiveness (Jordan, p. 2) (Challenges to Connection, 1993)

One is either rational or emotional, professional or (the word that most expeditiously silences most women) unprofessional. This incident poignantly illustrates Jordan’s (1991) assertion that underlying the prevailing models of power is the belief that affect is incompatible with cognitive effectiveness.

Reflective of the dominant society in which it is embedded, the culture of therapy also proliferates controlling images that may constrain movement in relationship. For example, the image of the therapist as Unfailingly Wise or Perpetually Empathic imposes a set
of shaming idealizations that may constrict the therapist’s openness to new learning in relationship. Similarly, there exist many disempowering controlling images associated with clients. Many of the Axis II diagnostic labels so readily applied to clients (e.g., borderline) serve as ready-made explanations for disturbances in relationship. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 261-264). Kindle Edition.

The power-over paradigm would have us rush to common ground before fully engaging the rich potentialities of our differences. (Walker, 2004, p. 7)

D.3. Controlling Images Validation: Counselor validation of behaviors, thoughts, expressions of the dominance (value systems associated with dominance) such as focusing on client’s need to be hyper-independent, validating diet culture as means to achieve “thin ideal” that is rooted in disconnection strategies: from mimicking the postures and practices of the dominant group or by disavowing their own power and relevance in relationship. (Walker, 2004, p. 5)

Black male sexism has undermined struggles to eradicate racism just as white female racism undermines feminist struggle. As long as these two groups, or any group, defines liberation as gaining social equality with ruling-class white men, they have a vested interest in the continued exploitation and oppression of others. (hooks, bell. Feminist Theory, p. 16)

All men support and perpetuate sexism and sexist oppression in one form or another. It is crucial that feminist activists not get bogged down in intensifying our awareness of this fact to the extent that we
racism, sexism, ableism, etc., or enacting microaggressions against client do not stress the more unemphasized point, which is that men can lead life-affirming, meaningful lives without exploiting and oppressing women. Like women, men have been socialized to passively accept sexist ideology. While they need not blame themselves for accepting sexism, they must assume responsibility for eliminating. (hooks, bell. Feminist Theory, p. 73)

Therapists, who by most accounts carry the power in therapeutic relationships, struggle with their own shame unique to this particular role. In fact, much is written in the relational-cultural theory literature about the notion of “therapist shame.” In order to examine the relational dynamics names of disconnections, therapists have to engage in two-way thinking and, in a sense, give up the privilege of labeling the client as the sole source of the therapeutic disconnection as a way of managing shame. Giving up this privilege as a source of power evokes a sense of vulnerability in the therapist, particularly in those who are traditionally trained. For practitioners of relational-cultural therapy, this process is a movement toward mutuality and connection and away from shame and immobility. In fact, it is in this place of supported vulnerability that we find the creative energy needed to resist the sources of disconnections. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 1325-1330).
| D.4. Controlling Image Reenactment: Counselor performing in a role that has been “raced, engendered, sexualized, and situated along dimensions of class, physical ability, religion or other culturally significant themes” such as counselor committing microaggression, fawning to client in power, etc. | The power-over paradigm would have us rush to common ground before fully engaging the rich potentialities of our differences. (Walker, 2004, p. 7) disconnection strategies: from mimicking the postures and practices of the dominant group or by disavowing their own power and relevance in relationship. (Walker, 2004, p. 5) Black male sexism has undermined struggles to eradicate racism just as white female racism undermines feminist struggle. As long as these two groups, or any group, defines liberation as gaining social equality with ruling-class white men, they have a vested interest in the continued exploitation and oppression of others. (hooks, bell. Feminist Theory, p. 16) All men support and perpetuate sexism and sexist oppression in one form or another. It is crucial that feminist activists not get bogged down in intensifying our awareness of this fact to the extent that we do not stress the more unemphasized point, which is that men can lead life-affirming, meaningful lives without exploiting and oppressing women. Like women, men have been socialized to passively accept sexist ideology. While they need not blame themselves for accepting sexism, they must assume responsibility for eliminating. (hooks, bell. Feminist Theory, p. 73) |
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Our rigged histories of power-over stratification function to silence and shame anyone who risks engaging a relationship for the express purpose of promoting growth-enhancing change. Moreover, this shame is amplified by the meta-assumptions of unilateral control and dichotomous process characteristic of the power-over therapeutic...
D.5. Counselor Unilateral: Counselor expressions of unilateral thinking/practice such as over-reliance on external presenting concerns instead of counseling relationship or failure to contextualize in socio-political context i.e. naming an interaction in session due to client’s symptoms rather than dynamic within therapeutic relationship or reaction to stratified society frameworks. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 709-710). Kindle Edition.

I did not give much thought to my own challenges or to those of our relationship. Relational-cultural cultural theory is very clear about the dangers of one-way thinking.... Because I felt so confident, I failed to engage in more relational two-way thinking and neglected to ask myself the similar round of questions: What will be my challenges in this relationship? How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 1280-1281). Kindle Edition.

The tendency to respond to shame by other blaming is most often indicative of power imbalances in relationships. The individual who has the most power in a relational construction, or who is working to attain or maintain the most power, typically blames the other. In the act of blaming another, the blamer has the potential to become abusive and violent, either physically, emotionally, or both.

Relational-cultural theory posits that either response to shame (i.e., self- or other-blaming) leads us to a place of relational immobility. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 1321-1324). Kindle Edition.

However, the model does incorporate a significant attitudinal shift. In many models empathy is relegated to a supporting role—a way of laying a basis for the “real” work of transference interpretation or
intrapsychic conflict resolution (Jordan, 2000). Viewed in this way, empathy may devolve into a little more than a technique to induce the client’s cooperation with the therapist’s efforts to ply his or her trade. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Locations 162-164). Kindle Edition.

empathy-as-technique approach to the therapeutic relationship may generate benign rapport, it is unidirectional and deterministic.

Undoubtedly, this approach to empathy can result in an “I-feel-your-pain” caricature of connection. How Connections Heal: Stories from Relational-Cultural Therapy (Kindle Location 165). Kindle Edition.

This advice about hoarding power was dispensed not only to women engaged in business enterprises but also to those of us in mental health professions. In one videotaped session after another, students are admonished not to engage in power struggles with their clients, with simultaneous warnings about the dire consequences that would ensue should we ever leak our power out of the therapeutic frame to the client. In other words, we were taught to win by pretending that we were not engaged in battle. We were taught to engage power by obscuring reality and lying—I think even or perhaps especially—to ourselves. The paradigm of hierarchical, ego-bounded power is grounded in reactive fearfulness of zero-sum choices, in which we must gain power-over to avoid being overpowered. Such power...
cannot be embraced; it can only be temporarily extorted. (Walker, 2004, p. 4)

“First, long ago I learned to distrust those who claim objectivity, which in my view is merely the subjectivity of those who have the power to impose it on others. (Isasi-Diaz, 1996, p. 36)

First, as a mujerista theologian, a Hispanic women’s liberation theologian, my hermeneutics of suspicion led me to conclude that most of the time what is considered objectivity is the subjectivity of dominant groups who can impose their understandings on others. Much more important than trying to be objective, I believe, is to identify one’s subjectivity, to make clear one’s perspective and purpose when dealing with (Isasi-Diaz, 1996, p. 127)

It is also worth noting that shame about what I viewed as my own emotional weakness belied my dogged attempts to win Kira’s trust. As a fledging clinical trainee, I was fearful of feeling hurt or angered by Kira’s use of a racial slur; such an emotional reaction might signal my unfitness to be a therapist. Implicit in my thinking was the notion that I should have been strong enough to remain unfazed by Kira’s revelation; that perhaps, if only to myself, I should have been able to construct an interpretation that would allow me to feel less vulnerable. The idealized images that I held cast the therapist as the perfect “self as instrument.” How Connections Heal: Stories from

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<th>D.7. Counselor</th>
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<tr>
<td>Objectivity: Counselor</td>
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<tr>
<td>maintaining power by denying opinion, subjectivity, or bias, remaining neutral or unmoved by client in speech or affect</td>
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The theoretical models of Western psychology represent variations on a culture-bound story: a story marked by efforts to appear scientifically objective or “neutral” (Jordan, 2001). Yet the theories typically derive from a position of cultural dominance, and so certain omissions and distortions seem all but inevitable (Miller, 1976). To the extent that any psychological theory ignores the sociopolitical realities of the culture in which it arises, it can render only a fragmented interpretation of human experience. How Connections Heal: Stories from Relational-Cultural Therapy, p. 68-71.

“Miller writes that, like all concepts and actions of a dominant group, power may be distorted and skewed. This distortion is manifest in a constant need to maintain an irrational dominance: a dominance built on a foundation which includes restriction of another group.” (Psychology of Woman, p. 2)

Miller is clear that the whole therapy arrangement augments the therapist’s power and can easily replicate the functions of the power-over culture from which it arises. For this reason, she posits the importance of sharing power with the client. As she and Stiver (1997) elucidated this point in The Healing Connection, the client is viewed as a supplicant—the one with problems; he or she is in a “one down”
position in relation to the therapist. He or she enters the therapist’s
domain, where the rules of encounter, such as those about
“boundaries” and “therapist neutrality,” may be rigidly prescribed and
held. How Connections Heal: Stories from Relational-Cultural

The implications are clear: When containment, separation, and
control are the dominant goals of social behavior, all relationships are
infused with some degree of zero-sum competition or the
dichotomization of power. Likewise, underneath each relational
encounter lies the subterranean goal of establishing power over, or
winning. Each relational encounter, including therapy, is an event to
be won. Strategies of disconnection, deployed by both therapist and
client, provide the illusion of winning—either by establishing power
over or forestalling the threat of being overpowered. How
Connections Heal: Stories from Relational-Cultural Therapy (Kindle
APPENDIX I

PARTICIPANT JOURNAL PROMPTS
1. Practicum counselor’s reflection journal prompts:
   
   a. Reflect on your experiences counseling your client so far. If any, describe moments during which you felt connected to your client. You can explain the circumstances around the moments, what feelings you felt, or any responses you might have implemented with client. Feel free to share anything you believe to be relevant.
   
   b. Reflect on your experiences counseling your client so far. If any, describe moments during which you felt disconnected from your client. You can explain the circumstances around the moments, what feelings you felt, or any responses you might have implemented with client. Feel free to share anything you believe to be relevant.

2. Client’s reflection journal prompt:

   a. Reflect on your experiences during counseling so far. If any, describe moments during which you felt connected to your counselor. You can explain the circumstances around the moments, what feelings you felt, or any responses you might have implemented with client. Feel free to share anything you believe to be relevant.

   b. Reflect on your experiences during counseling so far. If any, describe moments during which you felt disconnected from your counselor. You can explain the circumstances around the moments, what feelings you felt, or any responses you might have implemented with client. Feel free to share anything you believe to be relevant.