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## Student satisfaction with the quality and quantity of mental health services offered by their MSW programs

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Willa Rose Mayo  
Student Satisfaction with the  
Quality and Quantity of  
Mental Health Services  
Offered by their MSW  
Programs

**ABSTRACT**

This study sought to explore the mental health needs of clinical MSW students, and the degree to which they feel satisfied by the quality and quantity of mental health services provided to them by their schools. For this mixed-methods study, 111 current MSW students were surveyed, representing twenty eight different graduate programs. Participants reflected on their experiences with counseling services at their schools and commented on their level of satisfaction with the resources provided to them. Overall, 13% of respondents reported being “somewhat” or “very satisfied,” 31% were “not very” or “not at all” satisfied, and 50% were “neutral.” Areas suggested for improvement to these services included increasing availability and accessibility of services, providing better advertisement of available resources, improving the quality of services/personnel, and encouraging the pursuit of support. Asked whether clinical social workers should be required to seek personal counseling during their training, more than half believed that they should.

**STUDENT SATISFACTION WITH THE QUALITY AND QUANTITY OF  
MENTAL HEALTH SERVICES OFFERED BY THEIR MSW PROGRAMS**

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work

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2016

## ACKNOWLEDGMENTS

The completion of this thesis would not have been possible without the support and guidance from a number of people:

To Jocelyn, Dri, and the rest of the students whose passion last summer inspired me to take on this timely project

To my research professor, Gael McCarthy, who helped me to synthesize my ideas and trust that this was a topic worth exploring

To my family for cheerleading and believing in me

To my advisor, Pearl Soloff, for the invaluable counsel and support

To all the Mission coffee shop employees who must have served me hundreds of everything bagels over the course of the year

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## CHAPTER I

### Introduction

The aim of this study was to assess the levels of satisfaction current clinical social work graduate students feel with regard to the quality and quantity of mental health services offered by their schools. There are countless MSW programs throughout the United States, in which students are training to become clinicians, and the exact format and type of mental health services offered by these programs naturally varies from institution to institution. Resources and funds, as well as perceived student need, are likely all factors that contribute to the comprehensiveness of services provided at institutions across the country.

There is in fact *great* student need for counseling services in MSW programs. There is a growing number of students in clinical training who experience mental health difficulties and support needs (Collins, 2006), and studies have shown that clinical MSW students experience particularly high levels of stress (Addonizio, 2011). This is not surprising, given the emotional content matter and high-need populations that students are working with every day. Students often see clients who are vulnerable, oppressed, and living in poverty, and many with histories of trauma. As such, social work students and clinicians are at risk of vicarious traumatization and burnout.

Furthermore, many students entering the field of clinical social work struggle with mental health or have personally been exposed to mental illness, violence, or trauma in their past (Seller and Hunter, 2005; Horton, 2009). It was Carl Jung who first coined the term “wounded healer,” a phenomenon suggesting that “a good half



of every treatment that probes at all deeply consists in the doctor's examining himself...it is his own hurt that gives a measure of his power to heal." (quoted in Barr, 2006). Given the sensitive and potentially triggering issues clinical MSW students are exposed to in the classroom and during internship, it is undeniable that many would benefit from counseling and other mental health supports.

Research has also revealed numerous benefits to clinicians – and particularly trainees - seeking their own personal therapy. Personally, the practice can lead to improvement in self-esteem, work functioning, social life, emotional expression, characterological conflicts, and symptom severity (Norcross, 2005). Professionally, personal therapy can help reduce potentially harmful countertransference and enhance self-awareness and empathy (Prochaska and Norcross, 1983).

However, while research has examined the benefits of personal therapy for clinicians, and even pondered whether it should be a requirement for clinical trainees to seek it, there is no research on whether current students feel satisfied with the clinical services offered to them by their schools. As Collins (2006) suggests, it is the responsibility of MSW graduate programs to “give particular attention both to the mental health difficulties and support needs of social work students” (Collins, 2006). Additionally, Holzman (1996) notes that some students cannot afford to seek their own therapy outside of school; meanwhile, those that can afford it do not necessarily have experience with the process of seeking a personal therapist. Without more explicit suggestion and guidance, students may not know where to begin and decide to forgo it altogether.

In this mixed-methods study, I surveyed 111 clinical trainees studying at 28 different MSW programs across the United States about their levels of satisfaction with the quality and quantity of mental health services offered by their schools. Participants reported on their experiences with personal therapy, as accessed either through their schools' counseling centers or in the community (for example, through private practice). Students commented on their reasons for seeking personal therapy while in school (or in some cases, why they chose *not* to seek personal therapy) and reflected on the ways it has impacted their emotional well-being and professional development. Students also expressed their opinions on whether seeking personal therapy should be a mandatory requirement for clinicians in training.

My goal for this study was to enrich the current conversation in the field regarding personal therapy as a worthwhile practice for budding clinicians. I was curious to learn whether students feel that their mental and emotional health is sufficiently supported by their MSW programs, and what they believe to be missing. Perhaps findings from this study will encourage social work graduate programs to consider providing more comprehensive supportive services – for the sake of their students as well as the clients that they serve.

The following chapters will include of a review of previous literature, followed by a description of the present study's methodology. I will then provide a comprehensive overview of my findings and a discussion of the implications of these findings on the field of social work. Finally I will note the limitations of this study and propose some areas for further research.

## CHAPTER II

### Literature Review

The usefulness of practicing clinicians undergoing their own personal therapy has long been a hotly debated issue (Atkinson, 2006; Feltham, 1999; Garfield & Kurtz, 1976; Guy and Liaboe, 1986). The practice is not uncommon; the vast majority of clinicians seek personal therapy at least once in their lives (Norcross, 2005; Pope and Tabachnick, 1994; Probst, 2014; Prochaska and Norcross, 1983), and this practice spans across disciplines and orientations. In a study conducted by Orlinsky (2011), 87% of therapists surveyed reported having embarked on personal therapy at least one time: 94% of analytic/psychodynamic therapists, 91% of humanistic therapists, 73% of cognitive behavioral therapists, 82% of therapists identified as “novice,” and 89% of senior therapists.

The idea that seeking personal therapy may be a beneficial, even necessary, practice for mental health professionals can be traced back to Freud, who wrote, of therapists, “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, 1937/1964, as cited in Norcross, 2005). Fromm-Reichman (1950), too, argued that without personal analysis, “any attempt at intensive psychotherapy is fraught with danger, hence unacceptable” (as cited in Pope and Tabachnick, 1994, p. 247). He asserted, further, that personal therapy leads to an enhanced sensitivity and awareness, improved mastery and technique, a decreased personal symptomatology, and an increased conviction about the validity of the theory used” (as cited in Rizq, 2011, p. 176).

Many clinicians who have sought their own therapy report that doing so has played an essential role in their “ongoing maturation and regenerative development” (Norcross, 2005). An international study of 4000 psychotherapists, for example, found that 88% of those who had attended personal therapy reported positive benefits; of those, more than 75% cited the utility of therapy for professional as well as personal development. Psychotherapy was reported to facilitate “improvement in multiple areas: self-esteem, work functioning, social life, emotional expression, characterological conflicts, and symptom severity” (Norcross, 2005, p. 843).

In a qualitative study of ten practicing clinicians (Lemire, 2007), there was unanimous agreement on the importance of personal therapy as a tool for both self-care and professional care; participants found that personal therapy helped them identify with their clients and/or client-role by means of vulnerabilities, empathy, boundaries, assumptions, termination, and overall perceptions of therapists. They also identified with their personal therapists by either modeling them or distancing themselves in their own work. Participants also expressed that personal therapy helped them to embrace their countertransference and acknowledge the unspoken love between therapist and client.

Halewood and Tribe (2003) also describe personal therapy as a “useful place for resolving personal issues which may interfere with the therapist’s work,” such as the stress of being a therapist, personal lack of understanding of one’s own problems and feelings, and lack of understanding of countertransference that might be occurring in sessions. Prochaska and Norcross (1983) also cited the use of personal therapy in reducing potentially harmful countertransference, as well as enhancing self-awareness and empathy.

Atkinson (2006), meanwhile, suggests that it may not be necessary for those who provide therapy to have healthy psyches, and that there may even be more risk than benefit to seeking personal therapy in certain cases. Confidentiality and boundary violations are examples of harm that may be caused when seeking personal therapy (Pope and Tabachnick, 1994). Bellows (2007) also identifies possible negative results that may arise, such as increased distress, issues with the therapeutic relationship, mistakes in treatment, identifying too much or too little with the therapist, and role confusion due to alternating from therapist to client. However, Bellows' study, which involved interviews with 20 psychoanalytic therapists, also revealed that those participants who reported having *positive* experiences in personal therapy were more likely than those with negative experiences to value putting focus on the working relationship between themselves and their clients. I would argue that this is a crucial element of therapy, suggesting that clinicians who have positive experiences in personal therapy do benefit professionally from the experience. That said, this is compared to those who may have had *negative* experiences in therapy, rather than no therapy at all. Most research seems to suggest that seeking personal therapy is a worthwhile endeavor overall, even with the risk of having a negative experience; however, the influence that a negative experience with therapy may have on a clinician, either personally or professionally, should be explored more in future studies.

There have been very few empirical studies performed to assess whether a therapist's history of personal therapy actually affects their success with their patients. Gold et al. (2014) conducted one study in which 14 graduate clinicians with various experiences in personal therapy treated 54 outpatients engaged in short-term

psychodynamic psychotherapy at a university-based community clinic. Results showed that graduate clinicians' personal therapy alliance was not significantly related to their patients' ratings of alliance (and, interestingly, the more helpful clinicians felt their personal therapy had been, the lower they rated their own alliance with patients.) However, the higher the clinician rated her personal therapy alliance, the more that clinician's patient felt that her symptoms had improved. The study also suggested that trainee satisfaction with - or reported quality of - their personal therapy may be more relevant than the amount or duration of their treatment with regard to the process and outcomes of their patients.

This study is the first to examine the effects of a clinician's personal therapy on the process and outcome variables in the treatment they deliver, and thus it is natural for it to have some limitations and areas for further study. For one, the patients in this study reported mild-to-moderate levels of distress and impairments in functioning; further research should be done with samples exhibiting more severe levels of need. Furthermore, this study examined only psychodynamic therapy, and the trainees were advanced Ph.D. candidates; further research should examine other treatment modalities and utilize clinicians with various levels of training. Despite these limitations, this study provides an important first look into the effects of clinicians' personal therapy on their clinical work with patients.

In response to the various perceived professional and personal benefits of clinicians receiving personal therapy, some have questioned whether personal therapy ought to be a requirement for clinical trainees (Atkinson, 2006; Garfield, 1976; Pope and Tabachnick, 1994; Risq and Target, 2008). In many European countries, a certain number

of hours of personal therapy are indeed mandatory to qualify for admission to the profession. The British Association for Counseling and Psychotherapy, for one, used to require trainees to complete a minimum of 40 hours of personal therapy (Malikiosi-Loizos, 2013). This standard was eliminated in 2005, however, sparking a long debate in the world of counseling and psychotherapy professionals (Chaturvedi, 2012; Ciclitira, 2012; Jacobs, 2011; King, 2011).

Guy and Liaboe (1986) argue that there should be more focus on individual counseling for trainees in mental health fields in order to reduce the negative effects that therapeutic work with clients - particularly in the training stage - can have on them, which ultimately can lead to burnout. Pope and Tabachnick (1994) conducted a survey of 800 psychologists, 13% of whom had studied in graduate programs that required therapists-in-training to enter personal therapy, and found that 86% reported their experiences with therapy to be very or exceptionally helpful. Only 2 respondents reported that the experience was not at all helpful. A substantial majority (70%) of the sample agreed that psychology graduate and professional schools should “probably” or “absolutely” require therapy for therapists-in-training, while a smaller majority (54%) believed that state licensing boards at least “probably” should make personal therapy a requirement for licensure. Unsurprisingly, participants who had been in personal therapy were significantly more likely to favor requiring the practice.

Another study, of 78 graduate students and professionals from various mental health disciplines, found that of the 92% of participants who had engaged in personal therapy, 96% found it to be helpful and 95% thought it would be helpful for graduate students in a clinical program. However, only 56% thought that personal therapy should

be a requirement for students (Mowrey, 2009). This opinion was perhaps because of the pressure that additional requirements can put on students. However, this study, as well the study conducted by Pope and Tabachnick (1994), is limiting in its quantitative nature, as the findings provide no insight into why participants responded in the ways that they did.

Meanwhile, a qualitative study with graduate students in counseling psychology in the UK found that, while personal therapy can be a positive experience that may facilitate the professional development of budding clinicians, it also contributes to an increase in their levels of stress (Kumari, 2011). For example, many respondents discussed the financial strain of seeking regular therapy. Participants also noted that some of their skills were negatively affected when participating in personal therapy and carrying out clinical work at the same time; trainees described being too preoccupied with their own issues that came up in personal therapy and therefore less emotionally available to their clients. Respondents expressed that it is important for clinicians to have a good level of self-awareness in order to differentiate their own issues from those of their clients; however, this study did not sufficiently inquire as to how they believed this enhanced self-awareness helped them in their clinical practice, nor whether it outweighed the effects of becoming preoccupied by their own issues.

A survey conducted among UK senior registrars in psychotherapy revealed that, while personal therapy does include some negative effects such as psychological distress, “it seemed clear that, from the trainee’s point of view, the gain is generally well worth the pain” (Macaskill and Macaskill, 1992, p. 138). Findings by King (2011) echo this claim in a study of eight experienced psychodynamic psychotherapists who provide personal



therapy to therapists in training. Participants noted that despite some clinical dilemmas (arising from the mandatory requirement for therapy, boundaries, fitness to practice, and the suitability of trainees) and personal dilemmas (including pressure to model, sense of responsibility, therapeutic narcissism, counter transference reactions, over-use of self and stressful involvement), they considered personal therapy to be essential for trainees and thought it should be mandatory even if it led to some difficulties in therapy. While it is no doubt useful to obtain experienced psychotherapists' opinions regarding personal therapy for trainees (both through subjective experience of being the therapy provider and because of their relative expertise on the topic in general), it is ultimately the trainees themselves whose perspective is lost.

It is also notable that while there has been significant conversation addressing the question of whether personal therapy should be required for budding clinicians, almost all of it cites only the perceived *professional* benefits of this practice. Meanwhile, the *personal* needs of clinical trainees are largely ignored. As Addonizio (2000) acknowledges, attending graduate school in general is a significant commitment that has high demands. More specifically, students obtaining Masters degrees in social work "are at risk for many of the same stressors they help others overcome" (p. 16). In his study of MSW students' self-reported stress and psychological distress, students reported moderate to high levels of stress compared to the general population, with those students who reported three or more stressors having higher psychological distress as compared with students reporting none, one or two stressors. Students also reported feeling a lot of competition with one another, which may both be a source of stress and a hindrance to students using peers as support.

This study did an excellent job of breaking down various stressors and coping strategies; however, it is noteworthy that most of the stressors identified by MSW students in this study were related to the general academic challenges expected from higher education in any field, rather than anything to do with social work specifically. The author did not note any responses about vicarious traumatization or difficulty grappling with emotionally charged material and concepts. This is quite surprising to me, as I would consider these issues to be a substantial component of the MSW experience and a considerable source of stress for many students. I wonder whether the author would have received richer, more social work-specific responses if he had given more directive prompts. It is also interesting to note that personal therapy was never mentioned or discussed by participants as a useful coping mechanism. I am curious whether respondents did not attend personal therapy, did not consider it a coping mechanism, or were simply hesitant to disclose their participation. Meanwhile, the tone of this study was rather pathologizing and pejorative; the author only briefly points to personal therapy as a remedy for those who may be “impaired” and inappropriately admitted into a program they can’t handle.

In reality, it is to be expected that MSW students in particular would experience high stress levels. Many individuals pursuing degrees in social work have been exposed to mental illness, violence, or trauma in their past. In a study of MSW students by Seller and Hunter (2005), 69% reported a family history of substance abuse, psychopathology, or violence. Students with family histories of psychopathology and violence, in particular, were more likely to cite these issues as influencing their decision to go into social work and mental health. An earlier study revealed that social work graduate students, as

compared to graduate students in other fields, were more likely to report a history of family substance abuse or sexual abuse. Another study around this time (Black, 1993) found that two-thirds of the MSW students surveyed reported at least one potentially traumatic stressor during childhood, while one-third reported multiple. These stressors included parental neglect, mental illness, substance abuse, divorce, suicide, and death of a family member.

Individuals pursuing a degree in social work may personally struggle with mental health, as well. In a study conducted by Horton (2009), 34% of MSW students surveyed reported high levels of depressive symptoms, 12% had a history of suicidal ideation, and 4% reported having thought about suicide recently. Collins (2006), too, notes that there are a growing number of students in clinical training who experience mental health difficulties and support needs. This is partly because “negative past experiences may be reawakened and present relationships may be re-examined as a result of encountering some of the emotive material present in the content of social work programmes in both college and placement settings” (Collins, 1995, as cited in Collins, 2006).

These findings are consistent with Yalom’s assertion that “it is the person who has gone through suffering, sometimes great, and as a result of that process has become a therapist with a source of great wisdom, healing power, and inspiration for others” (Yalom, 2002, p.23). Indeed, it has long been suggested that those who go into clinical professions are often motivated, consciously or unconsciously, by a desire to “give back” and help those in need, for they, too, were once in need (Dunn, 2001, p. 132).

In a study by Halewood and Tribe (2003), narcissistic injury, a specific type of psychological damage that focuses on feelings about the self and past relationships

related to self-development, was examined in the context of trainee counseling psychologists. The participants of this study were 36 counseling psychology students whom had completed the 40 hours of personal therapy required by their program. There was also a control group, consisting of 34 postgraduate students, none of whom were studying counseling psychology or had undertaken any form of personal therapy. A high degree of narcissistic injury was found to be prevalent among the counseling psychologist trainees compared to the control group, suggesting that these individuals may be particularly attracted to the therapeutic field. The study ultimately makes the claim that therapeutic work with clients could be negatively affected in those trainees who fail to address their own narcissism, and personal therapy is advised as a worthwhile practice. It is worth noting, however, that the experimental group may have been more familiar with the psychological concepts presented in the questionnaires taken in this study, given their field of study, and this may have influenced their responses. It is also worth considering how accurately narcissism can be accurately self-reported, as some individuals with the trait may deny it completely.

Arguments against requiring therapy for clinical trainees, meanwhile, include the suggestion that the overall outcome of work with oneself is not always a desirable aspect of training (Atkinson, 2006). It is further posited that self-exploration, while personally worthwhile, may lead to distraction and ultimately have a negative impact on one's clients. However, as Malikiosi-Loizos (2013) notes, missing from this debate of the "mandatory requirement" is the question of what motivates the counseling psychology student to enter therapy. Atkinson (2006), for example, suggests that there may be more risk than benefit for a person to enter therapy simply because they feel they "should" for

the sake of their training. Kumari (2011), too, found that while participants in her study believed that personal therapy should be a mandatory part of counseling psychologists' training, they also felt stressed by the intense pressure of requirements. Perhaps if students were rid of such pressures, they would be more likely to seek out personal therapy of their own accord.

Building on this idea, Norcross & Connor (2005) found some of students' typically reported reasons for *not* seeking personal therapy (when not enrolled in a program that requires it) to include issues of financial burden, lack of time, and difficulty identifying an appropriate psychotherapist. Holzman (1996), too, found that students' who had not been in therapy listed finances as a major reason for not seeking treatment. As Garfield (1976) expressed decades ago, personal therapy requires, among other things, "an output of time and money on the part of the trainee, and utilizes professional resources which are not always in abundant supply for meeting the needs of those in need of treatment" (p. 189). These findings suggest that it is often less a lack of desire or need that detracts students from therapy, but rather a lack of means or support. The fact that this has not changed in 40 years is staggering.

Collins (2006) addresses this reality, asserting that "undertaking a social work programme is a demanding experience, as is doing social work itself" (p.446) and that "programmes should give particular attention both to the mental health difficulties and support needs of social work students." Collins puts the onus on graduate schools to ensure that students are getting their needs met, not just professionally, but emotionally, which I agree is a necessity. Seemingly all of the discussion surrounding requirements for trainees suggests that students be expected to seek out, not to mention finance, their own

psychotherapy with little support from their schools. Perhaps if personal therapy were made more immediately accessible to students – i.e. simpler to secure and more affordable, among other things – the debate of whether or not to *require* such treatment would be nullified.

The research presented above highlights some of the personal and professional benefits of seeking personal therapy as a clinician in training, as well as some of the potential drawbacks. What it does not do, however, is address the needs and opinions of current MSW students. Do students feel sufficiently supported by the institutions through which they are obtaining their clinical training? Do they have access to personal therapy or counseling – should they wish to seek it? Do they find it helpful? In this study, I aimed to answer some of these pressing questions.

## **CHAPTER III**

### **Methodology**

The research question posed in this study was: Are clinical social work graduate students satisfied with the quality and quantity of mental health services offered by their MSW programs? The purpose of this study was to assess whether social work graduate schools were offering substantial mental health support to their students. Based on the current literature, I expected clinical trainees as a whole to have substantial mental health needs. However, this was an exploratory study, and given the rather large number of clinical social work institutions in the United States, I could not at the start of my study make any claims as to whether students across programs would feel sufficiently supported by the quality and quantity of mental health services offered to them.

I explored this question through a mixed methods study and collected data via an anonymous online Qualtrics survey. I chose to utilize a survey method for this study because of the somewhat sensitive nature of the topic. Given the ever-present stigma surrounding mental illness and therapy use, I imagined that some students – despite studying to provide therapeutic services, themselves – might feel uncomfortable revealing the status of their own mental health or utilization of mental health services.

This study was entirely anonymous, as my survey did not require participants to reveal any identifying information. Participation in this study was voluntary, and students had the option to skip any questions they didn't feel comfortable answering. This study was approved by the Human Subjects Review Committee at the Smith College School for Social Work (Appendix A).

## **Data Collection**

My sample was social work graduate students in the United States who are currently in a clinical program or on a clinical track. Participants did not need to have utilized counseling services at their school in order to participate (which I noted in the description of the study that was posted with my survey link). My survey consisted of two screening questions (“Are you currently attending a Masters of Social Work (MSW) program?” and “Are you studying to do clinical work (e.g. in a clinical program or on a clinical track?)”) in order to weed out those who did not qualify to take my survey (Appendix F).

When participants clicked on my survey link, they were first brought to an Informed Consent page (Appendix E), which they would read and select “I Agree” before continuing on to the survey. After answering the two screening questions, participants completed the rest of the survey, which consisted of 19 survey questions that were a combination of multiple choice, Likert-style, and open-ended/qualitative questions (Appendix G). The qualitative component of the survey was essential, both to mediate the inconsistencies across graduate programs (e.g. by allowing participants to specify which of their program’s particular services/policies they have utilized or have opinions about) and to collect a more nuanced perspective on students feelings about counseling services at their schools.

The survey was distributed via snowballing to social work graduate students in the United States who were in training to become clinicians. After the Human Subjects Review Board approved the methodology of this study, I began to distribute my survey link. I first posted my survey on my personal Facebook page, as well as on the “Smith



Social Workers Speakeasy” Facebook group. My link was accompanied by a short description of my study and a request that friends forward the link along to anyone they know who might qualify. (Appendix B). I emailed a similar request to a number of acquaintances that work in MSW programs or in the field and may have connection to qualifying students (Appendix C).

Since I didn’t want to over-sample Smith School for Social Work students (with whom I have the greatest number of connections), I opted to forward a request to a number of other Social Work graduate programs across the country (Appendix D). I sent this email to the Deans or Directors of the top 25 Social Work graduate schools in the United States, as ranked in 2012 by U.S.News. I did not include the Smith School for Social Work, which was tied for 16<sup>th</sup> place on this list.

### **Participant and Program Demographics**

The data for 111 participants was used for this study (23 additional respondents’ data were removed because they either did not qualify for the study or did not complete the entire survey). Of these participants, 85% identified as female (n=94), 12% identified as male (n=13), and 3% selected “other” (n=3), listing “genderqueer,” “transgender,” and “transgender male” in the accompanying text box.

Of the 111 total responses, 28 schools were represented. 104 of these schools were identified by participants as being part of a larger institution, while 3 were not. The breakdown of number of responses per school can be seen in Table 1.

Table 1:  
**MSW Programs Attended by Participants**

<u>Program</u>	<u>Participants</u>
University of Pittsburgh	22
Smith College School for Social Work	18
SUNY Albany School of Social Welfare	17
Boston University School of Social Work	11
Columbia University School of Social Work	7
Simmons School for Social Work	5
Temple University	3
Boston College School of Social Work	2
Arizona State	1
Aurora University	1
Boston University Online Program	1
Brown School of Social Work	1
Denver	1
Fordham University Graduate School of Social Service	1
Loyola University Chicago	1
Rhode Island College	1
Silberman School of Social Work	1
The Ohio State University	1
UC Berkeley	1
University of North Carolina Wilmington	1
University at Buffalo	1
University of Arkansas-Fayetteville	1
University of Missouri-Columbia	1
University of Southern California	1
University of Toronto	1
University of Washington	1
University of Wisconsin-Milwaukee	1
Winthrop University	1

In response to the question “Do MSW students have access to counseling services through your school?” 86% (n=95) of the participants responded “yes,” 2% (n=2) responded “no,” and 9% (n=10) responded “I don’t know.” Asked if these services are offered through a larger institution (e.g. available to students in other fields, as well), 82% (n=91) of the respondents answered “yes,” 2% (n=2) answered “no,” and 13% (n=14) answered “I don’t know.” See Tables 2 and 3 below.

Table 2:

**Do MSW students have access to counseling services through your school?**

Yes	No	I Don't Know
95	2	10
86%	2%	9%

Table 3:

**Are these services offered through a larger institution (e.g. available to students in other fields, as well)?**

Yes	No	I Don't Know
91	2	14
82%	2%	13%

When participants were asked how many counseling sessions each student is allotted per year, the responses varied. A breakdown of participant responses can be seen in Table 4.

Table 4:

**Number of Counseling Sessions Allotted Per Year**

Number of Sessions	Participants
0-5	18
6-10	10
11-15	2
16-20	2
6 months	3
As needed	17
I don't know	34
N/A	2

Fifty seven percent (n=63) of participants reported that these sessions are free for students, 3% (n=3) reported that they are not free for students, and 37% (n=41) reported that they did not know whether these services were free for students. See Table 5.

Table 5:  
**Are these sessions free for students?**

Yes	No	I Don't Know
63	3	41
57%	3%	37%

Asked whether their school's insurance covers therapy or mental health services outside of school, 22% (n=24) participants responded "yes," 9% (n=10) responded "no," and 65% (n=72) responded "I don't know." Meanwhile, while 27% (n=30) of respondents reported that they use their program's insurance, 69% (n=76) of respondents have separate private insurance. Of those who reported using their own insurance, 56% (n=62) respondents reported that their private insurance covers mental health services, 11% (n=12) reported that their private insurance does not cover mental health services, and 18% (n=20) did not know whether their private insurance covered mental health services. See Tables 6 and 7.

Table 6:  
**Does your school's insurance cover therapy/mental health services outside of school?**

Yes	No	I Don't Know
24	10	72
22%	9%	65%

Table 7:  
**Does [your private insurance] cover mental health services?**

Yes	No	I Don't Know
62	12	20
56%	11%	18%

## **Data Analysis**

My data analysis did not require running any statistical tests, as all of my quantitative data could be reported as simple frequencies. I used Microsoft Excel to display these results on bar graphs, as seen in my Findings chapter.

To analyze my qualitative data (which consisted of participants' answers to the open-response questions in my survey), I used content analysis. I read through participant responses to each question and categorized them into themes. I used different colored markers to highlight quotes for a visual representation (e.g. all quotes marked in blue addressed the same theme). This made it simple to report on my qualitative findings in my Findings chapter, seen below.

## CHAPTER IV

### Findings

This study assessed student satisfaction with the quality and quantity of counseling services offered by their MSW programs. The majority of respondents in this survey reported that they had not utilized counseling services offered by their school or program, and those that did were relatively split on their feelings about how useful it was to their emotional well-being and professional development. Of the total participants, more than half (57%) had sought personal counseling outside of their school or program (e.g. through private practice in the community); among these participants, nearly half found the services to be somewhat or very helpful to their emotional well-being and professional development. Asked whether clinical social workers should be required to seek personal counseling during their training, more than half believed that they should.

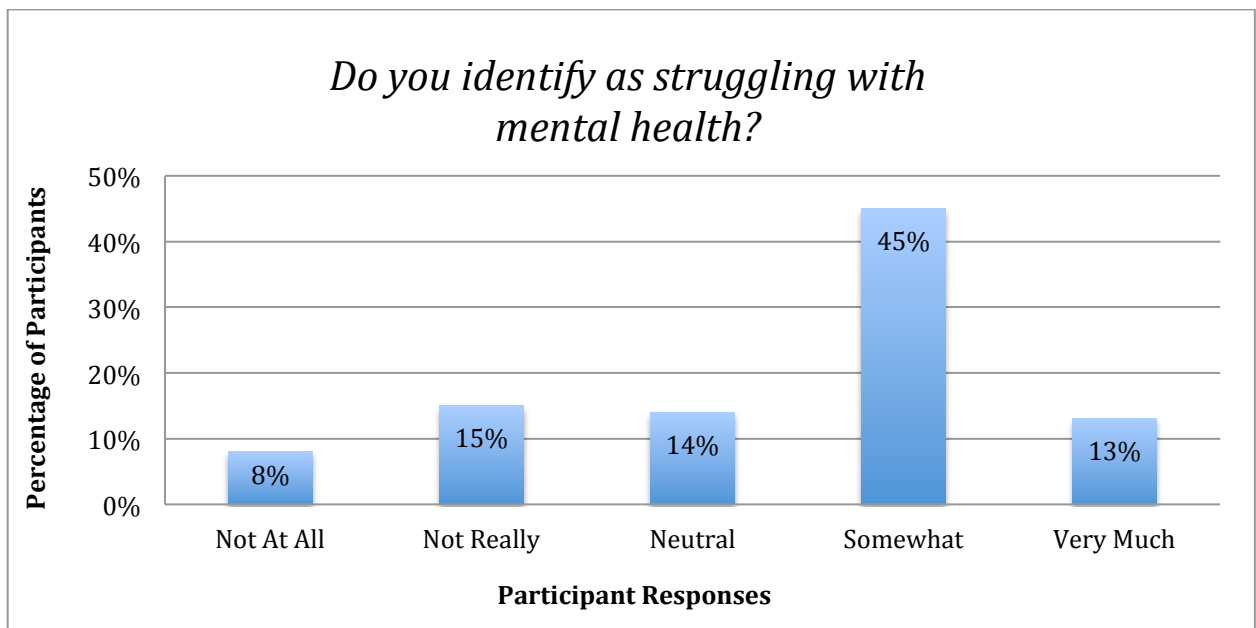
In the findings that follow, students reflected on their experiences with counseling services, both within and outside of their school of program, and expressed the ways in which these experiences enhanced or supported their experience as an MSW student. Students then rated their overall satisfaction with the counseling services and other mental health supports offered by their school or program, and reported on what they might change. Finally, students reflected on their opinions as to whether personal counseling should be a requirement for clinical social workers in training.

There were 111 total participants in this study, representing 28 MSW programs. Participants were not required to answer all survey questions; thus, the data presented in some graphs may not add up to 100%.

## Participant mental health

Participants were asked whether they identified as struggling with mental health. Of the 105 participants who responded, 45% (n=50) identified as struggling “somewhat” with mental health, while 13% (n=14) identified as struggling “very much.” 14% (n=15) were neutral, 15% (n=17) did not really struggle, and 8% (n=9) did not struggle at all. See Graph 1.

Graph 1:  
**Percentage of Students who identify as Struggling with Mental Health**



When asked if participants currently take any medications to support their emotional wellness, 26% (n=29) responded “yes,” while 69% (n=76) responded “no.” See Table 8 for a breakdown of the medications that respondents reported taking. Of these respondents, 9 listed more than one medication in the text box – 6 participants listed two medications, 3 participants listed three medications, and one participant listed 4 medications.

Table 8:  
**Medications Taken to Support Emotional Wellness**

---

Prozac	4
Lamictal	4
Ativan	3
Celexa	2
Zoloft	2
Wellbutrin	2
Buspar	2
Cymbalta	2
Bupropion XL	1
Bupropion HCL	1
Synthroid	1
Birth Control	1
Seroquel	1
Effexor	1
Ritalin	1
Amitryptaline	1
Lexapro	1
Lithium	1
Sertraline	1
Topomax	1
Vyvanse	1
Xanax	1
Ambien	1
Trazadone	1
Trazadone HCL	1
Venlafaxine XR	1
SSRI (Unspecified)	1
Antidepressant (Unspecified)	1
Beta Blocker (Unspecified)	1

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**Experiences with Counseling Services Offered by School or Program**

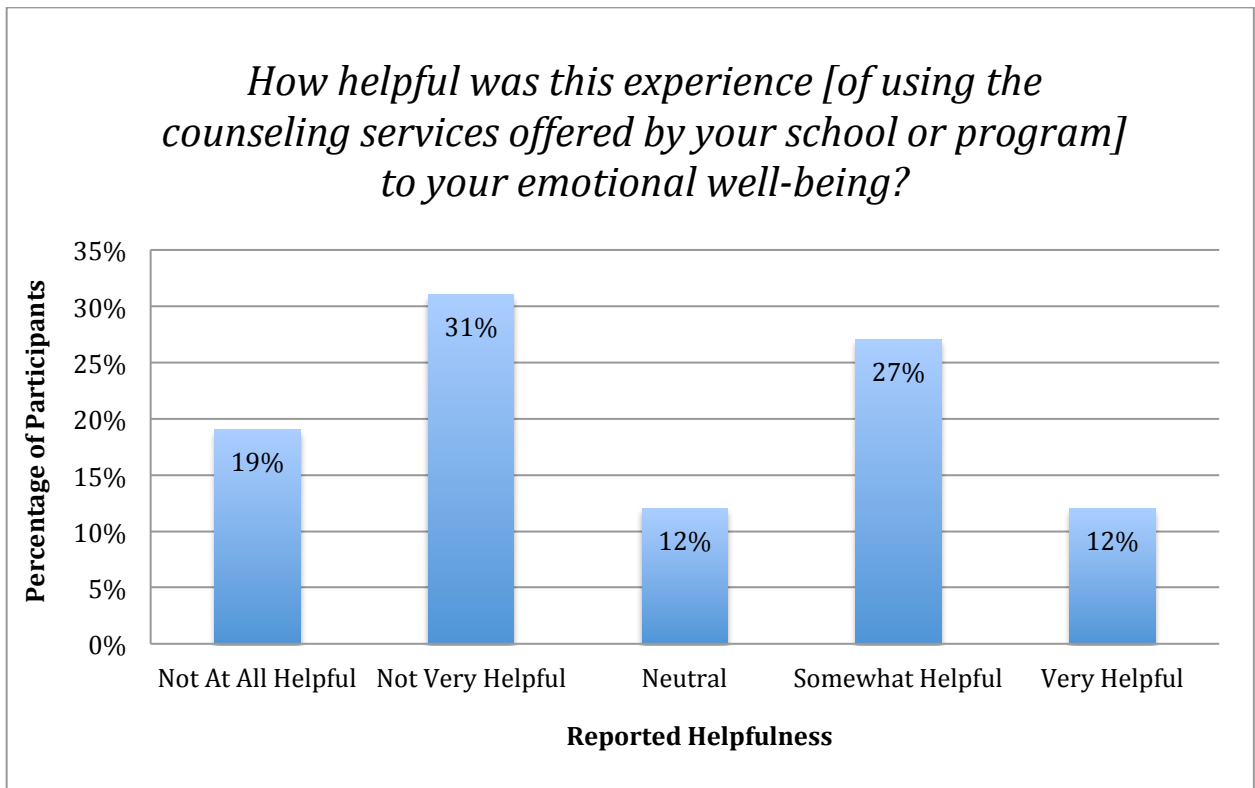
The majority of my sample (72%, n=80) reported that they have not utilized the counseling services offered by their school or program. Twenty three percent (n=25) indicated that they have used counseling services.

Those who did report having used counseling services offered by their school or program were asked to indicate the services' helpfulness in two areas: emotional well-

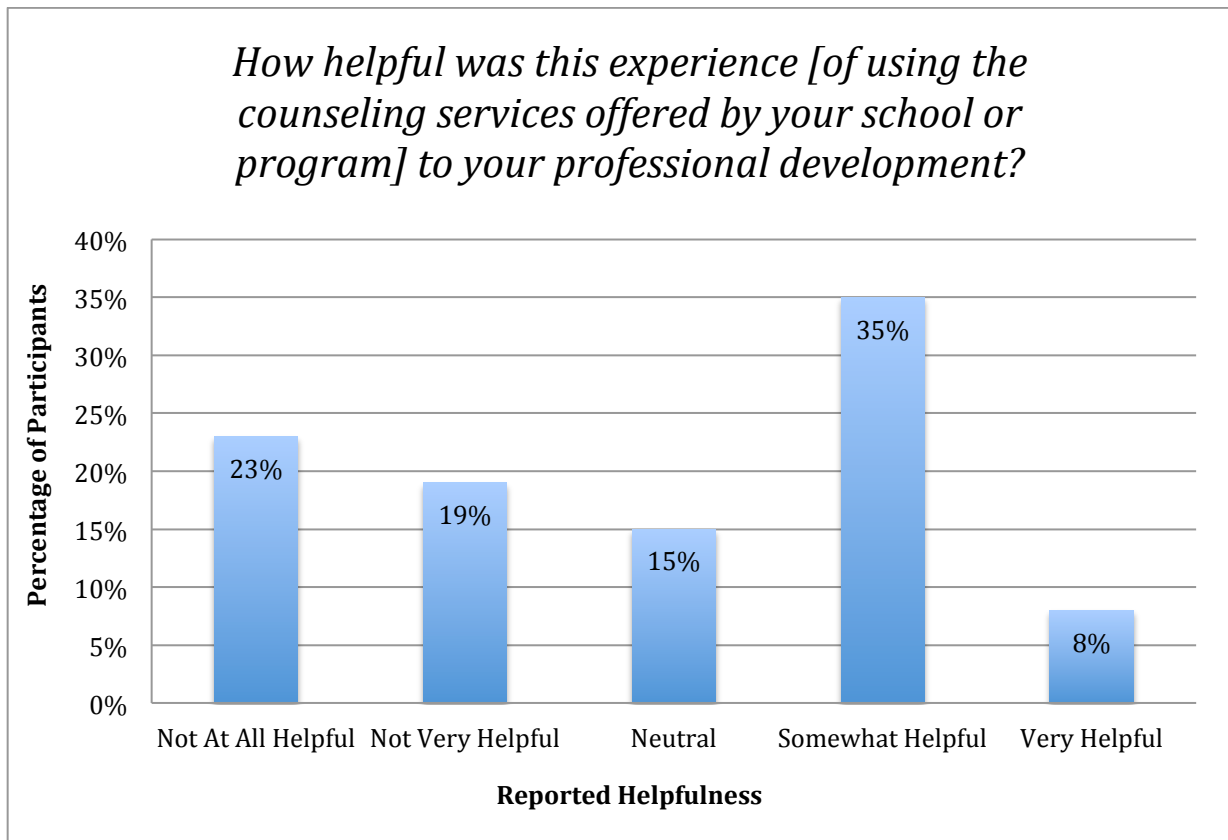


being and professional development. With regard to emotional well-being, 19% (n=5) of these students found the experience to be “not at all helpful,” and 31% (n=8) found it to be “not very helpful.” Twenty seven percent (n=7) reported that it was “somewhat helpful,” and 12% (n=3) found it “very helpful.” Twelve percent (n=3) responded “neutral.” With regard to professional development, 23% (n=6) found the experience to be “not at all helpful,” and 19% (n=5) found it to be “not very helpful.” Thirty five percent (n=9) reported that it was “somewhat helpful,” and 8% (n=2) found it “very helpful.” Fifteen percent (n=4) responded “neutral.” See Graphs 2 and 3.

Graph 2:  
**Reported Helpfulness of School's Counseling Services to Emotional Well-being**



Graph 3:  
**Reported Helpfulness of School's Counseling Services to Professional Development**



Participants also reported in an accompanying text box the ways in which their experiences with these counseling services have enhanced or supported their experience as an MSW student. Respondents primarily expressed that counseling is crucial to their self-care and overall well-being. Some respondents reported using the space to talk about being a student (e.g. managing stress regarding workload), while others use it to reflect on or vent about experiences in field placement. Students also cited the value of gaining self-knowledge and processing feelings of countertransference in order to better show up for their clients.

Respondents also pointed to the benefit of being “on the other side of the couch.” The students noted that being in the clients’ position helped them to develop greater

empathy for their experience, citing both the vulnerability of asking for help, as well as the difficulty of simply finding/accessing services. Students also expressed that being a client allows for mirroring opportunities, as they watch their counselor utilize skills that the students may be learning in their classes. Meanwhile, two students who did not like their counselors expressed that the experience has helped them to identify what *not* to do in their own practice.

While three students expressed that being in counseling hadn't had much impact on their experience as an MSW student, six felt that it in fact had a negative effect. These students primarily cited the insufficient time/number of sessions, and lack of a holistic or supportive approach from their counselor.

### **Experiences with Counseling Services Outside of School or Program**

Of the 111 total participants, 57% (n=63) indicated that they had sought counseling *outside* of their school or program. Of these respondents, 11% (n=12) of these students reported that these services were covered by their program's insurance, 20% (n=22) indicated that they were not, and 26% (n=29) did not know (note that some of these respondents may have been covered by a private insurance).

Asked why they chose to seek counseling outside of their school or program (as opposed to utilizing services offered through their school or program), students gave an array of answers. Many respondents reflected on the small number of sessions allotted to them through their school; they expressed that they preferred to save these free sessions for emergencies, that they were immediately referred out after meeting with a counselor at school, that they were stuck on the waitlist due to insufficient counselors/resources, or that they wanted to engage in longer term work and felt that the limited number of

sessions would feel restrictive and insufficient. Some students also wished to form a relationship with a counselor that could continue on after they finished school.

Meanwhile, a number of students reported already having a preexisting relationship with a therapist in their community, with whom they did not wish to terminate.

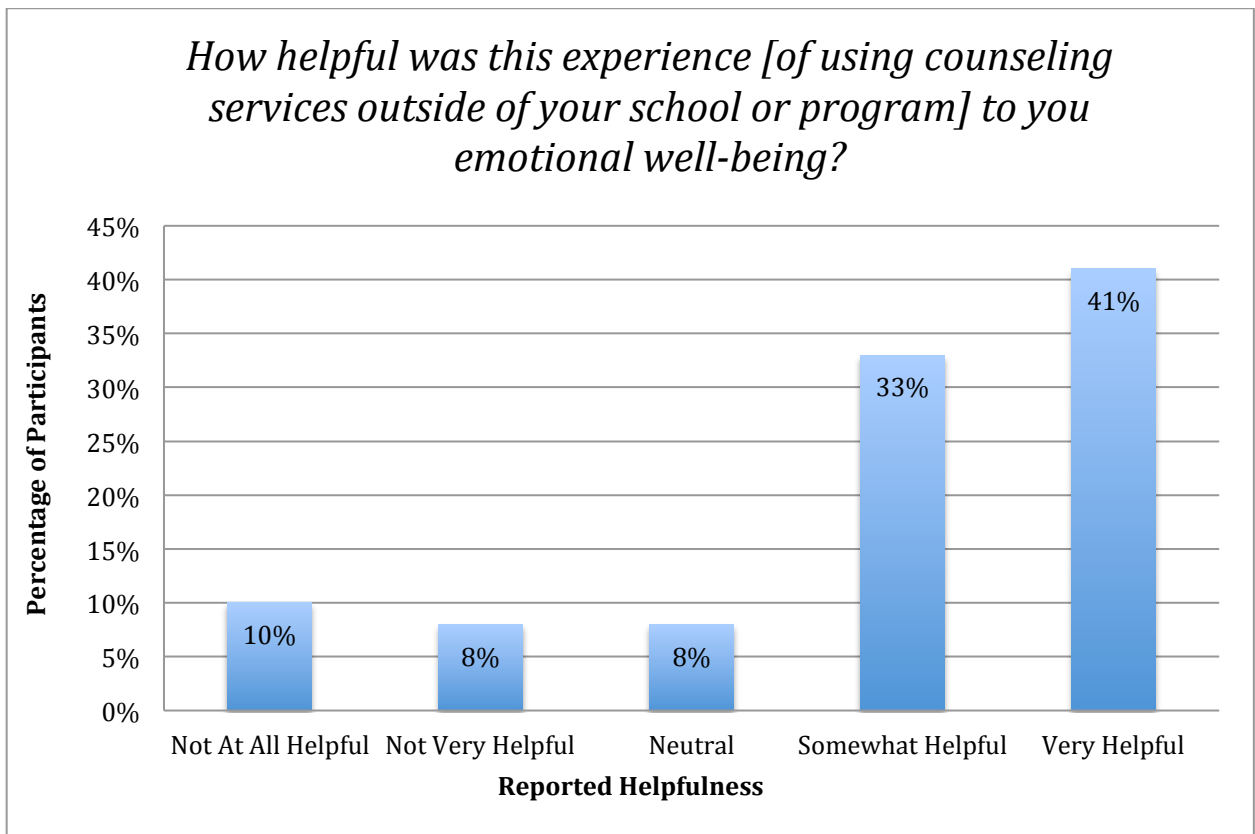
Respondents also expressed a desire to separate their school experience from their counseling experience. This was partly for privacy purposes, as some students wished to remain anonymous and reported that there are student interns working at their schools' centers (as well as other students simply waiting in the same waiting room). Some students reflected that they don't trust the administration (one student referred to them as the "gatekeepers of the profession") and didn't feel certain that their sessions would be confidential.

Meanwhile, a number of students reported seeking counseling in the community because they had heard or assumed that the quality of services at their school was subpar. Additionally, some students wished to choose their provider based on their background and chosen modalities, rather than simply being assigned to whomever was available. Finally, some students simply sought convenience, and services outside of their program were either closer to home or offered better/longer hours.

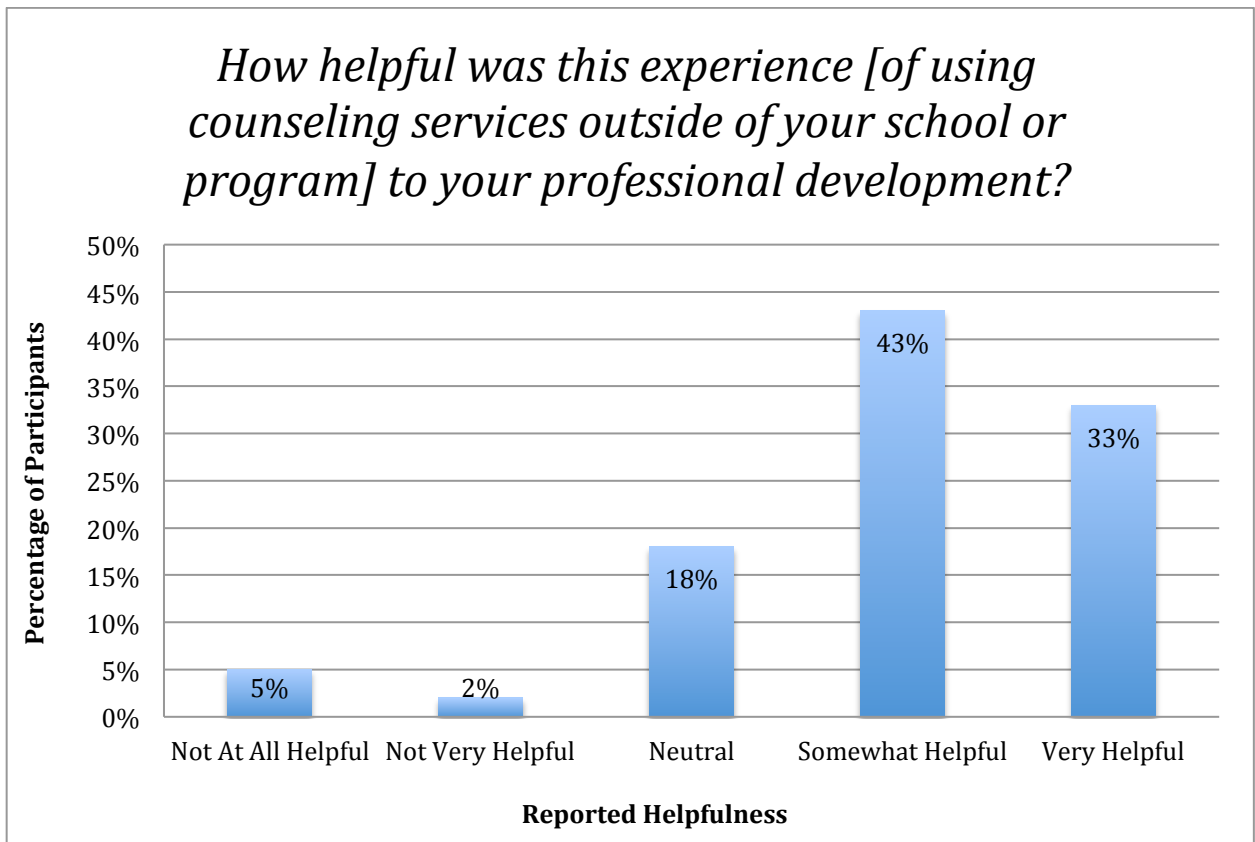
This sample of participants who reported having sought counseling services outside of their programs were also asked to rate the services' helpfulness. With regard to emotional well-being, 10% (n=6) of these students found the experience to be "not at all helpful," and 8% (n=5) found it to be "not very helpful." 33% (n=21) reported that it was "somewhat helpful," and 41% (n=26) found it "very helpful." Eight percent (n=5) responded "neutral." With regard to professional development, 5% (n=3) found the

experience to be “not at all helpful,” and 2% (n=1) found it to be “not very helpful.” 43% (n=27) reported that it was “somewhat helpful,” and 33% (n=21) found it “very helpful.” 18% (n=11) responded “neutral.” See Graphs 4 and 5.

Graph 4:  
**Reported Helpfulness of Counseling Services Sought Outside of School to Emotional Well-being**



Graph 5:  
**Reported Helpfulness of Counseling Services Sought Outside of School to Professional Development**



These respondents who had indicated that they had sought counseling services outside of their school or program were also asked to report the ways in which their experiences enhanced or supported their MSW experience. Many of the responses echoed those acknowledged by the participants who reported seeking counseling through their programs. Respondents stressed the importance of self-care and the personal benefits of having a place to vent (particularly, for this group, one that was outside of the context of their school or program, to gain some distance). Respondents also reported using this space to discuss performance anxiety and how to manage the stress of their programs. One student expressed that therapy helped them remain in the program in the midst of some mental health difficulties.

Respondents once again highlighted the benefit of being on the “other side of the couch” and empathizing with the client experience. Respondents also reported that they used the space as a sort of clinical consultation, exploring countertransference and vicarious trauma in a more nuanced and personal way than they could in supervision. They also pointed to the benefits of better understanding their emotional functioning and tendencies, noting that this self-knowledge is not only personally satisfying, but also helps them to be more present, available, and confident in the room with their own clients.

Participants also spoke of their personal therapists as mentors, noting their ability to provide insight about the larger field of social work and empathize with the student’s experience. The students also appreciated the opportunity to observe their therapists’ practice and gain tools and interventions for their work with their own clients. Meanwhile, as with the group who sought therapy through their programs, respondents reported that personal therapy helped them identify what not to do in their own practice, and four students simply expressed that personal therapy has *not* enhanced or supported their MSW experience (with no particular explanations).

### **Other Services Contributing to Well-Being**

In addition to the formal counseling services offered by their programs, participants also commented on other services offered by their school or program that have contributed to their well-being (e.g. support groups, mindfulness groups, religious groups). 34% (n=38) of participants indicated that they had utilized services of this nature; see Table 9 for a list of some of the services they named, broken down into themes.

Table 9:  
**Other Services Offered by Schools or Programs that have Contributed to Students’ Well-being**

Services	Participants
Support groups (self-care, grief, etc.)	14
Meditation/mindfulness groups or classes	11
Student identity-based groups/organizations/advocacy groups	9
Religious groups	9
Don’t attend any because don’t have time	5
Access to the gym	3
Yoga classes, or designated space for yoga and meditation	3
Therapy dogs	3
Monthly organized meet up with students to talk about current topics	2
Residential life	1
Free transportation in the city	1
“None are offered that I am aware of”	1
Informal peer support	1

Students also commented on the ways in which these services have been helpful to them. The primary response was that they reduced stress and helped students to relax, decompress, calm down, feel grounded, and gain mind-body awareness and mindfulness. Respondents also appreciated opportunities to connect with other students (particularly others with similar marginalized identities) and access community support. Students enjoyed talking about racism, social justice, clinical issues, and frustrations with their institutions in spaces that felt safer than the classroom. One respondent expressed that they preferred these sorts of spaces to the counseling services offered through their program, as they did not want to be “pathologized by a mental health professional affiliated with [their] school.”

### **Students Who Have Not Sought Counseling**

Of the participants who indicated that they have not sought counseling, either through their program or elsewhere (n=36), 61% (n=22) expressed that they would be



interested in seeking counseling in the future. 39% (n=14) reported “maybe.” Notably, there were zero participants who indicated that they would not be interested in seeking counseling in the future.

This sample of participants who have not sought counseling were also asked why they have chosen not to. At least half of the respondents asserted that they didn’t believe therapy was necessary for them at this time. Some students expressed that they find support/stress-relief elsewhere – through friends, family, professors, the gym, etc. Many students also expressed that they simply didn’t have the time to fit therapy into their lives. Additional barriers were affordability, inability to find someone who takes their insurance, and insufficient resources at school (either they were on a waitlist or had used up their free allotted sessions). One student expressed that they didn’t know where/how to seek therapy, one had just terminated with their last therapist and didn’t want to go through the process of starting over with someone new, and one expressed that it was difficult to find an agency or private practice where they didn’t already know the staff professionally.

These respondents were also asked what they might hope to gain if they were to seek counseling in the future. Most students listed general support needs, such as managing anxiety and life stressors, both personal and related specifically to the field. A few respondents expressed a desire to learn about themselves “in order to help others learn about themselves,” and to “process their personal history in the context of working in this field.” One student reported that they would use the space to think about their professional future, and one expressed the belief that “everyone can benefit from counseling.”

Finally, these respondents were asked what additional support they would need in order to consider seeking personal counseling in the future. Of the ten respondents who answered this question, four responded “nothing,” or that they would seek it if they felt that they needed it. An additional three respondents expressed that they would need people they care about to push them to seek it, or at least to emotionally support the process; one student additionally expressed that they would need more support and acceptance from the social work community in general so that they wouldn’t feel pathologized. Finally, students would need services to be convenient, available, and high quality.

### **Overall Satisfaction With Services Offered**

When participants were asked to rate their overall satisfaction with the counseling services and other mental health supports offered by their school or program, the responses varied. 13% were “somewhat” or “very” satisfied, while 31% were “not very” or “not at all” satisfied. 50% responded “neutral.” Their opinions as to what they would change about the counseling services and other mental health supports offered by their school or program are broken down into themes below.

**Availability/Resources** When participants were asked what they would change about the services offered by their schools, availability appeared to be the greatest concern. Fifteen of the total responses cited the limited number of sessions allotted to students. One student expressed that “the limit of three sessions [at my program] is preposterous and not in line with the MSW program’s teachings around what therapy is,” and that that is “barely long enough to build rapport with a therapist.” Another student noted that “a limited number of sessions encourages hoarding and turns therapy into a

limited resource instead of something that requires regular use to create more lasting effects.”

An additional 14 student responses regarded a desire for more availability and a shorter wait time to schedule appointments. One student wrote, “I would expect them to have openings for students who are requesting and needing services!” One student also pointed to the need for systems to be put in place to support students in crisis. For those who sought to utilize additional resources offered on campus, it was also disappointing when yoga or mindfulness classes had limited space for students and filled up quickly.

The requests for more allotted sessions and for more availability appear to be interlocked, as respondents noted that if their counseling centers had a larger number of therapists on staff, wait times would be shorter *and* there would be sufficient space for students to have more sessions throughout the year. Additionally, two respondents expressed remorse that the current staff at their programs’ counseling centers were overworked and underpaid. One student wrote, “I have heard that clinicians have quit because they did not feel that they had the time to ethically serve their clients because of so many people wanting their services and not enough counselors on staff.” Another expressed that “my counselor showed me her monthly schedule with full appointments only empty spots for her lunch. She looked somewhat tired for her full schedules.”

Respondents also spoke to the complicated, time consuming, and at times unwelcoming process of setting up an appointment at the counseling center. Students expressed that it was difficult to make appointments, and that the center could generally be made to feel more approachable. One student wrote, “While online message systems are great and all, they shouldn’t exist alone. I really just want getting an appointment to

be straightforward. Like I call and you answer. Or I walk in and I talk to someone.”

Another student felt frustrated by the lengthy intake process, which they felt “is absolutely a barrier to students and deters some students from seeking services.”

Additionally, students expressed frustration with counselors’ tendency to immediately refer students out, rather than taking the time to support their needs.

**Better advertisement** Another theme that many respondents pointed to was simply a need for better advertising; of the 76 total responses, 26 of them noted that students should be made more aware of the services made available to them through their counseling centers. Participants expressed that “[their] school doesn’t advertise what is available” and that “[they were] never told about counseling services.” Students felt that “they should let us know that they exist and how they operate.” They expressed that supports should be more “widely publicized” and better known to students. One respondent wrote, “I wish they would advertise more because I don’t know enough about them.”

**Accessibility** Time and location of services were two themes that came up frequently in students’ responses as well. Respondents expressed an array of frustrations concerning the location of counseling services, though their needs were at times conflicting. One student requested on-site services, noting that at their school, MSW students had to make a separate trip to the main campus, which is some distance away, to access services. Another expressed that “having a social work counselor right in the school that you could meet with would be really really convenient and might make me more likely to attend, since it would be right in my own building and with people I know.”

Meanwhile, another student requested having an office for counseling services *outside* of the social work building, to make accessing services a more private experience. Another student echoed the need for services to be offered in more discrete locations, additionally suggesting that their school “consider having a separate waiting room apart from the physical health services – I have seen this at other schools I have attended and appreciated it tremendously.”

Students also suggested that counseling appointments be available at a wider array of times, particularly so as to not conflict with students’ class schedules. One student wrote that “only providing services during the day restricts students such as myself from attending due to long school and work days.” They also expressed frustration with the lack of services created specifically for MSW students. One respondent requested “a separate set of resources available to the MSW students because the undergraduate community is much larger and often takes up most of the opportunities for counseling.”

**Support/Encouragement** A number of students noted in their responses a desire for more support and facilitation through the process of seeking counseling services through their program or in the community. Students expressed that “personal therapy should be strongly encouraged if not required for a clinical program” and that counseling services should provide students with referrals to mental health services in the community and “actively support students in finding mental health care.” One student expressed that “information regarding locating sliding fee therapy should be made more accessible.” Another student expressed that “if I wanted to use [my program’s] counseling services, I feel like I would have to figure everything out on my own. I’m sure

I could ask a professor or an advisor but it wouldn't be a response from the program itself.”

One student requested more advocacy and support around insurance issues, in particular, and a number of students expressed a desire for their school or provide better insurance that would cover therapy costs without a large copay. As one student expressed, “we need better insurance!!! It is upsetting that we do not have easy access to mental health support that our insurance will cover up front.” One student argued that all counseling services should be heavily subsidized, if not paid for, by the school itself.

Additionally, students spoke to the stigma surrounding mental health in their programs. Students argued that personal therapy should be more encouraged, if not required, by institutions, and it should not be pathologized by the community. Furthermore, students expressed a desire for social workers' personal mental health needs to be integrated more thoroughly into curriculum and discussed in the classroom.

**Quality of services/personnel** Another theme that was quite prominent in students' responses was the quality of services offered by their programs. Respondents expressed a desire for more skilled staff in general, and one student spoke to a need for a “dramatic overhaul,” replacing current staff with therapists who are more supportive and sensitive, and whom students can trust. One student wrote, “I have never gone [to the counseling center] because I have heard that they are useless.”

Students also expressed desire for more diverse and anti-oppressive counselors. In general, students wished to see a more expansive array of therapy models, degrees (e.g. more than just psychologists and psychologists), and simply number of counselors to choose from. One student expressed desire for more counselors who are “aware of the

unique experiences of MSW students,” which may not exist in counseling centers at larger institutions that cater to students obtaining other degrees, as well.

This need for a wide array of services offered specifically for MSW students was echoed throughout the responses. One student wrote, “I think it’s unacceptable and shameful for a social work program to not offer these services to their students.” Another noted that “many of us are too hurt to be successful therapists because of our own mental health, which is not good for ourselves, our clients, the institution, or the field.”

**Other ideas/specific suggestions** Below are a list of some of the more specific suggestions and ideas generated by respondents, some of which may be tailored to their specific programs:

- “I would like to see the creation of a network of providers (preferably [my school’s] alumni) that will provide therapy with a sliding scale charge.
- “Have programs geared specifically toward MSW students.”
- “I think [my institution] should drop their advising department and acquire their own mental health center. It is literally a school filled with therapists and people who need them.”
- “Create an accessible national network of alumni who are willing to offer significantly reduced fee psychotherapy for current students. Assign a staff member to publish and keep the list up-to-date on the website, making it accessible to all current students. In exchange for seeing students at a significantly reduced fee, [institution] could offer access to free conferences and trainings for therapist alumni who participate in the program. Tell all incoming students about this list and encourage all students to take advantage of psychotherapy both for

their own self-care and healing, as well as their professional growth as clinical social workers in training.”

- “Maybe the school could provide a brief assessment to help us determine what we might want to work on in counseling.”
- “It would be helpful to have other informal resources like support groups, etc.”
- “I would recommend that [my institution] offer a support group for students, even multiple support groups based on cohort, mental health, trauma, etc.”

**Should Personal Counseling be Required?**

Asked whether clinical social workers should be required to seek personal counseling during their training, the majority of respondents (66%, n=73) responded “yes.” 14% (n=15) of respondents said “no,” and 14% (n=15) said “I don’t know.” See Table 10:

Table 10:  
**Should clinical social workers be required to seek personal counseling during their training?**

Yes	No	I Don’t Know
73	15	15
66%	14%	14%

Below is an overview of some themes that came up when respondents were asked to explain their reasoning, broken down into those who believe personal therapy should be required and those who don’t.

**Arguments FOR mandatory counseling** As expressed in previous responses, students’ greatest reason for valuing personal counseling was the opportunity to experience the client perspective – to “be on the other side of the couch.” As one student



explained it, “If you have never been [to therapy], I think that could be a big problem because you don’t understand the process, the leap it takes to go, the exhaustion you experience when working through deep issues.” Similarly, another respondent noted, “having never been to a therapist, beginning clinicians might not understand how challenging it is to enroll in services and show up for the first session, or how emotionally taxing it is to be vulnerable to a stranger.” Students also spoke to the relationship between the therapist and client, stating that “it’s difficult to replicate the therapeutic relationship if you have no other healthy/positive examples of one!” Another student wrote that “we are expected to just know how to manage the power differential inherent, and I think it’s good to actually feel it.”

Students also pointed to the difficult, disorienting, and at times triggering nature of clinical social work. One student noted that “going into [social work] and having your full time job be holding other people’s difficulty and pain has its impacts.” Another expressed that “however much we love this profession, it does use our emotional and psychic energy.” Students spoke to vicarious trauma and burn out, noting that “counseling would be very beneficial to help deal with the secondary trauma we experience in the field” and that “it is beneficial for social workers who tend to have a high burnout rate to get the help they need to be successful in the long term.”

Respondents also noted that this work can be particularly draining for MSW students, who are being challenged both academically and emotionally. One student stated that “[their] MSW program is exceedingly demanding, even on top of the clinical work that [they] are doing, and pushes [them] to [their] limits.” Another student wrote, “I highly doubt anyone can go through school without feelings being brought up about the

things they are learning.” Personal therapy, it was argued, is “beneficial to helping students balance the stressors [students] might face at internship sites, classes, life, etc.,” and it “gives [students] an outlet to process their training or to process any fears, difficulties, or emotions that get triggered through their training.”

Students went on to stress the importance of self-care and the role that therapy can play in helping students to “stay well.” Respondents acknowledged that “self care is extremely vital in this profession” and that “we must fit into our busy schedules that “self-care” time.” Meanwhile, one student noted that “as a profession, we tend to be great at giving advice and being with others but not prioritizing our own needs.” Another stressed that “as we are being trained to help others, we need to make sure that we are helping ourselves.” It was suggested that “self care should include using other clinicians to safeguard and improve our emotional state.” Additionally, one student mused that including personal therapy as a requirement might “get people into the habit of practicing self-care early on.”

In addition to self-care, respondents stressed the importance of utilizing therapy for personal development and gaining self-knowledge. As one student noted, “one of the major tenants we’ve learned early on in our MSW program is the need to deal with your own “stuff” prior to helping others.” Respondents expressed that “the best clinicians are self-aware and actively engaged in their own healing work.” One student wrote that “knowing oneself is integral to this work – I would never see a therapist who hadn’t done their own therapy.” Another wrote, “personal development is necessary before and during professional development, I’m surprised it’s not a requirement.”

Respondents explained that this self-knowledge is crucial because “it makes [clinicians] more aware of how their personal life affects the care they give to clients.” More specifically, “if a clinician has unresolved issues of their own, it can impact their ability to provide services, and increase the likelihood that they will misuse the therapeutic relationship for their own work.” One student spoke to the “blind spots we have as novice clinicians,” noting that “a seasoned practitioner can help us to see those places that need healing in ourselves that we might not otherwise go to that could cause harm to our clients.”

Students stressed that “as therapists we cannot be so broken that we can’t support our clients,” and one student noted that “many of [their] peers are unfit to be counselors due to their own biases and baggage.” One respondent in fact suggested that “personal therapy can be a way to screen for and address personality types and personal mental health issues which may be contraindicated for work as a clinical social worker.” Another expressed that it “helps to ensure high quality of social workers knowing any issues have been considered.”

Meanwhile, other respondents expressed the reality that many social workers join the field *because* they have their own issues or “baggage,” and that this hardly makes them “unfit” for the field. As one student expressed, “many of my colleagues have experienced trauma...that’s one draw to the profession.” Another student wrote that “it is unacceptable, I think, that [my institution] expects us to be “perfect,” as if we are not also human. It really sends the message that those we treat are lowly human beings – I cannot even begin to explain how annoyed I am that they see our patients as an ‘us’ and ‘them.’”

The above are some of the more general reasons respondents listed as to why personal counseling for MSW students can be beneficial. Regarding more specifically the question of whether it should be required, students had a number of arguments to make. One student pointed out that other fields, such as psychoanalysis and marriage and family therapy, have such a requirement. Another expressed belief that if personal counseling were to be required, more time and resources would be made available for it. One student responded that they would seek counseling if they were required to do so, and that it would serve as motivation. Two respondents also noted that being required to seek counseling while in school could help students get into a habit they can maintain after graduation, reinforcing the message that self-care is an essential component of working in the field.

It is worth noting, additionally, that many of the respondents who argued for requiring personal counseling also noted some caveats. Students stressed that such a requirement would only be fair if it were financially accessible to all students. Students also argued that providing easier access to counseling should be part of a larger reform at institutions in general and that, should a requirement be put in place, programs would have to “work with the students” to avoid getting met with resentment or resistance.

**Arguments AGAINST mandatory counseling** Among those who believe personal counseling should not be a requirement for MSW students, many listed practical concerns. Respondents argued that MSW programs are already time consuming, and that expecting students to complete their course load and also find time for counseling would not be feasible or fair. Students also argued that many students would not be able to afford therapy if they were to be forced to seek it outside of their program. Meanwhile,

one student mused, “while I do believe that personal counseling is helpful and enlightening for MSW candidates, there are probably insufficient resources available to achieve this goal.”

A number of respondents acknowledged that forcing students to do something is not always a beneficial approach. Students noted that without a specific problem in mind, individuals might not be interested in opening up – particularly, one respondent noted, when “a lot of modern therapy revolves around symptoms and their treatment. What if a MSW student doesn’t have specific concerns?” One respondent noted that “forcing students who are not a good fit for counseling or are not at a point where they need counseling would be a waste of time/resources.” Students also argued that forcing therapy on those who don’t want it can in fact be counterproductive and lead to resentment and backlash. As one student expressed, “students hate when schools force them to do things, and I think it would just backfire.”

Building on this idea, one respondent expressed that “clinical social workers already have a ton of policies and procedures that control their behavior related to their professional lives.” Students argued that therapy is “a private experience that can’t be mandated” and that it is “not ethical or in line with social work values to compel clinical social workers to seek it.” Furthermore, one student noted that “social workers don’t force people to participate in services, but empower them to make their own choices.”

Some students felt that students should be trusted to know whether they need therapy and acknowledged that some students have sufficient coping skills already, and one student expressed a belief that most students would seek counseling *regardless* of whether it is required. Other students noted that “[counseling] can be painful and

confusing while actively in school juggling the balance of day to day function,” and that “not every student has the time/money/emotional bandwidth to be in therapy during their program.” One student noted that, “if you’re stuck with a bad therapist, that can only make everything worse.”

One student expressed worry that creating a requirement might send the wrong message and misplace priorities at institutions. They suggested that “requiring clinical social workers to seek personal counseling would effectively shirk the responsibility of professors, field instructors, and advisors from providing support, such as dedicating a portion of supervision hours/lecture content to processing emotional as well as skills-based issues.” The student went on to express that “it might convey the message that clinical social workers need to make time for individual-level self care when many of the burn-out, mental health, and stress-related issues they face have to do with the systemic problems in organizations and government entities.” Meanwhile, two respondents made the case that students already receive supervision at their field placements, and that should be sufficient.

As with those respondents who argued for mandatory personal therapy, some of those arguing against it had caveats, as well. Many respondents expressed strong beliefs that the importance of personal counseling should still be emphasized and supported by the institution. Meanwhile, a couple of students made alternate proposals – one suggested that students need only to have sought therapy within the past five years, and one proposed that students be required to attend just a single session.

## **Summary**

The data presented above reports on students' opinions about the impact of seeking personal therapy while in school. Students reflected on their experiences with counseling services, as accessed through their MSW programs as well as through the community. Participants spoke to the perceived helpfulness of these experiences and commented on the ways in which counseling services could be improved upon at their respective schools. In the following chapter, I will compare these findings to previous research and discuss their implications for the field of clinical social work.

## CHAPTER V

### Discussion

#### Key Findings

In this section I will report on some key findings from my study, comparing the results to previous literature. This section is divided into the following subsections: students' mental health needs, positive impact of personal therapy, reasons not to seek personal therapy, and personal therapy as a requirement.

**Students' mental health needs** Participant responses showed that more than half (58%) of students surveyed identified as struggling "somewhat" or "very much" with mental health. Additionally, a quarter of students surveyed (26%) reported taking medications to support their emotional wellness. While I could not find much previous literature directly pertaining to MSW student mental health or medication use, this data does appear to support Collins' (2006) claim that there are a large number of students in clinical training who experience mental health difficulties and support needs.

While conclusions cannot be made as to why participants in this study identified as struggling with mental health, the previous literature does suggest some likely factors. Addonizio (2000) found MSW students to have moderate to high levels of stress; Seller and Hunter (2005) found that 69% of MSW students had family histories of substance abuse, psychopathology, or violence; Black (1993) found that two-thirds of MSW students had experienced at least one potentially traumatic stressor during childhood; Horton (2009) found that 34% of MSW students had high levels of depressive symptoms and 12% had a history of suicidal ideation. It is also worth noting that participants of the



present study may have varied in their definitions of “mental health;” those who did not identify as struggling may still experience some of the factors listed above.

Of the 111 total participants in this survey, 80% reported that they had sought personal counseling while in school, either through their MSW programs or in the community. While I did not directly ask why students choose to seek counseling, participant responses to open-response questions revealed a number of ways in which personal therapy has been important for them. Students cited a need for self-care, stress management, and a place to vent or reflect on experiences in field placement, among many other factors. Additionally, 37% of students indicated that they had utilized other services offered by their programs to manage their well-being, such as support groups and mindfulness classes. This data suggests that there is indeed a need for personal therapy and other forms of mental health supports among MSW students, and that many do seek it out.

**Positive impacts of personal therapy** There were 88 total students who reported having sought personal therapy, either through their programs or in the community. Of these participants, 65% (n=57) found the experience to be “somewhat” or “very” helpful to their emotional well-being, and 67% (n=59) found it to be “somewhat” or “very” helpful to their professional development.

These positive reviews are consistent with previous literature. In Norcross’s international study of 4000 psychotherapists (2005), 88% of those who had attended personal therapy reported positive benefits, and more than 75% cited the utility of therapy for professional as well as personal development. Similarly, in Lemire’s (2007)

qualitative study of ten practicing clinicians, there was unanimous agreement on the importance of personal therapy as a tool for both self-care and professional care.

Previous research has cited a number of ways in which personal therapy can be beneficial to clinicians' professional development, including improving mastery and technique and increasing conviction about the validity of theories used (Fromm-Reichman, 1950, as cited in Rizq, 2011), improving work functioning and emotional expression (Norcross, 2005), identification with clients and modeling of the personal therapist (Lemire, 2007), resolving personal issues which may interfere with the therapist's work (Halewood and Tribe, 2003), and reducing potentially harmful countertransference and enhancing self awareness and empathy (Prochaska and Norcross, 1983). Regarding personal benefits and effects on emotional well-being, personal therapy has been shown to improve clinicians' self-esteem, social life, characterological conflicts, and symptom severity (Norcross, 2005).

Participants in this study listed many of the same benefits. With regard to professional development, students cited increased self-knowledge and a space to process feelings of countertransference in order to better show up for their clients, increased empathy for their clients' experiences (by "being on the other side of the couch"), and an opportunity to mirror or model their own personal therapist. Regarding emotional well-being, participants appreciated the opportunity to talk about performance anxiety and the stress of being a student, having a place to vent, finding a mentor in the field, and increased self-knowledge (which they described as both professionally beneficial and personally satisfying).

**Reasons not to seek personal therapy** While more than half of students reported having positive experiences with personal therapy, it is worth noting that a significant number of participants found their experiences to be “not very” or “not at all” helpful to their emotional wellbeing and professional development. Of the 88 total students who reported having sought personal therapy, either through their program or in the community, 28% (n=24) found the experience to be “not at all” or “not very” helpful to their emotional well-being, and an additional 9% (n=8) responded “neutral.” With regard to professional development, 18% (n=15) found personal therapy to be “not at all” or “not very” helpful, and an additional 18% (n=15) responded “neutral.”

While students did not directly comment on why these experiences were unhelpful to them, previous research does suggest that there may be more risk than benefit to clinicians seeking personal therapy in certain cases (Atkinson, 2006). Bellows (2007) points out the potential for increased distress, as well as role confusion due to alternating from therapist to client. Additionally, participants in Kumari’s study (2011) described being too preoccupied with their own issues that came up in therapy and therefore less emotionally available to their clients.

However, it is important to note that in the present study, students who sought personal therapy through their school differed in their responses from those students who sought personal therapy in the community. Students who sought personal therapy in the community more frequently rated the experience as “somewhat” or “very” helpful to their emotional well-being and professional development (74% and 76%, respectively) than did students who sought personal therapy through their school (39% and 43%, respectively). Meanwhile, fewer students who sought personal therapy in the community

rated the experience as “not at all” or “not very” helpful to their emotional well-being and professional development (18% and 7%, respectively), compared to those who sought personal therapy through their school (50% and 42%, respectively).

These findings suggest that students find the counseling services offered through their schools to be less helpful than those accessed through the community. Additionally, when students commented on their overall satisfaction with their programs’ counseling services, only 13% reported feeling “somewhat” or “very” satisfied. Students expressed dissatisfaction with resources and accessibility (e.g. insufficient number of free counseling sessions allotted to students, as well insufficient locations and times, and long waitlists), lack of advertisement (e.g. students did not know what services were available to them), and overall quality of services and personnel. I will discuss the impacts and implications of these findings in the Implications for Social Work section of this chapter.

Meanwhile, 36 participants in this study (32%) reported not having sought personal therapy at all during their time as MSW students, either through their schools or the community. These students’ reasons for not seeking therapy included reported lack of need, insufficient resources at their school, and inability to afford alternate, private services. Many students additionally pointed to a lack of free time, echoing Kumari’s (2011) assertion that MSW students often feel stressed by the intense pressure of requirements and do not have the capacity to fit more commitments into their already stretched schedules.

**Personal therapy as a requirement** Asked whether personal therapy should be required for MSW students, 66% of my sample (n=73) believed it should, 14% (n=15) believed it should not, and 14% (n=15) were not sure. These findings are relatively

consistent with previous literature, though it is worth noting that the studies I found that directly addressed requirements are rather outdated. In Mowrey's (2009) survey of 78 graduate students and professionals from various mental health disciplines, 95% of participants believed personal therapy would be *helpful* for clinicians-in-training, though only 56% believed it should be required. Meanwhile, Pope and Tabachnick (1994) found that 70% of psychologists believed that clinical graduate programs should "probably" or "absolutely" require personal therapy.

Participants in my study listed a variety of reasons why they felt personal therapy should be required for MSW students. Echoing claims made by Guy and Liaboe (1986), some students felt that individual counseling can serve to reduce the "negative effects" of clinical work that can ultimately lead to burn out – students, for instance, pointed to the usefulness of having a space to process triggering content and countertransference. Students also found it helpful to experience therapy from the client perspective in order to increase empathy for the process.

Other participants argued that personal therapy should *not* be required for MSW students. Students asserted that many students would not be able to afford personal therapy if they were required to pay out of pocket, echoing Garfield's assertion that personal therapy requires a significant output of money on the part of the trainee, not to mention as an abundance of professional resources (1976). If MSW programs were to require students to seek personal therapy, students argued, they would need to offer free, accessible services to all students. Meanwhile, other students acknowledged that such resources would be wasted on those students who do not feel they need therapy; as

Atkinson (2006) acknowledged, there may be more risk than benefit to a student seeking therapy simply because they feel that they “should.”

It is worth noting that while students varied in their opinions about requiring personal therapy for MSW students, many appeared to agree with Collins’ assertion that programs should give particular attention to students’ mental health and support needs, and that the importance of personal counseling should be emphasized and supported by institutions, even if it isn’t required (2006).

### **Implications for social work**

When participants of this study were asked to rate their overall satisfaction with the counseling services and other mental health supports offered by their school or program, only 13% were “somewhat” or “very satisfied,” and half of the sample was “neutral.” An additional 31% of students were “not very” or “not at all” satisfied. Meanwhile, a significant number of MSW students – both in this study and as reported in previous literature – have mental health needs. That these students are not satisfied by the counseling services offered by their schools is, to me, concerning and problematic. As noted earlier in this chapter, MSW students do report struggling with mental health, and they do benefit from counseling and support. What is lacking, it seems, are sufficient quality resources made available to them at school.

One important point of concern voiced by some participants in this study was the small number of free sessions made available to students through the counseling center per year. Of the 49 students who reported on their programs’ allotted number of free sessions (excluding those who wrote “I don’t know” or who did not answer the question), 57% (n=28) listed a total of 10 sessions or fewer. Of those students, 18 (65%) reported

receiving as little as 5 or fewer free sessions. Participants expressed that attending such a small number of sessions with a therapist is “hardly even worth it” and that no real work can be done in such little time.

Moreover, students expressed difficulty obtaining these sessions at all, often finding themselves on long waitlists. This issue appeared to be particularly present at institutions whose counseling services were available to the entire student body across various disciplines, thus leaving fewer slots available for MSW students. Given the unique and persistent mental health and support needs of clinical social work students, MSW programs might consider offering specific resources for their students, if they do not already.

Of course, not all institutions are realistically capable of funding such robust services for their students; however, even those students who sought to find services in the community (due either to using up their free sessions, being stuck on a waitlist, or simply personal preference) felt unsupported in this process. Students ran into insurance issues, struggled to find private practitioners with open availability, or simply didn’t even know where or how to begin looking for a personal therapist. MSW programs should take care to ensure that those who do choose to seek counseling outside of school feel guided and supported in the endeavor.

Meanwhile, another concern raised in this study was students’ relative lack of knowledge about the services that ARE available through their schools. Asked to report on the number of counseling sessions allotted to them, 34 students reported that they did not know (notably, 62 participants declined to answer this text box question; it is possible this was because they, too, did not know). Additionally, 37% of these students did not

know whether these counseling sessions were free for students. In comments about their overall satisfaction with counseling services at their schools, students acknowledged this flaw, noting that their “school[s] [don’t] advertise what is available” and that services and supports should be more widely publicized. Indeed, it is imperative for MSW programs to ensure that their students know what services are available to them.

The student voices in this study call for somewhat of a culture shift in the ways student mental health is talked about in their schools – by clinicians, administrators, and professors alike. Participants expressed a desire for student needs to be acknowledged and validated, and for personal therapy to be supported and even encouraged by staff. Additionally, the comments made by students in this study reveal a rather problematic tendency for institutions to pathologize mental illness and “see our patients as an ‘us’ and ‘them.’” In addition to prioritizing quality counseling services for students, institutions must recognize MSW students as complex human beings that are not necessarily so different from the clients that they treat. Students should not be made to feel that they cannot disclose their mental health needs to professors or supervisors out of fear that they will be “gatekept” from the profession.

### **Limitations and Biases**

There are several limitations to be acknowledged in this study. First, it is important to consider the scope of my sample. As can be seen in the breakdown of schools presented in the Methodology section, some programs were far more highly represented than others. For example, a large percentage of my overall sample attends the Smith College School for Social Work. This is unsurprising given my own status as a student at this institution and the fact that I used snowball sampling to recruit participants



(thus reaching my own colleagues more quickly and consistently than any others).

Because of this uneven representation, certain programs' counseling services are inevitably rated more heavily than others. Thus, complaints or critiques that are named more than once throughout my study may simply be referring to one program's services.

Meanwhile, not all MSW programs in the United States are represented in this survey, as there were simply too many programs for me to reach out to every one. Among those programs whose administrators I did contact directly, not every one agreed to distribute the survey to their student body. Furthermore, my own personal connections – those on whom I relied to spread my survey to MSW students that they knew – are a relatively homogenous group (for example, most are from New England).

It is also worth considering that those who gravitated towards my survey were more likely to have a strong opinion about my study topic. I did not require students to have utilized their schools' counseling services in order to participate; however, many who hadn't seemed to have noteworthy reasons for it (e.g. those students who regretfully chose not to use services because they had heard the quality was subpar). I was likely, from the start, to attract more students who were eager for the opportunity to express their frustrations than those who had no opinion or were passively satisfied.

### **Recommendations for Future Research**

In this study, I only asked participants to comment on the ways in which attending personal therapy enhanced or supported their experience as MSW students – I did not ask how it may have *hindered* them. While some previous literature has spoken to potential downsides to seeking personal therapy as a clinician, none has directly asked

clinicians-in-training about their negative or harmful experiences. Future research should address this question.

Additionally, very little research has been done to measure the impact of clinicians' personal therapy on their work with clients. While studies have collected clinicians' subjective opinions about the usefulness of personal therapy in their work, it would be beneficial for more clinical trials to be conducted to measure its effects on client satisfaction and symptom severity.

Finally, I would be interested to see more discussion about the concept of the wounded healer in social work, and the ways in which a clinician's own personal "baggage" can serve to either support or hinder the therapeutic process with clients. When we talk about improving mental health supports for MSW students, we cannot ignore the stigma that persists in many institutions. Students in this study spoke to the "us versus them" mentality that they witness in the classroom, separating therapist from client and erasing the possibility for clinicians to have mental health needs, too. Meanwhile, other participants spoke to the reality that "as therapists we cannot be so broken that we can't support our clients," and suggested that some students may simply not be fit to take on this work. This dichotomy ultimately begs the question: how much baggage is too much for the work? Where is the line between "wounded healer" and simply too wounded? And how, ultimately, can clinicians utilize their own personal struggles to help heal, rather than hurt? It is my hope that future research will further address these questions.

## **Conclusion**

The findings from this study reveal a need for MSW programs to reassess the current state of their counseling services, and to prioritize the mental health needs of their students. Research has shown the many perceived benefits, both personal and professional, of clinicians in training seeking their own personal therapy. Additionally, MSW students are faced with a unique set of stressors and are likely to have a wide range of mental health needs. While it is perhaps not advisable, or even feasible, for MSW programs to require that their students seek personal therapy, they do have an obligation to provide quality support for those who may need it. The student voices collected in this study suggest that many institutions still have a ways to go towards achieving this goal.

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**APPENDIX A**  
HSR APPROVAL LETTER  
 **SMITH COLLEGE**

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**School for Social Work**  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

January 5, 2016

Willa Mayo

Dear Willa,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,



Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Pearl Soloff, Research Advisor



**Appendix B**  
FACEBOOK POST

Hi friends!

Are you a social work graduate student in a clinical program or on a clinical track? If so, I could use your help!

I am conducting a study assessing student satisfaction with the quality and quantity of mental health services offered by their MSW programs. If you are a social work graduate student in a clinical program or on a clinical track, you can participate by completing my anonymous, 15 minute online survey. You do NOT need to have utilized counseling services in order to participate – I am interested in your perspective, as well.

You can further assist me by sending this survey along to any clinical MSW graduate students you know! To complete the survey, click on the link below:

[https://qtrial2015q4az1.az1.qualtrics.com/SE/?SID=SV\\_diKvDIWZu1GsaHP](https://qtrial2015q4az1.az1.qualtrics.com/SE/?SID=SV_diKvDIWZu1GsaHP)

Thank you for your help!

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

**APPENDIX C**  
EMAIL TO ACQUAINTANCES

Dear \_\_\_\_\_,

I'm writing to ask for your assistance in finding participants to complete a survey for my Masters thesis at the Smith College School for Social Work. I am exploring student satisfaction with the quality and quantity of mental health services offered by their MSW programs. I am looking for participants who are current social work graduate students in a clinical program or on a clinical track (they do NOT need to have utilized counseling services in order to participate). The survey is anonymous and should take about 15 minutes to complete.

If you wouldn't mind forwarding this email to anyone you know who fits this criteria, I would greatly appreciate it!

To complete the survey, click on this link:

[https://qtrial2015q4az1.az1.qualtrics.com/SE/?SID=SV\\_diKvDIWZu1GsaHP](https://qtrial2015q4az1.az1.qualtrics.com/SE/?SID=SV_diKvDIWZu1GsaHP)

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Thank you for your time and help!

Willa Mayo

MSW Student, Smith College School for Social Work

**APPENDIX D**  
EMAIL TO DEANS

Dear Dean \_\_\_\_\_,

My name is Willa Mayo and I am a current social work graduate student at the Smith College School for Social Work. I'm writing to ask for your assistance in finding participants to complete a survey for my Masters thesis. I am exploring student satisfaction with the quality and quantity of mental health services offered by their MSW programs. I am looking for participants who are current social work graduate students in a clinical program or on a clinical track (they do NOT need to have utilized counseling services in order to participate). The survey is anonymous and should take about 15 minutes to complete.

Might it be possible for you to forward my survey link to students who fit this criteria? Is there someone else I should contact for this request? Please let me know if this would be a possibility, as I am eager to receive feedback from students at many programs across the country.

To access the survey, click on the link below. I have also attached to this email a recruitment flyer that can be passed along to students.

[https://qtrial2015q4az1.az1.qualtrics.com/SE/?SID=SV\\_diKvDIWZu1GsaHP](https://qtrial2015q4az1.az1.qualtrics.com/SE/?SID=SV_diKvDIWZu1GsaHP)

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC)

Thank you for your help,

Willa Mayo  
Smith College School for Social Work, A'16

## **APPENDIX E**

### **INFORMED CONSENT**

Dear participant,

My name is Willa Mayo and I am a social work graduate student at the Smith College School for Social Work. This study seeks to assess student satisfaction with the quality and quantity of mental health services offered to them by their clinical social work graduate programs. I am curious to explore whether MSW students feel sufficiently supported in this realm as they embark on clinical training. This study will be presented as a Master's thesis and may be used in possible future presentations, publications, or dissertations.

Participation in this study will entail completing an online questionnaire that will take about 15-20 minutes. It will consist of both multiple-choice questions and some open-ended responses. Your participation in this study is completely voluntary, and you may refuse to answer any questions in the survey by simply skipping them. Once you have submitted your responses, however, it will be impossible to withdraw from the study, as your data are anonymous and therefore unable to be identified.

All responses in this survey will be completely anonymous. The survey software does not collect names, email addresses, IP addresses, or any other identifying information. All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period.

Although there is no financial incentive for participating in this study, your responses to the survey will allow you to reflect on any experiences you may have had with mental health services throughout your graduate studies and to provide feedback on these experiences. Even if you have not personally sought counseling, I am curious to hear your reflections, as I am interested not only in the quality of these services, but also in their overall availability and accessibility to students. It is my hope that this study will enrich the conversation in the field regarding support needs of MSW students. More specifically, I hope that it will serve to inform graduate programs about the overall level of student satisfaction with regard to the quality and quantity of mental health services offered to them. Results from this study may prompt programs to reassess their current service options in order to ensure they are meeting student needs.

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC). If you have any further questions about any aspect of the study, please feel free to contact me at [wmayo@smith.edu](mailto:wmayo@smith.edu). If you have any additional concerns about your rights as a research participant, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Thank you for your interest in this study. Please select “I agree” below to indicate that you have read and understood the information provided above and have decided to volunteer as a research participant for this study.

**APPENDIX F**  
**SCREENING QUESTIONS**

1. Are you currently attending a Masters of Social Work (MSW) program?  
-Yes  
-No
2. Are you studying to do clinical work (e.g. in a clinical program or on a clinical track)?  
-Yes  
-No

If participants answer no to either of these questions, they will be brought to the following page:

*Thank you!*

*Thank you for your time and interest in this study. Unfortunately, your answers to one or more of the previous questions indicate that you are not eligible to participate.*

*Please share this survey with others who may be eligible to participate by forwarding along the survey link below. Participants must be current MSW students who are in a clinical program or on a clinical track:*

[https://qtrial2015q4az1.az1.qualtrics.com/SE/?SID=SV\\_diKvDIWZu1GsaHP](https://qtrial2015q4az1.az1.qualtrics.com/SE/?SID=SV_diKvDIWZu1GsaHP)

If participants answer yes to both questions, they will move on with the survey (see Appendix F)

**APPENDIX G**  
**SURVEY QUESTIONS**

1. What is your gender identity? (F/M/Other)
2. Which MSW program do you attend? (Text Box)
3. Is your MSW program part of a larger institution (i.e. does the school offer studies in other fields, as well?) (Y/N)
4. Do MSW students have access to counseling services through your school? (Y/N/I don't know)
5. Are these services offered through the larger institution (e.g. available to students in other fields, as well?) (Y/N/I don't know)
6. How many sessions are students allowed per year? (Text Box)
7. Are these sessions free for students? (Y/N/I don't know)
8. Does your school's insurance cover therapy/mental health services outside of school? (Y/N/I don't know)
9. Do you have any private insurance separate from your school's insurance? (Y/N)
  - a. Does it cover mental health services? (Y/N/I don't know)
10. Do you identify as struggling with mental health? (1- Not at all, 2- Not really, 3- Neutral, 4- Somewhat, 5- Very much )
11. Do you currently take any medications to support your emotional wellness? (Y/N)
  - a. What medication do you take? (Text Box)
12. Have you utilized the counseling services provided by your school or program? (Y/N)

**IF YES:**

- a. How helpful was this experience to your emotional well-being? (1- Not at all helpful, 2- Not very helpful, 3- Neutral, 4- Somewhat helpful, 5- Very helpful)
- b. How helpful was this experience to your professional development? (1- Not at all helpful, 2- Not really helpful, 3- Neutral, 4- Somewhat helpful, 5- Very helpful)
- c. In what ways has this experience enhanced or supported your experience as an MSW student? (Text Box)

**IF NO:**

Continue on to question 13

13. Are there other services provided by your school or program that have contributed to your well-being? (e.g. support groups, mindfulness groups, religious groups) (Y(Text Box: Please specify)/N)

a. In what ways have they been helpful? (Text Box)

14. Have you sought counseling outside of your school or program? (Y/N)

IF YES:

a. Was it covered by your school's insurance? (Y/N/I don't know)

b. Why did you choose to seek counseling outside of your school or program (as opposed to utilizing services offered through your school or program)? (Text Box)

c. How helpful was this experience to your emotional well-being? (1- Not at all helpful, 2- Not very helpful, 3- Neutral, 4- Somewhat helpful, 5- Very helpful )

d. How helpful was this experience to your professional development? (1- Not at all helpful, 2- Not really helpful, 3- Neutral, 4- Somewhat helpful, 5- Very helpful)

e. In what ways has this experience enhanced or supported your experience as an MSW student? (Text Box)

IF NO: Continue on to question 15

15. If you have not been in counseling as an MSW student (either through your school or elsewhere), why do you choose not to seek it? (Text Box)

16. Might you be interested in seeking counseling in the future? (Y/N/I don't know)

IF YES:

a. If so, what might you hope to gain? (Text Box)

IF NO:

a. If not, why not? (Text Box)

IF NO OR I DON'T KNOW:

a. What additional support might you need in order to consider seeking personal counseling in the future? (Text Box)

17. How satisfied are you with the counseling services and other mental health supports offered by your school or program? (1- Not at all satisfied, 2- Not very satisfied, 3- Neutral, 4- Somewhat satisfied, 5- Very satisfied)

18. What would you change about the counseling services and other mental health supports offered by your school or program? (Text Box)



19. Do you think that clinical social workers should be required to seek personal counseling during their training? (Y/N/I don't know)
- a. Why or why not? (Text Box)