

Measuring Emotional Regulation in Pre-practicum and Internship Counselor-in-training: Using
the Difficulties in Emotional Regulation Scale

Jeff Cook, Ph.D., is Assistant Professor in the graduate counseling program at Saint Mary's College of California. He received his doctorate in Counselor Education from Oregon State University. Jeff is a licensed professional counselor (Oregon), and is a National Certified Counselor (NCC) with the National Board of Certified Counselors (NBCC). His academic focus is in family systems, intercultural counseling, field placement, and group counseling. Prior to full-time academic work, Jeff worked in private practice with a focus on trauma, shame and couples, as well as working as a school counselor and career counselor.

Tim Bergquist, Ph.D., is Professor of Quantitative Methods at Northwest Christian University. Tim teaches primarily statistics and operations management courses, both in the daytime and evening business programs, undergraduate and graduate. He is a member of five professional organizations. Tim has supervised the thesis of over 25 MBA students, has assisted over 10 masters or doctoral students with data analysis, has published or written over 15 articles and manuals, and has presented at conferences or had published in Proceedings over 40 papers.

Deborah Rubel, Ph.D., is Associate Professor of counseling at Oregon State University. Deborah received her doctorate in Counselor Education and Counseling from Idaho State University in 2002. Her doctoral dissertation is entitled "An Exploratory Study of Expert Group Leadership." Her passions include group work, multicultural issues in counseling, and promoting the use of rigorous qualitative methodology to further counseling research. Deborah may be reached at deborah.rubel@oregonstate.edu

Authors contacts:

Jeff Cook

1928 Saint Mary's Road
Moraga, California 94556
925-631-4528
jdc8@stmarys-ca.edu
fax 925-376-8379

Tim Bergquist

828 East 11th Avenue
Eugene, Oregon, 97401
541-684-725
tbergquist@nwcu.edu
fax 541-684-7333

Deborah Rubel

204L Furman Hall
Corvallis, Oregon 97331
541-737-5973
deborah.rubel@oregonstate.edu
fax 541-737-8971

Abstract

Counselor educators have long been challenged to gauge both the aptitude of applicants and the preparedness of graduates to enter the counseling profession. The literature suggests that the ability to regulate emotion – to experience, modulate and display emotion – is central to successful counseling. This study uses the “Difficulties in Emotion Regulation Scale” (DERS) to identify whether or not internship students have a better ability to emotionally regulate in the presence of strong client emotion than pre-practicum students. Thirty-three pre-practicum and thirty-five internship counselor-in-training volunteers from a CACREP university participated.

Keywords: emotional regulation, DERS, internship counselor

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Counselor education is an intense interpersonal and emotional process for educators and trainees alike. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) has sought to establish clear gatekeeping procedures with intervention strategies in the development of counselors capable of engaging with distressed clients in emotionally meaningful ways (Christopher, Muran, Safran, Gorman & Wilson, 2007; Donati & Watts, 2005; Gaubatz & Vera, 2002). Understanding and working with emotion is important to effective counseling and has proven to be difficult to assess through tradition screening methods. Traditional methods (undergraduate grades, GRE scores, and autobiographical essays) of predicting the pre-practicum students' potential for personal and professional development are often unsuccessful and place a heavy burden on counselor educators, who are then left with the delicate balance of working with deficient trainees. The problem of counselor trainee impairment has been well documented in the literature, and it has been estimated that 4% - 5% of trainees lack the interpersonal competence and psychological health required of professional counselors (Gaubatz & Vera, 2002). Unfortunately, these numbers do not represent a quantifiable evaluation of all trainees by faculty; but rather are deduced from less systematic measures of sufficiency. There is, therefore, a compelling reason for concern that a large number of other deficient students may graduate from training programs untouched by gatekeeping procedures and intervention strategies (Gaubatz & Vera, 2002).

Although counseling students in general report higher level of wellness than the normal population, a relatively large proportion of entering master's level students indicated psychological distress (Smith, Robinson, & Young, 2007). Researchers suggested that healthy

emotion regulation is essential to developing personally grounded and professionally competent, multiculturally informed counselors (Consedine & Magai, 2002; Raval, Martini & Raval, 2007). Emotion regulation is the ability to experience a full range of emotions, modulate emotional experience, appropriately display emotion, and the ability to respond effectively to others emotions (Gratz & Roemer, 2004). Furthermore, emotion regulation is a construct that may be useful in the evaluation and training of counselors. Counselor educators are tasked with selecting and training practitioners who can engage and work effectively with strong emotion (Grant, 2006). However, a review of the literature provided scant indication of how this ability is to be measured.

The Importance of Emotion in Effective Counseling

Emotion at its most basic level is a subjective experience that involves interpretation of meaning and interaction with the environment. Emotions are foundational in the development of the self and are key elements in self-organization (Greenberg, 2004; Mennin & Farach, 2007). Training counselors to deal with the emotional roller coaster of client emotion and personal emotion, while at the same time equipping them to engage effectively in therapy, is a “multifaceted educational task” (Grant, p. 218, 2006). A trainee’s behavior can often be an indication of his or her ability, or inability, to deal with strong emotion, revealing how he or she will attempt to influence, control, experience, and express emotions as a future professional counselor (Gratz & Roemer, 2004; Mennin, 2004; Paivio & Laurent, 2001).

The Role of Counselor Education in Producing Effective Counselors

Formalized gatekeeping procedures are an essential component to ethically sound training (Bernard & Goodyear, 2004; Borders & Brown, 2005; Gaubatz & Vera, 2002). CACREP (2008) requires accredited programs to conduct a developmental, systematic

assessment of each student's progress throughout the program, including consideration of the student's academic performance, professional development, and personal development (Section VI, B). Trainees are expected to regulate their emotional state by subjecting themselves to personal feedback and evaluation procedures for supervisors and by mastering a myriad of tasks and skills; including awareness of feelings, levels of arousal, self-critical thoughts, and disassociation from events that they experience as personally disruptive (Melton, Nofzinger-Collins, Wynne, & Susman, 2005). Researchers continue to reinforce that emotion is central to personal experience and that emotion regulation is central to counseling (Grant, 2006; Greenberg & Pascual-Leone, 2006; Laetitia & Trasiewicz, 2002; Mennin & Farach, 2007; Mennin, 2004; Stolorow, 2000).

As gatekeepers, counselor educators must use emotionally stimulating materials and emotion regulation assessments during the entire graduate study (Gazzola & Theriault, 2007). Early and periodic evaluation might be used and incorporated into the initial screening and then into the subsequent instruction. A prescribed experiential approach that is integrated into classes and supervision experiences would help educators identify unqualified trainees and would enhance personal growth in the area of emotion regulation and awareness of countertransference issues (e.g., experiential learning as a way to bridge multicultural counseling theory and practice). Eriksen and McAuliffe (2006) reinforce this notion in their statement, "Development-promoting interventions would consist of optimally matching and mismatching students' current development capacities through classroom dilemma discussions and inductive experience in the field" (p. 189).

Researchers of recent studies suggested that key components of this integrated experiential approach to counselor training are the development of therapeutic alliances and the

enhancement of ability to recognize countertransference. Both components can be addressed with an emphasis on personal development and supervisory relationships (Arthur & Achenbach, 2002; Donati & Watts, 2005; Grant, 2006; Herring, 1990; Howard, Inman, & Altman, 2006). These researchers suggested that it is important to enhance the trainee's ability to reflect upon and interpret experience, manage and respond to strong client emotion, and be aware of what he or she is contributing to the counseling relationship. According to Sharkin and Gelso (2001), a goal of counselor-in-training programs should be the development of culturally skilled counselors who are capable of reflection, interpretation, and working with client strong emotion in culturally relevant ways.

Emotion Regulation

Emotion regulation is the ability to experience a full range of emotions, modulate emotional experience, appropriately display emotion, and the ability to respond effectively to others' emotions (Gratz & Roemer, 2004). Emotion regulation can only be a learned skill and can be likened to walking on a balance beam – over control produces mediocre performance; under control, failure. Some schools of thought equate emotion regulation to emotion control, thereby limiting experience and expression (Gratz & Roemer, 2004). Others emphasize the functional nature of emotions, suggesting that emotion regulation is not the same as emotion control (Gratz & Roemer, 2004; Mennin & Farach, 2007; Orange 2002; Orange, 1995; Stolorow, 1996; Stolorow, 1993; Tugade & Fredrickson, 2007). Proponents of the functional view suggested that the inability to experience and respond spontaneously to a full range of emotions is as maladaptive as the inability to attune and regulate strong painful affect (Gratz & Roemer, 2004). It is established and reinforced through contact with individuals who are capable of sound

emotion regulation, and it requires the trainee to develop interrelated personal skills (Greenberg & Pascual-Leone, 2006; Mennin & Farach, 2007; Mennin, 2004; Raval, Martini, & Raval, 2007).

The counselor's ability to identify his or her own emotions and to manage them while recognizing and managing the constancy of countertransference is central to the therapeutic relationship. Managing emotions implies that a counselor is able to provide containment for the outward expression of his or her emotions and, where necessary, to induce a particular emotion at will (Lyusin, 2006). The ability to understand emotions and contain them is closely associated with a counselor's overall emotional orientation; that is, with his or her degree of interest in the internal world of self and others (Gratz & Roemer, 2004; Lyusin, 2006; Mennin & Farach, 2007; Mennin, 2004).

Implications for Counselor Preparedness

The counselor-in-training process provides a rich environment for engaging strong emotion. Trainees encounter an overload of internal experiences as they transition into graduate work. A variety of personal issues may be triggered in response to classroom and group interactions, to unfamiliar client emotions, to sensitive experiences in therapy, to new techniques, and to unresolved personal issues (Hayes & Gelso, 1991; Howard, Inman, & Altman, 2006; Sharkin & Gelso, 2001). In particular, the process of developing cultural self- and other-awareness can bring up many challenging emotions that require informed regulation. In light of this onslaught, counselor education programs have continued to reinforce the importance of supervision. The ultimate goal of supervision is counselor competence as evidenced through heightened self-awareness and cultural sensitivity. Although supervision is conceptualized as a lifelong process, it is most important in the formative years of trainees (Gazzola & Theriault, 2007; Parker & Schwartz, 2002).

Counselor educators have historically depended upon supervision to build and evaluate emotional preparedness in trainees. Supervisors have the privilege of developing trainees, who have the courage to engage in an ongoing process of self-exploration and personal growth, while at the same time maneuvering through the rigors of graduate academia (Gazzola & Theriault, 2007). According to Safran and Muran (2000), it is this relational approach to supervision that allows for the development of interpersonal sensitivity and perceptiveness. In this manner, training goes beyond a didactic presentation of knowledge to incorporate procedural knowledge, self-awareness, and reflection-in-action; which does not necessarily involve conscious mental processing, but often is experienced at a feeling or intuitive level (Bernard & Goodyear, 2004; Borders & Brown, 2005; Safran & Muran, 2000).

Given the importance of developing emotionally prepared trainees, counselor educators must continually find ways to measure and assess applicant and trainee ability to tolerate strong emotion. To develop and evaluate trainees, counselor educators must build in the trainee a clear understanding of emotion and of its role in personal and professional development as a counselor. Equally important, counselor educators must instill the ability to regulate counselor-client feelings and strong emotional engagements (Grant, 2006).

Purpose of This Study

This study attempts to measure the difference between pre-practicum students' and internship students' respective abilities to emotionally regulate in the presence of strong client emotion. Pre-practicum students are those students at the beginning of their graduate study and their clinical experience has been limited to role plays; whereas, internship students are nearing the completion of their training and have been involved in a significant amount of clinical work and supervision. To assess what areas of emotion regulation represent the largest differences

between these two group, the “Difficulties in Emotion Regulation Scale (DERS), was administered (see Appendix). The DERS has been validated in studies of normal population groups and used in the clinical studies of several groups that exhibit high emotion dysregulation; but this was its first use with graduate students in counseling (Gratz & Roemer, 2004).

Test data were evaluated to compare entry-level master’s student’s emotion regulation to that of master’s students in internship (Laetitia & Trasiewicz, 2002).

This research addresses the following questions:

- Are internship students better able to regulate emotion in comparison to that of pre-practicum students?
- Based on this study, can we make other inferences, such as what is the focus on emotional development within a graduate counseling CACREP program?

Materials and Methodology

Entry-level counselors-in-training lack experience interpreting and exploring emotionally charged counseling interactions and the presence of countertransference; hence we expect that beginning level trainees will be more susceptible to client emotion than will more senior trainees (Sharkin & Gelso, 2001). This research addresses the question if a quantifiable difference exists between emotion regulation abilities of pre-practicum counselors-in-training and internship counselors-in-training; if counselor trainees in internship will have moved beyond beginning counselor trainees in their ability to regulate emotion, by completing some degree of personal counseling, and by experiencing in supervision an enhanced awareness of countertransference issues (Sharkin & Gelso, 2001). In this study, the “Difficulties in Emotion Regulation Scale” (DERS), is used as an observational measuring ability of graduate-in-counseling students to regulate emotion in the presence of clients’ strong emotion.

Participants

Participants ($n = 68$) for this study were selected through criterion sampling which minimizes volunteerism and other selection biases by including every available participant who meets the criteria of the study (Gall, Gall, & Borg, 2005). Participants selected were those entered in pre-practicum or internship with an age range of 22 – 67 years and a mean age of 33.82 ($SD = 10.13$). Approximately 22% of the participants self-identified as male and 78% as female. Participants were graduate students working on their Master of Science in counseling at a CACREP university and located on two different campuses (forty of these students were at the extension campus (EC) and 28 on the main campus (MC)). Approximately 84% described themselves as Caucasian, 3% as African American, 4.5% percent as Asian, 4.5% as Hispanic, 3% as bi-racial, and 1% as other.

Informed Consent

A complete description of the process for data collection, storage and destruction was given to the participants before the administration of the DERS. The researcher explained the scope of the study and the participation requirements, including the fact that research participation was strictly voluntary and that the participant could withdraw at any time. Participants read, signed and submitted informed-consent releases.

Instrument

The DERS (Gratz & Roemer, 2004) measures multiple facets of emotion regulation. In the DERS methodology, difficulties in emotion regulation can be reflected in any of six interrelated subscales: a) lack of awareness of emotional responses; b) lack of emotional clarity responses; c) non-acceptance of emotional responses; d) limited access to emotion regulation strategies that are perceived as effective; e) decreased abilities or difficulties in controlling

impulses when experiencing negative emotions; and f) difficulties engaging in goal-oriented behaviors when experiencing “negative” emotions. Individuals respond to 36-items on a Likert scale of 1 (Almost never, 0-10%); 2 (Sometimes, 11-35%); 3 (About half the time, 36-55%); 4 (Most of the time, 66-90%); and 5 (Almost always 90-100%).

The DERS has good test-retest reliability and good internal consistency (Gratz & Roemer, 2004). Gratz and Roemer completed a factor analysis on item selection arriving at 36 items with factor loadings of .40 or higher. Cronbach’s alpha was calculated to determine the internal consistency of the DERS items. Results indicated that the DERS had high internal consistency ($\alpha = .93$). Construct validity was assessed with all correlations between the overall DERS score and the constructs of interest being in the expected directions and statistically significant. Gratz and Roemer also established the predictive validity of the DERS by exploring correlations between the DERS scores and two clinically important behavioral outcomes (frequency of deliberate self-harm and frequency of intimate partner abuse) thought to be associated with emotion dysregulation.

Procedures

Professors teaching pre-practicum and internship students were informed of the purpose of the study, the instrument used, and the amount of time required for the DERS to be introduced and administered (approximately 15 minutes). The researcher addressed each of the classes and briefly described the purpose of the study. Students were told that their participation was completely voluntary and that they could discontinue taking the assessment at any time. Informed consent forms were passed out and collected with signatures, and then the DERS test was passed out with a demographical page attached that included, age, gender, and ethnicity.

Data Analysis and Results

Data were entered into an EXCEL spreadsheet and coded according to class (pre-practicum or internship) age, gender and ethnicity. Data were compared for pre-practicum against internship students to see if students' ability to regulate emotion increased over the course of their program and compared the six subscales to determine if any one of the six areas increased over the course of the students program.

Hypothesis

The "Difficulties in Emotion Regulation Scale" (DERS) was used to determine if, on average, internship students will show greater regulation of emotions (as measured by the DERS) than pre-practicum students. The null hypothesis of this study, therefore, is that internship students' ability to regulate his or her emotions in the midst of strong client emotion is greater than the ability of pre-practicum students, because of the training provided in this university's Master of Science in Counseling Program.

An observational study design was used for this study. In this study, analysis entailed use of a two-sample *T*-test (one-tail upper test) to compare two sample groups' responses to the DERS, an approach that has been applied successfully to educational and psychological measurement (Gratz & Roemer, 2004). The purpose of analysis was to determine if responses from pre-practicum and internship trainees to the DERS Item Response Theory (IRT) were statistically different, indicating a difference in group-mean-ability to deal with client strong emotions. To determine if intern trainees received more training in a particular area of emotion regulation, each of the six subgroups as well as the total score of all questions were compared. The alpha value was set to 0.05 for all tests. If the *p*-value is larger than alpha of .05, then we cannot reject the null hypothesis.

Overall Score

Analysis yielded no significant difference between pre-practicum and internship groups based on their overall DERS score. The mean score for pre-practicum students was 59.97 ($SD = 10.56$). The mean score for internship students was 62.11 ($SD = 14.44$). The p -value for the total DERS at a .05 alpha level is .75, causing us to be unable to reject the null hypothesis. Table 1 shows the results for all subscales and the total score.

Subscale Scores

For subscale 1, (awareness) the mean score for pre-practicum students was 10.78 ($SD = 2.91$); and a mean score for internship students of 11.17 ($SD = 3.54$). The results at a .05 alpha level yielded a p -value .68, indicating that no statistically significant difference exists between the two groups.

For subscale 2, (clarity) the mean score for pre-practicum students was 8.67 ($SD = 1.69$). The mean score for internship students was 8.66 ($SD = 2.19$). The results at a .05 alpha level yielded a p -value of .49, indicating that no statistically significant difference exists between the two groups.

For subscale 3, (goals) the mean score for pre-practicum students was 11.21 ($SD = 2.22$). The mean score for internship students was 12.14 ($SD = 4.04$). The results at a .05 alpha level yielded a p -value of .88 indicating that no statistically significant difference exists between the two groups.

For subscale 4, (impulse) the mean score for pre-practicum students was 7.79 ($SD = 2.04$). The mean score for internship students was 8.37 ($SD = 2.28$). The results at a .05 alpha level yielded a p -value of .86 indicating that no statistically significant difference exists between the two groups.

For subscale 5, (non-acceptance) the mean score for pre-practicum students was 10.58 ($SD = 3.57$). The mean score for internship students was 9.63 ($SD = 3.12$). Question 23 is located in this subscale. The results at a .05 alpha level yielded a p -value of .12 indicating that no statistically significant difference exists between the two groups.

For subscale 6, (strategies) the mean score for pre-practicum students was 10.94 ($SD = 3.35$). The mean score for internship students was 12.14 ($SD = 4.35$). The results at a .05 alpha level yielded a p -value of .90 indicating that no statistically significant difference exists between the two groups.

Table 1

Overall and Subscale Results (PP = pre-practicum, $n = 33$; IN = internship, $n = 35$).

<u>Scale</u>	<u>Mean –</u> <u>PP</u>	<u>St Dev –</u> <u>PP</u>	<u>Mean –</u> <u>IN</u>	<u>St Dev –</u> <u>IN</u>	<u>p-value</u>	<u>Reject</u> <u>HO</u>	<u>Difference</u>
1	10.788	2.913	11.171	3.544	0.686	No	-0.384
2	8.667	1.689	8.657	2.195	0.492	No	0.010
3	11.212	2.219	12.143	4.045	0.876	No	-0.931
4	7.788	2.043	8.371	2.276	0.865	No	-0.584
5	10.576	3.571	9.629	3.116	0.124	No	0.947
6	10.939	3.354	12.143	4.346	0.896	No	-1.203
Total	59.970	10.564	62.114	14.436	0.755	No	-2.145

H₀: $\mu_{PP} - \mu_{IN} \leq 0$ for all questions

H_a: $\mu_{PP} - \mu_{IN} > 0$ Which implies that PP > IN

Discussion

The overall results of this study do not allow for rejection of the null hypothesis indicating that differences in the respective overall mean scores and six subscales are not statistically significant. There are several potential reasons why the differences are not statistically significant; some have to do with the group (already selected for emotion regulation) and some with the measure (not sensitive enough to distinguish meaningful differences in counselors-in-training). The DERS has been used to measure emotion regulation on clinical populations and was created using undergraduates in psychology (Gratz & Roemer, 2004). Here we apply it to graduate students, who have already been accepted into a counselor-in-training program. The participants of this study underwent an application process that included the review of application materials and group and individual interviews, all of which may have screened out those students less likely to be able to “handle” the emotional demands of counseling.

The mean for both entry- and exit-level counseling groups is significantly lower than that for non-counseling groups ($n = 357$), indicating greater capacity for emotion regulation (Gratz & Roemer, 2004). Generally, the mean for the non-counseling group is somewhere around 75 (for the overall score). As indicated in Table 1, both pre-practicum and internship group means are much lower. One possibility is that predisposition for becoming a counselor-in-training reflects heightened awareness and understanding of emotions, as well as the ability to control behavior when distressed. That is, the choice to pursue graduate work in counseling may attract people who are more emotionally aware, accepting, and regulated - assuming that it takes a more open or emotionally aware person to want to be a counselor (Gratz, email to author, February 10, 2009).

Even though no significant difference existed among the six subscales the results nonetheless reveal areas, where both internship and pre-practicum students were strong (i.e., low subscale means): 1) knowing and understanding what emotions they are feeling (clarity), and 2) remaining in control when experiencing negative emotions (impulse). The subscales with the lowest combined mean were the clarity subscale with a mean score of 8.66 and the impulse subscale with a mean score of 8.08. The clarity subscale reflects the extent to which individuals know and understand the emotions they are experiencing, and the impulse subscale reflects difficulties remaining in control of behaviors when experiencing negative emotions. Therefore, it may be suggested that students either enter the program with existing ability, whether innate or learned, and with the talent to quickly develop a greater ability to remain in control of behavior in the midst of negative emotion and to know and understand the emotions they are experiencing.

Though the difference between groups is not statistically significant both the goals and strategies subscales had the highest combined mean score of 11.67 and 12.14, respectively, indicating that these areas of emotion regulation are more difficult than the other four subscales. These results would seem to suggest that these two subscales may be critical areas for increased counselor education training. The goals subscale suggests that counselors-in-training may have more difficulty concentrating and accomplishing tasks when experiencing negative emotions. Counselors experience a variety of uncomfortable emotions as they work with client strong emotion and with their own sense of adequacy within the profession (Paivio & Laurent, 2001). A counselor's ability to regulate emotion allowing for greater concentration and ability to accomplish tasks within the therapeutic hour becomes an essential component of training. The strategies subscale addresses the belief that little can be done to regulate emotions effectively

once an individual is upset and presents a key area for counselor educator focus, especially as students near their internship.

Limitation of the Study

Limitations of this study fall into two broad categories, procedural and methodological. The former relate to group size and composition; the latter to inherent biases in the IRT process. Methodological biases are inherent in the use of self report instruments such as the DERS, the use of the DERS with graduate students, cohort effect considerations, and group equivalency. In addition, because the study was a quasi-experimental non-equivalent group comparison, there was no random assignment or control group.

A second limitation of this research is the use of the DERS with graduate students in counseling. The DERS as tested by its authors (Gratz & Roemer, 2004) has high reliability and validity among undergraduate students. To our knowledge this is the first time it has been used with a graduate counselor-in-training population. A possible limitation is the instrument's capacity to resolve the differences in pre-practicum and internship student ability to regulate emotion. The questions may not be worded in a manner that naturally leads counselors-in-training to reflect upon counseling experiences.

A third possible limitation and threat to validity is cohort effect. Since both campuses have a cohort style, this allows each grouping of students to form a specific culture unique to its cohort. This culture is acknowledged as it would certainly have the potential to affect different findings. In comparing the extension campus population to the main campus population, there were however no significant difference. In addition, the study did not compare scores between genders and ethnicities, which would enhance the studies cultural relevance.

A final possible limitation and threat arises from the use of non-equivalent groups. The initial gatekeeping strategy addresses this threat. That is, current pre-practicum and former pre-practicum (current internship) students made it through the same applicant screening procedures. The equivalency of the two groups is supported by the test results which indicate IRT means far below those published for non-counseling populations. In fact, means between the pre-practicum and internship groups do not differ significantly, further suggesting equivalency of the groups.

Implications for Researchers

The results of this study reveal that a significant difference does not exist between the pre-practicum and internship students' ability to emotion regulate. These results may suggest that training for emotion regulation does not occur within this counselor-education program, or that emotion regulation develops over a longer period of time than what a graduate program provides.

Given the responsibility impendent upon counselors working with emotionally distressed clients, further research on how counselor educators measure suitability and preparedness of graduate students to work with strong client emotion is recommended by this study. In particular, we recommend administration of the DERS under a variety of circumstances in future research. More testing is necessary to determine the usefulness of the DERS in measuring emotion regulation and its potential relevance to counselor educator gateway and intervention strategies. Larger populations with normal demographic distributions should be examined. These future studies have the potential to help counselor educators develop curricula for counselor training and would likely help counselor educators evaluate trainee preparedness.

Based on the results of this research, a more detailed study focused on the *goals* and *strategies* subscales has the potential to inform counselor educators in regards to further areas of curriculum development and supervision. The goals subscale results suggest that counselors-in-

training may have more difficulty concentrating and accomplishing tasks when experiencing negative emotions; and the strategies subscale results show counselors-in-training believe that little can be done to regulate emotions effectively once upset. Both of these subscale factors influence a trainee's ability to work effectively with a client's strong emotions and suggesting an area of trainee development. The goals factor could be addressed in classroom activities designed to challenge students to perform tasks of concentration while confronted with emotion charged material. Situations that could affect the strategies factor would likely have to be explored in supervisory alliance.

Further research on exploring the utility of the DERS in screening differences between applicant pools and final cohorts may enhance the gatekeeping process. A revision of the DERS may be necessary, and may include the addition of language specific to the profession of counseling in an attempt to more accurately measure emotion regulation in applicants and trainees. Development of other measures may include observation, case study or more sensitive scales to replace the DERS, and may allow for greater evaluation of emotion regulation ability. A more finely tuned IRT may even be able to measure historical influences (divorce, substance abuse, mental illness, physical, spiritual, sexual or emotional abuse, etc.) that might lead an applicant to pursue graduate work in counseling.

Conclusion

In this study, we examined emotion regulation as a construct for determining the suitability of pre-practicum and internship students for the counseling profession. Current research testifies to the importance of emotions in defining the self and to the need to experience, modulate and display emotions. Because emotion regulation is central to healthy interactions, it is reasonable to ask if a measure of the students' ability to emotion regulation might be important

as an indicator of preparedness for counseling study and practice. In evaluating aptitude for admission to counselor training programs, individual and group interviews tailored to expose emotional deficiencies may be employed. To estimate personal and professional growth of trainees, counselor educators are challenged to evaluate students during classroom and supervisory exposure to emotionally charged material. To do this conclusively is difficult, and research reported here indicates that the administering of an IRT, validated for use in non-counseling populations, can add worthwhile information to aid the counselor educator in screening applicants and assess progress in trainees.

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Appendix

Difficulties in Emotion Regulation Scale (DERS) Instrument

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item:

1-----	2-----	3-----	4-----	-----5
almost never	sometimes	about half the time	most of the time	
almost always				
(0-10%)	(11-35%)	(36-65%)	(66-90%)	
(91-100%)				

- _____ 1) I am clear about my feelings.
- _____ 2) I pay attention to how I feel.
- _____ 3) I experience my emotions as overwhelming and out of control.
- _____ 4) I have no idea how I am feeling.
- _____ 5) I have difficulty making sense out of my feelings.
- _____ 6) I am attentive to my feelings.
- _____ 7) I know exactly how I am feeling.
- _____ 8) I care about what I am feeling.
- _____ 9) I am confused about how I feel.
- _____ 10) When I'm upset, I acknowledge my emotions.
- _____ 11) When I'm upset, I become angry with myself for feeling that way.
- _____ 12) When I'm upset, I become embarrassed for feeling that way.
- _____ 13) When I'm upset, I have difficulty getting work done.
- _____ 14) When I'm upset, I become out of control.
- _____ 15) When I'm upset, I believe that I will remain that way for a long time.
- _____ 16) When I'm upset, I believe that I'll end up feeling very depressed.
- _____ 17) When I'm upset, I believe that my feelings are valid and important.
- _____ 18) When I'm upset, I have difficulty focusing on other things.
- _____ 19) When I'm upset, I feel out of control.

1-----	2-----	3-----	4-----	5
almost never	sometimes	about half the time	most of the time	
almost always				
(0-10%)	(11-35%)	(36-65%)	(66-90%)	
(91-100%)				

- _____ 20) When I'm upset, I can still get things done.
- _____ 21) When I'm upset, I feel ashamed with myself for feeling that way.
- _____ 22) When I'm upset, I know that I can find a way to eventually feel better.
- _____ 23) When I'm upset, I feel like I am weak.
- _____ 24) When I'm upset, I feel like I can remain in control of my behaviors.
- _____ 25) When I'm upset, I feel guilty for feeling that way.
- _____ 26) When I'm upset, I have difficulty concentrating.
- _____ 27) When I'm upset, I have difficulty controlling my behaviors.
- _____ 28) When I'm upset, I believe that there is nothing I can do to make myself feel better.
- _____ 29) When I'm upset, I become irritated with myself for feeling that way.
- _____ 30) When I'm upset, I start to feel very bad about myself.
- _____ 31) When I'm upset, I believe that wallowing in it is all I can do.
- _____ 32) When I'm upset, I lose control over my behaviors.
- _____ 33) When I'm upset, I have difficulty thinking about anything else.
- _____ 34) When I'm upset, I take time to figure out what I'm really feeling.
- _____ 35) When I'm upset, it takes me a long time to feel better.
- _____ 36) When I'm upset, my emotions feel overwhelming.