

# An Exploration of the Perceived Impact of Post-Master's Experience on Doctoral Study in Counselor Education and Supervision



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Using quantitative and qualitative analysis, the perceived impact of post-master's experience (PME) during counselor education and supervision (CES) doctoral study was examined across five core areas of professional identity development: counseling, supervision, teaching, research and scholarship, and leadership and advocacy. The results showed positive perceptions of the impact of PME in four of the five core areas, with significant relationships between the amount of PME and perceived impact on supervision and leadership and advocacy. Implications inform CES doctoral admissions committees as well as faculty who advise master's students interested in pursuing a doctoral degree in CES.

**Keywords:** counselor education and supervision, doctoral study, post-master's experience, doctoral admissions, professional identity

The master's degree in counseling serves as the entry-level degree in the field, and students entering a doctoral program in counselor education and supervision (CES) are believed to have already met the standards of an entry-level clinician (Goodrich, Shin, & Smith, 2011). Therefore, the doctoral degree in CES is to prepare counselors for leadership in the profession within a variety of roles including supervision, teaching, research and scholarship, and leadership and advocacy, as well as counseling practice (Bernard, 2006; Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2015; Goodrich et al., 2011; Sackett et al., 2015). Though CACREP (2015) recognizes previous professional experience as one of the doctoral program admission criteria, the counselor education field lacks clear professional standards regarding the amount and type of counseling experience necessary for admittance to doctoral programs (Boes, Ullery, Millner, & Cobia, 1999; Sackett et al., 2015; Schweiger, Henderson, McCaskill, Clawson, & Collins, 2012; Warnke, Bethany, & Hedstrom, 1999). Conventional wisdom may tell us the more post-master's counseling experience a doctoral applicant has, the more enriched their doctoral experience will be; however, the CES field does not have empirical data for how CES doctoral students perceive the impact of their post-master's experience (PME) on their doctoral education. Therefore, the purpose of the study was to explore the perceived impact of PME on doctoral study in CES.

In this study, researchers explored the perceived impact of PME across the five core areas of doctoral professional identity development outlined by CACREP (2015; Section 6. B.1-5). The following research questions guided the study: (1) How do advanced doctoral students and recent doctoral graduates perceive the impact of PME on the development of the five core areas of professional identity during doctoral study: counseling, supervision, teaching, research and scholarship, and leadership and advocacy? and (2) Is the amount of PME and the setting of PME related to the perceived impact of PME on the five core areas of professional identity during doctoral

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study: counseling, supervision, teaching, research and scholarship, and leadership and advocacy? Practically, the results inform CES doctoral admissions committees in considering applicants with and without PME. CES doctoral admissions committees must decide whether and how much PME should be required for admittance to their programs. PME is an important consideration in selecting doctoral students, yet few applicants have this experience (Nelson, Canada, & Lancaster, 2003), making it difficult to require. The results also inform CES faculty who advise master's students interested in pursuing a doctoral degree. CES faculty members frequently encounter ambitious master's students who are interested in pursuing a doctoral degree, and one of the many considerations in that conversation is whether and how much PME should be obtained before doctoral study begins. Though PME is deemed important, many CES faculty members advise master's students to go straight into doctoral study based on factors such as maturity, academics and skill level (Sackett et al., 2015). This is an issue for the field since experience is an important qualification in hiring CES faculty members (Bodenhorn et al., 2014; Rogers, Gill-Wigal, Harrigan, & Abbey-Hines, 1998) and clinical experience informs teaching (Rogers et al., 1998; Sackett et al., 2015), supervision (Sackett et al., 2015), and research (Munson, 1996; Sackett et al., 2015). Thus, exploring further the impact of PME on doctoral students' development is critical.

### **Relevant CES Literature on Post-Master's Experience**

The field of CES lacks clarity regarding the amount or type of counseling experience preferable for incoming doctoral students (Sackett et al., 2015; Schweiger et al., 2012; Warnke et al., 1999). Recently, Swank and Smith-Adcock (2014) found that most CES doctoral programs in their study recommended, rather than required, one to two years of clinical experience for admission, while some suggested licensure for admission. Similarly, Nelson et al. (2003) found that counseling experience was a necessary component to doctoral admissions, though program representatives relayed the difficulty in requiring PME since so few applicants have experience. Twenty of the 25 CACREP-accredited programs in their sample rated successful work experience as a criterion for admission to their doctoral programs. Sixteen of those reported that work experience is always or often helpful in selecting strong doctoral students. CES doctoral programs deem experience is important in admissions, yet CES faculty members often advise master's students to go immediately into doctoral programs (Sackett et al., 2015). Thus, there will likely continue to be a shortage of experienced doctoral applicants for doctoral admissions committees to choose from. As such, it is critical to explore the impact of PME on the areas of CES study to inform advisors at the master's level how to advise their students on gaining PME prior to pursuing doctoral work.

Sackett et al. (2015) conducted a recent study to explore how CES faculty are advising master's-level students interested in doctoral work regarding the amount of PME to obtain beforehand. CES faculty expressed the significant influence of clinical practice on the areas of teaching, research and supervision. Respondents identified the importance of clinical experience in providing for stimulation in research and in establishing credibility in teaching and supervision. Though there was much support for PME in the qualitative findings from this study, many respondents emphasized individual circumstances in evaluating readiness for doctoral work in CES, such as age, maturity, academics and skill level. For other respondents, the experience gained through master's and doctoral training was enough, especially in cases where students were working in clinical capacities while completing their doctoral degrees. Thus, there is some indication in CES that PME is an important consideration in doctoral student admissions (Nelson et al., 2003; Swank & Smith-Adcock, 2014) and some indication that CES faculty members perceive the importance of PME in the areas of teaching, supervision and research (Sackett et al., 2015). The current study adds to the literature by exploring CES doctoral students' perceptions of PME on their experiences in doctoral study.

## Other Helping Professions' Literature on PME

Related disciplines are concerned with the question of PME as well. In marriage and family therapy, students with clinical experience have been rated as better clinicians by faculty than those who did not have clinical experience (Piercy et al., 1995). Proctor (1996) and Munson (1996) wrote about opposing viewpoints on whether social work doctoral programs should admit students with limited to no post-master's in social work (MSW) experience. Proctor's stance was that requiring post-MSW experience for admission to doctoral programs in social work was a detriment to the field, as it meant the discipline might miss out on students who are research-minded and eager to continue with their education. On the other hand, Munson argued that post-MSW experience is essential for graduates of social work doctoral programs to fulfill the needs of the field, which include building knowledge, conducting practice research and effectively teaching social work practice. In clinical psychology, O'Leary-Sargeant (1996) found academic criteria to be most important in doctoral student admissions, while clinical competence also was important. It appears that determining PME's place in the priority list for doctoral admissions and its impact on doctoral work is a concern for related disciplines as well.

As there are no clear guidelines for considering PME in doctoral student admissions (Sackett et al., 2015; Schweiger et al., 2012), and empirical studies exploring the doctorate in counselor education are scarce (Goodrich et al., 2011), with none specifically exploring the perceived impact of PME on doctoral students' experiences, researchers set out to add to the literature in this area. Both doctoral admissions committees and faculty members advising master's students who wish to pursue doctoral study encounter the dilemma of if and how much PME experience is important to gain prior to pursuing doctoral work. Given this, the purpose of this study was to explore the perceived impact of PME on the five core areas of doctoral professional identity: counseling, supervision, teaching, research and scholarship, and leadership and advocacy.

## Method

To investigate the perceived impact of PME on doctoral study, quantitative and qualitative methods were utilized for their complementarity (Johnson, Onwuegbuzie, & Turner, 2007). The study was guided by the research questions: (1) How do advanced doctoral students and recent doctoral graduates perceive the impact of PME on the development of the five core areas of professional identity during doctoral study: counseling, supervision, teaching, research and scholarship, and leadership and advocacy? and (2) Is the amount of PME and the setting of PME related to the perceived impact of PME on the five core areas of professional identity during doctoral study: counseling, supervision, teaching, research and scholarship, and leadership and advocacy? Institutional Review Board approval was acquired prior to data collection. The researchers asked participants to rate the perceived impact of their PME or lack of PME using an 11-point Likert scale (-5 to +5; strong negative impact to strong positive impact), and analyzed themes using participants' responses to open-ended questions for the five core areas of doctoral professional identity.

## Participants

Fifty-nine advanced doctoral students or recent graduates completed an online questionnaire. To define participants' status to degree completion, all fell into one of three groups: recent doctoral graduates (completed a CES doctoral degree within the last three years), ABD doctoral students (all but dissertation; completed all coursework and were working on dissertation studies), and advanced doctoral students (two years into completing coursework). Among participants, 13 (22%) were recent doctoral graduates, 32 (54%) were ABD doctoral students, and 13 (22%) were advanced doctoral students. One participant did not answer this question.

Participants were asked to indicate the type of setting and experience that best described their PME, checking all items that applied. There were 10 options provided and an option for “other” that included a comment box. Forty-nine percent ( $n = 29$ ) indicated PME in community-based agencies, 31% ( $n = 18$ ) worked in K–12 school settings, 20% ( $n = 12$ ) worked in private practice, and 7% ( $n = 4$ ) worked in inpatient settings. Four participants indicated post-master’s work in more than one setting. Additionally, 37% ( $n = 22$ ) indicated that their PME provided experiences working with diverse populations, 31% ( $n = 18$ ) gained experience working with families, and 24% ( $n = 14$ ) gained experience working with clients who had substance use issues. Less than 10% of participants indicated other counseling settings and experiences such as play therapy, bilingual counseling, day treatment and in-home counseling.

The 59 participants indicated a range of time spent in PME from zero years up to 19 years before entering doctoral study. Thirty-four percent ( $n = 20$ ) indicated between zero and one year of experience, 25% ( $n = 15$ ) between one and three years of experience, 19% ( $n = 11$ ) between three and five years of experience, 17% ( $n = 10$ ) between five and 10 years of experience, and 5% ( $n = 3$ ) indicated more than 10 years of PME prior to entering doctoral study.

### **Procedure**

Survey links were distributed through two national electronic list-servs, CESNET (the Counselor Education and Supervision NETWORK) and COUNSGRAD (for graduate students in counselor education). The study invitation was sent to the listservs on two separate occasions approximately one month apart. Simultaneously, the study invitation was sent to regional Association for Counselor Education and Supervision leaders requesting that it be distributed to their membership lists. Additionally, CACREP liaisons were asked to send the survey link and invitation to their doctoral students. The survey was delivered through SurveyMonkey, a commonly used software product with a secure feature that was used for this research. The following research question was identified to potential participants: How do doctoral students and recent doctoral graduates reflect on how their post-master’s counseling experience or lack of experience impacted their experiences as a doctoral student? A response rate could not be calculated, as it is not possible to identify how many potentially appropriate participants received the research request.

### **PME Questionnaire**

The authors collaborated on identifying questions that would serve to answer the research questions, focusing on five core areas of doctoral professional identity: counseling, supervision, teaching, research and scholarship, and leadership and advocacy. Two questions were asked about each of the five areas. “To what extent do you believe your post-master’s experience impacted your ability to develop [area] skills in your doctoral program?” used an 11-point Likert scale with the end points being (-5) strong negative impact and (+5) strong positive impact. Following the scaling question, an open-ended follow-up question was asked: “Please comment on how your experience impacted your [area] skills, and whether more or less experience would be beneficial.” Basic demographic questions were included regarding the type of experience gained prior to doctoral study, length of doctoral study and year of graduation. A pilot survey was sent to six people: two recent doctoral graduates, two ABD doctoral students, and two advanced doctoral students completing coursework. Feedback was provided on clarity and time involved.

### **Data Analysis**

Quantitative analyses included correlation and multiple linear regression to examine the relationship between the amount of PME obtained and the perceived impact on the five core areas



of doctoral study. The research team hypothesized that the amount of PME would predict a positive relationship with the perceived impact on some core areas of doctoral study, although which core areas would be statistically significant were unknown. Therefore, this study represents an exploration of the relationships between previously unexamined variables in the literature.

An independent samples t-test examined the relationship between PME setting (clinical mental health or school) and the perceived impact of PME on the five core areas. For this analysis, several setting options (community-based agencies, private practice and inpatient hospitals) were combined into one setting labeled “clinical mental health,” which was compared to K–12 school settings (labeled “school”). The research team hypothesized that there would be no statistically significant differences between PME setting and any of the five core areas of doctoral study. There are no prior studies that examine these variables.

For the qualitative analysis, the first, third and fourth authors served as the data analysis team. The data analysis team analyzed responses to the open-ended questions using a constant comparative method described by Anfara, Brown, and Mangione (2002). Additionally, the team used a form of check coding described by Miles and Huberman (1994). The team members independently completed a first iteration of data analysis by assigning open codes for each of the five open-ended questions by reading responses to each item broadly and observing regularities (Anfara et al., 2002). The team members completed a second iteration of analysis, which included comparison within and between codes to establish categories and identify emergent themes. The constant comparative method provided a systematic way to analyze large amounts of data by organizing it into manageable parts first, and then identifying themes and patterns.

For the final step of analysis, the data analysis team rotated through a process of peer review as recommended by Miles and Huberman (1994). For each open-ended question, two team members were assigned as coders and one was assigned the role of peer reviewer. Once the team members arrived at individually derived themes, the team met together to discuss the findings and arrive at consensus for naming themes. During this meeting, the peer reviewer led the discussion by probing and seeking clarification on the original comment wording, thus helping the team to reach consensus for the themes. Consensus was reached when the three team members came to agreement on the final themes. The data analysis team sent the original data and final themes for each of the five core areas to the remaining four authors, who served as additional peer reviewers by examining the analysis.

## Results

Quantitative and qualitative analyses were conducted in this study of the perceived impact of PME on the five core areas of doctoral development for advanced doctoral students completing coursework, ABD doctoral students, and recent doctoral graduates. The results are presented in the following sections, with discussion to follow.

### Quantitative Results: Correlation, Multiple Regression and Independent Samples T-test

Correlational analysis was used to explore the relationships among all variables: amount of PME obtained (years), and the perceived impact of PME on counseling, supervision, teaching, research and scholarship, and leadership and advocacy. A correlational matrix presents the relationships among the variables in Table 1. Among significant relationships, the amount of PME was related to perceived impact on development in supervision ( $r(57) = .43, p < .01$ ) and leadership and advocacy ( $r(57) = .39, p < .01$ ).

**Table 1***Correlation Matrix for Main Study Variables*

Variable	1	2	3	4	5	6
1. Amount of PME	-	-.10	.22	.43**	.21	.39**
2. Counseling		-	.08	.33*	.04	.47**
3. Teaching			-	.27*	.26	.38
4. Supervision				-	.39**	.57**
5. Research and Scholarship					-	.17
6. Leadership and Advocacy						-

\*\* $p < .01$ , \* $p < .05$

Note. Variables 2–6 represent the perceived impact of PME on the core area of doctoral identity development (counseling, teaching, supervision, research and scholarship, and leadership and advocacy)

Multiple linear regression was used to examine whether the amount of PME (independent variable) predicted the perceived impact of PME on each of the five core areas of doctoral development: counseling, supervision, teaching, research and scholarship, and leadership and advocacy (dependent variables). The results of the regression analysis indicated that amount of PME predicted 38% of variance in the perceived impact of PME ( $R^2 = .38$ ,  $F(6, 47) = 4.80$ ,  $p < .01$ ). The amount of PME significantly predicted the perceived impact of PME on two variables: supervision ( $\beta = .44$ ,  $p < .01$ ) and leadership and advocacy ( $\beta = .34$ ,  $p < .05$ ). A post hoc power analysis was conducted utilizing G\*Power. With an alpha level of .01, a sample size of 59, and a medium effect size of .61 (Cohen, 1992), achieved power for the multiple linear regression was .98.

Finally, an independent samples t-test was conducted to compare the perceived impact of PME in school PME and clinical mental health PME settings. Results showed a significant difference between school PME ( $M = 4.43$ ,  $SD = 1.02$ ) and clinical mental health PME ( $M = 3.10$ ,  $SD = 1.89$ ) for the core area of leadership and advocacy ( $t(51) = -3.26$ ,  $p = .02$ ), reflecting that doctoral students with PME in schools perceived a significantly higher positive impact of their PME on the development of leadership and advocacy compared to doctoral students with PME in clinical mental health settings. In other words, both PME settings (school and clinical mental health) perceived a positive impact of their PME on the development of leadership and advocacy. However, doctoral students who had PME as school counselors perceived this experience as having a significantly greater impact on their development in leadership and advocacy than doctoral students who had obtained PME in clinical mental health settings.

The remaining four core areas of doctoral development were not significantly different when comparing PME settings. With an alpha level of .05, a sample size of 59, and a medium effect size of .88 (Cohen, 1992), achieved power for the independent samples t-test was .83.

### Qualitative and Descriptive Results: Scaled and Open-Ended Responses

The following results describe respondents' perceptions about the impact of PME on five core areas of doctoral development: counseling, supervision, teaching, research and scholarship, and

leadership and advocacy (CACREP, 2015). Data was gathered for each core area using an 11-point Likert scale (-5 to +5) and was collapsed into five categories for ease of discussion. The categories were: (a) strong positive impact, +4 and +5; (b) weak to moderate positive impact, +1 through +3; (c) no impact, 0; (d) weak to moderate negative impact, -1 through -3; and (e) strong negative impact, -4 and -5. Table 2 reflects the percentage of responses in each core area. Table 3 provides a summary of qualitative themes. In the sections that follow, percentage results are summarized first, followed by a discussion of the qualitative themes within each core area of doctoral development.

**Table 2**

*Descriptive Statistics: Perceived Impact of PME on Core Areas of Doctoral Professional Identity*

	Counseling	Supervision	Teaching	Research & Scholarship	Leadership & Advocacy
Strong positive impact	60.3%	48.3%	38.9%	11.2%	58.2%
Weak to moderate positive impact	29.3%	31.0%	33.4%	38.9%	23.7%
No impact	6.9%	17.2%	22.2%	46.3%	16.4%
Weak to moderate negative impact	1.7%	3.4%	3.8%	3.7%	1.8%
Strong negative impact	1.7%	0.0%	1.9%	0.0%	0.0%

**Core Area of Doctoral Development: Counseling.** A majority of participants (60%) responded that PME had a strong positive impact on their ability to develop counseling skills in their doctoral program. Another 29.3% indicated a weak to moderate positive impact. Five themes emerged from the written responses describing the perceived impact of PME on the development of counseling skills.

**Theme 1: Increased confidence.** Developing confidence in one's counseling skills was frequently discussed as a benefit of having PME prior to doctoral study. Having confidence in the counseling skills already established through practice allowed for even more clinical growth during doctoral study. Many respondents stated they had greater confidence than their peers who lacked PME. Confidence also was viewed as advantageous when being asked to try a new clinical skill or technique: "I was more familiar with multiple clinical skills and my level of comfort when trying new clinical skills was higher than those who did not have the same clinical experience."

**Theme 2: Integration of theory into practice.** Participants described the perceived impact of PME as being useful for helping to integrate theory into practice during doctoral study. While learning theories and reading about concepts establishes a foundation for counseling skills, participants reported that PME provided the context needed to test theoretical understanding in practice. Others commented that having some PME and then returning to the classroom for doctoral study gave them a greater understanding and appetite for theory. Theory was learned more thoroughly with a contextual base of experience upon which to build, as one respondent described:

My experience impacted my counseling skills; however, my experience alone did not help me conceptualize theory. I learned theory much more thoroughly post-master’s (once in doctoral studies) and then was able to identify how I had been using it all along as well as to incorporate new knowledge.

**Table 3**

*Perceived Impact of PME: Qualitative Themes by Core Area of Doctoral Development*

Core Area	Themes
Counseling	<ol style="list-style-type: none"> <li>1. Increased confidence</li> <li>2. Integration of theory into practice</li> <li>3. Conceptualizing cases</li> <li>4. Honing counseling techniques</li> <li>5. The unique experience of school counselors</li> </ol>
Supervision	<ol style="list-style-type: none"> <li>1. Increased confidence as a doctoral supervisor</li> <li>2. Formative experiences in supervision</li> <li>3. Providing resources to supervisees</li> <li>4. Credibility with supervisees</li> </ol>
Teaching	<ol style="list-style-type: none"> <li>1. Confidence in teaching</li> <li>2. Providing examples in the classroom</li> <li>3. Developing a new skill</li> <li>4. Value of prior teaching experiences</li> </ol>
Research and Scholarship	<ol style="list-style-type: none"> <li>1. No impact on research development</li> <li>2. Basic research experiences were useful</li> <li>3. Contributed to area of research focus</li> </ol>
Leadership and Advocacy	<ol style="list-style-type: none"> <li>1. Sense of responsibility to the profession</li> <li>2. Awareness of advocacy needs within diverse populations</li> <li>3. Motivation and direction for leadership and advocacy</li> <li>4. Developing leadership and advocacy skills on-the-job</li> <li>5. Confidence to speak up</li> </ol>



**Theme 3: Conceptualizing cases.** Case conceptualization was identified as a benefit of having PME. Participants described having greater clinical understanding and ability to apply knowledge as an advantage of PME. Others commented that having a context with which to build upon existing skills was useful and contributed to more complex conceptualizations of clients and problems.

**Theme 4: Honing counseling techniques.** Participants reported that their PME refined the counseling techniques they had gained in master's study, enabling them to expand their repertoire and focus on honing advanced techniques during their doctoral work. One participant expressed feeling greater "comfort when trying new clinical skills" during doctoral study while another stated they were "able to focus on refining higher level skills" in their doctoral program.

**Theme 5: The unique experience of school counselors.** There was a notable theme regarding the distinct difference in school counselors' experience when considering the impact of PME on counseling skill development. Some school counselors commented that they did not regularly use counseling skills while working in schools due to the variety of other responsibilities placed on school counselors. Another respondent stated that clinical supervision was crucial to developing clinical competence and that they did not receive clinical supervision while working as a school counselor. For those doctoral students with PME as school counselors, they expressed they would have benefitted by having more experience in several areas, such as use of the Diagnostic and Statistical Manual of Mental Disorders, dual-diagnosis, and substance use treatment. Some school counselors described using only specific theories in their setting (e.g., reality therapy, cognitive behavioral therapy), and that practicing with a broad range of techniques would have been useful prior to doctoral study.

**Core Area of Doctoral Development: Supervision.** The largest group of participants (48.3%) responded that PME had a strong positive impact on their ability to develop supervision skills in their doctoral program. Another group of participants (31%) rated PME as having a weak to moderate positive impact on their supervision skills. Five themes emerged from the written responses describing how PME impacted the development of supervision skills.

**Theme 1: Increased confidence as a doctoral supervisor.** Participants reported greater confidence while developing supervision skills as a result of having PME. In general, doctoral students in training are asked to enter into a supervisory relationship with master's students in training in order to develop supervision skills. Having counseling experience as a professional in the field assisted doctoral students to feel more confident in this new role, as one respondent commented, "I was able to supervise students in my former position, but also I feel the years of experience have given me insight that I can be confident in the information I pass on."

Alternately, doctoral students who do not have PME are asked to step into the same supervisory role, but may feel inadequately prepared to be in a position of hierarchy and expertise. Most doctoral students who have not had PME have recently graduated from their master's program; therefore, the difference between the supervisor and supervisee in terms of experience is small. A participant spoke to this struggle: "Naturally clinical supervision and counseling are related. Because of this, it would have helped to have a more solid grasp on my own counseling skills and for me to have personal experiences to draw upon when supervising."

**Theme 2: Formative experiences in supervision.** Through obtaining PME, participants reflected on their initial experiences of receiving supervision as a necessary backdrop for learning how to provide supervision. Whether those initial experiences in supervision were described as positive or negative,

participants stated that they learned a great deal about becoming a supervisor through the process of receiving supervision. Initial supervision experiences also were described as either “clinical” in nature or “administrative.” Regardless of the type of supervision received, the experience was regarded as helpful in preparing them for doctoral study to advance their skills as a supervisor.

There were some participants who reported being provided with supervision during their PME and others reported that they lacked supervision. In both instances, participants acknowledged that they valued supervision as a result of their PME. Among those lacking quality supervision, one respondent stated, “My [post-master’s] supervision was mostly administrative and as a result I was at a disadvantage coming into a clinical supervisory environment.” On the other side, one participant described their master’s and doctoral program as providing “lousy supervision” and not regularly attending scheduled supervision meetings. Both experiences capture the sentiment: inadequate supervision, as a graduate student or professional, influences one’s expectations of what defines effective supervision.

A final benefit of PME described by participants was the ability to understand the supervisee’s experience. Having experienced the position of being a supervisee first-hand enabled a greater understanding of supervisees’ struggles and real-world challenges that are faced when providing counseling. One respondent expressed, “I understood the situations the students were facing since I had recently faced them with my clients (e.g., transportation, childcare, resistance).” Some participants reflected on the experience of building rapport with a supervisor, and how influential this was in their development. Due to these experiences in the field, the importance of strengthening the supervisory relationship and establishing a safe place in the supervision environment were considered paramount. Overall, participants reported that having experience as a supervisee enabled them to realize and appreciate critical aspects of providing effective supervision.

**Theme 3: Providing resources to supervisees.** Participants reported that having PME, which often included supervision, enabled them to provide better resources to supervisees as doctoral students. Some of these resources included community resources, referral options, counseling stories, therapeutic tools and techniques, varied perspectives, and a more diverse conceptualization of clients and issues. Here, a respondent illustrates this theme:

[I believe] it is super important to have . . . clinical experience when supervising students in a doctoral program. You have to be able to understand the student’s experience, have experience with many different client populations and modalities, be able to conceptualize client problems, and give students tools to advance their skills.

**Theme 4: Credibility with supervisees.** Greater credibility as a supervisor was regarded as an important benefit of having PME. Through the eyes of their supervisee, having more PME was perceived as helpful to establish credibility. This theme included two aspects: the doctoral supervisor having something valuable to offer in supervision, and the supervisee reporting greater confidence in a supervisor who had professional counseling experience. In this quote, a respondent describes feelings of credibility as a supervisor based on their PME: “I am able to understand the intricacies of a school system, thus I can help my students think of problem-solving strategies to work with their students and supervisors.”

**Core Area of Doctoral Development: Teaching.** The largest group of participants (38.9%) responded that PME had a strong positive impact on their ability to develop teaching skills in their doctoral program. Another group of participants (33.4%) rated PME as having a weak to moderate

positive impact on their teaching skills. A smaller group of participants (22.2%) responded that PME had no impact at all on the development of teaching skills. Four themes emerged from the written responses describing how PME impacted the development of teaching skills.

**Theme 1: Confidence in teaching.** Having more confidence was frequently cited as a benefit to having PME and developing teaching skills during doctoral study. Some participants stated that many aspects of counseling involve teaching to a degree; therefore, having PME strengthened the ability to teach in the classroom. On the other side, there were some participants who regretted not having more PME directly related to teaching. One participant wrote, "I wish I had more experience teaching, managing a classroom, developing innovative and attention catching ideas. I know it's more me than anything else so I need to develop my style more."

**Theme 2: Providing examples in the classroom.** Perhaps the theme with the most support from participants was the perceived benefit of PME in their ability to provide examples while teaching. Those with PME had plenty of practical examples from their experience to draw from, which helped them a great deal while teaching. One participant wrote, "I was able to use examples drawn from my clinical experience to bring certain topics to life. I was also better able to describe some clinical issues and to teach certain skills." Several participants wrote that they received positive feedback from students about the value of their stories and examples to enhance learning. Some also stated that they felt better prepared to conduct a live role-play in class to bring a technique to life because they had benefitted from PME. One respondent illustrated this idea well: "It's difficult to teach something you have no experience with. There were others in my cohort who had no real clinical experience prior to starting their doctoral program and they were much less effective as teachers."

**Theme 3: Developing a new skill.** Some participants responded that teaching was an entirely new skill that was unrelated to their PME. For these participants, teaching was a skill that was solely developed during doctoral study, as this respondent wrote: "Teaching was not a part of my post-master's work. This was an entirely new set of skills I learned in doctoral study. Neither more nor less experience would have made a difference for me in this area."

**Theme 4: Value of prior teaching experiences.** The fourth theme captures the positive impact described by those participants whose PME included teaching experiences prior to pursuing their doctoral degree. In particular, those with school counseling experience described preparing and implementing classroom guidance lessons as a natural comparison to teaching. Some participants had PME that involved providing training and giving presentations, which was also associated with teaching. For these participants, their specific PME had a positive impact on their development as a teacher during doctoral study, as this respondent reported: "Having an education background and then opportunity in my school to perform classroom guidance lessons, while different, still gave me an important opportunity to practice developing lesson plans."

**Core Area of Doctoral Development: Research and Scholarship.** The largest group of participants (46.3%) responded that PME had no impact on their ability to develop research and scholarship skills in their doctoral program. Smaller groups of participants reported a range of weak to moderate to strong positive impact on their research and scholarship development. This was the only area of doctoral development that most participants described as being unrelated to PME. Three themes emerged from the written responses describing how PME impacted the development of research and scholarship.

**Theme 1: No impact on research development.** Most participants stated that their ability to develop research skills during their doctoral program was unrelated to having PME in the field. For these

participants, research was regarded as an advanced skill unique to doctoral study. Many participants expressed that research and scholarship was not essential in their post-master's positions, as is relayed in this quote: "Research is one area where [PME] is not as vital."

**Theme 2: Basic research experiences were useful.** A few participants responded that obtaining some basic research experience was useful during the time between master's and doctoral study. In general, it is necessary for counselors in the field to conduct basic searches for knowledge to support their practice. These searches may take the form of using the Internet to find resources for clients or reviewing textbooks or articles when using a particular technique or theory. School counselors discussed their use of online research for building school guidance programs. In addition, some counselors gained basic research skills in their PME through collecting and analyzing data regarding the provision of services or client outcomes. One participant described her experience with a research study:

I worked in a clinical trial of CBT, CBT + medication, and medication only. This exposure really helped me get an idea of what research is possible in mental health . . . so it had a large impact on me. I pursued my doctorate largely because I wanted to engage in research and scholarship.

**Theme 3: Contributed to area of research focus.** Participants credited their PME as informing their ability to examine relevant topics for research. Some stated that their PME inspired their area of research focus. One participant noted that by working with specific populations, such as a specific ethnic minority population, "discrepancies and gaps in service" were found and helped the participant think about questions to pursue through research.

**Core Area of Doctoral Development: Leadership and Advocacy.** A majority of participants (58.2%) responded that PME had a strong positive impact on their ability to develop leadership and advocacy skills in their doctoral program. Another group of participants (23.7%) rated PME as having a weak to moderate positive impact on their leadership and advocacy skills. Five themes emerged from the written responses describing how PME was perceived to impact the development of leadership and advocacy skills.

**Theme 1: Sense of responsibility to the profession.** Participants described a heightened sense of responsibility to provide leadership and advocacy in the counseling field based on their PME. Some acknowledged a feeling of, "This is my job now," related to the assumption of responsibility as a doctoral student in CES. Assuming greater responsibility was the most common theme discussed by participants, emerging in various forms.

Many participants described a sense of being propelled into leadership and advocacy through their PME. One school counselor wrote, "My job forced me to fight for myself, my students, teachers and parents. It was the best experience because I had to do it, or my job would be ineffective and possibly in jeopardy." Another participant wrote:

Due to the nature of my job, I was doing a significant amount of advocacy. . . . Many of the kids on my caseload had multiple challenges, such as racial minority status, lack of citizenship, poverty, and/or domestic violence, and it was part of my responsibility to help them address the challenges they faced in all aspects of their lives in order to improve their mental health and functioning in school and at home.

Overall, participants described their PME as the most formative training for developing leadership



and advocacy skills. PME provided a sense of purpose and meaning to advocacy and leadership in the counseling profession.

**Theme 2: Awareness of advocacy needs within diverse client populations.** Participants responded that a greater awareness of the needs of diverse populations, particularly minority populations, was a result and benefit of their PME. Through working with underrepresented populations, they had a greater appreciation for the need to develop leadership and advocacy skills. One participant also described having a “deeper understanding of the difficulties faced by certain populations within our society,” which laid the groundwork for developing leadership and advocacy skills in the doctoral program. Once involved in a doctoral program, advocacy felt like a way to “join forces with people who care” to address inequities and help marginalized groups. In this way, having exposure to different cultural groups through their PME provided the context for understanding and developing advocacy action strategies.

**Theme 3: Motivation and direction for leadership and advocacy.** Participants described that the motivation and direction for their leadership and advocacy work was inspired by the sense of responsibility and the awareness of needs that originated in their PME. In this way, PME helped to pave the way for the focus of their subsequent leadership and advocacy work. Regarding leadership, participants reflected that direct counseling work “consumed them” once in the profession and, as a result, professional development became something that you fit in when you could. Once they re-entered into graduate work as a doctoral student, they valued leadership and professional involvement and could give these aspects of development a more passionate focus. In a way, not having much time for professional development and leadership roles while directly serving clients provided motivation for becoming involved as a doctoral student.

Participants also reported that the presentations they submit to conferences are motivated by the needs they became aware of during their PME. Many credited their PME for helping them develop awareness of the future needs counselors were going to face, which motivated their advocacy for improved counselor training.

**Theme 4: Development of leadership and advocacy skills on-the-job.** Many participants described the need to develop leadership and advocacy skills on-the-job during their PME, and how valuable this was to their doctoral work. Participants experienced first-hand the lack of funding and resources in the community and school settings, which forced them to act in creative ways to get clients’ and students’ needs met. In addition, some described working in a position with multiple roles or serving multiple school campuses, which forced them to learn how to initiate programs independently, balance multiple roles, communicate with a variety of stakeholders, and thus develop leadership skills. Advocacy also was essential to develop on-the-job, as described by this participant:

I worked as a bilingual counselor, the only one at my clinic, working with a specific population for a period of time. I had to do a lot of leadership and advocacy work at the clinic to help my supervisors and colleagues understand this specific population and the resources that were available in the community specifically for this population.

**Theme 5: Confidence to speak up.** Again, confidence emerged as a theme with regard to developing leadership and advocacy skills during doctoral study. Having PME gave participants the necessary confidence to speak up in classes, in meetings and at conferences. Many reported that they became much more confident about voicing concerns and advocating due to their first-hand knowledge of issues facing counselors in the field, as did this respondent:

I think my post-master's skills made me more confident about speaking up in meetings and conferences and it enhanced my advocacy skills because I knew what the issues facing clinicians were. It didn't always make me popular or well understood among counselor educators with little clinical experience, however.

For these respondents, having greater confidence to use one's voice seemed a natural result of having some years of experience with "boots on the ground" and becoming acclimated to the real-world experience of working as a counselor.

## Discussion

The results from this study help fill a gap identified in the literature regarding clarity in the counselor education field on the amount of counseling experience preferable for incoming doctoral students (Sackett et al., 2015; Schweiger et al., 2012; Warnke et al., 1999). Results of this study indicate that doctoral students and recent doctoral graduates of counselor education programs perceived a positive impact of their PME on doctoral study. The positive impact of PME was described across all five core areas of doctoral development as defined by CACREP (2015; Section 6. B.1-5), yet was particularly strong regarding counseling, supervision, teaching, and leadership and advocacy. Quantitative analysis confirmed a significant predictive relationship between the amount of PME obtained and the perceived impact on development of supervision and leadership and advocacy as doctoral students. While some participants perceived that their PME had a positive impact on the development of research and scholarship, this impact was far less pronounced than in other core areas, and many expressed that their PME had no impact on development in the area of research and scholarship. These findings align with and extend upon previous findings (Sackett et al., 2015) that CES faculty members believe PME informs the supervision, teaching and research of CES doctoral students.

Previous research has noted the strenuous nature of entering CES doctoral studies, with such a transition being marked by fluctuations in both emotion and confidence (Dollarhide, Gibson, & Moss, 2013; Hughes & Kleist, 2005). This transition involves the expansion of professional roles to include that of a counselor, student, educator, supervisor, and researcher and scholar (Dollarhide et al., 2013; Lambie & Vaccaro, 2011; Limberg et al., 2013; West, Bubenzer, Brooks, & Hackney, 1995). A notable theme in the current study was the confidence that participants experienced and attributed to PME. With the tendency for new doctoral students to experience self-doubt in these multiple roles, the confidence gained through PME may help to mobilize internal resources, moving them forward in the developmental process as a CES doctoral student.

Considering all themes that emerged in this study of CES doctoral students and recent graduates, there is strong support for the value of experiential learning that is gained through PME. According to Kolb's theory of experiential learning, concrete lived experiences provide the basis for reflection; then, from these reflections new information can be assimilated and abstract concepts can be formed (Kolb, 1984). Participants in this study described a common benefit of PME: having a base of experiences as a professional counselor to reflect upon during doctoral study. The process of reflecting on lived experiences as a counselor supports crystallization of knowledge in a doctoral program where additional theories, skills, techniques, and advanced facets of professional identity are developed.

Even though the majority of participants described a positive perceived impact of PME toward doctoral development, there were some who did not perceive as much benefit. This finding is

reminiscent of Sackett et al.'s (2015) finding that some CES faculty members reported the counseling experience gained through the master's and doctoral programs alone is enough and that success in a doctoral program is more reliant on the characteristics of each student. It is possible that learning styles may best predict whether and which master's students benefit from PME prior to doctoral study. Kolb's experiential learning theory (1984) stated that individuals have a preference among four modes of the learning cycle: concrete experience, reflective observation, abstract conceptualization and active experimentation. Considering Kolb's four learning styles, it is possible that those participants who have a preference for abstract conceptualization rely less on lived experiences as a counselor to understand and apply concepts; thus, doctoral students with this preferred learning style might successfully develop in the five core areas of doctoral identity without perceiving any benefits from PME. Future research is needed to examine this hypothesis.

Research and scholarship was the only core area of doctoral professional identity that PME was perceived to have no impact on for a large group of participants (46.3%). This finding may be worth considering for CES faculty who advise master's students interested in pursuing a doctoral degree. Depending on the master's student's career goal, obtaining PME may be less of a priority if aiming for a research faculty position, where teaching and supervision would not be a requirement.

### **Significance of Supervision, Leadership and Advocacy**

A unique finding in this study was the positive, predictive relationship between the amount of PME obtained and the perceived impact on developing one's identity in the areas of supervision and leadership and advocacy. Specifically, doctoral students who had more years of PME perceived a greater impact on their development in the areas of supervision and leadership and advocacy. For supervision, doctoral students who have not obtained any PME would be stepping into a new role where they are expected to provide teaching, consultation, and support for the skill development of counselors-in-training (Bernard & Goodyear, 2014). Having little to no time between being in the master's student role of receiving supervision and to the role of providing supervision may present significant challenges. Alternatively, a "master" clinician does not automatically become a "master" supervisor; specialized knowledge and skills are required to develop supervision competency (Bernard & Goodyear, 2014). While obtaining some PME is perceived to significantly impact supervision development, the amount of PME may not be the only factor that influences supervision competence.

Open-ended comments shed further light on the perceived impact of PME and developing leadership and advocacy. Participants commented that through their lived experiences in schools and agencies, PME provided doctoral students with a sense of urgency about the needs of clients and the profession, thus motivating their advocacy work. Participants also acknowledged PME as valuable fodder for understanding their potential as leaders. Through the context of experience as a counselor, participants were better able to understand their ability to impact the profession through leadership and advocacy work as a counselor, supervisor and counselor educator.

### **Relevance of PME Setting**

This study explored whether the setting of PME, school or clinical mental health, was related to the perceived impact of that experience on the five areas of doctoral identity development. The only significant difference in the setting where PME was obtained was in the areas of leadership and advocacy development. Those with school counseling experience perceived a greater impact of PME on leadership and advocacy development. For participants in this study, spending time working in a school system was essential to establishing a sense of oneself as a leader and advocate in school counseling.

## Implications

While some evidence exists that PME is an important consideration in CES doctoral student admissions (Nelson et al., 2003; Swank & Smith-Adcock, 2014), the current study provides evidence of the perceived impact of PME in professional development as a CES doctoral student, especially in the areas of counseling, supervision, teaching, and leadership and advocacy. Quantitative analysis revealed a significant relationship between the amount of PME and perceived development in supervision and leadership and advocacy. Doctoral admissions committees may consider these findings as they weigh the pros and cons of applicants applying for doctoral study who have differing amounts of PME. Additionally, CES faculty advising master's students whose ultimate goal is to pursue a doctoral degree may consider these findings as they offer guidance and support to students in the decision-making process.

Across the five core areas of doctoral professional identity development, PME was frequently perceived to boost confidence during doctoral study. However, there were some participants who reported a lack of confidence in the core areas of teaching and research, despite having PME. It would seem that teaching and research represent novel aspects of doctoral identity development, as both skill sets are not always involved in PME as a professional counselor. Research and scholarship is a primary focus of doctoral course content. In fact, the CACREP 2016 standards require CES doctoral students to become proficient in both qualitative and quantitative methodology (CACREP, 2015; Section 6 B.4.), which usually requires the completion of three or more research courses. With regard to teaching, many doctoral students are an integral part of counselor education programs, with roles as co-instructors, teaching assistants and guest lecturers. Yet, development of proficient teaching skills may extend beyond these co-teaching experiences during doctoral study, where vicarious learning and role modeling are heavily relied upon. As some participants in this study described, teaching is likely to be a new area of identity to develop; yet most (72.3%) reported that having years of PME aided their development as a teacher because they had real counseling experience to draw from and ample clinical examples to contextualize course content. Therefore, doctoral admissions committees should strongly consider the value of PME for doctoral applicants as a basis for development as a teacher.

In the current study, a wide variety of PME was represented (from 0–19 years), yet a question remains: How much experience is optimal to obtain? The current study only examined doctoral students' perceptions. Within one theme in the current study, participants speculated about reaching a point of "diminishing returns," in which too much time away from an academic setting (attaining PME) could result in a depletion of academic skills. However, two to three years of PME would typically allow CES applicants the opportunity to gain a counseling license, streamlining the career opportunities available to them upon graduation. Sackett et al. (2015) found that many CES faculty members advise master's students to gain enough experience to earn licensure prior to pursuing doctoral study. For CES graduates who choose to continue practicing counseling in the field, provide supervision, or serve in administrative positions, state licensure is necessary. For CES graduates pursuing a faculty position, Bodenhorn et al. (2014) found that a majority of faculty postings sought applicants with licensure or two to three years of counseling experience. For either post-doctoral trajectory, obtaining at least two to three years of PME may be most beneficial.

## Future Research

This study provided an initial exploration of the perceived impact of PME on core areas of identity development as a doctoral student, while privileging the perspective of those doctoral students. Future studies are needed to examine the relationship between post-master's counseling experience,



development during doctoral study, and professional impact as a counselor educator and supervisor. Specifically, studies should explore professional outcomes of counselor educators with varying levels of PME. For example, what are students' perceptions of faculty members and supervisors with more or less counseling experience? How is the type of institution (high teaching versus high research) related to the amount and benefit of professional counseling experience? Is continued professional practice after earning the CES doctoral degree related to professional success, career satisfaction, teaching evaluations or scholarship productivity? Future research focusing on these issues will add to the literature on this aspect of the CES profession by answering these questions.

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