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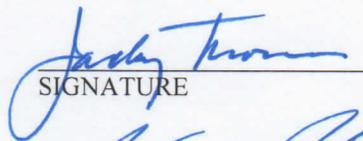
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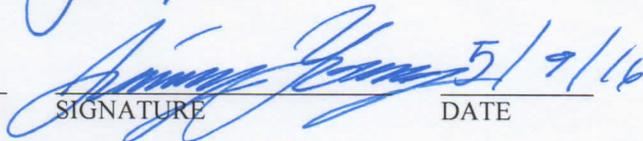
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Perspectives of MSW Students and Faculty on Personal Therapy
and the Requirement for Personal Therapy

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Abstract

The literature on the subject of personal therapy has shown that professional therapists view the experience of personal therapy as enriching for personal and/or professional reasons. Studies conducted with students in the professional helping fields have found similar positive views regarding the value of attending personal therapy. Literature regarding a requirement for attending personal therapy as part of graduate education has found mixed views from students, who view mandatory therapy as both challenging and potentially beneficial for a range of reasons. There is minimal research specific to social work regarding MSW student and faculty views on the subject. This study explored student and faculty perspectives on the subject of personal therapy for students enrolled in MSW programs and on a requirement for attending personal therapy as a condition for graduation. Results of the study indicate that both MSW students and faculty believe that personal therapy may be beneficial to personal and/or professional growth, and that a majority of students and faculty surveyed support a requirement for personal therapy as a condition for graduation.

Keywords: personal therapy, mandatory therapy, requirement for personal therapy, professional growth

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Chapter 1

Introduction

The mission of social work is "...to enhance human well-being and help meet the basic needs of all people" (National Association of Social Workers [NASW], 2008, p. 1). The job of social work education, then, is to prepare students to provide services that meet this mission, both ethically and competently (Lafrance & Gray, 2004), as well as in a manner that promotes personal and professional sustainability (Beddoe, Davys, & Adamson, 2013). The crucial tasks of empathizing with clients and accepting what they bring with them in order to both support their autonomy and empower them to change requires that social workers have maturity and appropriate boundaries (Berlin, 2005). Social work education has historically relied on educational practices which involve, in addition to didactic instruction, experiential processes and professional supervision (Saari, 2012). Furthermore, the training of social workers, as well as other mental health professionals, highlights that personal and professional development are both intertwined and inexorably linked (Bike, Norcross, & Schatz, 2009; R. A. Mackey & Mackey, 1993; Norcross, 2005; Orlinsky, Schofield, Schroder, & Kazantzis, 2011; Urdang, 2010; Yalom, 2002).

There has been increased literature within the past two decades which has affirmed the value of self-care for the professional helper. Benefits of self-care include although are not limited to: the development of resilience (Beddoe et al., 2013; Wicks, 2008), improved coping (Danylchuk, 2015), managing vicarious trauma (Rothschild, 2006), and attention to professional boundaries by way of managing countertransference (Rothschild, 2006). These, in turn, affect workforce retention/sustainability (DePanfilis, 2006). Given that self-care for the helper has been legitimized as an important aspect of professional training, it is presently being encouraged

in the training of social workers and other mental health clinicians (Beddoe et al., 2013).

The applicability of personal therapy in the professional development of the mental health clinician is a subject which has been discussed within the literature for near a century. The utility of personal therapy as a training device has its roots in psychoanalysis, where at one time every future psychoanalyst was required to undergo their own psychoanalysis (Norcross, 2005). The current field(s) of psychiatry, psychology, social work, marriage and family therapy, clinical nursing, and professional counseling are less rigid about the need for a requirement of personal therapy. However, contemporary literature indicates that when a trainee or professional undergoes his/her own personal therapy, it has potential benefits including: development of professional identity (Norcross, 2005), clinical/professional role modeling (Geller, 2013), development of resilience to work related stress/change (Linley & Joseph, 2007), increasing one's awareness to include the impact one has on another and becoming aware of one's blind spots (Orlinsky, Botermans, & Rønnestad, 2001), and enhancing one's self-awareness (Bike et al., 2009; Ivey & Waldeck, 2014).

There is a dearth of literature, however, within the social work academic community regarding both student and faculty views on the subject of personal therapy and on a requirement for personal therapy as a part of training. Since 1990, there have been several studies exploring student perspectives of personal therapy, though most were outside of social work (Grimmer & Tribe, 2001; Holzman, Searight, & Hughes, 1996; Ivey & Waldeck, 2014; Kumari, 2011; Macaskill, 1992; Mackey & Mackey, 1993; McEwan & Duncan, 1993; Murphy, 2005; Rizq, 2011; Strozier & Stacey, 2001). Many of these studies report that graduate students within the mental health disciplines value therapy as an experience which helps them grow professionally (Everson, 2013; Malikiosi-Loizos, 2013; Rizq, 2011) as well as improve their self-care

(Grimmer & Tribe, 2001). However, within the examined literature, only one study was found which examines the perspectives of both MSW students *and* faculty (Strozier & Stacey, 2001). An additional question derived from the literature was whether or not it is appropriate and ethical for educational institutions to require their students to attend personal therapy as a part of their educational experience (Atkinson, 2006a; Ivey, 2014). The aim of this study is two-fold: to contribute to the knowledge base surrounding student and faculty perspectives on the subject of personal therapy in the education of social workers, and to explore perspectives of students and faculty on the subject of a requirement of personal therapy.

The fields of psychology, psychiatry, social work, marriage and family therapy, and professional counseling are in agreement that personal therapy is an accepted practice for assisting in personal and professional development of the mental health clinician (Bike et al., 2009; Orlinsky et al., 2011). Within this context, it is important to consider the role of personal therapy in the education of MSW students. This study examines the following research questions: 1) What are MSW student and faculty perceptions regarding the value of personal therapy for students? 2) What are MSW student and faculty perceptions regarding a requirement for participation in personal therapy as a condition of MSW graduation?

Definition of Terms

Burnout. “A syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do ‘people work’ of some kind” (Maslach, 2003).

Compassion fatigue. A concept that refers to “emotional and physical exhaustion that can affect the helping professionals and caregivers over time. It has been associated with the a gradual desensitization to patient stories, a decrease in quality care for patients and clients

(sometimes described as “poor bedside manners”), an increase in clinical errors, higher rates of depression and anxiety disorders among helpers, and rising rates of stress leave and degradation in workplace climate.” (Figley, 2012)

Compassion satisfaction. “The level of satisfaction helping professionals find in their job and the degree to which they feel successful in their jobs” (Conrad & Kellar-Guenther, 2006, p. 1074).

Competence. “Sufficiency of qualification; capacity to deal adequately with a subject.” (Simpson, Weiner, & Oxford University Press, 1989)

Personal therapy. (Intended to be synonymous with Personal Treatment) A “generic term encompassing psychological treatment of mental health professionals (and those in training) by means of various theoretical orientations and treatment formats,” (Norcross, 2005).

Resilience. “Dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma.” (Luthar & Cicchetti, 2000, p 858)

Secondary Traumatic stress. (also referred to as vicarious traumatization) “The natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person.” (Figley, 1995, p. 10)

Self-care. The “engagement in behaviors that maintain and promote physical and emotional well-being and may include factors such as sleep, exercise, use of social support, emotion regulation strategies, and mindfulness practice.” (Myers et al., 2012, p. 36)

Chapter 2

Literature Review

There is a wide array of perspectives within the literature on the subject of personal therapy. This review will consider literature related to two primary themes; the perspectives regarding the use of personal therapy as a developmental strategy for those working in the arena of mental health (Bike et al., 2009; Geller, 2013; Orlinsky et al., 2011;) and perspectives related to a requirement of personal therapy for trainees in mental health fields (Ivey, 2014; Malikiosi-Loizos, 2013; Murphy, 2005; Rizq, 2011). This review will explore these main themes particularly within the context of the role of personal therapy in the training of MSW students. This will include discussion of the preparation of social workers and risk/resilience factors affecting them; the perspectives of mental health trainees and professionals on the benefits and risks of personal therapy to mental health professionals; the perspectives of students and faculty on personal therapy; and perspectives regarding a requirement of personal therapy within graduate universities as a condition of program completion..

As a result of the sparse research regarding attitudes of MSW's on the subject of personal therapy, literature from the fields of psychology, marriage and family therapy, and professional counseling will also be considered. Despite some differences in areas of particular expertise, these various professional disciplines play similar roles in the delivery of mental health services. Therefore, perspectives regarding the role of personal therapy in the professional development of psychologists, marriage and family therapists, and professional counselors are explored in this literature review, along with the very limited research regarding views of social workers.

Preparing MSW Students

Social work as a professional discipline aspires to, “enhance human well-being and help

meet the basic needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty,” (NASW Code of Ethics, 2008, p. 1). In order to achieve this mission, the task of MSW educational programs then becomes developing social workers who are supportive of this mission and capable of facilitating its fulfillment. It then becomes a responsibility of the individual social worker to support this broad mission which includes empowerment of clients and systems within the environments they inhabit, with the goal of enhancing existing capacities of people to address their own needs (NASW, 2008). Supporting a client’s autonomy has critical relevance within the professional discipline of social work. Berlin (2005) suggests that through a, “supportive but also limited therapeutic relationship, the individual will be able to discover the internal obstacles holding him or her back and tap into the motivation to grow” (Berlin, 2005, pg. 493). Berlin further identifies the importance of maintaining appropriate boundaries while simultaneously developing connections and accepting clients. These responsibilities are multi-faceted and may be daunting to the new social worker.

However, it is not the sole responsibility of MSW programs to produce competent social workers. Although MSW programs assume primary direct responsibility of training and directing the development of future social workers, they are guided in doing so by the Council on Social Work Education (CSWE) accreditation process. Over its 60+ year history, the CSWE has carefully developed guidelines for administrators and educators to follow regarding the task of preparing future social workers for the dynamic range of responsibilities required in being a professional social worker. These guidelines set forth by the CSWE are explicit in the form of Educational Policy and Accreditation Standards (EPAS). These EPAS guidelines outline particular competencies MSW students are expected to acquire; however, it remains up to each

university itself to determine how best to help their students achieve these competencies (CSWE, 2015). In order for an MSW program to become accredited, they must substantiate that their program follows the EPAS (CSWE, 2015). Through oversight by use of the EPAS, the CSWE has played a critical role in the creation of a homogenous network of accredited MSW programs.

CSWE accreditation standards. The CSWE was born in 1952, six years after the inception of the NASW, when the existing organizations representing the community of Social Work identified the need that a, “sole organization be founded that would permit many elements within the social work profession to participate in setting and maintaining accreditation criteria” (“Council on Social Work Education (CSWE) - The Road to 1952: AASSW and NASSA,” 2015). Further, the CSWE was created, “To promote the development of sound programs of social work education in the U.S., its territories and possessions, and Canada” (Kendall, 2002, p. 109).

The CSWE has recently (2015) revised their EPAS and established nine “Core Competencies,” each with their own practice behaviors. The current EPAS core competencies are: 1) demonstrate ethical and professional behavior, 2) engage diversity and difference in practice, 3) advance human rights and social, economic, and environmental justice, 4) engage in practice-informed research and research informed practice, 5) engage in policy practice, 6) engage with individuals, families, groups, organizations, and communities, 7) assess individuals, families, groups, organizations, and communities, 8) intervene with individuals, families, groups, organizations, and communities, 9) evaluate practice with individuals, families, groups, organizations, and communities (CSWE, 2015). These competencies are intended to be comprehensive in covering areas of professional development. However, within these broad competencies and within the CSWE program guidelines, there is no mention, one way or the

other, regarding advising or requiring personal therapy as part of the MSW educational program. Through communication with the CSWE, it was confirmed that they neither recommend nor discourage education on the topic of personal therapy, recommendations for student participation in personal therapy, or a requirement for personal therapy in MSW programs. As of the writing of this thesis, the author identified no accredited MSW program within the United States which had a requirement for personal therapy.

NASW ethical standards and expectations. The profession of social work, governed by the National Association of Social Workers, has designed explicit ethical expectations which guide students and emerging professionals in their development. For the purposes of this literature review, the following core values are highlighted as being most closely linked to the subject of personal therapy: dignity and worth of the person, importance of human relationship, integrity, and competence (NASW, 2008). The detailed descriptions of the ethical principles (Table 1.1 below) indicate the complexity of translating these principles into practice, and suggest that doing so requires high levels of personal integrity, self-awareness, and interpersonal skill on the part of the social worker.

Table 1.1 *Relevant NASW Ethical Principles*

Value	Description of Corresponding Ethical Principle
Dignity and Worth of the person	Ethical principle: Social workers respect the inherent dignity and worth of the person. Social workers treat each person in a caring and respectful fashion, mindful of the individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.
Importance of Human Relationships	Ethical Principle: Social workers recognize the central importance of human relationships. Social workers understand that relationships between and among people are an important vehicle for change. Social Workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.
Integrity	Ethical principle: Social workers behave in a trustworthy manner. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

Value	Description of Corresponding Ethical Principle
Competence:	Ethical Principle: Social workers practice within their areas of competence and develop and enhance their professional expertise. Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession

NASW Code of Ethics, 2008, pp.. 5-6

Literature on the subject of personal therapy for the trainee/professional identifies the following benefits from participating in personal therapy: increased self-awareness, development of a professional identity congruent with accompanying professional standards, processing of countertransference, and understanding of the therapeutic process (Bike et al., 2009; Macran, Stiles, & Smith, 1999; Orlinsky et al., 2011). It appears that there is an overlap between the identified core values and principles of the profession, and the identified common benefits of personal therapy.

Resilience. The signature pedagogy of MSW education is fieldwork with professional supervision regarding experiences in the field internship (Wayne, Bogo, & Raskin, 2010). Fieldwork is combined with classroom instruction to provide a dynamic learning experience which prepares an MSW for the rigors of professional practice. The literature identifies the importance of utilizing the fieldwork and supervision combination as a means of developing aspects of resilience in mental health clinicians (Beddoe et al., 2013; Guerin, Devitt, & Redmond, 2010). Beddoe et al. (2013) identified supervision as a primary method that organizations can use to promote resilience. Other organizational factors contributing to resilience included peer support, professional development opportunities, organizational culture, and valuing of the profession (p. 104).

Resilience was identified by Beddoe, et al., (2013) as being an invaluable characteristic of the social worker, so important that it is directly linked to workplace satisfaction and career longevity. Through a synthesis of the literature, Beddoe, et al., identified the following

individual characteristic which support resilience; *hardiness, optimism and hope, coping mechanisms, cognitive-behavioral approaches* [orientation] *dispositional goal orientation, self-efficacy and strong valuing of practice, competence, work-life balance, subjective well-being, emotional competence, and reflection and empathy* (p.103). Beddoe, et al. (2013) concluded that a direct relationship exists between organizational culture and personal attributes which support resilience, and assert that resiliency factors are identified, "...as constructs of a practitioner's own personal attributes, augmented by the mechanisms utilized by social work educators to best prepare students for the realities of practice" (p. 114). These authors contend that the practices of social work organizations and universities are necessary in the development of resilient professional practice habits. Personal therapy has been identified as a specific experience promoting therapist self-care and in this vein, personal therapy may be an important experience for social work educators to consider in the development of resilience.

Fieldwork/direct practice experience and professional supervision are identified as the two highest rated professional development factors across mental health disciplines (Orlinsky et al., 2001). Students/trainees take their experiences in the classroom and field, and then use processes like supervision to glean insight into strengths, preferences/biases, and areas of needed growth (Norcross, 2005). This educational experience is viewed in the literature as dynamic (Beddoe et al., 2013), with planned as well as spontaneous opportunities for feedback, and is assistive in facilitating personal and professional growth of the MSW student (Saari, 2012). Furthermore, these growth oriented experiences are key in the development of critical thinking regarding areas of ethics (Abramson, 1996).

Effective preparation of future social workers for the experiences of professional practice will impact the quality of service delivery to clients and communities. This is especially

important considering that social workers are one of the most common practitioners in the mental health disciplines (U.S. Bureau of Labor Statistics, 2016). Recent estimates of the total number of social workers in the United States are approximately 649,000 (U.S. Bureau of Labor Statistics, 2016). The issues regarding professional development have heightened relevance as mental health services are presently in higher demand, across more states, than at any time in the nation's history (Levin, 2010). Although it is important to note that not all social workers will participate in the direct delivery of clinical services, all social workers, even those who will not participate in direct clinical service delivery, will communicate, collaborate, and work with persons of diverse backgrounds in support of the mission of social work.

Self-care of social workers. Self-care is defined as “Engagement in behaviors that maintain and promote physical and emotional well-being and may include factors such as sleep, exercise, use of social support, emotion regulation strategies, and mindfulness practice” (Myers et al., 2012, p. 36). Self-care includes both physical and cognitive behaviors. Components of self-care involve how one perceives a stressor and/or self-efficacy in managing stressors, along with aspects of acceptance of self and of situation (Palma-García & Hombrados-Mendieta, 2014). Self-care is viewed both through the lens of daily management of well-being, as well as the life-long development and practice of healthy strategies (Beddoe et al., 2013). Wicks (2008) emphasized that for each person, self-care is going to appear different.

Many social workers work with clients who have been exposed to rates of trauma that far exceed those of the general population (Bride, 2007). These clients include persons with substance use disorders, persons who are homeless, victims of sexual abuse, victims and perpetrators of domestic violence, and children who have been abused (Bride, 2007). According to Conrad and Kellar-Guenther (2006), “the more empathic therapists are toward their clients,

the more likely they are to internalize their client's trauma" (p. 1072). Though empathy has been viewed as "essential to helping," (Thomas, 2013, p. 375) aspects of empathy can place clinicians at risk for compassion fatigue and burnout (Thomas, 2013).

Literature on the self-care of social workers and other mental health clinicians has grown markedly within the past two decades as compassion fatigue and secondary traumatic stress (STS, also known as vicarious trauma) have become recognized as personal hazards to persons involved in service delivery. STS is defined as, "The natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person." (Figley, 1995, p. 10). Compassion fatigue is defined as:

emotional and physical exhaustion that can affect the helping professionals and caregivers over time. It has been associated with the a gradual desensitization to patient stories, a decrease in quality care for patients and clients (sometimes described as "poor bedside manners"), an increase in clinical errors, higher rates of depression and anxiety disorders among helpers, and rising rates of stress leave and degradation in workplace climate. (Figley, 2012)

Bride (2007) found that 70% of social workers in his study sample had experienced at least one symptom of STS in the past week, and that 15% met criteria for post-traumatic stress disorder (PTSD) in the form of Secondary Traumatic Stress Syndrome (STSS). As many as 50% of social workers experience, "high or very high levels of compassion fatigue" (Conrad & Kellar-Guenther, 2006, p. 1077). Bride (2007) notes that the majority of MSW professionals practice in fields where they will have direct contact with clients, and that STS is considered an occupational hazard associated with "providing direct services to traumatized populations" (p. 63). Consequently, many researchers and professionals in social work and related professions view self-care as a necessary consideration in appropriate service delivery (Beddoe et al., 2013; Fortune, 1987; Rothschild, 2006; Wicks, 2008). Despite the contemporary acceptance of self-

care as an invaluable aspect of MSW health, MSW programs and employers are not adequately teaching students how to effectively engage in self-care (Bloomquist, Wood, Friedmeyer-Trainor, & Kim, 2016)

Rothschild (2006) discussed the neurological impact of occupational stress, compassion fatigue, and vicarious trauma on the helper and suggests that self-care plays a protective role in coping with stress and trauma. Recent literature surrounding the subject(s) of self-care and resilience has identified that helpers who viewed themselves as being successful in practicing self-care experienced improved levels of acceptance and occupational satisfaction (Palma-García & Hombrados-Mendieta, 2014). Conrad and Kellar-Guenther (2006) discuss the concept of compassion satisfaction, defined as “The level of satisfaction helping professionals find in their job and the degree to which they feel successful in their jobs” (p. 1074), and suggest that encountering trauma in the helping profession is not always negative, but can also lead to feelings of success, acceptance, and resilience.

Macran and Shapiro (1998) state that the two primary purposes that therapists themselves attend personal therapy is to increase therapeutic effectiveness and to maintain therapist well-being (p. 14). It is important for MSW students to develop insight into empathy as a process and learn self-care and/or resilience strategies which enhance coping and overall self-efficacy (Beddoe et al., 2013). Engaging in personal therapy may play an important role in this. Danylchuk (2015) discussed that personal therapy is an effective means for coping with and growing from the experience of working with clients who have experienced trauma.

Perspectives of Mental Health Clinicians Regarding Personal Therapy

The perspectives of mental health clinicians from a variety of related professions on the subject of personal therapy are relevant to the social work student. Within the past 20 years, an

increasing breadth of literature has explored perspectives on personal therapy related to: benefits on professional development (Bike et al., 2009; Orlinsky et al., 2011); personal growth (Geller, 2013; Geller, Norcross, & Orlinsky, 2005; Norcross, 2005); understanding and processing countertransference (Linley & Joseph, 2007; Yalom, 2002); the issue of a requirement for personal therapy in training (Ivey, 2014; Malikiosi-Loizos, 2013); the efficacy of personal therapy as a way to improve clinical outcomes (Atkinson, 2006a; Grimmer & Tribe, 2001; Macran & Shapiro, 1998; Norcross, 2005; VanderWal, 2015); and concerns regarding its use in training (Kumari, 2011). This accumulated body of literature helps understand how personal therapy may be beneficial in the lives of MSW students.

Personal therapy is often viewed by mental health clinicians as an important part of their personal and professional development (Orlinsky et al., 2011). In “The Gift of Therapy,” psychotherapist, author and teacher Irvin Yalom writes succinctly, “To my mind, personal psychotherapy is, by far, the most important part of psychotherapy training” (Yalom, 2012, p. 40). He goes on, “Question: What is the therapist’s most valuable instrument? Answer (and no one misses this one): the therapist’s own self.” Bike et al. (2009) stated, “Personal treatment is, in many respects, at the epicenter of the educational universe for psychotherapists. Our training, identity, health, and self-renewal revolve around the personal therapy experience” (p. 28). Although some in the literature are not quite as assertive as Yalom or Bike on personal therapy being the *most* important part of psychotherapy training, there is a general acceptance by mental health professionals that it is a widely accepted practice used for both self-care and professional development/growth (Bike et al., 2009; Orlinsky et al., 2001, 2011).

Practicing mental health therapists consistently rate personal therapy as an important factor in their professional development (Geller et al., 2005). In one study examining

approximately 4,000 practicing mental health therapists' attitudes on 14 factors related to professional development, the two highest rated factors were, in order, direct fieldwork/field internships and professional supervision (Orlinsky et al., 2001, 2011). The 3rd highest rated factor contributing to professional development was personal therapy (Orlinsky et al., 2011). Benefits from personal therapy cited in the literature include: improvements in self-awareness (Bellows, 2007; Geller, 2013; Geller et al., 2005); orientation to the process and roles involved in therapy (Macran et al., 1999; Wiseman & Shefler, 2001); and improvements in self-care (Orlinsky et al., 2011). Orlinsky et al. (2011) suggest it assists in understanding the client role and emphasizes the beneficial interplay between didactic learning, supervision, and personal therapy. The general view regarding personal therapy is that it can have many benefits for students and for practicing mental health therapists.

Orlinsky et al.'s (2011) meta-analysis regarding the utilization of personal therapy for psychotherapists found that rates of participation in at least one session of personal therapy by mental health clinicians (psychologists, marriage and family therapists, professional counselors, and social workers) were generally in the range of 70-80% and often as high as 90% depending upon theoretical orientation. Bike et al., (2009) found similar results as the Orlinski et al., (2011) study, and identified that 83% of social workers had some prior experience in personal therapy. The Bike et al., study found that 86% of professionals involved in personal therapy attained either moderate or significant improvement of their presenting problem/concern. The theoretical orientation with the lowest rates of participation in personal therapy were cognitive-behavioral therapists at 60-65% while the orientation with the highest rates of participation were psychodynamic therapists at 85% (Norcross, Karpiak, & Santoro, 2005). This research confirms that, across disciplines, therapists view personal therapy as helpful and important, with

theoretical orientation being the primary mitigating factor (Orlinsky et al., 2011).

Some authors identified concerns regarding personal therapy or negative outcomes derived from personal therapy, especially when participation in therapy was required (Atkinson, 2006; Kumari, 2011). Atkinson insists that, “An intervention which is potent enough in its effects to bring about positive change can do the opposite: therapy can do harm” (Atkinson, 2006, p. 408). Atkinson asserts that the benefits of personal therapy can be attained through other professional/self-development activities, and as such, it should not be required. Findings by Kumari suggest that, “rather than improve client outcome and the psychological functioning of trainees; personal therapy can have a negative impact on their clinical practice and on their personal lives” (2011, p. 226). Grimmer & Tribe identified that students participating in personal therapy may have an inaccurate attribution that an intervention which was unsuccessful or successful for them, may also be unsuccessful or successful for a client, despite nothing other than personal experience to substantiate this (2001, p. 297). However, most of these negative perceptions largely involved situations in which therapy was mandated by an institution. This literature points to the delicate nature of mandating or requiring personal therapy as a requirement for graduation.

Perceptions of Students on the Value of Personal Therapy

The literature examining student perceptions regarding personal therapy has provided the fields of social work, psychology, marriage and family therapy, and professional counseling with a rich tapestry of data regarding how students view personal therapy as well as general perspectives that these students take with them when they embark on careers in the helping fields. Understanding these student characteristics is helpful in operationalizing optimal educational experiences for students (Ivey & Waldeck, 2014; R. a. Mackey, Mackey, & O’Brien,

1993; Rizq, 2011). In general, personal therapy is viewed as helpful in nurturing the process of professional growth in the student (Grimmer & Tribe, 2001; Murphy, 2005). Specific benefits found within the literature on student perspectives included the following: personal and professional growth (Holzman et al., 1996; Janssen Von Bank, 2013; Murphy, 2005); coping and self-care (Everson, 2013; Strozier & Stacey, 2001); and understanding of the therapeutic process including empathizing with being in the role of the client (Kumari, 2011; R. A. Mackey & Mackey, 1993; Rizq & Target, 2010). Students also view personal therapy through the lens that it is a challenging experience that made the completion of graduate school arduous (Kumari, 2011; Murphy, 2005). Though a student's professional growth is lifelong, it largely begins when they are a student (Murphy, 2005).

Students also had the perspective that personal therapy is beneficial to their professional development when used in conjunction with supervision (Mackey, Mackey, & O'Brien, 1993; Malikiosi-Loizos, 2013; Urdang, 2010). Norcross (2005), had similarly cited this mutually beneficial connection between supervision and personal therapy among professionals. Students found that when clinical supervision would identify an area for growth, personal therapy would often facilitate this growth in a manner which supervision alone was previously unsuccessful at addressing (Mackey & Mackey, 1993; Rizq, 2011). This combination of fieldwork, supervision, and personal therapy for students is congruent with comments identified by professional therapists regarding the areas they found valuable to professional growth (Orlinsky et al., 2001).

Students surveyed consistently recognized personal therapy as an important aspect of competent service delivery (Murphy, 2005; Rizq, 2011; Strozier & Stacey, 2001). Across studies, students identified personal therapy as an effective method in developing necessary practice behaviors including empathy, management of counter-transference, and cognitive

flexibility (Grimmer & Tribe, 2001; Macaskill, 1992; Mackey et al., 1993; Rizq, 2011; Strozier & Stacey, 2001).

Factors shaping negative and/or neutral students attitudes toward personal therapy included: student stress level at the time of training (Grimmer & Tribe, 2001; Kumari, 2011); attachment style of the student (Rizq, 2011); theoretical orientation of students (Macaskill, 1992; Malikiosi-Loizos, 2013; Norcross, 2005; Orlinsky et al., 2011); perception of the value of personal therapy by faculty at their institution of learning (Kumari, 2011; Malikiosi-Loizos, 2013; Rizq, 2011; Rizq & Target, 2010; Urdang, 2010); and perceptions of engagement in personal therapy as a normative process for help seeking (Farber, 1999). Negative student perceptions of personal therapy have also been shown to be strongly related to concerns about potential unethical application of a requirement for personal therapy including such issues as: a lack of confidentiality from therapist to faculty, lack of or limited application of informed consent, and a lack of choices/alternatives regarding selectin of therapist (Atkinson, 2006b; Kumari, 2011; Thorne & Dryden, 1991). However, in spite of concerns surrounding inappropriate behavior by some therapists, and regardless of whether personal therapy was chosen for personal reasons by the student, recommended by the institution, or mandated by the institution, the overwhelming majority of student and trainee perspectives regarding personal therapy is positive (Chapman, Oppenheim, Shibusawa, & Jackson, 2003; Holzman et al., 1996; R. A. Mackey & Mackey, 1993; Murphy, 2005; Rizq & Target, 2010; Strozier & Stacey, 2001).

Two studies involving social work students (Mackey & Mackey, 1993 and Strozier & Stacey, 2001) will be discussed in more detail. In Mackey et al.'s (1993) qualitative study, 15 MSW students participated in 45 minute interviews. These researchers found that 93% of their sample used the therapist as a positive model for acceptance and empathy; 93% found their

therapy to, “enrich their understanding of theoretical concepts discussed in class, readings and field instruction,” and finally, 80% of students “reported how personal treatment had helped them to understand and appreciate the role of the client and what it mean to be a client...” (p. 135-139). The following is a succinct and poignant example taken from the Mackey et al. study. The excerpt illustrates a student’s perspective regarding how their personal growth improved their professional self in areas of empathy and ability to be in the here and now with clients. The student also explicitly notes the relationship between supervision and therapy.

At the beginning of the year I was very uncomfortable with silences and I would always jump in and my supervisors would say: “Sit with that silence. You’ll be amazed what it brings up.” But it would raise so much anxiety for me that I would try to ask a question or fill the silence in some way or another....In my own therapy I find that when there is a silence.... I’m able to utilize that and really get some stuff from the gut. ...”It’s a working silence, just sitting in my own therapy and being able to do that....how useful it’s been for me. Now when I’m working with clients I remember that it can be useful for them to sit with silence and that its ok (p. 141).

Strozier and Stacey (2001) examined the attitudes and views of 139 MSW students regarding personal therapy through use of an anonymous self-report survey. The results of the survey found 85% of students viewed therapy as important or essential; of those, 45% viewed it as essential. Of note, 11% were neutral on the subject and only 1% of the sample found it harmful. Areas in which the majority of students viewed therapy as being of specific benefit included enhancing self-awareness and dealing with one’s own issues. Students were also asked an open ended question regarding subjects not explicitly included in the survey. I have included three responses representing the range of responses below (p. 190)

“Therapy should be made a requirement in order to participate in the MSW program. It is my own personal belief that it would help reduce harm to clients and provide students with the experience of being a client,”

“It is quite possible to be a good social worker without going into therapy,”

“People who have had major life stresses really need to deal with their own

issues before being able to help others.”

Literature examining professional therapist views on personal therapy indicated that when a professional therapist had previously been in therapy, they were more likely to view the practice favorably (Bike et al., 2009; Orlinsky et al., 2001). Students who had previously experienced therapy were also more likely to perceive benefits derived from therapy, as well as believing it was useful to professional training (Holzman et al., 1996; Strozier & Stacey, 2001).

One of the more interesting findings in the literature was the identification that early childhood attachment may play a role in students receptiveness to, and belief in, the effectiveness of personal therapy in their training (Rizq, 2011; Rizq & Target, 2010). This literature, although sparse in its volume, helps paint a dynamic picture of the characteristics which students in the helping professions may bring with them. The findings of Rizq (2011) and Rizq & Target (2010), explained that students with insecure or avoidant attachment styles, although being reluctant and/or resistant to personal therapy, may be more in need of personal therapy to assist with personal/professional growth, even more so than their peers who have the more secure attachment.

The final variable which appears to affect students perception of the benefit/risk of personal therapy is stress level at the time of and during personal therapy (Atkinson, 2006b; Grimmer & Tribe, 2001). Some students found the experience itself, irrespective of the content and process of the sessions, to be stressful and a distraction (Kumari, 2011). Across the literature, of the students participating in the research, a portion found the experience of personal therapy painful and/or a significant stressor. Some of these students found the pain and discomfort necessary as well beneficial in the processing of past stressors (Grimmer & Tribe, 2001; Mackey et al., 1993; Rizq & Target, 2010; Strozier & Stacey, 2001). Additionally, many

of those who indicated the process was painful or uncomfortable shared that this was helpful in formation of empathy for consumers undergoing a similar process (Kumari, 2011). Though perceptions that attending therapy was sometimes unpleasant was a normal concern stated by students, it is again important to note that the majority of students polled found personal therapy as being helpful in coping with stress and/or the resolution of significant past issues (Macran & Shapiro, 1998; McEwan & Duncan, 1993; Strozier & Stacey, 2001).

Personal therapy is viewed by students as a primarily positive experiential process, but student views are less favorable when personal therapy is made mandatory (Kumari, 2011). Issues related to a requirement of personal therapy will be discussed further in the final section of this literature review, after the discussion of faculty perspectives.

Faculty Perspectives on the Value of Personal Therapy for Students

Examination of faculty perspectives regarding the subject of personal therapy is important for two main purposes: 1) faculty perspectives of personal therapy have been shown to influence whether or not students engage in personal therapy (Farber, 1999) and 2) the literature is deficient on the subject of faculty perspectives. An additional area considered relevant especially for MSW programs is how faculty serve as gatekeepers in the profession (Lafrance & Gray, 2004).

Faculty views on the subject are wide ranging, with some faculty perceiving personal therapy to be valuable to student development (Farber, 1999; Strozier & Stacey, 2001) and others viewing it as unnecessary or even potentially harmful (Ivey & Waldeck, 2014; Strozier & Stacey, 2001; Yuknat, 2013). Faculty perspectives can affect students' engagement with personal therapy both directly and indirectly (Yuknat, 2013). Examples of direct influence would be faculty encouraging or discouraging the use of personal therapy through discussion in the

classroom (Yuknat, 2013). When faculty have a positive perspective of the value of personal therapy, the motivation and intention of students to seek out personal therapy increases (Dearing, Maddux, & Tangney, 2005; Farber, 1999). An example of indirect influence is when faculty did not address the topic, or spoke on the subject in a neutral manner. This lack of, or neutral, discussion was found to have a negative impact on students motivation to engage in personal therapy (Farber, 1999; Yuknat, 2013). Additionally, when students perceived the faculty perspectives to be in opposition with views of their graduate programs, they were less likely to seek out personal therapy (Ivey & Waldeck, 2014; Smith, 2008; Yuknat, 2013).

Strozier and Stacey's (2001) research helps to explore similarities and differences between MSW student and faculty perspectives. The majority of both students (85%) and faculty (61%) believed engaging in personal therapy was essential or important for MSW students as part of their training. Almost half (45%) of students viewed it as essential compared to only 15% of faculty. However an additional 46% of faculty believed personal therapy important compared to 40% of students. Among faculty, 27% were neutral on the subject, compared to only 11% of students. Although Strozier and Stacey highlighted the discrepancy between student and faculty views, overall there was majority support from both camps regarding the importance for students of participating in personal therapy. Additionally a strong majority (60%) of faculty in the survey believed personal therapy to be effective in raising students' self-awareness and assisting them in becoming more effective social workers. However, almost all of the faculty, 93%, identified no formal policy at their school regarding personal therapy.

Strozier and Stacey (2001) also asked two open ended inquiry questions of faculty perspectives. The following varied comments are a brief sample of faculty comments from their study:

“Emphasis on traditional clinical issues has declined enormously. Now focus is on social issues, community and populations at risk.”

“I believe it borders on malpractice for a social worker to provide psychotherapy and never have been a therapy client. So it should be required of MSW students.”

“It *must* always be voluntary.”

Though various resources were reviewed in the writing of this section of the literature review, no peer reviewed literature was found published later than 2001 which explored MSW faculty perspectives on the subject of personal therapy for MSW students.

Gatekeeping. MSW faculty are increasingly aware that the task of gatekeeping, that is, determining suitability for the profession, is a responsibility that largely falls to them (Lafrance & Gray, 2004). Gatekeeping is a delicate and challenging subject, however, one that is critical. Lafrance and Gray (2004) reference several broad areas of concern regarding suitability for the profession including; “difficulty with incorporating theory into practice, the wounded helper phenomena, extreme narcissism, and clear violations of the code of ethics” (pg. 326). An additional concern referenced by Lafrance and Gray was that some educators lack conviction on whether they should act on these concerns.

Lafrance and Gray (2004) identified four categories which were found to be a concern to social work educators in determining suitability and within each category were individual themes. The first category was, *personal qualities* (pg. 331), with the sub-themes of *maturity, requirement for honesty and integrity, and comfort with emotions* (pg. 329-331). The second category was identified as a, *capacity and willingness for self-awareness* (pg. 331-335), with the sub themes of, *recognition of the potential impact of early life experiences upon the formation of personal values, beliefs and attitudes, willingness to increase personal awareness, and insight into the influence of these factors into the choice of social work as a career.* The third category

was, *capacity for social work relationships* (pg. 335-336), which had no sub themes, and the last category was *personal congruence with social work values* (pg. 336), which also had no sub themes. Lafrance and Gray (2004) found that social work educators were not so much concerned about what students bring with them, although they were concerned with some of these issues more than others, but were more concerned with *student's willingness to process or work on these areas of concern*. These authors concluded; that it is the responsibility of educators to provide society with competent professionals; there is a lack of clarity and certainty on how to intervene with student who demonstrate some of the above concerns; and that it is the responsibility of social work education system not to avoid this task (Lafrance & Gray, 2004).

MSW faculty understand and accept that they are responsible to the profession to develop competent social workers (Lafrance & Gray, 2004). Specific concerns by faculty regarding deficiencies of students that may impair functioning (self-awareness, understanding one's personal values and/or biases, working with and collaborating with others, and the processing of personal emotions) identified by Lafrance and Gray (2004) are all areas which student and faculty believe that personal therapy can be helpful in addressing (Strozier & Stacey, 2001).

The Requirement for Personal Therapy and the Ethics of Such a Requirement

The subject of a requirement for personal therapy in graduate level training is a topic with a considerable amount of discussion within the past 20 years. Since 2001, at least 10 separate studies were conducted examining personal therapy as a requirement (Ivey & Waldeck, 2014). Most European countries have a requirement for some number of hours of personal therapy as a requirement for admission (Malikiosi-Loizos, 2013), and in England, the British Psychological Society's Division of Counseling Psychology requires the counseling trainee to complete 40 hours of personal therapy to attain charter status (Kumari, 2011). The primary rationale for this

requirement is that future therapists benefit from working on themselves, and the experience of personal therapy enhances skills which prepares one for being a therapist (Malikiosi-Loizos, 2013). Through email communication with MFT and psychology programs in the State of California, it was found that several MFT or clinical psychology programs require the pursuit of personal therapy (with a range of at least 10 hours and as many as 40 hours).

Requiring personal therapy has been found to have a variety of effects for the student including “personal therapy animating the more theoretical and didactic aspects of clinical training” (Ivey & Waldeck, 2014, p. 96). Kumari, 2011, found initial aspects of student ambivalence toward mandatory therapy changing to, “a form of experiential learning which had taught them about some of the most fundamental aspects of therapy” (p. 225). Through personal therapy, blind spots are reduced and therefore the risk of unethical practice is reduced (Murphy, 2005). One study (Ivey & Waldeck, 2014) found that undergoing personal therapy as a requirement in training was an, “evolutionary” (p. 90), process. This process involved two distinct stages: 1) “considerable reluctance and the initial perception that something unpleasant was being imposed,” and 2) “participants gradually establishing a semi-permeable boundary between the training and personal therapy, thereby enabling them to personalize and claim the process for themselves, rather than viewing it as an unwelcome course obligation” (p. 90).

The ethical issues surrounding the subject of personal therapy as it applies to professional mental health practice has been mentioned previously in this review, however this section will examine this subject in more detail, specifically as it applies to the requirement of personal therapy at graduate training universities. Social workers commit to multiple ethical obligations and aspirations including performing competently, maintaining professional boundaries, responding to diverse clients and problem issues with respect and congruence, etc. It is not so

much that engaging or not engaging in personal therapy is ethical or unethical in itself. Rather, the literature explains that gaining ethical competence is a process, a process in which active learning and self-reflection assist in the growth of one's professional ethics (Abramson, 1996). For social workers, the NASW code of ethics (2008, p. 8, p. 21) offers relevant specific guidelines related to professional boundaries, research informed practice, supervision and consultation, steps for acquiring competence, and the responsibility of the profession of social work to provide for social worker development. These guidelines are helpful in both understanding and accepting the responsibility of both the profession and the social worker in the attainment of and continual training in areas of competency.

Table 2.2 *Relevant NASW Ethical Guidelines*

NASW Code of Ethics	
<u>Section 1.04: Competence</u>	
(a)	Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.
(b)	Social workers should provide service in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those areas of intervention.
(c)	When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment to take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.
<u>Section 3.08: Continuing Education and Staff Development</u>	
	Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics.

NASW Code of Ethics, 2008, pg. 8-6, 21

Abramson (1996) identifies the faulty expectation of a social worker being ethically conscientious merely from having a code of ethics to abide by, "Ethics in social work has focused on decision making rather than on the decision maker" (pg. 195). Furthermore, she asserts that there are many complexities involved in making ethical decisions, and suggests that in order for a social worker to practice ethically, either in the fields of psychotherapy or other social work areas, a social worker must have an accurate self-knowledge of ethical perspectives.

She then outlines a framework for assessing one's own, "ethical self-awareness." This self-assessment covers the following perspectives: *prejudgments, character and virtue, principles, ethical theories, free-will/determination, spirituality, individual/community, and voice*. She concludes that, "I believe that the character of the person who is making the decision determines the kind of ethical decision that is made and how that person follows through with his or her decision" (Abramson, 1996, p. 200). Abramson considers that the more one processes ethical concerns, or dilemmas, the better one becomes at providing ethical care. The literature by Abramson and Murphy are explicit about becoming aware of one's biases and/or blind spots as being instrumental in attaining more ethical practice and Murphy identified in his study that personal therapy assisted with becoming more aware of one's blind spots.

Ivey (2014) offers a comprehensive narrative on the subject of the ethics of personal therapy and the debate regarding whether personal therapy should be mandatory at certain academic institutions. He begins by offering a succinct commentary regarding what makes personal therapy for trainee psychotherapists an ethical issue.

...the debate concerns the proposition that undertaking personal psychotherapy while training to be a psychotherapist is ethically responsible because it maximizes therapeutic functioning while minimizing the possibility of harming clients or acting in ways that are not in their best interests. In this sense, personal psychotherapy implicitly safeguards three of the ethical principles integral to all ethical codes, namely, doing what is best for clients (beneficence), avoiding actions that may harm them (non-maleficence), and respecting clients' freedom for self-determination (autonomy) (pg. 92).

Ivey (2014) clearly suggests that therapists who have themselves participated in personal therapy are less likely to operate out of unconscious biases or beliefs, and consequently are less likely to act out of motivations that are not in the client's best interests. He goes on to acknowledge concerns about mandatory personal therapy:

...in the current professional climate, more attention has been devoted to the ethical aspects of psychotherapy training; there is now greater awareness of, and sensitivity to, trainees' ethical rights. Without minimizing the latter, we need to balance the trainee's

rights as psychotherapy clients and students with their ethical obligations as psychotherapists. When viewed from the virtue and care ethics perspectives, it becomes clear that psychotherapists-to-be have a moral obligation to develop the self as a healing instrument to maximize client gain, establish effective healing relationships, and prevent the inadvertent harm that may result from the enactment of unresolved personal conflicts and difficulties in the therapeutic setting. Claims that the necessary self-development can readily be attained through nontherapeutic means, I would argue, are simply not convincing. Contrary to Atkinson's (2006) assertion, MPP is thus both intellectually and ethically coherent (pg. 104).

Ivey (2014) acknowledges the difficulty of proving benefit to clients when their therapists have participated in therapy, but clearly argues that requiring psychotherapy trainees to participate in personal therapy is appropriate, and ethical. In addition to this conclusion, Ivey reported that the ethics committees of the American Psychological Association (APA) and the Canadian Psychological Association (CPA) identified the requirement of personal therapy, "can be within the parameters of good ethical practice, as long as certain protective measures obtain" (APA, 1986, p. 734, as cited in Ivey, 2014).

In general, there seems to be broad agreement among mental health professionals, students and faculty that engaging in personal therapy offers personal and professional benefits to practitioners and to students preparing to work in challenging helping environments. The literature specifically regarding MSW student and faculty perspectives on these issues, however, is sparse and dated.

Chapter 3

Methods

The purpose of this study was to gather and examine the current perceptions of MSW students and faculty regarding the role of personal therapy in the training of social workers, including views of a requirement for personal therapy as a stipulation for MSW graduation. This study examines the following research questions: 1) What are MSW student and faculty perceptions regarding the value of personal therapy for students? 2) What are MSW student and faculty perceptions regarding a requirement for participation in personal therapy as a condition of MSW graduation? Protection of human subjects was given appropriate consideration. Instrumentation and study design were adjusted to support maximum possible protection of human participants. The Institutional Review Board (IRB) of California State University San Marcos (CSUSM) stipulated that this research qualified for an expedited review. An expedited review involves comprehensive review of the research process but is identified as expedited when risk to participants is deemed as low. The IRB of CSUSM approved the research (Appendix A)

Study Design

Given the exploratory nature of the study, a mixed methods design was considered most appropriate for answering the research questions. Exploratory research is used to help understand a problem that is not clearly understood (Shields & Ranjara, 2013). Mixed methods designs have been identified as helpful by triangulating data sources and neutralizing the weaknesses of either quantitative or qualitative data alone (Cresswell, 2014). Surveys were utilized to identify the views of students and faculty, as well as to explore potential reasons for their perceptions. Survey research has been identified as an appropriate method for gathering

data surrounding the frequency of a particular variable within a specific population (Heppner, Kivlighan, & Wampold, 1992). A secondary goal in the design of this study was to obtain as many participants as possible in multiple and geographically distant locations, and assuring anonymity because of the personal nature of some of the questions. Therefore, an anonymous on-line survey was chosen as the most feasible data gathering method. Two different surveys (one for students and one for faculty) were accessed via the Survey Monkey (<http://surveymonkey.com>) platform and were designed to be completed in under 10 minutes for the students and 15 minutes for faculty.

Participants

The sampling frame for this study included students and faculty at MSW programs within the California State University System, and MSW students and faculty from University of California, Berkeley. University of California, Berkeley, was invited to participate due to being one of the larger and most established MSW programs in California. No differentiation was made between full or part time students, nor for year of MSW study. All MSW faculty (administrators, professors, associate professors, assistant professors, lecturers, and adjunct faculty) were invited to participate.

Data Collection

All program directors of MSW programs in the CSU system and the University of California, Berkeley were contacted via email (14 in total: CSU Bakersfield, CSU Fresno, CSU Fullerton, CSU Long Beach, CSU Los Angeles, CSU Northridge, CSU Sacramento, CSU San Bernardino, CSU San Marcos, CSU Stanislaus, San Diego State University, San Francisco State University, and San Jose State University). Utilizing a snowball sampling strategy (Morgan, 2008), these program directors were asked to disseminate an email invitation to both their faculty

and students with specific instructions for each group on how to participate in the study (See appendix B for email protocol). Program directors who did not respond to the initial invitation were sent a follow up email again requesting participation 50 days following the initial email invitation. Program directors who responded to the email and declined to participate were sent an email thanking them for their consideration and were not sent follow up participation requests. Program directors who did respond to the initial email and agreed to participate were sent follow up emails 50 days following the initial invitation requesting that the research invitation be re-sent to faculty and students.

Seven program directors replied to the email, with five program directors agreeing to involvement and two directors declining. Of the five directors that agreed to participate, one of them agreed to participate but only after the survey had closed and thus their participation was unable to be included. Due to the anonymous nature of the survey, it is not possible to determine if the schools that did not respond to the email invitation did actually participate but failed to respond to the email. As a result, it cannot be determined which schools did and did not participate, aside from those that formally declined (CSU Northridge and CSU San Bernardino). However, based on the affirmative responses of program directors from four programs, it can be assumed that responses came from at least four different universities.

Instrumentation

Faculty and student surveys were designed to explore the primary research questions:

- 1) What are MSW student and faculty perceptions regarding the value of personal therapy for students?
- 2) What are MSW student and faculty perceptions regarding a requirement for participation in personal therapy as a condition of MSW graduation?

Through the use of Likert-scale and open ended questions, the following five general

areas were explored: perspectives on the value of personal therapy as it relates to professional development and/or personal growth; perspectives on the efficacy of personal therapy as means to improve resilience and/or self-care; perspectives regarding a requirement for personal therapy as a condition of graduation from their MSW program; perspectives regarding the ethics of a requirement for personal therapy, and; perspectives related to foreseeable barriers of attending personal therapy as an MSW student, including cost, time, convenience, and confidentiality.

The student survey consisted of 19 items including 14 questions that use a 5 point Likert scale (strongly agree-5, agree-4, don't know or uncertain-3, disagree-2, and strongly disagree-1). Surveys from prior research on the topic of perceptions of the value of personal therapy were reviewed and considered in the creation of this survey as a way to improve the validity of this research (Strozier & Stacey, 2001; Janssen Von Bank, 2013). Sample questions included "Participating in personal therapy as a MSW student would improve my ability to be effective as a professional social worker," and "The topic of attending personal therapy, including the evidence regarding the benefits of therapy, has been discussed and explained to me in my MSW curriculum". Also included was one yes/no question regarding past or current participation in therapy, three demographic questions (Gender, Age, and Race/Ethnicity), and one open ended question, "Do you have any other comments, insights, or observations regarding personal therapy for MSW students or a personal therapy requirement in MSW programs?" The full survey can be viewed in Appendix C.

The faculty survey consisted of six open-ended questions. Sample questions included "Do you believe that engaging in personal therapy is beneficial for MSW students? If so, what do you perceive as its primary benefits?", "What would be your main reservations about implementing such a requirement (for personal therapy)?", and "Do you believe that such a

requirement (for personal therapy) would be justifiable ethically? Why or why not?" The full survey can be viewed in Appendix D.

Data Analysis

Quantitative Data. The data collected were analyzed using the Statistical Program for the Social Sciences (SPSS, Version 22). Descriptive statistics were used to assess demographic information. Questions 4-18 of the student survey were also analyzed with descriptive statistics. Questions 1-3, and question 5 included a yes or no question before the qualitative component, and these were each analyzed with descriptive statistics.

Qualitative Data. Elements of grounded theory and theme analysis were utilized as a means to understand the research. Grounded theory and theme analysis were identified as being consistent with qualitative methodology (Miles, Huberman, and Saldana, 2007). The researcher analyzed student qualitative responses for themes and sub-themes. For question 19 on the student survey, each response was assessed for common terms, for example: self-awareness or personal growth. Once common themes were identified, they were then placed into general categories. This same process was conducted three separate times to enhance fidelity.

The faculty surveys were analyzed by use of open coding. The initial draft of the results was written without using direct quotes due to this being suggested as a means to enhance validity of themes. Bazeley (2009) identified this as a method which enhances reliance on evidence of themes rather than perspectives derived from direct quotes. Common themes were assessed by scanning the responses for use of common phrases, for example: "enhances self-awareness," and, "helps to process countertransference." Themes were sorted and placed into categories for each question. Following the analyses of each question, common themes for all questions were assessed and placed into overall general categories. The conversion of themes

distilled from each question being placed into general categories was done with the purpose of identifying specific arenas of concern by faculty on the subject of personal therapy in the education of MSW students.

Chapter 4

Results

The results cover both quantitative and qualitative responses for MSW students and faculty. The findings were first analyzed and then separated into sections, beginning with student quantitative and qualitative findings, followed by faculty findings. The results of both student and faculty survey analyses assist in exploring and answering the research questions: 1) What are MSW student and faculty perceptions regarding the value of personal therapy for students? 2) What are MSW student and faculty perceptions regarding a requirement for participation in personal therapy as a condition of MSW graduation?

The following will be shown in order; demographic data of students; quantitative student data (questions 4-18); student qualitative data (question 19); and faculty quantitative and qualitative data (Questions 1-6).

Demographics for the MSW students are shown in Table 1.1. The majority of respondents were female (84%). Sixty-four percent of participants were under the age of 30, with the bulk of these being in the 25-29 age group (43%). Total participants above the age of 40 was 12% of the total.

Table 4.1. *Demographics of MSW Student Respondents*

Characteristic	<i>n</i> (%)
<u>Gender</u>	
Female	83 (84%)
Male	14 (14%)
Transgender	2 (2%)
No Response	0
<u>Age</u>	
Younger than 25	21 (21%)
25 - 29	43 (44%)
30 - 39	22 (22%)
40 - 49	7 (7%)
50 - 59	5 (5%)
60 or older	0
No Response	1 (1%)
<u>Race / Ethnicity</u>	
Asian / Asian-American / Pacific Islander	10 (10%)
African-American / Black	6 (6%)

Hispanic / Latino	20 (20%)
Alaskan Native / American Indian / First Nation	0
Caucasian / White / European	55 (56%)
Other	5 (5%)
No Response	3 (3%)
<hr/>	
Total MSW Students (n) = 99	

Perspectives of Students on Issues Related to Personal Therapy

Table 4.2 identifies the participant responses for questions 4-10, and 12-18 with the mean and standard deviation for each. In response to the general statement, “Participating in personal therapy as a MSW student would improve my ability to be effective as a professional social worker,” 88% of students agreed that personal therapy would help ($n=99$, $M=4.41$, $SD=.729$). Of the total respondents, only one disagreed with this question, with 11% being uncertain.

Responses to question five, “Participating in personal therapy would increase my own self-awareness,” indicated that 94% of the student participants were in agreement with this statement, ($M=4.55$, $SD=.643$).

Question nine stated, “The topic of attending personal therapy, including the evidence regarding the benefits of therapy, has been discussed and explained to me in my MSW curriculum.” Forty-seven percent were in agreement and 45% were not in agreement ($n=99$, $M=3.03$, $SD=1.216$), with 8% being unsure.

The topic of personal therapy being a protective factor for students who are struggling in their MSW program was assessed by question 14, “Personal therapy would help MSW students cope with emotional and/or cognitive problems which might otherwise compromise their ability to graduate as an MSW.” Eighty-three percent were in agreement ($n=99$, $M=4.18$, $SD=.787$), with 14% being unsure and 3% not in agreement.

Question 11 stated, “I have in the past or am currently attending personal therapy.” Eighty percent ($n=79$) of respondents had either attended therapy previously or were currently in personal therapy.

The topic of students’ support of a requirement for personal therapy was assessed by questions 10 and 12. Question 10 stated, “I would be supportive of a policy requiring MSW students attend personal therapy as a requirement for graduation.” On this question, 61% of respondents identified as being in support of a requirement for personal therapy as a part of their MSW graduation requirements ($n=98, M=3.81, SD=1.1$), with 13% disagreeing and 25% being unsure. Question 12, “I would choose not to attend a MSW program if that program had a policy requiring MSW students attend personal therapy as a requirement for graduation.” Only 5% of respondents agreed ($n=99, M=1.86, SD=.869$), with 86% disagreeing and 8% being unsure.

Table 4.2. *Student Survey Scaled Questions, Means and Standard Deviations*

Questions 4-10, 12-18 on Student Survey (Not Including Demographics Question or Final Open Ended Question)

Questions	<i>M</i>	<i>SD</i>	<u>SA&A=5&4</u>	<u>DK or U=3</u>	<u>D&SD=2&1</u>
4. Participating in personal therapy as a MSW student would improve my ability to be effective as a professional social worker	4.41	.729	87 (88%)	11 (11%)	1 (1%)
5. Participating in personal therapy as a student would improve my ability to manage the stressors of professional practice	4.54	.611	95 (96%)	3 (3%)	1 (1%)
6. Participating in personal therapy as a part of my MSW personal training would help me better understand and empathize with my clients	4.35	.773	85 (86%)	11 (11%)	3 (3%)
7. Participating in personal therapy would increase my own self-awareness	4.55	.643	93 (94%)	5 (5%)	1 (1%)
8. Participating in personal therapy would assist me in noticing and processing my overt and covert biases	4.14	.833	78 (79%)	19 (19%)	1 (1%)
9. The topic of attending personal therapy, including the evidence regarding the benefits of therapy, has been discussed and explained to me in my MSW curriculum	3.03	1.216	46 (47%)	8 (8%)	45 (45%)
10. I would be supportive of a policy requiring MSW students attend personal therapy as a requirement for graduation ($n=98$, One respondent skipped this question)	3.81	1.1	60 (62%)	24 (25%)	13 (13%)
12. I would choose not to attend a MSW program if that program had a policy requiring MSW students attend personal therapy as a requirement for graduation	1.86	.869	5 (5%)	8 (8%)	85 (86%)
13. Ethically, requiring MSW students to attend personal therapy is justifiable	3.42	1.107	55 (56%)	20 (20%)	23 (24%)
14. Personal therapy would help MSW students cope with emotional and/or cognitive problems which might otherwise compromise their ability to graduate as an MSW	4.18	.787	82 (83%)	14 (14%)	3 (3%)
15. My biggest concern about my MSW program requiring that I attend personal therapy would be the cost associated with it ($N=98$, One respondent skipped this question)	3.89	1.111	69 (70%)	12 (12%)	17 (17%)
16. My biggest concern about my MSW program requiring that I attend personal therapy would be the time / convenience associated with it ($N=78$, One respondent skipped this question)	3.23	1.291	52 (53%)	3 (3%)	43 (44%)
17. My biggest concern about my MSW program requiring that I attend personal therapy would be worries about confidentiality	2.04	1.097	12 (12%)	5 (5%)	82 (83%)
18. Participating in personal therapy would be beneficial to me, either personally or professionally, but I would not attend while I am a student unless there was a requirement.	2.33	1.097	17 (17%)	12 (12%)	70 (71%)

Total MSW Students (n) = 99

M: Mean, *SD*: Standard Deviation, SA: Strongly Agree, A: Agree, DK: Don’t Know, U: Unsure, D: Disagree, SD: Strongly Disagree
Strongly agree and Agree were collapsed into one column of agreement. Strongly Disagree and Disagree were collapsed into one column of disagreement.

Student Qualitative Results

Question 19 asked, “Do you have any other comments, insights, or observations regarding personal therapy for MSW students or a personal therapy requirement in MSW programs?” Forty students provided qualitative responses to this question. Many of the responses included multiple themes (such as being concerned about the cost and time associated with involvement in personal therapy but also believing that there are benefits in terms of self-care). The open-ended responses were qualitatively analyzed for common themes and subsequently distributed into the following four categories: 1) Support of a requirement due to the belief that it supports the student personally as well as the professionally, 2) Belief that personal therapy is effective for personal and/or professional reasons, but skeptical of a requirement due to barriers and constraints such as time and cost, 3) Belief that a requirement for personal therapy undermines self-determination, and 4) Belief that there is not enough time devoted to self-care in MSW programs.

Category one identified perspectives related to support of a requirement due to perceived personal and professional benefits. This category included the following examples, “I have noticed many students not having self-awareness and/or spaces to process the experience of grad school,” and “it [personal therapy] would add to the comfort for students beginning to meet with clients one to one in their internships.”

Category two identified perspectives related to the belief that although personal therapy is helpful both personally and professionally, being ambivalent about a requirement due to barriers and constraints. Examples from this category include, “I believe personal therapy is extremely helpful, but I am uncertain it should be a requirement because it is both costly and time

consuming,” and “I believe that if personal therapy was built into the program then it would be beneficial. If it was required on top of coursework and internships it can be tough for any student to find the time. I would be highly interested if personal therapy were offered as an elective course.”

Category three identified concerns about a conflict between a requirement for personal therapy and self-determination. This category included the following examples,

Social workers empower people toward self-determination and informed consent is also a social worker value. Your questionnaire does not address the ethics of requiring people to do something against their personal values in order to obtain a MSW, aside from cost or inconvenience. As a social worker, I believe in the value of therapy for social workers, but I do not believe in making a social worker go through therapy as a forced requirement, even if I might voluntarily go myself.

While the cost and time associated with personal therapy are factors of concern, the biggest thing that rubs me the wrong way about making therapy mandatory is that the students should have the freedom to choose. Therapy is a very personal thing. It should be strongly encouraged (which in my program it is not, and I think that is a problem), but people may have very good, and personal, reasons why they don't want to be in personal therapy right now.

Category four involved perspectives regarding there not being enough time at MSW programs devoted to the subject of self-care. Responses in this category included the following examples,

“I feel in my own personal experience that allowing the time for self-care is not something that we are given in this program. We talk about it but that is about as far as the program goes. Requiring us to go to therapy during the program would be extremely beneficial and I know it has helped me tremendously over the past few months.”

“I feel like counseling is not available to me as a MSW student, but I think it would be beneficial if it was. Past life experiences and working in placement create an overwhelming stress that I do not have support to talk to.”

Faculty Results

Each of the six questions on the faculty survey were analyzed by the researcher and

common themes from each question were identified. Question six was an open ended query about final thoughts they have on the subject of personal therapy. After analyzing each question independently for themes, all questions were examined for general themes which were then categorized.

Question one. “Do you believe that engaging in personal therapy is beneficial for MSW students?” All 17 faculty indicated they believed personal therapy to be beneficial (15 clearly marked “Yes” responses) or possibly beneficial (2 responses as “Possibly” and “Maybe”). The primary theme identified in the responses was that attending personal therapy improves a student’s professional growth and/or self-care. Sub-themes identified were understanding and processing countertransference, empathizing with clients, improvements in self-awareness, and exploration of one’s values and beliefs. Comments made by faculty included, personal therapy is a “self-growth healing experience,” and allows us “to literally be in the shoes of our clients and to get to know ourselves on a deep level.”

Question two. “Does your MSW program make recommendations to MSW students about engaging in personal therapy? If so, is there a formalized way that this is done (e.g., in orientation, in practice class, in field, etc.)?” Two themes were found 1) No formal process exists, and 2) Informal suggestions are sometimes made. The most common response to this question was no ($n=14$), with 76% of respondents saying either, “No,” “Not that I am aware of,” or “No, not formally.” Examples of responses include, “No formal way, to my knowledge. Some faculty make such recommendations,” and, “No. There is a center where they can receive supportive therapy that is discussed, but it is encouraged related to needing support around school, rather than ‘personal therapy’”

Question three. “Various psychology and MFT programs in California include a certain

number of hours (range of 10-40 hours) of personal therapy as a requirement for graduation. Would you support implementing a requirement that MSW students participate in some amount of personal therapy as condition of program completion?" Fifty-nine percent ($n=10$, indicating "Yes") of faculty support the idea of implementing a requirement and 35% ($n=6$, indicating "No") of faculty responded as not being in support of a requirement (one respondent said, "Maybe"). Three themes identified were 1) logistical barriers (like cost and access to confidential services) are concerns, 2) Most students would benefit and that is the rationale for support, and 3) The barriers are so significant that I do not support a requirement. An example related to theme one was, "Yes [I support a requirement], with the caveat that means are provided to facilitate such a requirement." The following example speaks to theme two, "Yes, definitely [in support of a requirement]. I have personally supervised several students who are required to attend personal therapy, and 99% of the students have reported positive experiences. While it is uncomfortable at first, the students most definitely see the benefit in the end." For theme three, issues cited which are barriers were self-determination of students, limited access to appropriate services and the concern that not all MSW students benefit from personal therapy due to being in a non-clinical track.

Question four. "What would be your main reservations about implementing such a requirement?" The following primary themes identified were 1) financial burden on students, 2) access to quality services, and 3) students' self-determination and readiness to change. Some of the faculty listed more than one reservation, such as, "financial and access to therapy," and "it involves substantial cost and, while desirable, it is not necessary." One respondent referenced CSWE accreditation guidelines (EPAS), and in addition articulated multiple reservations, "Hard to implement and enforce, it is not part of CSWE accreditation guidelines, not all therapy is

helpful, financial burden on students.” Theme three, exploring the reservation of students’ readiness to change, contained the sub-theme of the need for competence trumping an MSW students’ self-determination. An example of both the theme and sub-theme is the following comment, “My only reservation is that people have to be ready to confront their issues, however, if one is seeking an MSW, it is important to experience how it feels to be in the seat of the client/patient.”

Question five. “Do you believe that such a requirement would be justifiable ethically?” Seventy percent ($n=12$, a clear response of “Yes”) of faculty believe that a requirement for personal therapy is ethically justifiable and 24% ($n=4$) believe it is not justifiable ethically, with one faculty identifying it as an ethical dilemma. Three primary themes were identified: 1) It improves one’s ability to provide competent services, 2) Infringes upon one’s self-determination 3) It supports the self-care of the student. Certain comments were found to include multiple themes. The following is an example of theme one, “Self-awareness of personal values and/or biases should surface during training. Personal therapy would be an added layer of support toward the student’s professional growth.” Themes one and two were combined in the following response, “Yes, regarding the development of competence and empathy. On the other hand, it infringes on self-determination of the student, specifically due to the intimate and personal nature of therapy.” This response combined theme one and three, “Yes, definitely. One of the most ethical decisions that someone can make is to take care of themselves. This allows them to provide social work support for others.”

Question six. “Do you have any other comments, insights, or observations regarding a personal therapy requirement in MSW programs?” This question presented a final opportunity by faculty to make final comments. The main theme identified within this question was that

personal therapy should be supported because it improves the competency of service delivery. Examples of comments include, “Often, social workers are employed by agencies that may mandate clients to such services, i.e. child welfare workers mandating parental participation in therapy as part of the parenting plan. SW participating in therapy may benefit from an increased level of awareness and empathy by participating in therapy,” “I am currently an LCSW in private practice in addition to being a lecturer in an MSW program, and I think it would significantly elevate the services provided by our profession to add a requirement for personal therapy,” and “Just that as a practicing social worker for the past 15 years, I think it is insane that this isn't a requirement. I teach at 2 major universities, am a faculty field advisor, supervise students, and have a private practice and work as a clinical case manager. In every single social work arena in which I practice, I see students who are struggling under the weight of their own "stuff." Therapy works. Frankly, I think it is irresponsible that I practiced for the first 5 years of my career without it, and wish that I'd been compelled to do it. My clients would have been better off - and I would have too.”

Following identification of themes and sub-themes within each question, general categories derived from all questions were found: 1) Personal therapy improves personal growth and would improve the competency of students, 2) Personal therapy helps students empathize with clients, 3) Our program has no formal way of presenting this subject or recommending it, 4) There are substantial-barriers to including this as a requirement including cost, time and stress on students, 5) The ethical dilemma of usurping students self-determination is significant.

Chapter 5

Discussion

This thesis began with the intention to explore faculty and student perceptions related to 1) the value of personal therapy in MSW education and 2) a requirement for personal therapy as a condition of graduation from MSW programs. This focus was identified considering the relevance of these questions in the education of MSW students, and the limited amount of research on these subjects. The findings of this research study may be helpful in connecting MSW students and faculty perspectives on the value of therapy in MSW education, and may contribute to the creation of a thoughtful discourse on the subject in university MSW programs. Almost all students and faculty believed personal therapy to be valuable, and the majority believe it should be a requirement for graduation, despite acknowledgement of barriers.

Previous literature from various helping professions identified personal therapy as a valuable and growth oriented experience which furthers development as a professional (Bike et al., 2009; Orlinsky et al., 2011). The results of this current research study regarding perceptions of MSW students and faculty about personal therapy were in alignment with the previous literature in this regard, indicating strong belief that participation in personal therapy is valuable to MSW students personally and professionally, and majority support from both students and faculty for making therapy mandatory for MSW students despite concerns regarding usurping student self-determination. In addition, this study also found something not identified within the previous literature, that there are marked similarities between MSW students and faculty views related to the benefits of and barriers to MSW student participation in personal therapy. The results of this study provide answers to the research questions and yield relevant data which contributes to the field of social work education. Additionally, student responses suggest that

they receive little information from their MSW programs about the role personal therapy may play in their educational and professional development. Faculty comments indicate that programs generally have no policy or protocol for making for making recommendations to students about therapy.

Similar Beliefs Shared Between Faculty and Students

The most interesting finding in this study was the overall similarity between student and faculty responses. In the only other study comparing MSW student and faculty views on this subject, Strozier and Stacey (2001) reported that faculty and students view the experience and importance of personal therapy differently, and suggested that the discrepancy in views between faculty and students was one of the causes for the lack of discussion on the topic of personal therapy at MSW programs. The overall results of this current study indicate general agreement between students and faculty on the value of personal therapy for MSW students, and on support for instituting a requirement for attending therapy as a condition of MSW graduation. High rates of students (between 74% and 96%) agree that there are personal and/or professional benefits from attending therapy, while 88% of faculty agree that personal therapy is beneficial to MSW students. Additionally, similar rates supporting a requirement for therapy were found, with approximately 60% of both students and faculty being in support of a requirement for personal therapy as a condition for graduation from an MSW program. Fifty-six percent of students and 70% of faculty agreed that such a requirement is ethically justifiable. Qualitative explanations for support of a requirement by faculty and student were that it is ethically justifiable, improves the competence of social workers, and improves areas related to social work resilience. Many students and faculty identified personal therapy as a growth oriented experience which can improve areas of professional and personal development. These findings are similar to past

literature which suggests that personal therapy is a dynamic experiential process with many potential benefits (Norcross, 2005). Benefits of personal therapy shared by both faculty and students in this research study were improvements in areas of self-awareness, empathy, and self-care. These findings align with past research identifying the benefits of personal therapy to both students (Holzman et al., 1996; Strozier & Stacey, 2001) and professionals (Bike et al., 2009; Holzman et al., 1996; Orlinsky et al., 2011).

Findings from the qualitative portion of the research indicate a belief from some faculty members and students that personal therapy in training promotes social worker resilience and as a result, improves competency. These findings are consistent with themes with the existing research on resilience in the professional helping fields (Figley, 1995; Grafton, Gillespie, & Henderson, 2010; Palma-García & Hombrados-Mendieta, 2014; Wicks, 2008). Several student comments identify that they believed that engagement in personal therapy improved their ability to cope with the stress of graduate school and internships, and overall, these same students described therapy as something which improved their potential for successful goal achievement. The following are two examples of these types of comments,

After starting personal therapy to manage my stressors, my school performance, home life, and social life has all improved tremendously. I would highly recommend it being a requirement for other students so they reach their full potential and have well-rounded insight to provide the best care to their own clients.

I feel in my own personal experience that allowing the time for self-care is not something that we are given in this program. We talk about it but that is about it as far as the program goes. Requiring us to go to therapy during the program would be extremely beneficial and I know it has helped me tremendously over the past few months.

The most common barriers cited, those of cost, time, access to quality services, and student self-determination, were concerns identified among both students and faculty. These findings are consistent with the past literature on perceptions of common barriers to engaging in

personal therapy (Ivey & Waldeck, 2014; Kumari, 2011; Malikiosi-Loizos, 2013). This finding indicates that many MSW faculty have an accurate appreciation of what their students are encountering in terms of barriers to participation in therapy such as being overwhelmed financially or academically.

The final similarity found is that, despite majority support for requiring personal therapy for MSW students, many faculty and students are concerned that *requiring* personal therapy may have a deleterious impact on the person, and for this reason view it as appropriate for personal therapy to be recommended or encouraged, *but not mandated*. These concerns echo concerns mentioned in previous literature, that while there are concrete benefits of personal therapy to the trainee, student or professional, requiring it is inherently problematic (Atkinson, 2006; Norcross, 2005).

However, MSW students and faculty who share this view may be holding onto conventional wisdom rather than emerging empirical evidence. Findings from research conducted with mental health professionals who were mandated to pursue personal therapy while a student found that those who were initially opposed to a requirement of personal therapy still identified gains from the personal therapy experience (Ivey & Waldeck, 2014; Kumari, 2011; Murphy, 2005), and in some cases the gains were substantial (Rizq, 2011). These findings relate to the literature on resilience, where the development of effective capacities is first preceded by a challenging stimulus (Beddoe et al., 2013); in this case the challenging stimulus would be the requirement for personal therapy and the stress that it causes. Findings from these prior research studies suggested that it was not the requirement for personal therapy that was problematic, but the unethical or inappropriate delivery of services to students that created negative outcomes (Kumari, 2011; Malikiosi-Loizos, 2013). This literature provides an alternate view to the

conventional wisdom of self-determination being a deterrent to requiring personal therapy to students in the professional helping fields.

Benefits of Personal Therapy Identified by Students and Faculty

Prior research identified that mental health professionals view personal therapy as the 3rd most relevant practice which improves professional development, behind only direct practice experience and professional supervision/consultation (Orlinsky et al., 2001, 2011). From the view of professionals in the helping fields, the experiential process of personal therapy, like direct practice and supervision, is considered to be effective in helping the new practitioner and/or social worker grow and mature in their development (Norcross, 2005; Orlinsky et al., 2011). Students in this research study view the benefits of personal therapy in ways reflective of prior literature and research on the subject, with 88% of students believing that personal therapy will assist with improving as a professional. Faculty in this current study also placed a high value on personal growth and maturation derived from the personal therapy experience. The following comment by a faculty member highlights benefits of self-awareness, “Countertransference (or whatever you want to term it) is scientifically supported at this point. I don't think anyone disputes that it is neither possible nor desirable to be a ‘blank slate.’ That means that we have to be as responsible as possible in terms of understanding our motives, instincts, values, history, etc. Therapy is the space to figure that out.”

Within this study, students found the most salient of benefits derived from personal therapy to be improvements in self-awareness, improvements in empathy, and improvements in self-care both as a student and as a future professional. Several students identified that participating in personal therapy helped them be successful in many areas of their lives. However, although between 75% and 95% of students acknowledged these benefits, only 60% of

students are in support of a requirement that students. One comment by a student appears to carefully outline this struggle between recognizing something as beneficial to his or her education but being reluctant to pursue it voluntarily, “I definitely see the benefits and I can see the argument for why a program could require it. It does take time and it does cost money and as students we don't have much of either so I would think making it a requirement would be necessary to get me motivated to follow through on it.”

The Lack of Discussion of Personal Therapy in MSW Programs

Most faculty acknowledge that they do not make recommendations to students regarding participation in personal therapy. Less than half of students indicated that attending personal therapy was discussed in their MSW programs. Faculty identify that on an informal basis, recommendations are made to students about engagement in personal therapy, however, this is usually done when the student is having problems at his/her MSW program rather than the process being viewed through the lens of promoting either resilience or professional development. Students also were highly concerned that self-care is not discussed within their MSW program with more support and emphasis by the faculty. This finding echoes prior literature (Bloomquist et al., 2016) and underscores that students view personal therapy and self-care to be strongly linked.

These findings are discouraging when one considers faculty views of personal therapy as an experiential process which has multiple benefits to the social worker, as well as the high rate of students who believe personal therapy to be helpful in improving areas of professional development, personal growth, processing countertransference, self-awareness, and self-care. While both students and faculty expressed very real concerns about autonomy and a variety of barriers to mandating personal therapy, it is still surprising that there is no clear and formalized

discussion of the role personal therapy might play in MSW education and on-going professional growth. A recent article titled, "Healing Thyself," which was found on the APA website in the continuing education (CE) corner asserted that discussion of the barriers and benefits of personal therapy should be discussed within graduate student training (Bears, McMinn, Winston, & Free, 2014). Furthermore, this article suggested that discussion of the subject of personal therapy in graduate training may help students understand the issues with finding a psychotherapist, and with the relationship of therapy to self-care and self-awareness.

Limitations

The most significant limitation in this study is the non-randomized and non-experimental nature of the research design. The sample size of 99 students and 17 faculty from one region of the United States, although beneficial for the purposes of this exploratory research, is too small to be generalizable. Additionally, all data were generated from on-line, self-report surveys, and self-report data can be unreliable. Additional research, using larger samples and more diverse sampling frames, is needed. A further limitation involves the lack of consistency within the academic community regarding the meaning of many of the terms used in discussion of this topic. An example of this limitation in this research was the term therapy and personal therapy. It is likely that this term carried different meanings to different respondents. Additional research using more specific definition of terms would likely yield more accurate results.

Implications

Given the relevance of the subject of personal therapy to personal and professional health and resilience, there is an argument to be made for increased study of this topic within social work education. Faculty and students, on the whole, value personal therapy in the education and training of psychotherapists and social workers. There is less agreement on mandating personal

therapy, despite a majority of students and faculty in this study supporting some form of a requirement of personal therapy as a condition for graduation as an MSW. Despite literature suggesting a sound ethical basis for a requirement for personal therapy (Ivey, 2014), in addition to a majority of both faculty and students in this study being in agreement that such a requirement is ethically justifiable, there is a sizable minority, 24% of students and 29% of faculty in this study, who believe requiring students to participate in therapy is not ethical. These findings are suggestive that a discussion on the ethics of this topic would also be helpful in graduate training. These findings related to implementing a requirement suggest that mandating therapy would be a difficult and complicated process. However, the results of this exploratory study identify the importance of this topic to both students and faculty, and suggest further discussion of the role of personal therapy within graduate training institutions.

The results of this study would also suggest that MSW programs should consider how best to discuss the role of personal therapy directly with students. Students and faculty are both aware that students are undergoing a growth process while they are engaged in their MSW program. Faculty and students also view graduate training as an appropriate place for discussing subjects like personal therapy. Yuknat (2013) found that faculty perspectives on the value of therapy can affect students' engagement with personal therapy both directly and indirectly, so the decisions about whether and how such material is approached within MSW education is important. The following comment illustrates one faculty member's support of students' personal/professional growth, however, recognizing his or her own limitations and limitations of the program,

Many students pursue social work because of their experiences as service users and/or with oppression. Social work education heavily engages these experiences in a detached way, but for many students, this is about their lived experiences. Personal therapy could be a productive way for students to make sense of these issues and to engage in self-care.

Additionally, I find that classroom discussions often go off-track because of students need to process. While there may be some classroom venues that are appropriate for such processing, mine is not, nor am I trained facilitate therapy period, much less group therapy for 50 students simultaneously. Knowing that students had some venue to do this work would be a huge relief as a faculty member and might actually lead to more generative classroom discussions.

Conclusion

The community of professional social work, including graduate MSW programs, is committed to training and guiding social workers to be compassionate, competent, and resilient practitioners. Additionally, MSW programs have demonstrated themselves to be adaptive to areas related to cultural competence, resilience, and evidence based practice. The results of this research are supportive of the notion that increased discussion within MSW programs about the utility of personal therapy to future social workers is needed.

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Appendix A

California State University
SAN MARCOS

Institutional Review Board for the Protection of Human Subjects (IRB) California State University San Marcos San Marcos, CA 92096-0001 Tel: 760.750.4029. Fax: 760.750.3150
irb@csusm.edu www.csusm.edu/irb

December 10, 2015

Aaron Nowlin California State University, San Marcos Institutional Review Board

[839809-1] The perceptions and attitudes of MSW students and faculty on the subject of personal therapy and the idea of instituting a personal therapy requirement as part of MSW training.

New Project

APPROVED December 9, 2015 December 8, 2016 Expedited Review

This letter certifies that the above referenced project was reviewed and APPROVED by the CSUSM Institutional Review Board (IRB) in accordance with the requirements of the Code of Federal Regulations on Protection of Human Subjects (45 CFR 46), including its relevant subparts. Please note that all research records must be retained for a minimum of three years after the completion of the project.

If applicable, all approved forms and materials (consent forms, information forms, flyers etc.) have been uploaded to IRBNet under "Board" documents. Only approved consent forms may be used to obtain participant consent.

Modifications to Research Protocol Changes to this protocol (procedures, populations, locations, personnel, etc.) must be submitted and approved by the IRB prior to implementation using the "Minor Modification" application form available on IRBNet.

Unanticipated Outcomes/Events All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this committee. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed. All

NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this committee.

Continuing Review This approval is valid through the expiration date shown above. If this research project will extend beyond that date, a continuing review application must be submitted at least 30 days before this expiration using the Continuing Review form available on IRBNet.

- 1 - Generated on IRBNet

If you have any questions, please contact the IRB office at CSUSM by calling (760) 750-4029 or by email to irb@csusm.edu. Please include your project title and reference number in all correspondence with this committee.

Wishing you well with your research, CSUSM IRB

Appendix B

Dear [Name of University],

My name is Aaron Nowlin and I am an MSW Candidate in the Department of Social Work at CSU San Marcos. As a part of my Thesis, I hope to be able to conduct a small research project with your students and faculty at (Name of University). (I am also requesting other MSW programs in the CSU system participate in the same research.) My project is aimed at exploring student and faculty attitudes regarding personal therapy and a personal therapy requirement as a condition of MSW completion. The research consists of a very brief 19 item anonymous online survey for students taking no more than 5-10 minutes to complete, and a brief 6 question online survey for faculty taking no more than 10-15 minutes to complete.

I am enclosing a copy of two requests, one for students and another for faculty. Each request includes a brief description of informed consent and a link to the online survey. I know that you probably receive many such requests, but I would very much appreciate it you would be willing to forward the requests to your students and faculty.

Thank you very much for considering assisting in this research. Please feel free to contact me or the Chair of my Thesis Committee, Dr. Jacky Thomas, if you have questions or concerns regarding the project. I have included contact information for both of us below.

IRB # 839809-1

Respectfully,

Aaron Nowlin, CDAC 2
MSW Candidate, 2016
California State University San Marcos
Phone: 760-889-2064
Email: nowli004@cougars.csusm.edu

Jacky Thomas, PhD, MSW, LCSW
Department of Social Work
College of Education, Health & Human Services
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Appendix C

General Description and Informed Consent

Some professional training programs require that students engage in personal psychotherapy as a condition of graduation from their programs. This brief questionnaire asks about your attitudes and beliefs toward personal therapy (defined as individual, conjoint, family or group therapy focused on personal / interpersonal issues you yourself have identified) and about a personal therapy requirement as a condition of completing MSW programs.

Informed Consent (By reading this and then electing to move on to the next page of the survey you are consenting to participate): Aaron Nowlin, a student at California State University San Marcos, is conducting a study on the perception and attitudes of MSW students and faculty on personal therapy and the idea of a personal therapy requirement as part of the MSW education. You are invited to participate in this study because you are identified as an MSW student at a CSU MSW program. The goal of this study is to examine perceptions and attitudes of MSW students and faculty regarding personal therapy and a personal therapy requirement.

Elements of Participation

You will be asked to complete an 19 item survey which should take between 5-10 minutes to complete.

Risks and Safeguards Risks are no greater than those found in everyday university activities. None of the tasks are expected to cause any emotional reaction, however, you may be concerned about the confidentiality of your responses; you may not want others to know how you responded to the questions. To ensure confidentiality, the survey is completely anonymous and no personal identifying information will be requested. Your responses will be stored on survey monkey which is password protected and on a password protected computer, accessible only by the researcher. Only group data will be included in the final report. No one will ever be able to trace your responses back to you.

Benefits and Incentives

By participating in this study, you will be contributing to the body of research and literature surrounding the subject(s) of MSW self-care and improvement of practices which assist in the education of MSW students. As an incentive for participation in this survey you may choose to be entered into a raffle for a \$50 gift card to Starbucks. Only one raffle will occur and only one participant will win.

Voluntary Participation

Participation in this study is entirely voluntary. There are no consequences (e.g. impact on grades, etc.) of any kind if you decide you do not want to participate. If you choose to participate, you may withdraw at any time.

Contact Information

This study has been approved by the California State University San Marcos Institutional Review Board. The researcher conducting this study is Aaron Nowlin. If you have any questions

you may contact Aaron Nowlin at nowli004@cougars.csusm.edu. If you have any questions about your rights as a research participant, you may contact CSUSM's Institutional Review Board at 760.750.4029 or access their website at www.csusm.edu/gsr/irb.

1. What is your ethnic / racial background

Asian / Asian American / Pacific Islander African American / Black Hispanic / Latino
Alaskan Native / American Indian / First Nation Caucasian / White / European Other No
Response

2. Age in years? < 25, 25-29, 30-39, 40-49, 50-59, 60-69, >70, No response

3. With what gender do you most identify?

Female, Male, Transgender, No Response

4. Participating in personal therapy as a MSW student would improve my ability to be effective as a professional social worker.

Strongly Disagree (1), Disagree (2), Don't Know or Uncertain (3), Agree (4), Strongly Agree (5)

5. Participating in personal therapy as a student would improve my ability to manage the stressors of professional practice.

Strongly Disagree (1), Disagree (2), Don't Know or Uncertain (3), Agree (4), Strongly Agree (5)

6. Participating in personal therapy as part of my MSW training would help me better understand and empathize with my clients.

Strongly Disagree (1), Disagree (2), Don't Know or Uncertain (3), Agree (4), Strongly Agree (5)

7. Participating in personal therapy would increase my own self-awareness.

Strongly Disagree (1), Disagree (2), Don't Know or Uncertain (3), Agree (4), Strongly Agree (5)

8. Participating in personal therapy would assist me in noticing and processing my overt and covert biases.

Strongly Disagree (1), Disagree (2), Don't Know or Uncertain (3), Agree (4), Strongly Agree (5)

9. The topic of attending personal therapy, including the evidence regarding the benefits of therapy, has been discussed and explained to me in my MSW curriculum.

Strongly Disagree (1), Disagree (2), Don't Know or Uncertain (3), Agree (4), Strongly Agree (5)

10. I would be supportive of a policy requiring MSW students attend personal therapy as a requirement of graduation.

Strongly Disagree (1), Disagree (2), Don't Know or Uncertain (3), Agree (4), Strongly Agree (5)

11. I have in the past or am currently attending personal therapy.

Yes (1), No (2)

12. I would choose not to attend an MSW program if that program had a policy requiring MSW students attend personal therapy as a requirement of graduation.

Strongly Disagree (1), Disagree (2), Don't Know or Uncertain (3), Agree (4), Strongly Agree (5)

13. Ethically, requiring MSW students to attend personal therapy is justifiable.

Strongly Disagree (1), Disagree (2), Don't Know or Uncertain (3), Agree (4), Strongly Agree (5)

14. Personal therapy would help MSW students cope with emotional and/or cognitive problems which might otherwise compromise their ability to graduate as an MSW.

Strongly Disagree (1), Disagree (2), Don't Know or Uncertain (3), Agree (4), Strongly Agree (5)

15. My biggest concern about my MSW program requiring that I attend personal therapy would be the cost associated with it.

Strongly Disagree (1), Disagree (2), Don't Know or Uncertain (3), Agree (4), Strongly Agree (5)

16. My biggest concern about my MSW program requiring that I attend personal therapy would be the time/convenience associated with it.

Strongly Disagree (1), Disagree (2), Don't Know or Uncertain (3), Agree (4), Strongly Agree (5)

17. My biggest concern about my MSW program requiring that I attend personal therapy would be worries about confidentiality.

Strongly Disagree (1), Disagree (2), Don't Know or Uncertain (3), Agree (4), Strongly Agree (5)

18. Participating in personal therapy would be beneficial to me, either personally or professionally, but I would not attend while I am a student unless there was a requirement.

Strongly Disagree (1), Disagree (2), Don't Know or Uncertain (3), Agree (4), Strongly Agree (5)

19. Do you have any other comments, insights, or observations regarding personal therapy for MSW students or a personal therapy requirement in MSW programs?

Thank you for your time and effort in completing the survey.

If you would like to be entered into the raffle for a \$50 Starbucks gift card, please email the primary researcher, Aaron Nowlin, at nowli004@cougars.csusm.edu and include your email address.

Appendix D

General Description and Informed Consent

Some professional training programs require that students engage in personal psychotherapy as a condition of graduation from their programs. This brief questionnaire asks about your attitudes and beliefs toward personal therapy (defined as individual, conjoint, family or group therapy focused on personal / interpersonal issues you yourself have identified) and about a personal therapy requirement as a condition of completing MSW programs.

Informed Consent (By reading this and then electing to move on to the next page of the survey you are consenting to participate):

Aaron Nowlin, a student at California State University San Marcos, is conducting a study on the perception and attitudes of MSW students and faculty on personal therapy and the idea of a personal therapy requirement as part of the MSW education. You are invited to participate in this study because you are identified as a faculty member at a CSU MSW program. The goal of this study is to examine perceptions and attitudes of MSW students and faculty regarding personal therapy and a personal therapy requirement.

Elements of Participation

You will be asked to complete a 6 item survey which should take between 10-15 minutes to complete

Risks and Safeguards

Risks are no greater than those found in everyday university activities. None of the tasks are expected to cause any emotional reaction, however, you may be concerned about the confidentiality of your responses; you may not want others to know how you responded to the questions. To ensure confidentiality, the survey is completely anonymous and no personal identifying information will be requested. Your responses will be stored on survey monkey which is password protected and on a password protected computer, accessible only by the researcher. Only group data will be included in the final report. No one will ever be able to trace your responses back to you.

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By participating in this study, you will be contributing to the body of research and literature surrounding the subject(s) of MSW self-care and improvement of practices which assist in the education of MSW students. As an incentive for participation in this survey you may choose to be entered into a raffle for a \$50 gift card to Starbucks. Only one raffle will occur and only one participant will win.

Voluntary Participation

Participation in this study is entirely voluntary. There are no consequences (e.g. impact on grades, etc.) of any kind if you decide you do not want to participate. If you choose to participate, you may withdraw at any time.

Contact Information

This study has been approved by the California State University San Marcos Institutional Review Board. The researcher conducting this study is Aaron Nowlin. If you have any questions you may contact Aaron Nowlin at nowli004@cougars.csusm.edu. If you have any questions about your rights as a research participant, you may contact CSUSM's Institutional Review Board at 760.750.4029 or access their website at www.csusm.edu/gsr/irb.

Qualitative Questions for MSW Administrators

1. Do you believe that engaging in personal therapy is beneficial for MSW students? If so, what do you perceive as the primary benefits?
2. Does your MSW program make recommendations to MSW students about engaging in personal therapy? If so, is there a formalized way that this is done (e.g., in orientation, in a practice class, in field, etc.)
3. Various psychology and MFT programs in California include a certain number of hours (range of 10-40 hours) of personal therapy as a requirement for graduation. Would you support implementing a requirement that MSW students participate in some amount of personal therapy as a condition of program completion?
4. What would be your main reservations about implementing such a requirement?
5. Do you believe that such a requirement would be justifiable ethically? Why or why not?
6. Do you have any other comments, insights, or observations regarding a personal therapy requirement in MSW programs?

Thank you for time and effort in completing the survey.

If you would like to be entered into the raffle for a \$50 Starbucks gift card, please email the primary researcher, Aaron Nowlin, at nowli004@cougars.csusm.edu and include your email address.