

5-2013

# Clinical Master of Social Work Students: Personal Therapy's Influence upon Professional Development

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## Recommended Citation

Janssen Von Bank, Danielle Marie, "Clinical Master of Social Work Students: Personal Therapy's Influence upon Professional Development" (2013). *Master of Social Work Clinical Research Papers*. Paper 200.  
[http://sophia.stkate.edu/msw\\_papers/200](http://sophia.stkate.edu/msw_papers/200)

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Clinical Master of Social Work Students:  
Personal Therapy's Influence upon Professional Development

by

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MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
St. Catherine University & the University of St. Thomas  
St. Paul, Minnesota  
in Partial fulfillment of the Requirements for the Degree of  
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

## **Abstract**

The purpose of this research was to better understand the perceptions, experiences, and opinions of Master of Social Work (MSW) students and recent graduates in regard to personal therapy. Specifically, this study sought to investigate the factors that are involved in the process of professional development through the use of personal therapy. This study utilized a mixed methods design to survey 82 MSW students or recent graduates. Data was collected through an online questionnaire that asked participants questions, in both a qualitative and quantitative format, regarding their perceptions of and experiences with personal therapy in reference to professional development. Findings reveal that the majority of MSW students and recent graduates report personal therapy to be important to their professional development, specifically in the areas of increased self-insight, increased emotional functioning, increased understanding of the therapeutic process, and increased efficacy in their own practice. Participants indicated that they found personal and professional development to be deeply interrelated. Findings also indicate that participants encounter a number of barriers in obtaining personal therapy, as well as a lack of discussion around the topic, during their MSW education. These findings highlight the need for further discussion among MSW students, educators, and professionals in regard to the use of personal therapy for professional development.

*Keywords:* student, personal therapy, professional development

## **Acknowledgments**

First and foremost, I'd like to thank my husband, Matt, for your unwavering support throughout this process. I couldn't have done this without you. Words simply aren't enough to express the depth of my gratitude. I also want to thank my family for helping me to stay grounded and true to myself throughout. Being able to escape to spend time with you has helped me to recharge and has carried me through more than you probably realize. To my classmates, I'm honored that we could journey through this together and help each other stay afloat along the way. I'd also like to acknowledge my chairperson, Kari Fletcher, for believing I had that extra bit of push left in me and knowing what I was capable of, even when I felt less sure. And thanks to my committee members, Tracey and Linnea, whose perpetual enthusiasm and fresh input helped fuel my endeavors.

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**Clinical Master of Social Work Students:  
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**Introduction**

Lack of consensus exists among Master of Social Work (MSW) Programs regarding the extent to which students should be encouraged to pursue personal therapy during their graduate training. Opinions regarding this topic are mixed and vary widely among students, faculty, supervisors, and practicing clinicians. For instance, MSW students have indicated that they place a much higher value in personal therapy's influence on professional development when in comparison with MSW faculty (Strozier & Stacey, 2001). Likewise, psychotherapy students who have never been in therapy place less value in its importance than those students who have participated in their own therapy (Holzman, Searight, & Hughes, 1996). There seems to be no consistent voice regarding student participation in personal therapy and the potential influence on professional development.

Currently there are 30,755 full-time MSW students and 18,481 part-time MSW students who are enrolled across 218 accredited programs in the United States (Council on Social Work Education [CSWE], 2011; 2012c). However, little if any, empirical information exists regarding program requirements for personal therapy. It appears that, instead of requiring or even recommending personal therapy as a part of the student learning process, graduate social work programs may simply offer an anecdotal encouragement to seek out therapy if the student feels so inclined. In fact, therapy as a standard is really only required for social workers or students who have been in some way "impaired" by their own personal problems, psychosocial distress, or substance



abuse (National Association of Social Workers [NASW], 2008). Within a field like social work, where empowerment and social justice are central concepts, it is important to consider how the requiring of any sort of personal service might become a political issue regarding the dignity and rights of the worker. “[I]n recent years there has been a shift in schools of social work in terms of an increased emphasis on empowerment models of clinical practice [...] This new emphasis places less value on psychotherapy for anyone, including social work students” (Strozier & Stacey, 2001).

While there is an absence of information pertaining to utilization of personal therapy among MSW students, empirical data is available within comparable disciplines or programs of study. For instance, Norcross (2005) suggests that only psychoanalytic institutes and a number of graduate psychology programs hold this requirement for their students. Supporting this proposition, are the findings of Holzman and colleagues (1996), which suggest that seventy-four percent of doctoral level clinical psychology students have engaged in personal therapy. However, another study surveying a more representative sample of therapists, including social workers, found that only five percent of professionals were found to have sought out therapy for training purposes (Bike, Norcross, & Schatz, 2009). Norcross (2005) also notes that most European countries require a number of personal therapy hours for licensure to practice psychotherapy.

Although it is unclear how many masters level psychotherapy students engage in personal therapy, empirical data regarding practicing clinicians does evidence favorable attitudes. Findings suggest that eighty-four percent of psychotherapists do indeed participate in their own therapy (Bike et al., 2009). In addition, organizational polling-data indicates that seventy percent of mental health professionals would be in favor of

personal therapy becoming a licensure requirement (Rubinstein, 2011). Norcross (2005) solidifies the notion that personal therapy is essential for therapist trainees: “Personal treatment – receiving, recommending, and conducting it – is, in many respects, at the epicenter of the educational universe for psychotherapists. Psychotherapists’ training, identity, health, and self-renewal revolve around the personal therapy experience” (Norcross, 2005, p. 841).

Although frequently overlooked in social work education, the influence of personal therapy seems evident within the field of psychotherapy as a whole. This may indicate that personal therapy has the potential to be extremely influential in a student’s education and learning process. It might then be concerning to social work educators and students alike that there appears to be no clear consensus on how personal therapy should be approached. If this important discussion is overlooked, educators, administrators, and practicing clinicians take the risk of communicating that this topic is insignificant and of little importance.

Related concepts of self-awareness and professional use of self are emphasized repeatedly throughout social work education, indicating their importance to educators and practicing professionals. Two graduate level MSW programs have even attempted to find alternate ways of teaching these concepts. Chapman, Oppenheim, Shibusawa, and Jackson (2003) describe an “innovative seven-week course” implemented within the School of Social Work at Columbia University in New York; the program was “designed to enhance students’ awareness of how their personal history and characteristics may affect their work with clients” (p. 4).

Similarly, Taylor and Cheung (2010) illustrate a Self-Examination of Life Foundations (SELF) course, implemented within the Graduate College of Social Work at the University of Houston. The course focused on self-discovery, as students had up to 10 “one-on-one learning sessions with their instructor and/or their practitioner associate, as well as three group discussion classes” (p. 163). The intent was to help students learn experientially about self-awareness, personal bias, self-disclosure, family of origin issues, and self care. It is evident that educators see these concepts as crucial to social work practice, yet remain hesitant to encourage this same sort of learning through personal therapy.

The primary goal of this study is to better understand how MSW students regard personal therapy and experiential learning as it pertains to their growth and maturation as therapists. Secondary goals of this study are to consider what students perceive to be their professional development and educational needs, understand the source of these needs, determine whether or not professional development is associated with personal development, and consider what part personal therapy can play in addressing these needs.

## **Literature Review**

In reviewing the literature, it is helpful to begin with an explanation of personal therapy and the theoretical context in which therapy exists. Psychotherapy will be defined, as well as the distinct and varying approaches to psychotherapy, with a focus on psychodynamic and cognitive models. The theoretical underpinnings of these models will be discussed as well. Additionally, the most influential factors contributing to change through therapy will be noted. Facets of the therapist role will then be described and the value of personal therapy for the therapist will be discussed. Important topics of compassion fatigue and burnout will be outlined, along with concepts of transference and countertransference. Then, existing research will be examined as it is applied to both practicing clinicians and psychotherapy students. Six studies will be fully examined which pertain to the prevalence of therapy use among psychotherapists, their goals and motivations for pursuing therapy, and their personal and professional outcomes when utilizing therapy. Additionally, barriers to seeking therapy will be covered regarding psychotherapy students who feel as though they would benefit from but are not accessing therapy. Finally, personal therapy as it pertains to the field of social work will be reviewed. Social work as a unique discipline will be examined, principles and ethical practices will be detailed, and the standard approach to social work education will be discussed.

### **Psychotherapy: What it is and how it Works**

*Psychotherapy*, also known more simply as therapy, is defined as a tool for “addressing mental health concerns” (Mayo Clinic, 2012). Often this takes place individually, although psychotherapy can also be used with couples, families, and groups.

Additionally, psychotherapy is “a collaborative treatment based on the relationship between an individual and a psychologist [or other mental health professional]” that happens within “a supportive environment that allows you to talk openly with someone who is objective, neutral and nonjudgmental” (American Psychological Association, 2012).

Through psychotherapy the individual can learn about their internal world of moods, feelings, and thoughts, as well as their external world of behaviors, patterns, and social relationships. The psychotherapist supports the client in this process by utilizing empathy. *Empathy* can be understood as “vicarious introspection” in which the therapist travels alongside their client as they investigate the client’s inner world (Cooper & Lesser, 2011, p. 100). Not only does psychotherapy help an individual gain insight into their internal and external struggles, it also helps the client “learn how to take control of [their] life and respond to challenging situations with healthy coping skills” (Mayo Clinic, 2012).

Within the field of psychotherapy there are numerous theoretical approaches, each of which refer to differing mechanisms of operation and distinctive beliefs about the process of change. Many of these theoretical approaches stem out of either psychodynamic theory or cognitive theory.

*Cognitive therapies* propose that thought processes are highly influential on an individual’s emotional response. Thus, the focus for cognitive therapies is on changing overt behaviors and cognitions at the conscious level, with the notion that emotional responses will then follow. Cognitive therapists teach the client skills and strategies to engender change (Summers & Barber, 2010). Examples of well-known cognitive

therapies include Cognitive Therapy, Behavioral Therapy, and Exposure Therapy, Rational Emotive Therapy, and Dialectical Behavior Therapy.

*Psychodynamic therapies* propose that an individual's emotional response is much less conscious and therefore much less accessible through cognitive strategies. Therefore the focus in therapy is on uncovering meaning in patterns of living and relating, often at unconscious levels. Change is found through increased self-awareness and understanding. Additionally change happens through corrective emotional experiences with the therapist and eventually others outside of the therapy relationship, which help the individual to develop new perceptions about themselves and others (Summers & Barber, 2010). Examples of well-known psychodynamic oriented theoretical approaches include Psychoanalysis, Ego Psychology, Self-Psychology, Time Limited Dynamic Psychotherapy, Intersubjective Psychotherapy, and Interpersonal Psychoanalysis. Additionally, there are a number of therapies that have psychodynamic roots that have evolved to include various perspectives and contextual lenses, including Interpersonal Psychotherapy, Bowenian Family Systems Therapy, Yalom's approach to group therapy, Gestalt Therapy, Humanistic-Rogerian Psychotherapy, Solution-Focused Therapy, and Narrative Therapy (Summers & Barber, 2010; Cooper & Lesser, 2011).

Additional theoretical approaches to evolve out of psychodynamic theory, are the developmental theories of Attachment and Object Relations. *Attachment Theory* asserts that early childhood relational experiences with the caregiver influence the ongoing development of how an individual will bond with others throughout their life, as well as how they will respond to distress (Cassidy, 1999). *Object Relations Theory* similarly asserts that childhood relational experiences will influence how an individual will come

to understand themselves and their world around them, in terms of their own worth and whether or not they believe others are available to gratify their needs.

While many theoretical approaches share the belief that individuals struggle due to deeply ingrained ideas about themselves and the world around them, each has a very different approach to the process of change. Some therapies are more exploratory in nature, seeking insight, while others are more supportive, offering tools and strategies. Some clinicians tend to be more directive in their work, while others utilize a less directive approach and follow the client's lead. Therapies can be brief and focused or they can be long-term. Therapies are also on continuum regarding content, from those that are based more in psychoeducation to those that are based more in the relationship between the client and the therapist. Additionally, it may be helpful to consider the diversity of factors that are considered significant to a client's struggles, and how the importance of these factors differ within the array of therapies:

*The psychodynamic factors are those that affect the meaning of current events because of prior traumatic events. This is as opposed to many nondynamic factors, such as purely cognitive factors that affect the information-processing capacities of the mind, neurobiological factors like temperament, genetic factors in personality, subsyndromal and syndromal psychiatric illnesses, and social factors such as family system, culture, and political power. (Summers & Barber, 2010, p. 33)*

Despite the numerous theoretical approaches to psychotherapy and the various factors that may play a part in client difficulties, researchers have found support for a number of common factors that contribute to the process of change. Asay and Lambert (1999) discuss which common therapeutic factors have been found to be most influential toward client outcomes, and separate them into four distinct categories. The most influential category accounting for forty percent of change actually consists of

*extratherapeutic factors*, which exist outside of the therapeutic process, including severity of disturbance, motivation, capacity to relate, ego strength, psychological mindedness, and ability to identify a focal problem. The second most influential category, accounting for thirty percent of change, is that of the *therapeutic relationship*, including therapist characteristics such as accurate empathy, positive regard, non-possessive warmth, and genuineness. The last two categories each account for fifteen percent of change; one being *expectancy* or hope of the client, and the other being therapist *technique* (Asay & Lambert, 1999). These findings indicate that regardless of theoretical orientation or therapeutic technique used by the clinician, what is actually most influential within the therapeutic process is the relationship built between the therapist and client.

### **Theoretical Framework**

**The therapist as the tool.** Psychotherapy is unique in contrast to many other professions, because the therapist becomes his or her own tool. As the American Psychological Association (2012) points out, the treatment is “based on the relationship” that is formed between the therapist and client. While the accountant uses math, and the software engineer uses a computer, the therapist uses the therapeutic relationship, and consequently uses him or herself personally, as the main tool. Therapists do have other tools, such as theory to draw upon and technique which can be used intervene, however it has been found that the therapeutic relationship accounts for twice as much change as technique, and is the most influential factor within the context of the therapeutic work (Asay & Lambert, 1999). Thus, it is essential for the therapist to be acutely attuned to his or her use of self and relationship in the therapeutic work.



Reflection and self-awareness are key factors in learning to utilize and maintain the self as tool, and have long since been an essential part of the psychotherapy field (Holzman, Searight, & Hughes, 1996). It has even been labeled hazardous to practice without the clinician first obtaining an in-depth look at his or her own inner psyche: “[A]ny attempt at intensive psychotherapy is fraught with danger, hence unacceptable, where not preceded by the future psychiatrist’s personal analysis” (Fromm-Reichmann, 1950, p. 42, italics added). While the word danger is a strong descriptor, it illustrates the important question of whether or not the therapist has the competency to venture into the mind of another, through the process of “vicarious introspection,” without having first experienced this process themselves. This is suggesting that without a firsthand understanding of how to navigate the inner-conflict that exists within the self, it may prove less than beneficial to attempt to assist another in this process.

Because the therapeutic relationship is understood to be the major agent of change in psychotherapy, dynamic theoretical approaches suggest that the therapist must have a thorough understanding of two major things. First, a clinician must be aware of how he or she experiences him or herself. Second, the clinician should understand his or her interpersonal self in relation to others. These two concepts are emphasized because of their capacity to influence the therapeutic work. This understanding is rooted in the psychoanalytic and psychodynamic traditions, which strongly encourage the therapist to pursue their own personal therapy. Summers and Barber (2010) describe how personal therapy for the therapist can strongly influence that therapist’s work with clients:

*The emphasis on affect and ways of understanding intense affective experiences, provides therapists with the clarity and resilience needed to work with distressed and suffering individuals. The intense focus on the therapeutic relationship also*

*helps us to understand our enactments, transferences, and countertransferences.*  
(pp. 16-17)

Summers and Barber (2010) define *transference* as the client's "feelings, thoughts, and perceptions about early relationships" which are being played out in the current relationship with the therapist; in turn, "*countertransference* reflects the therapist's engagement with this old script" (p. 81). By understanding and being aware of these relational dynamics, a therapist can then use that information as therapeutic material. Countertransference offers therapists "invaluable information to inform and shape their clinical interventions. Therapists can gather crucial diagnostic information through responses to unspoken, unconscious events in the therapy relationship" (Pearlman & Saakvitne, 1995, p. 25). Through this introspection and enhanced relational understanding, the therapist is able to more fully utilize the therapeutic relationship as a tool in the therapeutic process. More simply put: "Psychotherapy is an encounter between two people and all of their baggage" (Summers & Barber, 2010, p. 82).

However, the existence of transference and countertransference do not always indicate growth and insight for the client. Without an understanding of effective use of these tools the client-therapist relationship may be less beneficial. Therapist trainees are especially susceptible to this lack in understanding because of their minimal experience with these processes. Especially in terms of countertransference, it becomes important that the therapist maintain a cohesive sense of self and comprehensive understanding of one's personal vulnerabilities. Without such self-awareness, the therapist could be more susceptible to unhelpful and even detrimental countertransference reactions. Therefore, it is essential for therapists and trainees to gain a thorough understanding of how to effectively utilize transference and countertransference.

One way to accomplish this necessary insight is through personal therapy for the psychotherapist. “In order to use countertransference productively, a therapist must be able to identify it without shame [...] the therapist’s own extended insight-oriented personal psychotherapy is essential to self-knowledge, self-observation, and empathy for the vulnerability inherent in being a client” (Pearlman & Saakvitne, 1995, p. 25). Thus, personal therapy for the clinician has the capacity to influence to the quality of the therapeutic process, which ultimately benefits the client.

**The therapist as a human.** In addition to enhancing the client-therapist relationship, it is also believed that personal therapy is beneficial for the therapist (Summers & Barber, 2010). Therapists are frequently in contact with the distress, suffering, and chaos involved in their clients’ lives, while concurrently working through their own personal life stressors. Because therapists are human, they too can encounter difficult transitions, life-events, and relational issues within their own personal lives. In a qualitative study of fifteen social work therapists, it was found that therapy had been sought out for personal problems such as depression, life transitions, divorce, alcoholism, and stress (Mackey & Mackey, 1994). “Although it is tempting to fantasize that seasoned [therapists] are able to inoculate themselves against the ravages of life that beset their patients, a careful review of the literature compellingly indicates otherwise” (Norcross, 2005, p. 844). Holzman and colleagues (1996) found similar responses among therapist trainees, who listed depression, family problems, relational problems, and adjustment/developmental issues among their top reasons for seeking therapy during graduate school. Personal therapy then, can assist therapists and students in addressing these personal issues, as well as support therapists with any resulting and related

countertransference that may be encountered as he or she continues to pursue work as a psychotherapist.

*When professional issues become personal.* Personal therapy can also be used to address any compassion fatigue that may occur. Van Hook and Rothenberg (2009) define *compassion fatigue* as “the diminution of a person’s ability to feel compassionate to others” (p. 37). A similar concept, *burnout*, involves “emotional exhaustion, depersonalization, and reduced sense of personal accomplishment [within the therapist’s work]” (DePanfilis, 2006, p. 1067). In exploring further to understand the source of compassion fatigue, Radey and Figley (2007) found it to be “a direct result of exposure to client suffering [...] complicated by a lack of support” (p. 207). The significance of these concepts is reflected in a narrative from Fahy (2007):

*At night we came home bone tired and zombified watching television or drinking while our families clamored around us. We were exhausted by client need and shifts created by managed care and clients who would not do what we suggested. Some of us escaped by developing our own condition: disordered substance abuse, chronic illness, or depression. Some of us left to get more education. Some of us stayed and became more and more rigid with the unmet expectations of our work. (p. 201, italics added)*

This scenario is unfortunately not uncommon among the field of mental health and psychotherapy. Compassion fatigue and burnout have the capacity to greatly influence a therapist’s work with their clients and can contribute to a professional practicing with less empathic concern for their clients, or even leaving the field altogether.

Related to compassion fatigue and burnout is the concept of secondary trauma. Secondary trauma can occur in therapists who experience “repeated exposure to trauma material in the context of empathic connection with the survivor client” (Pearlman &

Saakvitne, 1995, p. 299). Secondary trauma is a complex concept, with the empathic relationship and transference magnified by the nature of trauma work.

*[T]hese therapies are often intense and very intimate. This intimacy and intensity is frequently terrifying for the client and her terror then heightens the therapist's vigilance and sense of responsibility. [...] The intimacy of these therapies calls for authenticity and affective availability on the part of the therapist. [...] However, given the powerful and often distressing affects stirred by the material, this openness also puts the therapist at risk for vicarious traumatization.*  
(Pearlman & Saakvitne, 1995, p. 299)

Because the therapist as human can experience compassion fatigue, burnout, secondary trauma, and personal life difficulties, self-care is critical. In order to protect and maintain the therapeutic relationships as well as the therapist him or herself, a therapist must be intentional in caring for their own mental health. Radey and Figley (2007) suggest that therapists utilize personal therapy as one method of self-care, in order to counteract the process of compassion fatigue, burnout, and secondary trauma. Personal therapy as a means to deal with professional stressors becomes especially important as time set aside for supervision meetings has become more focused on administrative and clinical details, leaving little room for exploring personal experiences (Chapman et al., 2009). Thus, there are numerous reasons to participate in personal therapy that benefit the practitioner as a human with both personal and professional needs.

**The therapist as a learner.** Historically, personal psychotherapy has been important not only to practicing clinicians, but also for clinical trainees. *“But where and how is the poor wretch to acquire the ideal qualifications which he will need in his profession? The answer is in an analysis of himself”* (Freud, 1937, p. 246, italics added). Many students of psychotherapy report educational benefits to receiving their own personal therapy, including enhanced capacity for empathy, increased self-awareness, and

development of the professional self (Strozier & Stacey, 2001). These clinical trainees come from a variety of backgrounds, including psychiatry, psychology, professional counseling, marriage and family therapy, and clinical social work. The current study will focus on clinical social work students, and their growth and development as they train to become clinicians in the psychotherapy field.

### **Existing Research**

**Personal therapy for the practicing clinician.** In understanding the influence of personal therapy on the clinical student, it is helpful to first understand the impact on practicing clinicians.

***Prevalence and recurrence.*** Research supports the notion that therapists seek out their own personal therapy, regardless of professional discipline. In a meta-analysis done by Norcross and Guy it was found that around 75% of mental health professionals have utilized personal psychotherapy (as cited in Norcross, 2005). Recent studies indicate even higher numbers among mental health professionals. In a quantitative study of 727 social work, psychology, and counseling therapists, it was found that 84% had engaged in their own therapy (Bike et al., 2009). Even accounting for variation in theoretical orientation, personal therapy use by therapists continues to remain high. Psychodynamic practitioners utilize therapy the most at 98%, while multicultural practitioners and behavioral therapists utilize therapy the least at 72-74% (Bike et al., 2009). This is in comparison to only 25%-27% of the national adult population who have utilized some form of mental health treatment (Swindle, Heller, Pescosolido, & Kikuzawa, 2000, as cited in Norcross, 2005).

Additionally, it was found that half of mental health professionals who had accessed personal psychotherapy, did so multiple times throughout their lives as professionals (Norcross, 2005). This data supports the concept of career-long development, as psychotherapists see value in seeking out therapy throughout multiple stages of life and transition.

***Goals and motivations.*** Therapists pursue their own therapy for both personal and professional reasons. In a quantitative study of psychotherapists who had sought out therapy, 60% of respondents identified *personal growth* as a therapy goal, 56% identified *personal problems* as a reason to seek therapy, and 46% identified *professional growth* reasons (Orlinsky et al., as cited in Norcross, 2005).

When asking therapists what personal reasons motivated them to seek therapy, Bike et al. (2009) found that 20% had sought out therapy because of marital distress, 13% because of depression, 10% because of anxiety and stress, another 10% because of adjustment problems, and 9% sought out therapy because of other family conflicts. Additionally, 12% of these therapists listed insight and self-awareness as reasons for seeking therapy, and only 5% of professionals were found to seek out therapy for training purposes (Bike et al., 2009).

Within both of these studies we see that therapists seek out therapy for both personal and professional reasons. Norcross (2005) draws attention to the unavoidable interconnection of these motivations “in a profession where the personal and the professional are nearly inseparable” (p. 844).

***Personal and professional outcomes.*** Research suggests that therapy is indeed effective for therapists who seek out therapy for personal reasons. Ninety percent of

therapists report increased cognitive insight, 86% report improvement of behavioral symptoms, and 92% of therapists report experiencing relief from their emotional symptoms (Bike et al., 2009).

Although therapists often seek out therapy for personal reasons, research indicates that therapists frequently gain much more than personal development during their treatment. Orlinsky and colleagues report that of clinicians who pursue their own personal therapy, more than 90% state that they have gained considerable personal improvement, and more than 75% express that it has had a strong impact on their professional development (as cited in Norcross, Bike, & Schatz, 2008). In another study, Bellows (2007) interviewed twenty psychotherapists and found that the more personal therapy one had received, the higher they perceived its influence on their clinical work to be.

Additionally, Orlinsky et al. (2001) found that the more post graduate experience a therapist had in the field, the more likely the individual was to perceive their personal therapy as having an influential impact on their clinical work. Similarly, those who had had some time to process their personal therapy experience (five to 10 years since termination) indicated a higher impact on their clinical work.

These studies support the notion that personal therapy is significant for both the personal and professional development of the therapist. However, these two concepts of development are quite difficult to separate. Very realistically, these processes may be happening simultaneously. In reporting study results, Mackey and Mackey (1994) discuss participants' responses regarding personal and professional gains: "Although one might talk about the benefits of therapy to one's professional practice, professionals



acknowledged that these gains were always within the context of their maturation as a human being” (p. 502).

While the boundary between personal and professional development is somewhat blurred, there are numerous studies that break down the specific ways in which personal therapy has beneficial outcomes for therapists. Bike et al. (2009) inquired about “lasting lessons” that were gained from personal therapy experiences. Respondents listed a deeper understanding of the psychotherapy process as one of the most influential learning themes. They also reported increased insight into the importance of therapists’ personal qualities, such as commitment, reliability, warmth, empathy, patience, and competency.

Similarly, Bellows (2007) interviewed twenty psychotherapists and found similar themes of enhanced professional identity, improved self-understanding, enhanced therapeutic skills, symptom alleviation, and improved interpersonal relationships. Therapists also gained a better understanding of how to utilize difficulties that surface within therapeutic relationship, and expressed incorporating their therapist as a professional role model whose image they could call upon during “moments of clinical uncertainty with their own patients” (p. 212). Respondents also emphasized an increased understanding of the purposeful and inherent use of psychological stress within therapy.

Additionally, one of the most prominent themes found within this study was “a more realistic and tolerant experience of the self” (Bellows, 2007, p. 214). Participants expressed that they learned about self-acceptance and personal imperfectability in terms of both their personal and professional selves. Because of this participants were better able to discuss their mistakes and receive feedback. They learned that they did not have to be a perfect therapist in order to be a helpful therapist, and that “perfection” can

actually be isolating for the client, as it dehumanizes the therapist. They were also able to utilize this understanding by applying it to their clients, knowing that therapy is not a “perfecting process” and that clients would continue to be active participants in their own growth even after the therapy relationship ends.

Important to note, however, is that there was an association between forming a professional identity and the therapist’s clinical work. “[T]he extent to which the participants’ professional identity was enhanced by the treatment relationship” was linked to how much they felt that personal therapy influenced their clinical work (Bellows, 2007, p. 218).

Within each of these studies we see both qualitative and quantitative data that suggest that personal therapy has a great influence on both personal and professional development of the therapist. Of course, every therapist was at one point in time a student themselves. “Because mental health professionals commonly cite psychotherapy as an indispensable part of their professional development one could argue for promoting the use of personal therapy among psychology graduate students” (Bike et al., 2009, p. 29).

### **Personal therapy for the psychotherapy student.**

*Prevalence and recurrence.* In contrast to the 84% of practicing psychotherapists who seek out and utilize their own personal therapy, this practice appears to be much less common among psychotherapy trainees (Bike et al., 2009). In a quantitative study, Holzman et al. (1996) surveyed 1018 clinical psychology graduate students, and found that 55% of them had pursued therapy during their graduate studies.

Another study surveyed currently practicing clinicians from a variety of disciplines and found that 61% had first sought out therapy pre-career or during graduate

schooling (Bike et al., 2009). This study also found that seeking out therapy pre-career was the only predictor of therapy frequency throughout the lifespan; although one might predict this outcome based on age and the concept that younger therapists have more time to seek out therapy, the results showed no correlation with age. Thus, the earlier the clinician sought out therapy, the more likely he or she was to seek out therapy multiple times throughout their life (Bike et al., 2009).

***Goals and motivations.*** Similar to practicing clinicians, therapist trainees pursue therapy for both personal and professional reasons. Holzman et al. (1996) found that the top reasons students sought out therapy were depression, family problems, adjustment and developmental issues, relational problems, and personal and professional growth.

Similarly, in a qualitative study of fifteen social work therapists, Mackey and Mackey (1994) interviewed currently practicing clinicians with the intent of understanding their professional development when they had been students. It was found that pursuing therapy was personal, and had been sought out in order to develop self-awareness and to gain insight into personal problems, including depression, life transitions, divorce, alcoholism, and stress associated with an MSW program (Mackey & Mackey, 1994). While reasons for entering therapy were personal, “almost all respondents found it artificial to talk about professional development separate from personal development” (Mackey & Mackey, 1994, p. 496).

***Personal and professional outcomes.*** Similar to the findings among practicing clinicians, those who have utilized personal therapy as students have reported positive outcomes in regard to their professional development. In a quantitative study of four thousand therapists, Orlinsky et al. (2001) inquired about their psychotherapy training,

and found that therapists consistently ranked personal therapy as one of the top three influential factors toward their professional development.

In terms of student learning within the personal therapy experience, identified themes are similar to that of currently practicing clinicians. In the study of social work therapists who received their own therapy as students, Mackey and Mackey (1994) organized findings into five thematic categories: enhancement of empathy, understanding of the therapeutic process, therapist as model, self-awareness, and other professional/personal development. Regarding the latter theme of “other development,” respondents spoke of personal growth in the areas of separation-individuation, experiencing themselves as integrated and cohesive, and having the capacity to avoid burnout. Likewise, “other” professional growth took place through respondents learning to set limits, establish boundaries, and learning to balance therapeutic closeness and distance. Worthy of noting is the respondents’ better understanding of the therapeutic process, as they reported feeling more prepared and confident in dealing with the dynamics occurring within the therapeutic relationship, including transference. Other process-oriented learning included a consolidation of professional values and a greater appreciation of “what is truly therapeutic about therapy” (Mackey & Mackey, 1994, p. 500).

***Barriers to seeking out therapy.*** Although there is a vast amount of support regarding the benefit of personal therapy, for both personal and professional development of the therapist trainee, students are found to pursue therapy less than practicing clinicians (Bike et al., 2009; Holzman et al., 1996). With these findings, it is then important to ask students what prevents them from seeking out and utilizing personal

therapy for themselves. Holzman et al. (1996) inquired about barriers to students who felt they had a need for therapy, and found the top responses to be financial reasons, lack of time, concerns about confidentiality, and also the fact that no one had ever recommended therapy to them. Bike et al. (2009) report similar findings and recommend that perhaps more could be done to advocate for its use among the student population:

*Because the top reason trainees do not seek personal therapy include finances and stigma, particularly as related to confidentiality and faculty attitudes, in-class discussions of both its prevalence within the professional population and availability of low-cost opportunities might increase its use among psychotherapists in training. (p. 29, italics added)*

Although some clinical psychology programs and psychoanalytic institutes do suggest or encourage personal therapy for their students, (Norcross, 2005; Holzman et al., 1996) there is little evidence of this trend among social work programs. “It is not often that social workers engage in thoughtful discourse of the unique challenges of our profession and ways of addressing and managing the effect” (NASW Delegate Assembly, 2008, p. 268). It is then important to investigate why this gap might occur among social work programs and within the discipline as a whole.

### **The Social Work Therapist**

Social workers enter the field of psychotherapy with a unique lens, different than that of other mental health professionals. The Council on Social Work Education states:

*Social work is a profession that distinguishes itself through its own body of knowledge, values, and ethics. Although graduates of the other fields listed may, in various states, be employed by social service agencies and perform many functions that social workers do, their education and background knowledge are not distinctly that of a social worker. (2012b, italics added)*

Though clinical social workers utilize a unique perspective, they do indeed work with the same populations, in the same settings, as many other mental health professionals.

Because of this, it makes sense that clinical social workers inhabit the same roles that therapists from other disciplines do: therapist as tool, human, and learner. Thus, it is important to take a look at the distinctive needs of the clinical social work therapist in training, and also to note how these needs may differ from or be similar to the needs of trainees within other disciplines.

**Training and education of the clinical social worker.** When striving to understand the context of social work education it is essential to take into account the history and evolution of social work, specifically as it developed through two distinct and somewhat differing perspectives. On one end of this spectrum were those who developed settlement houses, utilized strengths-based and systems-oriented lenses, and advocated for those in need by challenging the social structure and lack of support within their culture. On the other end were those who became “friendly visitors,” developing casework and diagnosis through the medical model, advocating for individuals by way of treatment rather than social reconstruction. Today, these two perspectives have been blended as educators strive to “promote and strengthen the quality of social work education through preparation of competent social work professionals” (CSWE, 2012a).

There are a number of ways that educators and institutions aim to enhance competency in social work students. Graduate level social work curricula typically have courses that integrate theory, practice, ethics, critical thinking, methodology, policy, and research. In addition, content covered within courses generally include history, diversity, human rights, social and economic justice, human behavior in the social environment, psychopathology, and electives in emphasis areas. Lastly, field experience, internship, or practicum, is a key component of social work education (CSWE, 2008). Woven

throughout each of these courses and experiences, is an emphasis on self-awareness, reflection, and personal/professional development.

**Emphasis on self-awareness in clinical social work.** The educational importance of attunement to self is evidenced within the CSWE Educational Policy and Accreditation Standards (2008) through numerous statements describing student development. Students are expected to utilize supervision, consultation, and to “practice personal reflection and self-correction to assure continual professional development.” Additionally students are expected to gain skills in tolerating ambiguity, especially in regard to ethical conflicts, and should be able to “suit each action to the circumstances at hand, using the discrimination learned through experience and self-improvement.” The CSWE also specifies that students are expected to have a self-understanding that allows them to “recognize and manage personal values in a way that allows professional values to guide practice.” In doing so students should then have “sufficient self-awareness to eliminate the influence of personal biases and values” especially when it comes to working with diversity. Also important to note, the CSWE emphasizes that these expectations of self-awareness and understanding are to be pursued throughout their career, as experiences of self and others will continue to change throughout one’s work in the field.

Statements such as these indicate that it is crucial for students to develop the capacity to be attuned to themselves, because they are indeed the tool of their psychotherapy practice. Again, we see this notion referenced within National Association of Social Workers (2008) Code of Ethics:

*Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional*

*judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others. (4.05b, italics added)*

This clause on ‘impairment’ in practice is necessary, as social workers can be impacted by both personal and professional factors, which in turn can significantly impact the work they do moving forward.

In order to proactively approach this ethical standard, social work students are asked to participate in self-reflection practices throughout their education and practice. Educators expect that students use self-reflection for a number of professional development purposes, including: learning how to use the self and relationship as a tool, developing one’s own theoretical orientation, and becoming skilled at how to deal with ethical issues in their work.

**Personal therapy in clinical social work education.** Although social work educators encourage self-reflection through a variety of required methods including field experience, coursework, critical thinking assignments, reading materials, and interpersonal interactions with peers and faculty, personal therapy is one method that is not typically required or even enthusiastically encouraged by social work educators or institutions. In fact, in comparison with other therapeutic disciplines, social workers often place less value in utilizing personal therapy as a pre-requisite for clinical practice (Bike et al., 2009). Similarly, discrepancies among perspectives of students and faculty have been discovered.

The findings of Strozier and Stacey (2001) indicate that attitudes do differ among students and faculty. In their quantitative study, a total of 148 MSW faculty/administrators and 139 MSW students were surveyed with the question “How



important do you believe that personal therapy is to social work students' education?" While a majority of MSW students (85%) indicated that personal therapy was either essential or important to their education, significantly less MSW faculty (43%) felt personal therapy to be important, and even fewer expressed it to be essential (16%). Similarly, Norcross, Bike, Evans, and Schatz (2008) found that professionals in the academic world were less likely to participate in personal therapy in comparison with clinical practitioners. Although opinions may differ, there is reason to believe that personal therapy could be important to a social work student's education in terms of personal, professional, and educational development.

***Professional and educational benefits.*** In pursuing personal therapy, there is potential for tremendous professional growth and development in terms of professional identity, learning to deal with transference, understanding the power differential, and experientially discovering the impact of empathy, among other things. When asked identify the most important ways that students could benefit from personal therapy, Strozier and Stacey (2001) found that MSW students and faculty alike indicated increased self-awareness as the most important benefit. Students and faculty also listed benefits of increasing sensitivity to clients, increasing awareness of the helping process, help in dealing with personal issues, reducing stress and burnout, reducing [harmful] countertransference, and utilizing the therapist as model (Strozier & Stacey, 2001).

***Personal benefits.*** In addition, there are personal reasons why therapy may be beneficial to social work students. Because social work students are encountering the same populations of clients that practicing clinicians of all disciplines do, they are equally

as susceptible to compassion fatigue and secondary trauma; personal therapy could counteract these experiences.

Likewise, MSW students encounter all of the “normal” stressors that any other graduate student would encounter, including financial strain, overloaded schedules, time deficiencies, performance stress in both academia and field placement experiences, and typical stressors that accompany learning and absorbing large amounts of new information (Bike et al., 2009).

In addition to student role and clinician role stressors, MSW students are often dealing with the same sorts of personal stressors that any other individual at their developmental life stage would encounter. Social work students may be in the midst of personal crises, relational difficulties, family emergencies, and developmental transitions such as marriage, childbirth, family growth, family death, and parental aging. Strozier and Stacey (2001) asked MSW students who had participated in therapy to identify their top reasons for seeking therapy. Responses included personal crisis/change, anxiety/depression, family-of-origin problems, interpersonal difficulties, stress related to the MSW program, and substance abuse problems. Holzman et al. (1996) similarly found that nearly twenty-five percent of students have struggled with depression.

Holzman and colleagues (1996) suggest that students are in a unique position regarding the manifestation of personal distress. Because of their student role, personal issues may become exacerbated and revealed through the demands of training and economic strain related to student status.

***Inseparability of personal and professional roles.*** Although personal factors alone are not necessarily a reason to include personal therapy as part of an educational

curriculum, it is imperative to note that these personal factors are influential in the student's clinical education and practice. Theoretically, because the therapist uses his or her self as the main tool in the work, the personal and professional selves become inextricably interwoven. "Melding the professional self of what one knows (training, knowledge, techniques) with the personal self of who one is (personality traits, belief systems, and life experience) is a hallmark of skilled practice" (Dewane, 2006, p. 544). Thus, any benefit to the personal self also benefits the professional self and development of the therapist. Likewise, any interpersonal or intra-psychoic dysfunction that the personal self encounters will surely influence the professional role of the therapist.

*The case for personal therapy.* MSW students are potentially dealing with these personal, student, and clinician related stressors all at once, with limited resources regarding time, energy, and support. These factors indicate that personal therapy would indeed be beneficial for social work students in training. Not only can it impact the student's own personal growth and health, it can be a valuable supplement to MSW education especially when utilized concurrently with formal supervision and training (Holzman et al., 1996). Literature supports that therapy can be professionally and educationally beneficial as students to learn about therapy from "the other side of the couch." Each of these are excellent reasons to consider that personal therapy might be important and even essential components of the student experience. Knowing this, however, it is important to be mindful that "academicians and training directors can exert substantial impact on graduate students' attitudes and behaviors – both as models through personal interaction and as standard setters through program requirements" (Norcross et al., 2008, p. 1374). The purpose of this study is to better understand MSW student

attitudes, perceptions, experiences, and opinions of personal therapy in regard to professional development.

### **Conceptual Framework**

This research has developed within a number of contextual lenses that have been influential in the selection of topic and have assisted in navigation of the existing literature. The theoretical framework of psychodynamic theory has greatly impacted the formulation of this clinical research project. Additionally, the professional lens of Clinical Social Work has been highly influential in approaching this research topic. Lastly, this research has developed through the personal lens of the researcher. These contextual lenses will continue to influence this clinical research through direction and manner of inquiry, as well as strategy used to investigate this research topic.

### **Theoretical Lens**

Stemming out of psychodynamic theory, there are a number of ideas that were helpful in formulating and directing this research topic. The dynamic focus on increased self-awareness and uncovering general relational-patterns has been helpful in understanding how a therapist's own personal therapy might influence his or her professional development. As a professional who utilizes relationship in their work with client, it becomes important to understand how the therapist him or herself generally relates to others. Additionally, the dynamic focus on self-awareness was useful in connecting the closely linked concepts of professional growth and personal growth. Concepts such as transference and countertransference were useful in understanding professional development through experiential learning.

Because this theoretical framework is abstract in nature, the researcher expects that qualitative data will be helpful in gaining a full understanding of personal therapy's impact on professional development. Psychodynamic theory will also likely impact the interpretation of such data, as the researcher will be attuned to dynamic concepts that might present themselves thematically in the findings.

### **Professional Lens**

Clinical social work as a discipline has been influential in this research, specifically because the background of this researcher is in clinical social work. Different from the lenses of other therapy disciplines such as psychology or counseling, social work has an increased emphasis on a few concepts, which have been influential in developing this research. Social work's heightened emphasis on empowerment and autonomy has been helpful in conceptualizing potential reasons for the discipline's hesitancy in suggesting or requiring personal therapy as part of a professional development curriculum. Similarly, the discipline's emphasis on the least amount of governance to insure self-determination was helpful in conceptualizing the approach that social work takes in regard to student or professional development policy. Additionally, this researcher's background in social work has been influential in selecting the research design. Because of the position of this researcher as a peer to the research population, this researcher views the population as somewhat vulnerable, and thus plans to utilize an anonymous method of retrieving data to protect the participants from coercion.

### **Personal Lens**

Being a student a clinical social work program influences this researcher's personal lens in a number of ways. Largely, because this researcher belongs to the

population of study, the research topic stems out of personal experiences of professional development or a felt deficit in areas of professional development. This researcher's personal experiences of feeling an increased need for self-awareness in order to do therapeutic work propelled the development of this research. Additionally, the lack of this researcher's experience in personal therapy has left this researcher with many questions about the process of therapy. Because this researcher is an experiential learner, without personal experience in therapy, there seems to be little to model a developing therapeutic approach after. This too has motivated the researcher to pursue this topic. Although these biases are likely to influence the interpretation of data as well, this researcher is committed to an inductive approach in which unexpected findings may emerge and will be considered with equal weight in comparison with those that were expected.

## **Methodology**

### **Research Design**

Utilizing a cross-sectional design, this study investigated the independent variable of personal therapy use, and the dependent variable of professional development among current MSW students or those who have recently graduated from their MSW programs. Participants were asked to complete a mixed methods questionnaire, including both quantitative and qualitative items (see Appendix A). The quantitative items were nominal and ordinal in nature, gathering demographic and background information from each participant. Additionally, quantitative items sought specific information regarding social work training and personal therapy experiences in a deductive manner, as related to current theoretical understanding. The qualitative items included open-ended questions, and used an inductive process, asking the participant to describe in their own words their thoughts, perceptions, opinions, and experiences as they relate to social work training and personal therapy.

Because there have already been many studies supporting a positive relationship between personal therapy and professional development of therapists, this study did not seek to replicate these results. Rather, the purpose of this study was aimed at investigating the social process involved in professional development through personal therapy. This study sought an understanding of the factors that contribute to professional development through personal therapy.

### **Sample Population**

The research population includes current MSW students as well as recent MSW graduates who are no further than four years from the date they obtained their MSW

degree. Additionally, St. Catherine University and University of St. Thomas MSW students have been excluded from this study as they are peers to this researcher. This is a non-probability sample and the population lacks ability to generalize to represent all therapist trainees in general. Instead, the current study focuses solely on participants from the social work discipline who are currently, or have recently, pursued their master's degree. Additionally, the participants' own experiences with personal therapy have been utilized as secondary inclusion criteria. In order to participate in the second half of the questionnaire, the participant had to have engaged in his or her own personal psychotherapy experience. The sample then consists of individuals who have no personal experience with their own therapy, as well as those who have utilized personal therapy either prior to their pursuit of the MSW degree, during their MSW studies, or in the four years following receipt of the MSW degree. Because of these criteria, the sample is purposive in nature.

Initial participants were gathered through MSW student associations as well as local clinical agencies and societies who had agreed to allow recruitment through their organizations. The researcher first sought permission to recruit through these local organizations with a letter of request (see Appendix B). The researcher also pursued participants at the national level by asking permission to recruit through student-run MSW associations across the United States. Finally, the researcher gathered the remaining participants through snowball sampling methods, by giving participants the option of inviting other eligible individuals to participate in the study.

Therefore, those students and individuals who belong to associations, organizations, and clinical societies that did not allow recruitment have not had an



opportunity to participate, and this is a limitation of the sample. However, as a non-probability sample this study sought not to generalize results, rather its aim was to simply understand the social process and meaning behind personal therapy for professional development.

### **Data Collection**

Utilizing availability and snowball sampling methods, the sample has been drawn from student-run associations and clinical organizations that had chosen to allow recruitment, as well as those individuals who became informed through other participants. The researcher originally aimed to have a total of 30 to 50 participants. However, the total number of participants surpassed this goal with 82 individuals who participated in the survey. Of those 82 individuals, 71 fully completed the survey. Initially, individuals were invited through email or flyer to visit a website link if they were interested in participating in a study related to professional development (see Appendices C and D). Those who chose to participate were then directed to a consent form and questionnaire via Qualtrics.com, which collected their responses anonymously (see Appendix A for survey questions).

As personal therapy experiences can be of a sensitive nature, the anonymity of the questionnaire served the purpose of providing more accurate information. In addition, utilizing the Internet rather than post-mail ensured the respondents an accessible and less time-consuming questionnaire, and enabled the researcher to gather more data due to the elimination of distance barriers.

## **Protection of Human Participants**

Before recruiting participants, the researcher contacted organizations that were likely to have access to individuals who are current MSW students or recent MSW graduates. The researcher sent these organizations a letter requesting approval to contact their organizational members (see Appendix B). This measure was taken to obtain approval by each organization, and to assure the protection of their individual members. Participants were then recruited through those organizations that had agreed to allow their members to be contacted by email or flyer (see Appendices C and D). Those individuals were invited to visit a website link if they were interested in participating in a study related to professional development. They were informed that participation would be completely voluntary in nature and that they had the ability to stop taking the survey at any time.

Current St. Catherine University and University of St. Thomas MSW students were excluded from this study, as they are peers to this researcher. Of the individuals who began the survey, three were filtered out due to this exclusion criterion. This was done in order to avoid the potential for coercion or feelings of obligation and to uphold the voluntary nature of the study.

The data collected through the survey was confidential and anonymous in nature. After participants submitted their survey, the data was collected and stored in a database that contains no identifying link to the participant. This database has only been accessible to those who have login and password information. Only the researcher has had access to the data through this login information. Additionally, the researcher has not had access to any information that would allow for participants to be identified. Although the survey

did ask demographic information, it did not include any items that might reveal identifying information of the participant. In the dissemination of findings, any information that would have the potential to identify a participant has been excluded. The data stored will remain contained in the locked database following the completion of the research final write-up, and the password information will then be changed to assure that only the researcher has access to the database. The data stored will remain securely contained in the database until it is destroyed on June 1st, 2016.

In order to assure informed consent, the participant was unable to access the survey until they had read and electronically signed the informed consent form (see appendix E). The consent form included contact information for the researcher, background information for the study, and explained the procedures of the study. The consent form also indicated the voluntary nature of the study, discussed the risks and benefits of being in the study, and included confidentiality information. Participants were informed of their right to terminate their participation at any time while taking the survey, and were also informed that they were able to choose not to answer questions by skipping them within the survey. This form was embedded within the survey, as a conditional first step before any individual could proceed to the rest of the survey. Following the consent form, the survey then began with the letter of introduction informing the participant of what they could expect within the survey (see Appendix F).

Care was taken to reduce the risk of participants through their anonymity, use of a confidential survey, neutral wording, and a review of the proposed research by an Institutional Review Board. Additionally, participants were given a resource list, which they could use to obtain more information about the topic area (see Appendix G). This

resource list could also be used in the case of any adverse effects due to participation in the study. Participation in this study included the risk of mild discomfort, due to the nature of the survey questions. No other adverse effects were anticipated or noted by the researcher.

Benefits of participation in this study may have included an increased sense of contribution to the Social Work community as well as Social Work education in general. Additionally, participants may have experienced the benefit of increased insight into personal and professional development, as taking the survey may have facilitated thoughtful and critical reflection on the part of the participant.

### **Data Analysis**

**Quantitative Data.** The quantitative data collected was analyzed through statistical analysis. The researcher utilized descriptive and inferential statistics to determine demographic information as well as professional and educational background information for the sample. Additionally, statistical analysis of quantitative items has been used to assess MSW students' experience with and attitudes towards personal therapy and professional development.

**Qualitative Data.** Responses to open-ended survey items were utilized for the qualitative portions of data. In analyzing the qualitative data, these segments were analyzed by the researcher for initial concepts and themes, using a phenomenological interpretive approach. The researcher then utilized a summative content analysis process to inductively examine common phrases and themes (Berg, 2012).

The researcher first read through the transcription and highlighted recurrent words, phrases, and themes. The frequency of these phrases and themes were then recorded

using an open coding method by sorting them into conceptual categories. Closely matching conceptual categories were then grouped together so that the researcher could inductively explore potential latent meanings within the themes (Berg, 2012). The data and thematic findings were then revisited at a later date to note commonalities or themes that the researcher might have missed.

### **Demographic Information of Participants**

Of the individuals who participated in the survey, 82 answered demographic questions regarding age and gender identity (see Table 1). The majority of participants were female ( $n = 74$ ; 90%), with less than a tenth identifying as male ( $n = 7$ ; 9%) and only one individual identifying as other (1%).

Additionally, nearly a quarter of participants identified being in the 22-25 year age-range ( $n = 20$ ; 24%) and another third of participants in the 26-29 year age range ( $n = 26$ ; 32%). Nearly a fifth of the participants were in the 30-34 year range ( $n = 14$ ; 17%). The three groups combined (22-34 years of age) constitute the majority of the participants, although the remaining 28% of participants were spread somewhat evenly between 35 and 59 years of age (see Table 1).

Table 1

*Demographic Information of Master of Social Work Students and Recent Graduates*

		<i>n</i> = 82	(%)
<b>Gender</b>			
	Female	74	(90%)
	Male	7	(9%)
	Transgender	0	(0%)
	Other <sup>a</sup>	1	(1%)
<b>Age</b>			
	Less than 22 years	0	(0%)
	22-25 years	20	(24%)
	26-29 years	26	(32%)
	30-34 years	14	(17%)
	35-39 years	3	(4%)
	40-44 years	7	(9%)
	45-49 years	7	(9%)
	50-54 years	2	(2%)
	55-59 years	3	(4%)
	60 years or older	0	(0%)

*Note.* <sup>a</sup>Respondents were given the opportunity to specify when marking “other.” No respondents offered specification for this item.

### **Professional Background of Participants**

Of the 81 participants who responded to professional background items, 41% ( $n = 33$ ) had between two and four years of experience in the field of social work, and 36% ( $n = 29$ ) had between five and nine years of experience (see Table 2). Seven participants (9%) had 10-14 years of experience, five participants (6%) had one or less year of experience, and 4 participants (5%) had between 20 and 24 years of experience.

When asked about preferred role in the social work field, 18 participants (22%) reported that their interest was in generalist social work and 56 participants (69%) stated that they preferred clinical social work. The remaining 7 participants (9%) reported their interest was in another type of social work role such as “administration,” “policy,” “advocacy,” or “medical.”

Participants were also asked what level of practice they preferred. The majority of participants ( $n = 67$ ; 83%) reported that they preferred to work on the micro level doing direct practice work. Six participants (7%) reported they preferred mezzo level practice such as community development, and eight participants (10%) reported they prefer macro level practice such as policy development and advocacy.

Additionally, participants were asked whether or not they intended to utilize their MSW degree to practice therapy or some sort of similar role in the field of mental health. Over half of the participants ( $n = 49$ ; 60%) indicated that they do plan to practice in a therapeutic role, and the remaining participants ( $n = 32$ ; 40%) reported that they do not.

Table 2

*Professional Background Information of Master of Social Work Students and Recent Graduates*

	<i>n</i> = 81	(%)
Experience in the field of social work		
0-1 years	5	(6%)
2-4 years	33	(41%)
5-9 years	29	(36%)
10-14 years	7	(9%)
15-19 years	1	(1%)
20-24 years	4	(5%)
25-29 years	1	(1%)
30+ years	1	(1%)
Preferred social work role		
Generalist	18	(22%)
Clinical	56	(69%)
Other	7	(9%)
Preferred level of practice		
Micro <sup>a</sup>	67	(83%)
Mezzo <sup>b</sup>	6	(7%)
Macro <sup>c</sup>	8	(10%)
Intent to practice therapy <sup>d</sup>		
Yes	49	(60%)
No	32	(40%)

*Note.* <sup>a</sup>Micro level refers to social work practice that involves direct work with clients. <sup>b</sup>Mezzo level refers to social work practice that attends to community development. <sup>c</sup>Macro level refers to social work practice that attends to policy development and advocacy. <sup>d</sup>Participants were asked whether they planned to practice therapy or a similar role within the mental health field.

## Findings

The findings report begins by highlighting background information regarding the participants’ theoretical perspectives and educational experiences as they relate to self-awareness. The remainder of this report is divided into three sections. First participants’ perceptions of personal therapy are reviewed through both quantitative and qualitative lenses. Then, participants’ perceptions in regard to obtaining personal therapy will be reported through both qualitative and quantitative lenses. Finally, for those participants who have utilized therapy themselves, quantitative and qualitative responses will be reported (see Table 3 for Summary Chart).

Table 3

*Summary Table of Findings for Master of Social Work Students and Recent Graduates*

Area of Emphasis	Thematic Categories
Participant background	Theoretical perspectives Self-awareness through educational experiences
Perception of personal therapy	Professional growth Maintaining professional health Ethics
Obtaining personal therapy	Availability Program encouragement Direction toward Barriers
Experience within personal therapy	Reason for utilizing Plan to continue therapy Influence upon development

### Participant Background

**Participants’ theoretical perspectives.** Participants were asked in a quantitative format whether there were any theories, perspectives, or practice models learned throughout their training that were particularly helpful to their practice as social workers.



Of the 72 participants who responded, 93% ( $n = 67$ ) responded that there were approaches they found helpful, and the remaining 7% ( $n = 5$ ) reported that there were not.

Participants who stated that they had found particular theories, perspectives, and models to be useful were asked to comment in a qualitative format. In reviewing commentary, there were two dominant themes and two less dominant themes. The two dominant themes included variations of Strengths Based Perspectives and Systemic Practice Models. The two less dominant themes were Cognitive/Behavioral Practice Models and Developmental perspectives such as Attachment Theory and Social Learning Theory. Of note is the frequency of mention of cognitive models in comparison with psychodynamic models. Cognitive models were referenced three times more often than psychodynamic models.

**Self-awareness through educational experiences.** Participants were asked in a qualitative format to elaborate on how their MSW program promoted and facilitated self-awareness for them as a student. Within participant responses two categories emerged; that of experiential methods for promoting self-awareness and that of non-experiential methods.

***Non-experiential methods.*** The first and most dominant of these themes is that of Non-Experiential Methods. Self-awareness and personal insight were promoted non-experientially through students' coursework and curriculum. Participants reported a general encouragement of self-reflection throughout coursework, classroom discussion, lecture, assignments, papers, assessments and activities. Some participants reported satisfaction with these methods. One participant stated, "I believe the reflections, although at times tiresome, were very insightful and helpful in the end." Others expressed

dissatisfaction with these methods, as one respondent reported: “I think the program I went through could have done a better job at addressing this further, but it was addressed indirectly through class material and discussions.” Similarly, another respondent stated, “In the classroom they promote self-awareness; however, I am in my concentration practicum and self-awareness is not emphasized within the concentration or with faculty support.”

***Experiential methods.*** The second of the two general themes to emerge is that of Experiential Methods. The responses included in this theme were those in which the participant indicated that self-awareness had increased due to “hands-on” and “real-world” experiences, which had been encouraged, promoted, or required by their program, but which occurred outside of the classroom/coursework environment. Within this theme participants discussed those experiences that were student-focused, and those experiences that were other-focused. The majority of other-focused experiences involved the participant’s practicum and supervisee experience. One participant reported, “My MSW program promoted self-awareness and insight while in my practicum. The real world experience was challenging in this area.” The few student-focused experiences that were referenced involved promotion of self-care, and discussion around the option of personal therapy. For instance, one participant stated, “The professors offered personal experiences about their own therapy and allowed students to feel that it is normal and healthy to consider therapy for themselves. [However,] They did not necessarily directly state that students should go see a therapist.” Of the 61 responses to this item, two participants reported that their programs discussed personal therapy as an option to increase self-awareness.

**Comparison of methods.** The Non-Experiential Methods were the dominant finding in response to the question of how participants' programs encouraged self-awareness. When compared to the Experiential Methods, Non-Experiential Methods were referenced much more frequently and made up approximately 87% of the qualitative response material on this item. Of the remaining 13% of material, two thirds referenced other-focused experiences and one-third referenced student-focused experiences (see Figure 1). Student-focused methods of teaching self-awareness, such as promotion of self-care and personal therapy, were referenced throughout only 4% of the qualitative responses on this item.



Figure 1. Methods of Promoting Self-Awareness During Masters of Social Work Training.

### **Perceptions Regarding Personal Therapy for Professional Development**

Participants were asked about the importance of personal therapy for the professional development of those who are preparing to practice in the field of mental health (see Table 4). Out of the 72 participants who responded to this item, just under half ( $n = 32$ ; 44%) reported that personal therapy is extremely important for professional

development. Nearly the same amount of participants responded that personal therapy was somewhat important ( $n = 30$ ; 42%). The remaining 14% ( $n = 10$ ) responded that personal therapy is neither important nor unimportant. None of the participants responded that personal therapy is somewhat unimportant or not at all important.

Table 4

*Participant Perceptions Regarding Personal Therapy During Masters of Social Work Training*

	<i>n = 72</i>	<i>(%)</i>
Importance of use		
Extremely important	32	(44%)
Somewhat important	30	(42%)
Neither important nor unimportant	10	(14%)
Somewhat unimportant	0	(0%)
Not at all important	0	(0%)

Participants were then asked in a qualitative format to elaborate on their response regarding personal therapy for the development of mental health professionals (see Table 5). Participants were also asked to report how their perceptions were similar or different for social work professionals. Most participants reported that their perceptions were comparable or similar in reference to personal therapy for development of social work professionals.

Being that majority of participants (86%) had earlier reported that personal therapy was either extremely important (44%) or somewhat important (42%), the main themes found in the qualitative portion involved elaboration on why participants found personal therapy to be important for mental health and social work professionals. Findings involve the three major themes, including Professional Development and Growth Oriented reasons, Stabilizing and Maintaining Professional Health reasons, and Ethical reasons (see Table 5).

Table 5

*Participant Rationale for Personal Therapy Use*

<b>Major Themes</b>	<b>Sub-Themes</b>
Professional development and growth	Increased understanding of client experience. Increased self-awareness through self-exploration. Self-work as a student being important to the learning process. Greater understanding of the therapy process. Safe place to explore countertransference and other reactions or questions.
Stabilizing and maintaining professional health	Self-care due to nature of work. Maintaining a work/life balance and preventing burnout. Addressing personal life issues that might interfere with work.
Ethics	Providing best service to the client. Utilizing an appropriate outlet for Processing.

***Professional development and growth oriented reasons.*** The Professional Development and Growth Oriented theme was the most dominant theme of the three. Most frequently referenced was an increased understanding of the client’s experience. Participants spoke about gaining perspective through being a client rather than a practitioner, and the increased understanding of vulnerability and empathy that accompanies that. For instance, one participant stated, “I think personal therapy can be useful by putting yourself in your clients’ shoes, and really experiencing what its like to be the client instead of the therapist.” Another stated that they feel it is important to have a “willingness to be vulnerable just as our clients will be.”

Similarly, participants spoke of gaining a greater understanding of the therapy process. Participants emphasized the importance of having a working model of what therapeutic work looks and feels like, as well as gaining a deeper understanding of this

process. One participant stated that it is important “for those preparing to practice just to see what therapy is about if you have no experience.” Another participant expressed:

*It is key for a person working in the mental health field to engage in their own therapeutic journey. It would seem odd to me that a person could even practice in the mental health field without having some experience with therapy as a consumer.*

Likewise, when speaking of professional development through therapy another frequently referenced topic was that of it being a learning experience *before* entering the field. One participant stated, “I feel this is crucial for students to be able to experience what it is like to not only go through therapy but to see a fellow therapist engage in facilitating personal therapy.” Participants spoke of the importance of having done this self-work as a student and before becoming a licensed professional.

Also frequently referenced was an increase in self-awareness through self-exploration of values, beliefs, world-views and personal boundaries. Participants spoke about the importance of exploring and understanding the personal self in order to understand oneself as a professional. One participant stated that personal therapy, “allows the practitioner to better understand [the] self which opens up understanding for helping others.” Additionally, they spoke of working through unresolved issues to better oneself as a practitioner. For instance, one participant stated:

*I think personal therapy is critically important before and during clinical practice as part of ensuring you are the most prepared, healthy, and professional therapist you can be. Everyone has issues to work through and schemas, beliefs, and ideas to examine.*

Along with this, participants spoke of finding value in allowing the insight and perspective of another in regard to their interpersonal life and way of experiencing the world.

Lastly, participants discussed utilizing personal therapy to explore countertransference and other types of reactions or thoughts. Participants spoke of the opportunity to have a “sounding board” and a safe place to discuss topics that they may be uncomfortable discussing elsewhere, such as in supervision or class. For instance, one participant reported that it allows the practitioner “to talk about topics that are questionable. You have the opportunity to check in with someone you trust and allows you to be yourself, not the professional.” Participants found this capacity to safely and genuinely reflect to be helpful to professional development.

***Stabilizing and maintaining professional health.*** When discussing personal therapy for professional development, a second major theme emerged involving maintaining the health of the professional. This was emphasized by participants to be important in upholding a quality of service for clients. Many participants expressed that they did not feel a professional could adequately function in their role unless they had stabilized and maintained their own health first, and made statements such as, “it is important to be grounded and ‘fit’ to practice in the mental health field.”

Most frequently noted was the concept of self-care for the professional due to the nature of the work that most social workers and mental health workers encounter. Participants discussed having a healthy way to process the work that they do, in a personal way. They also discussed the “heavy burden” that many social workers and mental health workers carry as they “take on the energy and emotions” of the clients they work with. One participant’s only statement was, “Burn out burn out burn out.” Another participant elaborated on this notion:

*Working within the field of mental health is trying, hard work. The experience you have with your client and their history is taxing on every clinician. You will*

*encounter second hand trauma when working in this field, it will bring up things in yourself, burnout rate is high. It is VERY important to be working on yourself to continue to be a helpful, emphatic, practitioner.*

Related to this, participants spoke of maintaining a healthy work and life balance in order to prevent burnout and compassion fatigue. Participants discussed the occurrence of bringing work home with them, and personal therapy's place in helping them to maintain separation between work and personal life. For instance, one participant stated, "I think it is important to have outside support to help process how clients affect our day-to-day functioning." Thus, participants discussed self-care both in terms of processing client work in order to avoid burnout and maintain a capacity to continue doing the client work, and also emphasized processing client work in order to maintain an ability to have a healthy and separate personal life.

Participants also discussed using personal therapy to address the professional's own personal life issues, separate from client work, that come up throughout a professional's lifespan. This too was noted to have the capacity to interfere with the professional's ability to work with the client effectively. One participant stated, "It is difficult to help others if you are not functioning well yourself. You can't pull others onto the lifeboat if your lifeboat is sinking."

***Ethics.*** The third major theme found in the responses of participants was that of engaging in personal therapy in order to maintain and uphold ethical principles. Participants discussed the concept of providing the best service to clients by having an understanding of self, including values, bias, world-view, and anything else that could impact client service. Participants used phrases such as being "fit to practice" and "of sound mind."



Additionally, participants spoke of utilizing therapy as an appropriate and ethical outlet. Participants discussed the personal need to “vent” about or process their work. They reported that they felt personal therapy was more appropriate and ethical than taking work home to process with family or friends; even if care is taken to maintain confidentiality, processing with non-professionals may not be the most effective or ethical form of self-care.

### **Participant Perceptions of Obtaining Personal Therapy**

Participants were asked to answer three items pertaining to obtaining personal therapy as a student. These items included questions about how available personal therapy was through their university or program, what level of encouragement they received from their program to access personal therapy, and whether or not they received direction to resources in order to obtain personal therapy if they so desired. Participants were also asked in a qualitative format elaborate on their direction to therapy resources.

**Availability through program or university.** Participants were asked about the level of availability of personal therapy through their program or university (see Table 6). Out of the 74 participants that responded to this item, the majority ( $n = 43$ ; 59%) reported that they were unsure about availability of therapy at their university or program. The remaining distribution was somewhat evenly spread, as 15% ( $n = 11$ ) reported that therapy was somewhat available and 14% ( $n = 10$ ) reported that therapy was somewhat unavailable. Similarly, 5% ( $n = 4$ ) of participants reported therapy was available, while 7% ( $n = 5$ ) reported it was unavailable.

**Encouragement of therapy throughout MSW program.** Participants were then asked about the level of encouragement received by their program to pursue therapy for

either personal or professional reasons. The most frequent answer for participants ( $n = 27$ ; 36%) was that personal therapy was neither encouraged, nor discouraged, by their program. While 4% ( $n = 3$ ) reported that therapy was moderately discouraged, the remaining participants reported that it was either somewhat encouraged ( $n = 21$ ; 28%), moderately encouraged ( $n = 12$ ; 16%), or strongly encouraged, ( $n = 11$ ; 15%).

**Direction to therapy resources by program.** Finally, participants were asked about whether or not they were directed toward personal therapy resources, in the case that they did choose to pursue it. Of the 74 participants who responded, the majority ( $n = 50$ ; 68%) reported that they were not directed to resources, and 32% ( $n = 24$ ) reported that they were.

Table 6

*Participant Experience in Obtaining Personal Therapy*

	$n = 74$	(%)
Availability of personal therapy		
Available	4	(5%)
Somewhat available	11	(15%)
Not sure	43	(59%)
Somewhat unavailable	10	(14%)
Unavailable	5	(7%)
Program encouragement of personal therapy		
Strongly encouraged	11	(15%)
Moderately encouraged	12	(16%)
Somewhat encouraged	21	(28%)
Neither encouraged/discouraged	27	(36%)
Somewhat discouraged	0	(0%)
Moderately discouraged	3	(4%)
Strongly discouraged	0	(0%)
Direction toward personal therapy resources		
Yes	24	(32%)
No	50	(68%)

**Type of Direction.** Of those students who reported that they were directed to resources, common responses included phrases such as “it was mentioned” and “wasn’t discussed much” (see Table 7). One participant also referenced the lack of discussion around reasons campus services may be less appealing or inaccessible to MSW students,

stating that students received vague direction, “but it was not acknowledged that it might be awkward to use those services on campus.” Of those students who reported no direction to resources, common responses included “find it yourself” and “at my own expense.” Participants also expressed that while their instructors may have mentioned the usefulness of personal therapy, there was little direction to therapy resources thereafter: “Professors talked about how they found personal therapy helpful when attending graduate school, however it was never offered or promoted.”

Table 7

*Participant Direction Toward Therapy Resources*

	<b>Participant Commentary</b>
Students who received direction toward therapy resources	<p>“We didn’t get much information.”</p> <p>“Mentioned [...] during orientation.”</p> <p>“Via syllabi and Student Code of Conduct documents.”</p>
Students who did not receive direction toward therapy resources	<p>“They told us that when you start working, you might need therapy, but that you need to find it yourself.”</p> <p>“Unless a student was in a crisis situation, he/she would not be provided the resources or information to obtain therapy.”</p> <p>“During my MSW program there were not resources that we were given for our own therapy and there was not time to seek out those resources.”</p>

**Barriers to obtaining therapy.** Participants were also asked quantitatively about barriers to pursuing or obtaining personal therapy (see Table 8). They were asked to answer regarding barriers that were either encountered by the participant themselves, or barriers they observed in their peers’ experiences.

The most commonly reported barrier for both the participants ( $n = 54$ ; 78%) and what they had observed in their peers ( $n = 49$ ; 88%) was that of lack of time. The next most commonly reported barrier was that of financial reasons, with 64% ( $n = 44$ ) of

participants reporting this barrier for themselves and 81% ( $n = 46$ ) of participants reporting this for their peers. The third most commonly reported barrier to obtaining therapy is a lack of motivation (participant:  $n = 34$ ; 49%, peers:  $n = 38$ ; 69%). The fourth most commonly reported barrier is that of being unsure if the extent of difficulty or problems qualify for therapy (participant:  $n = 30$ ; 43%, peers:  $n = 30$ ; 57%).

Table 8

*Barriers to Pursuing Therapy During Master of Social Work Training*

	Participant's Experience		Peer Experiences	
Financial reasons	( $n = 69$ ) 44	(64%)	( $n = 57$ ) 46	(81%)
Lack of time	( $n = 69$ ) 54	(78%)	( $n = 56$ ) 49	(88%)
Lack of motivation	( $n = 69$ ) 34	(49%)	( $n = 55$ ) 38	(69%)
Concerns about social stigma	( $n = 69$ ) 18	(26%)	( $n = 56$ ) 28	(50%)
Concerns about confidentiality <sup>a</sup>	( $n = 69$ ) 20	(29%)	( $n = 54$ ) 21	(39%)
Concerns about judgment <sup>b</sup>	( $n = 69$ ) 18	(26%)	( $n = 54$ ) 24	(44%)
No encouragement/recommendation	( $n = 69$ ) 18	(26%)	( $n = 53$ ) 17	(32%)
Not sure if problems qualify for therapy	( $n = 70$ ) 30	(43%)	( $n = 53$ ) 30	(57%)
Have no need	( $n = 69$ ) 18	(26%)	( $n = 53$ ) 24	(45%)
Other <sup>c</sup>	( $n = 9$ ) 1	(9%)	( $n = 6$ ) 1	(13%)

*Note:* <sup>a</sup> Concerns about confidentiality are specific to confidentiality within participant's professional network. <sup>b</sup> Concerns about judgment are specific to judgment in regard to peers and faculty within participant's MSW program. <sup>c</sup> Respondents were given the opportunity to specify when marking "other." Specifications included: a belief that therapy was suppressive of difference/deviance, questions about insurance, and negative experiences with a prior therapist.

### Personal Therapy Experience

Participants were also asked whether they had ever successfully pursued personal therapy for themselves. Out of the 73 responses, 60% of participants ( $n = 44$ ) had utilized personal therapy and 40% of participants ( $n = 29$ ) had not. The remainder of the findings was based on those participants who have engaged in personal therapy themselves.

**Reason for Therapy.** Participants were asked to identify their reasons for pursuing personal therapy in a quantitative format (see Table 9). Of the 44 participants who responded to this item, 80% ( $n = 35$ ) reported that stress was influential in their pursuit for therapy, and similarly 80% ( $n = 35$ ) also reported depression as a reason. The other top reasons for pursuing therapy included anxiety ( $n = 30$ ; 68%), relational

difficulties ( $n = 28$ ; 64%), personal growth ( $n = 26$ ; 60%), and adjustment/transitional difficulties ( $n = 25$ ; 57%).

Table 9

*Reasons for Pursuing Personal Therapy Among Master of Social Work Students and Recent Graduates*

	<i>n</i>	(%)
Stress	( $n = 44$ ) 35	(80%)
Depression	( $n = 44$ ) 35	(80%)
Family difficulties	( $n = 43$ ) 30	(70%)
Anxiety	( $n = 44$ ) 30	(68%)
Relational difficulties	( $n = 44$ ) 28	(64%)
Personal growth	( $n = 43$ ) 26	(60%)
Adjustment/transitional difficulties	( $n = 44$ ) 25	(57%)
Professional growth	( $n = 43$ ) 16	(37%)
MSW program requirement	( $n = 41$ ) 0	(0%)
Other type of program requirement	( $n = 30$ ) <sup>a</sup> 1	(3%)
Other	( $n = 29$ ) <sup>b</sup> 6	(21%)

*Note:* <sup>a</sup>Respondents were given the opportunity to specify when marking “other type of program requirement.” Specification included “body issues.” <sup>b</sup>Respondents were given the opportunity to specify when marking “other.” Specifications included: premarital reasons, grief reasons, coping with physical illness reasons, considering bariatric surgery, parental requirement, and a previous employment requirement in regard to physical and psychological injury sustained on the job.

**Plans to Pursue in the Future.** Participants were asked to report whether or not they planned to pursue personal therapy again in the future (see Table 10). Of the 43 participants that responded, 63% ( $n = 27$ ) responded that they do, and 5% ( $n = 2$ ) reported that they do not have plans to pursue personal therapy again. The remaining 33% ( $n = 14$ ) reported that they are unsure about plans to pursue therapy again. When asked to elaborate on their responses, the most common answer among each category was that participants will pursue therapy “as needed.”

Table 10

*Continued Personal Therapy Use Among Master of Social Work Students and Recent Graduates*

	<i>n = 43</i>	(%)
Future plans to pursue therapy		
Yes	27	(63%)
No	2	(5%)
Unsure	14	(33%)

**Influence of personal therapy on participant development.** Participants were asked in a qualitative format about the influence their personal therapy had on both their personal development and their professional development. They were then asked to discuss whether they felt their personal and professional growth had influenced one another. Participants spoke of increased emotional functioning and self-insight, as well as a deeper understanding of therapy and increased efficacy in their practice (see Table 11 for summary of themes).

Table 11

*Influence of Therapy on Participants' Personal and Professional Development*

<b>Major Themes</b>	<b>Sub-Themes</b>
Influence on personal development	
<b>Emotional functioning</b>	Working through personal issues. Symptom reduction. Gained emotional insight.
<b>Self-insight</b>	Self-awareness. Understanding own worldview. Acceptance of self. Development and strengthening of self. Self-expression. Having a safe place to process the self
Influence on professional development	
<b>Increased understanding of therapy</b>	Integration of theory and practice. Connection between modalities. Willingness to learn different theoretical approaches. Deeper understanding of therapeutic process. Increased understanding of specific strategies and techniques.
<b>Increased efficacy in practice</b>	Greater client perspective. Personal and professional separation. Greater understanding of ethical integrity. Increased confidence in professional competency. Increased communication skills and ability to manage work relationships.

*Note:* The participants in this study were Master of Social Work Students and Recent Graduates.

*The influence of therapy on personal development.* When discussing the influence that therapy had on their personal development, two dominant themes emerged out of the 42 responses. The first theme has been termed Emotional Functioning and the second Self Insight.

Supporting the Emotional Functioning theme, participants discussed topics such as working through personal issues, symptom reduction, and gaining emotional insight. Participants also felt that this personal work helped to increase their capacity to function well in their professional lives. For instance, one participant expressed, “I can focus on my activities because I know I have a place to go and process my life.” Also, when speaking of emotional insight, participants spoke specifically of gaining coping skills, understanding their emotional experience, and learning to work with their thought processes. Additionally, participants expressed this in a way that was distinctive from doing self-work autonomously. One participant stated, “I did a lot of work on myself independently and I thought it was enough. Coming into it with someone else and now with a therapist is a whole other process.”

Related to the Emotional Functioning theme was the second dominant theme of Self Insight. Supporting this theme were responses involving participant discussion of self-awareness, understanding worldview, self-acceptance, development and strengthening of self, and self-expression. For instance, one participant reported, “It has helped me become more aware of myself and better equipped to handle life effectively. It has helped me to understand my emotions better and increased my emotional intelligence.” Having a safe place to process the self was an especially frequent reference as well. Similar to the Emotional Functioning theme, participants speaking of Self Insight

also referenced the need for another individual to facilitate this development. For instance, another participant stated, “It has given me the needed tasks to fulfill the examination of myself. Without the person telling me to do it, there were no tasks of self discovery.” See Table 12 for participant commentary.

***The influence of therapy on professional development.*** Participants were also asked about the effect of therapy on their professional development. Out of the 38 participant responses to this qualitative item, two dominant themes emerged. The first theme was that of an Increased Understanding of Therapy and the second was Increased Efficacy in Practice (see Table 11 for summary of themes).

When expressing an Increased Understanding of Therapy, participants discussed a greater depth of learning regarding theoretical models, the therapeutic process, specific techniques and strategies, and overall how to utilize an integrative practice. Participants spoke about the integration of theory with practice and expressed that personal therapy was helpful as a model for connection between different modalities. Additionally, participants expressed greater open mindedness toward different therapeutic models and approaches. For instance, one participant stated they felt they had gained, “a better understanding of how theory and interventions work together in practice” and reported that because of this they were “more willing to learn different techniques and theories.” Participants also discussed a deeper understanding of the therapeutic process with statements such as, “I learn by observing other practitioners and the approach they take,” and “It allowed me to see therapy carried out and me to experience a client setting.”

The second theme of Increased Efficacy in Practice was also referenced frequently. Participants discussed an increased understanding of client perspective and



how this impacts their work specifically in the area of empathically understanding the client's therapeutic journey. For instance, one participant stated, "I'm able to take my experiences in therapy into account when preparing to guide [clients] through their therapeutic experiences." Participants also discussed having a greater degree of personal and professional separation, and a greater understanding of ethical integrity. Participants discussed an increased ability to manage work relationships and an increase in communications skills. Additionally, participants reported an increased confidence in their knowledge and competency as professionals. See Table 12 for participant commentary.

***Reciprocal influence.*** Participants were asked about whether personal and professional growth influenced one another in a quantitative format. Of the 42 responses, 98% of participants ( $n = 41$ ) reported that in their experience there was reciprocal influence, and 2% ( $n = 1$ ) reported that there was not. Participants were then asked to expand on their answer qualitatively. The most frequent response was some variation of "They are very much intertwined." Additionally, participants discussed the use-of-self as important to individualizing their therapeutic style to fit them as a clinician. For instance, one participant stated, "I also can incorporate my personal life story into how I approach working with clients." Similarly, another participant reported, "My therapist says I can learn to be professional without suppressing who I am. That's huge" (see Table 12 for participant commentary). The majority of participants felt that their personal and professional development greatly influenced one another and that utilizing themselves as a unique individual was helpful in formulating their personal therapeutic approach.

Table 12

*Participant Commentary Regarding Personal Therapy's Influence upon Development*

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**Participant Statement**

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**Personal development**

“I can focus on my activities because I know I have a place to go and process my life.”

“It has helped me become more aware of myself and better equipped to handle life effectively. It has helped me understand my emotions better and increased my emotional intelligence.”

“I did a lot of work on myself independently and I thought it was enough. Coming into it with someone else and now with a therapist is a whole other process.”

“It has given me the needed tasks to fulfill the examination of myself. Without the person telling me to do it, there were no tasks of self discovery.”

“I believe it allowed me a chance to speak about my problems and share my stories in a safe place.”

**Professional development**

“I didn't go to therapy for professional growth, but that's what I've been getting.”

“Improved communication skills, more compassion for clients in various situations, better understanding of how theory and interventions work together in practice, more willing to learn different techniques/theories.”

“I like to attend therapy sessions as I learn by observing other practitioners and the approach they take.”

“I'm able to take my experiences in therapy into account when preparing to guide [clients] through their therapeutic experiences.”

“It allowed me to see therapy carried out and me to experience a client setting.”

**Reciprocal influence**

“My therapist says I can learn to be professional without suppressing who I am. That's huge.”

“Only when I am growing personally can I be impactful professionally.”

“I also can incorporate my personal life story into how I approach working with clients.”

“They [personal and professional development] work hand in hand”

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*Note:* The participants in this study were Master of Social Work Students and Recent Graduates.

## **Discussion**

In reviewing the findings of this current study there are numerous concepts worth noting and discussing. A number of findings are aligned with prior literature and research, including perceptions regarding the use of personal therapy for professional development, as well as the interrelatedness of personal and professional development. There were also some findings that were either divergent from prior literature or lack of prior literature has been found on the topic, such as the concept of ethical use-of-self. Similarly, encouragement toward, availability of, and direction to therapy by MSW programs are findings that have not been found in prior research. It will be important to review implications for these findings for both social work practice and continued social work research.

### **Participants' Training and Educational Information**

**Reported theories, perspective, and practice models.** Participants' reports of utilizing Systemic and Strengths based theoretical approaches aligns with that of general social work education. For instance, the Educational Policy and Accreditation Standards (EPAS) through the Council on Social Work Education (CSWE) note that social workers should "recognize, support, and build on the strengths and resiliency of all human beings" (CSWE, 2008, p. 8). Additional standards reference systemic work as well: "Social workers are knowledgeable about human behavior across the life course; the range of social systems in which people live; and the ways social systems promote or deter people in maintaining or achieving health and well-being" (CSWE, 2008, p. 6).

The finding that participants in this study referenced cognitive and behavioral models three times more frequently than psychodynamic models is worthy of noting,

however, due to the concept of personal therapy for therapists stemming out of psychodynamic theories. This finding minimizes the chance of participant bias throughout the rest of the findings, as cognitive and behavioral oriented therapists are less likely than psychodynamic therapists to pursue their own therapy (Bike et al., 2009). This finding may also be suggestive of the participants' MSW programming, indicating what concepts and theoretical approaches were focused on and what type of theoretical orientation a particular MSW program may have evolved within. This may influence not only a participant's perspective of personal therapy for professional development, but also the attainability of therapy throughout their MSW programming.

**Promotion of self-awareness.** Methods used by participants' MSW programs to promote personal insight and self-awareness indicated that non-experiential methods, such as reflection papers and class discussion, are utilized much more frequently than experiential methods, such as personal therapy. This finding is consistent with existing literature and is supported by a review of the CSWE Educational Policy and Accreditation Standards (2008). It is worth noting that the CSWE-EPAS (2008) mentions the use of "professional help" specifically in the instance of social worker "impairment." There is much written elsewhere in the same document about maintaining self-awareness, but no other reference to utilizing personal therapy or professional help in doing so. The current study found that similarly, when promoting self-awareness, MSW programs place emphasis on non-experiential methods with the exception of practicum experience.

Because self-awareness is so highly emphasized in social work education, and personal therapy is infrequently referenced as a method to obtain that awareness, MSW

students' pursuit of such services may be impacted. Similarly, this approach to self-awareness may communicate to students that if they are to pursue personal therapy, it would indicate a deficit rather than a strength. While increasing self-awareness has been emphasized in MSW education as a valuable strength, when in association with personal therapy, this is not the case.

### **Perceptions Regarding Personal Therapy for Professional Development**

One of the main objectives of this study is to better understand how MSW students regard personal therapy and experiential learning as it pertains to their growth and maturation as therapists. The participants' responses in this survey mirror that of prior research.

**Importance of Use.** The current study found that participants place high value on personal therapy for professional development. Likewise, in a study done by Strozier and Stacey (2001), 85% of MSW students indicated that personal therapy is either essential or important to their education. The findings of the current study are quite similar as the majority of participants (86%) reported that personal therapy is either extremely important or somewhat important for professional development, and none of the participants reported that personal therapy was unimportant. Thus, MSW students generally feel that personal therapy is of importance to professional development, regardless of whether or not they are pursuing therapy for themselves.

**Participant Rationale.** The explanation participants gave for placing educational importance on therapy, includes professional development oriented reasons as well as maintaining professional health reasons.

***Professional development and growth oriented reasons.*** The professional development findings closely mirror earlier discussion of the therapist's use of self as a powerful tool in therapy (Summers & Barber, 2010; Holzman, Searight, & Hughes, 1996). Likewise, Pearlman and Saakvitne (1995) discuss utilizing the self as a tool through countertransference, which offers "invaluable information to inform and shape their clinical interventions" (p. 25). The current findings include frequent references to utilization of self and importance of appropriately understanding and use of countertransference.

Similarly, the current findings align with earlier research of therapy enhancing capacity for empathy, increasing self-awareness, and furthering development of the professional self (Strozier & Stacey, 2001). Participants in this study likewise discussed concepts of increased understanding of client's experience and increased empathy, along with enhanced self-awareness to be utilized with clients. This finding indicates that the use of self is generally seen to be an important tool in working with clients, and that personal therapy can help enhance that capacity.

***Stabilizing and maintaining professional health.*** Earlier discussed ideas of the therapist as a human aligns with current findings of maintaining professional health. The therapist as human as related to compassion fatigue, burnout, and secondary trauma are found in prior research, and are concepts very closely tied with that of maintaining professional health (Radey & Figley, 2007; Pearlman & Saakvitne, 1995). Prior literature illustrates the consequences when professional health is not maintained. For example, Van Hook and Rothenberg (2009) discuss "the diminution of a person's ability to feel compassionate to others" (p. 37). Similarly DePanfilis (2006) discusses compassion

fatigue: “emotional exhaustion, depersonalization, and reduced sense of personal accomplishment” within the therapist’s work (p. 1067). Likewise, one of the most frequently mentioned concepts in the current findings is that of self-care due to the nature of the work. This finding indicates that maintaining the health of the professional is imperative for their work with clients. It may not only impact the capacity of the professional to do their work, but also the quality and efficacy of their work, and these concepts are worth further exploration.

***Ethical reasons.*** The findings in this current study indicate that participants may also see the utilization of therapy as an ethical issue as is related to best practice, effective practice, and utilizing an appropriate outlet for processing of client work. Participants discussed the importance of having a safe place to explore bias in order to protect and best care for the client. Additionally, participants’ use of phrases such as “fit to practice” indicates that they believe there are certain levels of growth and health to be obtained through therapy that enable social workers to be effective in their role. This current finding is not one that has been replicated distinctly in prior research. The CSWE Educational Policy and Accreditation Standards (2008) does reference the use of self when discussing ethics, stating that social workers should “recognize and manage personal values in a way that allows professional values to guide practice” and that social workers should use “the discrimination learned through experience and self-improvement.” However, prior studies have not been found by this researcher explicitly looking at the ethical use of personal therapy for a professional’s practice. Further review of the literature and qualitative research is necessary to investigate social work perspectives of the use of personal therapy to obtain ethical practice.

## **Participant Experience in Obtaining Personal Therapy**

**Availability through program or university.** The availability of therapy through MSW programs and universities is not a variable that has been found in prior research. The current findings indicate that the majority of students were unsure about the availability of therapy services. This finding has not been supported in prior research and it would be necessary to conduct further studies to investigate this variable as specific to MSW students. This finding may be significant regarding the rate at which MSW students access therapy services. Many universities offer free or discounted services to students, however if students are unaware of these services they are unlikely to access them throughout their time in an MSW program. Perhaps then MSW programs could increase discussion around these resources, explicitly and verbally reporting their availability and where to access these services. This would likely also normalize the use of campus services for MSW students.

**Encouragement of therapy through program.** It is then important to look at the rate of encouragement towards therapy by MSW programs. The findings of the current study indicate that many programs neither encourage nor discourage therapy for their MSW students, although smaller proportions were either somewhat encouraged, moderately encouraged, or strongly encouraged to seek therapy. There have been no prior studies found by this researcher that indicate the level of encouragement toward therapy by MSW program. The literature briefly mentions a lack of discussion around this topic: “It is not often that social workers engage in thoughtful discourse of the unique challenges of our profession and ways of addressing and managing the effect” (NASW Delegate Assembly, 2008, p. 268). It will be important for further research in the area of



program encouragement toward therapy, as this might greatly impact a student's pursuit of therapy.

**Direction toward personal therapy resources.** Current findings indicate that 59% of students are generally unaware of the availability of therapy through their university. It is then increasingly important for students to receive direction toward therapy resources. In the current study, the majority of students (68%) did not receive direction towards resources. This finding again has not been replicated in prior research, as this researcher has found no other relevant studies on this topic specific to MSW students. Further research on direction toward resources would be helpful in understanding student pursuit of personal therapy.

**Barriers to obtaining therapy.** Findings of this current study indicate that the top barriers to pursuing therapy include financial reasons, lack of time, lack of motivation, and concerns of social stigma. These findings have been replicated by Holzman et al. (1996), whom produced very similar findings when asking about barriers: financial reasons, lack of time, concerns about confidentiality, and the lack of recommendation towards therapy. Bike et al. (2009) similarly found finances and social stigma to be top barriers. These findings support the current research findings and indicate that these are areas to be focused on in the effort to make therapy more accessible to students, especially as pertains to financial reasons and time constraints. It would also be worth investigating students' concerns about social stigma and confidentiality, considering these are the principles and standards discussed throughout MSW coursework and programming. Perhaps increased discussion around social workers utilizing therapy themselves would help decrease concern of social stigma among fellow colleagues.

## **Personal Therapy Experience**

The current findings indicate that 60% of participants had pursued personal therapy. While this is indeed the majority of participants, this rate is lower than findings in prior research. Bike et al. (2009) found that 84% of psychotherapists surveyed had pursued their own therapy – a rate much higher than the current study findings. This difference may be due to the variety of disciplines of psychotherapists included in that study, where this current study only surveys social workers.

Additionally, current findings indicate that only 16% of participants pursued therapy during their graduate program. This finding contrasts with that of Holzman et al. (1996) who surveyed graduate level psychology students and found that 55% of students had pursued therapy during their graduate level training. Again this difference may be due to discipline being studied. This indicates the further need for research comparing pursuit of therapy among different disciplines of graduate level therapy trainees. It will be important to understand why there is a difference of utilization of therapy between social work and other therapy disciplines. This may speak to the message social workers receive not only about the usefulness of personal therapy, but also any stigma that may be attached.

**Reason for therapy.** The findings of this study indicate that the top reasons for MSW student pursuit of therapy include Stress, Depression, Anxiety, Relational and Family Difficulties. Similarly, Holzman et al. (1996) found that the top reasons students sought out therapy were depression, family problems, adjustment and developmental issues, relational problems. These findings generally support the current findings. Additionally, Professional Growth was indicated as a reason by a minority of students

(37%) in the current study. This result has been somewhat supported by the research, although prior research reports indicate percentages as low as 5% of students to seek out therapy for training purposes (Bike, Norcross, & Schatz, 2009). Further research in regard to seeking out therapy for personal versus professional reasons would be helpful, especially as pertains to the link between personal and professional development.

**Influence of personal therapy on participant development.** The primary goal of this paper is to better understand how MSW students regard personal therapy and experiential learning as it pertains to their growth and maturation as therapist. The findings of the current study indicate that personal therapy has an impact on both personal and professional development.

*The influence of therapy on personal development.* Current findings indicate that the major areas of personal development through personal therapy include increased emotional functioning, such as symptom reduction and coping skills, and increased self-insight, such as understanding their worldview, self-acceptance, and self-awareness. Similarly, in prior studies Bellows (2007) found themes of improved self-understanding, symptom alleviation, and improved interpersonal relationships, and a “more realistic and tolerant experience of the self.” These findings are closely aligned with the current study’s findings. Increased emotional functioning and self-insight are possible factors to influence one’s professional practice in the areas of both self-care and client-care. Self-insight is also a possible influential factor in the therapist’s use of self as a therapeutic tool.

*The influence of therapy on professional development.* The current findings indicate that personal therapy contributes to an increase in the understanding of the

therapeutic process and theory integration as well as an increase in professional efficacy in the social work role due to increase in confidence, greater client perspective, and an increase in communication skills. Prior findings by Bellows (2007) indicate similar themes of enhanced professional identity and enhanced therapeutic skills. Likewise, Mackey and Mackey (1994) have findings that also support the current study, with personal therapy results including: increased empathy, understanding of the therapeutic process, utilizing the therapist as model, and increased self-awareness. This heavy support of current findings allows us to presume that personal therapy is likely to have an impact on MSW students' professional development, and the impact is likely to mirror these themes.

*Reciprocal influence.* The findings of the current study also indicate that participants see personal and professional development as very much linked and somewhat inseparable. Statements such as “intertwined” were used frequently and discussion involved participants gaining an increased understanding of using themselves as a unique individual in their work with clients. These findings of interconnectedness of personal and professional development and use-of-self have been supported by prior research. Mackey and Mackey (1994) report participants' responses regarding personal and professional gains: “Although one might talk about the benefits of therapy to one's professional practice, professionals acknowledged that these gains were always within the context of their maturation as a human being” (p. 502). Similar findings by Bellows (2007) indicated that respondents learned to utilize self-acceptance and personal imperfectability as a tool in their therapies.

## **Strengths and Limitations**

In this study, which is specifically aimed at developing an increased understanding of the professional development experience among MSW students, many strengths emerge. One strength of this study is the sample population of MSW students and recent graduates in particular. This is a strength in that there are few studies looking specifically at the professional development of clinical MSW students. Thus, rather than examining all clinical therapy-oriented disciplines as a whole, this study provides more insight into professional development among clinical social work students in specific. An additional strength is the capacity of this study to evaluate both qualitative and quantitative data. This methodology process allowed for information to be gathered in both an inductive and deductive fashion. An additional strength lies in the use of qualitative data in a mixed methods survey format. This allowed the researcher the capacity to evaluate qualitative data from a larger number of participants ( $n = 82$ ), when many studies involving qualitative data are limited to fewer participants.

This study also has limitations due to the structure of the survey and the capacity to generalize findings among social work students and programs. One of these limitations is the attrition of participants or participant answers, as this researcher did not require the participant to answer every item in the survey. Thus, in the comparison of some responses, such as the participants' barriers to obtaining therapy, the quantity of responses differs for each individual item related to that question, and the result is missing data. Another limitation is the finding that the majority of participants ( $n = 59$ ; 73%) identified their primary practice region to be the Midwest. Because of this, we are

unable to generalize findings to clinical social work students or programs in other regions of the country.

### **Implications for Social Work Practice**

As clinical MSW students indicate the importance they place on personal therapy for development, they also indicate finding a lack of encouragement or direction toward personal therapy services with statements such as: “Unless a student was in a crisis situation, he/she would not be provided the resources or information to obtain therapy.” It is then important to facilitate continued discussion of meeting these students’ personal and professional development needs.

Students also indicate finding personal and professional development to be closely tied together, with statements such as: “Only when I am growing personally can I be impactful professionally” and “they work hand in hand.” It is then important that educators discuss development in this way as well, and understand the interrelatedness of personal and professional facets of development.

Understanding development in this way might enable programs to have less concern about the blurred line between personal and professional development. Programs might then be able to increase discussion around this topic and perhaps decrease the social stigmas reported regarding professionals utilizing therapy.

As stated earlier and as supported by the current findings, MSW students are dealing with personal, student, and clinician related stressors all at once, with limited resources regarding time, energy, and support. These factors indicate that personal therapy would indeed be beneficial for social work students in maintaining professional health.

Not only can personal therapy impact the student's growth and health, it can be a valuable supplement to MSW education, as participants in the current study referenced many factors related to their growth and development in the student role. Participants reported learning to integrate theory and practice, learning to specific skills and technique, having increased client perspective, increased empathy, and more willingness to utilize differing theoretical approaches. The findings of this study then imply that continuing this discussion within social work education would benefit clinical MSW students.

### **Implications for Social Work Research**

In reflecting on current findings, the topic could be better understood if further research was done in the areas of ethical use-of-self and faculty perceptions.

Although information has been gathered on student perceptions of personal therapy as relates to professional development, this researcher found little information as pertains to faculty perceptions of the topic. Further qualitative research would be useful in understanding the culture among social work education and how this may impact student perceptions.

Additionally, further understanding of personal therapy as is related to ethical use-of-self would be helpful. A frequent response of this current study was: "You can't effectively and professional assist others with their mental health concerns if you don't have a handle on yours." Many participants indicated thoughts similar to this with ethical connotations about the professional being "fit to practice." Thus, future research could be oriented towards exploring student and professional perspectives of how personal therapy impacts the use-of-self and what ethical values they place in this practice. This research would be beneficial not only to social work education but also to social work practice.

Specifically, it would be informative to utilize exploratory methods and gather qualitative data in order to understand how social work professionals and students alike define ethical use-of-self and what components of this concept are tied with personal and professional development. The topic of ethical use-of-self may resonate strongly with the field of social work and thus, may have a great impact on the use of personal therapy for development of social workers.

### **Conclusion**

The findings of this current study indicate the importance students place on both personal and professional development, especially in the sense that they have a reciprocal influence on one another. These findings also indicate the value that many social workers have found in utilizing personal therapy to further their development in both areas. It is then important to ask the questions based on findings leading up to this point. Are social work students utilizing therapy more or less frequently than other therapy disciplines? If so, it would be worth investigating what cultural difference within social work that may contribute to this difference. It is also worth asking, if MSW students are not perceiving encouragement from their programs, why this might be. Additionally, investigation around social stigma within the field of social work, in relation to utilizing mental health services would be relevant to discuss. Are students unable to live out the self-awareness principles they are taught due to concerns of stigma while in their professional role? It is important that these conversations be happening within the field of social work and social work education.



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## **Appendix A Survey Questions**

### **Introduction**

Thank you for your interest in this research!

This survey will take about 15 to 20 minutes of your time and your participation is greatly appreciated. After you finish the survey you will be directed to a list of resources if you wish to obtain further information about the topic area.

If you have questions or concerns, you may contact the researcher, Danielle Janssen Von Bank, by email at: vonb6644@stthomas.edu.

You may also contact the research chairperson, Kari Fletcher, Ph.D., LICSW, at: kari.fletcher@stthomas.edu or alternatively by phone at 651-962-5807.

**Next**

**Before you begin, please answer some preliminary questions to help determine your eligibility for this study.**

Are you a current MSW student?

- Yes**
- No**

Have you graduated from an MSW program within the past four years?

- Yes**
- No**

Are you currently enrolled in the MSW program at St. Catherine University and University of St. Thomas?

- Yes**
- No**

**Next**

**Thank you!**

This survey consists of the following four sections:

- Demographic Information
- Professional Background Information
- Social Work Training
- Personal Therapy

You are free to skip any question or quit this survey at any time before pressing the submit button at the end.

**Next**

### **Demographic Information**

1. How would you describe your gender identity?

- Female**
- Male**
- Transgender**
- Other** \_\_\_\_\_ (*specify*)

2. Do you have any visible or non-visible disability?

- Yes** \_\_\_\_\_ (*specify*)
- No**

3. What is your age?

- |   |  |
|---|--|
| <input type="radio"/> <b>Less than 22 years</b> | <input type="radio"/> <b>40-44 years</b>       |
| <input type="radio"/> <b>22-25 years</b>        | <input type="radio"/> <b>45-49 years</b>       |
| <input type="radio"/> <b>26-29 years</b>        | <input type="radio"/> <b>50-54 years</b>       |
| <input type="radio"/> <b>30-34 years</b>        | <input type="radio"/> <b>55-59 years</b>       |
| <input type="radio"/> <b>35-39 years</b>        | <input type="radio"/> <b>60 years or older</b> |

**Next**



## Professional Background Information

4. How many years of experience do you have within the field of social work? (Include employment, volunteer, internship and practicum experience. This can be experience prior to, during, and/or after your MSW degree.)

- |                             |                             |
|-----------------------------|-----------------------------|
| <input type="radio"/> 0-1   | <input type="radio"/> 15-19 |
| <input type="radio"/> 2-4   | <input type="radio"/> 20-24 |
| <input type="radio"/> 5-9   | <input type="radio"/> 25-29 |
| <input type="radio"/> 10-14 | <input type="radio"/> 30+   |

5. What best describes the region of the United States in which you have primarily practiced?

- |                                 |                                   |
|---------------------------------|-----------------------------------|
| <input type="radio"/> Northeast | <input type="radio"/> West        |
| <input type="radio"/> Southeast | <input type="radio"/> South       |
| <input type="radio"/> Midwest   | <input type="radio"/> Other _____ |
| <input type="radio"/> Southwest |                                   |

6. What type of social work are you most interested in practicing?

- Micro or Direct Practice
- Mezzo or Community Development
- Macro or Policy Development/Advocacy

7. Which best describes the type of social work role you are interested in practicing?

- Generalist
- Clinical
- Other \_\_\_\_\_ *Specify*

8. Social workers carry a variety of professional roles. As a social worker, do you plan to practice therapy or a similar type of role within the field of mental health?

- Yes \_\_\_\_\_ *Specify*
- No

Next

## Social Work Training

*Questions asked throughout the remainder of this survey are specific in referring to your experiences, thoughts, and perceptions during your time as an MSW student.*

9. Are there any particular theories, perspectives, and/or practice models been helpful to you in understanding human behavior in the social environment? Please specify if so.

10. Drawing from your educational and experiential learning, rate the importance of self-awareness and personal insight as components of effective social work practice.

- Extremely Important**       **Somewhat Important**       **Not sure, Neither important nor unimportant**       **Somewhat Unimportant**       **Not at all Important**

11. How would you best describe the use of self-awareness and personal-insight, within social work practice?

12. Please indicate how much you agree or disagree with the following statement: My MSW program promotes (or promoted) self-awareness and personal-insight as essential for my professional growth.

- Strongly Agree**       **Agree**       **Not Sure, Neither Agree nor Disagree**       **Disagree**       **Strongly Disagree**

13. In what ways does/did your MSW program promote self-awareness and insight for you as a student?

14. How effective do you feel your MSW program is/was in helping you become more self-aware in your social work practice?

- Very Effective**       **Somewhat Effective**       **Neither Effective nor Ineffective**       **Somewhat Ineffective**       **Very Ineffective**

15. To what degree does/did your MSW program encourage you to seek out therapy for personal and/or professional development purposes?

- Strongly Encouraged**
- Moderately Encouraged**
- Somewhat Encouraged**
- Neither Encouraged nor Discouraged**
- Somewhat Discouraged**
- Moderately Discouraged**
- Strongly Discouraged**

16. How available is/was personal therapy for MSW students through your program?

- Available**
- Somewhat Available**
- I'm not sure**
- Somewhat Unavailable**
- Unavailable**

17. As a student were you directed toward resources through your MSW program to obtain personal therapy?

- Yes, \_\_\_\_\_(specify)**
- No, \_\_\_\_\_(specify)**

**Next**

## Personal Therapy

18. How important is personal therapy to the professional development of those who practice or are preparing to practice in the *mental health field*?

- Not at all Important
- Somewhat Unimportant
- Neither Important nor Unimportant
- Somewhat Important
- Extremely Important

19. Please elaborate on your answer above, regarding personal therapy for those who practice or are preparing to practice in the *mental health field*.

20. How are your perceptions similar or different for those who practice or are preparing to practice in the *field of social work*?

21. Have you or your peers encountered any of the following barriers that might have prevented you from seeking psychotherapy? Please answer yes or no.

	Your Experiences	Your Peers' Experiences
Financial reasons	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>
Lack of Time	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>
Lack of Motivation	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>
Concerns about Social Stigma	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>
Concerns about confidentiality within professional network	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>
Concerns about judgment from peers or faculty within current graduate program	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>
No one has ever recommended or encouraged therapy	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>
Not sure if the extent of difficulties qualify for therapy	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>
Have no need	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b>
Other	<input type="radio"/> <u>Specify</u> _____	<input type="radio"/> <u>Specify</u> _____

22. Have you ever pursued psychotherapy for yourself? (Psychotherapy is a mental health treatment accessed through a relationship with a mental health professional. This can include individual therapy, couples therapy, family therapy, and/or group therapy. Psychotherapy often takes the form of talk-therapy, but can include other integrative methods including music, art, movement, play, and other healing practices. Please include any of these in your answer.)

- Yes**
- No**

**Next**

*[For those who answered “No” the survey ends here, and the participant has been directed to final page and the following statement: “Thank you for participating in this survey! Your time and energy are greatly appreciated. Your responses will be helpful in understanding the professional development of social work students as it relates to personal therapy. Please press the submit button to submit your survey responses.” For those who answered “Yes” the survey continues.]*

23. Which of the following types of personal therapy experiences have you engaged in? Please add any that are not listed.

Cognitive Behavioral Therapy	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
Dialectical Behavioral Therapy	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
Psychoanalysis	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
Psychodynamic Therapy	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
Solution Focused Therapy	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
Group Therapy	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
Family Therapy	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
Individual Therapy	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
Couples Therapy	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
Art Therapy	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
Music Therapy	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
Play Therapy	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
Other	<input type="radio"/> <b>Specify</b> _____	

24. How many sessions have you participated in overall?

- 1-6 sessions**
- 7-12 sessions**
- 13-24 sessions**
- 25-36 sessions**
- 37 + sessions**
- Ongoing**
- Other** \_\_\_\_\_ *Specify*

25. Where did you access your therapy?

26. Are you participating in personal therapy currently?

- Yes**
- No**

27. When did you first pursue therapy?

- Prior to entering the MSW program**
- During my time as a student in the MSW program**
- After receiving my MSW degree**
- Other** \_\_\_\_\_ *(specify)*

28. Were any of the following reasons factors in your decision to pursue your own therapy? Please answer yes or no.

Stress	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>
Depression	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>
Anxiety	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>
Adjustment or Transitional Difficulties	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>
Family Difficulties	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>
Relational Difficulties	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>
Personal Growth	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>
Professional Growth	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>
MSW Program Requirement	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>
Other type of program requirement _____ ( <i>specify</i> )	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>
Other _____ ( <i>specify</i> )	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>

30. Please describe any influence therapy has had on you personally.

31. Please describe any influence therapy has had on you professionally.

32. Do you feel that your personal and professional growth have influenced one another?

- No, for the following reasons:**
- Yes, in the following ways:**

33. How do you feel your professional development might be similar or different if you had not participated in your own personal therapy?

34. Do you plan to pursue personal therapy again in the future?

- Yes \_\_\_\_\_ *(specify)*
- No \_\_\_\_\_ *(specify)*
- Unsure \_\_\_\_\_ *(specify)*

Next

**Thank you for participating in this survey! Your time and energy are greatly appreciated. Your responses will be helpful in understanding the professional development of social work students as it relates to personal therapy. Please press the “next” button to submit your survey responses.**

Next

*Participants will then be directed to the resource list (see Appendix G).*



## **Appendix B Letter of Request**

Dear Social Work Colleague,

My name is Danielle and I am a current Master of Social Work student with the University of St. Thomas and St. Catherine University, located in Saint Paul, Minnesota.

I am conducting clinical research related to personal therapy and professional development, specifically as it pertains to clinical trainees. I am hoping that you might allow me to contact members of [*name of organization*] either by email or posting a flyer. I would then have the opportunity to inform individuals of my study and ask for their participation if they would be interested.

Before making a decision on your part, it might be helpful for you to hear a little more about my research. I am interested in investigating the relationship between personal and professional development among graduate level social work students, especially in relation to their perceptions of and experiences with personal therapy. The purpose of my study is to obtain a better understanding of what factors contribute to professional development, and to gain insight into the social processes involved.

I have hopes that the findings of this research will be useful in providing insight into what educational and developmental supports would be helpful for social work students in order to best support professional development throughout master's level education and the early social work career.

I would greatly appreciate the opportunity to contact [*name of organization*] members regarding this study. If you have any additional questions I would be happy to answer them.

Please feel free to contact me by email at vonb6644@stthomas.edu or by phone at 763-221-xxxx. You may also contact my research chairperson, Kari Fletcher, Ph.D., LICSW, by email at kari.fletcher@stthomas.edu or by phone at 651-962-5807.

Thank you,  
Danielle Janssen Von Bank

Appendix C  
Recruitment Flyer

**SEEKING SURVEY PARTICIPANTS**

**Interested in how *personal* and *professional* development are connected?**

**How does *self-awareness* impact clinical training?**

**Where does *therapy* fit in?**

**Do you have ideas about what supports a *clinical trainee* might need?**

**Are you a current *MSW* student, or recent *MSW* graduate?**

**You may have valuable insight to contribute to this study!**

I am seeking out fellow MSW students or recent MSW graduates to participate in my clinical research project. Your participation in this research would be greatly appreciated and useful in providing insight into what educational and developmental supports would be helpful for social work students.

**WHAT TO EXPECT:**

**The online survey will take approximately 15-20 minutes. If you are interested in participating, please visit the following link and you will be directed to an anonymous and confidential survey.**

**[http://stthomassocialwork.qualtrics.com/SE/?SID=SV\\_6RkX0TOvdJ4SQvj](http://stthomassocialwork.qualtrics.com/SE/?SID=SV_6RkX0TOvdJ4SQvj)**

**Thank you!**

**Danielle Janssen Von Bank, B.S., MSW candidate  
vonb6644@stthomas.edu**

**Appendix D**  
**Initial Contact Email**

Dear Social Work Colleague,

My name is Danielle and I am a current Master of Social Work student with St. Catherine University and the University of St. Thomas, located in Saint Paul, Minnesota.

I am seeking out fellow MSW students and recent MSW graduates to participate in my clinical research project regarding personal and professional development. You were selected as a potential participant because you may have valuable insight to contribute to this study!

Your participation in this research would be greatly appreciated and useful in providing insight into what educational and developmental supports would be helpful for social work students.

The survey will take approximately 15-20 minutes. If you are interested in participating, please visit the following link and you will be directed to an anonymous and confidential survey.

[http://stthomassocialwork.qualtrics.com/SE/?SID=SV\\_6RkX0TOvdJ4SQvj](http://stthomassocialwork.qualtrics.com/SE/?SID=SV_6RkX0TOvdJ4SQvj)

Thank you!

Danielle Janssen Von Bank, B.S., MSW candidate  
vonb6644@stthomas.edu

## Appendix E Consent Form

### CONSENT FORM SAINT CATHERINE UNIVERSITY UNIVERSITY OF SAINT THOMAS SCHOOL OF SOCIAL WORK ST. PAUL, MINNESOTA

#### Professional Development Among Social Workers: The Use of Personal Therapy

Thank for your interest in this research. My name is Danielle Janssen Von Bank and I am currently an MSW candidate within St. Catherine University & the University of St. Thomas - School of Social Work, located in Saint Paul, Minnesota.

I am conducting a study about professional development among social work students and recent graduates in relation to their perceptions of and experiences with personal therapy. You are invited to participate in this research. You were selected as a possible participant because you are a current social work student pursuing your MSW, or have recently obtained your MSW degree, and you may have valuable insight to contribute to this study. Please read this form before agreeing to participate in the study.

---

#### **Background Information:**

The purpose of this study is to obtain a better understanding of what contributes to the professional development among social workers, specifically focusing on development through personal therapy perceptions and experiences. This research will be useful in providing insight into what educational and developmental supports would be useful for social work students, in order to best support professional development throughout master's level education and early social work career.

#### **Procedures:**

If you agree to be a part of this study, the you will be asked to participate in the following online survey. The survey will contain questions about your education and development within the field of social work. There will be questions about your perceptions of and experiences with personal therapy as they pertain to your professional development.

#### **Confidentiality:**

The data collected through this survey will be confidential and anonymous in nature. The researcher will not have access to any information that will make it possible to identify you, and will not include any identifying information in any published report of comprehensive findings. Data will only be accessible by the researcher. Data collected will remain locked in a protected database and computer.

**Risks and Benefits of Being in the Study:**

Because the survey inquires about your experiences with personal therapy, you may find some of the questions be of a personal or sensitive nature. Besides this, the researcher does not anticipate any risks to participating in this study. This study offers no direct benefits to you as an individual, except for the potential of increased self-awareness or thoughtfulness about the topic area.

**Voluntary Nature of Study:**

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas or the profession of Social Work. If you decide to participate, you are free to withdraw at any time before submitting the survey. Should you decide to withdraw before submitting the survey, the data will not be collected or used in this study. Once you have submitted the survey, the data will become anonymously stored in a database and the researcher will be unable to remove your data from the study.

**Contacts and Questions:**

You may contact the principle investor, Danielle Janssen Von Bank, with any questions or concerns at: vonb6644@stthomas.edu

You may also contact the research chairperson, Kari Fletcher, Ph.D., LICSW, at: kari.fletcher@stthomas.edu or alternatively by phone at 651-962-5807.

If you wish to contact the University of St. Thomas Institutional Review Board, you may do so by calling 651-962-5341.

**Please print a copy of this form for your records.**

**Statement of Consent:**

I have read the above information. I am at least 18 years of age, and I am either a current student in an MSW program or have attended an MSW program at some point within the past 4 years. I am not a current MSW student at St. Catherine University & the University of St. Thomas. My questions have been answered to my satisfaction. I consent to participate in the study and allow any data I contribute to be anonymously used in a comprehensive report that will be disseminated and made public.

Agree

Disagree

---

Electronic Signature of Study Participant

---

Date

## **Appendix F**

### **Letter of Introduction**

Thanks for your interest in this research!

This survey will take about 15 to 20 minutes of your time and your participation is greatly appreciated. After you finish the survey you will be directed to a list of resources if you wish to obtain further information about the topic area.

Before you begin, I'll share with you some background information about myself and my clinical research.

My name is Danielle Janssen Von Bank and I am currently an MSW candidate within the University of St. Thomas & St. Catherine University's School of Social Work located in Saint Paul, Minnesota.

I am conducting a study about professional development among social work students and recent graduates in relation to their perceptions of and experiences with personal therapy. The purpose of this study is to obtain a better understanding of what contributes to the professional development among social workers, specifically focusing on development through personal therapy perceptions and experiences. This research will be useful in providing insight into what educational and developmental supports would be useful for social work students, in order to best support professional development throughout master's level education and early social work career.

If you have questions or concerns, you may contact me by email at:  
vonb6644@stthomas.edu

You may also contact the research chairperson, Kari Fletcher, Ph.D., LICSW, at:  
kari.fletcher@stthomas.edu or alternatively by phone at 651-962-5807.

If you wish to contact the University of St. Thomas Institutional Review Board, you may do so by calling 651-962-5341.

Thank you!

## Appendix G Participant Resources

### **First Call for Help/211 United Way**

*Free and confidential health and human services information.*

<http://www.211unitedway.org>

1-800-543-7709

### **National Suicide Prevention Lifeline**

<http://www.suicidepreventionlifeline.org>

1-800-273-8255

### **NASW Policy Statement: Professional Self-Care and Social Work**

<http://www.socialworkers.org/nasw/memberlink/2009/supportfiles/professionalsself-care.pdf>

### **NASW News: The Profession Must Prioritize Self-Care**

*Social Workers Owe it to Themselves and Clients to Value a Healthy Lifestyle*

<http://www.socialworkers.org/pubs/news/2008/11/self-care.asp>

### **Compassion Fatigue Awareness Project**

<http://www.compassionfatigue.org>

### **Headington Institute: Care for Caregivers Worldwide**

*Understanding and Addressing Vicarious Trauma*

<http://headington-institute.org/Default.aspx?tabid=2651>

### **Awareness of Self – A Critical Tool**

*Applications of Self-Awareness for All Levels of Clinical Practice*

<http://www.bu.edu/ssw/files/2010/10/Awareness-of-Self-A-Critical-Tool.pdf>

### **Know Thyself: The Role of Awareness in Psychotherapy**

*Integrative Psychotherapies – Many ways to know the witnessing self*

<http://psychcentral.com/lib/2009/know-thyself-the-role-of-awareness-in-psychotherapy/>