

The conversation about the extent to which counselor educators should integrate evidence-based practices (EBPs) continues in the profession. The argument no longer is *if* EBPs should be incorporated, but rather *how* and *to what extent* (Sexton, 2000; Young & Hagedorn, 2012). Counselor educators focused on bringing EBPs into the classroom are confronted with some challenging questions: Where should these efforts belong in the curriculum? Will this take away from the emphasis on basic training so necessary for developing the professional client-counseling relationship? (Young & Hagedorn, 2012). As students work with multiple populations, how can counselor educators provide them with training in EBPs for all populations? Therefore, this article reviews the importance of one EBP, deliberate and continuous client feedback, suggests that it should be adopted as standard practice within counselor education with a specific focus on supervision, and describes specific courses in which it can be easily integrated.

While there are challenges involved with integrating EBPs into counselor education, there are a number of best-practice recommendations that can be directly integrated into training programs. Emphasizing the skills and attitudes necessary to enhance the therapeutic relationship is a best practice counselor educators emphasize strongly. Another recent best practice involves the use of deliberate and continuous client feedback (Norcross & Wampold, 2011).

### **Continuous Client Feedback**

In its review of studies of best practices in 2001, the APA Interdivisional Task Force on Evidence-Based Therapy Relationships (Norcross, 2001) suggested multiple positive-outcomes for the potential effectiveness of psychotherapy and outlined the critical aspects of the therapeutic relationship and how counselors and psychologist promote it. These reviewers also recognized that a consistent feedback dialogue between the therapist and the client about the therapy relationship itself was a vital part of effective clinical work (Lambert & Barley, 2002). In 2010, the same task force set out to review published studies completed during the previous 10 years (Norcross, 2011). Based on a series of meta- analyses, a panel of experts concluded that four elements of the therapeutic relationship were effective and therefore recommended for practice. One of these four elements encouraged practitioners to “routinely monitor patients’ responses to the therapy relationship and ongoing treatment” (Norcross & Wampold, 2011, p. 98). The authors state that this type of, “monitoring leads to increased opportunities to reestablish collaboration, improve the relationship, modify technical strategies, and avoid premature termination” (Norcross & Wampold, p. 98). Therapists and researchers have been and continue to refer to this recommended practice as collecting continuous client feedback.

### **Client Feedback in Practice**

Collecting client feedback consists of systematically monitoring treatment progress through the viewpoint of the client and utilizing the information gained to determine the appropriateness of the current therapeutic approach (Anker, Duncan, & Sparks, 2009; Howard, Moras, Brill, Martinovich, & Lutz, 1996). These efforts entail more than simply asking the client questions verbally. Mechanisms in use seek to gain client perspectives on both the provision of treatment as well as the developing client-therapist relationship. This type of real-time data enables practitioners to better inform their treatment, discuss progress or lack thereof with the client, and inform the process of supervision (Lambert & Hawkins, 2001). Researchers

measuring the incorporation of these mechanisms by counselors and psychologists have found them to be a statistically significant predictor of positive client change (Harmon, et al., 2007).

### **Client Feedback Research Evidence**

Mental health practitioners have increased their use of continuous and direct client feedback mechanisms in response to the growing body of evidence supporting their use in treatment (Anker et al., 2009; Duncan & Miller, 2008; Lambert & Shimokawa, 2011; Miller, Duncan, Brown, Sorrell, & Chalk, 2006; Reese, Norsworthy, & Rowlands, 2009a; Reese et al., 2010). Utilizing continuous client feedback leads to fewer premature terminations, improved outcomes for clients at risk for termination (Brown & Jones, 2005; Whipple et al., 2003), increased opportunities to repair alliance ruptures, and improvements in the therapeutic relationship (Ackerman et al., 2001). Clients, both individuals and couples, using feedback mechanisms with their counselor demonstrate significantly greater treatment gains than those not receiving feedback (Anker et al., 2009; Miller et al., 2006; Reese et al., 2009a; Reese, et al., 2010). Reese and colleagues (2009a) reported that the feedback condition clients in one study achieved reliable change in fewer sessions than those in the no-feedback condition. Results of research studies have shown effect sizes double for individual clients engaged in continuous client feedback (Miller et al., 2006).

### **Client Feedback in Training**

Considering the research supporting the use of continuous client feedback (Reese, et al., 2010) and the clear recommendation from the task force, the next step for counselor educators may be to incorporate such practices into the training of counselors. Utilizing continuous client feedback in the counselor education curriculum can encourage students to integrate professionally recommended practices and should enhance the objectivity of the supervision process. Additionally, based on the research evidence showing enhanced treatment effectiveness when these methods are incorporated in the field, students may also improve their treatment outcomes during their field experiences.

### **Client Feedback Mechanisms**

Two systems of incorporating feedback have been used more often in research and practice settings: the Outcome Questionnaire 45 (OQ45; Lambert et al., 1996) and the Partners for Change Outcome Management System (PCOMS; Miller, Duncan, Sorrell, & Brown, 2005). OQ45 is a 45-item self-report instrument designed for repeated administration throughout treatment and at termination. The instrument measures mental health functioning in three areas (symptoms of psychological disturbance, interpersonal problems, and social role functioning) and includes an evaluation of the client-therapist relationship (Lambert & Shimokawa, 2011). Research has shown the OQ45 to be a psychometrically sound instrument (Lambert et al., 2004; Whipple et al, 2003) used to enhance treatment and to predict treatment failure.

The PCOMS employs two brief scales, consisting of four items each. The first scale, the Outcome Rating Scale (ORS) given at the beginning of each session, is focused on mental health functioning and monitors treatment (Miller, Duncan, Brown, Sparks, & Claud, 2003). Specifically, the ORS assesses change in individual functioning, interpersonal relationships, and social role performance. The second scale, the Session Rating Scale (SRS), given at the close of each session, seeks to evaluate the therapeutic relationship (Duncan & Miller, 2008). More specifically, it considers the quality of the relational bond and the degree of agreement between

client and therapist on the goals, methods, and the overall approach to therapy. Like the OQ45, multiple research studies have shown that practitioners' use of the PCOMS is related to multiple positive therapeutic outcomes including fewer premature terminations and increased effectiveness in clients attaining reliable positive change over the course of treatment (Anker et al., 2009; Lambert & Shimokaw, 2011; Reese, Toland, Slone, & Norsworthy, 2010).

### **Application of Continuous Client Feedback in Counselor Education**

Some counselor educators gather feedback from clients to inform treatment interventions as an important aspect of clinical training and clinical work (Paladino, Barrio Minton, & Kern, 2011) and incorporate client feedback methods into particular courses (i.e. practicum & internship) (K. Hixson, personal communication, October 19, 2013; S. Williams, personal communication, September 28, 2012). However, the use of client feedback for the purposes of training was not found in the counselor education literature. As researchers continue to show the relationship between client feedback mechanisms and positive client outcomes, it behooves counselor educators to incorporate their use into counselor training. Additionally, incorporating client feedback into counselor training could also enhance the process of supervision and therefore counselor trainee development.

Counselor educators have historically placed a high value on the process of supervision and its powerful role in developing well-prepared counselors (Lassiter, Napolitano, Culbreth, & Ng, 2008; Newfelt, Karno, & Nelson, 1996; Stinchfield, Hill, & Kleist, 2007). A body of literature evaluating the supervision process helps clarify areas within which our supervision process could improve, specifically with regard to the type of feedback trainees receive from their supervisors (Worthen & Lambert, 2007). In studies of clinical supervision both counselors and supervisors overestimated client progress and underestimated client deterioration (Grove, Zald, Lebow, Snitz, & Nelson, 2000; Najavits & Strupp, 1994; Walfish, McAlister, O'Donnell, & Lambert, 2010). Supervisors gave overly positive trainee evaluations and held back giving feedback regarding performance (Hoffman, Hill, Holmes, & Freitas, 2005). Ladany and Melincoff (1999) found that 98% of supervisors of graduate student counselors withheld feedback from supervisees. While supervisees valued feedback, supervisors stated that they were reluctant to give negative feedback because of potential negative consequences (Hoffman et al., 2005).

Additionally, research indicates that therapists tend to overestimate their own abilities (Hannan et al., 2005). Hence, there is risk in having counselors in training using self report alone to inform the supervisory discussion. Doing so limits opportunities for setting goals, reaching new developmental mile markers, identifying specific areas of need, and reinforcing a student's emerging strengths (Lambert & Shimokawa, 2011). Bringing the perceptions of the client to supervision will not only help minimize this risk, but also further inform the supervisory discussion. These findings help focus on the areas in which counselor educators might enhance the process of supervision. In agreement with others (Worthen & Lambert, 2007), this author suggests that the integration of continuous client feedback could be a tool through which the process of supervision can be improved.

To date, one research study was found that integrated client feedback into the training of psychologists. Reese et al. (2009b) found that clients of those students receiving continuous feedback over the course of therapy demonstrated better treatment outcomes (as perceived by the client) than the clients of those students not receiving it. Additionally, the supervisors

reflected that utilizing the feedback data during supervision made the process of delivering critical feedback easier and it allowed them an entry point for giving more specific feedback. Worthen and Lambert (2007) suggested that using continuous client feedback in training provides five important contributions for both training and treatment. First, it standardizes the process of feedback and therefore removes some of the subjectivity. Second, it allows supervision to focus on the client's experiences and not the trainee's perceptions; this is important given the fact that the counselor's insights are often incorrect (Lambert & Hawkins, 2001). Additionally, doing so can provide relevant information that the trainee did not recognize or overlooked. Fourth, it gives the trainee and the supervisor the opportunity to intentionally locate hindrances to treatment and therefore allow exploration of additional intervention techniques. Lastly, utilizing client feedback in supervision allows for collaboration on information brought from the client, which goes beyond information brought through the trainee's training or intuition.

As more counselor educators integrate evidence-based practices into the training of counselors, teaching and utilizing continuous client feedback will provide an additional method as to *how*. The following sections begin to provide an answer for *to what extent*, and the PCOMS feedback mechanism is suggested for program implementation due to its clarity and ease of use.

### **Integrating Continuous Client Feedback into the Curriculum**

**Introductory coursework.** In order that students feel confident and comfortable with utilizing client feedback in practice and supervision, it should be introduced early in their program of studies. A professor attempting to have students utilize the PCOMS during their internship course for the first time might find that this adds an extra and potentially unwanted element to what can be an anxiety provoking experience for some students. First, students should be introduced to client feedback within coursework that explicitly emphasizes best practices in the field. Some professors have chosen to introduce client feedback during courses concentrating on theory, research, and/or a course focused on an introduction to the profession as a whole (C. Yates, personal communication, September 27, 2012). Doing so allows for discussion on sound research-based practices directly applicable to the student's future work. Second, because client feedback mechanisms direct explicit attention to the value of the counselor-client relationship, it offers another opportunity for professors to reinforce this critical element of the counseling process (Grant, 2006). Specifically, it gives students an objective reference point for the critical variable within the counseling process.

The introduction to counseling skills course is the most opportune place to engage students with the PCOMS early in their program of studies. It is suggested that instructors introduce this concept halfway through the semester in order that students have gained comfort with the basic attending skills. The SRS (Session Rating Scale) can be easily integrated into student practice sessions. This scale focuses on the quality of the relational bond and the level of agreement between the student-client and the student-counselor on the goals, methods, and the overall approach to the practice session. While in-class practice sessions may be short in length, students will have enough time to receive helpful feedback on the SRS and more importantly, to allow the SRS to be the starting point and a guide for an honest, collaborative discussion of the practice session.

Providing students with a structured format for receiving and delivering feedback during these experiences is helpful to their development in three important ways. First, utilizing the

SRS reiterates to students the importance of developing alignment with a client on both an emotional and cognitive level (Lyons & Hazier, 2002). Second, the practice encourages students to be authentic with one another about their skill development and therefore gain comfort with the support and challenge necessary for moving through the stages of counselor development (McAuliffe, & Eriksen, 2000). Third, all participating students gain experience with initial characteristics of the supervisory process. The structure allows students to practice using skills such as confronting, pointing out discrepancies, and inquiring as to the internal reasons for particular interventions with one another. This peer-to-peer interaction enhances the level of safety within an evaluative process and encourages the student-client to provide counseling as the “more knowledgeable other” offering developmentally appropriate feedback (Stoltenberg, McNeill, & Delworth, 1998). While feedback is a critical element in any counselor training program, the additional intent here is that the structure of client feedback is similar across coursework and therefore familiar to the student. This familiarity increases the likelihood of novice counselors feeling equipped with the skills and experience necessary to introduce these concepts to their clients in their fieldwork.

**Experiential coursework and supervision.** During experiential coursework, counselors in training enter the clinical world for the first time as the primary provider of services and are in need of feedback (Bernard & Goodyear, 2013; Skovholt & Ronnestad, 2003; Worthen & Lambert, 2007). Reese et al. (2009a, 2009b) suggest that this feedback should come directly from clients. Data based evaluation of student progress or remediation is instrumental to enhancing student development; this is preferred over attempts to use inflated or inaccurate reassurances from self or supervisor that serve little educational or developmental ends (Holloway & Neufeldt, 1995).

**Practicum and internship.** When the use of SRS extends to more experiential coursework, the measure has the potential to facilitate feedback exchange between a number of key participants: site supervisor to trainee, client to student counselor, counselor educator to student counselor, site supervisor to counselor educator, and student to student. Feedback, previously experienced as a more static or one-way direction of information, can be re-conceptualized with increased potential for growth and change (Ankler, Duncan, & Sparks, 2009). This information comes directly from the client without imprecise references as a result of taping restrictions or supervisees’ self-report, which fall prey to subjective inaccuracies (Grove et al., 2000; Najavits & Strupp, 1994; Worthen & Lambert, 2007). Additionally, client feedback creates teachable moments and occasions for conversations aimed at deeper understanding and self-reflection; ultimately, the outcome of those supervisory conversations loop back from the therapist in training to benefit the client in the form of tailored clinical interventions (Lambert & Hawkins, 2001).

Practicum and internship students are starting to grapple with the realities of theories in practice, experimenting with treatment modalities and techniques, and deepening their understanding of the therapeutic alliance. Since students are now putting theoretical knowledge to practice, it is an intuitive place to integrate fully the use of the PCOMS client feedback mechanisms. Their prior exposure to and familiarity with the SRS & ORS in skills and theory classes will facilitate a smoother transition for them to use the measures with actual clients and within the process of supervision. Yet, the use of client feedback can be both a practical and personal challenge (Hoffman et al., 2005) for novice counselors as well as for supervisors

(Skovholt & Ronnestad, 2003; Skovholt, Ronnestad, & Jennings, 1997). Thus, this process should be introduced with sensitivity to ensure the loop of feedback remains intact and effective.

Additionally, establishing goals with trainees in advance of the feedback opportunities makes feedback easier to give and enhances student receptivity (Lehrman-Waterman & Ladany, 2001). Feedback should be grounded in observable factors so that supervisors can avoid the pitfalls of personal opinion or personality clashes entering the feedback arena (Lambert & Shimokawa, 2011). As clinical supervision already exists both to aid in the development of clinical competency and to ensure the promotion and protection of client welfare (Falender & Shafranske, 2004), the use of client outcome feedback supports these goals and provides direct, observable data from which to have growth maximizing conversations.

### **Elevating Student Potential**

A primary objective of counselor educators is to prepare students to “improve the provision of counseling services in all settings of society” (Association for Counselor Education and Supervision [ACES], n.d.). Therefore, this author suggests that integrating client feedback practices into counselor training can enhance the ability to develop counselors in training in the most critical areas: skill competence, cognitive complexity, and client matching models that include the identification of appropriate evidence based practices (Sexton, 1999). Each of these can be fostered and enhanced over time both through pedagogical approaches within the classroom that target cognitive complexity and reflective practice (Granello, 2010; Welfare & Borders, 2010), systematic and routine delivery of feedback from a more knowledgeable other (Schmidt & Adkins, 2011), as well as a classroom culture that allows for support and challenge (McAuliffe, & Eriksen, 2000; Wheeler, 2000).

Integrating deliberate feedback mechanisms into clinical training allows for additional opportunities for students to grow in their skill set while being reminded of their need to be open to critique, remain dedicated to quality care for clients, and continually enhance their ability to separate professional insight from personal affront (Hoffman et al, 2005). The process of skill competence enhancement inherently involves the improvement of cognitive complexity, a concept frequently found in the literature to be a key element of counselor development (Little, Packman, Smaby, & Maddux, 2005).

Counselor cognitive complexity refers to a counselor’s ability to identify and integrate many ambiguous pieces of knowledge in order to gain an accurate understanding of the client’s needs, the interpersonal dynamics, and the treatment implications (Welfare & Borders, 2010). The process of growth in this area is developmental; students begin their studies at variable levels of complexity and educators seek to support and challenge their progression throughout their time in the program. Because an instrument like the SRS explicitly gathers information in each of these important areas, it can be used as a tool for encouraging this critical component of student growth. For example, when students see data showing their clients’ progress, or indicators that clients are not experiencing positive growth, the feedback may offer insight into therapist factors that impact progress such as the chosen treatment modality, strength of the therapeutic alliance, or lack of cultural competency. Each area becomes a target for student reflection, which can be guided by both peers and supervisors. Additionally, employing real-time client feedback can compensate for the therapist’s potential limitations to detect accurately client progression or lack thereof (Lambert & Shimokawa, 2011).

Since cognitively complex counselors provide more effective services, educators and students need to be held accountable for meeting this developmental progression. The use of

client feedback data increases accountability for the therapist and, in the case of interns, it also increases the accountability of supervisor effectiveness. Lambert et al. (2004) point out that therapists are more able to address problems with the alliance quickly when they are aware of issues; outcome data with a clinical tool such as the SRS increase this awareness and accountability to respond to problems as they arise.

Encouraging the development of cognitive complexity simultaneously involves enhancing self-efficacy. If students are not supported and encouraged through challenging developmental progressions, they may become discouraged or remain stagnant. According to Worthen and Lambert (2007), nearly all therapists (90%) consider themselves to be above the 75th percentile in delivering treatment; thus, self-efficacy may not appear to be an area of concern for counselors. However, a genuine and informed sense of self-efficacy is important to the developmental potential of counselors in training. Thus, while therapists may have an inflated or overly optimistic sense of their effectiveness, client feedback data are able to measure the strength of the alliance as well as gauge client outcomes, potentially increasing genuine therapist self-efficacy (Lambert & Hawkins, 2001).

In summary, the instruments included in the PCOMS can be integrated throughout the counselor education curriculum. An instructor of a course on theoretical approaches to counseling can introduce it as one of the strategies proven effective without regard to clinical orientation. The research instructor should discuss the research on client feedback mechanisms and engage students in a discussion critiquing one of the many studies utilizing the PCOMS. Most importantly, the SRS scale can be easily integrated into the introductory counseling skills course and required for use in practice sessions and individual supervision meetings. Faculty can utilize the students' familiarity with the PCOMS during their practicum experience by requiring the use of the SRS with clients. As students establish a client base during their on-site internship experiences, both the SRS and the ORS may be used with each client seen. Faculty may need to discuss the PCOMS with the on-site supervisor during their introductory meeting and explain how it can and should be used during supervision. Students then integrate the findings of the PCOMS into their clinical presentations, classroom discussions, and most importantly, their individual supervision sessions both on and off campus. Ultimately, this allows students to move into the profession having familiarity with an evidence-based practice that encourages their development as a counselor and enhances the treatment outcomes of their clients.

### **Conclusion**

The use of client feedback not only integrates evidence-based practices in order to better prepare counselors, it also promotes developmental growth in light of the current professional challenges and therefore appears essential to meet the high demands of practicing counselors (Harmon et al., 2007; Hawkins, Lambert, Vermeersch, Slade, & Tuttle, 2004; Miller, et al, 2005). Counselor educators' goal to promote student development requires real data not student assumptions, and on-site supervisors' goal to assure premium client care and client retention requires concrete evidence, not personal perception (Lambert & Hawkins, 2001).

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