

Development and Validation of the Master Psychotherapist Characteristics Inventory

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Fengqin Lian

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Advisors: Thomas J. Hummel, Ph.D., Kay Herting Wahl, Ed.D.

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## Abstract

Master therapists are therapists who provide extremely effective therapy to clients and who are regarded by other expert therapists as “the expert”. Existing qualitative studies on master therapists have revealed certain characteristics shared among the master therapists across the world. This current study developed an inventory to quantify these characteristics. The inventory is called the Master Psychotherapist Characteristics Inventory (MPCI). A total of 323 therapists with a wide range of experience completed the inventory. Item analysis and factor analysis yielded seven subscales with optimal length and high internal consistency: self-awareness (nine items, Cronbach’s alpha = .84), relational acumen (10 items, Cronbach’s alpha = .85), clinical conceptualization (13 items, Cronbach’s alpha = .91), learning drive (10 items, Cronbach’s alpha = .85), self-confidence (12 items, Cronbach’s alpha = .85), emotional self-care (six items, Cronbach’s alpha = .85), and cultural competency (13 items, Cronbach’s alpha = .92). The structure of the final inventory was largely consistent with the literature review results. All seven MPCI subscales were significantly correlated with social desirability measured by Billard’s Short Form of the Marlowe-Crowne Social Desirability Scale. Clinical conceptualization and self-confidence were significantly correlated with years of practice and direct client contact hours. All seven MPCI subscales were significantly correlated with therapists’ self-reported therapy expertise. Clinical conceptualization and self-confidence were significant predictors of therapists’ self-reported therapy expertise while controlling the remaining nine of the 10 variables (seven MPCI subscale variables, years of practice, direct client contact hours, and social desirability). It was concluded that MPCI is an

inventory with high reliability and structure validity. The results indicated that clinical conceptualization ability and self-confidence may be particularly important for therapists' self-perception of expertise; future research is needed to validate the relationship between MPCCI scores and therapist effectiveness based on objective data.

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## Introduction

Experts in various fields have been an interest of research for a long time. Chi, Glaser, and Farr (1988) synthesized a large body of research, and identified seven characteristics that typify expert performance in a variety of fields: (1) Experts tend to excel mainly in their own domain; (2) Experts perceive larger, more meaningful patterns in their chosen domain; (3) Experts are faster than novices in performing domain skills; (4) Experts have superior memory; (5) Experts see and represent a problem in their domain at a deeper (more principled) level; (6) Experts spend a large amount of time analyzing a problem qualitatively; (7) Experts have strong self-monitoring skills. The authors argue that these characteristics are common across a variety of professions, from the physical and social sciences to athletics and artistic endeavors.

In the book *Outliers*, Gladwell (2008) told stories about outliers—extremely successful people—and examined factors that contributed to their successes. He proposed that successful people were often lucky to be in the right place at the right time, but hard work was also critical to success. Throughout the book, Gladwell repeatedly mentioned the “10,000-Hour Rule,” claiming that the key to success in any field is, to a large extent, a matter of practicing a specific task for a total of around 10,000 hours.

Psychotherapy is a profession that is similar and yet different from many other occupations. It is different because the outcome relies on the relationship between the therapist and the client. It is also different because the person of therapist plays a large role in therapy. What characteristics typify master therapists, the best among expert therapists? Answers to this question are the interest of the research in this current study.

Exploring characteristics of master therapists is of great importance to the field of psychotherapy. Meta-analysis and reviews on previous studies have shown that some therapists are more effective than others (Lambert and Ogles, 2004). What makes them more effective than others? Unfortunately, existing research and literature cannot answer this question. Beutler et al. (2004) did a comprehensive review of what types of therapist variables are associated with therapy outcome. The results showed that therapist variables such as sex, age, and race are poor predictors of therapy outcome; the effect sizes of other variables such as amount of training, years of experience and professional discipline, vary from weak to medium (Beutler et al., 2004). To really clarify what makes some therapists better than others, more research is needed. Studying master therapists is one approach that could potentially bring clarification to the issue of what makes some therapist's better than others, as master therapists are the ones considered to be highly effective therapists.

Up to now, there has been no clear definition of master therapists in the psychology literature. Founders of various psychotherapy theories are certainly considered by many people as master therapists, such as Sigmund Freud, Carl Rogers, Fritz Perls, Albert Ellis, Michael White, Irvine Yalom, and many other names that are introduced in psychotherapy theory textbooks. Meanwhile, using one or more of these theories, and many other skills, some therapists are providing highly effective therapy services to clients. This group of therapists also deserves to be called master therapists.

Stoltenberg (1981) divided counselor development into four stages, calling counselors in the fourth stage "advanced master counselors." The characteristics of an advanced master counselor were described as "adequate self and other awareness,

insightful of own strengths and weaknesses, willfully interdependent with others, and has integrated standards of the profession with personal counselor identity” (p. 60).

In his study of personal characteristics of master therapists, Harrington (1988) defined a master therapist as “a therapist with advanced competence in the therapy process” (p. 72). He stated that “a master therapist is an individual who is an extremely effective therapist” (p. 72).

Goldberg (1992) asked what the term “master therapist” means in a questionnaire sent out to 200 experienced psychotherapists who were also psychiatrists. Among the 52 completed surveys, many participants wrote that they had never heard the term used before. Most other participants regarded the term as a negative expression for a practitioner who is a self-promoter. A few of the participants defined a master therapist as a practitioner who has exceptional therapeutic and teaching skills. One psychiatrist wrote that “master therapists have a thorough indoctrination in the theories and techniques of what they do, recognize the limitations of these theories and techniques, and know that each individual has the potential for having an entirely separate experience, requiring an altogether different way of looking at the world” (p. 60).

Jennings (1996) asked participants in his study to define “master therapist” when he studied 10 master therapists nominated by peers. Jennings did not finalize a definition of master therapist but cited the definitions of his participants. One participant said a master therapist has “a lot of life experience, good self-esteem, openness to grow, commitment to personal growth, and respect for humanity. Not having your ego tied up in it much, having a solid outside life, somebody who’s not looking to have their needs

met through the clients, other than financial” (p. 110). Another participant said a master therapist has “intuition, the ability to risk going with it, being helpful, having a positive feeling about life, in general knowing yourself and knowing where your buttons are...Feeling free to love, not having to be so terribly protective of oneself, growing, getting, learning, so that you have some idea of what the hell is going on. Just being these things without background and theory isn’t enough...” (p. 110). A third participant stated that master therapists “are people who are not afraid to take risks, have a deeper understanding, a more universal understanding; have a lot of integrity, are comfortable with their own power, and comfortable using it, stretch themselves and stretch other people to go beyond what they think is possible, give a sense of hope... a combination of challenge and giving...” (p. 111).

Based on the above review, one can conclude that currently there is no consensus on a succinct definition of master therapist. Many books and articles use the term “master therapist” but do not provide a definition (e.g., *Principles of Counseling and Psychotherapy: Learning the Essential Domains and Nonlinear Thinking of Master Practitioners*, Mozdierz, Peluso, and Lisiecki, 2009), which may partially explain why many participants in Goldberg’s (1992) study considered “master therapist” as a negative expression of a self-promoter. Probably due to lack of a clear definition of “master therapist,” studies on characteristics of master therapists used various operational criteria to identify master therapists. More details of the criteria will be revealed in the following review on studies of master therapist characteristics.

Chi, a well-known researcher on expertise, defined “masters” as “the expert who is regarded by the other experts as being ‘the’ expert, or the ‘real’ expert, especially with



regard to sub-domain knowledge” (Chi, 2006). Chi defined “experts” as “the distinguished or brilliant journeyman, highly regarded by peers, whose judgments are uncommonly accurate and reliable, whose performance shows consummate skill and economy of effort, and who can deal effectively with certain types of rare or ‘tough’ cases”. Consistent with Chi’s definition, a number of researchers have used peer nomination and snowball sampling method to identify “master therapists.” These two methods are thoroughly introduced and reviewed in the Literature Review Section. In brief, peer nomination and snowball sampling ensure that the therapists identified as master therapists are widely considered experts by many other experts.

Although the number of studies on master therapists is limited, there have been consistent results among these studies (Harrington, 1988; Jennings and Skovholt, 1999; Mullenbach, 2000; Sullivan, 2001; Jennings, Goh, Starkey, Skovholt, & Jennings, 2007; Kwon & Kim, 2007; Jennings, Sovereign, Bottorff, Mussel, & Vye, 2008; Smith, 2008; Hirai, 2010). The results consistently show that master therapists have high self-awareness (self-insight and the ability to recognize one’s own reactions in a session), are voracious learners, have strong curiosity about human conditions, are confident yet humble, are emotionally healthy and take active steps to maintain emotional health, possess multiple relational qualities, are able to build strong therapeutic relationships with clients, have profound understanding of complex issues presented by clients and are able to conceptualize them comprehensively, treat clients flexibly, and trust clients and value their strengths. These studies are thoroughly reviewed in the Literature Review Section.

The existing studies on master therapists provided valuable information about characteristics of master therapists. However, the common results about master therapist characteristics were based on master therapist participants' self-report and summarized by researchers. There is no objective data to prove how these characteristics are related to therapist efficacy. To be able to conduct research to prove the relationship between master therapist characteristics and therapist efficacy, a measurement of master therapist characteristics is needed. This current study aims to address this issue by developing a scale to quantify the characteristics that are commonly shared by master therapists.

### **Statement of the Problem**

The questions to be answered in this study are: Can master therapist characteristics be quantified as continuous variables? Do different therapists possess the qualities on different levels? Do the levels of these characteristics predict therapists' expertise? To answer these questions, a scale, called the Master Psychotherapist Characteristics Inventory (MPCI) was developed to quantify the characteristics. Therapists at different developmental stages were invited to complete the scale.

### **Significance of the Study**

By quantifying the master therapist characteristics from previous studies, this study is significant in several ways. First, MPCI will be a useful instrument for future studies relating to master therapist characteristics. Future studies can use this instrument to examine the relationship between master therapist characteristics and therapist effectiveness. Secondly, MPCI will help therapists conduct assessments of themselves and their supervisees. MPCI will be highly useful for therapists who want to investigate

areas they and their supervisees are doing well, and what areas many need improvement for them and their supervisees. Therefore, MPCCI can be an assessment tool for therapists. Third, MPCCI also can assist training programs to develop useful training procedures and materials. The characteristics measured by MPCCI could be part of the criteria which training programs use to evaluate their students. Training programs also could use the scale to facilitate the development of the identified characteristics within students and trainees.

### **Definition of Terms**

*Master therapist:* The existing studies have not yielded a clear definition of master therapist. In this study, a master therapist is defined as “a therapist who is highly effective in treating clients, has a positive esteemed reputation among colleagues, and is considered as an expert by other expert therapists.”

*Expert therapist:* The distinguished therapist, highly regarded by peers, whose judgments are uncommonly accurate and reliable, whose performance shows consummate skill and economy of effort, and who can deal effectively with certain types of rare or tough cases.

*Characteristics:* In this study, characteristic is used to describe personal and professional beliefs, skills, and behaviors of master therapists that enable them to provide effective therapy.

## **Literature Review**

This review is divided into three sections: (a) characteristics of master therapists, (b) differences between expert therapists and novice therapists, and (c) characteristics of effective therapists. The first section, characteristics of master therapists, is the main focus of this review. The second section, differences between expert therapists and novice therapists, is necessary because the differences between expert therapists and novice therapists may be similar to the differences between master therapists and novice therapists, given that master therapists are considered as experts among the experts. The third section, characteristics of effective therapists, adds to this study because master therapists are characterized as highly effective therapists, and therefore an overlap between characteristics of effective therapists and characteristics of master therapists may exist.

### **Characteristics of Master Therapists**

A group of researchers in Minnesota, led by Dr. Thomas Skovholt, conducted several studies on master therapists, including four dissertation studies conducted by Skovholt's doctoral advisees (Harrington, 1988; Jennings, 1996; Mullenbach, 2000; Sullivan, 2001). Another study was a follow-up analysis of Jennings' data in 1996 (Jennings et al., 2005). This group of researchers then repeated the study in Singapore and Japan, and compared the results to the American studies (Jennings et al., 2008; Hirai, 2010). Other researchers repeated the study in Canada (Smith, 2008) and South Korea (Kwon and Kim, 2007).

Harrington (1988) was the first to directly examine characteristics of master therapists. The purpose of his study was to investigate whether master therapists shared similar personal characteristics, whether there were differences in personal characteristics between male and female master therapists, and differences between counseling and clinical master therapists. The author considered Diplomates from the American Board of Professional Psychology (ABPP)—a group of therapists that ABPP deemed to have expert competency—as master therapists. There were approximately 2,000 Diplomates in counseling and clinical psychology in the United States at the time the study was conducted (1988). Five hundred and seven Diplomates who had received their Diplomate status in 1980 or later were invited to participate in the study. Two hundred and one participated (male = 147, female = 54; clinical = 158, counseling = 43; mean age = 44.52, SD = 7.49, range [32, 65]; mean years since Doctorate = 11, SD = 2.39; range [6, 33]). The master therapists completed the Adjective Check List (ACL, Gough & Heilbrun, 1983) and a personal qualities inventory developed by Harrington. The ACL had 37 sub-scales. The personality survey developed by Harrington consisted of primarily open-ended questions. Two important questions which related to personality characteristics were: “What are the three central/core characteristics of your personality?” (p. 215) and, “List up to four elements of your personality that you believe contribute to making your psychotherapy effective” (p. 216).

Participants’ scores on ACL sub-scales were divided into low, medium and high; chi-square tests then were used to test whether participants’ scores on ACL sub-scales were normally distributed. The scores were used to examine whether the master therapist participants shared similar personal characteristics. The results indicated that the

participants consistently scored high on “ideal self” (having a strong sense of personal worth), “achievement” (to strive to be outstanding), “endurance” (to persist in any task undertaken), and “mature adult” (attitudes of independence, objectivity, and industriousness). Participants consistently scored low on “unfavorable” (socially undesirable), “succorance” (to solicit sympathy, affection, or emotional support from others), and “adaptive child” (deference, conformity and self-discipline associated with the concept of a very dutiful child).

Frequency results of the personality qualities questionnaire revealed themes of master therapists’ central personality characteristics: (a) sensitive, empathic, kind; (b) intelligent and competent; (c) consistent, reliable, and loyal; (d) honest; (e) driven to grow and succeed; and (f) emotionally stable. Concerning the master therapists’ personality characteristics that contributed to making their psychotherapy effective, the following themes also emerged: (a) relationship skills (warm, empathy, kind, caring, and compassionate); (b) therapy skills (competent, theoretical knowledge, technical skills, and intelligence); (c) a strong sense of self (being able to tolerate strong emotions, being able to maintain ego boundaries and personal stability).

Harrington’s (1988) study has several strengths. The sample population used in the study came from a reasonable pool of potential master therapists—ABPP Diplomates. The response rate was  $(201/504 = 39.88\%)$  reasonable. The final sample size was relatively high. The author thoroughly described the rationale of the choice of instruments, and the rationale was valid. The data analysis methods were reasonable, and therefore the validity of the results should be considered relatively high.

Jennings and Skovholt (1999) interviewed 10 master therapists for the purpose of identifying their personal characteristics. Master therapists were identified using peer nomination and a snowball sampling method (Patton, 1990). In the snowball sampling method, well-situated people are asked to identify information-rich key informants. Individuals who are repeatedly named by a variety of informants constitute the core participant pool. The nomination process is stopped when certain individuals are repeatedly nominated and few new names emerge, which usually requires at least eight repetitions of the nomination procedure. In Jennings' study, three well-regarded practicing psychologists were chosen as key informants. A key informant is an expert source of information (Marshall, 1996). The key informant technique is an ethnographic research method which was originally used in the field of cultural anthropology and is now being used more widely in other branches of social science investigation. The informants in the Jennings and Skovholt 1999 study were chosen because of their involvement in the training of therapists, their long-standing involvement with the local mental health community, and their reputation as well-regarded therapists. The following criteria for nomination of master therapists was given to key informants and nominated persons who were contacted by the researcher: "(a) this person is considered to be a master therapist; (b) this person is most frequently thought of when referring a close family member or a dear friend to a therapist because the person is considered to be the 'best of the best'; and (c) one would have full confidence in seeing this therapist for one's own personal therapy, so this therapist is considered "therapist's therapist" (p. 4). Each key informant was asked to nominate three master therapists. The nominated person was then contacted and asked to nominate three master therapists.

A total of 213 peer nominations were obtained from 65 practitioners who were themselves considered to be master therapists; 103 different practitioners (male =46, female = 57) were nominated. Ten therapists with a minimum of four nominations were chosen to be the participants in Jennings' study, and all agreed to participate (all European-American; male =3, female = 7; average age = 59, range [50, 72]; average years of clinical practice = 29.5, range [21, 41]). Jennings interviewed each of them for approximately 90 minutes with 16 questions designed to elicit information about their characteristics as a master therapist. After the transcription and qualitative data analysis, a 60-minute follow-up interview was conducted with the nominated master therapists to validate and refine their responses.

Jennings and Skovholt (1999) used inductive analysis to analyze the smallest units of data (concepts) into meaningful and progressively broader themes, categories, and domains. Based on data analysis, Jennings developed a cognitive, emotional and relational model (CER) to describe master therapists' personal characteristics. In the cognitive domain of the model, master therapists were identified as voracious learners, learning from accumulated experiences, valuing cognitive complexity, and embracing the ambiguity of the human condition. In the emotional domain of the model, master therapists have emotional receptivity defined as: being self-aware, reflective, non-defensive, and open to feedback; mentally healthy and mature individuals who attend to their own emotional well-being; and awareness of how their emotional health affects the quality of their work. In the relational domain of the model, master therapists possess: strong relationship skills; believing that the foundation for therapeutic change is a strong



working alliance; and being experts at using their exceptional relationship skills in therapy.

Mullenbach (2000) studied master therapists' professional resiliency and emotional wellness using the same participant sample from the Jennings and Skovholt 1999 study. The 10 master therapists from the Jennings and Skovholt 1999 study were invited to participate; nine consented. The participants were interviewed using 22 questions designed to elicit information pertaining to their emotional wellness and professional resiliency. Similar to Jennings and Skovholt (1999), follow-up interviews were conducted after the initial interview was transcribed and analyzed. The data analysis method was also similar to Jennings' (1996, 1999) study.

Mullenbach (2000) identified 23 themes within five categories as being integral to the emotional functioning of these master therapists. She concluded that master therapists: (a) have sought out supportive experiences throughout training and professional careers; (b) have developed effective coping skills and are experts in their ability to create a positive work environment, manage professional stressors, and nurture self through a balance of solitude and relationships; and (c) had protective factors such as proactive problem-solving, ongoing learning, and maintenance of a diversified practice.

Also following up on the Jennings' 1999 study, Sullivan (2001), using the same participant sample from the Jennings' (1996, 1999) study, examined master therapists' construction of the therapy relationship. The ten master therapists were invited to participate, and all agreed to participate. The master therapists were interviewed with nine questions designed to elicit their perceptions of the therapeutic relationship and their

beliefs about what dimensions are important in therapy. Data analysis method also was similar to Jennings' (1996, 1999) study.

Sullivan (2001) found that master therapists' construction of therapy relationships can be summarized in two domains: safe relationship domain and challenging relationship domain. In the safe relationship domain, master therapists have a heightened responsiveness to clients. Therapists actively collaborate with clients, and seek a strong and deep therapy relationship with clients. In the challenging relationship domain, master therapists use "self" in the therapy relationship; they intensely engage the clients, and maintain an objective stance in the therapy relationship.

Jennings and colleagues (2005) explored the ethical values inherent in the practice of master therapists based on the transcripts from their 1999 study. The authors identified five salient ethical values of master therapists: (a) competence, (b) relational connection, (c) nonmaleficence, (d) autonomy, and (e) beneficence.

Taking into consideration the results of the Jennings et al.'s study in 1999 and 2005, Mullenbach's study in 2000, and Sullivan's study in 2001, Skovholt, Jennings, and Mullenbach (2004) developed a portrait of master therapists, including: Paradox characteristics, Identifying characteristics, Word characteristics, and central Cognitive, Emotional, and Relational (CER) characteristics.

Paradox characteristics of master therapists were:

- A drive to mastery, yet never a sense of having fully arrived—like traveling on an endless path.

- The ability to deeply enter the inner world of another while often preferring solitude.
- Providing an emotionally safe environment for a client and yet able to firmly challenge when necessary.
- Highly skilled at harnessing the power of therapy to help others while quite humble about oneself.
- Thorough integration of the personal and professional selves, yet with clear boundaries between these worlds.
- Voracious learner who often directs this energy to broad learning as well as specific work-related topics.
- Excellent at giving of self to others while nurturing a private self.
- Very open to feedback about oneself yet not personally destabilized by it.

Master therapists' identifying characteristics include:

- High emotional health as evidenced by self-acceptance—shadow, warts, and all.
- Understanding of the ambiguous complexity of human nature that precludes an enthusiastic acceptance of any one-dimensional view of human psychology.
- Clear rejection of simplified theories and models for use with clients.

- Focused motivation to develop self and the ability to be helpful to others.
- In a maximum way, used own life experiences as food for growth.
- Deeply confident of the therapy process and their own therapy skills.
- Non-defensive acceptance of their own limitations and flaws as evidenced by knowing they are not the best therapists for some clients.
- Data from direct work with clients is highly valued.
- Drawn to paradoxical, complicated, metaphorical and profound descriptions of the human condition.
- Feeling humility while keeping grandiosity and arrogance at bay.
- A wide spirit of empathy from their own reflected and integrated life experiences.
- Possession of an internal schema—a wisdom guide—consisting of thick webs of patterns, practices, and procedures developed over many hours of work.
- A close congruence between personality and demands of the work environment, a “goodness of fit.”
- Having the profound ability to respectfully enter the world of another and be of assistance there.
- Reverence for the human condition.

- Living for years in a reflective, open style while searching for growth—personal and professional—has produced the Highly Functioning Self.

Word characteristics of master therapists include:

- Alive
- Congruent
- Committed
- Determined
- Intense
- Open
- Curious
- Tolerant
- Vital
- Reflective
- Self-aware
- Generous
- Mature
- Optimistic

- Analytic
- Fun
- Discerning
- Energetic
- Robust
- Inspiring
- Passionate (p. 134)

Central characteristics of master therapists were described in the CER model. The cognitive central characteristics of master therapists include: embracing complex ambiguity, being guided by accumulated wisdom, insatiable curiosity, profound understanding of the human condition, and being voracious learners. The emotional central characteristics of master therapists include: a deep acceptance of self, genuine humility, high self-awareness, an intense will to grow, passion to enjoy life, being quietly strong, and vibrantly alive. The relationship central characteristics of master therapists include: the ability to intensively engage others, an acute interpersonal perception, a nuanced ethical compass, being piloted by boundaried generosity, possessing relational acumen, and a welcomed-openness to life feedback.

The CER model is consistent with the results of Harrington (1988). Harrington found the master therapists' personality characteristics that contributed to making their psychotherapy effective. These characteristics included three themes: relationship skills,

therapy skills, and strong sense of self. The theme of relational skills in Harrington (1988) corresponds with the relational domain in the CER model (Skovholt, Jennings, & Mullenbach, 2004); the theme of therapy skills is similar to the cognitive domain in CER, and theme of strong sense of self is consistent with the emotional domain in CER.

There are strengths and limitations of the studies of Jennings and Skovholt (1999), Mullenbach (2000), Sullivan (2001), and Jennings et al. (2005). The strengths include: (a) the sampling method was a valid qualitative research method supported by qualitative research methodologists (Patton, 1990; Patton, 2002); (b) the authors used the sampling method carefully and described the method clearly; (c) the same method was also adopted by several researchers in later studies of master therapists (Jennings et al., 2008; Smith, 2008; Hirai, 2010); (d) studying the master therapists over several years with multiple interviews from different angles ensures thorough understanding of the participants, and therefore increases the internal validity/credibility of the final summarized results (paradoxical characteristics, word characteristics, identifying characteristics and the central CER characteristics). Limitations include: peer nomination is not considered the ideal method of defining master therapists. Orlinsky (1999) pointed out that master therapists should be highly effective therapists, but the peer nomination method cannot reflect whether the therapists are truly highly effective or not because peers usually did not have experiences of being a client of the master therapists they nominate. Also, the nominators did not have data on the effectiveness of the master therapists they nominate. Second, multiple studies on the sample participants and the sampling method create limitations for these studies. Because the studies shared the same

10 participants (all European Americans) in one area, the transferability/generalizability of the results is not high.

Jennings et al. (2008) went on to explore characteristics of master therapists in Singapore and compared the results with his study in Minnesota (Jennings and Skovholt, 1999). Peer nomination and snowball sampling method were used. Nomination criteria were the same as those in the study in Minnesota (Jennings, 1996). A total number of 127 nominations were cast by 45 therapists/key informants; 47 master therapists were nominated. Therapists receiving more than three nominations were chosen to be potential participants. The nominees were invited to participate in the study and all agreed (male = 5, female = 4; average age = 50.56, SD = 6.19; Chinese descent = 7, Indonesian-Chinese descent = 1, East Indian descent = 1; average practicing years = 18.44, SD = 7.06, range = [10, 34]). The participants were interviewed with the same questions used in the Jennings and Skovholt (1999) study. Data analysis method was also similar. The authors used grounded theory (Strauss & Corbin, 1998) as the overall framework and used consensual qualitative research (CQR) methodology (Hill et al., 2005) to code each transcript, achieve consensus on coding, and organize codes into themes. The authors then conducted cross-case analysis to finalize the themes that were broadly represented by participants, and finally arranged the themes into categories. A qualitative meta-analysis (Timulak, 2007) was done to compare the data in this study with the data of Jennings and Skovholt (1999).

The authors identified 16 themes in four categories: personal characteristics, developmental influences, approach to practice, and ongoing professional growth. Personal characteristics of the Singapore master therapists were: empathic,



nonjudgmental, and respectful. Developmental influences for Singapore master therapists included a view of experience as an important factor that leads to expertise, a high self-awareness, humility, and self-doubt. In the theme of approach to practice, Singapore master therapists kept a balance between support and challenges, had a flexible therapeutic stance, used an empowerment/strength-based approach, valued the primacy of therapeutic alliance, were comfortable addressing spirituality, and embraced working within a multicultural context. In the theme of ongoing professional growth, Singapore master therapists valued professional development practices, viewed teaching/training as an opportunity to hone their own skills, and acknowledged challenges to professional development in Singapore.

In the comparison of the Singapore study and the Minnesota study, Jennings and his colleagues found many commonalities regarding the personal characteristics, developmental influences, and therapy practices of psychotherapy experts. Comparisons showed that Singapore master therapists and Minnesota master therapists: (a) engage with their clients in an empathic and nonjudgmental way. The experts also use relational skills to guide their sense of timing, pacing, and dosage of interventions. This ultimately serves to create a safe and secure therapeutic atmosphere; (b) support their client's strength and growth through the therapeutic alliance, ranging from a necessary condition to the intervention itself; (c) draw on life and work experience to inform and advance their skills; (d) value ongoing learning within and outside their area of practice, and they benefit from articulating their work when teaching students; (e) have a healthy perspective on their own sense of importance and recognize their limits of competence;

and (f) are open to reflection and feedback from many sources to help them recognize their limitations and areas for growth.

Jennings and his colleagues (2008) also found themes that are different between Singapore master therapists and Minnesota therapists. Specifically, most Singapore master therapists expressed challenges to professional development in Singapore; most of them received training abroad. Also, most Singapore master therapists expressed their passion for working within a multicultural context; the therapists were comfortable addressing spirituality, and had self-doubts. One unique theme of Minnesota master therapists differing from the Singaporean therapists was their value of cognitive complexity and the ambiguity of the human condition.

Jennings et al. (2008) held the same strengths as Jennings and Skovholt (1999): clear selection criteria and rigorous data analysis. In addition, Jennings et al. provided a cross-cultural comparison view of master therapists. The limitations of the study are also similar to other master therapist studies: (a) peer nomination does not guarantee the effectiveness criteria, and (b) some important characteristics of master therapists may not be captured due to lack of clients' perspective in the study.

Hirai (2010) conducted a similar study on master therapists in Japan. Peer nomination was used to identify master therapists in Japan. The author started the process by contacting board members of the three largest Japanese professional associations relating to clinical psychology. A total of 77 board members were invited to nominate three master therapists based on the same criteria used in Jennings and Skovholt (1999). Fifty-two of the 77 board members responded to the invitation and nominated 70 master

therapists. A minimum of four nominations was chosen for the master therapist interview group. A total of 11 Japanese therapists were chosen to be the participants of the study, and 10 agreed to participate (male = 8, female = 2; average age = 72.2, SD = 7.66, range [58, 85]; average practice years = 46.1, SD = 6.9, range [34, 60]). The master therapists were interviewed for approximately 110 minutes with 17 open-ended questions designed to elicit information about their characteristics of being a master therapist. The interview was conducted in Japanese. Similar to Jennings et al.'s (2008) study in Singapore, Hirai used grounded theory and CQR to code each transcript, achieve consensus on coding, and organize codes into themes. Hirai then conducted a cross-case analysis to finalize the themes that were broadly represented by participants, and arranged the themes into categories. Based on the data analysis, Hirai identified 18 themes within five categories:

Category A: Cultivating Abundant Learning

1. Proactive learning style
2. Abound in ingenuity
3. Diligently manage massive learning (Dedication to life-long learning)
4. Learning from great mentors
5. Existence of supportive environment

Category B: Perceptive Understanding of Self and Others

6. In-depth self-reflection
7. Finely-tuned understanding of the client
8. Being able to take a comprehensive view of the client
9. Capacity to embrace antinomy

Category C: Effective Intervention

10. Perform at a high level of therapeutic effectiveness (interest in pursuing effective and efficient treatment)
11. Multidimensional therapeutic approach (mind-body holistic approach)
12. Precise yet flexible intervention

Category D: Relationship Building with the Client

13. Deep respect for the client
14. Being open toward the client
15. Active engagement in the mutually therapeutic relationship

Category E: Therapist's Humanity

16. Therapist's personality (modesty, absence of self-centeredness and dominance, sincerity, and stability)
17. High level of resilience
18. Respect for the profundity of human beings

Hirai (2010) also did a cross-cultural comparison of Japanese and American master therapists. Overall, the characteristics of Japanese master therapist have many commonalities with the American master therapists in the studies in Minnesota (Skovholt & Jennings, 2004). Examples of similar themes are: strong interests in new learning, important of self-awareness and reflection, acceptance of ambiguity, and exceptional ability to form trustful relationships. Mentor's guidance and therapist humility were emphasized. Differences in characteristics include the fact that Japanese master therapists place more value on understanding the client without depending on the verbal interaction between the client and the therapist. In addition, the boundary between the Japanese

therapist and the Japanese client may be less strict. The psychological unit during the therapy is a shared psychological space or merged being for Japanese master therapists.

Similar to the study of Jennings et al. (2008) in Singapore, Hirai's study (2010) provides a cross-cultural view of master therapists. The methodology also was justified. Although the snowball sampling was not used, the size of original key informants was high. The cut-off nomination of four reached 11 nominated master therapists, which was similar to other studies (Jennings & Skovholt, 1999; Smith, 2008).

Smith (2008) studied characteristics of master couple therapists in Canada. The author also used peer nomination and the snowball sampling procedure to select master couple therapists. The author obtained membership lists from the Ontario Provincial Registry of Psychologists and the Ontario Association of Couple and Family Therapy. In addition, to include therapists with a medical background, the author also contacted three medical doctors who were known to practice couple therapy. Ten randomly chosen names from each list and three individuals with medical background were the beginning points of the snowball sampling. These individuals were contacted and asked to nominate three individuals in the area of couple therapy who they considered to be master therapists based on the following criteria: "(a) This person is considered to be a master therapist when working with couples in their practice; (b) most frequently thought of when referring a close family member or a close friend to a couple therapist considered to be the 'best of the best'; (c) The nominating therapist has full confidence in seeing this individual for one's own personal couple therapy; and (d) the nominating therapist has made a referral and heard positive feedback about the work of this therapist or has consulted with this person on a case and is therefore familiar with this therapist's work"

(p. 55). Therapists who were nominated a minimum of five times by colleagues were invited to participate in the study. Following the process, 11 therapists were invited to participate in the study and nine of the therapists agreed (all Caucasian; most practice in a private setting; range of practice years [16- 38 yrs.]). Prior to the interview, the nine master therapists were asked to write a narrative about their experience of becoming a master couple therapist and what it means to be a master couple therapist. Later, the nine master therapists were interviewed about their characteristics of being a master therapist. Following the interviews of the nine primary participants, therapists who nominated the master therapists were randomly chosen and contacted by phone for a brief 15-minute interview. The nominators were asked to expand on their decision to nominate these particular practitioners. The findings gleaned from these brief interviews were included when the authors acknowledged unique information not identified by the primary participants. Therefore, the data in Smith's study include the nine master therapists' written narratives, as well as the transcript of the interview with master therapists and the nominators.

Smith (2008) used a basic interpretive and descriptive analysis to analyze the data. A thematic analysis and category construction of the data was performed. The themes and categories were constructed using the constant comparison method as described by Merriam (2002) and originally developed in grounded theory research by Glaser and Strauss (1967).

Smith (2008) found that the participants described a remarkable level of commitment in three main areas: personal development and self, professional development, and relationships. In terms of the therapists' commitment to personal

development and self, the master therapists were committed to maintaining their emotional health (e.g., being emotionally grounded) and took active steps to pursue this goal (e.g., personal therapy, doing other productive activities, monitoring self when doing therapy). Therapists were also dedicated to developing their own personal self-awareness and growth as a therapist (e.g., including a wide range of knowledge and experience, being aware of one's own professional limitations and obtaining consultation/help). Participants described the role of a couple therapist as a natural one for them to adopt (e.g., being naturally inquisitive, intuitive and interested in relationships; being drawn back to therapy after trying other professions) and described themselves as passionate about the profession. Participants also displayed a combination of confidence in their abilities and modesty.

In terms of commitment to professional development, many participants enhanced learning through teaching. Participants displayed a curiosity for the human condition and a commitment to ongoing learning in the field of psychotherapy. Participants had developed a remarkable ability to conceptualize client issues, and each participant showed commitment to their own style of developing a model of therapy (e.g., fits the couple they are working with, fits the therapist's personality, validated by empirical research, etc.).

In terms of commitment to relationships, each participant endorsed a belief in the importance of a strong therapeutic relationship (e.g., consider both clients' positions and have a balanced relationship with both). Each participant also appeared to have personal qualities that would facilitate the development of strong relationships (e.g., authenticity, genuineness, empathy, warmth, unconditional positive regard, trustworthiness, honesty, a

good sense of humor, willingness to join the client, conveying honor and respect) evidenced in therapy and in their lives in general. The participants generally placed importance on their personal peer relationships. They also adhered to the approach of trusting clients to lead in therapy and effectively managed conflict in couple therapy (e.g., stop the conflict before it becomes abusive).

Based on the measures Smith (2008) used to ensure the quality of the study, the results of the study had high validity. To ensure research quality, Smith followed Merriam's (2002) guide of establishing internal validity, reliability, external validity, and an ethical approach. To ensure internal validity, the author employed strategies including (a) triangulation of the data (specifically, using oral interviews as well as written narratives); (b) a process of "peer review" (two peers with a background in qualitative research); (c) describing the author's assumptions, worldview and theoretical orientation in the dissertation; (d) having the author's supervisors and doctoral committee members offer comments throughout the process. To ensure reliability, the author again adopted Merriam's (2002) view that reliability is "whether the results are consistent with the data collected." The author used the strategies of leaving an audit trail to allow others' insights as to how results and interpretations were made, and using quotes to allow readers access to the voices of participants. To ensure external validity, the author gave a detailed description of the master couple therapists, their perspectives, and experiences. To ensure the ethical approach, participants were fully informed of risks and benefits of the study and how the results were to be used, and the University of Alberta Advisory Committee on Ethics approved the study.



Smith (2008) itemized the limitations of the study. First, the sample size is small. Second, the therapists belong to a homogeneous group—they were all Caucasian and practice in a private setting. Third, the information was from the therapists' and nominators' perspective, with no client perspective. Therefore, there may be characteristics of master therapists which were not presented.

In 2007, Kwon and Kim studied five master group therapists in South Korea using peer nomination and snowball sampling to select participants. The researchers used grounded theory methodology to analyze the interview transcripts. Based on the results, the researchers suggested a paradigm model of master group therapists' characteristics. This paradigm described causal conditions, textual factors, and moderating conditions that led to the phenomenology of master group therapists' involvement in group therapy. Kwon and Kim speculated that group therapists' involvement then led to function/interaction strategies that master group counselors used, which illustrate master therapists' expertise in group counseling. The authors also summarized master group therapists' development: reasons to choose group therapy, being absorbed in group therapy, having a mentor, dealing with challenges in group therapy, impact of early life pain, contextual factors to achievement in group therapy, strategies used for growth, personality characteristics, and expert characteristics (characteristics related to group dynamics and group therapy).

Kwon and Kim's study (2007) was conducted in Korean and published in a Korean journal. Due to the limitation that the author of this dissertation's study does not understand Korean, the information about this study was based on the translation of the article from a doctoral student in an American counseling psychology program whose

first language is Korean. Compared to other studies on master therapists (Jennings and Skovholt, 1999; Mullenbach, 2000; Sullivan, 2001; Jennings et al., 2008; Hirai, 2010; Smith, 2008), Kwon and Kim had a smaller sample size but generated several models based on the data from master group therapists. As the author of this current dissertation study compared results between Kwon and Kim's study and the previous reviewed studies on master therapists (Jennings and Skovholt, 1999; Mullenbach, 2000; Sullivan, 2001; Jennings et al., 2008; Hirai, 2010; Smith, 2008; Kwon & Kim, 2007), only characteristics of master group therapists in Kwon and Kim's study were considered.

The above studies (Jennings and Skovholt, 1999; Mullenbach, 2000; Sullivan, 2001; Jennings et al., 2008; Hirai, 2010; Smith, 2008; Kwon & Kim, 2007) chose different models for categorizing the results, but all studies developed themes of master therapist characteristics based on interview scripts and used quotes to illustrate the themes. The author of this current dissertation study reviewed the themes from these studies and compared the similarity between them. Table 1 shows the results of the comparison. Skovholt's and Jennings' (2004) book, *Master Therapists: Exploring Expertise in Therapy and Counseling*, described and summarized four studies with the same master therapist participants, including Jennings and Skovholt (1999), Mullenbach (2000), Sullivan (2001), and Jennings et al. (2005). For the sake of simplicity, Skovholt and Jennings (2004) is used to refer to all four studies in the comparison.

As indicated by the comparisons in Table 1, the category arrangement between Skovholt and Jennings (2004) and Smith (2008) has the highest correspondence. Although the category arrangement of Hirai (2010) appeared different from the other four

studies listed in Table 1, based on the detailed description of each theme in the original dissertation, several of the themes from Hirai correspond to the themes from the other four studies. Comparisons of the above five studies show that three domains of characteristics were shared by master therapists from all five groups of studies (Minnesota, Korea, Canada, Singapore, and Japan):

1. High self-awareness
2. Remarkable ability to conceptualize the client and complex human condition
3. Ability to build a strong therapeutic relationship with clients and possession of the required relational qualities

Four domains of characteristics were shared by four of the five studies:

1. Voracious learning using all kinds of resources (by Minnesota, Singapore, Canada, and Japan)
2. A combination of humility and confidence (by Minnesota, Singapore, Canada, and Japan)
3. Being emotional healthy and working hard to maintain emotional health (by Minnesota, South Korea, Canada, and Japan)
4. Being flexible and inventive with clinical intervention (by South Korea, Singapore, Canada, and Japan)

The characteristic of *trusting and being optimistic with human nature* was shared by three studies (South Korea, Singapore and Canada). The characteristics of *curious*

*about human conditions* and *passionate about life and profession* were shared by two studies (Minnesota and Canada).

Each of the studies showed culturally specific themes as well. In the Korean study, Kwon and Kim (2007) reported several characteristics specific to group therapy (e.g., seeking diverse clients in group, recognizing and handling group dynamics, etc.). Smith (2008) showed that Canadian master couple therapists adapt the role of couple therapist naturally and manage the conflict in couple therapy effectively. The unique characteristics from the above two studies seem obvious and reasonable given that the participants were group therapists or couple therapists.

Table 1 Comparison of Master Therapist Characteristics from Studies around the World

		Themes				Potential new domains	
		Minnesota studies	Korean Study (Kwon & Kim, 2007)	Singapore study (Jennings et al., 2008)	Canada study (Smith, 2008)	Japan study (Hirai, 2010)	
<b>Similarity</b>	•High self-awareness		•Not afraid of self-disclosure •Knowing one's limitations	•Self-awareness •Self-doubt	•Dedicated to developing self-awareness and growth	•In-depth self-reflection	High self-awareness
	•Able to intensively engage others •Have acute interpersonal perception •Relational acumen		•Patient •Acceptability •Empathic •Authentic •Fearless of strong emotions	•Empathic •Nonjudgmental •Respectful •Primacy of the therapeutic alliance	•Relationship qualities(e.g., authenticity, genuineness, empathy, warmth, unconditional positive regard, trustworthiness, honesty, good sense of humor, willingness to join the client, conveying honor and respect) •Belief in the importance of a strong therapeutic relationship	•Therapist personality (sincerity) •Deep respect for the client •Being open toward the client •Active engagement in the mutually therapeutic relationship	Therapeutic alliance and the required relational qualities/abilities
	•Profound understanding of the human condition •Embrace complex ambiguity		•Cognitive competency and effectiveness	•Embracing working within a multicultural context	•Remarkable ability to conceptualize client issues	•Finely tuned understanding of the client •Comprehensive view of the client •Embrace antinomy •Respect for the profundity of human being	Conceptualization/understanding of the client and complex human condition

Themes					Potential new domains
Minnesota studies	Korean Study (Kwon & Kim, 2007)	Singapore study (Jennings et al., 2008)	Canada study (Smith, 2008)	Japan study (Hirai, 2010)	
<ul style="list-style-type: none"> <li>•Guided by accumulated wisdom (reflected data, book learning, synthesized life experience)</li> <li>•Voracious learners</li> </ul>		<ul style="list-style-type: none"> <li>•Learning by teaching/training others</li> <li>•Professional development practices</li> <li>•Learn from experiences</li> </ul>	<ul style="list-style-type: none"> <li>•Enhance learning by teaching</li> <li>•Deep commitment to ongoing learning in the field of psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>•Proactive learning style</li> <li>•Diligently manage massive learning</li> <li>•Learning from great mentors</li> </ul>	Voracious Learning
<ul style="list-style-type: none"> <li>•Genuinely humble</li> </ul>		<ul style="list-style-type: none"> <li>•Humility</li> </ul>	<ul style="list-style-type: none"> <li>•A lovely combination of confidence in their abilities and modesty</li> </ul>	<ul style="list-style-type: none"> <li>•Therapist Personality (modesty, absence of self-centeredness and dominance)</li> </ul>	Humility and confidence
<ul style="list-style-type: none"> <li>•Intense will and behaviors to grow</li> <li>•Deep acceptance of self</li> <li>•Quietly strong</li> <li>•Vibrantly alive</li> </ul>	<ul style="list-style-type: none"> <li>•Use humor to handle heaviness and pain</li> </ul>		<ul style="list-style-type: none"> <li>•Maintain emotional health and take active steps to pursue this goal</li> <li>•Place importance on their personal peer relationships</li> </ul>	<ul style="list-style-type: none"> <li>•Existence of supportive environment</li> <li>•Therapist personality (Stability)</li> <li>•High level of resilience</li> </ul>	Emotional health
	<ul style="list-style-type: none"> <li>•Flexible</li> <li>•Creating one's own theory</li> <li>•Taking risks</li> </ul>	<ul style="list-style-type: none"> <li>•Flexible therapeutic stance</li> </ul>	<ul style="list-style-type: none"> <li>•Commitment to one's own style of therapy that fits for them and their clients</li> </ul>	<ul style="list-style-type: none"> <li>•Precise yet flexible intervention</li> <li>•Abound in ingenuity</li> </ul>	Flexible intervention
	<ul style="list-style-type: none"> <li>•Trust in human</li> </ul>	<ul style="list-style-type: none"> <li>•Empowerment/strength-based approach</li> </ul>	<ul style="list-style-type: none"> <li>•Trust their clients to follow their lead in therapy</li> </ul>		Trust in human
<ul style="list-style-type: none"> <li>•Insatiably curious</li> </ul>			<ul style="list-style-type: none"> <li>•Curiosity for the human condition</li> </ul>		Curiosity
<ul style="list-style-type: none"> <li>•Passionately enjoy life</li> </ul>			<ul style="list-style-type: none"> <li>•Passionate about the profession</li> </ul>		Passion

		Themes			Potential new domains	
		Minnesota studies	Korean Study (Kwon & Kim, 2007)	Singapore study (Jennings et al., 2008)	Canada study (Smith, 2008)	Japan study (Hirai, 2010)
		•Piloted by boundaried generosity		• Balance between support and challenge		Boundaried generosity
Differences	<ul style="list-style-type: none"> <li>•Welcomed openness to life feedback</li> <li>•Have nuanced ethical compass</li> </ul>	<ul style="list-style-type: none"> <li>•Unique skill sets of group counseling (e.g., seeking diverse clients in the group, recognizing and handling group dynamics)</li> </ul>	<ul style="list-style-type: none"> <li>•Comfortable addressing spirituality</li> <li>• Challenges to professional development in Singapore (for trainees)</li> </ul>	<ul style="list-style-type: none"> <li>•The role of a couple therapist as a natural one for them to adopt</li> <li>•Effectively managed conflict in couple therapy</li> </ul>	<ul style="list-style-type: none"> <li>•High level of effectiveness (interest in pursuing effective and efficient treatment)</li> <li>•Multi-dimensional therapeutic approach (mind-body holistic approach)</li> </ul>	

On the other hand, the unique characteristics of master therapists in each of the five studies listed in Table 1 might be just unique to the culture in which they are embedded. For example, Skovholt and Jennings (2004) revealed that Minnesota master therapists have welcomed openness to life feedback, and have a nuanced ethical compass (meaning that the moral compass is internal and deeply embedded in higher moral principles or virtue ethic). It is possible that in America, ethics is emphasized more than in Canada, Japan or Singapore. Jennings et al. (2008) revealed that Singapore master therapists were comfortable addressing spirituality, and were concerned with the challenges to practitioner's professional development in Singapore. It is possible that in Singapore, individuals have higher comfort level addressing spirituality than in America, Canada or Japan. Finally, Hirai (2010) showed that Japanese master therapists emphasize the efficiency of effectiveness of treatment and value multidimensional/holistic mind-body approach. It is possible that in Japan a holistic mind-body approach is more valued than in America, Canada or Singapore.

Goh (2005) suggested that studies on master therapists should pay attention to multicultural competence of master therapists. He and colleagues conducted a study on characteristics of expert multicultural counselors and therapists (Goh, Starkey, Skovholt, & Jennings, 2007). In the study, peer nomination and snow sampling were used to identify expert multicultural therapists. The criteria to nominate expert multicultural therapists include: (a) considered to be a master multicultural counselor/therapist; (b) most frequently thought of when referring a close family member or a dear friend to a counselor/therapist because the person is considered to be the best of the best when it comes to working with culturally diverse clients; and (c) have full confidence in seeing



this counselor for one's own personal counseling. Seven therapists who received three or more nominations were invited to participate in the study and six (average years of practice =17, range [6, 35]) agreed. The six therapists were interviewed with 21 questions designed to elicit information about their characteristics and their opinions on cultural competence. Modified CQR and inductive analysis were used to analyze data. The results indicated that the expert multicultural counselors and therapists have a strong sense of cultural identity, possess a sensitivity to racism and oppression, are ever curious about the experience of other people, have an appreciation for cultural differences, are compassionate individuals, genuine in their approach to self and others, committed to refining themselves as culturally competent therapists, perseverant in developing cultural competence, courageous in examining their own culture and the culture of others, are highly self aware, raise awareness of culture in other people, intuitive, humble, and are relational experts.

The results of Goh et al. (2007) indicated that expert multicultural therapists shared similar characteristics with master therapists from other studies (Jennings and Skovholt, 1999; Mullenbach, 2000; Sullivan, 2001; Jennings et al., 2008; Hirai, 2010; Smith, 2008; Kwon & Kim, 2007). Examples of common characteristics are: curiosity about the experience of other people, compassion, genuineness in the approach to self and others, high self-awareness, humbleness, and relational oriented therapy approach. One difference between Goh et al. and other studies is that many characteristics related to cultural competence emerged in his 2007 study.

Compared to other master therapist studies, the expert therapists in Goh et al. (2007) appeared to represent a slightly different population of master therapists—expert

multicultural therapists. As mentioned in the article of Goh et al., the concept of expert multicultural therapists was vague. Some therapists may have been nominated simply because they were a person of color. Many outstanding culturally competent therapists may have been overlooked. In addition, the sample size in this study was also small compared to the previously reviewed studies on master therapists. For the above reasons, the results of Goh et al. were not integrated into the comparison table (Table 1), although the results were considered in formation of the MPCCI.

Menigat (2008) explored expert counselor spiritual development and how it contributes to their counseling work. The author contacted the listserv of the Ohio Association for Spirituality, Ethics and Religious Values in Counseling (OASERVIC), which had 117 members at the time. After the contact, the author obtained five participants. Menigat (2008) did not clarify the criteria for selecting expert counselors when contacting OASERVIC, but it appeared that she chose participants mainly based on years of practice since she stated that one novice counselor was eliminated because another counselor with the same faith but more years of practice agreed to participate in the study. As the author aimed to have a minimum of 10 participants, she asked the leaders and long-term members of Ohio Counseling Association to recommend exemplified professional, licensed counselors with at least 15 years of experience who may be willing to discuss their spirituality. Following these recommendations, the author gained another three participants. Later, through the author's counselor network, the author gained four more participants. Therefore, the total number of participants equaled 12 (Caucasian = 12; male = 5, female = 7; average age = 56, range [49, 62]; average years of counseling practice = 22, range [13, 36]). Participants came from the following

religions: Lutheran, Episcopal, Mennonite, Tibetan Buddhist, Baptist, Jewish, Church of God (non-Pentecostal), Pentecostal, Non-denominational, Natural Mysticism faith, Presbyterian, and Roman Catholic.

Menigat (2008) conducted interviews with each participant and obtained information about their spirituality development and how it contributes to their counseling work. Interview transcripts were sent to each participant. Data for the analysis was extracted from transcripts, demographic forms, vitas, case notes, and follow-up e-mails and phone calls, to provide a triangulation of sources. Open coding procedures were employed, permitting categorization of ideas which emerged from the data.

Menigat's (2008) results showed that each participant mentioned a spiritual core or connection as an important component of their spirituality. Relationships were highly valued. Finding meaning in life's joys and sorrows or assisting clients and others towards discovering meaning was another element mentioned by all. These expert counselor participants had a strong faith base, with all of them believing in a God, a higher power or connection, and a commitment to their own spiritual traditions. Eleven of the 12 participants prayed and meditated regularly. Nine spoke of their spiritual core or inner guide contributing to their desire to make right choices for their lives. Five individuals believed that all their lives were spiritually oriented, and the remaining group averaged more than ten hours weekly in their spiritual practices. The majority of the participants consistently addressed spirituality in their counseling work. Seven participants regularly assessed their clients at the intake session for spiritual values and beliefs. Two others waited until their client disclosed a spiritual interest and then attended to the issue.

The sample of Menigat's (2008) appeared to represent a population different from the participants in master therapists studies reviewed previously in this section (Jennings and Skovholt, 1999; Mullenbach, 2000; Sullivan, 2001; Jennings et al., 2008; Hirai, 2010; Smith, 2008; Kwon & Kim, 2007). First, the participants were chosen because they were strongly religiously oriented. Although the author did not choose participants from faith organizations, the participants were from the Ohio Association for Spirituality, Ethics and Religious Values in Counseling (OASERVIC) or were recommended by people who knew the therapists were openly religious. There is no evidence that the participants in Menigat's study are representative of the overall master therapist group. Among the eight studies (Harrington, 1988, Jennings & Skovholt, 1999; Mullenbach, 2000; Sullivan, 2001; Jennings et al., 2005; Jennings et al., 2008; Smith, 2008; Hirai, 2010) on master therapists reviewed previously, only Jennings et al. (2008) mentioned spirituality as a theme in the interview results. More importantly, Menigat did not clarify the criteria of selecting expert therapist except that she required the participants to have been in practice approximately 15 years and to be willing to speak about their spirituality in the second round of participant selection.

### **Differences between expert therapists and novice therapists.**

One purpose of studying master therapists was to provide concrete guidance for therapists on the journey of becoming a better therapist. Therefore, it is necessary to review studies on differences between master therapists and novice therapists. However, the majority of studies on master therapists didn't compare differences between master therapists and novice therapists. There were studies that compared differences between expert therapists and novice therapists. Given that master therapists are considered

experts among the experts, it is likely that differences between expert therapists and novice therapists also exist between master therapists and novice therapists.

Hillerbrand and Claiborn (1990) compared 17 expert counselors to 15 novice counselors on reasoning skills involved in determining diagnosis. Experts were peer-nominated for possessing above-average diagnostic abilities. In addition, all expert counselors: (a) graduated from an APA-accredited psychology program; (b) had over five years of postdoctoral clinical experience; (c) were licensed; and (d) were employed in an applied psychology setting. The novices were all beginning graduate students in counseling. The researchers gave each participant three case studies to diagnose. The cases varied on the clearness (well-structured, ill-defined, and randomly-organized). The dependent variables were (a) accuracy of the diagnosis, (b) number of diagnoses, (c) rationale for the diagnosis, and (d) predictions of future behavior. An ANOVA was conducted. The results showed that no differences were found between expert and novice counselors. The authors speculated a few possible reasons for no differences: (a) Written cases were easier to diagnose than actual cases; (b) the sample size and measurement could not detect the differences between the expert group and the novice group; and (c) there is no real differences between the expert group and the novice group.

Oren (2001) used a cluster analysis to study the thought process differences between expert and novice counselors based on real time training. The author defined expert counselors as clinicians who were licensed psychotherapists providing psychotherapy for at least 15 consecutive years with a minimum number of client hours at 10 hours a week during that 15-year period. The participants held at least one license and achieved expertise by contributing to the field as presidents or board members of

psychological organizations, authors of books and publications, clinical directors, or were identified as experts in a specialty area such as ethics and cross-cultural areas. Ten expert counselors (male = 5, female = 5; Caucasian = 7, Asian American = 3; average age = 57.4, range [45, 70]; average license years = 22.9, range [15, 34]) participated in the study. Novice counselors were defined as trainees who had completed an introductory counseling skills (or practicum) course and who had also completed or were currently enrolled in a practicum course at the time of study. Ten novice counselors participated in the study.

Oren (2001) used feedback comments about observed sessions made by the instructor and peer trainees from a practicum class as the experimental materials. Seventy-five randomly selected comments made by the instructor and 75 randomly selected comments made by peer trainees were written on cards and were used as materials in this study. Novice counselor participants and expert counselor participants were asked to sort the cards into categories based on any themes or similarities perceived among the statements. These participants were then asked to label and define each category. Hierarchical cluster analysis was used to examine the differences of categorization made by novices and experts. The results showed that the categorizations made by novices could be divided into five clusters, and categorizations made by experts could be divided into four clusters. Although the categorization number difference between experts and novices was only one, this result provided tentative evidence that expert counselors' thinking pattern may be more systematic than novice counselors.

Eells, Lombart, Kendjelic, Turner, & Lucas's study (2005) examined case formulations of expert, experienced, and novice cognitive-behavioral (CB) and

psychodynamic (PD) therapists. Experts on case formulations were defined as psychiatrists or clinical psychologists who met one or more of three criteria: (a) developed a method of psychotherapy case formulations; (b) led one or more workshops for professionals on how to construct case formulations; (c) published one or more scientific articles, books, or book chapters on the topic of psychotherapy case formulation. Expert therapists were selected by the researchers through word-of-mouth referrals from professional associates or professional conferences. A total number 22 experts (CB = 11, PD = 11), 19 experienced therapists (CB = 8, PD = 11), and 24 novice therapists (CB = 13, PD = 11) attended the study. Experienced therapists were recruited by the investigators through phone or at professional conferences. The criterion for experienced therapists was at least 10 years of practice. Novice therapists were graduate students from two graduate programs. Participants were interviewed. During the interview, the interviewer read six different vignettes, which described patients with generalized anxiety disorder, major depressive disorder, or borderline personality disorder. Therapists were asked to “think aloud about your conceptualization of the patient to construct a case formulation” (p.10). The case formulations were transcribed and the content coded by six clinical or counseling psychology graduate students, working in teams of three. Case Formulation Content Coding Method (CFCCM, Eells, Kendjelic, & Lucas, 1998), was used for the coding. A three-way (Experience level vs. Therapy mode vs. Vignette) multivariate analysis of variance was conducted. The results showed that expert therapists’ case formulations were more comprehensive, elaborative, and complex than that of novice and experienced therapists, also their treatment plans were more elaborative and better fitted to the formulations. This result is not surprising as one of the criteria for

expert selection in this study was that these therapists specialized in case formulation. However, it was surprising that novices' case formulation was overall better than experienced therapists. The explanation proposed by Eells et al. was that novice therapists were still in training and therefore their thinking may be more calibrated than experienced therapists who had been out of training for many years. Due to the special criteria of "experts," this study provided valuable information about the case formulation process of therapists who specialized in case formulation.

Shy (2009) examined expert and novice practitioner use of the computer-based test interpretation (CBTI) for the Self-Directed Search (SDS). SDS is a career interest inventory developed by John L. Holland (1994) that is based on the theory that most people can be loosely categorized with respect to six occupational types. In Shy's study, expert practitioners were defined as the counselors in a university counseling center with five or more years of professional experiences using the CBTI for the SDS. Novices were defined as practitioners in their first year of a master's level counseling program who have used the SDS approximately 20 times. Three experts and three novice counselors attended the study. Their interpretation of students' CBTI of SDS was audiotaped. The participants were then interviewed about their view of the nature of SDS scores and their reactions to the interpretation process. Nvivo, a qualitative data analysis software, was used to help the researchers code the audiotape transcripts. Two coders were used and consensus was achieved.

Shy's (2009) results revealed that experts and novices interpreted much of the same content presented in the CBTI for the SDS, but did so in different ways. Experts explained more content of the CBTI for the SDS, solicited more background information,



discussed more resources and services, and incorporated more elements from two career theories during interpretations. The results suggested that experts possessed more complex domain-specific schema for the interpretation of the CBTI for the SDS. These schema appeared to enable experts to examine more data, which was used to form more complex conceptualizations of students' career functioning.

To sum up, the above four studies compared the cognitive processes of expert counselors/therapists and novices. The selection criteria of expert therapists mostly were based on years of experiences and reputation. The results of these studies are consistent with the characteristics of experts identified by Glaser, Chi and Farr (1988): Compared to novice therapists, expert therapists perceive larger, more meaningful patterns and see problems at a deeper level when conceptualizing clinical situations, formulating cases, or interpreting test results.

### **Characteristics of Effective Therapists**

Waldman (1996) interviewed six eminent therapists and examined their experiences of doing effective therapy. The six therapists were chosen by the author because (a) all but one had 20 years or more experience in the field; five of them had at least one book published, and four were internationally known and respected for their work; (b) they all represented a proactive view of human psychology and the therapeutic process; and (c) all of them were held in high esteem by their colleagues and the author. Heuristic methodologies and phenomenological methods (Douglass & Moustakas, 1985) were used to identify and describe the elements essential for therapeutic efficacy that were commonly experienced by the participants. The results indicated that the effective therapists were conscious of their beliefs and values in regards to the therapeutic

endeavor. The therapists were willing to make use of themselves as instruments of therapy, had developed theoretical orientations that are effective in helping to define, organize, and carry out the tasks of therapy, and were committed to ongoing personal and professional growth in developing an authentic, congruent and integrated approach to psychotherapy.

Waldman (1996) used the term “effective therapist” instead of “master therapists” to describe his participants. He did not specifically describe how the term was decided for the six therapists. However, he gave specific background introduction of each therapist. Based on his description, his participants could have been selected as master therapists had he used criteria like the one used in other studies on master therapists (e.g., Jennings and Skovholt, 1999; Smith, 2008). Many of his results overlap with the results from the studies on master therapists. The results from Waldman showed that effective therapists share similar characteristics with master therapists: high self-awareness, use of self in therapy, personal fit of theoretical orientation, and ongoing learning.

Albert (1997) interviewed 12 psychiatrist therapists about what characteristics make them effective therapists. The author asked a number of highly respected psychiatrists for the names of therapists they themselves called on when friends and members of their own family needed treatment. The author then asked the same question of the psychiatrists chosen, and repeated the process for another round. Certain psychiatrists were named over and over again and were described as exceptional clinicians whose patients generally got better. These psychiatrists were chosen by the author to conduct the interview. The author did not mention the end point of the

nominations. Based on the interview results, the author found four qualities the experts shared that appear extremely important in providing effective psychotherapy: flexibility, the ability to create a place of sanctuary, the ability to create a therapeutic alliance, and sensitivity to dynamic issues in patient and self. Flexibility was defined as perceiving each patient as unique, constantly reformulating clinical hypotheses based on new data, and adapting to changes in the client as treatment progresses. The ability to create a place of sanctuary for the client was defined as the therapist listening to the client with complete absorption, being totally focused on the patient, providing a sincere respect for clients, being non-judgmental, always being the patient's ally, having ability to change their approach with the patient's needs, and not using the patient to satisfy his or her own personal needs. The ability to develop a therapeutic alliance was defined as therapists being honest with as to what to expect in treatment and from treatment, have clear treatment goals, recognize the patient's strengths, and not impose him/herself on the patient. A strong sensitivity to dynamic issues in patient and self was defined as the importance for the therapist to understand the dynamics, importance of therapy, and importance of attending to countertransference.

Like Waldman (1996), Albert (1997) used the term "effective therapist," instead of "master therapist," to describe her participants. However, the selection method of effective therapists in the study was very similar to that used in many master therapist studies (Jennings and Skovholt, 1999; Smith, 2008; Hirai, 2010). The results were also consistent with the results from the master therapist studies. Comparing the specific themes in Albert and the previous reviewed master therapist studies, it appears that most of the themes summarized by Albert also appeared in the master therapist studies, except

the following: therapist do not use the patient to satisfy his or her own personal needs; patient must be told what to expect in treatment and from treatment; and therapist must have clear treatment goals.

Blatt, Sanislow III, Zuroff, and Pilkonis (1996) examined characteristics of effective therapists using the data from the Treatment of Depression Collaborative Research Program (TDCRP). TDCRP was a randomized clinical trial sponsored by the National Institute of Mental Health with 28 therapists for depression treatment. With an aggregate of residualized therapeutic change scores of the five primary outcome measures (Hamilton Rating Scale for Depression, Beck Depression Inventory, Global Assessment Scale, Hopkins Symptom Checklist, and Social Adjustment Scale) for each client at termination as an overall measure of improvement, an average therapeutic effectiveness measure was derived for each of the 28 therapists. These measures were based on the outcome of the clients they treated. The distribution of the therapists identified three groups: (a) more effective (nine therapists), moderately effective (nine therapists), and less effective (10 therapists). Demographic characteristics and details of professional history were available for the 28 therapists. Therapists were also asked to rate their attitudes and expectations, on a 7-point scale, about the etiology of major depression and components they considered essential to successful outpatient treatment of major depression. The therapists also indicated the percentage of seriously depressed outpatients: (a) whom they had treated who had at least moderate improvement; (b) whom they expected to show at least moderate improvement with adequate treatment and without treatment; (c) when change might be first manifested in treatment; and (d) the length of time generally necessary for successful treatment of seriously depressed

outpatients. ANOVA and chi-square tests showed that more effective therapists are more psychological minded (meaning these therapists more often consider psychotherapy rather than anti-depressant medication or the combination of both), eschew biological interventions (i.e., medication and electroconvulsive therapy) in their ordinary clinical practice, and expect outpatient treatment of depression to take longer than did moderately and less effective therapists.

Blatt et al.'s (1996) study has a strength other studies do not, which is the effectiveness data of therapists. The composite effectiveness measure the study used was based on multiple measures of client function improvement. Although the sample size and the narrow type of clients limit the generalizability of the results, the study and results deserve attention, especially for therapists interested in depression treatment. The results in Blatt et al.'s study didn't seem to overlap with results found in master therapist studies reviewed previously (e.g., characteristics in Table 1). The lack of overlap is because the available therapist characteristics to Blatt et al. only included therapists' demographic information, professional history, and view of depression etiology.

Pope (1996) developed a counselor characteristic inventory based on the literature review of effective counselor personality characteristics and 10 experts' rank of the importance of each, and the rate of how teachable each characteristic is (on a 3-point scale). The author's purpose was to develop an inventory that would help counselor educators select future counselors based on important yet possibly not teachable personality characteristics. Experts consisted of counselor educators and supervisors with a doctoral level of education, at least five years supervisory experience, and five years of teaching experience in the field of counseling or counseling psychology. Experts were

obtained through contacts with universities and the Association for Counselor Education and Supervision. Twenty-two characteristics related to effective counselors were identified after a literature review. Experts were asked to rank these characteristics according to how important they are and how teachable they are.

After the experts' rank, the characteristics in the order of most important to least important were: empathy, acceptance, warmth, genuineness, sensitivity, flexibility, open-mindedness, capability, emotional stability, confidence, non-threatening, awareness of limitations, interest in people, patience, friendliness, cooperativeness, sincerity, fairness, tolerance for ambiguity, resourcefulness, sympathy and sociability. After the experts' rank, the characteristics in order of least teachable to most teachable were: emotional stability, open-mindedness, interest in people, acceptance, fairness, sympathy, resourcefulness, genuineness, confidence, empathy, flexibility, friendliness, tolerance for ambiguity, sensitivity, sincerity, sociability, awareness of limitations, non-threatening, patience, warmth, capability and cooperativeness.

Based on the combination of the importance rank and the responsiveness rank (summary of two ranks), the characteristics in order of most important and least teachable to least important and most teachable were: acceptance, emotional stability, open-mindedness, empathy, genuineness, flexibility, interest in people, confidence, sensitivity, fairness, warmth, friendliness, resourcefulness, sympathy, non-threatening, tolerance for ambiguity, awareness of limitations, capability, patience, sincerity, cooperative and sociability. The top ten characteristics were chosen to be included in the inventory: acceptance, emotional stability, open-mindedness, empathy, genuineness, flexibility, interest in people, confidence, sensitivity, fairness, warmth and friendliness.

Pope (1996) wrote 20 items for each characteristic, 10 positive items, and 10 negative items. Ten experts were asked to examine the items and comment on each item's content validity. As a result, items were changed, deleted or added, and the original 200-item list was reduced to 163 items. The inventory used a "yes/true" scale.

Pope (1996) administered the inventory for a rating among undergraduate and graduate students who were enrolled in teacher education courses, psychology courses, sociology courses and social work programs throughout the United States. Attempts were made to gain samples from the following regions: Northeast, South, Midwest, Northwest and Southwest. Contact was made with instructors and/or supervisors who were requested to ask for voluntary participants to self-administer the instrument and return it to the instructor or experimenter. A total number of 310 completed inventories was obtained.

A factor analysis using principal components analysis with both varimax and oblimin rotation was conducted. A total of 55 factors were derived with both varimax and oblimin rotations failing to converge in 25 iterations. The author analyzed that the failure to verify the 10 factors validated by experts may be due to the binomial nature of the data and the relatively small sample size of 310. The author then decided to reassemble the original 10 characteristics/factors validated by the experts. Mean score of each characteristic/factor was calculated. Correlations between the characteristics were all extremely significant. Cronbach alpha reliability analysis was conducted for each characteristic/factor. The reliability coefficients of each sub-scale varied from .47 to .81. To improve reliability, items were removed. The final instrument included 78 items and the reliability of each characteristic scale ranged from .58 to .84.

Although Pope's (1996) inventory failed to verify the 10 factors validated by experts, the characteristics verified by the experts as most important appeared to fit the characteristics of master therapists, based on the results of master therapist studies: Empathy, acceptance, warmth, genuineness, sensitivity, flexibility, open-mindedness, capability, emotional stability, confidence, non-threatening, awareness of limitations, and interest in people. All characteristics have appeared in at least one of the master therapist studies reviewed previously (Harrington, 1988; Jennings & Skovholt, 1999; Mullenbach, 2000; Sullivan, 2001; Jennings et al., 2005; Skovholt & Jennings, 2004; Menigat, 2008; Jennings et al., 2008; Smith, 2008; Hirai, 2010).

Finally, the meta-analysis conducted by Beutler et al. (2004) showed that therapy effectiveness is significantly associated with therapist well-being and cultural attitudes, plus the relationship quality between the therapist and the client. Beutler et al. concluded that effective therapists have better well-being, more open cultural attitudes, and better relationships with clients.

### **Conclusions of the Literature Review**

Literature search completed by the author of this current dissertation demonstrates that there have been multiple studies of master therapists in the past two decades. Several studies have been conducted on characteristics of master therapists in America (Harrington, 1988; Albert, 1997; Jennings & Skovholt, 1999; Mullenbach, 2000; Sullivan, 2001; Jennings et al., 2005; Goh, Starkey, Skovholt, & Jennings, 2007; Menigat, 2008), while fewer studies have been conducted outside of America (Jennings et al., 2008, in Singapore; Smith, 2008, in Canada; Hirai, 2010, in Japan). Two studies (Albert, 1992;



Waldman, 1996) used the term “effective therapists” rather than “master therapists” but used nomination methods to identify effective therapists that were similar to the methods used in the above master therapist studies. The results of these two studies showed overlap with the results from the master therapist studies.

The results from the above reviewed studies consistently demonstrate that master therapists possess many certain types of qualities. As presented in Table 1, seven domains were shared by at least three of the five groups of studies: high self-awareness, strong relational acumen, sharp and comprehensive clinical conceptualization, voracious learning, combination of humility and confidence, high emotional health, and flexible intervention.

Hypothetically, master therapists should also be extremely effective therapists; yet due to the difficulty of obtaining effectiveness data, most of the above studies identified master therapists based on peer nominations, not empirical data of client improvement. This lack of empirical data of client improvement is a general limitation for many studies on master therapists and receives criticism (Orlinsky, 1999). However, the value of these studies should not be denied because of their sample selection method. Luborsky (1986) indicated that therapists are able to recognize more effective therapists. Therapists who nominated the master therapists may very likely have referred clients to the therapists they nominate, and they must have information as to whether the therapist is effective or not from the clients’ feedback. Therapists may also be able to tell the effectiveness from the personal interaction with the therapist they nominate. An effective therapist who builds good relationships with clients may likely build good relationships with colleagues. On the other hand, to address the limitation of lack of effectiveness data as a selection

criterion, one research direction is to quantify the characteristics and test the relationship between these characteristics and therapist efficacy based on objective data.

The qualitative results have consistently shown a list of qualities shared by master therapists. Did the group of master therapists go into the profession with the qualities already or did they improve the qualities gradually during training and practice? It is possible that many master therapists actually begin with these qualities. The results in Skovholt and Jennings (2004) suggest that master therapists may even share similar early personal life experiences. However, therapists and clients depend on the fact that therapists master the expertise of counseling after training and practice. Theories and empirical studies on experts also (Dreyfus & Dreyfus, 1986; Chi, Glaser, & Farr, 1988; Gladwell, 2008) indicate that mastery is developed gradually over years and years of practice. Theories and studies on therapist development (Herreid, 1990; Skovholt & Ronnestad, 1992; Ronnestad & Skovholt, 2003; Orlinsky & Ronnestad, 2005) also suggest that therapists develop expertise gradually through stages. Therefore, theoretically, therapists at different stages fall on different levels of a continuum of these qualities shared by master therapists. To clarify the question of whether master therapist qualities are all-or-none or continuous, quantifying the master therapist characteristics and testing them on different levels of practitioners is one reasonable solution.

## **Methodology**

Crocker and Algina (2008) suggested that the process of test construction should follow 10 steps: 1. Identify the primary purposes for which the test scores will be used; 2. Identify behaviors that represent the construct or define the domain; 3. Prepare a set of test specifications, delineating the proportion of items that should focus on each type of behavior identified in step 2; 4. Construct an initial pool of items; 5. Have items reviewed (and revise as necessary); 6. Hold preliminary item tryouts and revise as necessary; 7. Field-test the items on a large sample representative of the examinee populations for whom the test is intended; 8. Determine statistical properties of items' scores and when appropriate eliminate items that do not meet pre-established criteria; 9. Design and conduct reliability and validity studies for the final form of the test; and 10. Develop guidelines for administration, scoring, and interpretations of the test scores.

Lee and Lim (2008) suggested that scale construction can be done in seven steps: 1. Conceptualize and operationalize the construct of interest; 2. Conduct the literature review; 3. Generate the items, indicators and response formats; 4. Construct content analysis and pilot testing, revising and administering the items; 5. Sampling and data collection; 6. Translate and back-translate the scale, if necessary; and 7. Perform factor analyses, finalize items, and test the psychometric properties of the scale.

DeVillis (2003) suggested that scale development should be done in eight steps: 1. Determine what it is that you want to measure; 2. Generate item pool; 3. Determine the format for measurement; 4. Have the item pool reviewed; 5. Consider inclusion of validation items; 6. Administer items to a pilot sample; 7. Evaluate items; and 8. Produce a final scale.

Taking into consideration the above recommended scale development steps, the following steps were followed to develop the Master Psychotherapist Characteristics Inventory (MPCI):

### **Step 1 Define Master Therapist Characteristics**

The author of this dissertation thoroughly reviewed the original dissertations on characteristics of master therapists (Harrington, 1988; Albert, 1997; Jennings & Skovholt, 1999; Mullenbach, 2000; Sullivan, 2001; Jennings et al., 2005; Goh, Starkey, Skovholt, & Jennings, 2007; Kwon & Kim, 2007; Menigat, 2008; Jennings et al., 2008; Smith, 2008; Hirai, 2010). The transcript of interviews with master therapists in the Minnesota study (1996) and Singapore study (2008) also were thoroughly reviewed. After the review, this researcher developed a definition for each of the seven domains presented in Table 1. Each domain became a subscale in the MPCI. The definition for each subscale was given based on the literature review and discussion with the experts, especially with Dr. Len Jennings, an expert researcher who has conducted research on master therapists for decades reviewed the definitions. The definitions were listed in Table 2.

Table 2 Definitions of the Initial MPCI Subscales

Sub-scale	Definition
<i>Self Awareness (SA)</i>	The amount of knowledge and awareness a therapist has about him/herself that may affect therapy.
<i>Relational Acumen(RA)</i>	The capacity a therapist has to relate well to and work skillfully with clients, including having qualities such as naturally being empathic, sensitive, warm, non-judgmental, open-minded, and interested in others.
<i>Clinical</i>	The characteristics/factors that enables a therapist to

Sub-scale	Definition
<i>Conceptualization (CC)</i>	conceptualize cases well, such as having a broad and deep range of knowledge of the human condition, and being able to tell both the momentary and long-run needs of clients.
<i>Learning Drive (LD)</i>	The motivation, dedication and behaviors of therapists to continuously improve the competence and explore new knowledge in the psychotherapy field.
<i>Humility and Confidence (HC)</i>	The combination of feeling confident in one's competence as a therapist while maintaining a healthy level of humility.
<i>Emotional Health (EH)</i>	The overall emotional health of the therapist, and the effort and priority the therapist takes to maintain the emotional health.
<i>Flexible Intervention (FI)</i>	The therapist's ability to provide flexible, individualized, well-timed, and appropriate response and intervention.

## Step 2 Determine Format of the Measure

Due to the private nature of therapy, that anyone knows better than the therapist about how he/she conducts therapy is unlikely. Therefore, the author of the MCPI decided that the measurement would be a self-report scale. Likert-scale is chosen because it has been a commonly accepted method when assessing attitudes and characteristics in psychology.

After multiple discussions with different consultants and receiving feedback from doctoral students who completed the draft inventory and graduate students who are non-psychology majors, a 5-point likert scale was used. There are many types of 5-point likert scales; for example, "strongly disagree, disagree, neutral, agree, strongly agree" is a commonly used one. However, the intent of this inventory is to ask participants to

evaluate if each item fits their practice and personal characteristics. The author believed that using “agree” will lead the participants to evaluate their beliefs about therapy practice, instead of their actual practice. After trying out multiple formats (disagree-agree, untrue-true, frequent-rare, important-unimportant), it was decided on the following format: 1- not true, 2-somewhat true, 3-moderately true, 4-mostly true, 5-fully true.

### **Step 3 Generate Item Pool**

After a thorough review of the dissertations on master therapists and the interview transcripts with master therapists in the previous studies (Harrington, 1988; Albert, 1997; Jennings & Skovholt, 1999; Mullenbach, 2000; Sullivan, 2001; Jennings et al., 2005; Goh, Starkey, Skovholt, & Jennings, 2007; Kwon & Kim, 2007; Menigat, 2008; Jennings et al., 2008; Smith, 2008; Hirai, 2010), 163 items were generated for the seven sub-scales. Almost every item was originated from a quote or a description from a master therapist in the previous studies. Items designed to measure the same characteristic belong to the same sub-scale.

### **Step 4 Review and Revise Items**

Four experts on master therapist research (Dr. Thomas M. Skovholt, Dr. Len Jennings, Dr. Michael Goh, Dr. Kay Herting Wahl) and five doctoral students in counseling psychology reviewed the items developed in step 3. As they reviewed the items, they also completed the inventory as if they were participants. They gave feedback based on both their experience of completing the survey and their understanding of master therapists.

One decision made during this process was that cultural competency should be considered part of the master therapist characteristics, although the previous studies on master therapists did not particularly focus on multicultural competency. Items consistent with each subscale but focus on the culture was added based on the existing multicultural competency measurements (LaFromboise, Coleman, & Hernandez, 1991; D'Andrea, Daniels, & Heck, 1991; Sadowsky, Taffe, Gutkin, & Wise, 1994; Holcomb-McCoy & Myers, 1999; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002; Kim, Cartwright, Asay, & D'Andrea, 2003; Ang, Van Dyne, Koh, Ng, Templer, Tay, & Chandrasekar, 2007). For example, in the Self-Awareness subscale, items such as "I am aware of my cultural values" were added.

During the above process, items were deleted, added, or revised. After 11 rounds of review and revision, the inventory consists of 7 subscales and 165 items in total: Self-Awareness (24 items), Relational Acumen (39 items), Clinical Conceptualization (23 items), Learning Drive (22 items), Humility and Confidence (19 items), Emotional Health (22 items), and Flexible Intervention (16 items). The inventory is attached in Appendix A. Sixteen items were negatively stated, and, therefore, should be reversely coded. These items were marked with an *R* in a parenthesis at the end of the item, but the mark was omitted in the actual survey.

During the review process, it was decided that MPCCI items should be divided into two parts in the actual survey: one part focused on characteristics as a therapist and the other part focused on characteristics as a person. The division was made because some items could be answered differently depending on whether it was a professional context or a personal life context.

## **Step 5 Field-test**

Appendix B was the actual survey presented to participants. The actual survey included four sections. Section 1 was the MPCCI items pertaining to characteristics as a therapist. Section 2 was the MPCCI items pertaining to characteristics as a person. In Section 1 and 2, the MPCCI items were randomized and numbered. Section 3 included demographic questions. Demographic information was collected to make sure the sample was representative. Therapists were asked to give information about their practice experiences in three ways: years of practice, hours/week of practice, and direct client contact hours. Participants were asked to estimate their therapy expertise on a scale of 1-100. This score was considered as their self-perception of therapy expertise. Due to the time limit, the author was not able to collect objective therapist effectiveness data in this project. Therefore, therapists' self-perception of therapy expertise was used as an index of therapy expertise. Section 4 was the Ballard's Short Form of the Marlow-Crowne Social Desirability Scale (Ballard, 1992). Social desirability is a common problem among self-report tests, so it was added to the study to test if participants would answer MPCCI in a socially desirable manner. Marlowe-Crowne Social Desirability Scale was one of the most widely used measurements of social desirability. It has several short forms. The one with 13 items was recommended as the optimal one with adequate reliability and short length (Loo and Loewen, 2004).

The scale comprised of the final items from step 5 was put on qualtrics.com. At the end of September 2011, an invitation email was sent to APA's Division 12 (clinical psychology) listserv, Division 17 (counseling psychology) listserv, and Division 29 (Psychotherapy) listserv. At the time the email was sent out, Division 12 listserv had



4470 subscribers, Division 17 had 699 subscribers, and Division 29 had 223 subscribers. Four weeks later, a reminder invitation was sent to Division 12. At the same time, the invitation email was also sent to several university counseling centers in California, one mental health clinic and two college counseling centers in Minnesota. Finally, the invitation was sent to the AUCCCD (Association of University and College Counseling Center Directors) listserv and the receivers were asked to forward the study to their staff. To ensure the stability of the correlation coefficients and the factor analysis, the goal sample size was 300.

### **Step 6 Reliability and Construct Validation**

Item analysis was conducted once more using classical testing theory. The mean of each item was reviewed. Items with high or low means were dropped. The variance of each item was also reviewed. Items with low variance were dropped. Specific cut-off mean and variance were decided after examining the overall range of the item means and variances.

The total score for each subscale according the original conceptualization was calculated. Cronbach's Alpha reliability coefficient was used as the internal consistency index and was calculated for each subscale. The correlation between each item with its own subscale and other subscales were calculated. If the correlation between an item with any subscale was lower than .4 or larger than .8, the item was dropped. Dropped items were examined to make sure that conceptually important items that truly measure the trait were not thrown away.

Exploratory common factor analysis was done to explore the structure. In SPSS, principle axis factoring method was chosen to be the extraction method so that the communality estimated by square multiple correlation between the item with all the other items is used in the correlation matrix diagonal, instead of “1”s. This step was to make sure that this is a common factor analysis, not a principle component analysis.

Direct oblimin rotation method was used as it is recommended as the best rotation method when factors were related to each other (Crocker & Algina, 2008), and in this study, the subscales were assumed to correlate with each other. Direct oblimin generates simple structures that are similar to orthogonal rotation, but allows correlation between factors. In factor analysis using direct oblimin rotation, pattern matrix gives the factor loadings, and the structure matrix gives the correlations between each variable with the factors. Both matrices were considered while examining the structure of a scale.

The number of factors in each subscale was decided by parallel analysis. In parallel analysis, random continuous data were generated with the same number of items and number of participants for each subscale; component analysis was run on the random data, and the eigenvalues were obtained. Means of eigenvalues from a large number of random samples (close to 1000) were compared to the sample data in the study. The number of factors equals to the number of eigenvalues in the sample data that are greater than those from an equivalent random data set. This technique has been shown to be superior in various simulation studies (Franklin, Gibson, Robertson, Pohlmann, and Fralish, 1995; Crawford et al., 2010). The problem was that SPSS is not preprogrammed to do Parallel Analysis, but fortunately researchers have developed other programs to assist parallel analysis. Dr. Marley Watkins at Baylor University developed a program

that can generate the mean of eigenvalues from random data samples (Watkins, 2006). The program is called MonteCarloPA (<http://edpsychassociates.com/Watkins3.html>). Users only need to enter the number of variables, the number of participants in the sample, and the number of replications. The program will calculate the mean eigenvalues. After the factors were extracted, pattern matrix and structure matrix were examined. Items with loadings lower than .3 on any of the factors in pattern matrix were dropped. Items with loadings higher than .3 on more than one factor in pattern matrix were also dropped. Factor analysis was run again until the structure was simple and clear, meaning that each item only loads higher than .3 on one factor.

After the factor analysis, each factor was named and was treated as a subscale. Sum and mean for each subscale items were calculated. Cronbach's alpha was calculated for each subscale.

Finally, relationships between three sets of variables were tested:

1. Relationship between social desirability and MPCCI subscale scores. Multiple regression was used to calculate the multiple  $R^2$  between social desirability score and MPCCI subscale scores.
2. Relationship between experiences and MPCCI scores. Multiple regression was used to calculate the multiple  $R^2$  between experiences and MPCCI subscale scores. Bonferroni correction was used to adjust alpha level since there was more than one variable for experiences.
3. Predicting effect of MPCCI scores on therapists' self-reported therapy expertise, while controlling experiences and social desirability. Multiple regression

analysis was run using MPCCI subscale scores, experiences, and social desirability as predictors. Experiences were included because one could reasonably argue that therapists with different lengths of practice may perceive the items differently. For example, a therapist with 20 years of practice and a therapist with two months of practice may both endorse “mostly true” on the item “My understanding of my clients’ issues is precise”; however, the meaning of their responses may be very different given their different understanding of what it means to precisely understand clients’ issues. By controlling the length of practice, the significant predicting effect for a MPCCI subscale would be the same for people with the same length of practice. Similarly, by controlling social desirability in the model, the significant predicting effect would be the same for people with the same level of social desirability.

## Results

### Demographics of Participants in the Field-test

A total number of 326 participants responded to the study. Three clicked the study consent page but didn't complete the inventory. Two participants finished approximately half of the inventory. Therefore, the sample size is 323. Due to the fact that the total number of individuals who received the message was unknown, it was not possible to calculate the response rate.

The demographics of participants were listed in Appendix C. Table C1 listed categorical information of participants' gender, race, age, highest education, professional identity, primary theoretical orientation, ABPP membership, type of client population, and direct client contact of hours. The participants were mainly composed of females (n = 224, 69.35%), European American (n = 260, 80.5%), clinical psychologists (n = 145, 44.89%) and counseling psychologists (n = 62, 19.2%) with Ph.D. degrees (n = 189, 58.51%). The majority of participants were from college counseling centers (n = 112, 34.67%), private practice (n = 84, 26.01%), and community mental health clinics (n = 57, 17.65%). The majority of participants indicated that their primary theoretical orientation was integrative (n = 86, 26.63%), cognitive behavioral (n = 73, 22.60%), or eclectic (n = 47, 14.55%). Participants' age was asked in categories (e.g, 20-25, 26-30...71-75, 75-80), and the results indicated that 18.27% of participants (n = 59) were 26-30, 15.17% (n = 49) were 31-35, and number of participants from other age categories were similar (6%-12%), except for the age category 71-75 (n = 8, 2.5%) and 76-80 (1, n = .31%). A small percentage of participants held ABPP membership (n = 18, 5.57%). Participants mainly worked with adults (n = 262, 81.11%).

Table C2 and Table C3 reported participants' length of practice. As shown in Table C2, 320 participants reported years of practice (range= [0, 45], mean = 15.5, SD=13.06); 271 participants reported the number of work hours per week (range= [1, 60], mean = 25.02, SD=12.31). As shown in Table C3, participants' direct contact hours were asked in categories (0-100, 101-500, 501-1000, 1001-2000, 2001-3000...9001-10,000, 10,000+); 94 (29.10%) participants had more than 10,000 direct client contact hours; and the number of participants who endorsed each one of the first 8 categories (0-100, 101-500, 501-1000, 1001-2000, 2001-3000...5001-6000) were similar (approximately 20 participants for each category).

Table C4 listed categorical information of participants' main type of client population, client age type, client SES, and client sexuality. Demographics of the overall U.S. population were also listed as a comparison (United States Census Bureau, 2010; The Williams Institute on Sexual Orientation, 2006). As shown in the table, client population of the participants' clients was somewhat similar to the U.S. population.

Table C5 listed the frequencies of top three presenting concerns for participants' clients. For the top one presenting concern participants saw during their practice, 101 participants reported depression/mood disorder, 75 reported anxiety/stress, and 33 reported conflict/relationship issues. For the top two presenting concerns, 96 reported depression, 91 reported anxiety/stress, 32 reported relationship issues; for the top three presenting concerns, 84 reported family/relationship problems, 53 reported anxiety/stress, and 44 reported depression. Therefore, depression, anxiety, and relationship problems were consistently reported in the top three presenting concerns for participants' clients.

## Scoring, Data Check, and Missing Value Analysis

A 5-point scale was used for MPCCI items: Not true, slightly true, moderately true, mostly true, fully true. When scoring the responses, not true was scored as 0, slightly true as 1, moderately true as 2, mostly true as 3, and fully true as 4. Sixteen negatively stated items were reversely coded.

After items were recoded, frequencies of each item were examined. The item frequencies were listed in Appendix D. Among the 165 subscale items, 89 items had complete responses ( $n = 323$ ), 37 items had 322 responses, 34 items had 321 responses, four items had 320 responses, and one item had 319 responses. The total number of missing responses was 118. The missing rate was 0.22% ( $118/[165 \times 323] = .0022$ ). Therefore, no action was taken to replace missing values.

## Item Analysis

Average mean of items in each original MPCCI subscale (=sum of subscale item scores/number of items) was considered as a subscale score. Internal consistency and descriptive statistics of the initial MPCCI subscales were calculated and shown in Table 3.

Table 3 Descriptive Statistics and Internal Consistency of the Initial MPCCI Subscales

Subscale (# of items)	n	Cronbach's alpha	Mean of Subscale Score	SD for Standardized Mean
Self-awareness (24)	317	.89	3.41	.45
Relational Acumen (39)	317	.93	3.12	.40
Clinical Conceptualization (23)	314	.91	3.78	.49

Subscale (# of items)	n	Cronbach's alpha	Mean of Subscale Score	SD for Standardized Mean
Learning Drive (22)	321	.86	3.97	.45
Humility and Confidence (19)	319	.75	2.84	.36
Emotional Health (22)	319	.87	3.01	.44
Flexible Intervention (16)	314	.86	2.80	.48

### **Dropping bad items.**

The descriptive statistics of each item were listed in Appendix E. Item means range from 1.72 to 3.78. Item variances range from .22 to 1.73. A conservative cut-off mean of 3.3 and cut-off variance of .4 were used when dropping the item.

Each item in each subscale was correlated with its own scale total scores and each other subscale total score. When an item was correlated with its own scale, corrected item-scale correlation was used, meaning that it is correlated with the sum of all the other items in that scale. The correlation table was attached in the appendix E. If an item's correlation with any subscale was lower than .4 or higher than .8, it was dropped from the scale. Items dropped were shaded in Appendix E.

Four of the 24 items in the Self-awareness subscale were dropped: two due to the lack of differentiation (high mean) and two due to low correlation with any of the subscales. Therefore, 20 items remained.



Seventeen of the 39 items in the Relational Acumen subscale were dropped: 14 due to high means, one due to low variance, and two due to low correlations with any of the subscales. Therefore, 22 items remained.

Three of the 23 in the Clinical Conceptualization subscale were dropped: two due to high means and one due to low correlations with any of the subscales. Therefore, 20 out of the 23 remained in this subscale.

Seven of the 22 items in the Learning Drive Subscale were dropped: four due to high means and three due to low correlations with any of the subscales. Therefore, 15 items remained in this subscale.

Eight of the 19 items in the Humility and Confidence subscale were dropped: three due to high means and five due to low correlations with any of the subscales. Therefore, 11 items remained in this subscale.

Eight items of the 22 items in the Emotional Health subscale were dropped: five due to high means and three due to low correlations with any of the subscales. Therefore, 14 items remained in this subscale.

Three items in the Flexible Intervention subscale were dropped because of low correlations with any of the subscales. Therefore, 13 out of the 16 items remained in this subscale.

After the above steps, 115 items remained in MPCCI. Although this was not the final version of the inventory, Cronbach's alpha coefficient was calculated for each subscale to provide a tentative view of the internal consistency after dropping bad items.

As shown in Table 4, the internal consistency of each subscale either increased or maintained approximately the same level.

Table 4 Cronbach’s Alpha for MPCCI Subscales after Dropping Bad Items Based on Difficulty and Discrimination (115 Items in Total)

Subscale	Cronbach’s alpha (# of items)	
	Initial	After Dropping Bad Items
Self-awareness (24)	.89 (24)	.90 (20)
Relational Acumen (39)	.93 (39)	.89 (22)
Clinical Conceptualization (23)	.91 (23)	.91 (20)
Learning Drive (22)	.86 (22)	.84 (15)
Humility and Confidence (19)	.75 (19)	.88 (11)
Emotional Health (22)	.87 (22)	.86 (14)
Flexible Intervention (16)	.86 (16)	.86 (13)

**Factor analysis.**

An exploratory factor analysis was run after the irrelevant items were dropped. Eigen values of the sample data were compared to the eigenvalues of the mean of Eigenvalues of 995 randomly generated data set with the same number of variables (115) and the same number of participants (n = 307). The number is less than 323 because some participants did not have all seven subscale scores due to missing data in some items. The tables showing eigenvalues of sample data and random data were listed in Table F1 in Appendix F. If the eigenvalue from the sample data set was larger than the

mean eigenvalue from the random datasets, the factor was retained. When the eigenvalue from the sample data set dropped smaller than the mean eigenvalue from the random datasets, the comparing process stopped and the number of factors was the number of eigenvalues that were higher than the eigenvalues from the random datasets.

By comparing the eigenvalues of sample data and random data, it was decided that eight factors should be extracted from the sample data. Because the subscales were assumed to relate to each other, Direct Oblimin, one of the widely used rotation methods was used. The pattern matrix was shown in Table F2 and the structure matrix was shown in Table F3 in Appendix F.

As indicated in the pattern matrix (Table F2 in Appendix F), one item loaded high on Factor 7 and not high on other factors. Therefore, this factor may be highly unreliable. This factor and the item in it were deleted. A few items loaded higher than .3 on more than one factor in the pattern matrix. Therefore, these items were dropped. Items that had loadings lower than .3 on all of the factors were also dropped. After dropping the above items, 83 items remained.

Factor analysis was run again on the 83 items, extracting seven factors using Direct Oblimin rotation. The pattern matrix and structure matrix were shown in Table F4 and Table F5 in Appendix F. As shown in Table F4, all the items loaded highly only on one factor, except for one variable that did not load high on any factor. This item was dropped and factor analysis was run again on the 82 remained items. The pattern matrix and structure matrix were listed in Table F6 and Table F7 in Appendix F. Each of the items loaded higher than .3 on only one of the seven factors. Therefore, at this point

MPCI consisted of 7 subscales with 82 items in total with a simple and satisfactory structure.

By examining the pattern matrix in Table F6 and the structure matrix in Table F7, the author found six of the seven factors were consistent with six of the original seven subscales. Items that loaded high on Factor 1 are consistent with items in the original subscale Clinical Conceptualization. Therefore, this factor was named as Clinical Conceptualization. Items that loaded high on Factor 2 are consistent with items in the original subscale Learning Drive. This factor was named Learning Drive. Items that loaded high on Factor 4 are consistent with items in the original subscale Emotional Health. However, the majority of items focus on self-care, instead of the health state. Therefore, this factor was named Emotional Self-care. Items that loaded high on Factor 5 are consistent with items in the original subscale Self-awareness. This factor was named Self-awareness. Items that loaded high on Factor 6 are consistent with items in the original subscale Humility and Confidence; however, most of the items only measure confidence, which was probably due to the fact that items measuring humility were dropped before the factor analysis due to their low correlations with any subscales. Therefore, this item was named Self-confidence. Items that loaded high on Factor 7 are consistent with the items in the original subscale Relational Acumen. Therefore, this factor was named Relational Acumen. Items that loaded high on Factor 3 are not consistent with any of the original subscales, but all the items are highly consistent with each other: they all measure the cultural competency aspect of a therapist. As the author of this current study was developing items for each subscale, items measuring the multicultural aspect of master therapist characteristics were added to each subscale. It

was predicted that these items may belong to a separate factor/subscale. Therefore, this factor was named Cultural Competency. One original subscale, Flexible Intervention was not found in the factor analysis results. This indicated that items in the original Flexible Intervention subscale do not measure a single concept. The items in the subscale were either dropped during the item analysis or belonged to another subscale.

To this point, MPCCI yielded a satisfactory simple structure that is consistent with the original literature review results and scale design. It consists of seven subscales: Clinical Conceptualization (Factor 1), Learning Drive (Factor 2), Cultural Competency (Factor 3), Emotional Self-care (Factor 4), Self-confidence (Factor 5), Self-awareness (Factor 6), and Relational Acumen (Factor 7). Cronbach's alpha was calculated for each of these subscales and the results were listed in Table 5.

Table 5 Cronbach's Alpha for MPCCI Subscales with 82 Items

Subscale (# of items)	Cronbach's alpha
Self-awareness (9)	.84
Relational Acumen (8)	.79
Clinical Conceptualization (13)	.91
Learning Drive (10)	.85
Self-confidence (20)	.92
Emotional Self-care (6)	.85
Cultural Competency (16)	.93

DeVellis (2003) suggested that alpha level between .8 and .9 is considered very good; and alpha level greater than .9 is considered excellent and one should consider shortening the scale. It was also suggested that during the test development stage, test developers should strive for alphas to be a bit higher than what would be expected in later use of tests. The subscale Relational Acumen has an alpha of .79. This was considered too low at the test development stage. Therefore, the author checked the items that have been developed for Relational Acumen subscale but have been dropped. Two items were added to the subscale: (1) I am naturally empathic. (2) I am sensitive to other's needs. After these items were added to the Relational Acumen, factor analysis was run. The pattern and structure matrix were listed in Table F8 and Table F9 Appendix F. The two newly-added items loaded highest on the Relational Acumen subscale and the structure of other factors didn't change.

Cronbach's alpha was re-calculated for each of these subscales and the results were listed in Table 6. As shown by Table 6, Cronbach's alpha for the Relational Acumen subscale increased from .79 to .85. This was considered sufficient.

Table 6 Cronbach's Alpha for MPCCI Subscales with 84 Items

Subscale (# of items)	Cronbach's alpha
Self-awareness (9)	.84
Relational Acumen (10)	.85
Clinical Conceptualization (13)	.91
Learning Drive (10)	.85
Self-confidence (20)	.92

Subscale (# of items)	Cronbach's alpha
Emotional Self-care (6)	.85
Cultural Competency (16)	.93

The numbers of items for Cultural Competency subscale and Self-confidence subscale are much higher than other subscales. By examining the contribution of items to internal consistency (see Table 7 and Table 8), it was clear that shortening the subscale would not affect the internal consistency.

Table 7 showed the contribution of items to internal consistency of the Self-confidence subscale. Items were listed in the order of their contribution to the internal consistency. The first eight items either had lower contribution to the internal consistency or the content did not appear to be as consistent with other items. Therefore, these items were dropped. The Cronbach's alpha for the remaining items was .91.

Table 7 Item Contribution for Internal Consistency of Confidence Subscale

Item	Cronbach's Alpha if Item Deleted	Deleted
As a therapist-90. I have gone to many different types of workshops.	.922	Yes
As a therapist-36. Sometimes I am intimidated by the client's intense pain. (R)	.921	Yes
As a therapist-62. My self-esteem drops when I don't see positive changes in my clients. (R)	.921	Yes
As a therapist-100. Who I am inside and outside of my therapy practice is congruent.	.921	Yes

Item	Cronbach's Alpha if Item Deleted	Deleted
As a therapist-116. I feel nervous when clients show intense pain. (R)	.920	Yes
As a therapist-70. I create opportunities for clients to find their own answers.	.920	Yes
As a therapist-53. I am clear about my theoretical orientation.	.920	Yes
As a therapist-66. I become stressed if I make a mistake. (R)	.919	Yes
As a therapist-79. I am very relaxed in sessions.	.919	
As a therapist-99. I explain my conceptualization to clients in a clear and useful way.	.918	
As a therapist-61. I am afraid of making mistakes. (R)	.918	
As a therapist-59. I have seen many types of cases.	.918	
As a therapist-94. I am clear about my clinical interests.	.918	
As a therapist-48. I am confident that even when the session becomes unexpectedly intense, I can handle the situation well.	.917	
As a therapist-64. I have a high tolerance for not having an answer right away.	.917	
As a therapist-96. I am clear about my competency areas.	.917	
As a therapist-88. I am comfortable with the ambiguity in therapy.	.916	
As a therapist-45. I feel confident in my ability to respond to whatever happens in sessions.	.916	
As a therapist-60. I am confident in sessions.	.915	



Item	Cronbach's Alpha if Item Deleted	Deleted
As a therapist-77. I am confident in my ability to see clients with complicated issues.	.915	

For the Cultural Competency subscale, all items measure some aspect of cultural competency. Item content was examined and items that were similar to or implied by other items were dropped. Three items were dropped from the subscale. As shown in Table 8, Item “I am confident that I can connect to individuals from a culture that is unfamiliar to me” was dropped because it was similar to “I am able to relate to people from many different backgrounds.” Item “I am confident in my ability to see clients from different cultures” was dropped because it was implied by the rest of the items. Item “During cross-cultural interactions, I am conscious of cultural differences” was dropped because it was implied by another item “I check the accuracy of my cultural knowledge when I interact with people from different cultures.” The Cronbach’s alpha for the remaining items was .92.

Table 8 Item Contribution for Internal Consistency of Cultural Competency Subscale

Item	Cronbach's Alpha if Item Deleted	Deleted
As a person-15. I am confident that I can connect to individuals from a culture that is unfamiliar to me.	.926	Yes
As a person-17. During cross-cultural interactions, I am conscious of cultural differences.	.926	Yes
As a therapist-56. I provide appropriate therapy services to culturally different clients.	.924	

Item	Cronbach's Alpha if Item Deleted	Deleted
As a person-8. I know how to respond to individuals' behaviors that are affected by their cultural backgrounds.	.924	
As a person-3. I have many experiences interacting with people from different cultures.	.929	
As a therapist-41. I am confident in my ability to see clients from different cultures.	.926	Yes
As a person-14. I readily notice people's behaviors that are related to their cultural backgrounds.	.925	
As a person-48. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.	.926	
As a person-24. I have a great amount of knowledge about cultures other than my own.	.926	
As a therapist-69. I am aware of the culturally based assumptions I have about counseling.	.926	
As a person-4. I check the accuracy of my cultural knowledge when I interact with people from different cultures.	.926	
As a therapist-13. I am aware of how my cultural background affects how I think and act in sessions.	.927	
As a therapist-46. I build relationships with clients in a manner that is consistent with their cultural background.	.927	
As a therapist-35. I consider cultural differences when I conceptualize about clients.	.927	
As a therapist-105. I am able to relate to people from many different backgrounds.	.926	
As a therapist-15. I adjust my interventions based on my client's cultural background.	.928	

### Final MPCCI structure and items.

After the Self-confidence subscale and Cultural Competency subscale were shortened, 73 items remained in MPCCI. Cronbach's alpha was recalculated (listed in Table 9). The Cronbach's alphas ranged from .84 to .92. Therefore, the items are considered the final composition of the subscales. The final MPCCI consists of 7 subscales and 73 items in total. The items for each subscale were listed in Table 10. This table was also listed in Appendix G.

Table 9 Cronbach's Alphas for Final MPCCI Subscales

Subscale (# of items)	Cronbach's alpha
Self-awareness (9)	.84
Relational Acumen (10)	.85
Clinical Conceptualization (13)	.91
Learning Drive (10)	.85
Self-confidence (12)	.91
Emotional Self-care (6)	.85
Cultural Competency (13)	.92

Table 10 Final MPCCI Subscale Items

Subscale Name	Items
Self-Awareness	As a person-46. I know what triggers my defense mechanisms.
	As a person-38. I understand my emotions and their causes.
	As a person-39. I am fully aware of my issues that originate from

Subscale Name	Items
Relational Acumen	childhood.
	As a therapist-84. I recognize my countertransference reactions effectively.
	As a person-43. I know how I feel in a given situation.
	As a person-32. I know it when I react defensively in a given situation.
	As a therapist-101. It is hard for me to recognize my countertransference. (R)
	As a person-23. I have worked through most of my own emotional issues.
	As a therapist-71. I am fully aware of my motivation to be a therapist.
	As a person-1. I am a natural listener.
	As a person-45. I am naturally empathic.
	As a person-20. I am sensitive to others' needs.
	As a therapist-95. I can connect with clients in a short period of time.
	As a therapist-109. I am consistently warm toward clients.
	As a person-2. I can accurately pick up people's subtle emotions.
	As a person-26. I have been sensitive to others' emotions since I was a child.
Clinical Conceptualization	As a therapist-97. I am very patient with clients.
	As a person-18. I am rarely judgmental.
As a person-10. I am not self-centered.	As a therapist-28. My understanding of my client's issues is precise.
	As a therapist-31. I have a great amount of knowledge about people.

Subscale Name	Items
	As a therapist-25. I can conceptualize what's happening with a client quickly.
	As a therapist-26. When clients present complicated issues, I am able to pinpoint the key issue.
	As a therapist-113. I have mastery over many theories/models.
	As a therapist-27. My therapeutic conceptualization helps the therapy have a lasting effect on clients.
	As a therapist-38. My understanding of my client's issues is comprehensive.
	As a therapist-75. I have a deep understanding of the human condition.
	As a therapist-87. My response to clients is often exactly what they need at the moment.
	As a therapist-49. I have mastered a fair number of techniques that help clients have quick symptom relief.
	As a therapist-39. I am both empathic and firm as a therapist.
	As a therapist-107. My responses to clients help them discover things about themselves.
	As a therapist-104. I readily use my knowledge and experience to create effective case conceptualizations.
Learning Drive	As a therapist-89. I never stop searching for new knowledge.
	As a therapist-85. I am diligent in improving my competence as a therapist.
	As a therapist-20. I broaden my approaches and experiences as much as possible.
	As a therapist-24. I seek feedback whenever possible to improve myself.
	As a therapist-67. I try hard to acquire a variety of clinical experiences.
	As a therapist-19. I consciously use feedback from others to

Subscale Name	Items
Self-confidence	heighten my self-awareness.
	As a therapist-7. I learn from every possible opportunity.
	As a therapist-1. I expose myself to the latest developments in the field.
	As a person-25. I like trying new things.
	As a therapist-114. I adjust my framework for the well-being of my client.
	As a therapist-79. I am very relaxed in sessions.
	As a therapist-99. I explain my conceptualization to clients in a clear and useful way.
	As a therapist-61. I am afraid of making mistakes. (R)
	As a therapist-59. I have seen many types of cases.
	As a therapist-94. I am clear about my clinical interests.
	As a therapist-48. I am confident that even when the session becomes unexpectedly intense, I can handle the situation well.
	As a therapist-64. I have a high tolerance for not having an answer right away.
	As a therapist-96. I am clear about my competency areas.
	As a therapist-88. I am comfortable with the ambiguity in therapy.
Emotional Self-Care	As a therapist-45. I feel confident in my ability to respond to whatever happens in sessions.
	As a therapist-60. I am confident in sessions.
	As a therapist-77. I am confident in my ability to see clients with complicated issues.
As a person-19. I practice self-care as I encourage my clients to do self-care.	
As a therapist-110. I have a good balance between work and other parts of my life.	

Subscale Name	Items
Cultural Competency	As a therapist-11. I take measures to prevent myself from burning out.
	As a person-42. I have a healthy lifestyle.
	As a person-47. I have a nurturing life outside of my work.
	As a therapist-18. I take breaks from work regularly.
	As a therapist-56. I provide appropriate therapy services to culturally different clients.
	As a person-8. I know how to respond to individuals' behaviors that are affected by their cultural backgrounds.
	As a person-14. I readily notice people's behaviors that are related to their cultural backgrounds.
	As a person-48. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.
	As a person-24. I have a great amount of knowledge about cultures other than my own.
	As a therapist-69. I am aware of the culturally based assumptions I have about counseling.
	As a person-4. I check the accuracy of my cultural knowledge when I interact with people from different cultures.
	As a therapist-13. I am aware of how my cultural background affects how I think and act in sessions.
	As a therapist-46. I build relationships with clients in a manner that is consistent with their cultural background.
	As a therapist-35. I consider cultural differences when I conceptualize about clients.
As a therapist-105. I am able to relate to people from many different backgrounds.	
As a therapist-15. I adjust my interventions based on my client's cultural background.	

Subscale Name	Items
	As a person-3. I have many experiences interacting with people from different cultures.

The new definition of the final MPCCI subscales was listed in Table 11. As the composition of the Self-confidence subscale was not completely the same as the original subscale Humility and Confidence, the Self-confidence subscale was re-defined as “a therapist’s confidence in his/her ability to conduct effective therapy.” Cultural competency was defined as “a therapist’s characteristics that help them conduct culturally appropriate and effective therapy, including being knowledgeable about cultures, being aware of one’s own culture, being aware of cultural differences, integrating cultural factors while understanding and interacting with culturally different clients, and being flexible while considering cultural factors.

Table 11 Definition of the Final MPCCI Subscales

Sub-scale	Definition
<i>Self-awareness (SA)</i>	The knowledge and awareness a therapist has about him/herself that may affect therapy.
<i>Relational Acumen(RA)</i>	The capacity a therapist has to relate well to and work skillfully with clients, including having qualities such as naturally being empathic, sensitive, warm, non-judgmental, open-minded, and interested in others.
<i>Clinical Conceptualization (CIC)</i>	The characteristics/factors that enables a therapist to conceptualize cases well, such as having a broad and deep range of knowledge of the human condition, and being able to tell both the momentary and long-run needs of clients.
<i>Learning Drive (LD)</i>	The motivation, dedication and behaviors of therapists to continuously improve the competence and explore new



Sub-scale	Definition
	knowledge in the psychotherapy field.
<i>Self-confidence(SC)</i>	The confidence a therapist has in his/her ability to conduct effective therapy.
<i>Emotional Self-care (ES)</i>	The overall emotional health of a therapist, and the effort the therapist takes to maintain the emotional health.
<i>Cultural Competency (CUC)</i>	A therapist's characteristics that help them conduct culturally appropriate and effective therapy, including being knowledgeable about cultures, being aware of one's own culture, being aware of cultural differences, integrating cultural factors while understanding and interacting with culturally different clients, and being flexible while considering cultural factors.

Subscale scores were calculated by dividing the sum of items in each subscale by the number of items (Subscale Score = sum of item scores/number of items). Frequencies and histograms of the subscale scores were listed in Appendix H. Descriptive statistics of the standardized subscale scores were also listed in Table 12. Correlation coefficients between these subscales were shown in Table 13.

Table 12 Descriptive Statistics of Final MPCII Subscales

	SA	RA	CIC	LD	SC	EH	CUC
N Valid	319	321	318	319	321	321	317
Missing	4	2	5	4	2	2	6
Mean	3.01	3.12	2.49	2.98	2.92	2.77	2.76
Median	3.00	3.20	2.54	3.00	3.00	2.83	2.77
Mode	3.00	3.50	2.46	2.90	2.83 <sup>a</sup>	2.83	3.08

	SA	RA	CIC	LD	SC	EH	CUC
Std. Deviation	.47	.51	.59	.55	.61	.73	.56
Skewness	-.28	-.98	-.24	-.40	-.76	-.44	-.20
Std. Error of Skewness	.14	.14	.14	.14	.14	.14	.14
Kurtosis	.22	1.99	-.12	.02	.72	-.03	.14
Std. Error of Kurtosis	.27	.27	.27	.27	.27	.27	.27
Minimum	1.22	.80	.46	1.20	.75	.50	.85
Maximum	4.00	4.00	3.85	4.00	4.00	4.00	4.00

*Note.* SA = Self-awareness; RA = Relational Acumen; CIC = Clinical Conceptualization; LD = Learning Drive; SC = Self-confidence; ES = Emotional Self-care; CUC = Cultural Competency.

<sup>a</sup>Multiple modes exist. The smallest value is shown.

Table 13 Correlation Coefficients<sup>a</sup> between MPCCI Subscales

	SA	RA	CIC	LD	SC	EH	CUC
SA	1	.607	.588	.473	.568	.334	.498
RA		1	.491	.522	.455	.336	.453
CIC			1	.480	.729	.334	.589
LD				1	.404	.368	.559
SC					1	.363	.541
ES						1	.349
CUC							1

*Note.*  $p < .001$  for all the coefficients. SA = Self-awareness; RA = Relational Acumen;

CIC = Clinical Conceptualization; LD = Learning Drive; SC = Self-confidence; ES =

Emotional Self-care; CUC = Cultural Competency.

As shown in Table 12, all the subscale scores were negatively skewed toward the right end of the distribution. All of the subscales have a mean that is higher than the center of the likert scale (2). However, the skewness was within the [-1, 1] range. The Kurtosis of each subscale was also within the [-1, 1] range. The estimated normal curve shapes of all subscales (Figure H1 – H7 in Appendix H) were similar to a bell shape. Therefore, the distributions could be considered similar to normal distribution.

The means of the subscales were different: Relational Acumen (3.12), Self Awareness (3.01), Learning Drive (2.98), Self-confidence (2.92), Emotional Self-care (2.77), Cultural Competency (2.76), and Clinical Conceptualization (2.49). Interpretation could mean that items in some subscales were stated in a stronger way than others. For example, items in clinical conceptualization might be stated stronger than items in relational acumen. Interpretation could also mean that some skills are harder than others to master. For example, clinical conceptualization skills might be more difficult to master than relational skills.

### **Were MPCCI Scores Related to Social Desirability?**

The Social desirability score (SDS) was measured by Billard's Short Form of the Marlowe-Crowne Social Desirability Scale (13 items). The items were true/false. If an item was social desirably stated, the answer "true" was scored as 1 and the answer "false" was scored as 0; if the item was not social desirably stated, the answer "true" was scored as 0 and the answer "false" was scored as 1. Therefore, the score range for SDS was 0-13. Descriptive statistics and frequencies of social desirability score were listed in Appendix I. As indicated by the descriptive statistics and the histogram in Appendix I, the

Skewness was within the [-1, 1] range, the Kurtosis was also within the [-1, 1] range, and the normal curve estimated shape was similar to a bell shape. Therefore, it was considered the distribution of SDS was similar to a normal distribution.

Multiple regression analysis in SPSS was used to calculate the multiple correlation coefficient between SDS and MPCCI subscales. The Scatter Plot between standardized residual plot and standardized predicted value was shown in Figure 1. The residuals could be considered randomly scattered around 0, which indicated that the normality and homoscedasticity assumptions were not seriously violated. The multiple correlation coefficient was statistically significant ( $R = .32$ ,  $F_{7, 278} = 4.5$ ,  $p < .001$ ). The adjusted  $R^2$  was .08 ( $p < .001$ ). This indicated that only 8% of variance in SDS could be explained by the variation in the combination of all the 7 MPCCI subscales. As indicated in Table 14, the only significant predictor was Relation Acumen. However, given that MPCCI subscales were highly correlated with each other, the non-significant coefficients for the rest six MPCCI subscales should be carefully treated as multicollinearity may lead to unstable coefficients or misleading acceptance of null hypothesis. As indicated by Table 15, the correlation coefficients between MPCCI subscales and social desirability were all positive and significant ( $p < .01$ ). The results indicated that all seven MPCCI subscales were correlated with social desirability, and Relational Acumen was correlated with social desirability after the other six MPCCI subscales were controlled statistically.

Figure 1 Residual Plot of Multiple Regression Predicting Social Desirability from MPCII

Variables

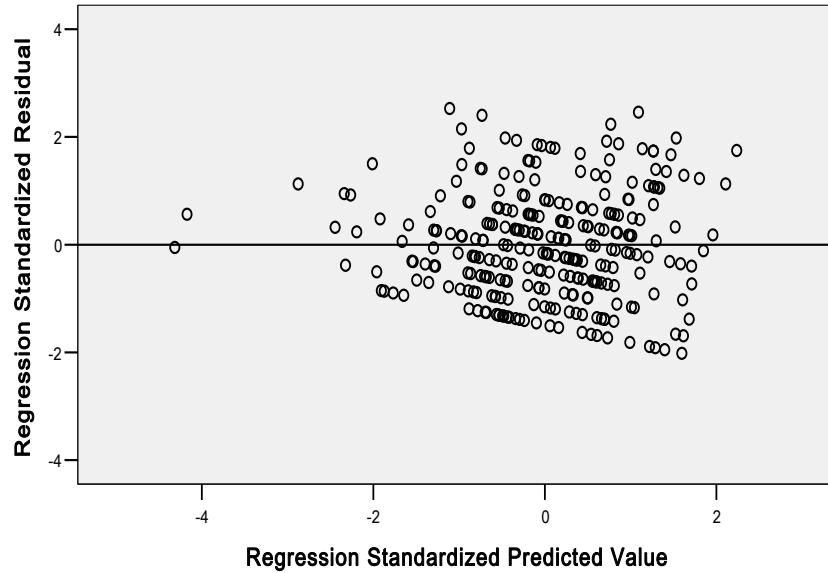


Table 14 Coefficients of MPCII Variables when Predicting Social Desirability

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	-2.39	1.33		-1.80	.074
Self-awareness	.36	.54	.05	.66	.507
Relational Acumen	1.24	.48	.20	2.60	.010
Clinical Conceptualizatic	.14	.48	.03	.28	.779
Learning Drive	.33	.44	.06	.75	.454
Self-confidence	-.23	.45	-.05	-.52	.605
Emotional Self-care	.38	.27	.09	1.41	.159
Cultural Competency	.08	.44	.02	.19	.850

Table 15 Correlation Coefficients between each MPCCI Subscale and Social Desirability

	SA	RA	CIC	LD	SC	EH	CUC
Pearson <i>r</i>	.213	.283	.183	.210	.152	.179	.176
Sig. (2- tailed)	<.001	<.001	.002	<.001	.009	.002	.003
N	289	291	289	289	290	291	288

*Note.* SA = Self-awareness; RA = Relational Acumen; CIC = Clinical Conceptualization; LD = Learning Drive; SC = Self-confidence; ES = Emotional Self-care; CUC = Cultural Competency.

### Were MPCCI Scores Related to Participants' Experience Level?

In this study, experience was measured in three ways: years of practice, total practice time (= years of practice × (hours/week) × 50), and total direct client contact hours. Descriptive statistics and a histogram of these three variables are listed in Appendix K. Correlations between the three variables were also listed in Appendix J. Due to the fact that many participants (n = 52, see Table J1) didn't provide information of hours/week, and practice time is highly correlated with practice years ( $r = .83$ ,  $p < .001$ , see Table J4), only years of practice and total direct contact hours were used as the indexes of experience. As shown in Table J1, Kurtosis of years of practice was  $-.97$ , indicating that this estimated distribution curve was flatter than the normal bell curve. However, it was still within the  $[-1, 1]$  range. The Skewness (.63) was also within the  $[-1, 1]$  range. Although the estimated distribution was not ideal, it could still be considered as similar to normal distribution. Total direct client contact hours were measured in ordered categories, so the order of the category reflected the amount of direct client contact hours. As shown in Figure J3, the estimated distribution curve was unimodal but flatter than the

normal distribution curve, and the last category had a higher number of participants than any other category. The deviation of this distribution to the normal distribution is larger than normal, so it should be noted that when using this variable in analyses that required normality of variables, the deviation of this distribution from normal distribution may lead to a larger Type I or Type II error.

As the seven MPCCI subscales were highly correlated with each other (see Table 13), multiple regression analysis in SPSS was used to calculate the multiple correlation coefficient between the set of MPCCI subscales and years of practice. Given that there were two variables for experience, alpha was adjusted to .025 according to Bonferroni correction. The multiple correlation between years of practice and MPCCI variables was statistically significant ( $R = .58$ ,  $F_{7, 299} = 21.15$ ,  $p < .001$ ). The adjusted  $R^2$  was .32 ( $p < .001$ ), which indicated that 32% of variance in years of practice could be explained by the variation in the combination of all the 7 MPCCI variables. As indicated in Table 15, the significant predictors included two positive predictors (clinical conceptualization and self-confidence) and two negative predictors (relational acumen and learning drive). These results suggested that after controlling the other six MPCCI subscales, participants who scored higher on clinical conceptualization were those who had more years of practice, participants who scored higher on confidence were also who had more years of practice; participants who scored higher on relational acumen and learning drive were those who had fewer years of practice. The negative coefficients should be carefully treated due to the multicollinearity between MPCCI subscales. As indicated by Table 17, the correlation coefficient between years of practice and Relational Acumen was not significant ( $r = .02$ ,  $p = .767$ ). Neither was the correlation coefficient between years of

practice and learning drive ( $r = -.03, p = .601$ ). The bivariate correlation coefficient between years of practice and clinical conceptualization was significant ( $r = .35, p < .001$ ). The bivariate correlation coefficient between years of practice and self-confidence was also significant ( $r = .48, p < .001$ ).

Table 16 Coefficients of MPCCI Variables when Predicting Years of Practice

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	6.50	4.62		1.41	.160
Self-awareness	-2.41	1.87	-.09	-1.29	.199
Relational Acumen	-3.74	1.66	-.15	-2.26	.025
Clinical Conceptualization	4.49	1.69	.20	2.66	.008
Learning Drive	-5.08	1.49	-.21	-3.40	.001
Self-confidence	12.11	1.55	.57	7.79	.000
Emotional Self-care	.52	.94	.03	.55	.584
Cultural Competency	-1.86	1.50	-.08	-1.24	.217

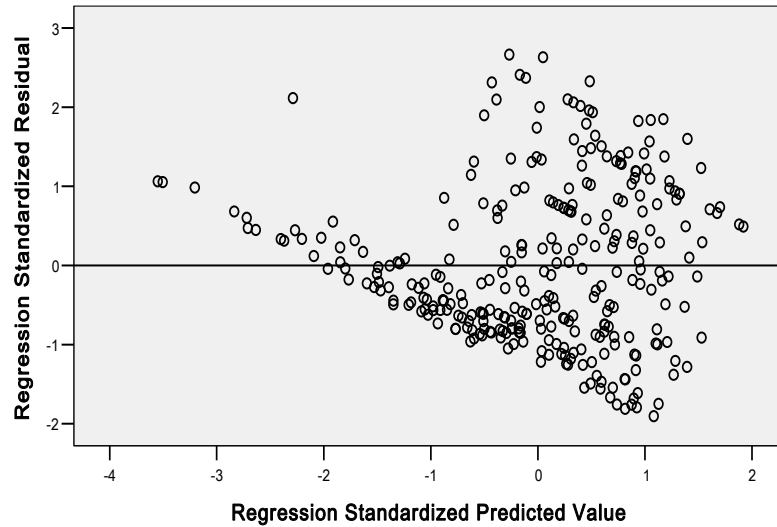
Table 17 Correlation Coefficients between each MPCCI Subscale and Years of Practice

	SA	RA	CIC	LD	SC	EH	CUC
Pearson $r$	.13	.02	.35	-.03	.48	.14	.13
Sig. (2-tailed)	.018	.767	<.001	.601	<.001	.012	.018
N	320	317	319	316	317	318	319

*Note.* SA = Self-awareness; RA = Relational Acumen; CIC = Clinical Conceptualization; LD = Learning Drive; SC = Self-confidence; ES = Emotional Self-care; CUC = Cultural Competency.



Figure 2 Residual Plot for Multiple Regression Predicting Years of Practice from MPCII Variables



The Scatter Plot between the standardized residual plot and the standardized predicted value was shown in Figure 2. The residuals were not randomly scattered around 0. On the left part of the plot, most residuals fell under the “0” line and were much narrower compared to the residuals on the right part of the plot. The Scatter Plot indicated assumptions of the multiple regression analysis were violated. Possible explanations include: the relationships between years of practice and several of the MPCII scores were not linear, and/or the variances were not the same across all levels of MPCII scores. Interactive graphs between years and MPCII scores (Figure K1-K7 in Appendix K) were generated to give a visual image of the relationships between years of practice and MPCII scores. It appeared that the relationship between years of practice and Clinical Conceptualization, and the relationship between years of practice and Confidence were similar to a logarithmic relationship, instead of linear relationship. A linear model could

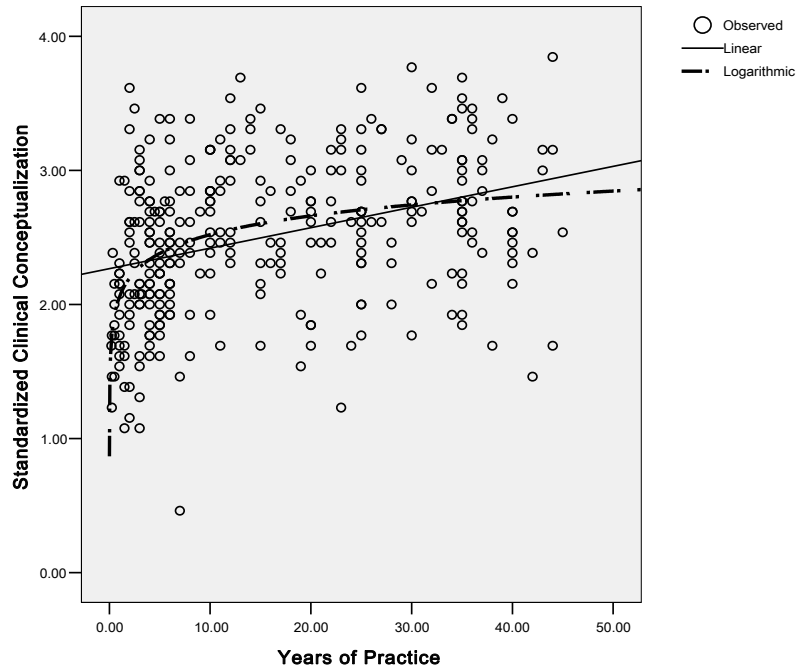
still be used in these relationships, but may not be the best representation of the nature of the relationships.

A Logarithmic model and a linear model were used to estimate the relationship between years of practice and Clinical Conceptualization. As shown in Table 18, the logarithmic curve model can explain 5% (.05 = .17 - .12) more of variance in clinical conceptualization. Judging by the logarithmic curve shown in Figure 3, the growth of clinical conceptualization ability was fast between 0-5 years by year, and then slowed down after 5 years.

Table 18 Linear Fit vs. Logarithmic Fit between Years of Practice and Clinical Conceptualization

Model	Adjusted R <sup>2</sup>	Sig.
Linear	.12	<.001
Logarithmic	.17	<.001

Figure 3 Linear Fit vs. Logarithmic Fit between Years of Practice and Clinical Conceptualization

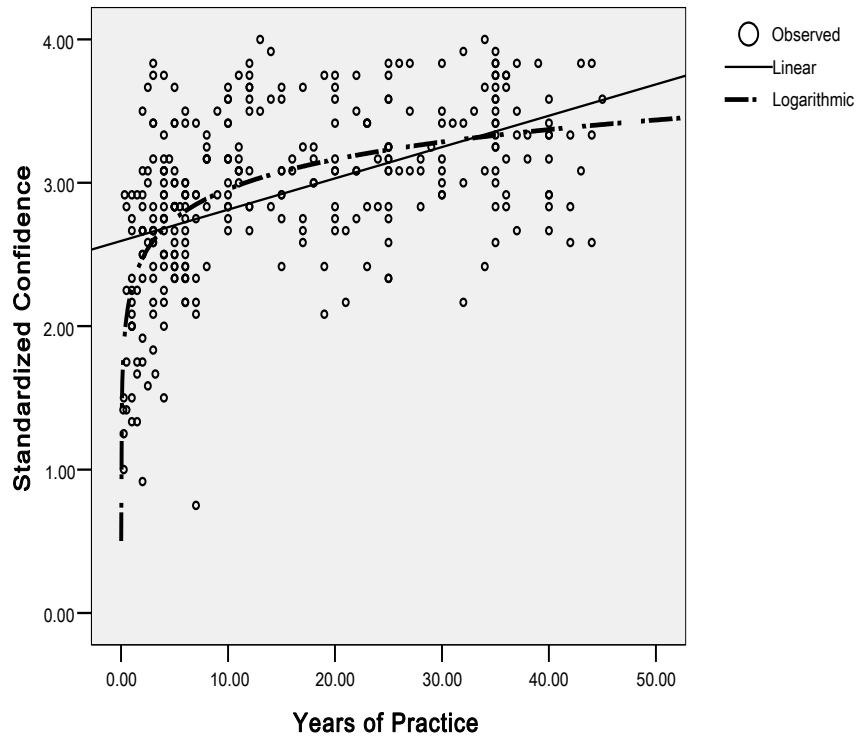


A logarithmic model and a linear model were used to estimate the relationship between years of practice and Confidence. As shown in Table 19, the logarithmic curve model can explain 12% (.12 = .35 - .23) more of variance in confidence. Judging by the logarithmic curve, the increase of confidence was fast between 0-5 years by year, and then slowed down after five years.

Table 19 Linear Fit vs. Logarithmic Fit between Years of Practice and Confidence

Model	Adjusted R <sup>2</sup>	Sig.
Linear	.23	<.001
Logarithmic	.35	<.001

Figure 4 Linear Fit vs. Logarithmic Fit between Years of Practice and Clinical Confidence



Multiple regression also was used to calculate the multiple correlation coefficient between client direct contact hours and MPCCI scores. Client direct contact hours were regressed on MPCCI scales. The multiple correlation was statistically significant ( $R = .64$ ,  $F_{7, 290} = 29.24$ ,  $p < .001$ ). The adjusted  $R^2$  was  $.40$  ( $p < .001$ ). This indicated that 40% of variation in direct client contact hours could be explained by the variation in the combination of all 7 MPCCI variables. As indicated in Table 20, the significant predictors included two positive predictors (clinical conceptualization and confidence) and two negative predictors (relational acumen and learning drive). This suggested that after controlling the other six MPCCI subscales, participants who scored higher on clinical conceptualization and self-confidence were those who had more direct

client contact hours; participants who scored higher on relational acumen and learning drive were those who had fewer direct contact hours. Again, the negative coefficients should be carefully treated due to the multicollinearity between MPCCI subscales. As indicated by Table 21, the correlation coefficient between direct client contact hours and Relational Acumen was not significant ( $r = .09, p = .118$ ). Neither was the correlation coefficient between direct client contact hours and learning drive ( $r = .01, p = .851$ ). The bivariate correlation coefficient between years of practice and clinical conceptualization was significant ( $r = .43, p < .001$ ). The bivariate correlation coefficient between years of practice and self-confidence was also significant ( $r = .57, p < .001$ ).

Table 20 Coefficients of MPCCI Variables when Predicting Direct Client Contact Hours

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.87	1.47		1.96	.052
Self-awareness	-.64	.60	-.07	-1.07	.284
Relational Acumen	-1.09	.53	-.13	-2.06	.040
Clinical Conceptualization	1.40	.53	.19	2.62	.009
Learning Drive	-1.57	.48	-.20	-3.30	.001
Self-confidence	4.59	.49	.66	9.35	.000
Emotional Self-care	-.25	.30	-.04	-.83	.410
Cultural Competency	-.44	.48	-.06	-.91	.365

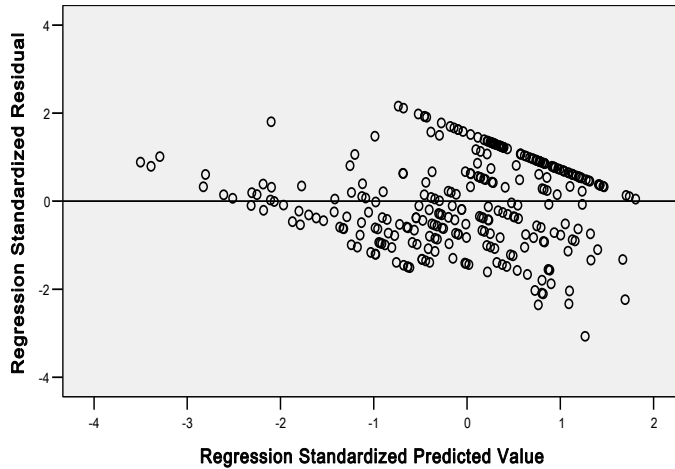
Table 21 Correlation Coefficients between each MPCCI Subscale and Direct Client Contact Hours

	SA	RA	CIC	LD	SC	EH	CUC
Pearson <i>r</i>	.20	.09	.43	.01	.57	.12	.20
Sig. (2- tailed)	<.001	.118	<.001	.851	<.001	.043	<.001
N	306	308	306	306	307	308	305

*Note.* SA = Self-awareness; RA = Relational Acumen; CIC = Clinical Conceptualization; LD = Learning Drive; SC = Self-confidence; ES = Emotional Self-care; CUC = Cultural Competency.

The Scatter Plot between standardized residual plot and standardized predicted value was shown in Figure 5. The residuals were not randomly scattered around 0. This indicated that assumptions of multiple regression may have been violated. The violation of the assumptions may be due to the fact that direct client contact hours were measured as an ordered category variable and the distribution was deviated from a normal distribution. Other possible explanations were that the relationships between direct client contact hours and some of the MPCCI scores were not linear, or the variance of errors was not the same across all levels of MPCCI scores. Interactive graphs between years and MPCCI scores (Figure L1-L7 in Appendix L) were generated to give a visual image of the relationships between direct client contact hours and MPCCI scores. No obvious relationships were observed.

Figure 5 Residual Plot for Multiple Regression Predicting Direct Client Contact Hours from MPCCI Variables



### Could MPCCI Scores Predict Therapy Expertise?

Participants were asked to estimate their therapy expertise on a scale of 0-100 in the survey. The descriptive statistics and frequency chart were listed in Table 19 and Figure 6. As shown in Table 22, the mean self-reported therapy expertise on a scale of 0-100 was 62.89 (SD=24.98). The Skewness was -.76, meaning that more participants reported therapy expertise on the higher end toward 100. The shape of the distribution was shown in Figure 6.

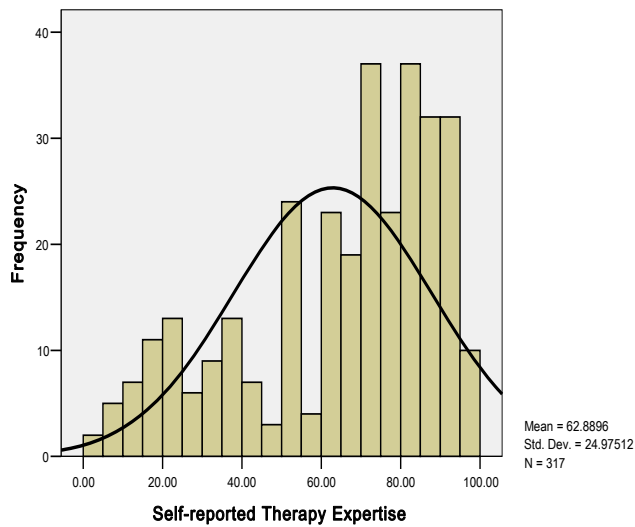
Table 22 Descriptive Statistics of Self-reported Therapy Expertise

N	Valid	317
	Missing	2
Mean		62.89
Median		70.00
Mode		50.00 <sup>a</sup>
Std. Deviation		24.98

Skewness	- .76
Std. Error of Skewness	.14
Kurtosis	- .51
Std. Error of Kurtosis	.27
Minimum	.00
Maximum	99.00

<sup>a</sup>Multiple modes exist. The smallest value is shown.

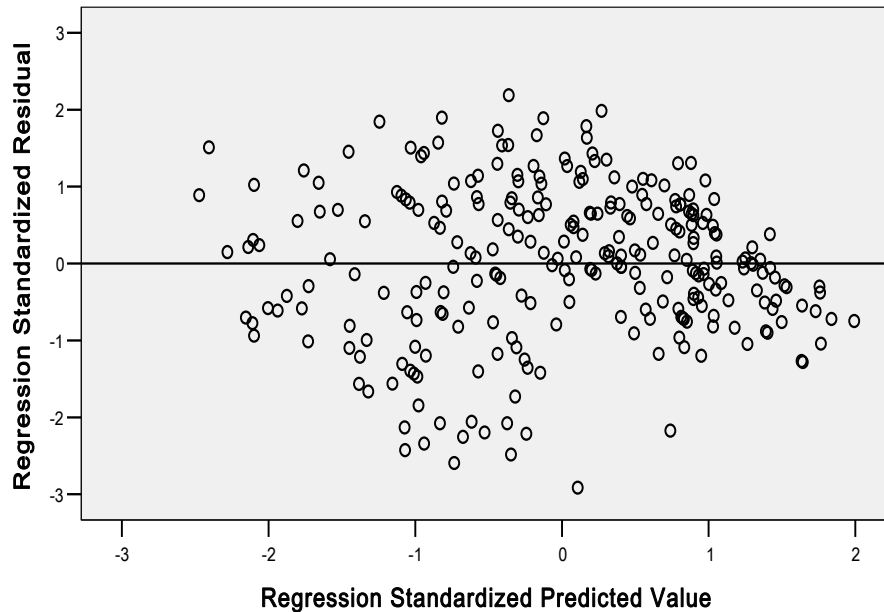
Figure 6 Histogram of Self-reported Therapy Expertise



Self-reported therapy expertise was regressed on the MPCCI subscales, years of practice, direct client contact, and social desirability score. The Scatter Plot between standardized residual plot and standardized predicted value was shown in Figure 7. The residuals could be considered randomly scattered around 0, which indicated that the normality and homoscedasticity assumptions were not seriously violated.



Figure 7 Residual Plot for Multiple Regression Predicting Self-Reported Therapy Expertise from MPCCI Variables, Years of Practice, Direct Client Contact Hours, and Social Desirability



The overall multiple regression was statistically significant ( $R = .85$ , Adjusted  $R^2 = .71$ ,  $F_{10, 259} = 67.67$ ,  $p < .001$ ). The 10 independent variables accounted for 71% of the variance in self-reported therapy expertise. As shown in Table 23, four variables had a statistically significant positive effect on the self-perception of therapy expertise: clinical conceptualization, confidence, years of practice, and direct client contact hours ( $p < .001$  for all 4 variables). These results indicate that while controlling for the remaining nine variables, increase of clinical conceptualization, confidence, years of practice, or direct client contact hours can predict the increase of self-perception of therapy expertise. Lack of significant coefficients for the other five MPCCI subscales (self-awareness, relational acumen, learning drive, emotional self-care, cultural competency) did not necessarily

indicate lack of true relationship between these variables and therapy expertise given the high correlations among the seven MPCCI subscales. As indicated by Table 24, the bivariate correlation coefficients between MPCCI subscales and therapists' self-reported therapy expertise were all positive and statistically significant ( $p < .05$ ).

Table 23 Coefficients of Multiple Regression Predicting Self-reported Therapy Expertise from MPCCI Variables, Years of Practice, Direct Client Contact Hours, and Social Desirability

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	-3.24	6.32		-.51	.609
Self-awareness	-.44	2.52	-.01	-.17	.863
Relational Acumen	-2.56	2.33	-.05	-1.10	.272
Clinical Conceptualization	8.46	2.33	.20	3.64	.000
Learning Drive	-2.28	2.15	-.05	-1.06	.289
Self-confidence	14.91	2.43	.37	6.14	.000
Emotional Self-care	-.93	1.28	-.03	-.73	.468
Cultural Competency	-.39	2.16	-.01	-.18	.856
Years of Practice	.48	.10	.24	4.81	.000
Direct Client Contact Hour	1.61	.31	.27	5.22	.000
Social Desirability	.14	.29	.02	.50	.619

Table 24 Correlation Coefficients between each MPCCI Subscale and Therapy Expertise

	SA	RA	CIC	LD	SC	EH	CUC
Pearson $r$	.32	.17	.58	.11	.69	.20	.32
Sig. (2-tailed)	<.001	.003	<.001	.049	<.001	<.001	<.001

	SA	RA	CIC	LD	SC	EH	CUC
N	317	319	316	317	318	319	316

*Note.* SA = Self-awareness; RA = Relational Acumen; CIC = Clinical Conceptualization; LD = Learning Drive; SC = Self-confidence; ES = Emotional Self-care; CUC = Cultural Competency.

### **Revision of Items for Future Research based on Participants' Feedback**

Finally, several items may need to be revised for future research, based on participants' feedback and the author's experience during the scale development. A total number of 36 participants answered the open-ended question about feedback at the end of the survey. Participants were randomly numbered and their comments were listed in Table 25. Participant #2 wondered how using the term "patient" instead of "client" would affect the result. In this author's opinion, the use of "patient" vs. "client" would not affect the structure of the MPCCI, because the term would not affect the relationships between items. Participant #25 pointed out that "countertransference" is a psychodynamic theory term, and some therapists don't use it. The author of this dissertation agreed with this point, and believed that in future research, "personal reactions" could be used to replace "countertransference".

Table 25 Feedback from Participants

Participant	Feedback
1.	I am currently working as a faculty and am not seeing clients full time. I ran a personal growth group last year, and prior to that was seeing clients during my clinical psychology internship.
2.	<b>I am sure it is a personal bias, but I do not call my patients by the term "client." I feel that doing so diminishes their role and mine. I also question the standard of calling people clients, and charging their medical insurance for the service. I wonder how the term</b>

**“patient” might have affected the outcome of your responses, or conversely, how the term “client” affected the outcome.**

3. 1) interesting survey -- how can i get your results and conclusions? 2) re: race/ethnicity -- I left multiracial blank, although virtually all my patients are to some degree multiracial. 3) I've been selected in several dissertation studies of “master therapists” -- flattering, but always leaves me wondering how most of us really know what our colleagues actually do in therapy. How are you addressing this? best of luck with this very interesting project.
  4. For ethnic background options, I am seeing an increasing number of people in my practice who are of Middle Eastern origin. Using your classifications, I selected “Asian”. I believe, however, that this population is culturally different that other Asian populations, and in future studies, should have a category that is separate.
  5. Good Luck to you!
  6. Good luck with your research!
  7. Good luck! fun questions.
  8. Hi, It would be helpful to have gotten a sense of how long the survey is before starting it. The % bar on the bottom did not indicate a number. Wishing you success with your dissertation! T
  9. I'm interested to hear about your findings! When the study is completed, could you re-email us and alert us to where we could read up on your results?
  10. I'm looking forward to see the results of this research! Perhaps you can conduct a factor analysis and/or item response analyses to evaluate this measure. Good luck!
  11. I am currently working in a rural community that is primarily Caucasian. I used to work in San Diego with a lot more cultural diversity. I want you to know that because it doesn't make sense that I would feel fairly culturally competent when I work primarily with other Caucasian adults right now.
  12. I found some of the questions difficult to answer and I don't know how helpful my responses will be. Although I have been a therapist for a long time, my primary position over the past 11 years has not been as a therapist. I have a small private practice which serves primarily adults,
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Participant Feedback

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although my preferred clients are children. I tried to answer questions as they related to the bulk of my practice.

13. I may underestimate my ability to be culturally competent because of my few experiences with very different cultures. However, so far, my clients have seemed to have benefited from my services as I acknowledge when I may not know something due to a cultural difference. I am aware of my privilege, and wished to answer that way when completing the questionnaire.
  14. I practice outside the US in a multicultural country where people do not identify by race but by ethnicity and country of origin.
  15. I would have preferred “disagree, strongly disagree, etc” choices to the questions; The questions seemed biased towards a psychodynamic theoretical orientation; In the race/ethnicity section, check boxes would have been preferable to lumping all bi/multiracial into one category (i.e., individuals would have been able to choose specifically which race(s) with which they identify)
  16. I would like a copy of the results. Please email me at \_\_\_\_\_. Thank you.
  17. I would like to get a copy of the results of your study. Hopefully that is possible.
  18. I would like to know how my level of effectiveness/expertise compares with others in the sample.
  19. Many of the questions contain always or never -- this makes it highly unlikely that an honest answer will every yield the highest or lowest selection.
  20. Please send a copy to \_\_\_\_\_.
  21. Send me a copy of the results to\_\_\_\_\_. Thank you and I hope you do well in your studies.
  22. Send a copy of the results to \_\_\_\_\_.
  23. The above answers would go under the category, once in a while, if there were one. But since you only have two categories, I used the one that made the statement absolutely true. Feeling vulnerable. Yuck.
  24. The only problem was the survey didn't fit on my screen, so I had to keep scrolling from side to side to see the questions and responses.
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Participant Feedback

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25. **The term “countertransference” is based in psychoanalytic theory, which most of us don’t agree with. Something like “emotional response to” or “feelings about” a client would be more accurate and precise. Also, when you ask about theoretical orientation, it wasn’t clear until the end that integrative and eclectic are included under theoretical orientation. So I didn’t answer any questions about theoretical orientation or any question that included the term “countertransference.”**
26. The total hours of contact didn’t really make sense; to be in any bracket other than the first you’d have to have been working over 50 years.
27. There were some questions I did not understand. I did not like the limited response set to some of the questions on this last page – almost skipped it altogether!
28. These questions leave out nuance. E.g. I conceptualize Ss problems. when? Right away? with time? After much trial and error? Orientation: what does eclectic mean? Better to put the emphasis. Jungian foundation, gestalt, behavioristic, enneagram, psychodynamic, cognitive. What’s the mix?
29. This got a little long.
30. this last measure seems far too simplistic -- I’d omit it
31. this survey was too long
32. This was a LOOONNNNGGGG survey.
33. Well, I do believe heavily in the ideas of self-psychological psychoanalysis developed first in Austria by Heinz Kohut and further developed by E. Wolf, P. & A. Ornstein, F. Lachman, J. Lichtenberg, E. Schwaber, a. o. in the USA, whereby the primary emphasis is on the emotional development of the sense of self. The feeling of self-worth is a central aspect to the ideas of this theory. My belief has developed and been refined over the years by continual contact via reading, supervision and continuing ed. It fits my personality and I feel that it explains human nature very well. For me, it works.
34. when answering the question about the % of my clients in different ethnic categories, I was surprised to see so few non-whites. The answer does not reflect my overall experience with different cultures and ethnicities.
-

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Participant Feedback

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35. would be helpful to have a don't know option or not applicable option in the survey. Also difficult to have one response option for the client info and work sections as training has been diverse.
36. You asked for "ethnicity" but I think you meant to ask for "race" it is important to be aware of the different definitions these two constructs have. Many people confuse the two. Janet Helms wrote an interesting article on the differences between the two and I would suggest the researchers take a look at it and determine what it is they wish to measure...race or ethnicity.
-

## Discussion and Conclusions

### How Well Did the Final Inventory Match the Original Theory?

The purpose of this study was to quantify master therapist characteristics by developing a scale to measure the characteristics. The literature review suggested seven subscales: self-awareness, relational acumen, clinical conceptualization, learning drive, combination of humility and confidence, emotional health, and flexible interventions. As items were developed, items measuring cultural competency were added to each subscale. Predictions indicated that it was possible the added items may cluster together as a new factor. The final inventory structure yielded subscales: self-awareness, relational acumen, clinical conceptualizations, learning drive, self-confidence, emotional self-care, and cultural competency.

Overall, the final inventory structure was consistent with the original theory. Majority of the items in each subscale were from the original item pool for the same subscale: Eight of the nine items in the final Self-awareness subscale were from the original item pool for self-awareness subscale; similarly, all 10 items in the final Relational Acumen subscale, nine of the 13 items in the Clinical Conceptualization subscale, eight of the 10 items in the final Learning Drive subscale, and all six items in the Emotional Self-care subscale were from the original item pool that was designed for the Emotional Health subscale. As predicted, items related to culture emerged as a unique factor which was named as Cultural Competency. Compared to other subscales, the final Self-confidence subscale had a lower consistency with the original subscale. The original design was to measure a combination of humility and confidence. In the original literature, more items about confidence were written than humility. As a characteristic,



humility appeared to be a perception of the researcher/interviewer of the nominated master therapists. Therefore, constructing self-report items that could measure a therapist's humility was questionable. In the final subscale, humility items did not correlate well with confidence items or form a unique factor.

The Flexible Interventions subscale from the original theory did not emerge in the factor analysis. In the original item pool, seven items focused on therapists' flexibility (using different interventions for different clients and situations), three items focused on therapists' precise intervention, two items focused on therapists' mastery of a wide range of approaches, three items focused on therapists' intervention to culturally different clients. However, the factor analysis result showed that these items were not statistically homogenous.

### **Concept and Composition of the MPCCI Subscales**

#### **Self-awareness.**

The definition of self-awareness has been used to refer to overall self-insight and momentary attention to self (Williams, 2008). Williams and Fauth (2005) used therapist self-awareness to refer attention to immediate thoughts, emotions, physiological responses and behaviors during a therapy session. Cavanagh and Levitov (2002) used the term self-knowledge to describe what other researchers describe as self-insight, which include ability to be aware of therapists' own needs, feelings, strengths and weakness, what makes them anxious in counseling and what defenses they are inclined to use to reduce the anxiety. Hayes, Gelso, and Hummel (2011) defined self-insight as the extent to which therapists are aware of, and understand, their own feelings, attitudes, personalities, motives, and histories.

In the final Self-awareness subscale in this current study, items about self-insight and items about ability to recognize momentary self-reactions were included. This is consistent with the results from previous master therapist studies. The literature review showed that most of master therapist participants shared a use of self-reflection to process one's own pain, suffering, negative feelings, motivation to help others; master therapists also monitored moment-to-moment feelings and reactions in sessions, and used their self as a therapeutic tool. In this sense, self-awareness in MPCCI was defined as "A therapist's knowledge of self and awareness of his/her own reactions in therapy."

The self-awareness subscale in MPCCI is different from existing measurements of therapist self-awareness that has been used in research. Bandura (1956) measured self-awareness by using the discrepancy between therapists' self-rating and other's rating on dependency, hostility and sexuality as a measurement of self-insight. Lower discrepancy meant higher self-insight. Abney (2002) used the Personal Orientation Instrument (POI) to measure self-awareness, while POI was originally developed as a measure of self-actualization (Shostrom, 1965). In contrast, the self-awareness subscale in MPCCI is a self-report scale that mainly includes items about therapists' awareness of their motivation, emotions and countertransferences (e.g., I am fully aware of my motivation to be a therapist; I know what triggers my defense mechanisms; I understand my emotions and their causes; I recognize my countertransference reactions effectively, etc.). Therefore, the MPCCI self-awareness subscale is more applicable in future research on therapist self-awareness.

### **Relational acumen.**

Quality of therapy relationship has been one of the most widely accepted and consistently supported correlates of therapeutic change (Beutler, Malik, Alimohamed, Talebi, Nobel, and Wong, 2004). Long and short versions of Working Alliance Inventory (WAI, Horvath & Greenberg, 1989; Tracey & Kokotovic, 1989; Hatcher and Gillaspay, 2006) are widely used measures of alliance in therapy. WAI mainly measures the agreement between the therapist and the client on therapy goal, task, and bond. However, it does not measure how therapists build the bond with clients.

The Relational Acumen subscale in MPCCI was designed to measure the therapist's ability to build relationships. Therefore, it was defined as "the capacity a therapist has to relate well to and work skillfully with clients." The original Relational Acumen had 39 items that were consistent with existing studies on how therapists build relationships. For example, based on interviews with nine master therapists, Sullivan (2000) concluded that the methods master therapists use to build therapeutic relationships include: (a) a heightened responsiveness to the client's needs, (b) actively collaborating with the client, (c) working through ruptures to build deep relationship, (d) using self in therapy to improve the relationship, (d) creating metaphors to convey their role in the relationship, and (e) creating appropriate boundaries. Other master therapist studies also summarized the characteristics of master therapists that enable to them to build strong relationships: patient, accepting, empathic, authentic, fearless of strong emotions, nonjudgmental, respectful, genuine, warm, trustworthy, honest, good sense of humor, conveying respect, sincere, open, etc. Cyr (1997) interviewed 12 experienced therapists about how they build relationships, and concluded that therapists actively engage clients

by being respectful, sensitive, empathic, warm, maintaining a balance between support and challenge, following clients' pace, and orienting clients to the process. Rogers' (1957) conditions of change (unconditional positive regard, and empathic understanding) are often considered as the most basic qualities a therapist needs to be able to build positive therapeutic relationships. The 39 items in the original Relational Acumen subscale included most of the above characteristics.

The field test results of this dissertation showed that most of the items yielded in high means, which indicated that most participants would say fully true or mostly true to these items. Therefore, many items were dropped from the subscale. One likely explanation was social desirability. Among the seven MPCCI subscales, Relational Acumen was the only subscale that significantly correlates with social desirability. Therapists may have overestimated themselves on relational characteristics such due to social desirability.

In the final Relational Acumen subscale, 10 items remained. These items focus on therapists' empathy (e.g., I am naturally empathic; I am a natural listener; I can accurately pick up people's subtle emotions), sensitivity (e.g., I am sensitive to others' needs), warmth (e.g., I am consistently warm toward clients), patience (e.g., I am very patient with clients), and openness (e.g., I am rarely judgmental; I am not self-centered). Despite the fact that some valuable items may have been dropped from the subscale due to participants' social desirability, the final Relational Acumen subscale has 10 items that can differentiate therapists' relational skills.

### **Clinical conceptualization.**

In MPCCI, clinical conceptualization was defined as “a therapist’s ability to understand the etiology of and develop treatment direction for client’s issue quickly, precisely, and comprehensively.” This definition is different from the operational definitions of conceptualization in other studies. Wagoner, Gelso, Hayes, and Diemer (1991) defined conceptualization ability as a therapist’s ability to conceptualize the client dynamics in terms of the therapeutic relationship with the client, as well as in the context of the client’s past. Schomburg and Prieto (2011) defined multicultural case conceptualization ability as how well participants recognized and integrated cultural factors into etiological and treatment conceptualizations of the vignette of clients’ presenting problems. Compared to the above two cited definitions of conceptualization, the definition of clinical conceptualization in MPCCI focused on therapists’ ability to understand clients quickly, precisely, and comprehensively.

Two main types of conceptualization ability measurement have been used in existing studies: other’s judgment of case vignette responses and self-report measures. Eells, Lombar, Kendjelic, Turner, and Lucas (2005) used Case Formulation Content Coding Method (CFCCM, developed by Eells, Kendjelic, and Lucas in 1998) to measure therapists’ case formulation ability after therapists articulated their thoughts of a certain vignette. CFCCM includes eight criteria: comprehensiveness, formulation elaboration, precision of language, complexity, coherence, goodness-of-fit of the formulation to the treatment plan, treatment plan elaboration, and the extent to which the therapist appeared to follow a systematic formulation process. Another example of conceptualization measurement through other’s judgment was that Ladany, Inman, Constantine, &

Hofheinz (1997) created cultural case vignettes for trainees to review and evaluate trainees' multicultural case conceptualization ability in terms of the incorporation of clients' cultural variables. One example of self-report case conceptualization measurement was the Countertransference Factors Inventory (CFI) developed by Van Wagoner, Gelso, Hayes, and Diemer (1991). Conceptualizing ability was one of the five subscales of CFI. Two example items were "often conceptualizes his/her role in what transpires in the counseling relationship" and "conceptualizes relationship dynamics in terms of the client's past."

The measurement of clinical conceptualization in MPCCI has limitations and advantages compared to existing measures of conceptualization ability. The measurement of clinical conceptualization in MPCCI is a self-report measure. Compared to the other's judgment method, one limitation of the self-report measurement was lack of objectivity. However, the advantage of the Clinical Conceptualization subscale in MPCCI is that it asks therapists to evaluate multiple factors that help them generate good interventions in therapy, rather than asking therapists to articulate their understanding of a case outside of therapy sessions. The Clinical Conceptualization subscale in MPCCI included items that reflect therapists' knowledge breadth (e.g., I have a great amount of knowledge about people; I have mastery over many theories/models; my understanding of my clients' issues is comprehensive; I have mastered a fair number of techniques that help clients have quick symptom relief), knowledge depth (e.g., I have a deep understanding of the human condition; My therapeutic conceptualization helps the therapy have a lasting effect on clients; I am both empathic and firm as a therapist), precise understanding of client (e.g., my understanding of my client's issues is precise; When clients present

complicated issues, I am able to pinpoint the key issue; My response to clients is often exactly what they need at the moment), and quick conceptualization (e.g., I can conceptualize what's happening with a client quickly; I readily use my knowledge and experience to create effective case conceptualizations).

### **Learning drive.**

After thorough review of literature (using words “learn\*” and “therapist\*/counselor\*” in abstracts in PsychInfo), an existing scale or inventory that measures a therapist’s learning desire or behaviors was not found. Learning drive was defined as “the amount of drive a therapist has about learning” in MPCII. The 10 items in the final Learning Drive subscale measures therapists’ desire and behavior to improve themselves (e.g., I never stop searching for new knowledge; I am diligent in improving my competence as a therapist; I broaden my approaches and experiences as much as possible; etc.). Nine out of the 10 items were concerned behaviors as a therapist, and the other item was about personal characteristic (“As a person, I like trying new things”). The majority of studies on master therapists reviewed in the Literature Review chapter in this dissertation and many other studies on counselor development (Ronnstad & Skovholt, 2003) have concluded that continuous learning is necessary for a therapist to gain expertise. Given that there are no existing scales on therapist learning, the Learning Drive subscale developed in this study may serve as a useful instrument in future research.

### **Self-confidence.**

Research on therapist self-confidence has often been conducted under the construct of therapist self-efficacy. One measurement of counselor self efficacy was

Counseling Self-Estimating Inventory (Larson et al., 1992). While developing the inventory, Larson et al. used counselor trainees as the field-test sample and measured five factors that reflect counselor trainees' confidence in using microskills, attending to process, dealing with difficult client behaviors, behaving in a culturally competent way, and being aware of one's values. Lent, Hill, and Hoffman (2003) developed a Counselor Activity Self-Efficacy Scales using undergraduate and graduate students in the field-test and yielded six factors: exploration skills, insight skills, action skills, session management, client distress, and relationship conflict. Bodenhorn and Skaggs (2005) developed a School Counselor Self-Efficacy Scale. This scale measured school counselors' confidence in five areas: personal and social development, leadership and assessment, career and academic development, collaboration, and cultural acceptance.

Compared to the above existing counselor self-efficacy scales, the Self-confidence subscale in MPCCI is clearly constructed for psychotherapists and used a sample that is much more representative of psychotherapists during test development and validation. Self-confidence in the MPCCI was defined as "a therapist's confidence in his/her ability to conduct effective therapy." The items in the final Self-confidence subscale focuses on: (a) therapists' general sense of self-confidence (e.g., I am very relaxed in session; I am confident in sessions; I feel confident in my ability to respond to whatever happens in sessions; I am confident in my ability to see clients with complicated issues; I am confident that even when the session becomes unexpectedly intense, I can handle the situation well; I am afraid of making mistakes; I have seen many types of cases); (b) therapists' comfort level with ambiguity (e.g., I have a high tolerance for not having an answer right away; I am comfortable with the ambiguity in therapy); (c)



therapists' clarity about their skills (e.g., I am clear about my clinical interests; I am clear about my competency areas; I explain my conceptualization to clients in a clear and useful way). Therefore, the Self-confidence subscale in MPCCI is expected to be a good measurement of therapist self-confidence in future research.

### **Emotional self-care.**

Self-care describes the degree to which an individual maintains his or her health through proper diet, exercise, personal hygiene, or various other health-promoting activities (Brucato and Neimeyer, 2009). Self-care has been recommended for therapists extensively in literature. ACA Code of Ethics states that “counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities” (ACA, 2005). However, not many specific therapist self-care assessments are available. Skovholt (2011) developed a Practitioner Professional Resiliency and Self-care Inventory. He divided the inventory into four subscales: professional vitality, personal vitality, professional stress, and personal stress. Norcross (2000) listed 10 self-care strategies based on multiple studies on mental health practitioners: recognize the hazards of psychological practice; think strategies, as opposed to techniques or methods; begin with self-awareness and self-liberation; embrace multiple strategies traditionally associated with diverse theoretical orientations; employ stimulus control and counterconditioning when possible; emphasize the human element; seek personal therapy; avoid wishful thinking and self-blame; diversity professional activities; appreciate rewards from doing therapy. Based on Norcross' 10 categories of self-care strategies, Turner, Edwards, Eicken, Yokoyama, and

Castro (2005) developed a self-care scale with 35 items when they studied interns' self-care strategies.

Compared to the Skovholt Self-Care Inventory (Skovholt, 2011) and the Intern Self-care Scale (Turner et al., 2005), the Emotional Self-care subscale in this current study is less specific. The Emotional Self-care in this study was defined as “a therapist’s overall emotional health and the therapist’s effort to maintain emotional health.” Overall, the items in this subscale are more global and ask therapists to look at their life patterns. Items require therapists to have a certain level of self-awareness. For example, item “I have a healthy lifestyle” implies that therapists need to know what they consider as a healthy life style. A healthy life style can constitute regular exercises, enough and balanced nutrition, yoga /meditation, etc. Different therapists have different definitions of “healthy life style”, but due to individual differences and available resources, this item captures a therapist’s self-care more than listing specific things such as exercise and nutrition. This type of global pattern actually is consistent with Norcross’s (2000) recommendation of broad strategies over specific techniques. Other items with global patterns include “I have a good balance between work and other parts of my life,” “I have a nurturing life outside of my work,” “I practice self-care as I encourage my clients to do self-care,” “I take measures to prevent myself from burning out.” Although the Emotional Self-care subscale in MPCSI only has six items, it has a high internal consistency. Therefore, the scale is expected to be a useful and simple measurement of therapist emotional health or emotional self-care.

### **Cultural competency.**

Many scales have been developed to measure therapist cultural competence. Most scales consist of three factors of cultural competency proposed by Sue et al. (1982): awareness, knowledge, and skills. Cross-cultural Counseling Inventory-Revised developed by LaFromboise, Coleman, and Hernandez (1991) has three subscales: cross-cultural counseling skills, socio-political awareness, and cultural sensitivity. Multicultural Counseling Inventory developed by Sadowsky, Taffe, Gutkin, and Wise (1994) has four subscales: skills, knowledge, awareness, and relationship. As indicated by its title, Multicultural Awareness, Knowledge and Skills (Kim, Cartwright, Asay, and D'Andrea, 2003) has three subscales: awareness, knowledge, and skills. Multicultural Counseling Knowledge and Awareness Scale (Ponterotto, Gretchen, Utsey, Rieger & Austin, 2002) has 2 subscales: knowledge and awareness. Multicultural Counseling Competence and Training Scale (MCCTS, Holcomb-McCoy and Myers, 1999) has five subscales: knowledge, awareness, terminology, racial identity development, and skills.

The Cultural Competency subscale in MPCCI consists of items that were attached to the original subscales. Therefore, items in this factor are about awareness of cultural values, knowledge about other cultures, skills to build relationships in a culturally appropriate manner, consideration of cultural factors while conceptualizing cases, desire and behaviors to learn about other culture, self-confidence about cultural counseling, and using interventions flexibly with clients from a different culture. The subscale is broader than traditional aspects of cultural competency (awareness, knowledge, and skills) and is highly relevant to psychotherapy. Therefore, the Cultural Competency can be used alone as measurement of therapist cultural competency in future research.

## **Relationships between MPCCI Scores and Other Variables**

Several relationships between variables were found in this study. All seven MPCCI subscales were significantly correlated with social desirability. Relational Acumen maintained as a positive predictor variable for social desirability after controlling the other six MPCCI subscales. It is possible that the importance of therapeutic relationship is emphasized in current counseling psychology literature, participants consciously or subconsciously presented themselves with good relational qualities. Due to the positive correlations between MPCCI subscales and social desirability, future users of MPCCI should be aware of the social desirability effect, especially if MPCCI is used as an evaluation tool. Another possible solution is to use others' observation (e.g., supervisor's observation) for MPCCI, vs. the current self-report form of MPCCI.

Clinical conceptualization and confidence were found to be positively correlated with years of practice and direct client contact hours, with or without controlling the remaining MPCCI subscales. Indications are that as the years of practice increase, or the direct client contact increases, therapists' clinical conceptualization ability and confidence tend to increase.

Clinical conceptualization, confidence, years of practice, and direct client contact hours were found to be positive predictors for self-reported therapy expertise, with or without controlling all other factors of the 10 predictors (social desirability, years of practice, and direct client contact hours, seven MPCCI subscales). The positive predicting effect of years of practice and direct client contact hours for self-perception of therapy expertise were expected. After the years of practice and direct client contact were controlled, clinical conceptualization and self-confidence were still positive predictors for

self-perceived therapy expertise. This suggested that clinical conceptualization and self-confidence may be particularly important for therapist training and development. The results in this study showed that conceptualization ability is positively related to a therapist's self-perceived expertise and it increases over years. Assuming therapists' self-perceived expertise is a possible accurate predictor of their effectiveness, the results in this study provided a clear training direction for therapists—increasing conceptualizing ability. As revealed in the master therapist studies reviewed earlier in the literature review chapter, master therapists increase their conceptualization skills by continued learning about psychology theories, broadening their approaches, seeing multiple types of cases, and being truly interested in their clients' stories.

The results of this current study also indicated that self-confidence is also particularly important for therapist training and development. It should be noted that the self-confidence measured by MPCCI not only includes therapists' confidence in themselves, but also includes the clarity they have about their practice (e.g., theoretical orientation, competent areas and limits) and comfort with ambiguity. All qualitative studies on master therapists revealed that master therapists' confidence increases over the years as they continuously reflect on their practice and learn from mistakes.

After controlling years of practice, direct client contact hours, social desirability, clinical conceptualization and self-confidence, the other five MPCCI subscales (self-awareness, relational acumen, learning drive, emotional self-care, and cultural competency) were not significant predictors of therapists' self-reported therapy expertise; however, the bivariate correlations between all seven MPCCI subscales and therapy expertise were significant. The change of relationships between MPCCI subscales and

therapy expertise from significant in simple regression (bivariate correlation) to non-significant in multiple regression could be explained the multicollinearity among MPCCI subscales. Judging by the bivariate correlations, all seven MPCCI subscales (self-awareness, relational acumen, clinical conceptualization, learning drive, self-confidence, emotional self-care, and cultural competency) were important for therapists' perception of their therapy expertise, which was consistent with the results from the previous qualitative studies on master therapists.

### **Methodology Limitation and Justification**

Limitations of this study should be noted. First, sample size may have affected the power of factor analysis. Researchers suggest that to have stable factor analysis result, a large sample size is needed and the frequently cited participant to item ratio is 5:1. In this study, after deleting the items based on difficulty and discrimination, the participant to item ratio is 2.67:1 (307:115). However, research also suggested that when the sample size is larger than 300, the effect of the participant to item ratio is less concerning (Tinsley & Tinsley, 1987). Therefore, the results from this study should still be considered having a certain level of validity.

Another limitation is that although items were revised by multiple researchers, the original item pool was only developed by one person—the author of this dissertation. Every researcher brings personal bias to the research. It was inevitable that the item pool may have represented the bias of the author. For example, it is possible that some items were inaccurately categorized to a subscale. Fortunately, this bias has been balanced by the factor analysis. The factor analysis cluster items that correlate highly with each other. If an item belongs to another subscale, theoretically it should correlate higher with that

subscale. Therefore, the factor analysis would categorize that item to the correct subscale. Another limitation resulting from the author's bias was the possibility that correct items may have been eliminated. Although the author constructed a large pool of items, due to the author's limited knowledge and individual understanding of the concepts, certain items that could have measured the subscales well may have been overlooked.

One last limitation is that items in the final subscales may not describe therapists' characteristics comprehensively. During the item analysis, 30 items in total were eliminated because of their high means; and a number of items were dropped during factor analysis because they loaded highly on several factors. It is possible that characteristics represented by the dropped items are very important for a therapist to provide effective services. Excluding them from the final subscales limits the inclusiveness of MPCCI. If MPCCI is revised in the future, items eliminated in this study should be reviewed, and important items should be reworded and added to the current MPCCI subscales.

### **Directions for Future Research**

One direction for future research is to continue to improve the internal consistency of the subscales. Although Cronbach's alpha for the Emotional Self-care subscale was .85, it only had six items, perhaps making it less stable. In future research, more items may be added to this subscale, and factor analysis can be re-run to determine a statistical fit with the existing items. The internal consistency for the remaining subscales could be further improved although they were already considered in the "very good" range.

Another format of reliability, test-retest reliability, should also be established in future research. It is predicted that the test-retest reliability for each subscale would be high, as the items in the inventory are not situation or mood based. However, a study should be done to establish actual test-retest reliability.

Another improvement to the scale is to rephrase some of the items to be more inclusive and less biased. For example, one participant pointed out that the word “countertransference” in two items in the Self-awareness subscale is a term for psychodynamic therapy, and therefore it may not represent therapists who do not practice psychodynamic therapy. The term could be changed for a future inventory.

Last and most important, in future research, the relationship between the MPCCI subscales and actual therapist effectiveness should be explored. One of the purposes of developing MPCCI was to provide a quantitative instrument to explore the relationship between master therapist characteristics and therapist effectiveness. The MPCCI subscales were found to be positively correlated with therapists’ self-perception of therapy expertise, but it is very possible that therapists’ self-perception of therapy expertise is different from their actual therapy effectiveness. Will master therapist characteristics be significantly correlated with the actual therapist effectiveness? More research is worth conducting. Research can be done as more and more counseling centers and clinics are monitoring clients’ progress by session. For example, a therapist’s clients’ mental health improvement rate measured by widely used measures such as *Behavioral Health Measures-20* (BHM-20, Kopta & Lowry, 2002) or Counseling Center Assessment of Psychological Symptoms (CCAPS, Center for Collegiate Mental Health, 2012) can be considered as therapist effectiveness.



## **Implications for Practice**

The implications for practice drawn from this study should not be over-generalized. The significant relationships found in this study are correlations, not causal relationships. In addition, self-perception of therapy expertise was used as an index of therapists' expertise, but self-perception of expertise is different from actual expertise. Readers should have these limitations in mind as they read the following recommendations.

The review of previous master therapists indicated the importance of the following qualities for therapist effectiveness: high self-awareness, good relational qualities and skills, high clinical conceptualization skills, strong learning drive, high confidence, high humility, stable emotional health, and flexible interventions. Clinical conceptualization skills and self-confidence appear to be particularly important because they are significant predictors for therapy expertise even after controlling other variables (self-awareness, relational acumen, learning drive, emotional health, cultural competency, years of practice, and direct client contact hours). Based on these results, it is recommended that clinical conceptualization skills should be emphasized for therapist training and development. Clinical conceptualization skills also appear to be teachable indicated by its significant correlation with experiences (both years of practice and direct client contact hours). Therefore, it is important for training programs to provide training on clinical conceptualization. It can be seen as a confirmation for training programs to provide various classes on theories of human condition and personal change. It is also important for supervisors to help trainees improve conceptualization skills. For therapists,

it is important to continue to reflect on how they understand and explain clients' presenting concerns, and provide unique interventions for each individual client.

Based on the literature review results and results from the statistical analyses in this study, self-confidence is an important factor for therapy practice. To achieve clinical self-confidence, therapists should continuously reflect on and clarify their views of change, their competency areas and limitations, and learn from mistakes. Therapists should continuously develop confidence in self, develop tolerance for ambiguity in therapy, and develop skills to handle intense clinical situations. Training programs and supervisors should help trainees develop these qualities.

## **Conclusions**

The final version of MPCCI consists of seven subscales and 73 items in total. The subscales were named as: Self-awareness, Relational Acumen, Clinical Conceptualization, Learning Drive, Self-confidence, Emotional Self-care, and Cultural Competency. All the subscales have a high internal consistency. The Cronbach's alphas range from .84-.92. The structure of the final MPCCI based on factor analysis was consistent with the original design based on literature results. All seven MPCCI subscales were significantly correlated with social desirability, although only a small percentage of the variation of social desirability can be explained by the combination of the MPCCI subscales.

All seven MPCCI subscales were positively and significantly correlated with therapists' self-reported expertise. Given the significant correlations, the qualities measured by the seven MPCCI subscales are likely to be very important for therapist

effectiveness. To be able to further clarify their importance, future research is called for to use objective therapist effectiveness data.

Clinical conceptualization and clinical self-confidence may be particularly important for therapist development and self-perceived expertise. As suggested by the statistical results in this study, therapists tend to improve their clinical conceptualization ability and self-confidence as they gain experience, and the improvement of conceptualization skills and self-confidence tend to contribute to therapists' self-perceived therapy expertise.

The results in this study showed that the seven subscale variables were highly correlated with each other, meaning that therapists who scored high on one variable also tended to score high on other variables. This indicated that therapist development is a holistic process. As suggested by Skovholt and Jennings (2004), master therapists tend to be self-actualizing individuals who function well in all areas of being a human being, cognitively, emotionally, and relationally. A therapist who desires to be a better healer should approach professional development and self-development holistically.

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## Appendices

### Appendix A Original Subscale Items of the Master Psychotherapist Characteristics Inventory

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Subscale Name	Items
Self-Awareness	<ol style="list-style-type: none"><li>1. I am fully aware of my motivation to be a therapist.</li><li>2. I am clear about my theoretical orientation.</li><li>3. My theoretical orientation is congruent with my personality.</li><li>4. I know what triggers my defense mechanisms.</li><li>5. I am aware of my clinical limitations.</li><li>6. I know my clinical interests.</li><li>7. I know my competence areas.</li><li>8. I know it when I react defensively in a given situation.</li><li>9. I recognize my countertransference reactions effectively. (<i>R</i>)</li><li>10. It is hard for me to recognize my countertransference.</li><li>11. I am fully aware of my issues that originate from childhood.</li><li>12. I understand my emotions and their causes.</li><li>13. I tend to become defensive when I am challenged. (<i>R</i>)</li><li>14. I know how I feel in a given situation.</li><li>15. I am conscious of what I can and can't offer to clients.</li><li>16. I recognize when there is a need to refer clients to someone else.</li><li>17. I consciously use feedback from others to heighten my self-awareness.</li><li>18. I engage in self-reflection habitually.</li><li>19. Being a client in therapy has helped me increase self-</li></ol>

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Subscale Name	Items
Relational Acumen	awareness and self-insight.
	20. I am aware of my cultural values.
	21. I am aware of how my cultural background affects how I think and act in sessions.
	22. During cross-cultural interactions, I am conscious about cultural differences.
	23. I am aware of the stereotypes and biases I hold.
	24. I am aware of the culturally based assumptions I have about counseling.
	1. I am sensitive to other's needs.
	2. I have been sensitive to other's emotions since I was a child.
	3. I am genuinely interested in people.
	4. I know what to do when others are in emotional pain.
	5. I have had a fair amount of emotional pain myself.
	6. Expressing care feels natural to me.
	7. I can connect with clients in a short period of time.
	8. I can see things from the client's point of view.
	9. I can accurately pick up people's subtle emotions.
10. I am able to relate to people from many different backgrounds.	
11. I am a natural listener.	
12. In sessions I convey to clients that I believe in their ability to change.	
13. I am consistently warm toward clients.	
14. I am both supportive and challenging to clients.	
15. I am both empathic and firm as a therapist.	



Subscale Name	Items
	16. I find it uncomfortable to ask clients deep personal questions. ( <i>R</i> )
	17. I feel nervous when clients show intense pain. ( <i>R</i> )
	18. I create a safe environment for my clients.
	19. I am very patient with clients.
	20. I am very relaxed in sessions.
	21. I am naturally empathic.
	22. I am truly caring.
	23. I am compassionate.
	24. I am not self-centered.
	25. I convey respect to people I interact with.
	26. I don't get intimidated by the client's intense pain.
	27. I tolerate strong emotions well.
	28. I am open and sincere in front of clients.
	29. I feel honored to be a part of my client's journey.
	30. My clients would consider me to be responsible.
	31. My clients would consider me to be reliable.
	32. My clients would not feel judged by me in sessions.
	33. I create opportunities for clients to find their own answers.
	34. I am rarely judgmental.
	35. I build relationships with clients in a manner that is consistent with their cultural background.
	36. I readily notice people's behaviors that are related to their cultural backgrounds.
	37. I know how to respond to individuals' behaviors that are

Subscale Name	Items
Clinical Conceptualization	affected by their cultural backgrounds.
	38. I truly respect my clients' cultural beliefs and practice.
	39. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.
	1. I have a variety of life experiences.
	2. I have mastery over many theories/models.
	3. I have a deep understanding of the human condition.
	4. I have a great amount of knowledge of people.
	5. I have a great amount of knowledge about cultures other than my own.
	6. I have seen many types of cases.
	7. My understanding of my client's issues is comprehensive.
	8. I have a high tolerance of not having an answer right away.
	9. My understanding of my client's issues is precise.
	10. My therapeutic conceptualization helps the therapy have a lasting effect on clients.
	11. I readily use my knowledge and experience to create effective case conceptualizations.
	12. When clients present complicated issues, I am able to pinpoint the key issue.
	13. I can conceptualize what's happening with a client quickly.
14. My conceptualizations provide a guide to move therapy forward.	
15. I explain my conceptualization to clients in a clear and useful way.	
16. I am comfortable with the ambiguity in therapy.	

Subscale Name	Items
	<p>17. I embrace the complexity of therapy.</p> <p>18. I recognize when the session becomes stagnant.</p> <p>19. I seek extra information and consultation to better understand difficult cases.</p> <p>20. I continually adjust my clinical hypothesis based on what I learn about my clients.</p> <p>21. I have many experiences interacting with people from different cultures.</p> <p>22. I consider cultural differences when I make conceptualizations about clients.</p> <p>23. To better understand clients from different cultures, I work to set aside my personal values and beliefs.</p>
Learning Drive	<p>1. I have a strong need for novelty.</p> <p>2. I never stop searching for new knowledge.</p> <p>3. I have tried many theories, styles, and techniques.</p> <p>4. I broaden my approaches and experience as much as possible.</p> <p>5. I have gone to many different types of workshops.</p> <p>6. I seek consultation as needed.</p> <p>7. I continually reflect on my clinical experience.</p> <p>8. I learn from every possible opportunity.</p> <p>9. Teaching others helps me learn more.</p> <p>10. I am strongly committed to ongoing learning.</p> <p>11. I am extremely curious about the human condition.</p> <p>12. I am attracted to the adventurous nature of the therapy process.</p> <p>13. I am diligent in improving my competence as a therapist.</p>

Subscale Name	Items
Humility and Confidence	14. I try hard to get a variety of clinical experiences.
	15. I seek feedback whenever possible to improve myself.
	16. I like trying new things.
	17. I am afraid of making mistakes. ( <i>R</i> )
	18. I am satisfied with what I already know. ( <i>R</i> )
	19. I expose myself to the latest development in the field.
	20. I like learning about and interacting with people from different cultures.
	21. I like immersing myself in different cultures.
	22. I am strongly committed to becoming more culturally competent.
	1. I am confident in my ability to see clients with complicated issues.
	2. I am confident that even when the session gets unexpectedly intense, I can handle the situation well.
3. I feel confident in my ability to respond to whatever happens in sessions.	
4. I am confident that I can connect to individuals from a culture that is unfamiliar to me.	
5. I am confident in my ability to see clients from different cultures.	
6. I am a competent therapist.	
7. I am confident in sessions.	
8. I am good at psychotherapy.	
9. I desire to be acknowledged by others. ( <i>R</i> )	
10. I rarely have any desire to tell others about my achievements.	
11. I can be a better therapist than the one I am now.	

Subscale Name	Items
	<p>12. I know I am probably not the “most” important person in my client’s life.</p> <p>13. I believe clients’ progress is the result of the therapist’s work. (<i>R</i>)</p> <p>14. I believe the therapist is responsible if a client doesn’t progress. (<i>R</i>)</p> <p>15. I become anxious when clients show anxiety. (<i>R</i>)</p> <p>16. I become stressed if I make a mistake. (<i>R</i>)</p> <p>17. I am aware that my impact as a therapist is limited.</p> <p>18. I have much respect for the complexity of the human condition.</p> <p>19. I have a good balance between feeling confident and feeling modest.</p>
Emotional Health	<p>1. Who I am inside and outside of my therapy practice is congruent.</p> <p>2. I truly enjoy my work.</p> <p>3. Being a therapist is my calling.</p> <p>4. I consider my work meaningful.</p> <p>5. I am doing a useful job.</p> <p>6. Maintaining my emotional health is critical for me.</p> <p>7. I consciously take steps to maintain my emotional health.</p> <p>8. I consciously build solid personal relationships in life.</p> <p>9. I have worked through most of my own emotional issues.</p> <p>10. I practice self-care as I encourage my clients to.</p> <p>11. I would go to therapy if my emotions interfered with my work.</p> <p>12. I deal with my emotional issues proactively.</p>

Subscale Name	Items
Flexible Intervention	13. I am emotionally grounded.
	14. My self-esteem drops when I don't see positive changes in my clients. ( <i>R</i> )
	15. My emotions are strongly attached to the results of my clients. ( <i>R</i> )
	16. I take measures to prevent myself from burning out.
	17. I often feel the pressure to be helpful to clients. ( <i>R</i> )
	18. I take breaks from work regularly.
	19. I am often tired at work. ( <i>R</i> )
	20. I have a good balance between work and other parts of my life.
	21. I have a healthy life style.
	22. I have a nurturing life outside of my work.
	1. I adjust interventions based on the client's reactions.
	2. I adjust interventions based on the working alliance.
	3. My response to clients is often exactly what they need at the moment.
	4. I often over-respond or under-respond to clients. ( <i>R</i> )
	5. I let things be rather than fitting people into molds.
	6. I adjust my style based on each client's preferences.
	7. I know a wide range of approaches.
	8. I adjust my framework for the well-being of my client.
	9. I honor the individuality of each client by using approaches that fit the client.
	10. I can easily mirror a client's pace in sessions.
	11. I have mastered a fair amount of techniques that help clients have quick symptom relief.

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Subscale Name	Items
	12. My responses to clients help them discover things about themselves.
	13. If necessary, I make extra effort for some clients (e.g., making phone calls with clients, advocating for clients).
	14. I adjust my interventions based on my client's culture background.
	15. I check the accuracy of my cultural knowledge when I interact with people from different cultures.
	16. I provide appropriate therapy services to culturally different clients.

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## Appendix B The Master Psychotherapist Characteristics Inventory

### Section 1

Please read the items carefully and decide how well the statements describe you. The statements are about your beliefs, attitudes, and behaviors as a therapist. There is no right or wrong answer, so please try your best to evaluate the items honestly.

*Note: The terms “therapist” and “counselor” are often used interchangeably. For the sake of simplicity, in this inventory the term “therapist” is used in a general sense and refers to a professional who delivers psychotherapy or counseling. Similarly, “therapy” refers to psychotherapy or counseling.*

<b>As a Therapist:</b>	Not True	Slightly True	Moderately True	Mostly True	Fully True
1. I expose myself to the latest developments in the field.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I become anxious when clients show anxiety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I continually adjust my clinical hypothesis based on what I learn about my clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am good at psychotherapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I create a safe environment for my clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I have mastered a wide range of approaches.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I learn from every possible opportunity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I engage in self-reflection habitually.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I know what to do when others are in emotional pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I continually reflect on my clinical experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



<b>As a Therapist:</b>	Not True	Slightly True	Moderately True	Mostly True	Fully True
11. I take measures to prevent myself from burning out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have tried many theories, styles, and techniques.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am aware of how my cultural background affects how I think and act in sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I am strongly committed to becoming more culturally competent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I adjust my interventions based on my client's cultural background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I can see things from the client's point of view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I adjust interventions based on my working alliance with my client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I take breaks from work regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I consciously use feedback from others to heighten my self-awareness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I broaden my approaches and experiences as much as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I believe a client's progress is the result of the therapist's work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I seek consultation as needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am satisfied with what I already know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I seek feedback whenever possible to improve myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>As a Therapist:</b>	Not True	Slightly True	Moderately True	Mostly True	Fully True
25. I can conceptualize what's happening with a client quickly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. When clients present complicated issues, I am able to pinpoint the key issue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My therapeutic conceptualization helps the therapy have a lasting effect on clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My understanding of my client's issues is precise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I recognize when the session becomes stagnant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I truly enjoy my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I have a great amount of knowledge about people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. My clients do not feel judged by me in sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I am conscious of what I can and can't offer to clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I have a great deal of respect for the complexity of the human condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I consider cultural differences when I conceptualize about clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Sometimes I am intimidated by the client's intense pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I am attracted to the adventurous nature of the therapy process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. My understanding of my client's issues is comprehensive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>As a Therapist:</b>	Not True	Slightly True	Moderately True	Mostly True	Fully True
39. I am both empathic and firm as a therapist.	o	o	o	o	o
40. I am aware of my clinical limitations.	o	o	o	o	o
41. I am confident in my ability to see clients from different cultures.	o	o	o	o	o
42. I am a competent therapist.	o	o	o	o	o
43. I believe the therapist is responsible if a client doesn't progress.	o	o	o	o	o
44. I often feel the pressure to be helpful to clients.	o	o	o	o	o
45. I feel confident in my ability to respond to whatever happens in sessions.	o	o	o	o	o
46. I build relationships with clients in a manner that is consistent with their cultural background.	o	o	o	o	o
47. I am often tired at work.	o	o	o	o	o
48. I am confident that even when the session becomes unexpectedly intense, I can handle the situation well.	o	o	o	o	o
49. I have mastered a fair number of techniques that help clients have quick symptom relief.	o	o	o	o	o
50. My clients would consider me to be reliable.	o	o	o	o	o
51. I can easily mirror a client's pace in sessions.	o	o	o	o	o

<b>As a Therapist:</b>	Not True	Slightly True	Moderately True	Mostly True	Fully True
52. I often over-respond or under-respond to clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. I am clear about my theoretical orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. I let things be rather than fitting people into molds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. I am strongly committed to ongoing learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. I provide appropriate therapy services to culturally different clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. My theoretical orientation is congruent with my personality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Teaching others helps me learn more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. I have seen many types of cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. I am confident in sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. I am afraid of making mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. My self-esteem drops when I don't see positive changes in my clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. I am open and sincere in front of clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. I have a high tolerance for not having an answer right away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. I adjust interventions based on the client's reactions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>As a Therapist:</b>	Not True	Slightly True	Moderately True	Mostly True	Fully True
66. I become stressed if I make a mistake.	o	o	o	o	o
67. I try hard to acquire a variety of clinical experiences.	o	o	o	o	o
68. My emotions are strongly attached to the results of my clients.	o	o	o	o	o
69. I am aware of the culturally based assumptions I have about counseling.	o	o	o	o	o
70. I create opportunities for clients to find their own answers.	o	o	o	o	o
71. I am fully aware of my motivation to be a therapist.	o	o	o	o	o
72. I consider my work meaningful.	o	o	o	o	o
73. I am doing a useful job.	o	o	o	o	o
74. I have a good balance between feeling confident and feeling modest.	o	o	o	o	o
75. I have a deep understanding of the human condition.	o	o	o	o	o
76. I am both supportive of and challenging to clients.	o	o	o	o	o
77. I am confident in my ability to see clients with complicated issues.	o	o	o	o	o
78. I can be a better therapist than the one I am now.	o	o	o	o	o
79. I am very relaxed in sessions.	o	o	o	o	o

<b>As a Therapist:</b>	Not True	Slightly True	Moderately True	Mostly True	Fully True
	o	o	o	o	o
80. I find it uncomfortable to ask clients deeply personal questions.	o	o	o	o	o
81. I truly respect my clients' cultural beliefs and practices.	o	o	o	o	o
82. Being a therapist is my calling.	o	o	o	o	o
83. I would go to therapy if my emotions interfered with my work.	o	o	o	o	o
84. I recognize my countertransference reactions effectively.	o	o	o	o	o
85. I am diligent in improving my competence as a therapist.	o	o	o	o	o
86. I adjust my style based on each client's preferences.	o	o	o	o	o
87. My response to clients is often exactly what they need at the moment.	o	o	o	o	o
88. I am comfortable with the ambiguity in therapy.	o	o	o	o	o
89. I never stop searching for new knowledge.	o	o	o	o	o
90. I have gone to many different types of workshops.	o	o	o	o	o
91. I am aware that my impact as a therapist is limited.	o	o	o	o	o
92. I recognize when there is a need to refer clients to someone else.	o	o	o	o	o

<b>As a Therapist:</b>	Not True	Slightly True	Moderately True	Mostly True	Fully True
93. I embrace the complexity of therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. I am clear about my clinical interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. I can connect with clients in a short period of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. I am clear about my competency areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. I am very patient with clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. I feel honored to be a part of my client's journey.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. I explain my conceptualization to clients in a clear and useful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. Who I am inside and outside of my therapy practice is congruent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. It is hard for me to recognize my countertransference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. In sessions I convey to clients that I believe in their ability to change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. I know I am probably not the "most" important person in my client's life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. I readily use my knowledge and experience to create effective case conceptualizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. I am able to relate to people from many different backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. My conceptualizations provide a guide to move therapy forward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>As a Therapist:</b>	Not True	Slightly True	Moderately True	Mostly True	Fully True
107. My responses to clients help them discover things about themselves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. I honor the individuality of each client by using approaches that fit the client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. I am consistently warm toward clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. I have a good balance between work and other parts of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. If necessary, I make extra efforts for some clients (e.g., making phone calls with clients, advocating for clients).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. My clients would consider me to be responsible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. I have mastery over many theories/models.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. I adjust my framework for the well-being of my client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. I seek extra information and consultation to better understand difficult cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. I feel nervous when clients show intense pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. To better understand clients from different cultures, I work to set aside my personal values and beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 2

Please read the items carefully and decide how well the statements describe you. The statements are about your beliefs, attitudes, and behaviors as a person. There is no right or wrong answer, so please try your best to evaluate the items honestly.



<b>As a person:</b>	Not True	Slightly True	Moderately True	Mostly True	Fully True
1. I am a natural listener.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can accurately pick up people's subtle emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have many experiences interacting with people from different cultures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I check the accuracy of my cultural knowledge when I interact with people from different cultures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I like immersing myself in different cultures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I deal with my emotional issues proactively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am compassionate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I know how to respond to individuals' behaviors that are affected by their cultural backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have a variety of life experiences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I am not self-centered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I rarely have any desire to tell others about my achievements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I tolerate strong emotions well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Being a client in therapy has helped increase my self-awareness and self-insight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>As a person:</b>	Not True	Slightly True	Moderately True	Mostly True	Fully True
14. I readily notice people's behaviors that are related to their cultural backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I am confident that I can connect to individuals from a culture that is unfamiliar to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I am genuinely interested in people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. During cross-cultural interactions, I am conscious of cultural differences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I am rarely judgmental.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I practice self-care as I encourage my clients to do self-care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I am sensitive to others' needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am aware of the stereotypes and biases I hold.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Maintaining my emotional health is critical for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I have worked through most of my own emotional issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I have a great amount of knowledge about cultures other than my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I like trying new things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I have been sensitive to others' emotions since I was a child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I convey respect to people with whom I interact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>As a person:</b>	Not True	Slightly True	Moderately True	Mostly True	Fully True
28. I have had a fair amount of emotional pain myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I am truly caring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I have a strong need for novelty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I desire to be acknowledged by others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I know it when I react defensively in a given situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I am emotionally grounded.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I am aware of my cultural values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I consciously build solid personal relationships in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I like learning about and interacting with people from different cultures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I consciously take steps to maintain my emotional health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I understand my emotions and their causes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I am fully aware of my issues that originate from childhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I am extremely curious about the human condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Expressing care feels natural to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

As a person:	Not True	Slightly True	Moderately True	Mostly True	Fully True
42. I have a healthy lifestyle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. I know how I feel in a given situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. I tend to become defensive when I am challenged.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. I am naturally empathic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. I know what triggers my defense mechanisms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. I have a nurturing life outside of my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Section 3

#### Demographic Information

1. What is your current age? \_\_\_\_\_ years
2. What is your ethnicity?
  - \_\_\_ African-American/Black/African Origin
  - \_\_\_ Asian-American/Asian Origin/Pacific Islander
  - \_\_\_ American Indian/Alaska Native/Aboriginal Canadian
  - \_\_\_ Latino-a/Hispanic
  - \_\_\_ European Origin/White
  - \_\_\_ Bi-racial/Multi-racial
  - \_\_\_ Other (Specify: \_\_\_\_\_)
  - \_\_\_ Prefer not to answer
3. What is your gender? \_\_\_ Male                      \_\_\_ Female    \_\_\_ Transgender  
                                  \_\_\_ Prefer not to answer
4. What is your highest education level?
  - \_\_\_ Doctoral Degree    \_\_\_ Some doctoral education    \_\_\_ Master's degree
  - \_\_\_ Some Master's education                      \_\_\_ Bachelor's degree
  - \_\_\_ Other                      \_\_\_ Prefer not to answer

5. What is your primary theoretical orientation? (Please check the ONE that fits you most.)
- Integrative       Eclectic       Behavioral       Biological  
 Cognitive Behavioral       Interpersonal  
 Humanistic/Existential       Systems  
 Psychodynamic/Psychoanalytic       Other
6. What is the type of your main practice?
- Private practice       Hospitals       Veterans Affairs  
 Residential Treatment Center       Community Mental Health Center  
 College Counseling Center       Other
7. What is your main client population?
- Children and Adolescents       Adults       Couples and Families
8. What are the top three presenting issues of your clients? (e.g., depression, chemical dependency, relationship problems, etc.)
- 
9. If therapy expertise can be rated on a scale of 0-100, 0 meaning no expertise at all, 100 means the expertise that a “master therapist” must have, where are you now? \_\_\_\_\_
10. In your best estimation, how long have you practiced? \_\_\_\_\_ years  
 (\_\_\_\_\_ hours/week). How many direct client contact hours have you had?  
 \_\_\_\_\_ Hours
11. What is the distribution your clients’ identified ethnic background?
- % of African-American/Black/African Origin  
 % Asian-American/Asian Origin/Pacific Islander  
 % American Indian/Alaska Native/Aboriginal Canadian  
 % Latino-a/Hispanic  
 % European Origin/White  
 % Bi-racial/Multi-racial  
 % Other (Specify: \_\_\_\_\_)
12. What is the distribution of your clients’ social economic status?
- % of clients who use/need public assistance (e.g., Social Security, Medica, etc.)  
 % of other clients
13. What is the distribution of your clients’ sexual identity?
- % Heterosexual clients       % LGBTQ clients
14. What is the distribution of your clients’ age?
- % Older Adults (65+)       % Adults (18-65)  
 % Adolescents (13-17)       % Children (12 and under)

#### Section 4 (Optional)

Thank you for completing the preceding sections. We sincerely appreciate your participation. For research purpose, we invite you to complete this last section. If you would rather not complete this section, please click “next” and you will exit the survey.

List below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally. It’s best to go with your first judgment and not spend too long mulling over any one question.

---

	True	False
1. I sometimes feel resentful when I don’t get my way.		
2. On a few occasions, I have given up doing something because I thought too little of my ability.		
3. There have been times when I felt like rebelling against people in authority even though I knew they were right.		
4. No matter who I’m talking to, I’m always a good listener.		
5. I can remember “playing sick” to get out of something.		
6. There have been occasions when I took advantage of someone.		
7. I’m always willing to admit it when I make a mistake.		
8. I sometimes try to get even rather than forgive and forget.		
9. I am always courteous, even to people who are disagreeable.		
10. I have never been irked when people expressed ideas very different from my own.		
11. There have been times when I was quite jealous of the good fortune of others.		
12. I am sometimes irritated by people who ask favors of me.		
13. I have never deliberately said something that hurt someone’s feelings.		

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## Appendix C Demographic Variables

Table C1 Demographic Information of the Field Test Sample (Total n =323)

Variable	n	%	Valid%
<b>Gender</b>			
Male	95	29.41	29.60
Female	224	69.35	69.78
Transgender	1	.31	.31
Prefer not to answer	1	.31	.31
Total valid	321	99.38	10.00
Missing	2	.62	
<b>Race</b>			
African-American/Black/African Origin	11	3.41	3.44
Asian-American/Asian Origin/Pacific Islander	16	4.95	5.00
Latino-a/Hispanic	9	2.79	2.81
European Origin/White	260	8.50	81.25
Bi-racial/Multi-racial	12	3.72	3.75
Other	8	2.48	2.50
Prefer not to answer	4	1.24	1.25
Total valid	320	99.07	10.00
Missing	3	.93	
<b>Age</b>			
20-25	23	7.12	7.19
26-30	59	18.27	18.44
31-35	49	15.17	15.31
36-40	21	6.50	6.56

Variable	n	%	Valid%
41-45	24	7.43	7.50
46-50	21	6.50	6.56
51-55	26	8.05	8.13
56-60	38	11.76	11.88
61-65	31	9.60	9.69
66-70	19	5.88	5.94
71-75	8	2.48	2.50
76-80	1	.31	.31
Total valid	320	99.07	10.00
Missing	3	.93	
<b>Highest Education Level</b>			
Doctoral degree	189	58.51	59.06
Some doctoral education	57	17.65	17.81
Master's degree	52	16.10	16.25
Some master's education	14	4.33	4.38
Bachelor's degree	2	.62	.63
Other	6	1.86	1.88
Total valid	320	99.07	10.00
Missing	3	.93	
<b>Professional Identity</b>			
Clinical Psychologist	145	44.89	45.03
Counseling Psychologist	62	19.20	19.25
Counselor	23	7.12	7.14
Counselor trainee	27	8.36	8.39



Variable	n	%	Valid%
Psychotherapist	10	3.10	3.11
Psychotherapist trainee	30	9.29	9.32
Social worker	7	2.17	2.17
Social worker trainee	1	.31	.31
Other	17	5.26	5.28
Total valid	322	99.69	10.00
Missing	1	.31	
<b>Primary Theoretical Orientation</b>			
Integrative	86	26.63	26.79
Eclectic	47	14.55	14.64
Behavioral	3	.93	.93
Cognitive Behavioral	73	22.60	22.74
Interpersonal	25	7.74	7.79
Humanistic/Existential	24	7.43	7.48
Systems	12	3.72	3.74
Psychodynamic/Psychoanalytic	29	8.98	9.03
Other	22	6.81	6.85
Total valid	321	99.38	10.00
Missing	2	.62	
<b>Types of Practice</b>			
College Counseling Center	112	34.67	35.00
Community Mental Health Center/Clinic	57	17.65	17.81
Hospital	21	6.50	6.56
Private practice	84	26.01	26.25

Variable	n	%	Valid%
Residential Treatment Center	4	1.24	1.25
Veterans Affairs	7	2.17	2.19
Other	35	1.84	1.94
Total valid	320	99.07	10.00
Missing	3	.93	
<b>ABPP Membership</b>			
Yes	18	5.57	5.63
No	302	93.50	94.38
Total valid	320	99.07	10.00
Missing	3	.93	
<b>Main Type of Client Population</b>			
Children and Adolescents	49	15.17	15.36
Adults	262	81.11	82.13
Couples and Families	8	2.48	2.51
Total valid	319	98.76	10.00
Missing	4	1.24	

Table C2 Lengths of Practice

Unit	N	Min	Max	M	SD	Variance
Years	320	.00	45.00	15.50	13.06	17.48
Hours/Week	271	1.00	6.00	25.02	12.31	151.43

Table C3 Direct Client Contact Hours

Direct Client Contact Hours	n	%	Valid%
0-100	21	6.50	6.80
101-500	25	7.74	8.09
501-1000	22	6.81	7.12
1001-2000	24	7.43	7.77
2001-3000	25	7.74	8.09
3001-4000	15	4.64	4.85
4001-5000	20	6.19	6.47
5001-6000	23	7.12	7.44
6001-7000	8	2.48	2.59
7001-8000	14	4.33	4.53
8001-9000	8	2.48	2.59
9001-10,000	10	3.10	3.24
10,001+	94	29.10	3.42
Total valid	309	95.67	10.00
Missing	14	4.33	

Table C4 Composition of Clientele

Variable	Sample Mean (SD) in %	The 2010 U.S. Census in %
Ethnic Background of Clients		
African-American/Black/African Origin	12.35 (14.86)	12.2
Asian-American/Asian Origin/Pacific Islander	7.50 (8.61)	4.9
American Indian/Alaska Native/Aboriginal Canadian	1.93 (3.89)	.7

Variable	Sample Mean (SD) in %	The 2010 U.S. Census in %
Latino-a/Hispanic	1.90 (13.01)	16.3
European Origin/White	64.67 (23.86)	63.7
Bi-racial/Multi-racial	1.28 (14.53)	1.9
Other	4.76 (12.57)	.2
Sexual Identity of Clients		
Heterosexual	85.42 (14.04)	95.9
LGBTQ	14.55 (13.08)	4.1
SES of Clients		
Clients who use/need public assistance	33.74 (29.14)	
Other	68.63 (27.78)	
Age Group of Clients		
Children(0-12)	11.70 (22.03)	14.6 (age 0-9)
Adolescents (13-17)	13.95 (19.55)	14.7 (age 10-19)
Adults (18-65)	76.80 (28.37)	58.7 (age 20-64)
Older Adults (65+)	9.5 (15.57)	11.9 (age 65 and older)

Table C4 Top Three Presenting Issues for Participants' Clients (N=323)

Top 1	n	Top 2	n	Top 3	n
Depression/mood disorder	10 1	Depression	9 6	Family/relationship problems	8 4
Anxiety/stress	75	Anxiety/stress	9 1	Anxiety/stress	5 3
Couples conflict/Relationship	33	Relationship issues	3 2	Depression	4 4
ED	18	Trauma	1	Adjustment/life	1

Top 1	n	Top 2	n	Top 3	n
			1	transitions	3
Trauma	13	PTSD	8	Addiction/CD	1 3
ADHD/ODD	8	ADHD/ADD/Asperger's/ODD	8	Identity development/self-esteem	1 2
Anxiety and Depression	7	Anxiety and Depression	7	ADHD/ADD/ODD	1 0
Behavioral problems/school issues	7	Family problems	6	Mood disorders/Bipolar	9
CD	6	Health/medical issues	6	Health/medical issues	8
Anger management	5	Behavioral problems	5	Trauma	8
Academic and career concerns	4	CD	5	Academic/career concerns	7
PTSD	4	Mood disorder/bipolar	5	Personality disorders	7
Adjustment	3	Adjustment	4	Behavioral problems	6
Chronic illness/pain management	3	Grief/loss	3	Interpersonal issues	5
Family relationship problems	3	Academic/Career concerns	2	Crisis/psychosis	4
Identity Development	3	Attachment issues	2	Learning problems	4
Personality disorder	3	Personality disorder	2	PTSD	4
SPMI	2	ED	2	PSMI	4
Grief and loss	2	Identity issues	2	Depression and anxiety	3
Interpersonal	2	Interpersonal problems	2	Gender identity	2
Parenting	2	Anger control	1	Cross-cultural issues	2
Sexual problems	2	Child abuse and	1	ED	2

Top 1	n	Top 2	n	Top 3	n
		neglect			
Cognitive problems/Brain Injury	1	Cognitive impairment	1	Grief/loss	2
CPS Involvement	1	Disability	1	CoFIng skills	2
Diagnostic question	1	Emotional distress	1	Disabilities	1
Violence	1	Parenting	1	Emotional regulation	1
Medical/genetic issues	1	Peer relations	1	Mental Health	1
Noncompliance	1	SPMI	1	Parenting	1
Palliative care	1	(mising)	8	Brain Injury	1
Peer relationship	1	(n/a)	1	(missing)	8
Secondary trauma	1			(n/a)	1
Sexual offense	1				
(missing)	5				
(n/a)	1				

## Appendix D MPCCI Item Frequencies

Items	Not true		Slightly true		Moderately true		Mostly true		Fully true	
	N	Row	N	Row	N	Row	N	Row	N	Row
		N %		N %		N %		N %		N %
<b>As a therapist:</b>										
1. I expose myself to the latest developments in the field.	3	.9%	17	5.3%	91	28.2%	155	48.0%	57	17.6%
2. I become anxious when clients show anxiety.	2	.6%	9	2.8%	37	11.5%	161	49.8%	114	35.3%
3. I continually adjust my clinical hypothesis based on what I learn about my clients.	1	.3%	3	.9%	38	11.8%	147	45.5%	134	41.5%
4. I am good at psychotherapy.	2	.6%	16	5.0%	53	16.4%	181	56.0%	71	22.0%
5. I create a safe environment for my clients.	0	.0%	4	1.2%	16	5.0%	111	34.4%	192	59.4%
6. I have mastered a wide range of approaches.	28	8.7%	48	14.9%	110	34.1%	103	31.9%	34	1.5%
7. I learn from every possible opportunity.	2	.6%	11	3.4%	76	23.5%	144	44.6%	90	27.9%
8. I engage in self-reflection habitually.	1	.3%	6	1.9%	35	1.8%	121	37.5%	160	49.5%
9. I know what to do when others are in emotional pain.	0	.0%	11	3.4%	61	18.9%	189	58.5%	62	19.2%
10. I continually reflect on my clinical experience.	2	.6%	7	2.2%	35	1.8%	136	42.1%	143	44.3%
11. I take measures to prevent myself from burning out.	2	.6%	23	7.1%	76	23.5%	131	4.6%	91	28.2%
12. I have tried many theories, styles, and techniques.	13	4.0%	48	14.9%	122	37.8%	91	28.2%	49	15.2%
13. I am aware of how my cultural background affects how I think and act in sessions.	0	.0%	8	2.5%	73	22.6%	176	54.5%	66	2.4%
14. I am strongly committed to becoming more culturally competent.	0	.0%	8	2.5%	42	13.0%	121	37.5%	152	47.1%

Items	Not true		Slightly true		Moderately true		Mostly true		Fully true	
	N	Row	N	Row	N	Row	N	Row	N	Row
		N %		N %		N %		N %		N %
15. I adjust my interventions based on my client's cultural background.	0	.0%	11	3.4%	72	22.3%	164	5.8%	76	23.5%
16. I can see things from the client's point of view.	0	.0%	2	.6%	44	13.6%	230	71.2%	47	14.6%
17. I adjust interventions based on my working alliance with my client.	0	.0%	1	.3%	32	9.9%	165	51.1%	125	38.7%
18. I take breaks from work regularly.	13	4.0%	65	2.1%	100	31.0%	80	24.8%	65	2.1%
19. I consciously use feedback from others to heighten my self-awareness.	0	.0%	12	3.7%	59	18.3%	146	45.2%	106	32.8%
20. I broaden my approaches and experiences as much as possible.	0	.0%	20	6.2%	86	26.6%	152	47.1%	65	2.1%
21. I believe a client's progress is the result of the therapist's work.	6	1.9%	18	5.6%	154	47.7%	127	39.3%	18	5.6%
22. I seek consultation as needed.	1	.3%	12	3.7%	31	9.6%	111	34.4%	168	52.0%
23. I am satisfied with what I already know.	4	1.2%	35	1.8%	102	31.6%	93	28.8%	89	27.6%
24. I seek feedback whenever possible to improve myself.	0	.0%	27	8.4%	78	24.1%	131	4.6%	87	26.9%
25. I can conceptualize what's happening with a client quickly.	1	.3%	29	9.0%	125	38.8%	137	42.5%	30	9.3%
26. When clients present complicated issues, I am able to pinpoint the key issue.	1	.3%	24	7.4%	135	41.8%	143	44.3%	20	6.2%
27. My therapeutic conceptualization helps the therapy have a lasting effect on clients.	8	2.5%	48	14.9%	120	37.3%	126	39.1%	20	6.2%
28. My understanding of my client's issues is precise.	19	5.9%	68	21.2%	134	41.7%	95	29.6%	5	1.6%



Items	Not true		Slightly true		Moderately true		Mostly true		Fully true	
	N	Row	N	Row	N	Row	N	Row	N	Row
		N %		N %		N %		N %		N %
29. I recognize when the session becomes stagnant.	0	.0%	11	3.4%	73	22.6%	170	52.6%	69	21.4%
30. I truly enjoy my work.	1	.3%	3	.9%	28	8.7%	133	41.2%	158	48.9%
31. I have a great amount of knowledge about people.	5	1.6%	20	6.2%	114	35.4%	146	45.3%	37	11.5%
32. My clients do not feel judged by me in sessions.	0	.0%	4	1.2%	39	12.1%	207	64.3%	72	22.4%
33. I am conscious of what I can and can't offer to clients.	1	.3%	3	.9%	56	17.3%	166	51.4%	97	3.0%
34. I have a great deal of respect for the complexity of the human condition.	0	.0%	0	.0%	7	2.2%	60	18.6%	256	79.3%
35. I consider cultural differences when I conceptualize about clients.	0	.0%	4	1.2%	39	12.1%	158	48.9%	122	37.8%
36. Sometimes I am intimidated by the client's intense pain.	7	2.2%	32	9.9%	84	26.0%	139	43.0%	61	18.9%
37. I am attracted to the adventurous nature of the therapy process.	16	5.0%	40	12.4%	86	26.6%	98	3.3%	83	25.7%
38. My understanding of my client's issues is comprehensive.	10	3.1%	22	6.8%	119	36.8%	150	46.4%	22	6.8%
39. I am both empathic and firm as a therapist.	1	.3%	20	6.2%	81	25.1%	158	48.9%	63	19.5%
40. I am aware of my clinical limitations.	0	.0%	4	1.2%	46	14.2%	181	56.0%	92	28.5%
41. I am confident in my ability to see clients from different cultures.	3	.9%	26	8.0%	90	27.9%	164	5.8%	40	12.4%
42. I am a competent therapist.	2	.6%	12	3.7%	55	17.0%	143	44.3%	111	34.4%
43. I believe the therapist is responsible if a client doesn't progress.	3	.9%	25	7.7%	140	43.3%	120	37.2%	35	1.8%
44. I often feel the pressure to be helpful to clients.	34	1.5%	106	32.8%	113	35.0%	57	17.6%	13	4.0%

Items	Not true		Slightly true		Moderately true		Mostly true		Fully true	
	N	Row	N	Row	N	Row	N	Row	N	Row
		N %		N %		N %		N %		N %
45. I feel confident in my ability to respond to whatever happens in sessions.	3	.9%	17	5.3%	81	25.1%	171	52.9%	51	15.8%
46. I build relationships with clients in a manner that is consistent with their cultural background.	1	.3%	13	4.0%	88	27.3%	199	61.8%	21	6.5%
47. I am often tired at work.	7	2.2%	23	7.1%	82	25.4%	129	39.9%	82	25.4%
48. I am confident that even when the session becomes unexpectedly intense, I can handle the situation well.	2	.6%	12	3.7%	64	19.8%	179	55.4%	66	2.4%
49. I have mastered a fair number of techniques that help clients have quick symptom relief.	14	4.3%	57	17.6%	121	37.5%	103	31.9%	28	8.7%
50. My clients would consider me to be reliable.	0	.0%	1	.3%	16	5.0%	142	44.0%	164	5.8%
51. I can easily mirror a client's pace in sessions.	2	.6%	9	2.8%	63	19.6%	175	54.3%	73	22.7%
52. I often over-respond or under-respond to clients.	2	.6%	7	2.2%	23	7.1%	164	5.9%	126	39.1%
53. I am clear about my theoretical orientation.	12	3.7%	30	9.3%	81	25.2%	124	38.5%	75	23.3%
54. I let things be rather than fitting people into molds.	2	.6%	23	7.2%	88	27.5%	149	46.6%	58	18.1%
55. I am strongly committed to ongoing learning.	0	.0%	2	.6%	20	6.2%	79	24.5%	222	68.7%
56. I provide appropriate therapy services to culturally different clients.	0	.0%	12	3.7%	88	27.2%	166	51.4%	57	17.6%
57. My theoretical orientation is congruent with my personality.	0	.0%	2	.6%	35	1.9%	121	37.7%	163	5.8%
58. Teaching others helps me learn more.	3	.9%	6	1.9%	27	8.4%	90	27.9%	197	61.0%

Items	Not true		Slightly true		Moderately true		Mostly true		Fully true	
	N	Row	N	Row	N	Row	N	Row	N	Row
		N %		N %		N %		N %		N %
59. I have seen many types of cases.	10	3.1%	17	5.3%	49	15.2%	76	23.5%	171	52.9%
60. I am confident in sessions.	1	.3%	10	3.1%	48	14.9%	158	49.1%	105	32.6%
61. I am afraid of making mistakes.	15	4.6%	21	6.5%	76	23.5%	150	46.4%	61	18.9%
62. My self-esteem drops when I don't see positive changes in my clients.	5	1.5%	7	2.2%	35	1.8%	150	46.4%	126	39.0%
63. I am open and sincere in front of clients.	0	.0%	2	.6%	35	1.8%	173	53.6%	113	35.0%
64. I have a high tolerance for not having an answer right away.	1	.3%	25	7.8%	66	2.5%	134	41.6%	96	29.8%
65. I adjust interventions based on the client's reactions.	0	.0%	10	3.1%	65	2.1%	156	48.3%	92	28.5%
66. I become stressed if I make a mistake.	4	1.2%	32	9.9%	86	26.6%	167	51.7%	34	1.5%
67. I try hard to acquire a variety of clinical experiences.	4	1.2%	17	5.3%	57	17.6%	146	45.2%	99	3.7%
68. My emotions are strongly attached to the results of my clients.	1	.3%	10	3.1%	54	16.7%	149	46.1%	109	33.7%
69. I am aware of the culturally based assumptions I have about counseling.	1	.3%	15	4.6%	87	26.9%	168	52.0%	52	16.1%
70. I create opportunities for clients to find their own answers.	0	.0%	4	1.2%	57	17.6%	165	51.1%	97	3.0%
71. I am fully aware of my motivation to be a therapist.	1	.3%	5	1.5%	45	13.9%	154	47.7%	118	36.5%
72. I consider my work meaningful.	1	.3%	0	.0%	3	.9%	66	2.4%	253	78.3%
73. I am doing a useful job.	0	.0%	0	.0%	7	2.2%	97	3.0%	219	67.8%
74. I have a good balance between feeling confident and feeling modest.	2	.6%	10	3.1%	62	19.2%	165	51.1%	84	26.0%

Items	Not true		Slightly true		Moderately true		Mostly true		Fully true	
	N	Row	N	Row	N	Row	N	Row	N	Row
		N %		N %		N %		N %		N %
75. I have a deep understanding of the human condition.	3	.9%	20	6.2%	80	24.8%	153	47.4%	67	2.7%
76. I am both supportive of and challenging to clients.	1	.3%	6	1.9%	44	13.6%	179	55.4%	93	28.8%
77. I am confident in my ability to see clients with complicated issues.	1	.3%	19	5.9%	46	14.2%	174	53.9%	83	25.7%
78. I can be a better therapist than the one I am now.	1	.3%	15	4.6%	40	12.4%	59	18.3%	208	64.4%
79. I am very relaxed in sessions.	2	.6%	20	6.2%	102	31.6%	164	5.8%	35	1.8%
80. I find it uncomfortable to ask clients deeply personal questions.	4	1.2%	10	3.1%	15	4.6%	100	31.0%	194	6.1%
81. I truly respect my clients' cultural beliefs and practices.	1	.3%	4	1.2%	26	8.0%	154	47.7%	138	42.7%
82. Being a therapist is my calling.	6	1.9%	16	5.0%	70	21.7%	107	33.1%	124	38.4%
83. I would go to therapy if my emotions interfered with my work.	5	1.5%	7	2.2%	23	7.1%	75	23.2%	213	65.9%
84. I recognize my countertransference reactions effectively.	1	.3%	7	2.2%	60	18.6%	205	63.7%	49	15.2%
85. I am diligent in improving my competence as a therapist.	0	.0%	2	.6%	52	16.1%	146	45.2%	123	38.1%
86. I adjust my style based on each client's preferences.	6	1.9%	45	13.9%	121	37.5%	117	36.2%	34	1.5%
87. My response to clients is often exactly what they need at the moment.	4	1.2%	50	15.5%	155	48.0%	104	32.2%	10	3.1%
88. I am comfortable with the ambiguity in therapy.	1	.3%	19	5.9%	67	2.7%	155	48.0%	81	25.1%
89. I never stop searching for new knowledge.	1	.3%	5	1.5%	41	12.7%	135	41.8%	141	43.7%
90. I have gone to many different types of workshops.	12	3.7%	38	11.8%	59	18.3%	92	28.5%	122	37.8%

Items	Not true		Slightly true		Moderately true		Mostly true		Fully true	
	N	Row	N	Row	N	Row	N	Row	N	Row
		N %		N %		N %		N %		N %
91. I am aware that my impact as a therapist is limited.	13	4.0%	17	5.3%	92	28.6%	101	31.4%	99	3.7%
92. I recognize when there is a need to refer clients to someone else.	1	.3%	6	1.9%	47	14.6%	173	53.6%	96	29.7%
93. I embrace the complexity of therapy.	0	.0%	2	.6%	28	8.7%	152	47.1%	141	43.7%
94. I am clear about my clinical interests.	3	.9%	11	3.4%	55	17.0%	151	46.7%	103	31.9%
95. I can connect with clients in a short period of time.	1	.3%	1	.3%	29	9.0%	181	56.0%	111	34.4%
96. I am clear about my competency areas.	1	.3%	8	2.5%	52	16.1%	155	48.0%	107	33.1%
97. I am very patient with clients.	0	.0%	3	.9%	53	16.4%	175	54.2%	92	28.5%
98. I feel honored to be a part of my client's journey.	1	.3%	8	2.5%	22	6.8%	77	23.8%	215	66.6%
99. I explain my conceptualization to clients in a clear and useful way.	3	.9%	20	6.2%	82	25.4%	172	53.3%	46	14.2%
100. Who I am inside and outside of my therapy practice is congruent.	1	.3%	14	4.3%	41	12.7%	158	48.9%	109	33.7%
101. It is hard for me to recognize my countertransference.	0	.0%	7	2.2%	27	8.4%	157	48.8%	131	4.7%
102. In sessions I convey to clients that I believe in their ability to change.	1	.3%	2	.6%	23	7.1%	127	39.3%	170	52.6%
103. I know I am probably not the "most" important person in my client's life.	16	5.0%	9	2.8%	15	4.6%	62	19.2%	221	68.4%
104. I readily use my knowledge and experience to create effective case conceptualizations.	1	.3%	10	3.1%	57	17.6%	165	51.1%	90	27.9%
105. I am able to relate to people from many different	1	.3%	3	.9%	36	11.1%	178	55.1%	105	32.5%

Items	Not true		Slightly true		Moderately true		Mostly true		Fully true	
	N	Row	N	Row	N	Row	N	Row	N	Row
		N %		N %		N %		N %		N %
backgrounds.										
106. My conceptualizations provide a guide to move therapy forward.	0	.0%	12	3.7%	58	18.1%	185	57.6%	66	2.6%
107. My responses to clients help them discover things about themselves.	0	.0%	4	1.2%	59	18.3%	186	57.8%	73	22.7%
108. I honor the individuality of each client by using approaches that fit the client.	1	.3%	3	.9%	68	21.1%	171	53.1%	79	24.5%
109. I am consistently warm toward clients.	0	.0%	5	1.6%	38	11.8%	138	42.9%	141	43.8%
110. I have a good balance between work and other parts of my life.	13	4.0%	28	8.7%	91	28.3%	121	37.6%	69	21.4%
111. If necessary, I make extra efforts for some clients (e.g., making phone calls with clients, advocating for clients).	2	.6%	24	7.5%	69	21.5%	120	37.4%	106	33.0%
112. My clients would consider me to be responsible.	0	.0%	0	.0%	15	4.7%	115	35.7%	192	59.6%
113. I have mastery over many theories/models.	31	9.6%	70	21.7%	120	37.3%	75	23.3%	26	8.1%
114. I adjust my framework for the well-being of my client.	1	.3%	19	5.9%	88	27.5%	138	43.1%	74	23.1%
115. I seek extra information and consultation to better understand difficult cases.	0	.0%	1	.3%	29	9.0%	124	38.5%	168	52.2%
116. I feel nervous when clients show intense pain.	1	.3%	12	3.7%	40	12.4%	154	47.8%	115	35.7%

Items	Not true		Slightly true		Moderately true		Mostly true		Fully true	
	Row		Row		Row		Row		Row	
	N	N %	N	N %	N	N %	N	N %	N	N %
117. To better understand clients from different cultures, I work to set aside my personal values and beliefs.	19	5.9%	35	1.9%	75	23.4%	131	4.8%	61	19.0%
<b>As a person:</b>										
1. I am a natural listener.	2	.6%	4	1.2%	37	11.5%	136	42.2%	143	44.4%
2. I can accurately pick up people's subtle emotions.	3	.9%	3	.9%	36	11.2%	173	53.7%	107	33.2%
3. I have many experiences interacting with people from different cultures.	5	1.6%	29	9.0%	84	26.1%	117	36.3%	87	27.0%
4. I check the accuracy of my cultural knowledge when I interact with people from different cultures.	1	.3%	18	5.6%	78	24.2%	158	49.1%	67	2.8%
5. I like immersing myself in different cultures.	3	.9%	41	12.7%	84	26.1%	103	32.0%	91	28.3%
6. I deal with my emotional issues proactively.	2	.6%	11	3.4%	67	2.9%	154	48.0%	87	27.1%
7. I am compassionate.	0	.0%	3	.9%	15	4.7%	118	36.6%	186	57.8%
8. I know how to respond to individuals' behaviors that are affected by their cultural backgrounds.	3	.9%	23	7.2%	135	42.1%	140	43.6%	20	6.2%
9. I have a variety of life experiences.	0	.0%	8	2.5%	50	15.5%	118	36.6%	146	45.3%
10. I am not self-centered.	3	.9%	27	8.4%	97	3.1%	153	47.5%	42	13.0%
11. I rarely have any desire to tell others about my achievements.	32	9.9%	67	2.8%	104	32.3%	96	29.8%	23	7.1%
12. I tolerate strong emotions well.	4	1.2%	9	2.8%	74	23.0%	150	46.6%	85	26.4%

Items	Not true		Slightly true		Moderately true		Mostly true		Fully true	
	N	Row	N	Row	N	Row	N	Row	N	Row
		N %		N %		N %		N %		N %
13. Being a client in therapy has helped increase my self-awareness and self-insight.	31	9.7%	15	4.7%	29	9.0%	61	19.0%	185	57.6%
14. I readily notice people's behaviors that are related to their cultural backgrounds.	3	.9%	23	7.1%	123	38.2%	142	44.1%	31	9.6%
15. I am confident that I can connect to individuals from a culture that is unfamiliar to me.	2	.6%	30	9.3%	107	33.2%	131	4.7%	52	16.1%
16. I am genuinely interested in people.	0	.0%	3	.9%	10	3.1%	67	2.8%	242	75.2%
17. During cross-cultural interactions, I am conscious of cultural differences.	0	.0%	7	2.2%	70	21.7%	152	47.2%	93	28.9%
18. I am rarely judgmental.	9	2.8%	30	9.3%	106	32.9%	126	39.1%	51	15.8%
19. I practice self-care as I encourage my clients to do self-care.	6	1.9%	19	5.9%	87	27.0%	135	41.9%	75	23.3%
20. I am sensitive to others' needs.	0	.0%	2	.6%	25	7.8%	170	53.0%	124	38.6%
21. I am aware of the stereotypes and biases I hold.	0	.0%	6	1.9%	52	16.2%	212	66.0%	51	15.9%
22. Maintaining my emotional health is critical for me.	1	.3%	4	1.2%	21	6.5%	110	34.3%	185	57.6%
23. I have worked through most of my own emotional issues.	8	2.5%	16	5.0%	95	29.6%	154	48.0%	48	15.0%
24. I have a great amount of knowledge about cultures other than my own.	7	2.2%	62	19.3%	137	42.7%	87	27.1%	28	8.7%
25. I like trying new things.	4	1.2%	9	2.8%	68	21.2%	127	39.6%	113	35.2%
26. I have been sensitive to others' emotions since I was a child.	7	2.2%	11	3.4%	37	11.5%	97	3.2%	169	52.6%
27. I convey respect to people with whom I interact.	0	.0%	1	.3%	10	3.1%	129	4.2%	181	56.4%



Items	Not true		Slightly true		Moderately true		Mostly true		Fully true	
	N	Row	N	Row	N	Row	N	Row	N	Row
		N %		N %		N %		N %		N %
28. I have had a fair amount of emotional pain myself.	30	9.3%	47	14.6%	68	21.2%	77	24.0%	99	3.8%
29. I am truly caring.	0	.0%	3	.9%	22	6.9%	133	41.4%	163	5.8%
30. I have a strong need for novelty.	38	11.8%	75	23.4%	111	34.6%	69	21.5%	28	8.7%
31. I desire to be acknowledged by others.	17	5.3%	83	25.9%	149	46.4%	63	19.6%	9	2.8%
32. I know it when I react defensively in a given situation.	0	.0%	7	2.2%	61	19.0%	201	62.6%	52	16.2%
33. I am emotionally grounded.	2	.6%	6	1.9%	60	18.8%	196	61.3%	56	17.5%
34. I am aware of my cultural values.	0	.0%	3	.9%	38	11.8%	187	58.3%	93	29.0%
35. I consciously build solid personal relationships in life.	1	.3%	7	2.2%	43	13.4%	127	39.6%	143	44.5%
36. I like learning about and interacting with people from different cultures.	0	.0%	11	3.4%	56	17.4%	139	43.3%	115	35.8%
37. I consciously take steps to maintain my emotional health.	0	.0%	4	1.2%	46	14.3%	153	47.7%	118	36.8%
38. I understand my emotions and their causes.	0	.0%	5	1.6%	44	13.7%	203	63.2%	69	21.5%
39. I am fully aware of my issues that originate from childhood.	1	.3%	10	3.1%	43	13.4%	176	55.0%	90	28.1%
40. I am extremely curious about the human condition.	0	.0%	6	1.9%	24	7.5%	85	26.5%	206	64.2%
41. Expressing care feels natural to me.	4	1.2%	6	1.9%	27	8.4%	106	33.0%	178	55.5%
42. I have a healthy lifestyle.	5	1.6%	17	5.3%	60	18.7%	164	51.1%	75	23.4%
43. I know how I feel in a given situation.	0	.0%	6	1.9%	39	12.1%	193	6.1%	83	25.9%
44. I tend to become defensive when I am challenged.	3	.9%	17	5.3%	106	33.0%	171	53.3%	24	7.5%
45. I am naturally empathic.	2	.6%	3	.9%	37	11.5%	116	36.1%	163	5.8%

Items	Not true		Slightly true		Moderately true		Mostly true		Fully true	
	N	Row	N	Row	N	Row	N	Row	N	Row
		N %		N %		N %		N %		N %
46. I know what triggers my defense mechanisms.	0	.0%	4	1.2%	75	23.4%	197	61.4%	45	14.0%
47. I have a nurturing life outside of my work.	3	.9%	10	3.1%	63	19.6%	142	44.2%	103	32.1%
48. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.	6	1.9%	40	12.5%	136	42.6%	116	36.4%	21	6.6%

## Appendix E Item Means, Variances, and Item-Scale Correlations

Note: N – number of participants

M - Mean

V – Variance

SA – Self-awareness

RA – Relational Acumen

CC - Clinical Conceptualization

LD – Learning Drive

HC – Humility and Confidence

EH – Emotional Health

FI – Flexible Intervention

Table E1 Item-Scale Correlations for Self-Awareness Subscale

	N	M	V	SA	RA	CC	LD	HC	EH	FI
1. I am fully aware of my motivation to be a therapist.	323	3.19	.56	.53	.55	.43	.38	.39	.37	.39
2. I am clear about my theoretical orientation.	322	2.68	1.10	.42	.37	.49	.22	.42	.31	.39
3. My theoretical orientation is congruent with my personality.	321	3.39	.49	.49	.44	.45	.30	.43	.38	.41
4. I know what triggers my defense mechanisms.	321	2.88	.41	.55	.40	.40	.33	.34	.32	.34
5. I am aware of my clinical limitations.	323	3.12	.46	.50	.40	.39	.29	.30	.33	.38
6. I know my clinical interests.	323	3.05	.71	.54	.48	.60	.30	.51	.38	.52
7. I am clear about my competence areas.	323	3.11	.61	.61	.53	.65	.33	.57	.42	.59
8. I know it when I react defensively in a given situation.	321	2.93	.44	.53	.42	.39	.36	.38	.33	.37

	N	M	V	SA	RA	CC	LD	HC	EH	FI
9. I recognize my countertransference reactions effectively.	322	2.91	.45	.65	.53	.54	.42	.47	.45	.48
10. It is hard for me to recognize my countertransference.	322	3.28	.50	.43	.35	.36	.18	.35	.32	.31
11. I am fully aware of my issues that originate from childhood.	320	3.08	.56	.55	.46	.44	.27	.33	.37	.35
12. I understand my emotions and their causes.	321	3.05	.41	.59	.53	.47	.39	.41	.47	.40
13. I tend to become defensive when I am challenged.	321	2.61	.55	.23	.31	.27	.25	.30	.35	.27
14. I know how I feel in a given situation.	321	3.10	.45	.59	.54	.50	.37	.44	.43	.46
15. I am conscious of what I can and can't offer to clients.	323	3.10	.53	.59	.47	.52	.27	.48	.39	.48
16. I recognize when there is a need to refer clients to someone else.	323	3.11	.54	.48	.41	.46	.31	.45	.37	.48
17. I consciously use feedback from others to heighten my self-awareness.	323	3.07	.66	.37	.41	.30	.54	.27	.40	.36
18. I engage in self-reflection habitually.	323	3.34	.59	.41	.42	.37	.43	.26	.30	.33
19. Being a client in therapy has helped me increase self-awareness and self-insight.	321	3.10	1.72	.25	.29	.17	.25	.16	.20	.15
20. I am aware of my cultural values.	321	3.15	.42	.58	.50	.47	.39	.47	.43	.45
21. I am aware of how my cultural background affects how I think and act in sessions.	323	2.93	.53	.47	.42	.45	.35	.37	.27	.42
22. During cross-cultural interactions, I am conscious about cultural differences.	322	3.03	.59	.46	.42	.46	.40	.40	.35	.43
23. I am aware of the stereotypes and biases I hold.	321	2.96	.40	.51	.42	.39	.36	.33	.36	.41

	N	M	V	SA	RA	CC	LD	HC	EH	FI
24. I am aware of the culturally based assumptions I have about counseling.	323	2.79	.60	.56	.48	.50	.48	.48	.36	.55

Table E2 Item-Scale Correlations for Relational Acumen Subscale

	N	M	V	SA	RA	CC	LD	HC	EH	FI
1. I am sensitive to other's needs.	321	3.30	.40	.52	.68	.45	.43	.42	.52	.42
2. I have been sensitive to other's emotions since I was a child.	321	3.28	.90	.43	.50	.34	.32	.26	.28	.32
3. I am genuinely interested in people.	322	3.70	.33	.43	.52	.35	.46	.33	.48	.31
4. I know what to do when others are in emotional pain.	323	2.93	.51	.57	.61	.63	.38	.57	.49	.57
5. I have had a fair amount of emotional pain myself.	321	2.52	1.73	.13	.14	.12	.10	.05	-.04	.11
6. Expressing care feels natural to me.	321	3.40	.67	.41	.63	.34	.38	.33	.47	.34
7. I can connect with clients in a short period of time.	323	3.24	.42	.47	.60	.46	.32	.43	.34	.44
8. I can see things from the client's point of view.	323	3.00	.31	.36	.38	.36	.26	.28	.27	.36
9. I can accurately pick up people's subtle emotions.	322	3.17	.54	.48	.56	.47	.33	.32	.33	.37
10. I am able to relate to people from many different backgrounds.	323	3.19	.47	.58	.60	.63	.46	.56	.37	.63
11. I am a natural listener.	322	3.29	.58	.32	.51	.27	.31	.30	.34	.26
12. In sessions I convey to clients that I believe in their ability to change.	323	3.43	.46	.45	.51	.45	.39	.37	.38	.43
13. I am consistently warm toward clients.	322	3.29	.54	.39	.58	.31	.34	.30	.40	.40

	N	M	V	SA	RA	CC	LD	HC	EH	FI
14. I am both supportive and challenging to clients.	323	3.11	.52	.59	.53	.58	.40	.57	.49	.56
15. I am both empathic and firm as a therapist.	323	2.81	.69	.46	.40	.54	.30	.39	.36	.48
16. I find it uncomfortable to ask clients deep personal questions.	323	3.46	.68	.26	.22	.22	.17	.21	.20	.24
17. I feel nervous when clients show intense pain.	322	3.15	.64	.40	.45	.39	.31	.52	.40	.39
18. I create a safe environment for my clients.	323	3.52	.42	.25	.41	.27	.17	.33	.30	.30
19. I am very patient with clients.	323	3.10	.48	.45	.56	.45	.35	.43	.45	.42
20. I am very relaxed in sessions.	323	2.65	.61	.40	.51	.51	.35	.50	.46	.51
21. I am naturally empathic.	321	3.36	.59	.45	.62	.36	.36	.34	.39	.34
22. I am truly caring.	321	3.42	.44	.47	.69	.44	.44	.37	.47	.39
23. I am compassionate.	322	3.51	.40	.45	.62	.35	.38	.35	.44	.38
24. I am not self-centered.	322	2.63	.72	.33	.43	.32	.25	.39	.32	.29
25. I convey respect to people I interact with.	321	3.53	.33	.50	.65	.42	.41	.44	.54	.41
26. Sometimes I am intimidated by the client's intense pain.	323	2.67	.93	.30	.35	.33	.25	.46	.32	.31
27. I tolerate strong emotions well.	322	2.94	.72	.50	.57	.54	.46	.53	.50	.50
28. I am open and sincere in front of clients.	323	3.23	.43	.46	.52	.43	.40	.43	.39	.45
29. I feel honored to be a part of my client's journey.	323	3.54	.57	.41	.51	.32	.41	.36	.43	.39

	N	M	V	SA	RA	CC	LD	HC	EH	FI
30. My clients would consider me to be responsible.	322	3.55	.34	.49	.55	.42	.34	.49	.45	.42
31. My clients would consider me to be reliable.	323	3.45	.37	.46	.50	.42	.25	.45	.43	.38
32. My clients would not feel judged by me in sessions.	322	3.08	.39	.38	.53	.39	.23	.41	.40	.40
33. I create opportunities for clients to find their own answers.	323	3.10	.52	.50	.48	.49	.45	.55	.41	.53
34. I am rarely judgmental.	322	2.56	.92	.35	.47	.34	.38	.37	.42	.37
35. I build relationships with clients in a manner that is consistent with their cultural background.	322	2.70	.44	.49	.48	.54	.39	.50	.35	.56
36. I readily notice people's behaviors that are related to their cultural backgrounds.	322	2.54	.64	.53	.44	.57	.45	.46	.29	.55
37. I know how to respond to individuals' behaviors that are affected by their cultural backgrounds.	321	2.47	.57	.52	.52	.61	.45	.54	.34	.60
38. I truly respect my clients' cultural beliefs and practice.	323	3.31	.49	.41	.46	.31	.40	.33	.35	.38
39. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.	319	2.33	.72	.47	.48	.52	.44	.42	.35	.50

Table E3 Item-Scale Correlations for Clinical Conceptualization Subscale

	N	M	V	SA	RA	CC	LD	HC	EH	FI
1. I have a variety of life	322	3.25	.65	.43	.49	.45	.48	.43	.35	.39

	N	M	V	SA	RA	CC	LD	HC	EH	FI
experiences.										
2. I have mastery over many theories/models.	322	1.98	1.16	.47	.47	.67	.39	.49	.34	.66
3. I have a deep understanding of the human condition.	323	2.81	.75	.50	.54	.59	.41	.49	.36	.55
4. I have a great amount of knowledge of people.	322	2.59	.69	.46	.46	.61	.29	.41	.31	.49
5. I have a great amount of knowledge about cultures other than my own.	321	2.21	.86	.43	.43	.54	.47	.38	.28	.51
6. I have seen many types of cases.	323	3.18	1.14	.42	.38	.51	.30	.50	.30	.50
7. My understanding of my client's issues is comprehensive.	323	2.47	.71	.45	.41	.52	.38	.33	.30	.47
8. I have a high tolerance of not having an answer right away.	322	2.93	.84	.49	.48	.52	.37	.58	.47	.50
9. My understanding of my client's issues is precise.	321	2.00	.81	.43	.39	.55	.25	.31	.28	.49
10. My therapeutic conceptualization helps the therapy have a lasting effect on clients.	322	2.32	.79	.42	.39	.59	.33	.37	.26	.51
11. I readily use my knowledge and experience to create effective case conceptualizations.	323	3.03	.61	.63	.57	.71	.45	.56	.43	.66
12. When clients present complicated issues, I am able to pinpoint the key issue.	323	2.49	.54	.53	.49	.67	.30	.51	.40	.54
13. I can conceptualize what's happening with a client quickly.	322	2.52	.64	.41	.41	.56	.24	.38	.25	.46
14. My conceptualizations provide a guide to move therapy forward.	321	2.95	.54	.60	.51	.60	.44	.53	.39	.61
15. I explain my	323	2.74	.66	.59	.56	.63	.41	.52	.42	.57



	N	M	V	SA	RA	CC	LD	HC	EH	FI
conceptualization to clients in a clear and useful way.										
16. I am comfortable with the ambiguity in therapy.	323	2.92	.72	.50	.48	.55	.36	.58	.48	.50
17. I embrace the complexity of therapy.	323	3.34	.44	.58	.59	.57	.54	.54	.52	.56
18. I recognize when the session becomes stagnant.	323	2.92	.57	.48	.43	.49	.31	.37	.33	.46
19. I seek extra information and consultation to better understand difficult cases.	322	3.43	.44	.42	.36	.27	.53	.27	.33	.29
20. I continually adjust my clinical hypothesis based on what I learn about my clients.	323	3.27	.53	.38	.39	.38	.35	.35	.26	.45
21. I have many experiences interacting with people from different cultures.	322	2.78	.99	.32	.29	.41	.39	.31	.14	.39
22. I consider cultural differences when I make conceptualizations about clients.	323	3.23	.50	.49	.45	.48	.45	.44	.36	.52
23. To better understand clients from different cultures, I work to set aside my personal values and beliefs.	321	2.56	1.20	.30	.33	.27	.33	.23	.21	.35

Table E4 Item-Scale Correlations for Learning Drive Subscale

	N	M	V	SA	RA	CC	LD	HC	EH	FI
1. I have a strong need for novelty.	321	1.92	1.27	.11	.10	.17	.30	-.02	.10	.13
2. I never stop searching for new knowledge.	323	3.27	.58	.30	.34	.33	.60	.26	.31	.34
3. I have tried many theories, styles, and techniques.	323	2.36	1.07	.37	.36	.48	.39	.36	.35	.54
4. I broaden my approaches and experience as much as	323	2.81	.68	.42	.42	.43	.62	.31	.41	.50

	N	M	V	SA	RA	CC	LD	HC	EH	FI
possible.										
5. I have gone to many different types of workshops.	323	2.85	1.35	.35	.38	.50	.36	.41	.35	.45
6. I seek consultation as needed.	323	3.34	.68	.32	.26	.18	.35	.20	.26	.23
7. I continually reflect on my clinical experience.	323	3.27	.62	.46	.41	.36	.42	.28	.38	.34
8. I learn from every possible opportunity.	323	2.96	.71	.38	.37	.34	.50	.27	.30	.34
9. Teaching others helps me learn more.	323	3.46	.64	.38	.37	.34	.30	.27	.30	.34
10. I am strongly committed to ongoing learning.	323	3.61	.40	.38	.37	.34	.55	.27	.30	.34
11. I am extremely curious about the human condition.	321	3.53	.51	.38	.43	.33	.49	.20	.32	.32
12. I am attracted to the adventurous nature of the therapy process.	323	2.59	1.30	.26	.28	.29	.40	.21	.33	.30
13. I am diligent in improving my competence as a therapist.	323	3.21	.53	.47	.50	.43	.62	.32	.44	.45
14. I try hard to get a variety of clinical experiences.	323	2.99	.81	.31	.38	.36	.57	.29	.32	.41
15. I seek feedback whenever possible to improve myself.	323	2.86	.83	.40	.42	.30	.53	.25	.35	.33
16. I like trying new things.	321	3.05	.79	.36	.35	.35	.53	.27	.31	.33
17. I am afraid of making mistakes.	323	2.68	1.01	.33	.38	.41	.25	.54	.39	.35
18. I am satisfied with what I already know.	323	2.71	1.05	-.25	-.11	-.29	-.03	-.22	-.08	-.20
19. I expose myself to the latest development in the field.	323	2.76	.70	.32	.36	.46	.44	.32	.24	.37
20. I like learning about and interacting with people from different cultures.	321	3.12	.66	.40	.41	.42	.55	.39	.37	.44

	N	M	V	SA	RA	CC	LD	HC	EH	FI
21. I like immersing myself in different cultures.	322	2.74	1.07	.31	.29	.38	.30	.23	.23	.36
22. I am strongly committed to becoming more culturally competent.	323	3.29	.62	.33	.36	.33	.60	.30	.30	.37

Table E5 Item-Scale Correlations for Humility and Confidence Subscale

	N	M	V	SA	RA	CC	LD	HC	EH	FI
1. I am confident in my ability to see clients with complicated issues.	323	2.99	.66	.59	.54	.67	.42	.63	.46	.59
2. I am confident that even when the session gets unexpectedly intense, I can handle the situation well.	323	2.91	.60	.51	.54	.58	.32	.61	.42	.51
3. I feel confident in my ability to respond to whatever happens in sessions.	323	2.77	.65	.51	.51	.57	.31	.60	.41	.52
4. I am confident that I can connect to individuals from a culture that is unfamiliar to me.	322	2.62	.78	.43	.48	.45	.39	.32	.26	.46
5. I am confident in my ability to see clients from different cultures.	323	2.66	.69	.42	.42	.51	.34	.45	.24	.52
6. I am a competent therapist.	323	3.08	.71	.55	.51	.65	.30	.58	.44	.59
7. I am confident in sessions.	322	3.11	.62	.57	.56	.64	.35	.64	.52	.57
8. I am good at psychotherapy.	323	2.94	.64	.52	.50	.64	.31	.55	.45	.55
9. I desire to be acknowledged by others.	321	1.89	.77	.08	.15	.10	.04	.14	.11	.12
10. I rarely have any desire to tell others about my achievements.	322	2.03	1.19	.24	.28	.26	.20	.24	.16	.30
11. I can be a better therapist	323	3.42	.81	-.08	-.05	-.19	.11	-.11	-.02	-.07

	N	M	V	SA	RA	CC	LD	HC	EH	FI
than the one I am now.										
12. I know I am probably not the “most” important person in my client’s life.	323	3.43	1.10	.09	.10	.05	.04	.07	.09	.11
13. I believe clients’ progress is the result of the therapist’s work.	323	2.41	.58	-.09	-.06	-.24	-.07	-.03	-.08	-.14
14. I believe the therapist is responsible if a client doesn’t progress.	323	2.49	.68	-.06	-.01	-.18	-.05	.00	.01	-.17
15. I become anxious when clients show anxiety.	323	3.16	.61	.24	.29	.22	.19	.38	.28	.25
16. I become stressed if I make a mistake.	323	2.60	.72	.31	.31	.37	.26	.42	.39	.29
17. I have a great deal of respect for the complexity of the human condition.	323	2.99	.63	.39	.42	.31	.31	.29	.33	.30
18. I have a good balance between feeling confident and feeling modest.	322	2.80	1.13	.53	.52	.56	.35	.51	.45	.51
19. I am aware that my impact as a therapist is limited.	323	3.77	.22	.17	.19	.14	.20	.14	.20	.21

Table E6

*Item-Scale Correlations for Emotional Health Subscale*

	N	M	V	SA	RA	CC	LD	HC	EH	FI
1. Who I am inside and outside of my therapy practice is congruent.	323	3.11	.65	.43	.50	.38	.30	.38	.42	.39
2. I truly enjoy my work.	323	3.37	.50	.37	.47	.32	.37	.36	.48	.32
3. Being a therapist is my calling.	323	3.01	.97	.37	.47	.37	.41	.32	.39	.36
4. I consider my work meaningful.	323	3.76	.24	.39	.43	.36	.40	.34	.47	.32
5. I am doing a useful job.	323	3.66	.27	.39	.45	.44	.39	.39	.46	.39

	N	M	V	SA	RA	CC	LD	HC	EH	FI
6. Maintaining my emotional health is critical for me.	321	3.48	.49	.40	.43	.29	.41	.26	.47	.29
7. I consciously take steps to maintain my emotional health.	321	3.20	.52	.40	.43	.29	.41	.26	.60	.29
8. I consciously build solid personal relationships in life.	321	3.26	.63	.43	.44	.29	.43	.29	.43	.31
9. I have worked through most of my own emotional issues.	321	2.68	.77	.44	.36	.33	.25	.32	.42	.26
10. I practice self-care as I encourage my clients to do self-care.	322	2.79	.86	.31	.34	.31	.31	.30	.56	.30
11. I would go to therapy if my emotions interfered with my work.	323	3.50	.71	.32	.31	.17	.33	.20	.25	.20
12. I deal with my emotional issues proactively.	321	2.98	.67	.48	.51	.41	.48	.33	.52	.39
13. I am emotionally grounded.	320	2.93	.49	.52	.55	.44	.40	.48	.59	.37
14. My self-esteem drops when I don't see positive changes in my clients.	323	3.19	.69	.31	.30	.35	.19	.46	.38	.30
15. My emotions are strongly attached to the results of my clients.	323	3.10	.65	.23	.17	.18	.08	.34	.28	.14
16. I take measures to prevent myself from burning out.	323	2.89	.85	.28	.30	.29	.31	.28	.55	.31
17. I often feel the pressure to be helpful to clients.	323	1.72	1.01	.28	.30	.29	.31	.28	.30	.31
18. I take breaks from work regularly.	323	2.37	1.28	.30	.24	.26	.27	.26	.46	.29
19. I am often tired at work.	323	2.79	.95	.14	.21	.12	.11	.23	.37	.16
20. I have a good balance between work and other parts of my life.	322	2.64	1.08	.31	.33	.30	.30	.35	.59	.31
21. I have a healthy life style.	321	2.89	.76	.33	.36	.29	.33	.27	.42	.28

	N	M	V	SA	RA	CC	LD	HC	EH	FI
22. I have a nurturing life outside of my work.	321	3.03	.73	.31	.43	.28	.31	.30	.48	.28

Table E7 Item-Scale Correlations for Flexible Intervention Subscale

	N	M	V	SA	RA	CC	LD	HC	EH	FI
1. I adjust interventions based on the client's reactions.	323	3.02	.61	.36	.34	.40	.26	.33	.19	.49
2. I adjust interventions based on my working alliance with my client.	323	3.28	.42	.46	.46	.47	.43	.35	.34	.53
3. My response to clients is often exactly what they need at the moment.	323	2.20	.61	.42	.49	.59	.35	.44	.39	.54
4. I often over-respond or under-respond to clients.	322	3.26	.54	.27	.31	.29	.18	.38	.30	.31
5. I let things be rather than fitting people into molds.	320	2.74	.74	.37	.34	.36	.33	.39	.31	.39
6. I adjust my style based on each client's preferences.	323	2.40	.84	.37	.34	.36	.33	.39	.31	.41
7. I have mastered a wide range of approaches.	323	2.21	1.20	.41	.42	.61	.33	.45	.29	.50
8. I adjust my framework for the well-being of my client.	320	2.83	.74	.48	.55	.58	.55	.47	.39	.67
9. I honor the individuality of each client by using approaches that fit the client.	322	3.01	.52	.50	.55	.57	.49	.47	.44	.67
10. I can easily mirror a client's pace in sessions.	322	2.96	.59	.43	.52	.53	.33	.46	.36	.50
11. I have mastered a fair amount of techniques that help clients have quick symptom relief.	323	2.23	.97	.44	.42	.61	.36	.47	.32	.55
12. My responses to clients help them discover things about themselves.	322	3.02	.46	.57	.56	.62	.45	.48	.44	.61

	N	M	V	SA	RA	CC	LD	HC	EH	FI
13. If necessary, I make extra effort for some clients (e.g., making phone calls with clients, advocating for clients).	321	2.95	.90	.34	.38	.35	.33	.30	.23	.35
14. I adjust my interventions based on my client's culture background.	323	2.94	.59	.45	.42	.45	.39	.41	.29	.49
15. I check the accuracy of my cultural knowledge when I interact with people from different cultures.	322	2.84	.68	.55	.49	.52	.52	.45	.36	.49
16. I provide appropriate therapy services to culturally different clients.	323	2.83	.57	.57	.51	.58	.44	.58	.36	.53

## Appendix F Factor Analysis Results

Table F1 Eigenvalues of Sample Data and 995 Random Datasets (115 variables, 307 participants)

Factor	Eigen Values of the Sample Data	Mean of Eigenvalues from 995 Random Datasets	SD of Eigenvalues from 995 Random Datasets
1	<b>31.41</b>	2.51	.06
2	<b>5.98</b>	2.42	.04
3	<b>4.50</b>	2.35	.04
4	<b>3.55</b>	2.28	.03
5	<b>2.99</b>	2.23	.03
6	<b>2.80</b>	2.18	.03
7	<b>2.60</b>	2.13	.03
8	<b>2.17</b>	2.09	.03
9	1.91	2.05	.03
10	1.80	2.01	.02
11	1.65	1.97	.02
12	1.59	1.93	.02
13	1.48	1.90	.02
14	1.46	1.86	.02
15	1.39	1.83	.02
16	1.31	1.80	.02
17	1.28	1.76	.02
18	1.20	1.73	.02
19	1.19	1.70	.02
20	1.15	1.68	.02
21	1.12	1.65	.02



Factor	Eigen Values of the Sample Data	Mean of Eigenvalues from 995 Random Datasets	SD of Eigenvalues from 995 Random Datasets
22	1.08	1.62	.02
23	1.08	1.59	.02
24	1.03	1.57	.02
25	1.01	1.54	.02
26	.99	1.51	.02
27	.97	1.49	.02
28	.93	1.46	.02
29	.91	1.44	.02
30	.88	1.42	.02
31	.87	1.39	.01
32	.84	1.37	.01
33	.82	1.35	.01
34	.81	1.32	.01
35	.79	1.30	.01
36	.76	1.28	.01
37	.75	1.26	.01
38	.74	1.24	.01
39	.70	1.22	.01
40	.70	1.20	.01
41	.68	1.18	.01
42	.66	1.16	.01
43	.65	1.14	.01
44	.64	1.12	.01

Factor	Eigen Values of the Sample Data	Mean of Eigenvalues from 995 Random Datasets	SD of Eigenvalues from 995 Random Datasets
45	.62	1.10	.01
46	.61	1.08	.01
47	.59	1.06	.01
48	.59	1.05	.01
49	.57	1.03	.01
50	.56	1.01	.01
51	.55	.99	.01
52	.53	.97	.01
53	.50	.96	.01
54	.50	.94	.01
55	.49	.92	.01
56	.48	.91	.01
57	.47	.89	.01
58	.46	.88	.01
59	.45	.86	.01
60	.44	.84	.01
61	.44	.83	.01
62	.43	.81	.01
63	.43	.80	.01
64	.42	.78	.01
65	.40	.77	.01
66	.39	.75	.01
67	.38	.74	.01

Factor	Eigen Values of the Sample Data	Mean of Eigenvalues from 995 Random Datasets	SD of Eigenvalues from 995 Random Datasets
68	.37	.72	.01
69	.37	.71	.01
70	.36	.70	.01
71	.34	.68	.01
72	.33	.67	.01
73	.32	.65	.01
74	.32	.64	.01
75	.32	.63	.01
76	.31	.61	.01
77	.30	.60	.01
78	.29	.59	.01
79	.28	.58	.01
80	.27	.56	.01
81	.26	.55	.01
82	.25	.54	.01
83	.25	.53	.01
84	.24	.51	.01
85	.24	.50	.01
86	.24	.49	.01
87	.23	.48	.01
88	.22	.47	.01
89	.22	.45	.01
90	.21	.44	.01

Factor	Eigen Values of the Sample Data	Mean of Eigenvalues from 995 Random Datasets	SD of Eigenvalues from 995 Random Datasets
91	.21	.43	.01
92	.20	.42	.01
93	.19	.41	.01
94	.18	.40	.01
95	.18	.39	.01
96	.17	.38	.01
97	.17	.36	.01
98	.16	.35	.01
99	.16	.34	.01
100	.15	.33	.01
101	.15	.32	.01
102	.14	.31	.01
103	.14	.30	.01
104	.13	.29	.01
105	.12	.28	.01
106	.12	.27	.01
107	.11	.26	.01
108	.11	.25	.01
109	.10	.24	.01
110	.10	.23	.01
111	.09	.22	.01
112	.08	.20	.01
113	.08	.19	.01

Factor	Eigen Values of the Sample Data	Mean of Eigenvalues from 995 Random Datasets	SD of Eigenvalues from 995 Random Datasets
114	.07	.18	.01
115	.07	.16	.01

Table F2 Pattern Matrix (115 Items, 307 Cases, 8 Factors)

Items	F1	F2	F3	F4	F5	F6	F7	F8
28. My understanding of my client's issues is precise.	.67	.00	.02	.08	-.21	-.19	-.12	.03
113. I have mastery over many theories/models.	.61	.10	-.13	.04	.09	.28	.05	-.05
25. I can conceptualize what's happening with a client quickly.	.60	-.04	-.01	-.01	-.09	.03	-.05	.06
31. I have a great amount of knowledge about people.	.59	-.03	-.10	.02	-.13	.02	.15	.11
26. When clients present complicated issues, I am able to pinpoint the key issue.	.55	-.06	-.04	.07	-.12	.14	-.09	.05
6. I have mastered a wide range of approaches.	.53	.06	-.14	.00	.11	.32	.05	-.06
87. My response to clients is often exactly what they need at the moment.	.53	.05	-.05	.10	.04	.00	-.03	.23
49. I have mastered a fair number of techniques that help clients have quick symptom relief.	.51	.03	-.19	.14	.03	.16	-.05	-.09
27. My therapeutic conceptualization helps the therapy have a lasting effect on clients.	.50	.14	-.03	-.07	-.13	.08	-.08	-.02
38. My understanding of my client's issues is comprehensive.	.50	.12	-.09	.01	-.16	-.07	.04	.03
75. I have a deep understanding of the human condition.	.47	.04	-.15	.01	-.05	.00	.09	.27
42. I am a competent therapist.	.43	-.11	-.04	.07	-.10	.43	-.07	.04
12. I have tried many theories, styles, and	.37	.32	-.10	.14	.13	.16	.08	-.12

Items	F1	F2	F3	F4	F5	F6	F7	F8
techniques.								
39. I am both empathic and firm as a therapist.	.37	.03	.01	.15	-.20	.15	-.16	-.09
9. I know what to do when others are in emotional pain.	.33	-.02	.02	.08	-.10	.30	-.04	.27
107. My responses to clients help them discover things about themselves.	.32	.22	-.11	.08	-.20	.07	-.12	.00
104. I readily use my knowledge and experience to create effective case conceptualizations.	.32	.14	-.13	-.01	-.24	.22	-.19	-.02
108. I honor the individuality of each client by using approaches that fit the client.	.28	.27	-.14	.14	-.03	-.04	-.20	.11
51. I can easily mirror a client's pace in sessions.	.28	.08	.01	.01	.02	.20	-.21	.24
89. I never stop searching for new knowledge.	.06	.66	.11	-.02	-.03	.04	.01	.03
67. I try hard to acquire a variety of clinical experiences.	.01	.63	-.12	-.01	.06	.08	.05	-.02
2. I broaden my approaches and experiences as much as possible.	.12	.62	-.09	.16	.02	-.07	-.02	-.02
85. I am diligent in improving my competence as a therapist.	.06	.59	.06	.06	-.19	-.05	-.06	.09
19. I consciously use feedback from others to heighten my self-awareness.	-.08	.49	.08	.15	-.13	-.05	-.17	.11
24. I seek feedback whenever possible to improve myself.	-.16	.49	-.08	.05	-.10	-.11	-.11	.24
7. I learn from every possible opportunity.	.03	.42	-.13	.09	.00	-.08	-.05	.09
25. I like trying new things.	-.08	.41	-.22	.07	-.13	.00	.16	-.01
114. I adjust my framework for the well-being of my client.	.23	.35	-.19	.01	.14	.08	-.16	.20
1. I expose myself to the latest developments in the field.	.17	.34	-.08	-.13	-.03	.23	.07	.00
35. I consciously build solid personal relationships in life.	-.07	.29	.06	.21	-.28	.04	.09	.09

Items	F1	F2	F3	F4	F5	F6	F7	F8
1. I continually reflect on my clinical experience.	-.09	.26	-.07	.14	-.21	.04	-.12	.06
37. I am attracted to the adventurous nature of the therapy process.	.12	.22	-.06	.16	.14	-.07	-.04	.18
17. During cross-cultural interactions, I am conscious of cultural differences.	-.12	-.04	-.69	.13	-.25	.01	.05	-.13
3. I have many experiences interacting with people from different cultures.	.09	.07	-.68	-.02	.10	.03	.17	-.09
15. I am confident that I can connect to individuals from a culture that is unfamiliar to me.	.00	-.02	-.68	-.03	-.04	-.13	.05	.22
8. I know how to respond to individuals' behaviors that are affected by their cultural backgrounds.	.17	-.02	-.67	.03	-.01	.08	.10	.05
24. I have a great amount of knowledge about cultures other than my own.	.21	.06	-.66	.01	.01	-.01	.28	.03
14. I readily notice people's behaviors that are related to their cultural backgrounds.	.14	-.01	-.66	.01	-.12	-.04	.05	-.01
56. I provide appropriate therapy services to culturally different clients.	.02	-.03	-.66	-.01	-.02	.14	-.11	.08
48. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.	.08	.02	-.62	.04	-.02	-.04	.11	.13
41. I am confident in my ability to see clients from different cultures.	.21	-.11	-.62	.02	.16	.04	-.12	.07
13. I am aware of how my cultural background affects how I think and act in sessions.	-.09	-.05	-.59	.08	-.09	.00	-.24	.00
4. I check the accuracy of my cultural knowledge when I interact with people from different cultures.	-.09	.18	-.59	.00	-.19	.10	-.04	-.10
69. I am aware of the culturally based assumptions I have about counseling.	-.08	.10	-.59	.01	-.09	.04	-.19	.02
46. I build relationships with clients in a manner that is consistent with their cultural background.	.04	-.01	-.56	.05	.02	.10	-.18	.08

Items	F1	F2	F3	F4	F5	F6	F7	F8
35. I consider cultural differences when I conceptualize about clients.	-.10	.12	-.50	.06	-.04	.07	-.25	.04
105. I am able to relate to people from many different backgrounds.	.18	.04	-.50	-.02	-.04	.06	-.04	.19
36. I like learning about and interacting with people from different cultures.	-.18	.39	-.48	.02	-.03	.13	.13	-.06
15. I adjust my interventions based on my client's cultural background.	.01	.06	-.48	.12	.08	-.02	-.26	.06
14 I am strongly committed to becoming more culturally competent.	-.25	.36	-.39	.07	.11	.04	-.19	.04
9. I have a variety of life experiences.	.04	.16	-.36	.03	-.02	.19	.30	.12
19. I practice self-care as I encourage my clients to do self-care.	.01	-.05	-.05	.84	.06	-.04	.05	.04
11. I have a good balance between work and other parts of my life.	-.02	-.09	-.07	.77	.06	.04	-.01	.02
11. I take measures to prevent myself from burning out.	-.01	.07	-.04	.73	.10	.01	-.13	-.10
42. I have a healthy lifestyle.	.00	.03	.03	.69	-.03	-.03	.14	.12
47. I have a nurturing life outside of my work.	-.03	.01	.03	.56	-.12	.03	.14	.17
18. I take breaks from work regularly.	.02	.08	-.01	.53	-.02	.06	-.17	-.17
37. I consciously take steps to maintain my emotional health.	.05	.31	.13	.42	-.31	.00	.12	.04
38. I understand my emotions and their causes.	.10	.14	-.03	.07	-.59	-.05	.09	.13
46. I know what triggers my defense mechanisms.	.09	.02	-.09	-.01	-.55	-.02	-.03	.02
39. I am fully aware of my issues that originate from childhood.	.17	-.07	-.10	.03	-.55	-.09	.09	.17
43. I know how I feel in a given situation.	.11	.08	-.06	-.03	-.47	.13	-.05	.14
84. I recognize my countertransference reactions effectively.	.10	.14	-.05	-.01	-.47	.14	-.05	.08
32. I know it when I react defensively in a	-.01	.12	-.10	-.02	-.47	.04	-.12	.03



Items	F1	F2	F3	F4	F5	F6	F7	F8
given situation.								
23. I have worked through most of my own emotional issues.	.06	-.05	.01	.24	-.44	.06	.21	.09
34. I am aware of my cultural values.	-.07	-.04	-.39	.09	-.40	.02	-.10	.05
4. I am aware of my clinical limitations.	.06	.08	-.03	.06	-.37	.00	-.31	.00
101. It is hard for me to recognize my countertransference.	.03	-.02	-.07	.00	-.34	.20	.03	.03
21. I am aware of the stereotypes and biases I hold.	.00	.01	-.31	.16	-.31	-.17	-.10	.08
6. I deal with my emotional issues proactively.	.00	.29	.04	.21	-.30	.05	.15	.20
33. I am emotionally grounded.	-.02	.08	.07	.27	-.28	.25	.15	.26
106. My conceptualizations provide a guide to move therapy forward.	.25	.20	-.11	-.02	-.27	.21	-.20	-.09
76. I am both supportive of and challenging to clients.	.17	.11	-.12	.12	-.26	.25	-.12	-.05
92. I recognize when there is a need to refer clients to someone else.	.11	.04	-.06	.12	-.23	.18	-.19	-.02
61. I am afraid of making mistakes.	.02	.04	.01	.06	.07	.69	.15	.06
88. I am comfortable with the ambiguity in therapy.	.05	-.03	-.07	.09	.01	.61	-.14	.07
64. I have a high tolerance for not having an answer right away.	-.01	-.02	-.12	.11	-.02	.59	-.14	.05
116. I feel nervous when clients show intense pain.	-.17	.14	-.05	-.05	-.03	.58	-.06	.13
66. I become stressed if I make a mistake.	-.03	-.01	-.05	.15	-.02	.57	.14	-.03
36. Sometimes I am intimidated by the client's intense pain.	-.05	.11	.06	-.07	.04	.55	-.08	.14
48. I am confident that even when the session becomes unexpectedly intense, I can handle the situation well.	.17	-.03	-.09	-.03	-.10	.53	-.04	.11
6. I am confident in sessions.	.30	-.07	.04	.17	-.09	.53	-.11	.07

Items	F1	F2	F3	F4	F5	F6	F7	F8
77. I am confident in my ability to see clients with complicated issues.	.29	.05	-.12	.02	-.13	.52	.06	-.01
59. I have seen many types of cases.	.30	.05	-.11	-.01	-.01	.52	.06	-.12
62. My self-esteem drops when I don't see positive changes in my clients.	-.07	-.07	-.03	.18	-.07	.52	-.04	-.05
45. I feel confident in my ability to respond to whatever happens in sessions.	.27	-.04	-.03	.03	-.08	.50	.00	.08
4. I am good at psychotherapy.	.38	-.05	-.04	.10	-.04	.46	.00	.02
53. I am clear about my theoretical orientation.	.23	-.13	-.13	-.02	-.16	.36	-.05	.00
9. I have gone to many different types of workshops.	.25	.21	-.06	.09	.04	.36	.15	-.05
94. I am clear about my clinical interests.	.28	-.09	-.06	-.03	-.12	.35	-.19	.11
12. I tolerate strong emotions well.	.01	.07	-.15	.10	-.05	.33	.10	.32
7. I create opportunities for clients to find their own answers.	.01	.15	-.16	.07	.03	.33	-.25	.09
99. I explain my conceptualization to clients in a clear and useful way.	.27	.02	-.08	-.03	-.22	.31	-.15	.09
86. I adjust my style based on each client's preferences.	.29	.23	-.10	.10	.16	-.30	-.17	.13
79. I am very relaxed in sessions.	.22	-.02	-.04	.25	.13	.30	.01	.27
96. I am clear about my competency areas.	.30	-.10	-.11	.05	-.26	.30	-.19	.03
74. I have a good balance between feeling confident and feeling modest.	.22	-.03	-.05	.15	-.11	.25	-.15	.15
33. I am conscious of what I can and can't offer to clients.	.17	-.15	-.10	.12	-.34	.09	-.40	.06
29. I recognize when the session becomes stagnant.	.24	.04	.04	.10	-.21	.03	-.32	.08
17. I adjust interventions based on my working alliance with my client.	.14	.28	-.07	.06	-.04	.03	-.30	.07
65. I adjust interventions based on the client's reactions.	.26	.14	-.09	-.09	-.05	-.04	-.26	.09

Items	F1	F2	F3	F4	F5	F6	F7	F8
3. I continually adjust my clinical hypothesis based on what I learn about my clients.	.02	.21	-.11	-.08	-.01	.19	-.22	.08
109. I am consistently warm toward clients.	-.10	.05	-.09	.12	.02	-.10	-.16	.62
1. I am a natural listener.	-.08	.06	-.01	.04	-.05	.01	.09	.57
95. I can connect with clients in a short period of time.	.16	-.08	-.11	.00	.00	.08	-.05	.54
97. I am very patient with clients.	.03	-.04	.03	.19	-.03	.16	-.11	.47
2. I can accurately pick up people's subtle emotions.	.23	.05	-.09	-.09	-.28	-.12	.18	.44
26. I have been sensitive to others' emotions since I was a child.	.06	.13	-.06	-.17	-.26	-.05	.12	.39
10. Who I am inside and outside of my therapy practice is congruent.	-.02	.02	.13	.08	-.13	.28	-.12	.38
18. I am rarely judgmental.	.03	.09	-.06	.17	.00	.08	.13	.34
82. Being a therapist is my calling.	.16	.22	-.02	.06	.03	.02	.04	.33
1. I am not self-centered.	-.03	-.02	-.10	.08	-.04	.11	-.01	.33
71. I am fully aware of my motivation to be a therapist.	.00	.08	-.09	-.05	-.29	.05	-.13	.33
63. I am open and sincere in front of clients.	.04	.11	-.13	.02	-.04	.17	-.08	.28
34. I have a great deal of respect for the complexity of the human condition.	-.07	.14	.02	-.06	-.12	.16	-.12	.27

Table F3 Structure Matrix (115 Items, 307 Cases, 8 Factors)

Items	F1	F2	F3	F4	F5	F6	F7	F8
113. I have mastery over many theories/models.	.73	.28	-.41	.25	-.18	.52	-.09	.22
28. My understanding of my client's issues is precise.	.69	.18	-.24	.22	-.37	.14	-.23	.27

Items	F1	F2	F3	F4	F5	F6	F7	F8
26. When clients present complicated issues, I am able to pinpoint the key issue.	.68	.17	-.32	.26	-.35	.42	-.22	.30
31. I have a great amount of knowledge about people.	.67	.18	-.33	.21	-.33	.31	.01	.32
6. I have mastered a wide range of approaches.	.65	.21	-.37	.19	-.13	.51	-.07	.17
25. I can conceptualize what's happening with a client quickly.	.65	.13	-.24	.15	-.27	.28	-.16	.25
42. I am a competent therapist.	.64	.12	-.32	.27	-.35	.63	-.21	.28
49. I have mastered a fair number of techniques that help clients have quick symptom relief.	.64	.23	-.42	.31	-.21	.41	-.18	.18
87. My response to clients is often exactly what they need at the moment.	.63	.27	-.32	.28	-.23	.28	-.16	.42
75. I have a deep understanding of the human condition.	.60	.29	-.40	.23	-.30	.29	-.05	.46
27. My therapeutic conceptualization helps the therapy have a lasting effect on clients.	.59	.27	-.29	.13	-.30	.32	-.20	.22
38. My understanding of my client's issues is comprehensive.	.57	.28	-.33	.19	-.33	.20	-.08	.27
104. I readily use my knowledge and experience to create effective case conceptualizations.	.55	.36	-.44	.26	-.46	.48	-.34	.31
9. I know what to do when others are in emotional pain.	.55	.24	-.30	.31	-.38	.53	-.18	.48
96. I am clear about my competency areas.	.53	.16	-.38	.27	-.47	.53	-.32	.30
107. My responses to clients help them discover things about themselves.	.51	.41	-.41	.31	-.41	.34	-.27	.31
39. I am both empathic and firm as a therapist.	.50	.20	-.26	.30	-.37	.38	-.27	.18
12. I have tried many theories, styles, and techniques.	.47	.42	-.35	.30	-.09	.34	-.04	.15
106. My conceptualizations provide a guide to move therapy forward.	.47	.37	-.39	.23	-.46	.43	-.34	.24
51. I can easily mirror a client's pace in	.45	.28	-.27	.22	-.24	.39	-.31	.40

Items	F1	F2	F3	F4	F5	F6	F7	F8
sessions.								
65. I adjust interventions based on the client's reactions.	.36	.27	-.28	.08	-.21	.14	-.34	.25
2. I broaden my approaches and experiences as much as possible.	.26	.71	-.38	.37	-.18	.14	-.14	.28
85. I am diligent in improving my competence as a therapist.	.23	.68	-.27	.30	-.37	.15	-.19	.39
67. I try hard to acquire a variety of clinical experiences.	.16	.66	-.35	.20	-.11	.20	-.06	.23
89. I never stop searching for new knowledge.	.17	.65	-.17	.18	-.18	.15	-.08	.27
24. I seek feedback whenever possible to improve myself.	.04	.61	-.30	.26	-.27	.05	-.20	.43
19. I consciously use feedback from others to heighten my self-awareness.	.08	.58	-.20	.33	-.28	.10	-.26	.34
114. I adjust my framework for the well-being of my client.	.43	.54	-.47	.26	-.16	.31	-.29	.43
7. I learn from every possible opportunity.	.17	.52	-.33	.26	-.17	.09	-.15	.30
14 I am strongly committed to becoming more culturally competent.	-.02	.51	-.49	.25	-.08	.14	-.27	.23
25. I like trying new things.	.09	.50	-.37	.25	-.25	.13	.06	.23
108. I honor the individuality of each client by using approaches that fit the client.	.46	.48	-.43	.36	-.29	.24	-.33	.38
17. I adjust interventions based on my working alliance with my client.	.31	.43	-.32	.25	-.25	.22	-.39	.30
35. I consciously build solid personal relationships in life.	.10	.41	-.18	.36	-.40	.19	-.01	.32
1. I expose myself to the latest developments in the field.	.32	.40	-.29	.08	-.19	.34	-.04	.21
1. I continually reflect on my clinical experience.	.11	.40	-.28	.31	-.34	.19	-.21	.29
37. I am attracted to the adventurous nature of the therapy process.	.20	.34	-.22	.26	-.04	.07	-.11	.29
86. I adjust my style based on each client's	.30	.33	-.25	.19	.00	-.10	-.23	.24

Items	F1	F2	F3	F4	F5	F6	F7	F8
preferences.								
3. I continually adjust my clinical hypothesis based on what I learn about my clients.	.21	.32	-.29	.11	-.18	.30	-.30	.24
8. I know how to respond to individuals' behaviors that are affected by their cultural backgrounds.	.42	.29	-.74	.26	-.26	.34	-.06	.29
56. I provide appropriate therapy services to culturally different clients.	.32	.29	-.73	.23	-.27	.36	-.25	.30
14. I readily notice people's behaviors that are related to their cultural backgrounds.	.36	.28	-.71	.23	-.31	.23	-.09	.24
24. I have a great amount of knowledge about cultures other than my own.	.40	.32	-.71	.22	-.19	.24	.12	.25
17. During cross-cultural interactions, I am conscious of cultural differences.	.14	.24	-.69	.31	-.37	.22	-.08	.14
15. I am confident that I can connect to individuals from a culture that is unfamiliar to me.	.23	.29	-.69	.18	-.24	.11	-.08	.38
4. I check the accuracy of my cultural knowledge when I interact with people from different cultures.	.20	.41	-.68	.24	-.36	.30	-.18	.20
69. I am aware of the culturally based assumptions I have about counseling.	.20	.37	-.68	.25	-.30	.25	-.31	.27
48. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.	.30	.31	-.68	.25	-.23	.20	-.03	.32
41. I am confident in my ability to see clients from different cultures.	.40	.18	-.66	.20	-.09	.27	-.23	.23
3. I have many experiences interacting with people from different cultures.	.26	.27	-.66	.14	-.06	.19	.06	.09
105. I am able to relate to people from many different backgrounds.	.44	.35	-.66	.24	-.31	.33	-.20	.42
46. I build relationships with clients in a manner that is consistent with their cultural background.	.31	.29	-.65	.26	-.22	.31	-.30	.29
13. I am aware of how my cultural background affects how I think and act in	.17	.23	-.63	.25	-.26	.20	-.34	.21

Items	F1	F2	F3	F4	F5	F6	F7	F8
sessions.								
35. I consider cultural differences when I conceptualize about clients.	.18	.38	-.61	.28	-.26	.26	-.36	.27
36. I like learning about and interacting with people from different cultures.	.07	.54	-.58	.24	-.20	.25	.01	.20
15. I adjust my interventions based on my client's cultural background.	.23	.32	-.57	.29	-.15	.18	-.36	.25
9. I have a variety of life experiences.	.26	.35	-.48	.24	-.22	.34	.17	.31
19. I practice self-care as I encourage my clients to do self-care.	.15	.21	-.23	.82	-.15	.17	-.04	.24
11. I have a good balance between work and other parts of my life.	.14	.17	-.24	.77	-.15	.22	-.09	.21
11. I take measures to prevent myself from burning out.	.13	.25	-.23	.72	-.09	.18	-.19	.12
42. I have a healthy lifestyle.	.14	.25	-.18	.71	-.22	.16	.05	.31
47. I have a nurturing life outside of my work.	.13	.23	-.17	.62	-.29	.20	.05	.34
37. I consciously take steps to maintain my emotional health.	.22	.46	-.19	.56	-.46	.22	-.01	.35
18. I take breaks from work regularly.	.14	.21	-.19	.55	-.15	.20	-.22	.05
38. I understand my emotions and their causes.	.30	.34	-.29	.29	-.68	.21	-.05	.41
39. I am fully aware of my issues that originate from childhood.	.33	.16	-.28	.22	-.63	.16	-.04	.38
43. I know how I feel in a given situation.	.35	.30	-.32	.22	-.62	.35	-.19	.41
46. I know what triggers my defense mechanisms.	.27	.20	-.28	.18	-.61	.20	-.14	.27
84. I recognize my countertransference reactions effectively.	.34	.34	-.32	.24	-.61	.36	-.19	.37
32. I know it when I react defensively in a given situation.	.19	.28	-.29	.18	-.55	.22	-.23	.28
34. I am aware of my cultural values.	.20	.24	-.52	.30	-.53	.25	-.23	.31

Items	F1	F2	F3	F4	F5	F6	F7	F8
23. I have worked through most of my own emotional issues.	.22	.14	-.18	.36	-.52	.24	.10	.29
33. I am conscious of what I can and can't offer to clients.	.39	.12	-.33	.30	-.51	.33	-.50	.30
33. I am emotionally grounded.	.24	.31	-.22	.46	-.48	.42	.02	.48
4. I am aware of my clinical limitations.	.24	.24	-.24	.23	-.47	.19	-.39	.24
6. I deal with my emotional issues proactively.	.21	.46	-.24	.41	-.46	.24	.02	.45
21. I am aware of the stereotypes and biases I hold.	.19	.25	-.43	.32	-.43	.08	-.20	.30
101. It is hard for me to recognize my countertransference.	.21	.12	-.22	.16	-.42	.32	-.06	.22
92. I recognize when there is a need to refer clients to someone else.	.31	.23	-.29	.29	-.38	.35	-.29	.23
6. I am confident in sessions.	.55	.17	-.29	.38	-.37	.71	-.24	.32
77. I am confident in my ability to see clients with complicated issues.	.55	.26	-.41	.28	-.38	.70	-.09	.28
61. I am afraid of making mistakes.	.26	.16	-.20	.22	-.14	.69	.06	.21
88. I am comfortable with the ambiguity in therapy.	.34	.18	-.31	.30	-.25	.69	-.25	.27
64. I have a high tolerance for not having an answer right away.	.29	.19	-.35	.31	-.27	.67	-.25	.26
48. I am confident that even when the session becomes unexpectedly intense, I can handle the situation well.	.44	.18	-.34	.21	-.34	.66	-.17	.32
45. I feel confident in my ability to respond to whatever happens in sessions.	.50	.16	-.30	.25	-.32	.65	-.13	.30
4. I am good at psychotherapy.	.59	.16	-.32	.30	-.30	.64	-.13	.26
59. I have seen many types of cases.	.49	.18	-.33	.18	-.21	.63	-.05	.12
66. I become stressed if I make a mistake.	.19	.12	-.21	.28	-.18	.59	.05	.13
116. I feel nervous when clients show intense pain.	.13	.28	-.26	.16	-.23	.59	-.15	.29



Items	F1	F2	F3	F4	F5	F6	F7	F8
36. Sometimes I am intimidated by the client's intense pain.	.18	.21	-.15	.11	-.15	.55	-.15	.25
62. My self-esteem drops when I don't see positive changes in my clients.	.15	.07	-.18	.29	-.22	.54	-.11	.11
94. I am clear about my clinical interests.	.49	.13	-.30	.18	-.34	.53	-.31	.31
99. I explain my conceptualization to clients in a clear and useful way.	.51	.25	-.36	.22	-.45	.52	-.29	.35
53. I am clear about my theoretical orientation.	.41	.05	-.30	.15	-.32	.49	-.16	.18
9. I have gone to many different types of workshops.	.41	.32	-.29	.26	-.16	.48	.04	.18
79. I am very relaxed in sessions.	.43	.23	-.30	.42	-.17	.48	-.10	.42
76. I am both supportive of and challenging to clients.	.41	.32	-.39	.34	-.46	.47	-.26	.27
7. I create opportunities for clients to find their own answers.	.27	.35	-.39	.28	-.22	.46	-.36	.30
74. I have a good balance between feeling confident and feeling modest.	.44	.21	-.32	.34	-.35	.46	-.27	.37
29. I recognize when the session becomes stagnant.	.38	.23	-.22	.26	-.38	.25	-.41	.30
109. I am consistently warm toward clients.	.11	.32	-.27	.29	-.23	.08	-.24	.66
95. I can connect with clients in a short period of time.	.36	.21	-.31	.21	-.27	.28	-.16	.61
1. I am a natural listener.	.10	.27	-.18	.21	-.25	.14	.01	.59
2. I can accurately pick up people's subtle emotions.	.37	.28	-.30	.14	-.46	.13	.05	.58
97. I am very patient with clients.	.26	.23	-.22	.37	-.30	.33	-.21	.57
12. I tolerate strong emotions well.	.30	.33	-.39	.34	-.32	.49	-.03	.50
71. I am fully aware of my motivation to be a therapist.	.23	.31	-.31	.19	-.47	.24	-.24	.50
26. I have been sensitive to others' emotions since I was a child.	.20	.29	-.23	.04	-.39	.12	.02	.49

Items	F1	F2	F3	F4	F5	F6	F7	F8
10. Who I am inside and outside of my therapy practice is congruent.	.20	.21	-.12	.26	-.34	.39	-.20	.49
82. Being a therapist is my calling.	.30	.38	-.25	.24	-.19	.19	-.06	.46
18. I am rarely judgmental.	.20	.28	-.25	.32	-.21	.23	.03	.45
63. I am open and sincere in front of clients.	.26	.31	-.33	.23	-.27	.33	-.19	.43
1. I am not self-centered.	.16	.18	-.24	.23	-.22	.23	-.09	.40
34. I have a great deal of respect for the complexity of the human condition.	.11	.26	-.16	.12	-.26	.24	-.19	.37

Table F4 Pattern Matrix (83 Items, 309 Cases, 7 Factors)

Items	F1	F2	F3	F4	F5	F6	F7
28. My understanding of my client's issues is precise.	<b>.71</b>	.05	.02	.10	-.16	.18	-.02
31. I have a great amount of knowledge about people.	<b>.64</b>	-.04	-.07	.03	.00	.03	.12
25. I can conceptualize what's happening with a client quickly.	<b>.63</b>	.01	-.01	.01	.02	.08	-.01
26. When clients present complicated issues, I am able to pinpoint the key issue.	<b>.60</b>	-.01	-.05	.07	.15	.12	-.04
27. My therapeutic conceptualization helps the therapy have a lasting effect on clients.	<b>.55</b>	.12	-.05	-.06	.08	.07	-.03
38. My understanding of my client's issues is comprehensive.	<b>.55</b>	.16	-.07	.02	-.08	.15	-.02
113. I have mastery over many theories/models.	<b>.54</b>	.05	-.13	.02	.29	-.13	.02
75. I have a deep understanding of the human condition.	<b>.51</b>	.08	-.13	.02	-.02	.00	.23
87. My response to clients is often exactly what they need at the moment.	<b>.50</b>	.08	-.05	.09	.03	-.03	.20
49. I have mastered a fair number of techniques that help clients have quick symptom relief.	<b>.47</b>	.02	-.19	.12	.19	-.10	-.02

Items	F1	F2	F3	F4	F5	F6	F7
39. I am both empathic and firm as a therapist.	<b>.36</b>	.04	-.02	.14	.19	.19	-.11
107. My responses to clients help them discover things about themselves.	<b>.34</b>	.20	-.15	.08	.10	.10	.04
104. I readily use my knowledge and experience to create effective case conceptualizations.	<b>.33</b>	.10	-.18	-.01	.26	.20	.00
89. I never stop searching for new knowledge.	.08	<b>.69</b>	.12	-.03	.06	-.04	.03
85. I am diligent in improving my competence as a therapist.	.09	<b>.66</b>	.07	.05	-.02	.14	.07
2. I broaden my approaches and experiences as much as possible.	.11	<b>.64</b>	-.12	.16	-.07	-.04	-.07
24. I seek feedback whenever possible to improve myself.	-.13	<b>.58</b>	-.08	.04	-.10	.13	.16
67. I try hard to acquire a variety of clinical experiences.	-.02	<b>.57</b>	-.17	-.03	.09	-.13	.03
19. I consciously use feedback from others to heighten my self-awareness.	-.07	<b>.56</b>	.05	.14	-.01	.17	.03
7. I learn from every possible opportunity.	.05	<b>.53</b>	-.12	.09	-.09	.04	-.03
1. I expose myself to the latest developments in the field.	.22	<b>.34</b>	-.07	-.12	.20	-.07	.01
25. I like trying new things.	-.03	<b>.33</b>	-.20	.07	-.03	-.01	.11
114. I adjust my framework for the well-being of my client.	.15	<b>.31</b>	-.24	.00	.16	-.11	.19
<b>82. Being a therapist is my calling.</b>	.16	.26	.00	.06	.02	.03	.25
17. During cross-cultural interactions, I am conscious of cultural differences.	-.13	-.09	<b>-.71</b>	.11	.00	.19	-.06
15. I am confident that I can connect to individuals from a culture that is unfamiliar to me.	-.02	-.02	<b>-.71</b>	-.03	-.15	.04	.20
56. I provide appropriate therapy services to culturally different clients.	.01	.01	<b>-.69</b>	-.03	.13	.04	.02
8. I know how to respond to individuals' behaviors that are affected by their cultural backgrounds.	.14	-.05	<b>-.68</b>	.02	.07	-.05	.08

Items	F1	F2	F3	F4	F5	F6	F7
3. I have many experiences interacting with people from different cultures.	.08	.02	<b>-.67</b>	-.03	-.02	-.19	-.02
14. I readily notice people's behaviors that are related to their cultural backgrounds.	.13	-.01	<b>-.65</b>	.02	-.05	.08	.00
41. I am confident in my ability to see clients from different cultures.	.18	-.05	<b>-.65</b>	.00	.04	-.13	.01
48. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.	.05	-.02	<b>-.64</b>	.04	-.06	-.01	.16
24. I have a great amount of knowledge about cultures other than my own.	.19	-.03	<b>-.64</b>	.01	-.06	-.12	.13
69. I am aware of the culturally based assumptions I have about counseling.	-.11	.17	<b>-.62</b>	.01	.07	.12	-.04
4. I check the accuracy of my cultural knowledge when I interact with people from different cultures.	-.10	.15	<b>-.61</b>	-.01	.10	.17	-.09
13. I am aware of how my cultural background affects how I think and act in sessions.	-.09	.05	<b>-.60</b>	.08	.01	.14	-.07
46. I build relationships with clients in a manner that is consistent with their cultural background.	.01	.05	<b>-.58</b>	.03	.14	.03	.00
35. I consider cultural differences when I conceptualize about clients.	-.09	.14	<b>-.55</b>	.06	.08	.11	-.06
105. I am able to relate to people from many different backgrounds.	.16	.04	<b>-.53</b>	-.04	.07	.02	.20
15. I adjust my interventions based on my client's cultural background.	-.02	.12	<b>-.52</b>	.11	.02	.03	-.05
19. I practice self-care as I encourage my clients to do self-care.	.05	-.02	-.04	<b>.83</b>	-.04	-.10	.08
11. I have a good balance between work and other parts of my life.	-.03	-.04	-.07	<b>.75</b>	.07	-.02	.02
11. I take measures to prevent myself from burning out.	.02	.11	-.07	<b>.72</b>	.01	-.05	-.16
42. I have a healthy lifestyle.	.03	.04	.02	<b>.69</b>	-.07	.00	.16
47. I have a nurturing life outside of my work.	-.02	.00	.03	<b>.53</b>	.03	.06	.25

Items	F1	F2	F3	F4	F5	F6	F7
18. I take breaks from work regularly.	.02	.13	-.02	<b>.53</b>	.08	.07	-.24
61. I am afraid of making mistakes.	.00	.01	.04	.03	<b>.70</b>	-.10	.09
88. I am comfortable with the ambiguity in therapy.	.03	-.01	-.09	.07	<b>.66</b>	.04	.00
64. I have a high tolerance for not having an answer right away.	-.03	-.01	-.13	.09	<b>.62</b>	.08	-.01
116. I feel nervous when clients show intense pain.	-.18	.11	-.08	-.04	<b>.59</b>	.09	.08
36. Sometimes I am intimidated by the client's intense pain.	-.06	.17	.08	-.08	<b>.59</b>	.04	.03
66. I become stressed if I make a mistake.	-.02	-.05	-.02	.13	<b>.57</b>	-.03	.01
6. I am confident in sessions.	.30	-.05	.03	.14	<b>.55</b>	.08	.05
48. I am confident that even when the session becomes unexpectedly intense, I can handle the situation well.	.18	-.02	-.08	-.04	<b>.53</b>	.10	.08
45. I feel confident in my ability to respond to whatever happens in sessions.	.27	-.02	-.01	.03	<b>.52</b>	.08	.02
62. My self-esteem drops when I don't see positive changes in my clients.	-.05	-.09	-.02	.16	<b>.52</b>	.06	-.02
77. I am confident in my ability to see clients with complicated issues.	.30	.03	-.12	.00	<b>.50</b>	.08	.00
59. I have seen many types of cases.	.28	-.03	-.12	-.03	<b>.50</b>	-.08	-.03
94. I am clear about my clinical interests.	.29	-.03	-.07	-.05	<b>.40</b>	.17	.02
7. I create opportunities for clients to find their own answers.	.00	.21	-.19	.04	<b>.39</b>	-.02	.05
96. I am clear about my competency areas.	.30	-.08	-.13	.02	<b>.36</b>	.25	.03
53. I am clear about my theoretical orientation.	.24	-.11	-.11	-.01	<b>.36</b>	.16	-.07
9. I have gone to many different types of workshops.	.25	.14	-.05	.07	<b>.35</b>	-.16	.03
99. I explain my conceptualization to clients in a clear and useful way.	.29	.03	-.10	-.02	<b>.33</b>	.22	.06

Items	F1	F2	F3	F4	F5	F6	F7
79. I am very relaxed in sessions.	.20	-.01	-.04	.23	<b>.32</b>	-.14	.29
10. Who I am inside and outside of my therapy practice is congruent.	.00	.04	.11	.10	<b>.31</b>	.18	.28
46. I know what triggers my defense mechanisms.	.13	.04	-.09	.01	-.01	<b>.54</b>	.00
38. I understand my emotions and their causes.	.13	.13	-.04	.08	-.05	<b>.54</b>	.15
39. I am fully aware of my issues that originate from childhood.	.21	-.06	-.07	.05	-.10	<b>.51</b>	.18
32. I know it when I react defensively in a given situation.	-.02	.14	-.11	-.02	.09	<b>.48</b>	-.02
43. I know how I feel in a given situation.	.12	.10	-.04	-.02	.16	<b>.48</b>	.06
84. I recognize my countertransference reactions effectively.	.09	.16	-.05	-.01	.18	<b>.48</b>	.06
101. It is hard for me to recognize my countertransference.	.03	-.09	-.09	.02	.20	<b>.35</b>	.04
23. I have worked through most of my own emotional issues.	.11	-.05	.03	.25	.05	<b>.35</b>	.11
71. I am fully aware of my motivation to be a therapist.	.02	.16	-.08	-.04	.09	<b>.32</b>	.26
1. I am a natural listener.	-.07	.08	-.02	.01	.03	.00	<b>.63</b>
95. I can connect with clients in a short period of time.	.15	-.03	-.11	-.02	.11	.01	<b>.53</b>
109. I am consistently warm toward clients.	-.11	.13	-.11	.13	-.06	.10	<b>.51</b>
2. I can accurately pick up people's subtle emotions.	.26	.07	-.07	-.06	-.14	.27	<b>.40</b>
97. I am very patient with clients.	.02	.08	.05	.17	.23	.07	<b>.40</b>
26. I have been sensitive to others' emotions since I was a child.	.04	.08	-.07	-.13	-.04	.28	<b>.39</b>
18. I am rarely judgmental.	.02	.10	-.03	.18	.09	.01	<b>.35</b>
1. I am not self-centered.	-.02	.04	-.09	.08	.12	.05	<b>.31</b>

Table F5 Factor Analysis Structure Matrix (83 Items, 309 Cases, 7 Factors)

Items	F1	F2	F3	F4	F5	F6	F7
26. When clients present complicated issues, I am able to pinpoint the key issue.	.71	.20	-.37	.24	.44	.33	.21
28. My understanding of my client's issues is precise.	.71	.22	-.29	.21	.19	.35	.21
31. I have a great amount of knowledge about people.	.71	.17	-.35	.18	.31	.26	.31
113. I have mastery over many theories/models.	.69	.25	-.44	.22	.54	.14	.24
25. I can conceptualize what's happening with a client quickly.	.67	.17	-.29	.14	.30	.26	.19
75. I have a deep understanding of the human condition.	.63	.31	-.42	.21	.30	.26	.42
27. My therapeutic conceptualization helps the therapy have a lasting effect on clients.	.63	.26	-.33	.10	.33	.26	.18
49. I have mastered a fair number of techniques that help clients have quick symptom relief.	.61	.23	-.45	.28	.45	.15	.19
87. My response to clients is often exactly what they need at the moment.	.61	.29	-.36	.26	.33	.22	.38
38. My understanding of my client's issues is comprehensive.	.61	.31	-.35	.17	.23	.32	.21
104. I readily use my knowledge and experience to create effective case conceptualizations.	.57	.34	-.48	.23	.52	.43	.28
107. My responses to clients help them discover things about themselves.	.53	.41	-.45	.28	.38	.34	.29
39. I am both empathic and firm as a therapist.	.50	.21	-.30	.28	.41	.34	.12
85. I am diligent in improving my competence as a therapist.	.26	.72	-.29	.25	.20	.33	.33
2. I broaden my approaches and experiences as much as possible.	.27	.71	-.40	.33	.18	.18	.20
89. I never stop searching for new knowledge.	.19	.66	-.18	.14	.19	.14	.23
24. I seek feedback whenever possible to improve myself.	.06	.66	-.31	.22	.08	.29	.35

Items	F1	F2	F3	F4	F5	F6	F7
67. I try hard to acquire a variety of clinical experiences.	.17	.62	-.37	.16	.22	.07	.22
19. I consciously use feedback from others to heighten my self-awareness.	.10	.61	-.22	.29	.14	.31	.25
7. I learn from every possible opportunity.	.20	.60	-.34	.24	.12	.20	.19
114. I adjust my framework for the well-being of my client.	.39	.50	-.49	.22	.38	.17	.39
25. I like trying new things.	.14	.44	-.35	.22	.14	.16	.26
1. I expose myself to the latest developments in the field.	.36	.41	-.30	.06	.34	.12	.18
56. I provide appropriate therapy services to culturally different clients.	.35	.32	-.75	.21	.38	.27	.24
8. I know how to respond to individuals' behaviors that are affected by their cultural backgrounds.	.43	.27	-.75	.24	.36	.21	.28
14. I readily notice people's behaviors that are related to their cultural backgrounds.	.39	.29	-.71	.22	.25	.29	.22
15. I am confident that I can connect to individuals from a culture that is unfamiliar to me.	.25	.28	-.70	.16	.12	.25	.35
17. During cross-cultural interactions, I am conscious of cultural differences.	.18	.21	-.69	.28	.23	.33	.15
24. I have a great amount of knowledge about cultures other than my own.	.42	.26	-.69	.20	.24	.13	.29
69. I am aware of the culturally based assumptions I have about counseling.	.22	.41	-.69	.23	.30	.31	.20
4. I check the accuracy of my cultural knowledge when I interact with people from different cultures.	.23	.40	-.69	.22	.32	.34	.16
48. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.	.32	.29	-.69	.23	.22	.21	.33
41. I am confident in my ability to see clients from different cultures.	.41	.21	-.68	.18	.29	.10	.18
105. I am able to relate to people from many	.45	.34	-.67	.20	.35	.28	.40



Items	F1	F2	F3	F4	F5	F6	F7
different backgrounds.							
46. I build relationships with clients in a manner that is consistent with their cultural background.	.31	.31	-.66	.24	.36	.24	.21
3. I have many experiences interacting with people from different cultures.	.27	.23	-.64	.12	.18	.00	.12
13. I am aware of how my cultural background affects how I think and act in sessions.	.19	.29	-.63	.25	.23	.29	.14
35. I consider cultural differences when I conceptualize about clients.	.21	.37	-.63	.26	.30	.28	.17
15. I adjust my interventions based on my client's cultural background.	.23	.34	-.59	.27	.24	.21	.16
19. I practice self-care as I encourage my clients to do self-care.	.18	.21	-.25	.83	.20	.10	.23
11. I have a good balance between work and other parts of my life.	.14	.18	-.26	.77	.27	.15	.18
11. I take measures to prevent myself from burning out.	.14	.27	-.26	.73	.21	.10	.04
42. I have a healthy lifestyle.	.17	.25	-.21	.72	.16	.18	.31
47. I have a nurturing life outside of my work.	.15	.22	-.20	.59	.22	.23	.37
18. I take breaks from work regularly.	.13	.23	-.20	.56	.23	.17	-.04
88. I am comfortable with the ambiguity in therapy.	.35	.20	-.35	.28	.72	.25	.19
6. I am confident in sessions.	.56	.19	-.33	.34	.72	.32	.27
64. I have a high tolerance for not having an answer right away.	.30	.20	-.37	.29	.69	.27	.18
77. I am confident in my ability to see clients with complicated issues.	.58	.27	-.44	.24	.69	.33	.24
61. I am afraid of making mistakes.	.27	.15	-.21	.20	.69	.09	.20
45. I feel confident in my ability to respond to whatever happens in sessions.	.51	.19	-.33	.23	.66	.30	.23
48. I am confident that even when the session becomes unexpectedly intense, I can handle the	.46	.20	-.37	.19	.66	.31	.27

Items	F1	F2	F3	F4	F5	F6	F7
situation well.							
59. I have seen many types of cases.	.49	.14	-.35	.15	.61	.13	.14
116. I feel nervous when clients show intense pain.	.14	.26	-.29	.17	.59	.25	.23
66. I become stressed if I make a mistake.	.22	.11	-.22	.27	.59	.13	.13
96. I am clear about my competency areas.	.55	.18	-.42	.23	.58	.44	.26
36. Sometimes I am intimidated by the client's intense pain.	.18	.24	-.16	.10	.56	.18	.16
94. I am clear about my clinical interests.	.51	.17	-.34	.15	.56	.35	.22
99. I explain my conceptualization to clients in a clear and useful way.	.54	.26	-.41	.20	.55	.43	.30
62. My self-esteem drops when I don't see positive changes in my clients.	.18	.06	-.19	.28	.53	.18	.10
7. I create opportunities for clients to find their own answers.	.28	.38	-.41	.25	.51	.20	.24
79. I am very relaxed in sessions.	.42	.23	-.32	.39	.50	.14	.42
53. I am clear about my theoretical orientation.	.43	.07	-.31	.14	.50	.30	.10
9. I have gone to many different types of workshops.	.42	.27	-.30	.23	.48	.06	.19
10. Who I am inside and outside of my therapy practice is congruent.	.23	.23	-.16	.26	.41	.34	.41
38. I understand my emotions and their causes.	.34	.35	-.32	.26	.22	.66	.39
46. I know what triggers my defense mechanisms.	.32	.24	-.31	.18	.22	.62	.23
84. I recognize my countertransference reactions effectively.	.36	.37	-.36	.21	.40	.61	.33
39. I am fully aware of my issues that originate from childhood.	.38	.19	-.30	.21	.17	.61	.37
43. I know how I feel in a given situation.	.36	.31	-.32	.19	.37	.60	.31
32. I know it when I react defensively in a given situation.	.21	.31	-.32	.16	.26	.55	.21

Items	F1	F2	F3	F4	F5	F6	F7
71. I am fully aware of my motivation to be a therapist.	.26	.36	-.33	.17	.28	.48	.44
23. I have worked through most of my own emotional issues.	.27	.15	-.20	.35	.24	.45	.28
101. It is hard for me to recognize my countertransference.	.23	.10	-.25	.16	.32	.43	.19
1. I am a natural listener.	.12	.27	-.20	.16	.15	.20	.65
95. I can connect with clients in a short period of time.	.36	.23	-.33	.17	.31	.25	.61
109. I am consistently warm toward clients.	.11	.35	-.29	.28	.12	.29	.60
2. I can accurately pick up people's subtle emotions.	.41	.30	-.31	.12	.14	.45	.55
97. I am very patient with clients.	.26	.30	-.24	.34	.38	.29	.52
26. I have been sensitive to others' emotions since I was a child.	.22	.26	-.24	.04	.13	.41	.49
18. I am rarely judgmental.	.21	.30	-.25	.32	.25	.21	.45
82. Being a therapist is my calling.	.31	.40	-.26	.22	.22	.23	.40
1. I am not self-centered.	.18	.23	-.26	.22	.25	.22	.39

Table F6 Pattern Matrix (82 Items, 309 Cases, 7 Factors)

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
28. My understanding of my client's issues is precise.	<b>.71</b>	.05	.02	.10	-.16	-.17	-.01
31. I have a great amount of knowledge about people.	<b>.65</b>	-.04	-.07	.03	.00	-.03	.12
25. I can conceptualize what's happening with a client quickly.	<b>.64</b>	.01	.00	.01	.02	-.08	-.01
26. When clients present complicated issues, I am able to pinpoint the key issue.	<b>.60</b>	-.01	-.05	.07	.15	-.12	-.04

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
27. My therapeutic conceptualization helps the therapy have a lasting effect on clients.	<b>.56</b>	.12	-.05	-.07	.08	-.06	-.02
38. My understanding of my client's issues is comprehensive.	<b>.55</b>	.15	-.07	.02	-.08	-.15	-.03
113. I have mastery over many theories/models.	<b>.54</b>	.05	-.13	.02	.29	.14	.02
75. I have a deep understanding of the human condition.	<b>.51</b>	.08	-.13	.02	-.02	.00	.22
87. My response to clients is often exactly what they need at the moment.	<b>.51</b>	.07	-.05	.09	.04	.03	.19
49. I have mastered a fair number of techniques that help clients have quick symptom relief.	<b>.47</b>	.02	-.19	.12	.19	.10	-.02
39. I am both empathic and firm as a therapist.	<b>.36</b>	.04	-.02	.14	.19	-.18	-.11
107. My responses to clients help them discover things about themselves.	<b>.34</b>	.21	-.14	.08	.10	-.09	.05
104. I readily use my knowledge and experience to create effective case conceptualizations.	<b>.33</b>	.11	-.17	-.01	.25	-.20	.01
89. I never stop searching for new knowledge.	.09	<b>.69</b>	.13	-.03	.06	.04	.04
85. I am diligent in improving my competence as a therapist.	.10	<b>.66</b>	.07	.05	-.02	-.14	.07
2. I broaden my approaches and experiences as much as possible.	.12	<b>.64</b>	-.12	.16	-.07	.04	-.07
24. I seek feedback whenever possible to improve myself.	-.13	<b>.58</b>	-.08	.04	-.10	-.13	.16
67. I try hard to acquire a variety of clinical experiences.	-.01	<b>.57</b>	-.16	-.03	.09	.14	.03
19. I consciously use feedback from others to heighten my self-awareness.	-.06	<b>.56</b>	.05	.14	-.01	-.17	.03
7. I learn from every possible opportunity.	.06	<b>.53</b>	-.13	.09	-.09	-.04	-.04
1. I expose myself to the latest developments in the field.	.22	<b>.34</b>	-.06	-.12	.20	.08	.01
25. I like trying new things.	-.03	<b>.33</b>	-.20	.07	-.03	.02	.12
114. I adjust my framework for the well-being	.16	<b>.31</b>	-.24	.00	.16	.11	.19

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
of my client.							
17. During cross-cultural interactions, I am conscious of cultural differences.	-.13	-.09	<b>-.71</b>	.11	.00	-.18	-.05
15. I am confident that I can connect to individuals from a culture that is unfamiliar to me.	-.02	-.01	<b>-.71</b>	-.03	-.15	-.04	.20
56. I provide appropriate therapy services to culturally different clients.	.01	.01	<b>-.70</b>	-.03	.14	-.05	.00
8. I know how to respond to individuals' behaviors that are affected by their cultural backgrounds.	.14	-.04	<b>-.68</b>	.02	.07	.05	.08
3. I have many experiences interacting with people from different cultures.	.08	.02	<b>-.67</b>	-.03	-.02	.20	-.01
41. I am confident in my ability to see clients from different cultures.	.18	-.06	<b>-.65</b>	.00	.04	.12	.00
14. I readily notice people's behaviors that are related to their cultural backgrounds.	.13	.00	<b>-.65</b>	.02	-.05	-.08	.00
48. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.	.06	-.01	<b>-.64</b>	.04	-.06	.02	.16
24. I have a great amount of knowledge about cultures other than my own.	.20	-.02	<b>-.64</b>	.01	-.06	.13	.13
69. I am aware of the culturally based assumptions I have about counseling.	-.11	.16	<b>-.62</b>	.01	.07	-.13	-.05
4. I check the accuracy of my cultural knowledge when I interact with people from different cultures.	-.09	.15	<b>-.61</b>	-.01	.10	-.16	-.08
13. I am aware of how my cultural background affects how I think and act in sessions.	-.09	.05	<b>-.60</b>	.08	.01	-.14	-.07
46. I build relationships with clients in a manner that is consistent with their cultural background.	.01	.05	<b>-.58</b>	.03	.14	-.03	-.01
35. I consider cultural differences when I conceptualize about clients.	-.09	.14	<b>-.55</b>	.06	.08	-.11	-.06
105. I am able to relate to people from many different backgrounds.	.16	.04	<b>-.53</b>	-.04	.07	-.02	.19

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
15. I adjust my interventions based on my client's cultural background.	-.02	.12	<b>-.52</b>	.11	.02	-.03	-.05
19. I practice self-care as I encourage my clients to do self-care.	.05	-.02	-.04	<b>.83</b>	-.04	.10	.09
11. I have a good balance between work and other parts of my life.	-.03	-.04	-.07	<b>.75</b>	.07	.02	.01
11. I take measures to prevent myself from burning out.	.02	.11	-.07	<b>.72</b>	.01	.05	-.16
42. I have a healthy lifestyle.	.04	.05	.03	<b>.69</b>	-.07	.01	.17
47. I have a nurturing life outside of my work.	-.02	.00	.03	<b>.53</b>	.03	-.06	.25
18. I take breaks from work regularly.	.01	.12	-.02	<b>.53</b>	.08	-.07	-.24
61. I am afraid of making mistakes.	.00	.01	.04	.03	<b>.70</b>	.11	.09
88. I am comfortable with the ambiguity in therapy.	.03	-.01	-.09	.07	<b>.66</b>	-.04	.00
64. I have a high tolerance for not having an answer right away.	-.03	-.01	-.13	.09	<b>.62</b>	-.08	-.01
116. I feel nervous when clients show intense pain.	-.18	.11	-.08	-.04	<b>.59</b>	-.08	.09
36. Sometimes I am intimidated by the client's intense pain.	-.06	.17	.08	-.08	<b>.58</b>	-.03	.03
66. I become stressed if I make a mistake.	-.02	-.05	-.02	.13	<b>.57</b>	.03	.02
6. I am confident in sessions.	.30	-.06	.02	.14	<b>.55</b>	-.09	.04
48. I am confident that even when the session becomes unexpectedly intense, I can handle the situation well.	.18	-.03	-.09	-.04	<b>.53</b>	-.10	.07
45. I feel confident in my ability to respond to whatever happens in sessions.	.27	-.02	-.02	.03	<b>.52</b>	-.09	.02
62. My self-esteem drops when I don't see positive changes in my clients.	-.05	-.08	-.01	.16	<b>.51</b>	-.05	-.02
77. I am confident in my ability to see clients with complicated issues.	.30	.03	-.12	.00	<b>.50</b>	-.08	-.01
59. I have seen many types of cases.	.28	-.04	-.12	-.03	<b>.50</b>	.08	-.03

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
94. I am clear about my clinical interests.	.29	-.04	-.07	-.05	<b>.40</b>	-.17	.01
7. I create opportunities for clients to find their own answers.	.00	.21	-.19	.04	<b>.39</b>	.02	.04
53. I am clear about my theoretical orientation.	.24	-.12	-.12	-.01	<b>.36</b>	-.16	-.08
96. I am clear about my competency areas.	.30	-.07	-.13	.02	<b>.36</b>	-.24	.02
9. I have gone to many different types of workshops.	.25	.14	-.05	.07	<b>.35</b>	.16	.03
99. I explain my conceptualization to clients in a clear and useful way.	.30	.04	-.09	-.03	<b>.33</b>	-.21	.07
79. I am very relaxed in sessions.	.21	-.01	-.04	.23	<b>.33</b>	.13	.28
10. Who I am inside and outside of my therapy practice is congruent.	.01	.04	.11	.10	<b>.31</b>	-.19	.28
46. I know what triggers my defense mechanisms.	.13	.04	-.09	.01	-.01	<b>-.54</b>	.01
38. I understand my emotions and their causes.	.14	.13	-.03	.08	-.05	<b>-.53</b>	.16
39. I am fully aware of my issues that originate from childhood.	.21	-.06	-.08	.05	-.10	<b>-.51</b>	.18
84. I recognize my countertransference reactions effectively.	.09	.16	-.06	-.01	.18	<b>-.48</b>	.06
43. I know how I feel in a given situation.	.12	.10	-.04	-.02	.16	<b>-.47</b>	.07
32. I know it when I react defensively in a given situation.	-.01	.15	-.11	-.02	.09	<b>-.47</b>	-.01
101. It is hard for me to recognize my countertransference.	.03	-.09	-.09	.02	.20	<b>-.35</b>	.04
23. I have worked through most of my own emotional issues.	.12	-.05	.03	.24	.05	<b>-.34</b>	.12
71. I am fully aware of my motivation to be a therapist.	.02	.15	-.09	-.03	.09	<b>-.32</b>	.25
1. I am a natural listener.	-.06	.08	-.01	.01	.03	.00	<b>.64</b>
95. I can connect with clients in a short period of time.	.16	-.03	-.11	-.02	.11	-.01	<b>.52</b>

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
109. I am consistently warm toward clients.	-.11	.13	-.11	.13	-.06	-.10	<b>.50</b>
2. I can accurately pick up people's subtle emotions.	.27	.07	-.07	-.06	-.14	-.27	<b>.40</b>
97. I am very patient with clients.	.03	.08	.05	.17	.23	-.07	<b>.40</b>
26. I have been sensitive to others' emotions since I was a child.	.04	.07	-.07	-.13	-.03	-.28	<b>.39</b>
18. I am rarely judgmental.	.02	.11	-.03	.18	.09	.00	<b>.36</b>
1. I am not self-centered.	-.01	.05	-.09	.08	.12	-.05	<b>.31</b>

Note: <sup>a</sup>F1 = Factor 1 Clinical Conceptualization, F2 = Factor 2 Learning Drive, F3 = Factor 3 Cultural Competency, F4 = Factor 4 Emotional Self-care, F5 = Factor 5 Self-confidence, F6 = Factor 6 Self-awareness, F7 = Factor 7 Relational Acumen.

Table F7 Structure Matrix (82 Items, 309 Cases, 7 Factors)

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
26. When clients present complicated issues, I am able to pinpoint the key issue.	.71	.19	-.37	.24	.44	-.33	.20
28. My understanding of my client's issues is precise.	.71	.22	-.29	.21	.19	-.35	.21
31. I have a great amount of knowledge about people.	.71	.17	-.35	.18	.31	-.25	.30
113. I have mastery over many theories/models.	.69	.25	-.44	.21	.54	-.14	.23
25. I can conceptualize what's happening with a client quickly.	.67	.17	-.29	.14	.30	-.26	.18
75. I have a deep understanding of the human condition.	.63	.30	-.42	.20	.30	-.26	.41
27. My therapeutic conceptualization helps the therapy have a lasting effect on clients.	.63	.26	-.33	.10	.33	-.25	.18
49. I have mastered a fair number of techniques that help clients have quick symptom relief.	.61	.23	-.44	.28	.45	-.14	.19
87. My response to clients is often exactly what they need at the moment.	.61	.28	-.36	.25	.33	-.22	.37



Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
38. My understanding of my client's issues is comprehensive.	.61	.30	-.35	.17	.23	-.32	.20
104. I readily use my knowledge and experience to create effective case conceptualizations.	.58	.34	-.48	.23	.52	-.42	.28
107. My responses to clients help them discover things about themselves.	.53	.41	-.45	.28	.38	-.33	.30
39. I am both empathic and firm as a therapist.	.50	.21	-.30	.28	.41	-.34	.11
85. I am diligent in improving my competence as a therapist.	.26	.72	-.29	.25	.20	-.33	.32
2. I broaden my approaches and experiences as much as possible.	.27	.71	-.40	.33	.18	-.17	.19
89. I never stop searching for new knowledge.	.20	.66	-.18	.14	.19	-.13	.23
24. I seek feedback whenever possible to improve myself.	.07	.66	-.31	.22	.08	-.29	.35
67. I try hard to acquire a variety of clinical experiences.	.17	.62	-.37	.16	.22	-.07	.22
19. I consciously use feedback from others to heighten my self-awareness.	.10	.61	-.22	.29	.14	-.30	.24
7. I learn from every possible opportunity.	.20	.59	-.35	.24	.12	-.20	.18
114. I adjust my framework for the well-being of my client.	.39	.50	-.49	.22	.38	-.16	.38
25. I like trying new things.	.14	.45	-.35	.22	.14	-.15	.27
1. I expose myself to the latest developments in the field.	.36	.41	-.30	.06	.34	-.11	.18
56. I provide appropriate therapy services to culturally different clients.	.35	.31	-.76	.21	.38	-.27	.23
8. I know how to respond to individuals' behaviors that are affected by their cultural backgrounds.	.43	.28	-.75	.23	.36	-.20	.28
14. I readily notice people's behaviors that are related to their cultural backgrounds.	.39	.29	-.71	.22	.25	-.28	.22
15. I am confident that I can connect to individuals from a culture that is unfamiliar to	.25	.29	-.70	.16	.12	-.24	.36

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
me.							
17. During cross-cultural interactions, I am conscious of cultural differences.	.18	.22	-.69	.28	.23	-.32	.15
69. I am aware of the culturally based assumptions I have about counseling.	.22	.41	-.69	.23	.30	-.31	.19
24. I have a great amount of knowledge about cultures other than my own.	.42	.26	-.69	.20	.24	-.11	.30
4. I check the accuracy of my cultural knowledge when I interact with people from different cultures.	.24	.40	-.69	.22	.32	-.34	.17
48. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.	.32	.28	-.69	.23	.22	-.21	.33
41. I am confident in my ability to see clients from different cultures.	.41	.21	-.68	.17	.29	-.10	.17
105. I am able to relate to people from many different backgrounds.	.45	.34	-.67	.20	.35	-.27	.39
46. I build relationships with clients in a manner that is consistent with their cultural background.	.31	.31	-.66	.23	.36	-.24	.20
3. I have many experiences interacting with people from different cultures.	.27	.23	-.64	.12	.18	.01	.12
13. I am aware of how my cultural background affects how I think and act in sessions.	.20	.29	-.63	.25	.23	-.29	.13
35. I consider cultural differences when I conceptualize about clients.	.21	.37	-.63	.26	.29	-.28	.17
15. I adjust my interventions based on my client's cultural background.	.23	.34	-.59	.27	.24	-.21	.15
19. I practice self-care as I encourage my clients to do self-care.	.18	.21	-.25	.83	.20	-.09	.24
11. I have a good balance between work and other parts of my life.	.14	.18	-.26	.77	.27	-.15	.17
11. I take measures to prevent myself from burning out.	.14	.26	-.26	.73	.21	-.09	.03
42. I have a healthy lifestyle.	.17	.25	-.21	.72	.17	-.17	.31

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
47. I have a nurturing life outside of my work.	.15	.21	-.20	.59	.22	-.23	.37
18. I take breaks from work regularly.	.13	.23	-.20	.56	.23	-.16	-.05
88. I am comfortable with the ambiguity in therapy.	.35	.20	-.35	.28	.72	-.24	.19
6. I am confident in sessions.	.56	.18	-.33	.34	.72	-.32	.26
64. I have a high tolerance for not having an answer right away.	.30	.20	-.37	.29	.69	-.27	.18
77. I am confident in my ability to see clients with complicated issues.	.58	.26	-.44	.24	.69	-.32	.23
61. I am afraid of making mistakes.	.27	.15	-.21	.20	.69	-.09	.20
45. I feel confident in my ability to respond to whatever happens in sessions.	.51	.19	-.33	.23	.66	-.29	.22
48. I am confident that even when the session becomes unexpectedly intense, I can handle the situation well.	.46	.19	-.37	.19	.66	-.31	.26
59. I have seen many types of cases.	.49	.14	-.35	.15	.61	-.13	.13
116. I feel nervous when clients show intense pain.	.15	.27	-.29	.17	.59	-.24	.23
66. I become stressed if I make a mistake.	.23	.11	-.22	.27	.59	-.13	.13
96. I am clear about my competency areas.	.56	.18	-.42	.23	.58	-.44	.26
36. Sometimes I am intimidated by the client's intense pain.	.18	.25	-.16	.10	.56	-.17	.16
94. I am clear about my clinical interests.	.51	.16	-.35	.15	.56	-.35	.21
99. I explain my conceptualization to clients in a clear and useful way.	.54	.27	-.41	.20	.55	-.42	.30
62. My self-esteem drops when I don't see positive changes in my clients.	.18	.07	-.19	.28	.53	-.17	.10
7. I create opportunities for clients to find their own answers.	.28	.38	-.41	.25	.51	-.20	.23
79. I am very relaxed in sessions.	.42	.23	-.32	.39	.51	-.13	.41

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
53. I am clear about my theoretical orientation.	.43	.07	-.31	.14	.50	-.30	.10
9. I have gone to many different types of workshops.	.42	.27	-.30	.23	.48	-.06	.19
10. Who I am inside and outside of my therapy practice is congruent.	.23	.22	-.17	.26	.41	-.34	.40
38. I understand my emotions and their causes.	.35	.35	-.32	.26	.22	-.65	.40
46. I know what triggers my defense mechanisms.	.32	.24	-.31	.17	.22	-.61	.23
84. I recognize my countertransference reactions effectively.	.36	.37	-.36	.21	.40	-.61	.32
39. I am fully aware of my issues that originate from childhood.	.38	.18	-.30	.20	.17	-.61	.37
43. I know how I feel in a given situation.	.37	.31	-.32	.19	.37	-.60	.30
32. I know it when I react defensively in a given situation.	.22	.31	-.31	.16	.26	-.55	.21
71. I am fully aware of my motivation to be a therapist.	.26	.35	-.33	.17	.28	-.48	.43
23. I have worked through most of my own emotional issues.	.28	.15	-.20	.35	.24	-.44	.28
101. It is hard for me to recognize my countertransference.	.23	.10	-.25	.15	.32	-.42	.19
1. I am a natural listener.	.13	.27	-.20	.16	.16	-.20	.66
95. I can connect with clients in a short period of time.	.37	.22	-.33	.17	.31	-.25	.60
109. I am consistently warm toward clients.	.12	.35	-.29	.28	.13	-.29	.59
2. I can accurately pick up people's subtle emotions.	.41	.29	-.31	.12	.14	-.44	.54
97. I am very patient with clients.	.27	.30	-.24	.34	.38	-.29	.52
26. I have been sensitive to others' emotions since I was a child.	.22	.25	-.24	.03	.13	-.41	.48
18. I am rarely judgmental.	.21	.30	-.25	.32	.25	-.20	.46

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
1. I am not self-centered.	.18	.23	-.26	.21	.25	-.21	.40

Note: <sup>a</sup>F1 = Factor 1 Clinical Conceptualization, F2 = Factor 2 Learning Drive, F3 = Factor 3 Cultural Competency, F4 = Factor 4 Emotional Self-care, F5 = Factor 5 Self-confidence, F6 = Factor 6 Self-awareness, F7 = Factor 7 Relational Acumen.

Table F8 Pattern Matrix (84 Items, 309 Cases, 7 Factors)

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
28. My understanding of my client's issues is precise.	<b>.70</b>	.01	.03	.09	-.16	.05	.18
31. I have a great amount of knowledge about people.	<b>.65</b>	.13	-.07	.03	.00	-.04	.02
25. I can conceptualize what's happening with a client quickly.	<b>.62</b>	.03	.00	.01	.02	.01	.08
26. When clients present complicated issues, I am able to pinpoint the key issue.	<b>.59</b>	-.01	-.05	.07	.15	-.02	.12
113. I have mastery over many theories/models.	<b>.55</b>	-.01	-.13	.02	.29	.06	-.12
27. My therapeutic conceptualization helps the therapy have a lasting effect on clients.	<b>.55</b>	-.03	-.05	-.06	.08	.13	.07
38. My understanding of my client's issues is comprehensive.	<b>.54</b>	-.02	-.07	.02	-.08	.15	.16
75. I have a deep understanding of the human condition.	<b>.51</b>	.21	-.13	.02	-.01	.07	.00
87. My response to clients is often exactly what they need at the moment.	<b>.51</b>	.16	-.06	.10	.04	.08	-.03
49. I have mastered a fair number of techniques that help clients have quick symptom relief.	<b>.48</b>	-.04	-.19	.11	.19	.03	-.09
39. I am both empathic and firm as a therapist.	<b>.36</b>	-.12	-.02	.14	.18	.05	.20
107. My responses to clients help them discover things about themselves.	<b>.34</b>	.04	-.14	.08	.10	.22	.10
104. I readily use my knowledge and	<b>.33</b>	.01	-.17	-.01	.25	.11	.20

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
experience to create effective case conceptualizations.							
1. I am a natural listener.	-.06	<b>.71</b>	-.01	.01	.03	.05	-.07
45. I am naturally empathic.	.06	<b>.70</b>	.02	-.06	-.04	.08	.14
2. I am sensitive to others' needs.	-.04	<b>.58</b>	-.04	.15	.06	.14	.11
95. I can connect with clients in a short period of time.	.16	<b>.55</b>	-.11	-.01	.11	-.05	-.04
109. I am consistently warm toward clients.	-.10	<b>.52</b>	-.12	.14	-.05	.11	.06
2. I can accurately pick up people's subtle emotions.	.26	<b>.47</b>	-.06	-.06	-.14	.05	.22
26. I have been sensitive to others' emotions since I was a child.	.04	<b>.44</b>	-.06	-.14	-.03	.05	.24
97. I am very patient with clients.	.03	<b>.41</b>	.05	.18	.24	.07	.04
18. I am rarely judgmental.	.03	<b>.35</b>	-.03	.18	.09	.10	-.02
1. I am not self-centered.	-.01	<b>.31</b>	-.09	.08	.13	.04	.02
15. I am confident that I can connect to individuals from a culture that is unfamiliar to me.	-.02	.21	<b>-.71</b>	-.03	-.15	-.02	.03
17. During cross-cultural interactions, I am conscious of cultural differences.	-.14	-.03	<b>-.71</b>	.11	.00	-.08	.18
56. I provide appropriate therapy services to culturally different clients.	.01	.02	<b>-.70</b>	-.03	.14	.01	.04
8. I know how to respond to individuals' behaviors that are affected by their cultural backgrounds.	.15	.06	<b>-.68</b>	.02	.07	-.04	-.05
3. I have many experiences interacting with people from different cultures.	.08	-.04	<b>-.67</b>	-.03	-.02	.03	-.19
41. I am confident in my ability to see clients from different cultures.	.18	.00	<b>-.65</b>	.00	.04	-.06	-.12
14. I readily notice people's behaviors that are related to their cultural backgrounds.	.13	.00	<b>-.65</b>	.02	-.05	.00	.09

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
48. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.	.06	.15	<b>-.64</b>	.04	-.06	-.02	-.02
24. I have a great amount of knowledge about cultures other than my own.	.21	.09	<b>-.64</b>	.02	-.06	-.02	-.12
69. I am aware of the culturally based assumptions I have about counseling.	-.11	-.02	<b>-.62</b>	.00	.07	.16	.13
4. I check the accuracy of my cultural knowledge when I interact with people from different cultures.	-.10	-.09	<b>-.61</b>	-.01	.09	.16	.17
13. I am aware of how my cultural background affects how I think and act in sessions.	-.09	-.06	<b>-.60</b>	.07	.01	.05	.14
46. I build relationships with clients in a manner that is consistent with their cultural background.	.00	.02	<b>-.58</b>	.02	.14	.04	.02
35. I consider cultural differences when I conceptualize about clients.	-.09	-.03	<b>-.55</b>	.06	.08	.14	.10
105. I am able to relate to people from many different backgrounds.	.16	.19	<b>-.53</b>	-.03	.07	.03	.00
15. I adjust my interventions based on my client's cultural background.	-.02	-.04	<b>-.52</b>	.11	.02	.12	.03
19. I practice self-care as I encourage my clients to do self-care.	.06	.07	-.04	<b>.83</b>	-.04	-.02	-.10
11. I have a good balance between work and other parts of my life.	-.03	.00	-.07	<b>.75</b>	.07	-.04	-.01
11. I take measures to prevent myself from burning out.	.01	-.13	-.07	<b>.71</b>	.01	.11	-.04
42. I have a healthy lifestyle.	.04	.16	.03	<b>.70</b>	-.07	.04	-.01
47. I have a nurturing life outside of my work.	-.01	.26	.03	<b>.53</b>	.03	-.01	.05
18. I take breaks from work regularly.	.01	-.23	-.02	<b>.52</b>	.07	.13	.09
61. I am afraid of making mistakes.	.01	.09	.04	.02	<b>.70</b>	.01	-.11
88. I am comfortable with the ambiguity in therapy.	.02	.00	-.09	.07	<b>.66</b>	-.01	.04

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
64. I have a high tolerance for not having an answer right away.	-.03	-.01	-.13	.09	<b>.62</b>	-.01	.08
116. I feel nervous when clients show intense pain.	-.18	.09	-.08	-.04	<b>.59</b>	.11	.08
36. Sometimes I am intimidated by the client's intense pain.	-.06	.05	.08	-.08	<b>.58</b>	.17	.03
66. I become stressed if I make a mistake.	-.02	.00	-.02	.13	<b>.57</b>	-.04	-.03
6. I am confident in sessions.	.30	.05	.02	.13	<b>.55</b>	-.06	.08
48. I am confident that even when the session becomes unexpectedly intense, I can handle the situation well.	.18	.08	-.09	-.04	<b>.53</b>	-.03	.10
45. I feel confident in my ability to respond to whatever happens in sessions.	.27	.02	-.01	.02	<b>.52</b>	-.02	.09
62. My self-esteem drops when I don't see positive changes in my clients.	-.05	-.04	-.02	.16	<b>.51</b>	-.08	.06
77. I am confident in my ability to see clients with complicated issues.	.30	-.01	-.12	.00	<b>.50</b>	.03	.09
59. I have seen many types of cases.	.28	-.04	-.12	-.03	<b>.49</b>	-.03	-.07
94. I am clear about my clinical interests.	.29	.01	-.08	-.05	<b>.40</b>	-.03	.17
7. I create opportunities for clients to find their own answers.	.00	.05	-.19	.04	<b>.39</b>	.20	-.02
96. I am clear about my competency areas.	.30	.02	-.13	.02	<b>.37</b>	-.07	.25
53. I am clear about my theoretical orientation.	.23	-.06	-.12	-.02	<b>.36</b>	-.11	.17
9. I have gone to many different types of workshops.	.26	.01	-.05	.07	<b>.35</b>	.14	-.15
99. I explain my conceptualization to clients in a clear and useful way.	.30	.07	-.09	-.03	<b>.33</b>	.04	.22
79. I am very relaxed in sessions.	.22	.25	-.04	.23	<b>.33</b>	-.01	-.14
10. Who I am inside and outside of my therapy practice is congruent.	.01	.27	.10	.11	<b>.31</b>	.04	.17
89. I never stop searching for new	.09	.04	.13	-.03	.06	<b>.69</b>	-.04



Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
knowledge.							
85. I am diligent in improving my competence as a therapist.	.10	.07	.07	.05	-.02	<b>.66</b>	.14
2. I broaden my approaches and experiences as much as possible.	.11	-.06	-.12	.15	-.07	<b>.64</b>	-.03
24. I seek feedback whenever possible to improve myself.	-.13	.18	-.08	.05	-.10	<b>.58</b>	.12
67. I try hard to acquire a variety of clinical experiences.	-.02	.03	-.16	-.03	.09	<b>.57</b>	-.13
19. I consciously use feedback from others to heighten my self-awareness.	-.07	.07	.05	.14	-.02	<b>.55</b>	.16
7. I learn from every possible opportunity.	.05	-.03	-.13	.08	-.09	<b>.53</b>	.05
1. I expose myself to the latest developments in the field.	.22	.02	-.06	-.12	.20	<b>.34</b>	-.07
25. I like trying new things.	-.02	.11	-.20	.07	-.03	<b>.33</b>	-.02
114. I adjust my framework for the well-being of my client.	.16	.16	-.24	.00	.16	<b>.31</b>	-.12
46. I know what triggers my defense mechanisms.	.13	.02	-.09	.01	-.01	.04	<b>.54</b>
38. I understand my emotions and their causes.	.13	.16	-.03	.08	-.05	.13	<b>.52</b>
39. I am fully aware of my issues that originate from childhood.	.21	.19	-.08	.05	-.10	-.06	<b>.50</b>
84. I recognize my countertransference reactions effectively.	.09	.07	-.06	-.01	.19	.16	<b>.47</b>
43. I know how I feel in a given situation.	.11	.10	-.04	-.02	.16	.10	<b>.46</b>
32. I know it when I react defensively in a given situation.	-.02	.04	-.11	-.03	.08	.14	<b>.46</b>
101. It is hard for me to recognize my countertransference.	.02	.05	-.09	.02	.20	-.09	<b>.34</b>
23. I have worked through most of my own emotional issues.	.12	.10	.03	.25	.05	-.04	<b>.34</b>
71. I am fully aware of my motivation to	.02	.25	-.09	-.03	.10	.15	<b>.31</b>

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
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be a therapist.

Note: <sup>a</sup>F1 = Factor 1 Clinical Conceptualization, F2 = Factor 2 Relational Acumen, F3 = Factor 3 Cultural Competency, F4 = Factor 4 Emotional Self-care, F5 = Factor 5 Self-confidence, F6 = Factor 6 Learning Drive, F7 = Factor 7 Self-awareness.

Table F9 Structure Matrix (84 Items, 309 Cases, 7 Factors)

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
26. When clients present complicated issues, I am able to pinpoint the key issue.	.71	.23	-.37	.23	.44	.19	.33
31. I have a great amount of knowledge about people.	.71	.32	-.35	.18	.31	.17	.25
28. My understanding of my client's issues is precise.	.70	.24	-.29	.21	.19	.22	.35
113. I have mastery over many theories/models.	.70	.22	-.44	.21	.54	.26	.14
25. I can conceptualize what's happening with a client quickly.	.66	.22	-.29	.14	.30	.17	.26
75. I have a deep understanding of the human condition.	.63	.41	-.42	.20	.30	.30	.25
27. My therapeutic conceptualization helps the therapy have a lasting effect on clients.	.62	.19	-.33	.10	.33	.26	.25
49. I have mastered a fair number of techniques that help clients have quick symptom relief.	.62	.18	-.45	.27	.45	.23	.15
87. My response to clients is often exactly what they need at the moment.	.61	.35	-.36	.26	.33	.28	.21
38. My understanding of my client's issues is comprehensive.	.60	.22	-.35	.16	.23	.30	.33
104. I readily use my knowledge and experience to create effective case conceptualizations.	.57	.29	-.48	.22	.52	.34	.42

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
107. My responses to clients help them discover things about themselves.	.53	.31	-.45	.28	.38	.42	.33
39. I am both empathic and firm as a therapist.	.50	.13	-.30	.28	.41	.21	.34
45. I am naturally empathic.	.26	.75	-.24	.13	.16	.32	.37
2. I am sensitive to others' needs.	.23	.71	-.33	.35	.27	.42	.36
1. I am a natural listener.	.13	.70	-.19	.16	.16	.27	.16
95. I can connect with clients in a short period of time.	.37	.61	-.33	.17	.31	.22	.22
2. I can accurately pick up people's subtle emotions.	.41	.60	-.31	.12	.14	.29	.43
109. I am consistently warm toward clients.	.12	.59	-.30	.28	.13	.34	.26
26. I have been sensitive to others' emotions since I was a child.	.21	.53	-.24	.03	.13	.25	.39
97. I am very patient with clients.	.26	.52	-.24	.34	.39	.30	.27
18. I am rarely judgmental.	.21	.45	-.25	.32	.25	.30	.19
1. I am not self-centered.	.18	.40	-.26	.22	.25	.23	.20
56. I provide appropriate therapy services to culturally different clients.	.34	.25	-.76	.21	.38	.31	.26
8. I know how to respond to individuals' behaviors that are affected by their cultural backgrounds.	.43	.28	-.75	.23	.36	.28	.20
14. I readily notice people's behaviors that are related to their cultural backgrounds.	.39	.24	-.71	.21	.25	.29	.29
15. I am confident that I can connect to individuals from a culture that is unfamiliar to me.	.25	.36	-.70	.16	.12	.29	.23
17. During cross-cultural interactions, I am conscious of cultural differences.	.18	.18	-.69	.28	.23	.22	.32
24. I have a great amount of knowledge about cultures other than my own.	.42	.27	-.69	.20	.24	.26	.11

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
69. I am aware of the culturally based assumptions I have about counseling.	.22	.23	-.69	.22	.30	.41	.31
4. I check the accuracy of my cultural knowledge when I interact with people from different cultures.	.23	.18	-.69	.22	.32	.40	.34
48. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.	.32	.33	-.69	.23	.22	.29	.20
41. I am confident in my ability to see clients from different cultures.	.41	.17	-.68	.18	.30	.21	.09
105. I am able to relate to people from many different backgrounds.	.45	.40	-.67	.20	.35	.34	.27
46. I build relationships with clients in a manner that is consistent with their cultural background.	.31	.24	-.66	.23	.36	.31	.23
3. I have many experiences interacting with people from different cultures.	.28	.10	-.64	.12	.18	.23	-.01
13. I am aware of how my cultural background affects how I think and act in sessions.	.19	.16	-.63	.25	.23	.29	.28
35. I consider cultural differences when I conceptualize about clients.	.21	.20	-.63	.26	.29	.37	.28
15. I adjust my interventions based on my client's cultural background.	.23	.17	-.59	.27	.24	.34	.20
19. I practice self-care as I encourage my clients to do self-care.	.18	.23	-.25	.83	.20	.21	.09
11. I have a good balance between work and other parts of my life.	.14	.17	-.27	.77	.27	.18	.15
11. I take measures to prevent myself from burning out.	.14	.06	-.26	.73	.21	.27	.10
42. I have a healthy lifestyle.	.17	.31	-.21	.72	.17	.25	.17
47. I have a nurturing life outside of my work.	.15	.38	-.20	.59	.22	.21	.22
18. I take breaks from work regularly.	.13	-.02	-.20	.55	.23	.23	.17
88. I am comfortable with the ambiguity in	.34	.20	-.35	.28	.73	.20	.24

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
therapy.							
6. I am confident in sessions.	.56	.28	-.33	.34	.72	.18	.32
64. I have a high tolerance for not having an answer right away.	.30	.19	-.37	.29	.69	.20	.27
77. I am confident in my ability to see clients with complicated issues.	.58	.25	-.44	.24	.69	.27	.33
61. I am afraid of making mistakes.	.27	.20	-.21	.20	.69	.15	.08
45. I feel confident in my ability to respond to whatever happens in sessions.	.51	.23	-.33	.23	.66	.19	.29
48. I am confident that even when the session becomes unexpectedly intense, I can handle the situation well.	.46	.28	-.37	.18	.66	.19	.31
59. I have seen many types of cases.	.49	.14	-.35	.15	.61	.14	.13
116. I feel nervous when clients show intense pain.	.14	.24	-.29	.17	.59	.27	.24
66. I become stressed if I make a mistake.	.23	.12	-.22	.27	.59	.11	.13
96. I am clear about my competency areas.	.55	.27	-.42	.23	.58	.19	.44
94. I am clear about my clinical interests.	.51	.22	-.35	.15	.56	.17	.35
36. Sometimes I am intimidated by the client's intense pain.	.18	.18	-.16	.10	.56	.25	.17
99. I explain my conceptualization to clients in a clear and useful way.	.54	.31	-.41	.20	.55	.27	.42
62. My self-esteem drops when I don't see positive changes in my clients.	.18	.09	-.19	.28	.53	.07	.18
7. I create opportunities for clients to find their own answers.	.28	.25	-.41	.25	.51	.38	.19
79. I am very relaxed in sessions.	.43	.39	-.33	.39	.51	.23	.12
53. I am clear about my theoretical orientation.	.43	.12	-.31	.14	.50	.07	.30
9. I have gone to many different types of workshops.	.42	.17	-.30	.23	.48	.27	.06

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
10. Who I am inside and outside of my therapy practice is congruent.	.23	.40	-.17	.26	.41	.22	.33
85. I am diligent in improving my competence as a therapist.	.26	.34	-.29	.25	.20	.72	.32
2. I broaden my approaches and experiences as much as possible.	.27	.22	-.40	.33	.17	.70	.17
89. I never stop searching for new knowledge.	.19	.25	-.18	.14	.19	.66	.13
24. I seek feedback whenever possible to improve myself.	.06	.38	-.31	.22	.08	.65	.27
67. I try hard to acquire a variety of clinical experiences.	.16	.23	-.37	.16	.22	.62	.06
19. I consciously use feedback from others to heighten my self-awareness.	.09	.29	-.22	.29	.14	.61	.30
7. I learn from every possible opportunity.	.19	.21	-.35	.24	.12	.59	.20
114. I adjust my framework for the well-being of my client.	.39	.37	-.49	.22	.38	.50	.15
25. I like trying new things.	.14	.27	-.35	.21	.14	.45	.14
1. I expose myself to the latest developments in the field.	.36	.20	-.30	.06	.33	.41	.11
38. I understand my emotions and their causes.	.34	.42	-.32	.26	.22	.35	.65
46. I know what triggers my defense mechanisms.	.32	.27	-.31	.17	.22	.23	.61
84. I recognize my countertransference reactions effectively.	.35	.35	-.36	.21	.40	.36	.61
39. I am fully aware of my issues that originate from childhood.	.38	.39	-.30	.20	.17	.18	.61
43. I know how I feel in a given situation.	.36	.35	-.32	.18	.37	.31	.59
32. I know it when I react defensively in a given situation.	.21	.27	-.31	.15	.26	.31	.55
71. I am fully aware of my motivation to be a therapist.	.26	.44	-.33	.17	.28	.35	.46

Items	F1 <sup>a</sup>	F2	F3	F4	F5	F6	F7
23. I have worked through most of my own emotional issues.	.27	.28	-.20	.34	.24	.15	.45
101. It is hard for me to recognize my countertransference.	.23	.21	-.25	.15	.32	.10	.42

Note: <sup>a</sup>F1 = Factor 1 Clinical Conceptualization, F2 = Factor 2 Relational Acumen, F3 = Factor 3 Cultural Competency, F4 = Factor 4 Emotional Self-care, F5 = Factor 5 Self-confidence, F6 = Factor 6 Learning Drive, F7 = Factor 7 Self-awareness.

## Appendix G Final Subscale Items (7 Subscales, 73 Items in Total)

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Subscale Name	Items
Self-Awareness	<p>As a person-46. I know what triggers my defense mechanisms.</p> <p>As a person-38. I understand my emotions and their causes.</p> <p>As a person-39. I am fully aware of my issues that originate from childhood.</p> <p>As a therapist-84. I recognize my countertransference reactions effectively.</p> <p>As a person-43. I know how I feel in a given situation.</p> <p>As a person-32. I know it when I react defensively in a given situation.</p> <p>As a therapist-101. It is hard for me to recognize my countertransference. (R)</p> <p>As a person-23. I have worked through most of my own emotional issues.</p> <p>As a therapist-71. I am fully aware of my motivation to be a therapist.</p>
Relational Acumen	<p>As a person-1. I am a natural listener.</p> <p>As a person-45. I am naturally empathic.</p> <p>As a person-20. I am sensitive to others' needs.</p> <p>As a therapist-95. I can connect with clients in a short period of time.</p> <p>As a therapist-109. I am consistently warm toward clients.</p> <p>As a person-2. I can accurately pick up people's subtle emotions.</p> <p>As a person-26. I have been sensitive to others' emotions since I was a child.</p> <p>As a therapist-97. I am very patient with clients.</p> <p>As a person-18. I am rarely judgmental.</p> <p>As a person-10. I am not self-centered.</p>

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Subscale Name	Items
Clinical Conceptualization	As a therapist-28. My understanding of my client's issues is precise.
	As a therapist-31. I have a great amount of knowledge about people.
	As a therapist-25. I can conceptualize what's happening with a client quickly.
	As a therapist-26. When clients present complicated issues, I am able to pinpoint the key issue.
	As a therapist-113. I have mastery over many theories/models.
	As a therapist-27. My therapeutic conceptualization helps the therapy have a lasting effect on clients.
	As a therapist-38. My understanding of my client's issues is comprehensive.
	As a therapist-75. I have a deep understanding of the human condition.
	As a therapist-87. My response to clients is often exactly what they need at the moment.
	As a therapist-49. I have mastered a fair number of techniques that help clients have quick symptom relief.
	As a therapist-39. I am both empathic and firm as a therapist.
	As a therapist-107. My responses to clients help them discover things about themselves.
	As a therapist-104. I readily use my knowledge and experience to create effective case conceptualizations.
Learning Drive	As a therapist-89. I never stop searching for new knowledge.
	As a therapist-85. I am diligent in improving my competence as a therapist.
	As a therapist-20. I broaden my approaches and experiences as much as possible.
	As a therapist-24. I seek feedback whenever possible to improve

Subscale Name	Items
	<p>myself.</p> <p>As a therapist-67. I try hard to acquire a variety of clinical experiences.</p> <p>As a therapist-19. I consciously use feedback from others to heighten my self-awareness.</p> <p>As a therapist-7. I learn from every possible opportunity.</p> <p>As a therapist-1. I expose myself to the latest developments in the field.</p> <p>As a person-25. I like trying new things.</p> <p>As a therapist-114. I adjust my framework for the well-being of my client.</p>
Self-confidence	<p>As a therapist-79. I am very relaxed in sessions.</p> <p>As a therapist-99. I explain my conceptualization to clients in a clear and useful way.</p> <p>As a therapist-61. I am afraid of making mistakes. (R)</p> <p>As a therapist-59. I have seen many types of cases.</p> <p>As a therapist-94. I am clear about my clinical interests.</p> <p>As a therapist-48. I am confident that even when the session becomes unexpectedly intense, I can handle the situation well.</p> <p>As a therapist-64. I have a high tolerance for not having an answer right away.</p> <p>As a therapist-96. I am clear about my competency areas.</p> <p>As a therapist-88. I am comfortable with the ambiguity in therapy.</p> <p>As a therapist-45. I feel confident in my ability to respond to whatever happens in sessions.</p> <p>As a therapist-60. I am confident in sessions.</p> <p>As a therapist-77. I am confident in my ability to see clients with complicated issues.</p>

Subscale Name	Items
Emotional Self-care	<p data-bbox="591 279 1403 342">As a person-19. I practice self-care as I encourage my clients to do self-care.</p> <p data-bbox="591 384 1360 447">As a therapist-110. I have a good balance between work and other parts of my life.</p> <p data-bbox="591 489 1433 552">As a therapist-11. I take measures to prevent myself from burning out.</p> <p data-bbox="591 594 1122 621">As a person-42. I have a healthy lifestyle.</p> <p data-bbox="591 663 1341 690">As a person-47. I have a nurturing life outside of my work.</p> <p data-bbox="591 732 1260 760">As a therapist-18. I take breaks from work regularly.</p>
Cultural Competency	<p data-bbox="591 793 1341 856">As a therapist-56. I provide appropriate therapy services to culturally different clients.</p> <p data-bbox="591 898 1398 961">As a person-8. I know how to respond to individuals' behaviors that are affected by their cultural backgrounds.</p> <p data-bbox="591 1003 1341 1066">As a person-14. I readily notice people's behaviors that are related to their cultural backgrounds.</p> <p data-bbox="591 1108 1398 1203">As a person-48. When interacting with people from different cultures, I can differentiate their individual characteristics from their cultural characteristics.</p> <p data-bbox="591 1245 1341 1308">As a person-24. I have a great amount of knowledge about cultures other than my own.</p> <p data-bbox="591 1350 1425 1413">As a therapist-69. I am aware of the culturally based assumptions I have about counseling.</p> <p data-bbox="591 1455 1382 1518">As a person-4. I check the accuracy of my cultural knowledge when I interact with people from different cultures.</p> <p data-bbox="591 1560 1377 1623">As a therapist-13. I am aware of how my cultural background affects how I think and act in sessions.</p> <p data-bbox="591 1665 1398 1728">As a therapist-46. I build relationships with clients in a manner that is consistent with their cultural background.</p> <p data-bbox="591 1770 1300 1833">As a therapist-35. I consider cultural differences when I conceptualize about clients.</p>

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Subscale Name	Items
	As a therapist-105. I am able to relate to people from many different backgrounds.
	As a therapist-15. I adjust my interventions based on my client's cultural background.
	As a person-3. I have many experiences interacting with people from different cultures.

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## Appendix H Final MPCII Subscales Histograms

Figure H1 Histogram of Self-Awareness

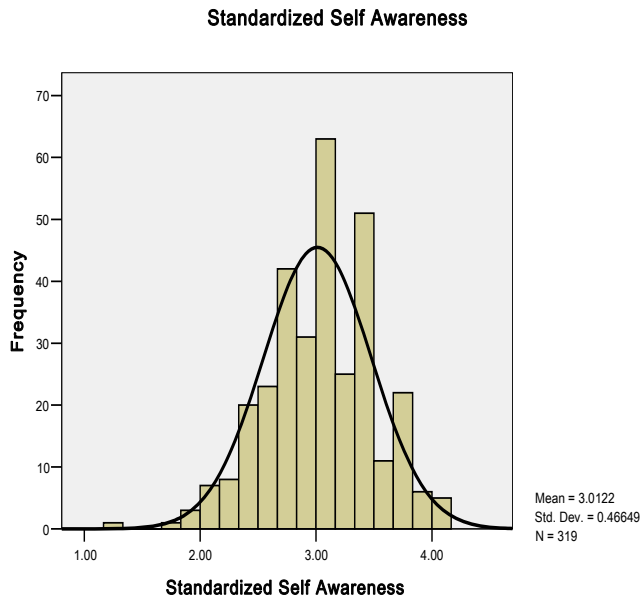


Figure H2 Histogram of Relational Acumen

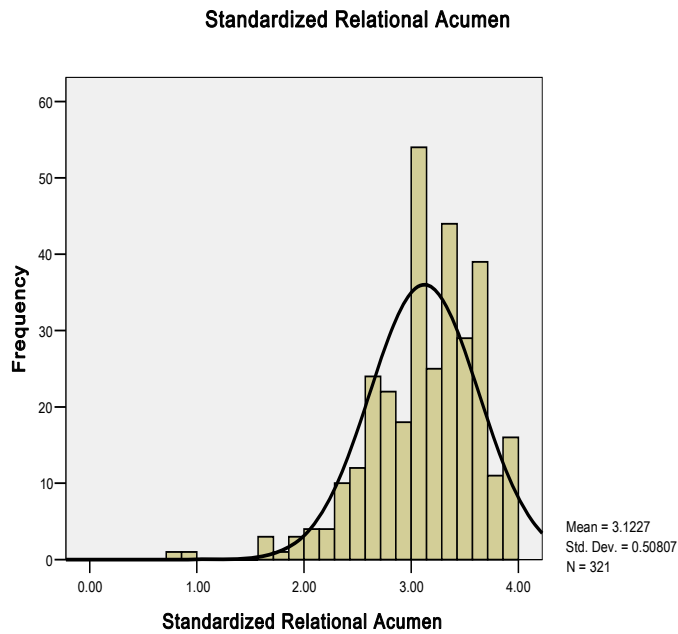


Figure H3 Histogram of Clinical Conceptualization

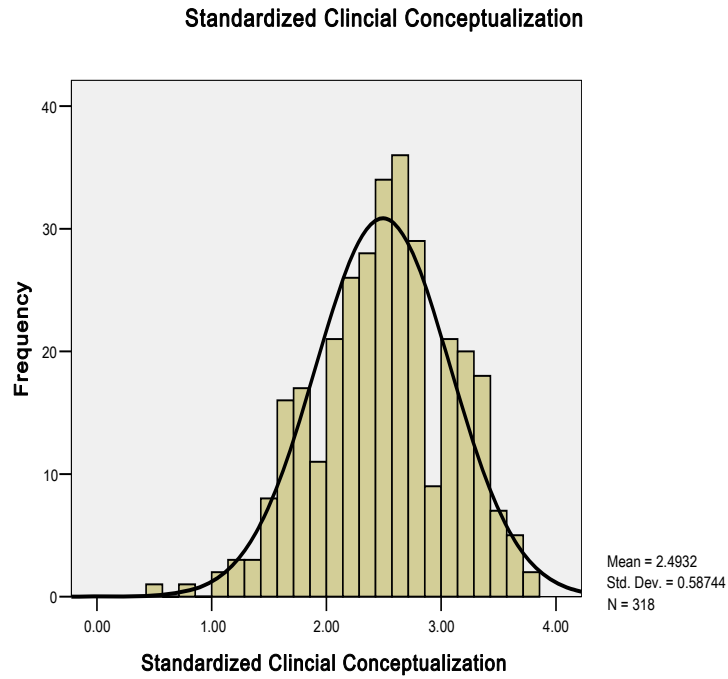


Figure H4 *Histogram of Learning Drive*

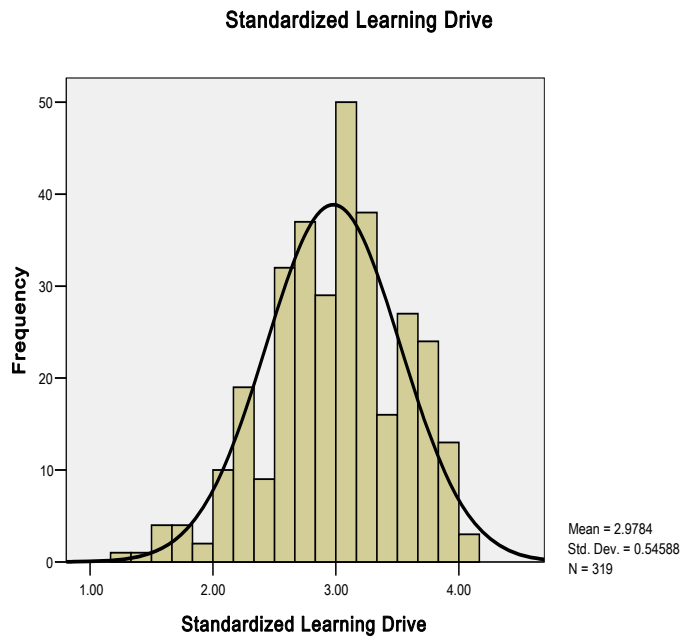


Figure H5 Histogram of Self-confidence

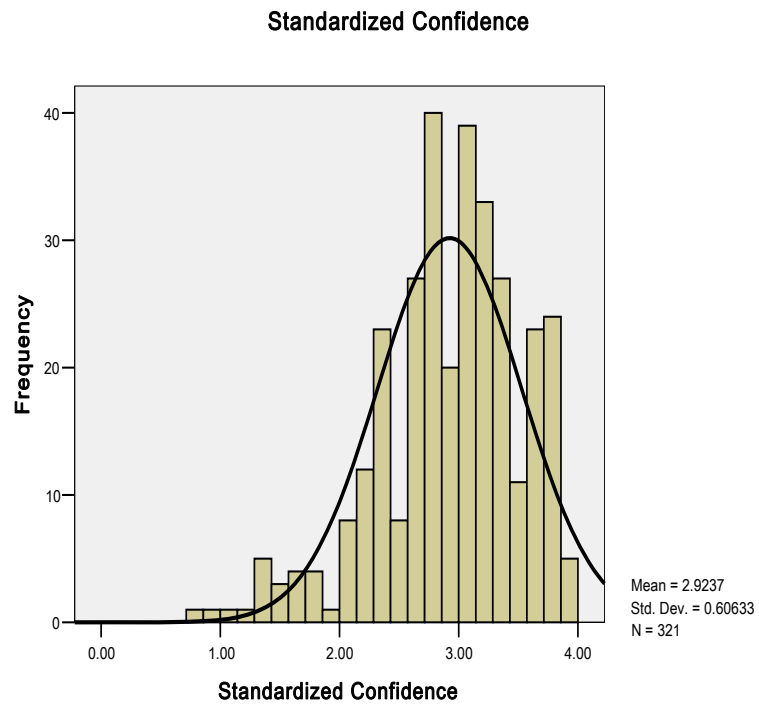


Figure H6 Histogram of Emotional Self-care

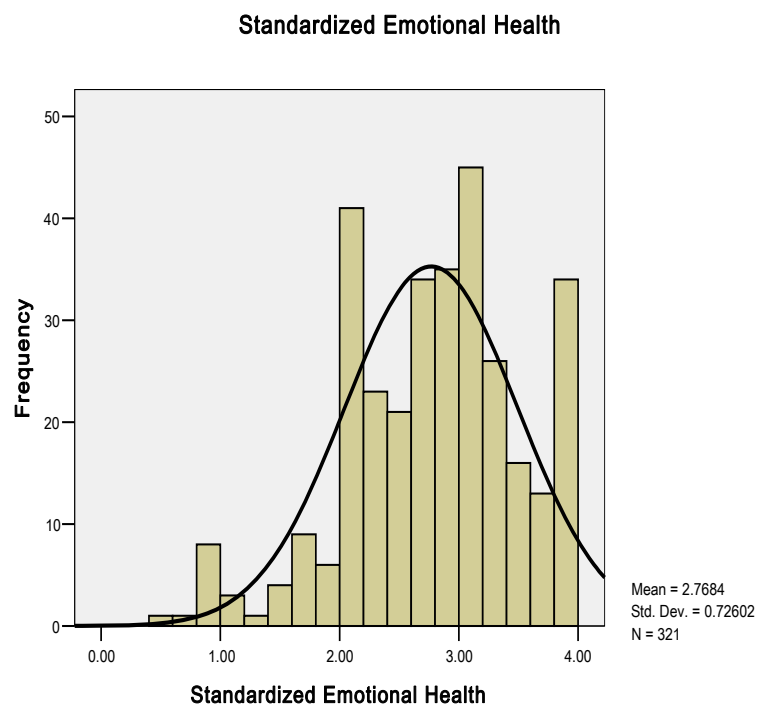
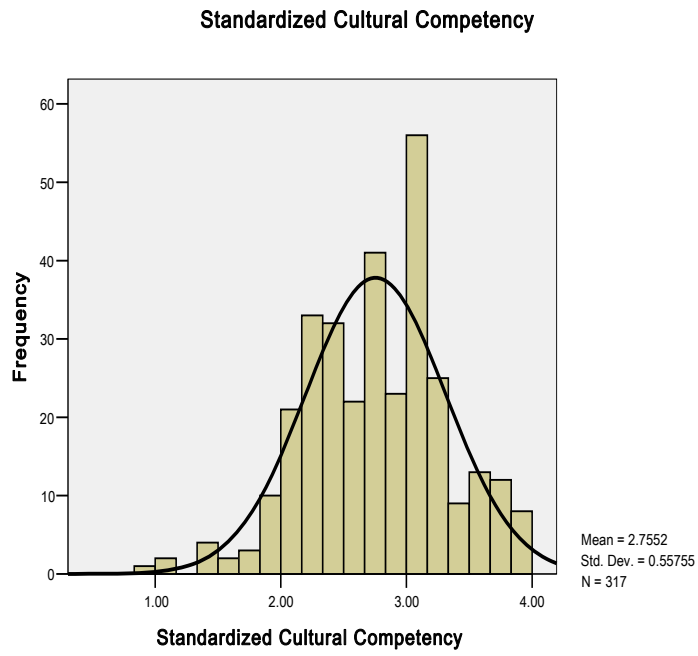


Figure H7 Histogram of Cultural Competency



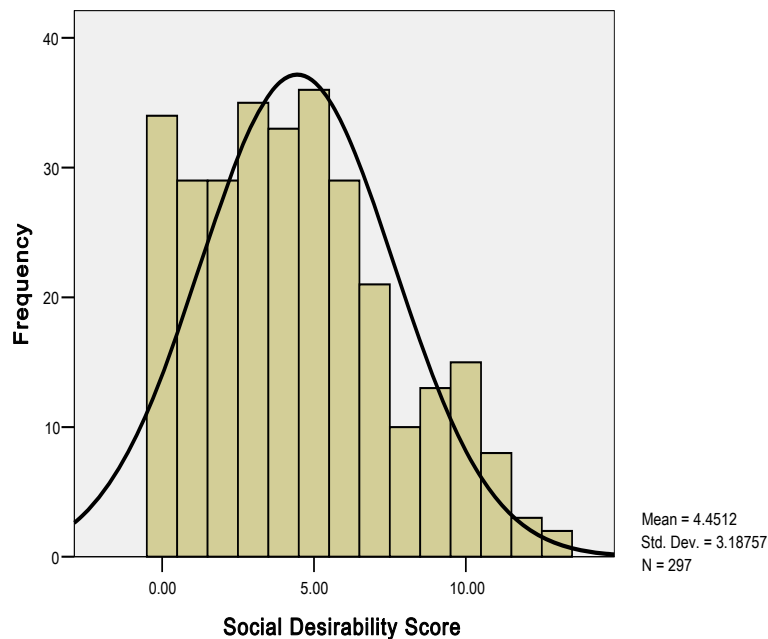


## Appendix I Frequencies and Descriptive Statistics of Social Desirability Score

Table II Descriptive Statistics of Social Desirability Score

N	Valid	297
	Missing	26
Mean		4.45
Median		4.00
Mode		5.00
Std. Deviation		3.19
Skewness		.50
Std. Error of Skewness		.14
Kurtosis		-.48
Std. Error of Kurtosis		.28
Minimum		.00
Maximum		13.00

Figure I1 Histogram of Social Desirability Score



## Appendix J Descriptive Statistics and Frequencies of Experiences

Table J1 Descriptive Statistics of Years of Practice and Total Practice Time

Statistics		Years of Practice	Total Practice Time (in Hours)
N	Valid	320	269
	Missing	3	54
Mean		15.50	22016.88
Median		11.00	1200.00
Mode		4.00	600.00
Std. Deviation		13.06	23046.65
Skewness		.63	1.23
Std. Error of Skewness		.14	.15
Kurtosis		-.97	.95
Std. Error of Kurtosis		.27	.30
Minimum		.00	.00
Maximum		45.00	12000.00

Figure J1 Histogram of Years of Practice

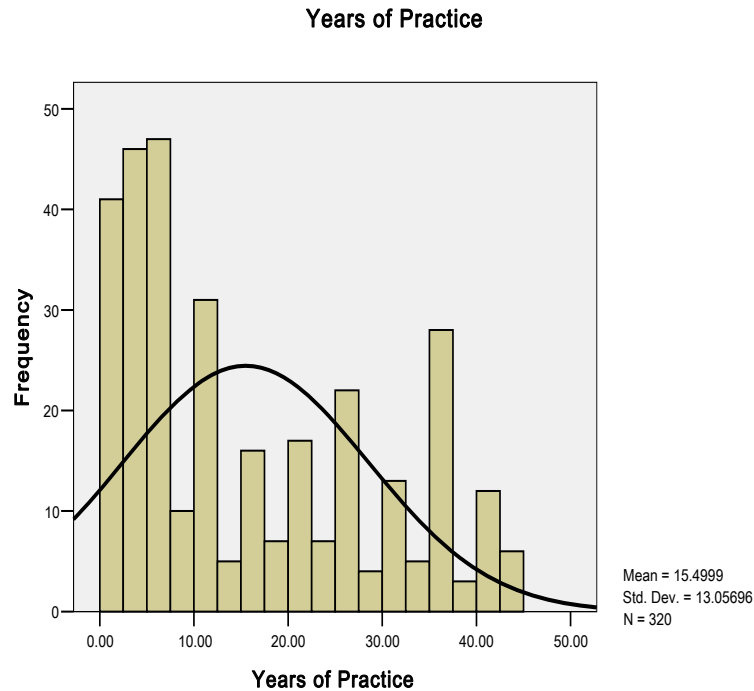


Figure J2 Histogram of Total Practice Time (in Hours)

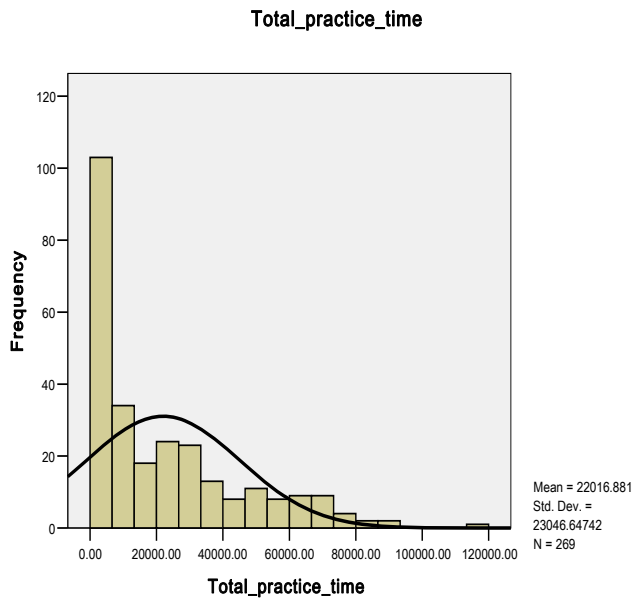


Table J2 Direct Client Contact Hours

Direct Client Contact Hours		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-100	21	6.5	6.8	6.8
	101-500	25	7.7	8.1	14.9
	501-1000	22	6.8	7.1	22.0
	1001-2000	24	7.4	7.8	29.8
	2001-3000	25	7.7	8.1	37.9
	3001-4000	15	4.6	4.9	42.7
	4001-5000	20	6.2	6.5	49.2
	5001-6000	23	7.1	7.4	56.6
	6001-7000	8	2.5	2.6	59.2
	7001-8000	14	4.3	4.5	63.8
	8001-9000	8	2.5	2.6	66.3
	9001-10,000	10	3.1	3.2	69.6
	10,001+	94	29.1	3.4	100.0
Total	309	95.7	100.0		
Missing	System	14	4.3		
Total		323	100.0		

Figure J3 Histogram of Direct Client Contact Hours

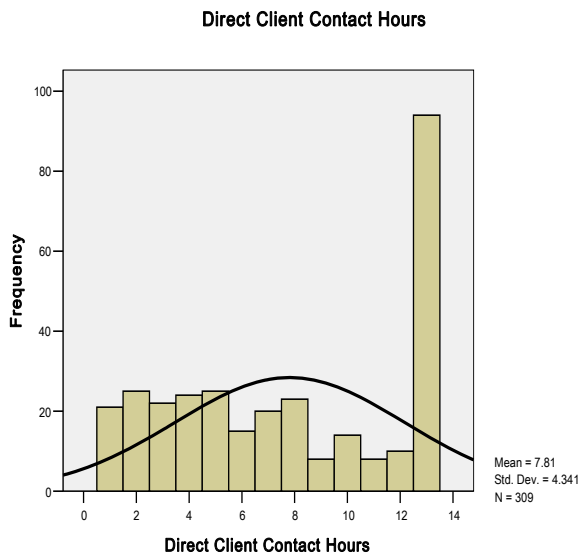


Table J4 Correlation Coefficients between Years of Practice, Total Practice Time, and Direct Contact Hours

		Years of Practice	Total Practice Time (Hours)	Direct Client Contact Hours
Years of Practice	Pearson Correlation	1	.83	.72
	Sig. (2-tailed)		<.001	<.001
	N	320	269	307
Total Practice Time (Hours)	Pearson Correlation	.83	1	.64
	Sig. (2-tailed)	<.001		<.001
	N	269	269	259
Direct Client Contact Hours	Pearson Correlation	.72	.64	1
	Sig. (2-tailed)	<.001	<.001	
	N	307	259	309

## Appendix K Scatter Plots between Years of Practice and MPCII Subscale

Figure K1 Scatter Plot of Years of Practice vs. Self-Awareness

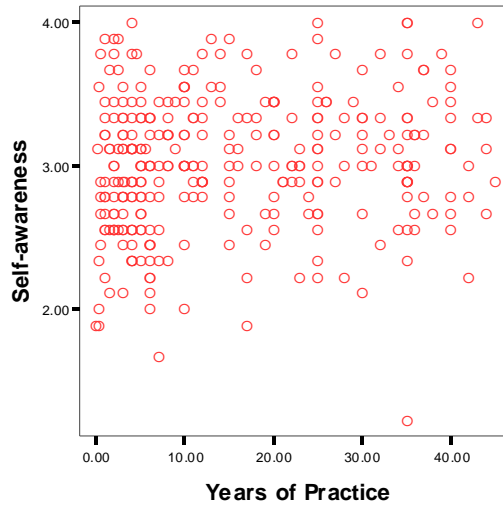


Figure K2 Scatter Plot of Years of Practice vs. Relational Acumen

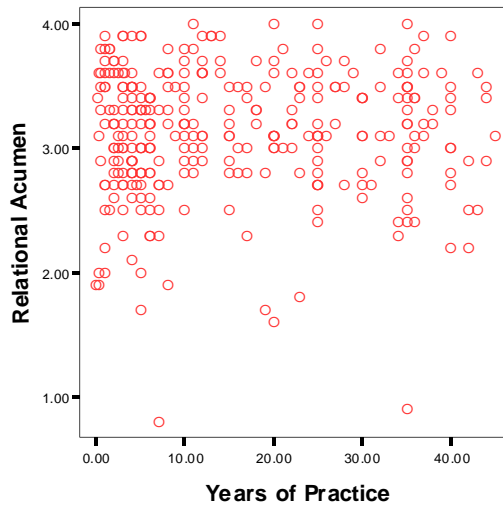


Figure K3 Scatter Plot of Years of Practice vs. Clinical Conceptualization

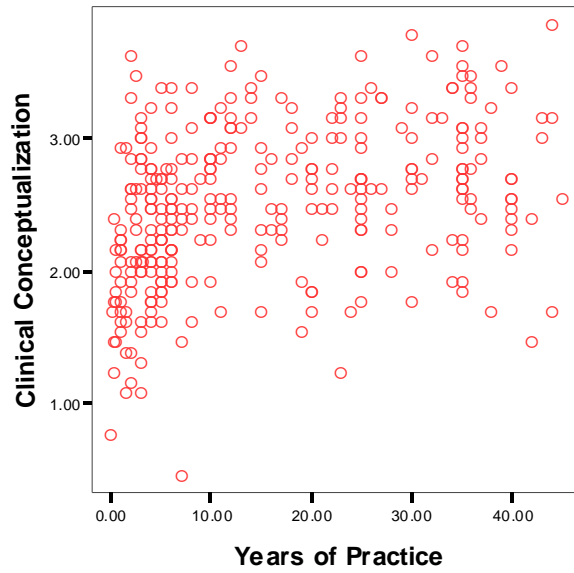


Figure K4 Scatter Plot of Years of Practice vs. Learning Drive

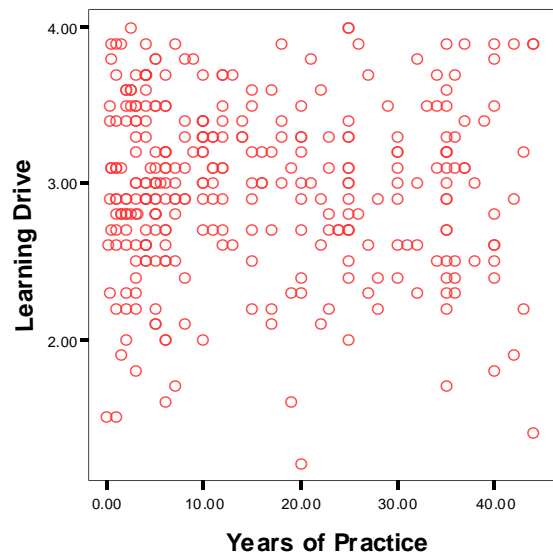


Figure K5 Scatter Plot of Years of Practice vs. Self-confidence

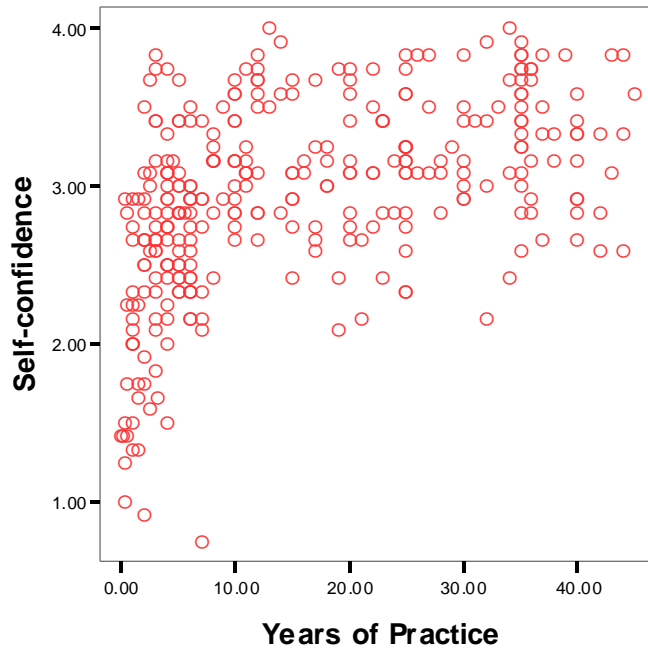


Figure K6 Scatter Plot of Years of Practice vs. Emotional Self-care

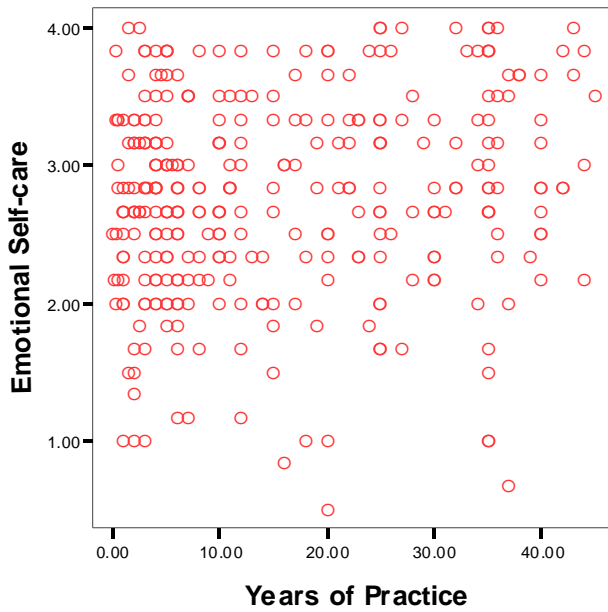
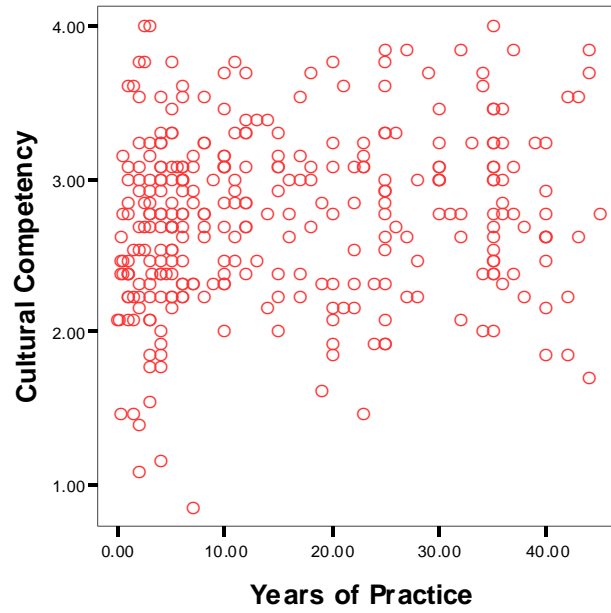


Figure K7 Scatter Plot of Years of Practice vs. Cultural Competency





## Appendix L Scatter Plots of Direct Client Contact Hours vs. MPCII Subscales

Figure L1 Scatter Plots of Direct Client Contact Hours vs. Self-Awareness

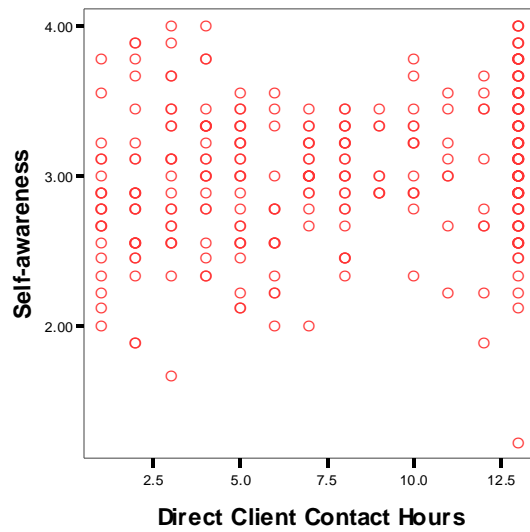


Figure L2 Scatter Plot of Direct Client Contact Hours vs. Relational Acumen

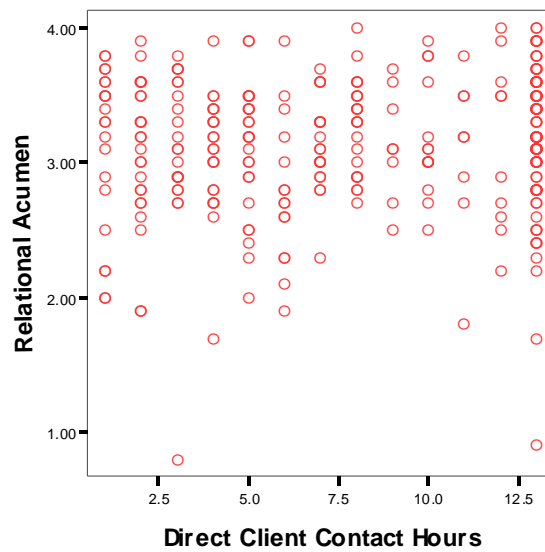


Figure K3 Scatter Plot of Direct Client Contact Hours vs. Clinical Conceptualization

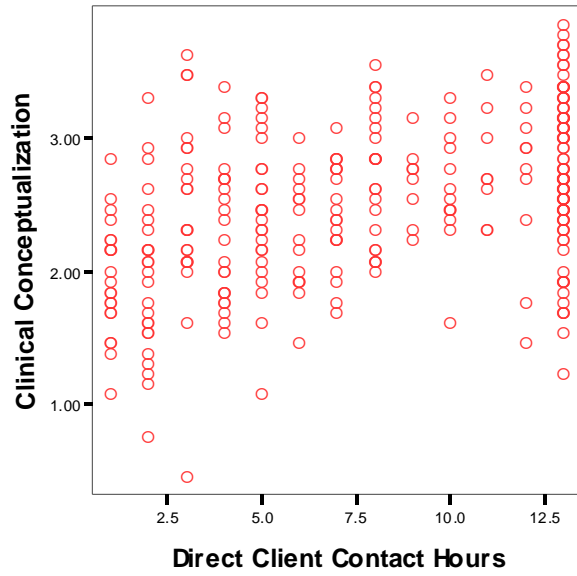


Figure K4 Scatter Plot of Direct Client Contact Hours vs. Learning Drive

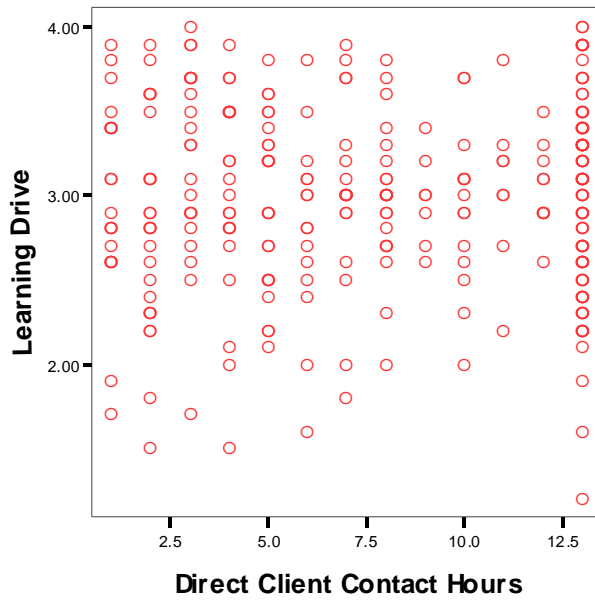


Figure K5 Scatter Plot of Direct Client Contact Hours vs. Self-confidence

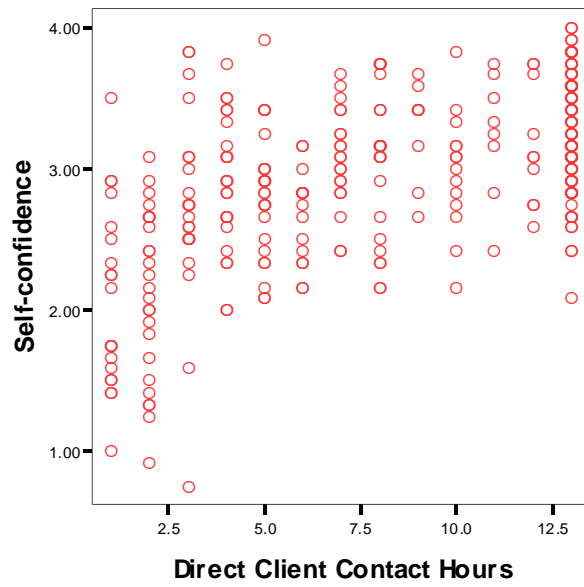


Figure L Scatter Plot of Direct Contact Hours vs. Emotional Self-care

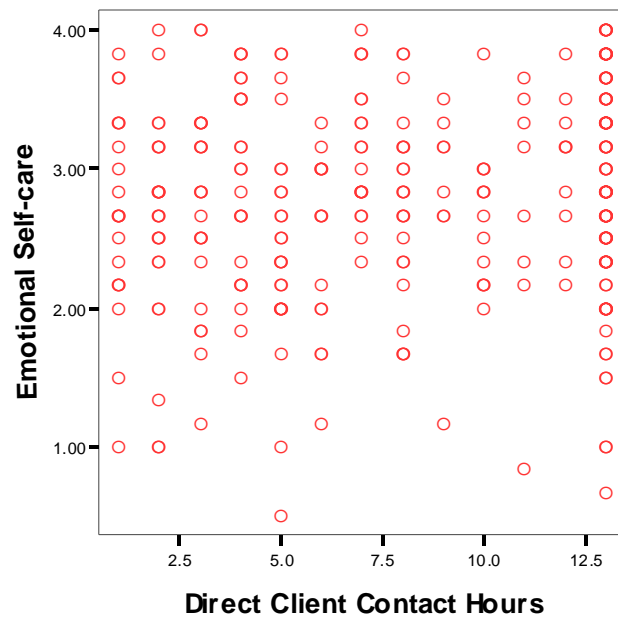


Figure L7 Scatter Plot of Direct Contact Hours vs. Cultural Competency

