2006

A Study of Portfolio Use by Mental Health Therapists

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A STUDY OF PORTFOLIO USE BY MENTAL HEALTH THERAPISTS

DISSERTATION

Presented in Partial Fulfillment of the Requirements

for the Degree of Doctor of Philosophy in

Leadership and Education in the Adrian Dominican

School of Education of

Barry University

by

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Barry University

2006

Area of Specialization: Human Resource
Development

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Abstract

The purpose of this study is to explore the question of why mental health practitioners who will use a clinical tool for the developmental benefit of their clients will seemingly not use similar tools for their own career development. The researcher identifies the similarities between the various components of the professional portfolio and the tools employed by the mental therapy community to analyze and develop their clients. After looking at the vast similarities of these tools utilized in the developmental process, the researcher asks why the mental health community so stridently avoids the use of the portfolio process in their own career development. In recognition of the subjective and complex nature of individual and collective choices that inform the decision by mental health practitioners to avoid a widely accepted tool for career development, namely portfolio, a qualitative approach is used to understand this phenomenon. A semi structured interview method is employed to explore the question. The interviews are conducted with a purposeful sampling of seasoned therapists to identify any illuminating patterns present in the responses and to then analyze these patterns for meaning.

DEDICATION

This study is dedicated to my wife Carol-Rae who is my constant inspiration.
I would also like to recognize my professor, Dr. Jia Wang, for her, consistent
professionalism, careful guidance, and unending support throughout this endeavor.

CHAPTER I

INTRODUCTION

It is often the case in our professional as well as our personal lives, that we become so engrossed in the details of our tasks that we lose the perspective of the task's intended purpose. Worse still, caught in the molecular particulars of our responsibilities, we can lose our perspective on the nature and character of our general context and circumstances. This dilemma is captured descriptively in the Danish proverb: "The shoemaker's children always go barefoot." It is understandable that we sometimes lose our way in the mundane monotony of our routine, as would seem to be the case with the poor shoemaker. He may be too tired, too distracted or otherwise preoccupied to focus on his own children's needs. While he may not have wished for his children to be without shoes, in his neglect he commits an act of omission.

The shoemaker's distraction is significantly different from the mindset of the individual who makes a choice, be it conscious or subconscious, to avoid behavior that he requires of others. To demand of others what one is not willing or able to do for ones self is captured in the classical directive, "do as I say, not as I do." There are examples of this in all areas of professional life: the dietician who eats junk food, the heart surgeon who smokes, and the divorced marriage counselor. These are all examples of acts of commission rather than omission.

Professionals by definition hold expertise in their field (www.ethics.ubc.ca). Their deficiencies, if identified, are rarely found in their level of skill, but rather in their myopic view of their world perspective. WorldCom, Enron, and Martha Stewart, for example, were all technically

competent but ethically bankrupt.

There is also a place for professional distance, a need to remain separate from the consumer, with the implication of power held by the professional. In its most optimistic interpretation, this process of separation is one of self-defensiveness, or a struggle for professional objectivity. This has benefits for both the professional and the consumer. This is most apparent in the case of a surgeon's perception of operating on a heart, rather than on a person. Keeping ones distance is required in most professional settings. In an excerpt found online the distinction between western and Chinese professional distance is explained, "Every culture defines proper distance. Westerners, particularly Americans, find that the Chinese comfort zone regarding distance is a bit too close for their comfort"(protocolprofessionals.com). Professionals are taught to stay objective. This is expected by their clients, "A major reason clients and employers value professionals is that they expect professionals to be objective and independent"(www.ethics.ubc.ca).

This same professional objectivity and distance is demanded in the therapeutic relationship. It is this necessary professional objectivity that encourages the separation of the professional from the consumer and therefore, sets the dangerous stage for the potentially myopic and sometimes jaded view. This contractual relationship also has the potential of creating loss for the professional. The loss is the result of his neglect to give to himself what he gives to his clients.

The Problem

The field of mental health uses a variety of tools, techniques, and

instruments to assess, measure, and identify their client's strengths, weaknesses, and tendencies.

In my 15 years in the mental health field as both a supervisor and clinician in a variety of settings, including two of the largest mental health agencies in south Florida, and the largest mental health provider in the Northeast region of the United States, it has been my experience that the most common tools for evaluation of both new hires and the performance evaluation of clinical staff were the use of a 30-45 minute interview, a chronological resume, background screening and a reference check, and evidence of any required training.

These tools have serious limitations; they restricted the employee from having input into the evaluation process. They take a 'moment in time' snapshot that is often out of context with the employee's current performance. The static nature of these appraisal methods renders them irrelevant as learning tools for the growth of the individual or the organization (Bolman & Deal, 1984).

While the definitive text of the mental health field is the diagnostics and systems manual, *DSM-IV-TR* (APA, 2000), numerous self-report and projective measures are available for use in clinical settings, and as McClelland, Koestner, and Weinberger (1989) noted, self-report and projective tests tap different domains of personality. The trained mental health professional is well acquainted with a full spectrum of methodology to determine both the static and dynamic states of his or her client. Proper client assessment is critical to an accurate diagnosis and appropriate treatment plan. In the process of assessment, therapists will often use diagnostic instruments to extract information from the client to confirm the client's actual and potential strengths. Mental health clinicians will

explore the client's accomplishments, skills, and growth capacities, and then will attempt to arrange these findings in a manner that allows the client to better determine a direction of progress toward the client's defined goals. It seems evident that the tools used separately by the therapist mirror the tools, which collectively comprise a formalized portfolio. It would stand to reason that mental health therapists would embrace the portfolio process for their own professional development since it mirrors much of what they do to assist their clients. However, there is a suspicion that it is the opposite which occurs.

A preliminary search of the literature gives little evidence of the use of portfolio as an assessment tool in the career development of mental health therapists. At the same time, the literature reveals widespread use of the portfolio process in the career development of similar professional fields, such as education and nursing. This disparity of non-use versus use of portfolio among disciplines that is contextually similar in both focus and design, specifically mental health versus nursing and teaching, seems to be a glaring gap in the body of knowledge on the subject of portfolio use by mental health clinicians.

Purpose and Research Question

The purpose of this qualitative study is to explore the experience of mental health therapists, who ask their clients to make use of the tools of portfolio, but may or may not utilize these same tools in their professional and personal lives. It is an exploration for understanding.

This study is focused on the use of the portfolio process as a tool for professional development. The portfolio process is used extensively as a tool in professional appraisal and review. It is widely accepted in professions, such as

teaching and nursing. A brief search of EBSCO using the key words "portfolio" and "nursing" or "teaching" resulted in over 26,000 hits, many of these dealing directly with teachers and nurses using portfolio as a career advancement tool. While nursing, teaching, and mental health careers are community based, service oriented, helping professions, it is only mental health therapy that appears to avoid the use of the portfolio process as a career advancement tool. A similar EBSCO search using portfolio with clinician, therapist, and mental health therapist resulted in 28 hits. Most of these dealt with physical therapist's career portfolios. Some of this lack of data dealing with the mental health community could be attributed to the imperfect language of the profession using therapist, clinician, or counselor interchangeably, but certainly there exists a clear gap in the use of portfolio by the mental health field, versus the nursing and teaching professions.

<div align="center">Research Questions</div>

After careful consideration and a preliminary review of the literature, one fundamental question surfaced. The exploration of this question guides the direction and design of this study. Specifically, the question, which emerged from a consideration of this apparent paradox, is:

1. What is the experience of mental health therapists who utilize the components of portfolio for their client's development?

<div align="center">Origin of Interest in the Problem</div>

My own personal interest in this study stems from a basic curiosity about the growth and development of individuals. I have experienced the use of portfolio, or more specifically its particular components, both professionally and

personally as a useful tool in the development and growth of the individual. These components of portfolio can be especially important when the developmental path takes a nontraditional route; this nontraditional path was my personal experience. I am currently a licensed mental health therapist practicing in the southern region of the United States. My career path had a circuitous route. The researcher's career began in the arena of skilled heavy construction, specifically steam fitting. My area of expertise was primarily certified, detailed welding for critical metallurgical applications. The specific settings included high-rise buildings, laboratory and hospital construction, and conventional as well as nuclear power plants. This seemingly divergent duality in careers from the nuts-and-bolts, quantitative world of construction, to the feelings centered, qualitative world of therapy was effectively bridged by the techniques employed within the portfolio process. The simple extraction of basic skills, coupled with the identification of values and aptitudes, allowed me a relatively seamless transition between divergent worlds. This transitional process was brokered by a professional career as a counselor/therapist.

After earning a Master's degree in Marriage and Family Counseling, I entered the mental health field as a practicing clinician. When I advanced into supervisory status, I gained an intense interest in human resource development, a natural evolution from individual development. In my experience the portfolio process, while being utilized by therapists to assist their clients, was seldom used as an assessment or developmental tool by the Human Resource departments in community mental health organizations.

The specific details and inner workings of a formal portfolio did not

become apparent to me until I attended a conference presentation by a colleague

that specifically addressed the portfolio process as it applied to college faculty.

My ensuing conversations and readings began the gradual identification of the

clear gap that exists in the field of mental health regarding the use of portfolio as a

career assessment and development tool for the clinician. This gap led to the

preliminary questions that are now formally addressed in this study.

Conceptual Framework

The following figure is an illustration of the fundamental framework upon

which this study was developed. It points out the underlying process of

assessment contained in portfolio results in observable developmental change that

is a consequence of reflective documentation. The iceberg is a visual illustration

of how portfolio captures what is going on beneath the surface. This observable

vs. the unobservable is demonstrated on the following page.

Figure 1 Iceberg

Observable

Documentation

Quantitative

Behavioral

Operational

Assessment

Qualitative

Cognitive
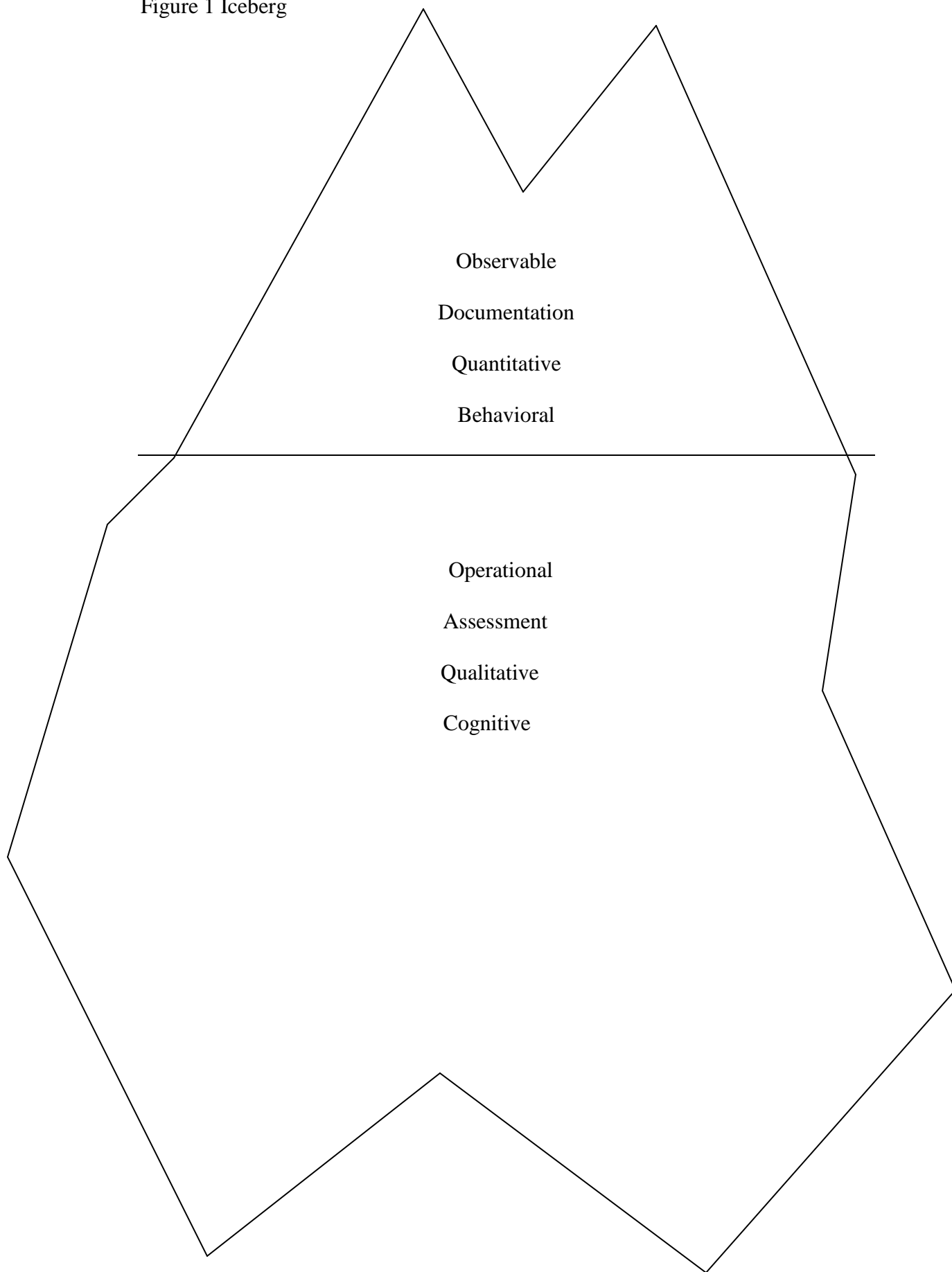
Theoretical Foundation

The assessment must be seen as an active process rather than a static report. The causal relationship that evolves through contemplative assessment of evidential documentation results in higher level developmental choices informed by the operational understandings.

This framework was informed and supported by a variety of disciplines including Human Resources Development (HRD), Psychology, and Adult learning theory.

The theoretical foundation of this study stems from the psychological leg of Swanson's famous three leg stool (Swanson and Holton, 2001). As Swanson points out, "The psychological theory from which HRD can draw is immense. . . Yet it has been poorly interpreted by the profession. Most practitioners grab onto a small and relatively irrelevant slice of psychological theory and act upon it in exaggerated ways." Passmore (1997) informs us, "Psychology is the science of behavior and mental processes of humans and other animals. Beyond that, we have something that resembles a teenager's closet" (p.96). The specific theory models that have informed this study are Gestalt theory, Purposive behaviorism, and Contextual therapy theory.

Gestalt theory, "Gestalt psychologists inform us that we do not see isolated stimuli but stimuli gathered together in meaningful configurations (Swanson & Holton, 2001, p.97). Further theorists contended that human behavior is based on our propensity to see events as connected rather than isolated; Tolman advanced this theory. Human beings look for meaning or purpose; this 'Purposive Behaviorism' sees events as molar rather than molecular (Tolman, 1932). This search by individuals for meaning and purpose is central to the HRD

professional's goal to assist the individual in maximizing his or her potential.

One group of psychological theorist contends that individuals look for, and find meaning and purpose not alone, but with and through others. The origin of this quest is via the family. Beginning in the 1970s family therapy was seen as, "a panacea for all of society's ills" (Okun & Rappaport, 1980, p. 54). The evolution of family therapy has progressed with such names as Carl Whitaker, James Framo, Phil Guerin, Donald Bloch, David Kantor, Thomas Fogarty, John Bell, Peggy Papp, Ivan Boszormenyi-Nagy, and Norman Paul (Okun & Rappaport, p.55). This study will rely upon the theoretical approach of Ivan Boszormenyi-Nagy. He developed a contextual approach to both families and individuals. As Friedman informs us, "The most decisive breakthrough to healing through meeting beyond the intrapsychic has been the work of Ivan Boszormenyi-Nagy. This work culminates in his contextual approach not only to intergenerational family therapy, but to all therapy as well" (Maurice Friedman, 1985 p.147). The use of Nagy's contextual approach has important implications relating to the use of the portfolio process for the therapist in both their professional and personal development.

<div align="center">Significance of the Study</div>

The significance of the study is to advance and enrich the development of the psychological segment of the HRD triad. Specifically, the possible deeper understanding and appreciation of the portfolio process advances an already powerful tool in HRD assessment. Further, the use of the portfolio process in the newer context of the mental health therapist's professional development adds to both the therapeutic community as well as the HRD literature. This study gives

HRD a better interpretive and utilitarian tool for the assessment and development of mental health professionals. Conversely, individuals within the field of mental health therapy have gained a positive tool for their own careers and personal growth.

<div align="center">Working Definitions</div>

It is helpful to have working definitions of the major terms used in this study. These definitions are for the purpose of clarification and understanding.

Portfolio- Although this term comes from the Latin, "to carry papers", its' definition here will be a process rather than an object. The portfolio process is one in which the participant is both expressing their accomplishments to others, as well as reflecting on those accomplishments for themselves. Their self reflection is to better grasp the holistic significance of their experiences and choices. This reflection will allow them to better assess their true skills and potential

Assessment- Assessment is used by therapists and Human Resource professionals. It is an extraction of the primary elements of a reality. The assessment is objective, value free and specific to the experience of the client. Therapists use assessment in order to help their clients to develop more fully or appropriately. In other words, therapists use assessment as a catalyst for development. Development is a byproduct of proper assessment. It is this type of assessment that is referred to in the portfolio process. Portfolio provides a bridge between the organizational needs and the individual's professional needs. In other words, portfolio assists the individual to identify strengths and tendencies within themselves while at simultaneously helping the organization to identify untapped skills to be utilized in future projects. Portfolio serves both the individual and the

organization for current and future growth.

Organization   Individual

Actual→
Potential

Assess for
matching needs to
skills

Portfolio

Actual→ Potential

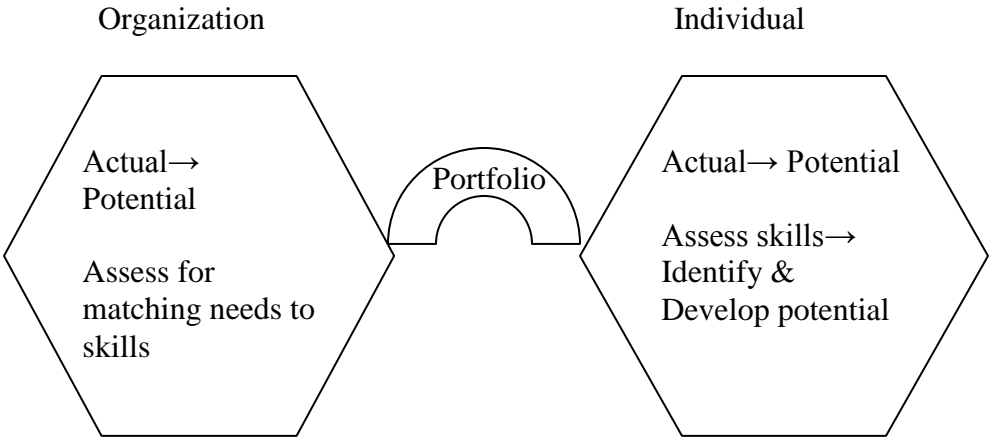Assess skills→
Identify &
Develop potential

Figure 2. Portfolio Bridge

Therapist/Clinician- although these terms are used in a multitude of areas, including Bachelors degree and even Associate degree levels. For this study it refers to Masters degree level individuals who engage their clients in an open and frank dialogue for the expressed purpose of helping their clients to improve in some way, either to relieve negative symptoms or to improve or better their understanding of themselves and their environment.

Clinical Tools- these refer to techniques and methods that therapists utilize to extract, clarify, neutralize, or dramatize the phenomena that are presented by the client. These tools are designed to specifically address the numerous defense mechanisms that the client has unknowingly developed to perpetuate maladaptive behavior. They are designed to work with the individual's own wish to achieve mental health, much the same way a physician will use certain drugs to work with

the body's natural healing process.

Dialogic- This refers to the act of discussing the clients' problems in a manner that requires the therapist to truly listen to the client without interruption. It is important to note that listening intently without speaking, or minimal oral input, constitutes dialogue. It assumes that the act of dialogue itself has a curative effect to the individual, i.e.-"sometimes just talking about it helps." It is a precursor to the power of assessment in therapy; as the individual is dialoguing she/he is listening to her/his own story and self-assessing. In doing so the client begins her/his own development.

Summary

In summary, many of the particulars that comprise the parts of a professional portfolio are either identical or similar to the therapeutic instruments commonly used in mental health. A preliminary search of the existing literature has revealed that the therapeutic community is not currently utilizing these tools to advance their own careers. It also reveals that the HRD professionals in mental health organizations are not utilizing portfolio as an assessment tool in their performance reviews. At the same time the portfolio approach is widely used by a variety of other professionals, including nurses, teachers, architects, and the arts. This apparent gap warrants further exploration and study.

In addition, the apparent paradox of the reluctance on the part of therapists to use an instrument they are familiar with and require their clients to employ is puzzling on the surface, but may reveal a palate of intense and contradictory motives. This complexity is best revealed through the use of a qualitative

approach.

CHAPTER II

REVIEW OF THE LITERATURE

Integrated throughout this chapter is a review of the literature relevant to adult learning and career development, the developmental use of portfolio in HRD, the role of constructivism theory in portfolio, the use of therapeutic life evaluation exercises by clinicians, and the value of experiential performance appraisal and evaluation.

Context

The focus of this chapter is the exploration of professional portfolio in the mental health field. There are two distinct dynamics involved in the use of portfolio: 1) as an assessment tool and 2) as a developmental tool (Brown, 2002). In application, portfolios are assessed for evidence of development (Challis, 1999). It is this developmental component of portfolio that is of primary interest in this study. Specifically, why is there a lack of portfolio application in the development of mental health practitioners while at the same time they utilize the portfolio process to help others develop?

Of particular interest is the apparent dichotomy of the non-use of portfolio for the professional advancement in mental health, versus the common use of portfolio, or its components, by clinicians for the assessment of client growth. Integrated throughout this chapter is a review of the literature relevant to adult learning and career development, the developmental use of portfolio in HRD, the role of constructivism theory in portfolio, the therapeutic life evaluation exercises used by clinicians, and the value of experiential performance appraisal and

evaluation.

<div align="center">Paradigms and Theories</div>

A philosophical paradigm is defined as a "certain set of beliefs that guides action in inquiry or research" (Lincoln & Guba, 1985), Farmer & Rojewski (2001). A paradigm is a world vision. Paradigms guide the research questions, methodology, and data analysis. According to Farmer, the paradigm is the lens the researcher uses to focus the research (Farmer & Rojewski, 2001). This paradigm forms a framework from which the ontological, epistemological and methodological questions evolve regarding research issues, values, and quality (Farmer et al, 2001).

The HRD paradigm that is most applicable to this study is the learning paradigm of Swanson and Holton (2002). The learning paradigm addresses individual, performance based, and whole system learning. The focus of this study will be on individual learning, specifically adult learning (Knowles et al., 1998). The research addresses the three areas of focus in Swanson's learning paradigm: outcome, intervention, and representative research streams. What evolved is a classical example of an if: then phenomena that will frame the research question.

IF:

Therapists do in fact routinely use portfolio, or some components of portfolio, as a therapeutic instrument when working with their clients, and they accept that portfolio is a powerful tool for the assessment and growth of these clients both professionally and personally,

THEN:

Do these same therapists not use portfolio as an assessment tool for their own careers, and what is the stated rationale for personal non-use?

Theory differs from paradigm in that it is more specific and contained within the larger structure of paradigm. We are informed by Ryckman (1982) that a theory is, "a number of interrelated, conceptual statements that are created by investigators to account for a phenomenon or a set of phenomena" (p.19).

The primary theories that were utilized to explore this problem were Tolman's theory, which introduces a behavioral paradigm to the HRD approach, and Nagy, who reached beyond a behavioral mental health paradigm into a cognitive-affect arena. This expanded view of the motivation behind the individual's behavior has parallels to the theories found in adult learning.

Table 1   Working Definitions of Portfolio

Theorist	Definition
Adams	- Portfolio is a deliberate, specific collection of...accomplishments.
Arter	- A portfolio is a purposeful collection of work that tells the story of achievement for growth.

Burch	- Portfolios are a body of work to be assessed, but also evidence of the process by which that work is created, shaped, revised, selected, and presented.
Darling	- A portfolio is a tool for promoting reflective practice, a way of initiating dialogue about learning, and as a vehicle for learning and growth. A narrative that tells a coherent story of one's learning experiences and highlights thoughtful reflection in, and analysis of, these experiences.

_____

Portfolio, according to the Missouri state website, "Is a dynamic, ever growing and changing personal collection of artifacts and reflections used to illustrate accomplishments, learning, strengths, and best works. Although it may contain a resume, the portfolio is more comprehensive and has the advantage of providing letters of references, lists of accomplishments, samples of work, and artifacts. This allows users to demonstrate the knowledge, skills, and abilities they bring to the job, how they evaluate situations and problems, and how they are developing professionally related to an established set of criteria or job related functions". (Missouristae.edu)

Performance Appraisal and Evaluation

The appraisal and evaluation of individuals is an essential function of

HRD (Jette & Werthheim, 1994). It is important for the growth and development

of the organization. The appraisal process is in constant change. It is developed,

improved, and modified for optimal development and growth (Cummings &

Worley, 2001). There are numerous variables that impact on the employees'

perception regarding the appraisal process. This perception impacts the growth

and development of the individual and the organization (Boswell & Boudreau,

2000). The basic issue of concern focuses on: is the object of evaluation by the

organization pertinent to the actual performance of the individual's job duties

(Grote, 1996). Individuals' duties change and grow, expectations are added, or

mutate to meet the needs of the internal or external customer, the organization, or

the team. This renders the job description being applied to the appraisal inaccurate

(Arvey & Murphy, 1998). This creates frustration for the individual since it is not

addressing the areas of concern for the employee (Roberts, 1998). The basic

concern for the individual, the organization, and HRD is: does the assessment

present an accurate indication of the real world issues and problems facing the

organization and its members? Is the assessment tool a practical measure of the

day-to-day issues facing the assessed? (Bretz, Milkovich, & Read, 1992)

Alternative Methods of Appraisal

It is both appropriate and necessary that alternative methods of appraisal

are sought out and utilized (Arvey & Murphy, 1998). Individuals can use self-

assessment and peer based assessments to document their assigned duties and to demonstrate development and learning they experienced during this process (Powell, 2000).

One type of self-assessment is the portfolio. It allows the individual to provide evidence of both performance and learning (Athanses, 1994; Jarvinen & Kohonen, 1995; Jensen & Saylor, 1994; Kneale, 2002; Stuessy & Naizer, 1996; Wildy & Wallace, 1998). It allows the individual to transfer learning to the organization, and to reflect upon experience (Brown, 2002). The portfolio allows the individual the flexibility to demonstrate learning and performance that could not otherwise be shown in the traditional appraisal format (Brown, 2002; Challis, 1999)

In this study, the portfolio process is viewed through the lens of adult learning and the related theories of andragogy, experiential learning, and transformational learning.

<center>Adult Learning Theory</center>

Adult learning theories are pertinent to the portfolio process as it relates to professional development (Brown, 2002). Portfolio as a tool for professional development relies upon theories of adult learning such as andragogy, experiential learning theory, and the examination of personal thoughts and beliefs (Brown, 2002). The theory of andragogy, as developed by Malcolm Knowles, stresses the importance of learning through the application of what is learned in everyday life (Knowles, Holton III, & Swanson, 2001). Portfolio applies this theory of androgogy directly by chronicling the experiences of individuals that impact their

lives and their careers.

Experiential Learning Theory

Experiential learning theory includes an emphasis upon the role of individual reflection in the learning process so that concrete experiences may be understood through abstract conceptualizations (Kolb, 1984). Portfolio is the process of this reflection through which the abstract conceptualizations are developed.

Transformational Learning Theory

Transformational learning theory focuses on the active participation of the individual in the learning process through reflection upon experiences and events. This reflection challenges personal beliefs and mental schemas, which results in the construction of knowledge that further shapes individual behavior (Mezirow, 1991; Swanson & Holton III, 2001) Portfolio creates the structure which allows for this reflection and development of schemas.

Terms such as, reflection on experiences, self-examination, challenging personal beliefs, and integrating connections are terms that are utilized as much in the mental health community as they are in the adult learning field. This parallel of usage is explored later in this chapter.

Constructivism

Constructivism is the principal theoretical background for portfolio use. Constructivism defines learning as a process that involves the continual creation and construction of knowledge through reflection (Fosnot, 1996; Tillema, 2001). Portfolio is the act of continually creating and adding knowledge through

reflection. Portfolios have impacted the personal and professional growth of health care workers, teachers, and other professionals (Coppola, 1999; Fallon & Brown, 2002; Frederick, McMahon, & Shaw Jr., 2000: Lettus, Moessner, & Dooley, 2001; Liebers, 1999; Murray 1995; Tillema, Kessels, & Meijers, 2000).

Traditional appraisal methods are less than adequate in addressing the skills and duties of individuals (Bolman & Deal 1984; Phillips, 2003). One alternative method of appraisal is the portfolio. Portfolio is grounded in adult learning theory in which the individual learns best when abstraction is concretized in experience, and experience is extracted into confirmation. Learning theory, in particular adult learning theory, owes its content as much to the discipline of psychology as it does the discipline of education. Learning theory is a major sub discipline in the theoretical domain of psychology.

<div align="center">Progression of Therapeutic Theory</div>

The field of mental health is grounded in the discipline of psychology. Within the theoretical models of psychology, the principal division over the past century has been whether the focus should be on our behaviors or on our thoughts. The psychological models that form the school of behaviorism argue that only the observable phenomena can legitimately be studied. That observable phenomena consists specifically of observations and measurements made on stimulant and response (Lefrancois, 1982). The theorists who focus on these behaviors are Watson, Skinner, and Pavlov, and form the core of classical behaviorism (Sharf, 1999). With the advent of Sigmund Freud and his theories of operation, that is, questioning the dynamic relationship between the particulars of

stimulus and response, psychology began to explore the non-observable motivation of behavior. In effect the post Freudian theory models in psychology legitimized the exploration of the internal dynamics of cognition and affect, dynamics that reside in the operational plateau. The operational plateau cannot be directly observed, but is experienced indirectly in the observed phenomena of purposeful behavior (Kunkel, 1989). It is the phenomena of thought that is cognition, and the reality of emotion that is affect.

The above deliberate oversimplification of the last century in psychology, illustrates the basic dilemma that faces both the therapist and HRD (Swanson & Holton 2002, pp.130-131) professional; does one pay attention to the behavior or the thought process behind the behavior? Stated more simply, does one focus on the static or the dynamic to encourage development?

"Learning has been defined as changes in behavior that result from experience. The point has been made that the terms learning theory and behavior theory, are employed synonymously. The first orientation assumes that our behavior is, at least in some measure, influenced by the activity that goes on in the brain. We think, have a will, feel, and behave because of the way we think, feel, and intend."(Lefrancois, 1982, p.87)

The behaviorists, Watson, Guthrie, Skinner, and Hull, advocate that only what is observable can be addressed. While the cognitive therapists, Tolman, Gestalt, Bruner, and Piaget, contend that we think, feel and behave because of the way we think, feel, and intend as stated by Lefrancois above.

A Pavlovian stimuli-response-reinforcement is all we can discuss

according to the behaviorist model. This group focuses on the static. Edward Tolman was the first psychologist in North America to begin with a rigid behavioristic orientation and develop a more cognitive than behavioral approach. (Lefrancois, 1982) Tolman was in line with Gestalt theorists that held to the idea "the whole is greater than the sum of its parts". (p.308) The origins of this transition from the external visible actions, to the internal motivations began with Dr. Donald Hebb who asked the question: What occurs during the lapse of time between a stimulus and response? Here we are moving towards the dynamic, it is this dynamic that is critical in portfolio. He concluded that what occurred were "a higher mental processes" (Hebb, 1958, p. 216), or thinking. This opened the door for psychologists and therapists to focus inward on the why rather than the what. It further enhanced the ability of therapists to investigate and assess, and to focus on the whole rather than the parts (Gestalt), and the why (motivation) rather than the what (data). It is this "why" that is the focus of portfolio rather than the "data" of a resume. This is illustrated in table 2.

Table #2 Theories and focus

Theorist	Focus
BEHAVIORISTS	**Observable, Measurable, Visible.**
COGNITIVISTS	**Motivations Thought, Emotion, Perception.**

Therapeutic Techniques and Tools

The purpose of reviewing the tools that are used by therapists is to illustrate that therapists are intimately familiar with the process of self exploration to extract meaning. The primary focus of this study is to ask the question, why do therapists refrain from using these same tools to extract meaning in their own careers? It is with this question in mind that I will review some of these tools.

One of the therapeutic techniques that are used to address the whole referred to in Gestalt theory, and look inward for themes and meanings is the client telling his or her story, or narrative therapy (Epston and White, 1992). This technique is described in *Theories of Psychotherapy and Counseling,*

The narratives or stories that are peoples' lives represent political, cultural, economic, and social influences. When these stories are problem oriented or negative, they often affect the attitude of the clients or family. Their approach is to look for themes and meanings within the clients' stories. (Scharf, 1999, p.530)

Another technique that is often used by systems therapists is the genogram. The genogram is a method of diagramming the demographics of one's family, including ages, gender, dates of birth, death, marriage, and divorce. It also contains the dynamics that occur within this data: addiction, abuse, education, profession, etc. This allows the therapist and client to look for patterns, both positive and negative, which will give insight to the client regarding the reasons for his or her current state (McGoldrick & Gerson, 1985).

Another basic technique and theory of counseling that closely parallels the processes utilized in portfolio is: George Kelly's theory of personal constructs

(Ryckman, 1882), in which constructs or frameworks are developed by the individual to explain and understand the world. The therapist works with the client to point out the direction in which they can proceed toward the solution to their problems. Focus on direction and purposes are key to the portfolio process.

Abraham Maslow is most famous for his classic hierarchical pyramid. Portfolio is focused on achieving Maslow's self actualized pinnacle. In order to place an individual within this hierarchy, Shostrom created the Personal Orientation Inventory (POI), a self-report questionnaire to identify the values and behavior of major importance in the development of self-actualization (Ryckman, 1982). Value identification is a primary function of portfolio.

Carl Rogers developed person-centered therapy. The hallmark of this therapy was unconditional positive regard focused on helping the clients to see themselves in a more positive and flexible light, thus enabling any needed change to occur. One technique that Rogers used was the Q-sort developed by Stephenson (1953). This measured the clients' self concept; Rogers believed the individual's self-concept should change over the course of therapy. The Q-sort identified discrepancies between the actual and ideal concept of self (Ryckman, 1982). Portfolio illuminates any discrepancies between the actual and ideal self through the concrete documentation of experienced successes and acquired skills.

In summary, many of the techniques and tools of therapy, as well as the purpose and extraction methods are similar in design and motive to that of the portfolio process. This provides the crux of the central question of this study.

Psychology's Evolution from Behavior to Thought

Edward Chace Tolman moved the field of psychology from a purely behavioral model into the realm of cognition. He speculated that as organisms experience their environment they learn without reinforcement (latent learning). He saw this as the organism having a purpose, or expectation; he termed this purposive behaviorism, in which learning is acquired through meaningful behavior. "The stimuli which are allowed in are not connected by just simple one-to-one switches to the outgoing responses. Rather the incoming impulses are usually worked over and elaborated in the central control room into a tentative cognitive-like map of the environment. And it is this tentative map, indicating routes and paths and environmental relationships, which finally determine what responses, if any, the animal will finally make."(Tolman, 1948) This new paradigm of learning posited that the individual was an active learner interacting with their environment and responding with new schema when appropriate. This is the genesis of adult learning theory. The basic principles that resulted from his new paradigm are:

(1) Learning is always purposive and goal-directed.

(2) Learning often involves the use of environmental factors to achieve a goal (e.g., means-end-analysis).

(3) Organisms will select the shortest or easiest path to achieve a goal. (Tolman, 1932)

Tolman's impact on the Gestalt movement is well documented. His concept that learning is molar rather than molecular impacts adult learning, HRD, and the use of portfolio instead of traditional assessment tools. The basic dilemma

that is still at play in both the therapeutic community as well as HRD is whether, in fact, human beings are mechanistic or holistic in their nature. This is the fundamental question asked by Swanson in determining which training methodology is best suited for the individual (Swanson & Holton, 2002, pp.130-131). If individuals are holistic rather than mechanistic, then their learning will be holistic or molar as well, and the portfolio process would be better suited to determine an individual's progress in a holistic manner.

The Integration of Personal Knowledge into Therapy

Nagy's emphasis on loyalty, trust, and relational ethics, both within the family and between the family and society, made major contributions to the field of family therapy, a subset of applied psychology, since its inception in the 1950's (Nichols & Schwartz, 1998). A student of Virginia Satir, herself a student of Freud and pioneer in the field of psychotherapy, and an accomplished scholar and clinician, Nagy was trained as a psychoanalyst and his work has encouraged many family therapists to incorporate psychoanalytic ideas into family therapy. Nagy is perhaps best known for developing the contextual approach to family therapy, which emphasizes the ethical dimension of family development.

Nagy builds on Tolman by positing that individuals draw on their history to construct their reality. "Contextual therapy holds that real progress lies in the genuine integration of all valid knowledge" (Nagy & Krasner, 1986). All valid knowledge is not addressed in the assessment of individuals in a traditional appraisal process. However, portfolio does allow for; in fact encourages, the integration of all of the individuals' knowledge base (Fosnot, 1996; Tillema,

2001). This knowledge base allows the individual to achieve his desire for personal accountability and understanding. "The individual's goal of autonomy is inextricably linked to his capacity for relational accountability" (Nagy & Krasner, 1985). This accountability and understanding has purpose and value in the therapeutic and HRD realms. HRD strives to assist individuals to achieve their potential through better understanding of their motivations and individual needs (Swanson & Holton III, 2001). Nagy's contextual model assists the individual in identifying those needs and motivations; it is "the test of individuation in a world of inevitable competition for success and survival. Individuation is therefore a key goal of any therapy and the main theme of self-improvement guidebooks." (Nagy & Krasner, 1985, p.75)

It is the concern of HRD and the portfolio process to develop the individual for the good of the organization (Swanson and Holton, 2002). It is the concern of therapy to develop the individual for the good of the individual. These parallel goals share common roads. The development of the individual into a fully autonomous, unique entity is critical in both the HRD and therapeutic community. "Individuation in a psychic sense is akin to survival in a biological sense. Somewhere between birth and death, people have to come to terms with the delineation of a unique self, one that is set apart from the world and from other selves. In the process, a person's life will develop personal meaning that is specifically his own" (Nagy & Krasner, 1985).

The integration of the two theoretical paths described above, HRD/ Portfolio and therapeutic intervention, occurs at the juncture of application. Each

of the two theoretical models uses similar techniques to assist the individual in achieving the individuation required for personal growth. They progress like parallel train tracks; they are headed to the same destination, but never intersect or consider their duplicate services. The most striking examples of this juncture are the common tools utilized by both the portfolio process and the therapeutic process. These tracks and the similar techniques they both utilize, are shown as an illustration on the following page (Figure 3).

Summary

In summary, the portfolio integrates the vision of Tolman and his influence on HRD, with the vision of Nagy as he influences mental health. The integration occurs on the theoretical plane in a likeness of perception of the nature and role of motivation in and through the adult learning experience. The intersection occurs again at the application phase of similar, in some cases identical, evaluatory instruments.

After a significant search, there seems to be no specific reference found in the literature to the use of the portfolio process by mental health professionals to advance their careers. After this review of the literature and extensive personal experience in the mental health field, there seems to be a significant gap that exists in the lack of portfolio use by HRD or clinicians in assessing the performance of mental health professionals, while HRD accepts and uses portfolio in the fields of education, health care, architecture, and the fine arts.

HRD/Portfolio Track   Mental Health/ Therapy Track

| Thematic Extraction | Thematic Extraction |

| Evidential Documentation | Evidential Documentation |

| Life Pattern Diagram | Life Pattern Diagram |

| Personal Value Inventory | Personal Value Inventory |

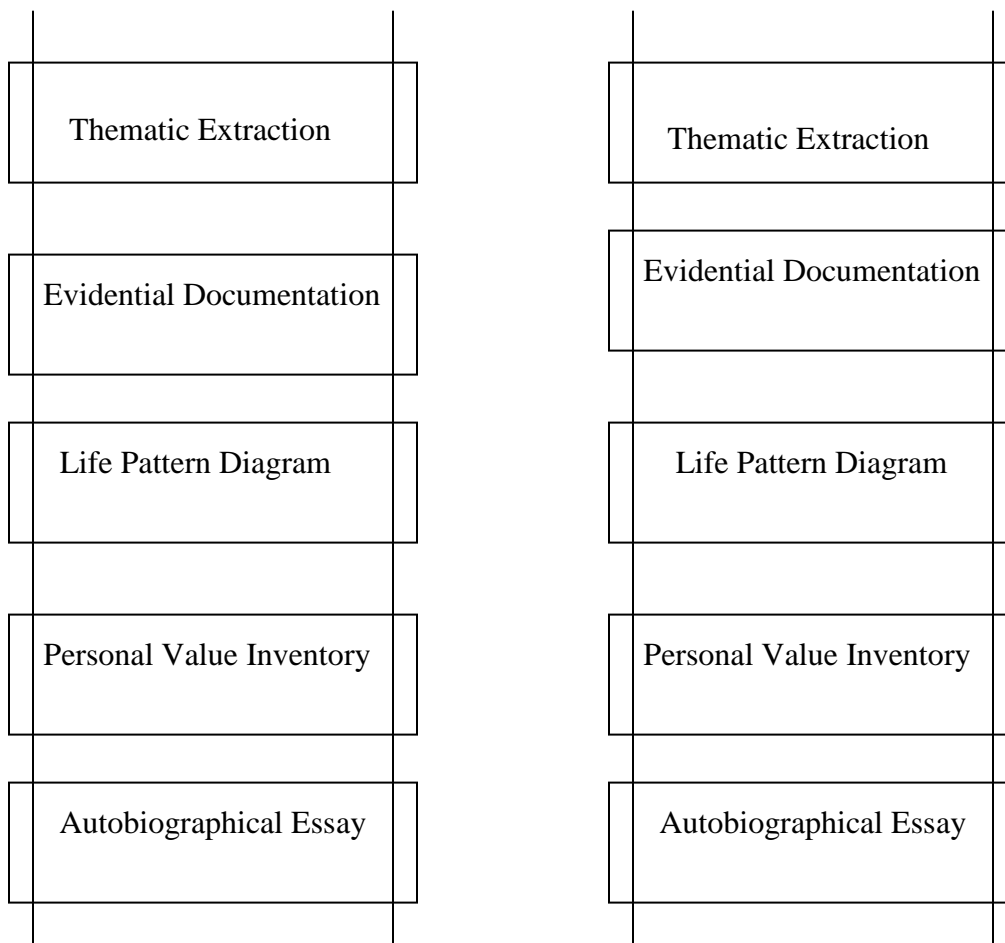| Autobiographical Essay | Autobiographical Essay |

Figure 3 Tracks

CHAPTER III

METHODOLOGY

This chapter describes the research design, the process to be used to select participants, and the methods of data collection and analysis. The methodology used, phenomenology, and the rationale for choosing a qualitative design will be discussed. Finally, this chapter lists the methods used to ensure credibility and quality of the study, along with a discussion of my subjectivity as the researcher.

Design of the Study

The study was designed in a manner that could best elicit information specifically relevant to the research question. To achieve this goal I employed qualitative approaches, in particular, a phenomenological design. The primary focus of a phenomenological study is to examine the results of an event that the respondents experienced in common (Husserl, 1931). The participants in this study have most likely experienced the phenomenon known as a portfolio when they used a variety of its individual parts, without having actually known what a portfolio is in its integrated totality. The study focused on the participant's perceptions of and experience with portfolio.

Since the principle focus of this study was to examine the lived experience of portfolio use by the participants, a phenomenological design was appropriate to maximize the richness of the data (Patton, 2002). The components of portfolio are used in unique combinations by each therapist; and it is the life experience of each of these therapists that determined their perception of portfolio. "Through phenomenology a significant methodology is developed for investigating human

experience and for deriving knowledge from a state of pure consciousness"

(Moustakas 1994, p.101). The use of the phenomenological approach allows this

study to explore the, "central underlying meaning of the experience and

emphasize the intentionality of consciousness where experiences contain both the

outward appearance and inward consciousness based on memory, image, and

meaning" (Creswell, 1998). Because the primary focus of the research questions

is on the "what" and "why" of the use or nonuse of portfolio for personal career

development by the selected group, the motivational dynamic of

phenomenological research dictates its appropriateness to the question. It will be

the lived experience of the therapist's use of portfolio that will yield the answer to

the research questions. The method that best allowed me to understand this lived

experience was the qualitative approach. Quantitative methods such as surveys or

questionnaires will not help gain answers that would appropriately address my

questions, particularly the "why." Only by having the respondents elaborate on

their conscious understanding of the phenomenon of portfolio did any meaningful

data emerge.

The use of volunteers could have introduced a possible bias. The

volunteers agree to participate for a variety of different reasons and could have

differed from individuals who decide not to participate. Volunteers might have

had specific experiences and perceptions regarding the use of portfolios either as a

performance appraisal tool or in working with their clients. Therefore, their

participation and the results of their interviews and document reviews would most

likely be different from the data that would be obtained through the use of a

random sample.

<center>Design Rationale</center>

The decision to use a phenomenological design was also informed by my own philosophical paradigm, in addition to it being consistent with the nature of the research question. My own philosophical paradigm is that of social constructivism (Berger & Luckmann, 1966). The theory of social constructivism posits that there are multiple truths rather than one truth. That is to say, one's context and perspective create the reality we perceive, rather than one overriding reality being experienced simultaneously by all. In other words, truth is subjective, and there may be as many truths as there are subjects experiencing a phenomenon. Social constructivism is more interested in the richness of multiple experiences rather than a clarion truth. Therefore, my social constructive perspective leads to the adoption of a phenomenological design. The core of phenomenology is an attempt to advance from the purely scientific world of data, the "plane" or flat world as Husserl (1931) describes it, to a richer world of understanding that transcends the data and reaches the meaning behind the data, or "latent" depth. Husserl saw the data as a pitfall of confusing the actual reality that exists, the phenomenon. As he states, "Nowhere else is the distance so great from unclearly arising needs to goal determined plans, from vague questionings to first working problems-through which actual working science first begins. Nowhere else is it so frequent that the explorer is met by logical ghosts emerging out of the dark, formed in the old familiar and effective conceptual patterns, as paradoxical antinomies, logical absurdities. Thus nowhere is the temptation so

great to slide into the logical aporetics and disputation, priding oneself on one's scientific discipline, while the actual substratum of the work, the phenomena themselves, is forever lost from view. All this will be confirmed as I now leave the reference to Kant behind and attempt to show, to those willing to understand, one of the paths I have actually taken; as a path actually taken, it offers itself as one that can at any time be taken again" (Husserl, 1970 pp.32-34).

It is this path that this study traveled down to explore the phenomenon rather than the data. This study will attempt to avoid the patent life of "plane" and enter the latent life of "depth" (Husserl, 1970). That is to say, it was hoped that this study will achieve the depth of understanding that qualitative research offers. To do this the phenomenon of portfolio use was explored so as not to be lost to the, "logical absurdities…and disputations of scientific discipline while the actual substratum of the work, the phenomena themselves, is forever lost from view." (Husserl, 1970) Rather than losing the essence in the data, it was hoped that the essence of meaning would present itself within the thematic arrangement occurring within the phenomenon.

A qualitative design was chosen so as to investigate the research question and to collect the appropriate data. This study was designed to elicit the participant's point of view and feelings towards the use of portfolio assessment with their therapy clients, and their own professional development. To accomplish this, I was looking for key themes and patterns that would help to illuminate the therapist's expressed attitudes and feelings (Coffey & Atkinson, 1996). These attitudes and feelings were coded and collected in order to create a

"pool of meaning" (Tesch, 1990).

<div align="center">Methods</div>

The methods of this study are consistent with the phenomenological qualitative methodology. They include the sampling method, data collection, and analysis. These specific methods were chosen to ensure that the respondent's unique experiences regarding portfolio were fully revealed.

Sampling

The sampling method chosen for this study was purposeful sampling. This sampling method involved the selection of a specific group of people that were considered "information rich" (Patton, 2002) and personify the purpose of the study (Cresswell, 2002). The findings of this study were not generalized rather the purpose would be to gain an in-depth view of the phenomenon of portfolio use as perceived by the selected therapists practicing in the community. Therefore, purposeful sampling attained the in-depth view that was sought.

The method that was employed for purposefully selecting participants was criterion sampling. The criteria that were used ensured a predetermined level of accomplishment in order to participate in this study (Patton, 2002). The established criteria for this study specified that the participants are active in the field with at least three years experience as full-time clinicians, working either in private practice, or in community mental health systems. They ranged in age from 28 to 65 and consisted of both men and women. Participants were licensed or licensed eligible. They all practiced in Southwest Florida. The reasons for these criteria were, the age range ensured a cross section of age defined attitudes while

still ensuring that the participants had an acceptable level of experience, the gender differences protected against any gender bias, and geographic location maintained consistency within the chosen area of practice.

The sample consisted of six licensed or licensed eligible clinicians. Lincoln and Guba (1985) recommend a sample selection that will provide data to the point of redundancy. It was expected that a reasonable amount of data would be provided by the six clinicians to adequately explore the phenomenon of portfolio use.

Once the six respondents were chosen, they were given an informed consent form (Appendix A), and an interview guide (Appendix B), in which the purpose of the study was discussed, along with the level of commitment required. This included the length of time for the initial interview as well as any follow up interview(s). They were informed of the need to audio-tape the interviews, as well as the precautions that would be taken to ensure their confidentiality. They were offered an opportunity to review the typewritten transcripts for validation. They would be asked to sign the informed consent form (Appendix A). The participants were informed of their right to withdraw from the study at any time without repercussions. Participant's confidentiality was ensured by first identifying their interview by a fake name e.g., Mike Adams. No identifying information was included in the final report of findings.

Data Collection

The primary method of obtaining the qualitative data was semi-structured interviews. The primary data gathering techniques included the use of one audio

taped interview with the possibility of a clarification follow up. In this

phenomenological study, the interview was an ideal means of obtaining the

clinician's perceptions of portfolio use by their clients and in their own careers

(Patton, 2002). The phenomenological interview process consists of the

interviewer engaging the participant in a series of open-ended questions and

comments in order to allow the participants to more fully share and describe their

experiences and stories regarding the phenomenon (Moustakas, 1994). The use of

open-ended interviews ensured that a thorough exploration of the therapist's

perceptions of the portfolio process would emerge. Their perceptions were

considered a primary source of knowledge, and as such they were valued in the

data collection process (Moustakas, 1994). While the interview setting was

relaxed and open, there was an interview guide (Appendix B), to maintain

consistency in each interview (Patton, 2002). The purpose of the set questions was

to ensure that each participant was given the same opportunity in the interview

and asked essentially the same questions (Patton, 2002). It should be noted that I

used my 15 years of experience as a therapist to ensure that I encouraged but did

not lead the participants through the process. I believed it would benefit this study

because as a therapist I was viewed as an "insider" to further put the participants

at ease.

All interviews were held in a location that was chosen by the participants,

and agreed to by myself. This ensured confidentiality and comfort to the

participants. All interviews were audio taped and lasted no more than one hour,

although there was the possibility of a follow-up session to clarify data it was not

deemed necessary. These guidelines remained flexible due to the emergent nature of the qualitative study. I transcribed the interviews word-for-word, and the transcripts were kept in a locked file in my personal office. Second, I used field notes and a reflective journal to record my insights and to help clarify collected data (Creswell, 2003).

The credibility of the study was warranted partially by the use of data triangulation (Patton, 2002). Data triangulation was also achieved by the use of an independent researcher with 18 years of experience as a therapist and clinical supervisor, reviewing the content and analysis of the data, after any demographic information was removed, to ensure consistency in the findings and maintain the respondents' confidentiality and anonymity. This reduced the effect of any bias or subjectivity on the part of the researcher.

Data Analysis Procedures

I followed a phenomenological approach to analyzing interview data. Moustakas (1994) informs us that there are three core processes necessary to understand the essence of a phenomenological experience. These core processes are epoche, phenomenological reduction, and imaginative variation. I will discuss each of them below.

The first is epoche. This process involves the researcher becoming aware of their own biases and preconceptions regarding the study. The process involves this awareness informing the researcher to remain cognizant of the potential for bias, and therefore to hopefully avoid that particular pitfall. "In taking on the perspective of epoche, the researcher looks inside to become aware of personal

bias, to eliminate personal involvement with the subject material, that is, eliminate, or at least gain clarity about, preconceptions" (Patton, 2002, p. 485).

The next core process is phenomenological reduction. It is this process which allows the phenomenon to present itself for the researcher's observation. This process involves four specific steps, they are: bracketing, horizontilizing, clustering, and organizing.

Bracketing, the first step, attempts to set aside preconceived ideas about the specific phenomenon being studied. This allows the researcher to maintain an objective view of the phenomenon by categorizing, or 'bracketing' specific phenomenon. Once the bracketing is complete, all of the gathered statements are treated as having equal value, this is known as horizonatilizing. This allows irrelevant, or repetitive statements to be deleted (Moustakas, 1994). Once horizontilizing is complete, the horizons are clustered into themes by using key phrases of the participants pertaining to the phenomenon being studied. This is the third step in phenomenological reduction. Finally, all of the collected themes are examined and synthesized into new emergent themes.

After phenomenological reduction is complete, the third and final step of the core process is imaginative variation. This process allows the researcher to view the phenomena in creative and non-traditional ways in order to discover and develop an increased or enhanced understanding of the emergent themes. In Moustakas' words, "to seek possible meanings through the utilization of imagination, varying the frames of reference, employing polarities and reversals, and approaching the phenomenon from divergent perspectives" (Moustakas,

1994, p. 97).

It is after this imaginative process that the emergent themes are coalesced into a synthesis of data that contributes to the body of knowledge based on the lived experiences of the participants and the phenomena they revealed.

Quality and Credibility

Both quantitative and qualitative approaches to research are concerned with the rigor of a study. The distinction between the two is the focus of where the credibility originates. In a quantitative study, it is the reliability of the instrument which determines the validity and reliability of the studies findings. The reliability is confirmed by other researchers having consistently similar results in subsequent research (Creswell, 2002). In a qualitative study the objective instrument is supplanted by the subjective researcher themselves. The burden of credibility, rigor, and trustworthiness lies with the individual researcher (Lincoln & Guba, 1986). Therefore, it is imperative that the researcher ensures that his/her own bias towards the study is nullified, or at least minimized through the use of techniques such as triangulation, participant validation, and a subjectivity statement.

I secured the rigor, credibility, and trustworthiness of this study by employing several techniques of data gathering, extraction of key points, and interpretation. I stated my own point of reference in my subjectivity statement; I presented the synthesized themes along with the transcripts to an independent researcher in order to triangulate my findings. Finally, I asked if there are any omissions or need for further emphasis or clarifications from the participants

(Moustakas, 1994). These multiple precautions ensured the trustworthiness of the study.

Subjectivity Statement

My background as a therapist was a positive attribute; however, it certainly shaped my view as a researcher. I come from a contextual school of therapy, and I believe that an individual can best be understood through the context of their life experiences. I feel that the use of portfolio for personal as well as professional development is an attempt to focus ones experiences and place them in a context so as to better decipher their meaning. This clear bias that I possess towards the beneficial aspects of the portfolio process is partially why I came to ask my research question. I have taken precautions against allowing this bias to influence the participants in this study. I have taken multiple precautions to minimize my bias. Still, it is important here to point out the particulars of this bias.

I have always been intrigued by how people are able to change, and the particular circumstances that enable change to occur. I have come to understand that one of the best modalities for change is for an individual to revisit and creatively explore their past so as to positively impact their future. This basic premise is at the crux of contextual therapy, and the portfolio process. It is not only my bias, but my passionate belief that we cannot ultimately move forward without first looking back. I believe that most clinical therapists would agree with this assertion, but I am intrigued with the reality that they seem to not apply these principles to themselves.

Summary

This chapter justified why the qualitative method was chosen to best explore the research question. Further, the specific use of the phenomenological design was discussed. The sampling method, that is, rationale and criteria for choosing the participants were discussed, followed by methods for data collection, and analysis. Finally, the procedures used to ensure the quality and credibility of the study were presented.

CHAPTER IV

FINDINGS

This chapter presents the findings obtained from the six research participants selected for this study based upon the criteria defined in Chapter Three. The data was collected through open-ended interviews with each interview lasting an average of sixty minutes. All interviews were audio-taped and I transcribed all the data verbatim. Each transcribed interview yielded between eight and twelve pages of single-spaced data. In order to better facilitate the phenomenological analysis of the data, the horizons of the data were clustered into segments and placed into a data grid. This method allowed for a thorough and concise synthesis of the emerging themes. Each transcription was transposed into a data grid to better facilitate the reporting of the findings. The major themes that emerged in these data grids will be presented in this chapter. Additionally, data will be presented in italicized text when short quotations are used. Longer quotations will be set off from the text and will be displayed as a double-spaced, justified and italicized paragraph.

While the possibility of a second round of interviews was considered prior to data collection, this second round of interviews was not necessary after examination of the transcribed data. There was adequate information obtained from the first round of interviews and it was decided that a second round would not have given further illumination to the questions. The information about the participants as well as the nature of their clinical practice will be discussed first. The findings will then be presented.

Descriptions of the Context

A description of the participants and their work environments will be presented before the findings. The participants were chosen based upon pre-determined criteria as set forth in Chapter Three. A description of their work context is included in order to allow for a deeper understanding of the environment in which the participants work.

Therapeutic Context and Clinical Tools

The first clinical tool is the genogram. This is a graphic depiction of one's extended family, a family tree, but more detailed. A genogram helps to highlight any ongoing patterns, whether they are positive or negative. Next is a lifeline. This is a graphic, chronological map of the events in one's life. It allows the individual to better view both their accomplishments and challenges in context. The third is the use of journaling. Most people are familiar with this therapeutic tool on some level. It allows individuals to more thoroughly explore how they feel about ongoing events. Value clarification is next. This tool helps the individual verbalize and clarify what matters most to them. It is a process of extraction that relates the abstraction of belief to the concreteness of behavior. It allows individuals to clearly understand what it is that they believe, what beliefs they will not compromise, and what beliefs hold less importance. Goals clarification gives a visual solidity to the actual steps necessary to accomplish what an individual claims to desire. This is done by breaking down into sequential accomplishments the steps necessary to reach the desires objective. Finally, skills clarification lists the exhibited abilities and limitations of the individual that will directly affect the

desired goals. It creates a vision of possibility that is rooted in proven skills that can be transposed into other contexts for growth and success.

Each of these tools used individually extract from the client specific and particular information. However, when they are used in tandem the extraction of information becomes much more informative and integrated. It is through this understanding and integration that the potential for growth and transition occurs.

 Themes

It is important to begin this discussion of the findings with a notation on the unusual nature of the study. Most qualitative studies are undertaken for the purpose of discovering and describing phenomena which exist. This study, however, is most interested in the discovery and description of phenomena which are formally absent (portfolio), but routinely used (the therapeutic/portfolio tools). In other words, the study asks the question, why are therapists willing to use the tools of portfolio for their client's growth and development, but not use those same tools for themselves?

This study was to explore the idiosyncratic behavior for therapists who use particular tools common to both the therapeutic and portfolio process, yet refrain from using these tools for their own personal or career development.

I will take each respondent individually and examine their responses to their own use of each of the tools that are shared by both the therapeutic encounter and the portfolio process. The tools are the genogram, a lifeline, journaling, values clarification, goal clarification, and skills identification.

The Participants

Kate is twenty-eight years old with a master's degree in clinical social work. She was license eligible when she was interviewed, but earned her licensed clinical social work (LCSW) license shortly after this interview. She works with children and adolescents in a moderate sized community mental health center. She works individually with her clients as well as with their families.

Amy is a sixty-one year old license eligible mental health therapist. She has over thirty-five years of experience in a variety of settings, including therapeutic communities, individual practice, and group homes. She currently works with substance abusing adolescents and their families referred through the court system.

Jill is a fifty year old mental health clinician with twenty years experience in a private practice working with adults, children, and adolescents with behavior, neurological, and mood disorders. She is a licensed mental health clinician (LMHC).

Rick is a fifty-two year old clinical supervisor at a juvenile detention center. He is a licensed clinician (LCSW) with twenty eight years experience. He has worked with adults and adolescents in intensive outreach programs.

Joe is a licensed clinical social worker (LCSW); he is a partner in a private practice working with individuals and families. He is thirty two years of age.

Patrick is a sixty four year old LCSW. He is a director of clinical services at a medium sized community mental health center. Although he has seen clients for over thirty years, he currently only supervises other clinicians, and is semi-retired.

All of the participants were at first nervous and unsure of how they could offer any insight into the topic of portfolio since none of them felt clear on exactly what a portfolio was and how it related to their clinical practices. All interviews were held either in the participant's work place or home office. None of the participants had previously been involved in any studies, and so their tentative with their responses at first. Since the initial questions pertained to their own clinical practice and their philosophy of clinical treatment, they seemed to quickly become relaxed and at ease. All participants seemed to take the time and effort to give concise answers to the questions. They did not hesitate to clarify a point with me or to correct any initial misconception by me about a particular point they were making.

Six therapists volunteered to participate in this study. Each of them met the criteria to participate in that they had been practicing for at least five years, and they were licensed or license eligible in Florida. There were three males and three females. All held masters degrees in either social work or counseling. To maintain privacy and confidentiality, pseudonyms have been chosen for the participants, Kate, Amy, Jill, Rick, Joe, and Patrick.

Each transcript of participant interviews was reviewed for themes within their individual case. Afterwards these were reviewed to determine within case themes and across case analysis of interview data.

Kate

The first participant is Kate. Kate is a twenty-eight year old with a master's degree in clinical social work. She was license eligible during this

interview, but earned her LCSW license shortly after the interview. She works

with children and adolescents in a moderate sized community mental health

center. She works individually with her clients as well as with their families. Kate

was very familiar with all six of the tools. She felt they were helpful in her

clinical encounters with her clients. She stated that the genogram "*was helpful in*

painting a picture." She also uses the lifeline to "*give me an idea of where they*

were in their life." She found that journaling was "*very useful,*" and that values

clarification assisted the client in separating, "*wants from needs.*" She utilized

goals to help her clients create, "*steps to success.*"

> *I have a worksheet that I sometimes do with kids on "wants versus*
>
> *needs." Then we can kind of adjust the values. … They have to*
>
> *classify if it is very important – a little important – or not at all*
>
> *important. So that is how I get at it.*

She does not currently use a skills inventory because of the young

age of her clients,

> *I don't really do a skills inventory. When I first meet with them if I did*
>
> *an initial treatment plan or an assessment, I would ask them what their*
>
> *strengths are or their limitations, so that kind of addresses what they are*
>
> *good at and what…you know…I think too I do have a kind of an*
>
> *inventory that says good, poor or fair. And it will say things like*
>
> *controlling my anger, getting along with people; it is something that I*
>
> *want to use more of.*

When Kate was asked if she used any of these tools in her own career she

stated that she did not because she felt she had found the career path that

she wanted to be on. However, after some reflection, she thought that it might be interesting to see "*if it would tell me something different*" about her career choice.

> *I suppose if I reached a point to where I was kind of getting stagnant and I wasn't quite sure what I wanted to do, then that would definitely be a good tool to help me. But if I felt like I don't know that I want to work with kids anymore, but I want the same field, but I don't know what I want to do. Then maybe that would help me. But I think for me to use it right now I don't know how it would help me to grow?*
>
> *It would be interesting if I sat down and it was to tell me something different. If I were to go through the process and then review it, and then go hum? It would be interesting for me to sit down and do it.*

Within case analysis*:*

Kate enthusiastically used all of the therapeutic tools for her clients. She focused specifically on the extraction of values and goals. Kate does not use portfolio for her own career development. She was contemplative about if she did use portfolio and the results of her career would be different. There was clear dissonance between her stated clinical values and her described career development behaviors.

Amy

The next respondent was Amy. She is a sixty-one year old license eligible mental health therapist. She has over thirty-five years of experience in a variety of settings, including therapeutic communities, individual practice, and group homes. She currently works with substance

abusing adolescents and their families referred through the drug court system. Amy was typical of many older practitioners in a variety of fields in which she has used some tools for so long that they have become incorporated into her daily work routine and is difficult to discuss separately. This is coupled with the fact that Amy works with a population that has a double impediment to development: (1) being teenagers, and (2) abusing drugs and alcohol. This combination made some of Amy's responses seem vague or compromised. She does use a genogram as a tool for understanding her clients.

> *It's listening to them to see who they are related to and who accepted them more than just a member. Who were they relating to? Who cared about them? Who nurtured them? Who do they value enough in their family that they got their values from, which you can start to reattach?*

She uses a lifeline to decide when her clients have begun their drug history, "*I think lifelines in terms of when did the kids start to medicate; when they abused and what was going on.*"

She does not use autobiographical journaling, but felt that it could be beneficial to her clients,

> *I think I should but I don't. It sounds good. The kids would really benefit from that, but I don't think* (my*) kids do. I don't think that the thing that they identify with so passionately is their own cultural stuff and music, and their dress, and they don't know how to pull that out in an autobiographical kind of thing.*

Because of the nature of her practice, substance abuse, Amy focuses heavily on values clarification. She uses values to reestablish the individual into a more sober frame of mind.

*Because there are so many things (*values*) that are right on the surface that they can identify as what they have done to be able to use (*drugs*). I am lying, stealing, so there is a lot of stuff right on the surface. Yes, I know that is not right. You know the concrete things that you are doing are not right, but underneath that how does that make you feel about yourself and what price do you pay and how easy is it to drop levels once you start doing that, and how far do you go down and justify that, and how much more do you have to use in order to keep justifying it and feeling okay that I will do this, but I will never do this. And then when you do that, how do you justify that so that you don't have to steal; and then how much more do you have to use, or to medicate how bad you really have made yourself feel?*

Again, because of the substance abuse issues of her clients and their youth Amy's use of goals clarification as a tool is not typical. However, she does find goals to be a useful and important tool.

That is fun, because they change them every time you go with them, they have a new goal. Yeah, I like to do that because they are all over the place and think, "My goal – yeah, this is my goal to be in recovery." So when they start talking about their goals that is fun because they keep changing. They are sort of surprised themselves.

I am like, "Oh yeah, I thought you were talking about the such and such." No, no I think I like that their goals are changing, because they are exploring as they should be at that age. And you have got to keep going there with them instead of saying, "Oh you like that so you should talk to your teacher about giving you whatever..." Then they are like oh no, wait a second; I don't like that this week.

Amy did not use skills clarification as a tool with her clients. This was due to their age and their substance abuse issues.

When asked if any of these tools would be helpful in her own career development, Amy echoed Kate, "*For career development? I don't think so. No, I think, no.*" When asked if it would be helpful to a younger clinician she felt that it would, because the freedom to explore in the clinical field has diminished.

Probably more so now than back in the day when we started out, because we had more flexibility to kind of move around in your organization, test things out and learn from different people and realize that "Hey I like working with women right now because this is going on in the culture, or I kind of like working with hard core addicts because...and more chance to walk in and out of doors almost to experience some of that." I think now you have to be really ready to present some strength in a particular area.

Within case analysis

Amy was enthusiastic in her use of the therapeutic tools. She does not use portfolio for her own career development. She relied heavily on

the extraction of values. She would recommend portfolio for beginning therapists. There is dissonance evident in a conflict between her stated values and her described behaviors.

Jill

The third female participant was Jill. She is a fifty year old licensed mental health clinician with twenty years of experience in a private practice working with adults, children, and adolescents with behavioral, neurological, and mood disorders. Her therapeutic background was rooted in the contextual model developed by Ivan Boszormenyi-Nagy. This theory maintained an emphasis on loyalty, trust, and relational ethics, both within the family and between the family and society. The relational thrust of this theory sought balance within the individual through relational balance. This emphasis on balance and an ethical exchange between herself and the clients she works with is evident throughout Jill's responses. She has used all of the tools starting with the genogram,

I think a Genogram is a great tool for looking at unconscious patterns in a family, for finding out who you are where you come from. I find a lot of people don't even know their grandparents names, that floors me, but I see it a lot.

Jill uses the lifeline tool to help establish a metaphor for the client's life.

I do a history and the first question I always ask my clients is, "Tell me what your earliest memory is?" Whether it is three or five or six, some

people think they were two. What is their first memory and that is usually a

metaphor for their life.

Jill does use journaling, but primarily for her adult clients. She sees journaling as a means to write down one's experiences and help to clarify their values. Jill saw the exploration of her clients' values as coming out of their cultural experience.

If you come from a cultural context, so what is your culture and what are the norms, the values in that culture are usually where the person's values come from.

Jill also uses goal clarification to assist her clients in focusing what it is they need and want. A question she uses to determine this is,

"*Are you meeting your goals and what indicates to you that you are meeting your goals*?"

She sees the use of the skills inventory in the same light of helping her client to better focus on what it is they can do best. "*I am going to look at what are their skills, what are they good at as opposed to what they are not good at.*"

When asked about her use of the six therapeutic/portfolio tools in her own career, Jill was the only one of the six respondents who embraced all six tools for her own career development.

Every one of them. Personally and professionally.

Yes I have used essay's, I have done my own genogram. I know my family history. I have done lifelines. I have looked at what I am good at and have accepted what I am not good at. Professional and personal actually

overlap for me so I don't know that there is a big difference. So what I intend to do personally is what I do professionally, and professionally is what I do personally, because I think as a therapist who I am...how I am as a therapist is how I am as a person. So do I believe personally is important? Yes. Then I look at my business and my career, the choices that I have made, and the choice that I have made to do biofeedback, or be in private practice, working at school...All of those choices go very much with my personality, so I do things that go with my personality which is my own...One of my values is freedom – to have my freedom, which is why I have a private practice.

While Jill has used all six of these tools for her own personal and career development, she also indicated that she has not integrated them into a portfolio as a career tool.

Within case analysis

Jill has a high value and use of all the therapeutic tools. She has used the tools for her own personal development and has used all of the tools for her own career development. With all of Jill's integration of her personal and career use of the tools she has still not used portfolio for her own career development. There was no apparent dissonance between stated values and described behaviors.

Rick

The first male participant was Rick. He is a fifty-two year old clinical supervisor at a juvenile detention center. Rick is a licensed clinician with twenty-eight years of experience. Due to the fact that Rick works at a detention facility, he is limited in both the amount of time and the scope of his interventions with

detained youth. This has an effect on how Rick is able to practice his therapy. He initially stated that he had used very few of the tools in his professional career starting with the genogram. "*If I used one genogram in my whole time working, it would be a lot.*" However, as the interview progressed, it became more evident that Rick did in fact use most of the tools in his therapeutic interventions. While he uses virtually all of the instruments, he does not implement them with structural formality and consistency. Regarding the timeline, Rick stated, *"I like to get an idea of when certain events occurred in their lives, but I don't ask them to actually draw a timeline."* The essence of a timeline is the order of events in one's life regardless of whether it is formally drawn on paper, in a line or not.

Journaling was something that Rick used when he was working with a more adult population, but has stopped now that his clients are juveniles. *"I have used journals for trauma and sexual abuse but, not recently."*

Rick stated that a lack of clear values is what facilitated the youth he serves to enter a detention facility in the first place.

> *I like to stress values with the kids I work with. I ask them what led to the situation they are in. They usually begin by blaming others, but after awhile some of them can identify that it is their own values, or lack of them, which led to where they are.*

This clearly demonstrates that Rick uses value clarification. In addition, Rick uses goal clarification as an ongoing gage for how the therapy is progressing. This, again, is counter to his original claim that he does not use any of the tools in his practice. *"I think that (goal clarification) is a big issue that really should be addressed every session. It helps me to know how things are*

coming along." Rick also uses a skills inventory with his clients. *"Yes, I try to focus on what it is they can do, and do well."*

During the interview, it became clear that in spite of his initial denial Rick does in fact implement many of the tools contained in this discussion. His implementation seems to be rooted in a personally based philosophical system focused on the value of relationship, rather than the use of sterile tools. This personalized commitment to relationship could explain the inconsistency of his initial denial of the use of the therapeutic tools which he confirmed during the interview, and demonstrated that in fact he does indeed use.

> *For me, the first thing I try to do is to develop a good relationship with people...I know that is sort of old school. The current funders don't necessarily think there is time for doing that, but it has been my experience that a good solid foundation helps the family or child to resolve anything.*

In his own career, Rick does not use any of the tools. For example, regarding the genogram and lifeline, Rick stated with laughter, *"No I don't use a genogram or a lifeline, no, I know where I have been and it is ugly, so I leave it alone. I am a late bloomer."*

As to journaling, Rick said, *"No. I don't write or read, reading puts me to sleep, and after my masters I become sleepy after I read. I don't read or journal. I only consult books for a specific question."*

Rick seemed confident in simply using a standard resume′ rather than a portfolio process.

I have been very fortunate just using a resume'. I always get an

interview. I don't always get the job I am seeking, but my title, LCSW gets

me an interview. I hope to finish my career with this organization. I spend

a lot of time thinking about retiring.

Within case analysis

Rick indicated an individualized philosophy based on the value of relationship. He demonstrated a distrust of established therapeutic methodology. There was an obvious dissonance between his stated opinion and described practice. He did use of all but one of the tools for his clients. He verbalized the importance of value clarification in treatment. He stated that he used none of the tools for his own career development, even though he had experienced difficulties in career progression. He also had no personal career use of portfolio.

Patrick

The next male participant was Patrick. He is a sixty-four-year-old LCSW. He is a director of clinical services at a medium sized community mental health center. Although he has seen clients for over thirty years, he currently only assumes administrative responsibilities to supervise other clinicians, and is semi-retired. Patrick is different from the other five participants in that he no longer sees clients himself, but does clinically supervise over thirty therapists.

During the interview, Patrick provided strong support for the use of the tools. He confirmed a belief in the effectiveness and consequent value of each of the listed techniques. He started with the genogram, *"The genogram is a powerful tool in helping the therapist gain insight into the family history of a client and*

how that history impacts their daily life." He continued with the lifeline, by describing it as, *"a powerful tool that helps the client to identify patterns and anniversaries in their life."*

Patrick used journaling with his clients, but only in specific applications such as trauma or depression. He used value clarification with all of his clients.

Values are one of the most important issues a therapist deals with, with a client. Helping a client to realize what is most important to them and what are less critical sets into place what goals a client wishes to achieve and how they are going to achieve them. Clients are generally confused about a great many things in their lives; they are looking for direction and the meaning to many questions. Helping them to identify their own value system is an invaluable tool for them to clarify their issues and their needs.

Patrick felt that goals flow out of the values clarification. He also helps his clients identify their particular skills and strengths. When asked if he used any of these tools for his own career development, Patrick offered that he had done his own "*self examination,* to arrive at the career he was soon to retire from. He did suggest that the use of his own genogram, lifeline, and values clarification influenced his career path, but he had not formally utilized portfolio in his career. Patrick went on to reveal that he had recommended the use of all of these tools to numerous beginning therapists.

People enter this field for a variety of reasons, they have their own issues and problems, and sometimes they become overwhelmed with their job and can't see why. I always require them, as their clinical supervisor to

explore their own motivations by using many of these tools to help them

to decide why they are where they are or where it is they want to go. I

have asked clinicians to keep a journal on their daily routines; I have also

helped them to clarify their values and goals so that they could make a

more informed decision about what it is they would like to do, or are most

suited for. And sometimes you help someone realize that this is not really

the career that is best suited for them. That is part of the process.

Patrick's insights into the importance of the listed tools for the ongoing professional development of his clinical supervisees are very illuminating. Although he clearly articulated the value and importance of these tools, he avoided using them for his own career development.

Within Case Analysis

Patrick indicated a high value for all of the therapeutic tools, and uses them regularly. He indicated a high priority for values clarification. He has used the tools for his own personal development, but he has not use for his own career development. He does not use portfolio for his own career development. He would however recommend the tools to others for their career development. There was dissonance is evident in the conflict between stated values and described behaviors.

Joe

The final participant was Joe. Joe is a licensed clinical social worker, (LCSW). He is in a busy private practice that he shares with a psychiatrist. Joe is thirty-two years of age. Joe was familiar with and uses all of the tools with varying frequency.

When asked about his use of the genogram, Joe sheepishly admitted that although he is aware of what it is, he does not use it nearly as much as he should for the good of his clients. He does regularly use a lifeline and shared his most recent experience with a client,

"I am in the process of developing a time line to show him where he has come from, so therefore that he can continue to focus on his future and where he wants to go."

Joe spoke of the difficulty he has getting many of his clients to use a journal, but did find it a useful tool when they did, *"(Journaling) provides the insight and so they can see what is going on in their head."* Joe also utilizes values clarification as a tool,

"Focusing, identifying, and paying attention to values, morals and beliefs, so certainly yes. What do they value and then, therefore, derive a treatment around that…"

Similar to other participants, Joe sees goal clarification flowing out of the clients values. Joe does utilize the skills inventory tool, *"I dive right into their strengths so they can start tackling some of their problems or issues with their strengths, then follow through and the positive reinforcement of that strengthens their strengths. Then they feel more empowered on and on."*

When asked if he utilized any of the tools for his own professional development, Joe's first response was an absolute "yes." However, after some questioning, it became clear that he had utilized some of the tools, namely, journaling and genogram, primarily to assist in his personal life. He admitted that

he did not use any of the tools for his career advancement: *"I also know that I am not my patient. Therefore, I can kind of do what I want to do."*

Within Case Analysis

Joe expressed that he did value the therapeutic tools in his own practice. He especially valued the skills clarification and value clarification tools. He stated that he had used the tools for his own personal development; however, he had not used either the tools or portfolio for his own career development. There was a clear dissonance evident between his stated values and his described behavior.

Findings from Cross Case Analysis

When all of the participants themes are extracted and organized in thematic categories, clear patterns emerged. The table of respondents themes helps to illustrate the patterns through their distribution. The table presents the themes that emerged out of all interviews and then moves to the one respondent that did use the tools for their own career development. The significance of the findings illustrated in the table warrants a detailed description and discussion.

Table of respondents themes

	Uses all tools	Does not use portfolio for themselves	Dissonance	High regard of values clarification	Uses tools For personal development	Recommends Portfolio for others	Uses tools for own career
Kate	X	X	X	X			
Amy	X	X	X	X		X	
Jill	X	X		X	X		X
Rick	X	X	X	X			
Patrick	X	X	X	X	X	X	
Joe	X	X	X	X	X		

The predominant themes extracted from the transcripts are:

1 The use of all six of the therapeutic tools

2 The absence of portfolio use for career development

3 A dissonance between what therapists ask of their clients versus what they will do for themselves

4 A high regard for values clarification as a tool

5 The use of the therapeutic tools for the therapists personal development

6 The recommendation of portfolio use for other therapists

7 The use of the therapeutic tools for their own career development.

All participants indicated that they are familiar with and employed the six therapeutic tools. Although they all were familiar with the six tools, some of them emphasized the use of some tools over others based on their own personal preference and the appropriateness to their clients.

While all participants were familiar with the tools for their clients, they also indicated that they did not use portfolio for their own career development. All but one, the youngest participant, Kate, did not consider using portfolio for their own career.

All but one of the participants, Jill, displayed an apparent dissonance between their stated use and support for the tools in helping their clients, while avoiding the use of these same tools to help themselves. The striking existence of this clash between a clear

understanding of the value of the tools for their clients, and the obvious choice to avoid the use of these same tools for their own development, even while recommending it to their peers, is noteworthy.

The dissonance presents at both a conceptual and a behavioral level. That is to say, five of the six respondents had not even considered using the tools for their own career development even though they agree that the tools are useful in helping with the development of others. The one participant, who had used the tools for her own career development, was Jill. What is most interesting about this fact is that Jill was formally trained as a contextual therapist. What makes these phenomena interesting is that, as we discussed in chapter two, the contextual model was developed by Ivan Boszormenyi-Nagy. This is significant because this model focuses on an ethical and balanced integration of life events and the thematic tapestry of one's experiences against one's choices, both personal and career. While all of this helps Jill to avoid the dissonance apparent in the other five, she still has not integrated the use of the tools into a formalized portfolio.

All of the participants had a high regard for the use of values clarification as a tool. This is significant because it indicates that the respondents clearly look beyond the concrete levels of behavior to the cognitive-motivational levels where values reside. To use the illustration of the iceberg, presented in Chapter Three, the respondents

see values clarification lying beneath the surface of human behavior.

Values, which are the motivation behind behavior, lie in the unseen

portion (operational) of the human psyche, as opposed to the overt,

observable behaviors themselves. Just as with the iceberg it is the

unseen layers that dominate the movement and flow of the observed.

All six indicate a committed belief in the motivational importance of

individual values, and a relationship between values held and behavior

exhibited.

Three of the six participants used the tools for their own

personal development. This included sorting out relational problems,

decision making challenges, and emotional resolutions. However, two

of the three do not use the tools for career development issues.

While none of the six participants used portfolio for

themselves, two of them indicated that they would recommend the use

of portfolio for other therapists in their career development. It is

important to note that the two participants were the most senior of the

group, specifically, Amy and Patrick, both of whom are considering

retirement in the near future. It is also worth noting that Patrick

clinically supervises junior therapists and recommends them to utilize

the tools for their own career development.

Finally, only one of the participants used the tools for her own

career development. As noted above, this was significant in large part

because of her theoretical affiliation to the contextual model.
However, even she had not completed a career portfolio.

Summary

This chapter first discussed how the data was collected and
analyzed. A description of the participants and the clinical
environment in which they practice was provided. The interview
questions were designed specifically to explore experience of using
certain therapeutic tools and a corresponding use of those tools in
portfolio and career development. The specific tools reviewed in the
study were discussed, followed by the data from each participant
looking at the emergent themes. The themes from all of the
participants were then placed on a grid to better illuminate the themes
that the participants held in common. This was followed by a
discussion about the clinical tools by the clinicians in and for their own
career development.

CHAPTER V

DISCUSSION, IMPLICATIONS AND CONCLUSIONS

This chapter discusses the findings as they relate to the questions posited in Chapter One. In addition, I will examine the possible implications these findings have for the mental health community. I will discuss the results of this study as they relate to the existing literature regarding portfolio and mental health therapy. That is to say that there is a wealth of literature regarding the use of portfolio and a wealth of literature regarding mental health therapy, but very little literature regarding portfolio use by those practicing mental health therapy. I will begin with a discussion of the research questions of the study:

1. What is the experience of mental health therapists who utilize the components of portfolio for their client's development, but neglect to use portfolio in their own career development?

2. How do therapists indicate their thoughts on portfolio or any of its components as a tool for their own career and personal growth?

These questions stemmed from my assumption that those who help others to develop and grow would surely help themselves to develop and grow using similar techniques and tools. This assumption triggered my search for literature to support my assumption, but this literature could not be found. The fundamental and apparent disconnect between the actions of therapists using the components of portfolio for their clients and their apparent reluctance to use those same components for themselves is the basis for this study and the focus of the discussion. Restated as an If: Then statement from Chapter One:

IF:

Therapists do in fact routinely use portfolio, or some components of portfolio as a

therapeutic instrument when working with their clients, and they accept that portfolio is

a powerful tool for the assessment and growth of these clients both professionally and

personally,

THEN:

Do these same therapists not use portfolio as an assessment tool for their own

careers, and what is the stated rationale for personal non-use?

Discussion

The first question, what is the experience of mental health therapists regarding

portfolio, opens an exploration into an identification of what in fact is the participant's

experience of the components of portfolio. This is followed by a further inquiry into an

exploration of practice and stated belief. That is to say, the first inquiry of this study was

to explore if the participating therapists did use the tools that portfolio and therapy

commonly share. This first exploration met with a unanimous conformation, all six of the

participants use the tools of portfolio in their clinical practices. Further participant

disclosure indicated that none of the therapists used portfolio for their own career

development. In addition, only one of the participants used the individual tools to assist in

their own career. It is noteworthy that five of the therapists know of the tools, and use the

tools to assist others, yet do not use these same tools to help themselves. Let's explore

and discuss the data which emerged from the interviews with the six participants. While

all of the six therapists used the tools in their therapeutic practice, five of them did not

use any of the tools for their own career development. Two of those five have and do

recommend using the tools for younger therapists or those they mentor. Also, two of the

five who do not use any of the tools for their own professional development, have used

the tools for their own personal development. This data suggests that these respondents

use the tools for their clients; they are familiar with and value the tools for their personal

development and the career development of other subordinate therapists, but they do not

seem to let themselves benefit from the insights those same tools might shed on their own

career development, why? When asked why they did not use any of the tools for their

own career development five of the six respondents were unclear in their reasons for not

utilizing the tools for their own benefit. Some examples of this expressed ambiguity are,

> *It would be interesting if I sat down and it was to tell me something*
>
> *different. If I were to go through the process and then review it, and*
>
> *then go hum? It would be interesting for me to sit down and do it.*
> *(*Kate*)*
>
> *For career development? I don't think so. No, I think, no*. (Amy)
>
> *I have been very fortunate just using a resume'. (*Rick*)*
>
> *I also know that I am not my patient (regarding the use of the tools).*
>
> *Therefore, I can kind of do what I want to do…* (Joe)

A possible implication in the discussion was the inference that these five

therapists did so to keep a professional distance between themselves and their clients

and/or those they mentor. This would warrant further investigation. It is speculation as to

the generalized motivation of these five, but it might be that their view of being

professional implies being superior. Conformation of this speculation would be the basis

for future studies.

Although five of the six participants clearly indicated that they did not use these tools for the benefit of their own careers, one of the six did. The sixth, Jill, did state that she gained insight into her career by utilizing the therapeutic tools. Jill's responses should stimulate further exploration into what might be unique in her experience.

It is interesting to explore the responses of the participant, Jill, who did utilize the tools for her own career development, even though she did not go to the final step of actually using portfolio. It is noteworthy that there was one of the respondents who did in fact have the internal congruity to use all of the tools to assist with her own career development as well as the development of her clients. She was comfortable in using the tools to explore her own strengths and weaknesses, *"I use every one of the tools for my own development, personally and professionally" (*Jill*),* and was able to adjust her career in response to the results that the tools provided to her. Jill is demonstrating several of the learning theories discussed in Chapter Two. Some examples are how the tools of portfolio allow the individual to transfer learning to the organization, in this case her own private practice, and to reflect upon experience (Brown, 2002). It is also an example of experiential learning informed by Kolb: experiential learning theory includes an emphasis upon the role of individual reflection in the learning process so that concrete experiences may be understood through abstract conceptualizations (Kolb, 1984). This individual reflection was facilitated when Jill utilized the therapeutic tools for her own career and personal development. Jill also demonstrated reflective learning (Mezirow, 1991) by constructing knowledge that shaped her individual behavior. This reflection challenges personal beliefs and mental schemas, which results in the construction of knowledge that further shapes individual behavior (Mezirow, 1991; Swanson & Holton III, 2001). Portfolio creates the structure which allows for this reflection and development of

schemas. Terms such as reflection on experiences, self-examination, challenging personal beliefs, and integrating connections are terms that are utilized as much in the mental health community as they are in the adult learning field. Jill states that she has learned about herself and made choices based on her use of the therapeutic tools, "*Yes I have used essay's, I have done my own genogram. I know my family history. I have done lifelines. I have looked at what I am good at and have accepted and learned what I am not good at.*"

What appeared to be an additional surprise after the study began was the discovery that Jill was trained as a contextual therapist. This was especially gratifying because it helped to support the progression of therapeutic thought that was presented in Chapter Two. That progression theorized that the therapeutic process moved from the observable (behavior) to the drives behind the behavior (motivation). That is to say, therapeutic thought has progressed from a focus on pure behaviors to the thoughts that motivate the behavior. The movement from the observable stimulant and response (Lefrancois, 1982), to the exploration of the dynamics of cognition and affect, dynamics that reside in the operational plateau. This plateau cannot be directly observed, but is experienced indirectly in the observed phenomena of purposeful behavior (Kunkel, 1989). The observed phenomena of Jill's utilizing the therapeutic tools to develop her own personal and professional life is indicative of the learning that is referred to by Lefrancois (1982),

Learning has been defined as changes in behavior that result from experience. The point has been made that the terms learning theory and behavior theory, are employed synonymously. The first orientation assumes that our behavior is, at least in some measure, influenced by the activity that goes on in the

brain. We think, have a will, feel, and behave because of the way we think, feel, and intend. (Lefrancois, 1982, p.87)

The contextual model in both its theoretical and methodological components integrates into its' clinical application the tools which are mirrored in the particular components of portfolio. These tools include genogram, auto-biographical essay, value clarification, and documented conformation of specific life events. The contextual model is focused on the psychological and relational integration of the individual. The purpose of portfolio is to illustrate the process of individual development including the individual's psychological integration. Both the use of the tools of the contextual model and the portfolio process result in the illustration of the individual's developmental journey, portfolio for the good of the organization, and contextual therapy for the good of the individual. As stated by Nagy, "Contextual therapy holds that real progress lies in the genuine integration of all valid knowledge" (Nagy & Krasner, 1986).

The fact that Jill is trained in and adheres to this model of therapy, and is the only one of the six respondents that had used the therapeutic tools for her own career development was significant. The significance of Jill's therapeutic model lies in the fact that the model espouses an integrated approach to therapy. The model uses many of the tools that are parallel with the tools used in portfolio, and shares a theoretical base with portfolio. The shared theoretical base pivots on the concept of personal integration. This concept holds that an individual is more than the sum of their parts and can only be understood in molar terms. Both contextual therapy and portfolio are designed to present an integrated picture of the individual, a picture that is created through the weaving of a tapestry of life events. To expand on this significance, this integration of using the therapeutic tools for one's own career as well as for one's clients that Jill has

demonstrated in her responses has significance to this study as well as to the HRD

community. Swanson asks the question of which training methodology is best suited for

the individual (Swanson & Holton, 2002). Before individuals can be trained it is

necessary to know how they learn. If individuals are holistic rather than mechanistic, then

their learning will be holistic or molar as well, and the portfolio process would be better

suited to determine an individual's progress. Jill is an example of this holistic integration

at work. As reviewed in Chapter Two, Edward Chace Tolman moved the field of

psychology from a purely behavioral model into the realm of cognition. He speculated

that as organisms experience their environment they learn without reinforcement (latent

learning). He saw this as the organism having a purpose, or expectation; he termed this

"purposive behaviorism," in which learning is acquired through meaningful behavior.

"The stimuli which are allowed in are not connected by just simple one-to-one switches

to the outgoing responses. Rather the incoming impulses are usually worked over and

elaborated in the central control room into a tentative cognitive-like map of the

environment. And it is this tentative map, indicating routes and paths and environmental

relationships, which finally determine what responses, if any, the animal will finally

make"(Tolman, 1948, p.192). This new paradigm of learning posited that the individual

was an active learner interacting with their environment and responding with new schema

when appropriate. This is the genesis of adult learning theory. The basic principles that

resulted from his new paradigm are:

    (1) Learning is always purposive and goal-directed.

    (2) Learning often involves the use of environmental factors to achieve a goal

           (e.g., means-end-analysis).

    (3) Organisms will select the shortest or easiest path to achieve a goal. (Tolman,

1932)

Tolman's concept that learning is molar rather than molecular impacts adult learning, HRD, and the use of portfolio instead of traditional assessment tools.

Jill's responses as well as those of the other five respondent's regarding what motivates their actions about using or avoiding the tools for their own career development and the cognitive process involved in those decisions resides in the operational level referred to in Figure 1 of Chapter One. For Jill the motivation seems to come from a desire to achieve the integration that Nagy and Krasner refer to,

So what I intend to do personally is what I do professionally, and professionally is what I do personally, because I think as a therapist who I am…how I am as a therapist is how I am as a person. So do I believe personally is important? Yes. Then I look at my business and my career, the choices that I have made, and the choice that I have made to do biofeedback, or be in private practice, working at school…All of those choices go very much with my personality, so I do things that go with my personality which is my own.

The motivation to achieve interpersonal integration is consistent with the theoretical models of Tolman, Nagy, and Gestalt theorists. Jill is displaying the molar reasoning that Tolman refers to (Tolman, 1932), in an attempt to achieve the genuine integration that Nagy and Krasner inform us of (Nagy & Krasner, 1986). Portfolio also encourages the integration of all of the individual's knowledge base (Fosnot, 1996; Tillema, 2001).

The iceberg illustration in Figure 1 of Chapter One contends that it is what is going on beneath the surface that is most critical rather than the outward appearance that

is seen above the water line. The operational rationale for the decisions to not use the tools for their own careers made by the other five is not the focus of this study. However, the documented phenomena that they all subscribe to a therapeutic theory model other than the integrated contextual model that Jill subscribes to could be significant. The fact that these five do not use the tools for their own benefit, and at the same time all five subscribe to therapeutic models which are molecular rather than molar in their theory and approach might hold some significance. This surprising correlation should be explored in future research. What the therapeutic models of these five participants hold in common is a focus on compartmentalizing and isolating rather than a global systemic approach.

The question remains, what are the influential factors of the five participants who do not use the tools for their own careers? Conversely, only one participant used the tools for her career development; however it is significant, and probably more than coincidental that this one participant is trained in and practices a therapeutic model that values personal integration, the same contextual model that was used as a cornerstone for this study in Chapter Two. It is an exciting affirmation of the theoretical premise of this study. Since it is the goal of HRD to assist the individual in achieving their potential through better understanding of their motivations and individual needs (Swanson & Holton III, 2001), and the contextual model assists the individual in identifying those needs and motivations by identifying their individual needs for survival (Nagy & Krasner, 1985), it is the hope of this study to begin further inquiry into the interrelated goals of the contextual and HRD models.

Limitations of the Study

Although the study guarded against any overt bias in selecting the participants it still has limitations. First, the fact that this study was conducted in South Florida has

certain geographic limitations that might influence the results. Several examples of these limitations include a relatively small base population from which to select. Since all of the participants work more than two hours driving time from any major city they would have less exposure to the interactions that would be expected in a metropolis such as research universities and hospitals. Second, although the qualitative approach that was chosen did afford a deeper understanding of the complex phenomenon, the findings cannot be generalized. Third, another limitation that is partially due to the geographic setting is the fact that there were no therapists of minorities included in the study. This limitation would include the fact that no Hispanic, African-American, or Asian therapists participated in the study. In addition, there were no therapists who defined themselves as disabled; this group could have added their specific insights. The limitations of this study tend to reflect the limitations of the variables as found in the geographic community. These are the fact that the community is suburban, middle-class and upper-middle class Caucasian.

<div align="center">Implications for HRD</div>

The implications for HRD can be arranged into two categories. This section derives implications for practice and research.

Implications for Practice

*Portfolio can help HRD to bring quality individuals into an organization.*While the study did not focus on the use of portfolio by HRD, the use of portfolio as established in the literature forms the context for this discussion. The value of the portfolio process as an assessment and performance improvement tool is well established in the literature as demonstrated in Chapter Two. Individuals can use self-assessment and peer based

assessments to document their assigned duties and to demonstrate development and

learning they experienced during this process (Powell, 2000). Portfolio allows the individual

to provide evidence of both performance and learning (Athanses, 1994; Jarvinen & Kohonen,

1995; Jensen & Saylor, 1994; Kneale, 2002; Stuessy & Naizer, 1996; Wildy & Wallace,

1998). It allows the individual to transfer learning to the organization, and to reflect upon

experience (Brown, 2002). The portfolio allows the individual the flexibility to demonstrate

learning and performance that could not otherwise be shown in the traditional appraisal

format (Brown, 2002; Challis, 1999)

According to this study, the findings that mental health therapists do not use

portfolio is significant for the HRD professional working in a mental health organization.

The significance is that the HRD professional working in a mental health organization

should be aware that mental health therapists are reluctant to use the portfolio process

even though they can delineate the value of many of the tools used in this process. It

might be prudent for the HRD professional within a mental health organization to begin

to change the culture of the organization regarding their performance appraisal methods

by introducing alternative methods, such as portfolio. Although it was not the scope of

this study, it is apparent, as discussed in Chapter One, that portfolio is not utilized in the

mental health community by individuals or organizations. Because of the well

documented benefits of portfolio it should compel the HRD professional to work to

demonstrate that it is appropriate and necessary that alternative methods of appraisal are

sought out and utilized (Arvey & Murphy, 1998). It should be encouraged that, "the

genuine integration of all valid knowledge" (Nagy & Krasner, 1986) is a goal of the

organization for their external as well as internal clients.

Portfolio can help to retain quality people, develop them, and give appropriate direction. This cultural shift within the mental health community towards the acceptance of the portfolio process as a legitimate means of evaluation would have a ripple effect on the mental health community. First, it would allow for better utilization and management of scarce human resources. That is to say, organizations need assessment tools that present an accurate indication of the real world issues and problems facing the organization and its members. Portfolio is one of these tools. Jill found it useful in her own career development, and the other five used them all in the development of their clients, even though they were reluctant to use them for themselves. Second, it would facilitate a more positive and fulfilling career experience for the individual therapists, with less job burnout and compassion fatigue. This was experienced by Jill, and alluded to by Patrick and Amy for other younger therapists.

Portfolio can help to match people to a task and the organizations needs. Since portfolio allows HRD to better identify and place applicants more appropriately based on their identified skills, the clients would benefit from a more integrated and fully developed therapeutic community.

Implementing a portfolio process in a mental health setting would be a worthwhile goal. The individual therapists would develop skills identification, experience a raised level of individual professionalism, and be able to better document their accomplishments. Kate wondered aloud about this, Patrick requires it of his supervisees, and Jill practices it for herself. This concretizing of accomplishments that is integral to the portfolio process is particularly important in a discipline that deals primarily in abstractions.

Implications for Research

The need for future exploration of the barriers and cognitive processes of therapists who use the therapeutic tools common to portfolio for their clients, but not use portfolio for their own benefit is vital to the mental health HRD professional as well as the mental health community. The need for longitudinal studies of therapists who have used portfolio or its components and their experiences is apparent, since portfolio has a proven value in other professional settings, and current assessment process in organizations are lacking (Arvey & Murphy, 1998). The limitations of this study would suggest that future research explore therapeutic organizations located in geographical locations other than South Florida, and target metropolitan areas. Research is also needed regarding therapists from minority communities including Hispanic, African-American, and Asian cultures. It is also important that mental health professional organizations and guilds be educated about the positive results that are experienced by other professionals using portfolio and the vast body of knowledge that supports this. The benefits of portfolio as an assessment tool are well documented in the nursing and teaching professions, and affirmed by one of the participant's experiences using similar tools for her career development. These organizations could begin grass root efforts to facilitate portfolio use by their members and studies could be monitored and funded by them as to the benefits and limitations of the portfolio process in the mental health community.

Conclusion

This study was begun as a simple question based on observation as an insider: what is the significance of therapists, who will use a set of tools to help others, yet will not use those same tools to help themselves when faced with a similar circumstance? This question led to a more in-depth exploration of the formal portfolio process and it's usage by other professional groups, and its stunning lack of application by the group of

professionals that I count myself among, namely therapists. This exploration continued

with a review of the origins and principles of the portfolio process and the striking

similarity to the contextual model, the particular mode of therapy to which I ascribe. This

led to a further exploration of the underpinnings that portfolio, contextual therapy, and

adult learning theory have in common. This exploration showed deep parallels between

all three including an emphasis on individual reflection to effect positive growth. This

exploration and consideration only highlighted the apparent disparity between therapists

and other professionals to use individual reflection to impact their own careers and

personal lives.

The methodology for this study was chosen for its appropriateness to the

exploration of the stated question. Since an observed phenomena sparked the basic

curiosity around which this project was designed it seemed fitting to use a

phenomenological approach for the exploration. The exploration of the phenomena

included face to face interviews with six participants from the mental health field. The

semi-structured interviews were transcribed and analyzed for thematic consistencies and

inconsistencies.

The result of this extraction and analysis of phenomena produced the following

conclusions: First, all six participants stated that they do not use portfolio for their own

career development. Second, all six stated and described the use of therapeutic

instruments for their clients, that are identical or similar to the particular components that

constitute the portfolio process. Third, one of the participants stated and described the use

of these same instruments for their own career and personal development; while the

remaining five were non-specific in their responses regarding use or non-use for their

own career development. Fourth, the one participant who did use the instruments of

portfolio for their own career development was trained in and practiced the contextual model of therapy.

   While these findings themselves cannot be generalized they open the door to further research and exploration specific to the relationship between and among the use of portfolio, mental health career development, and HRD applications of portfolio in the mental health field. If these three distinct areas have more in common than what was originally thought, and the use of portfolio can act to synthesize their common direction, then it is imperative that future studies are begun to tap this rich resource.

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Appendix A
Barry University
Informed Consent Form

Your participation in a research project is requested. The title of the study is; Portfolio Use and the Mental Health Practitioner. The research is being conducted by Frank Sodano, a PhD student in the Education department at Barry University, and is seeking information that will be useful in the field of human resources development. The aims of the research are to advance human resource development in mental health. In accordance with these aims, the following procedures will be used: semi-structured interviews. We anticipate the number of participants to be six.

If you decide to participate in this research, you will be asked to do the following: 1 audio-taped interview lasting no more than one hour; possible follow up to review data for content also up to one hour.

Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects on your relationship with the researcher. You may refuse to answer any question, and you may refuse to be audio taped. You may also request that any part of the interview be erased.

The risks of involvement in this study are minimal and include your time and attention. There are no known risks to you. The benefits to you for participating in this study may include insight into your clinical practice and career development.

As a research participant, information you provide will be held in confidence to the extent permitted by law. Any published results of the research will refer to thematic content only, and no real names will be used in the study. Data will be kept in a locked file in the researcher's office. Audiotapes will be destroyed immediately after transcription. Your signed consent form will be kept in a separate locked file away from the data. All data will be destroyed after 1 year.

If you have any questions or concerns regarding the study, or your participation in the study, you may contact me, Frank Sodano, at (239) 591-1109, my supervisor, Dr. Jia Wang, at (866) 936-6877, or the Institutional Review Board point of contact, Mrs. Nildy Polanco, at (305) 899-3020. If you are satisfied with the information provided and are willing to participate in this research, please signify your consent by signing this consent form.

Voluntary Consent

I acknowledge that I have been informed of the nature and purposes of this research by Frank Sodano and that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this research.

_____   _____   _____   _____
Signature of Participant   *Date*   *Signature of Researcher*   *Date*

Appendix B
Interview Guide

Research Topic: Portfolio Use and the Mental Health Practitioner
Time of Interview: _____ Date: _____ Place: _____

Interviewer: _____
Interviewee Information:
Psuedoname: _____ Age: _____ Gender: _____

Years in Practice: _____

This interview is intended to help the researcher to better understand how therapists utilize the components of the portfolio process for either their clients or their own development. All data will be kept confidential. All audio-tapes will be destroyed after transcription. Interviews should take no more than one hour. Please read and sign the consent form before the interview.

Questions:
 1-Can you describe the nature and parameters of your practice?

2-When you work with clients what are your general therapeutic goals?

3-Could you please describe some of the methods you use to achieve those goals?

4-Have you ever used, and could you briefly discuss the benefits of the following:

Genogram
Lifeline
Value clarification
Autobiographical essay/ Journal
Goal Clarification
Skills Inventory

5-In the progression of your own career have you utilized any of these tools for your own self development?

6-Would you consider doing so? Why or why not?

I would like to thank you in advance for your cooperation and participation in this interview. Again, you can be assured of the confidentiality of your responses. I would also like to remind you that there is the possibility for a follow up session to review your data for content.

<u>**Tape K**</u>

What ages do you work with?

From the age of 7 to 17. A wide range. I have had just about everything in between. The majority of my clients right now are in middle school, so 12 to 13 is the majority of my clientele right now.

What kinds of issues do they have?

Most of them have the Attention Deficit issue, the impulsivity, difficulty controlling their anger and then some kind of a mood disorder, whether some are more deprived and some just have major mood swings. I would say that is the majority.

What are your therapeutic goals when you are working with them?

First having them recognize that they have a problem, because a lot of them feel like they are coming to me just because their parents want them to come to me. So they don't have the problem and don't take responsibility for their own actions. So recognizing that they have a problem and then once they recognize it what can they do with that. What gets them angry, the triggers for it, identifying their own triggers, being aware of themselves, and then how can they tolerate those feelings and how can they express themselves appropriately.

What methods do you use to achieve some of those goals?

I am more partial to behavioral.

So that is your approach?

That is definitely more my approach, and I am also more hands on rather than just talk therapy I do a lot of work sheets with them, or drawings, or scrap books that they can keep their worksheets together, so when we are through they will have a scrapbook to keep a collection of the things they have done. As far as the cognitive behavioral stuff goes I often draw them diagrams, so they can see on paper their thinking pattern and how it relates it from one thing to

Developing rapport with participant.
Demographics of her clients.
Continued rapport building.
Establishing her therapeutic goals.
Beginning to identify the therapeutic tools she uses.

1

another. So what was the precipitating event? What were their thoughts and feelings about it? How did they act and what were their consequences. Then trying to get them to understand that, because I am a firm believer that our thoughts control our feelings. So trying to help them change their thoughts to more positive thoughts, so they can be aware of the fact that they have control of how they feel. Like somebody didn't make them angry, somebody doesn't make them happy, they make themselves happy.

Have you ever used, and if so would you discuss the benefits of any of the following:

    1.   <u>Genogram?</u>

A few times in this practice. I used it more in my internship when I was working with adults and I was doing assessments on the crisis unit – there I had to use it, so I used it in that practice all the time.

Had to because it was it helpful?

It was a requirement on the assessment. We had to actually draw genograms.

Did you find them a benefit?

Yes. I did, which is why I am not quite sure I don't use it more often now. Like I said I am a very visual person and so I do use the genograms more with clients that are maybe unsure of their background or their history. Some kids aren't really concerned with that. They don't really care, but if I find it more helpful in a family session. Just working with the child alone I don't get enough information to be able to one accurately. And I don't want to present something that may not be accurate. So in a family session I have used it a few times and it has been helpful because the child will look at it and go "Oh, I didn't realize that mom's parents divorce and this is why my grandfather…", so the picture has been very helpful.

Okay – the lifeline…Timeline…

Yes, I use those a lot.

And how do you find them helpful?

Direct question regarding the tools of portfolio.

Confirmation of her using one tool of portfolio and its value to her professionally.

Confirmation of additional portfolio tools and their value to her.

Because it gives the child an idea of where they were at in their life when they were happy. Like I it kind of like a scale of I do their ages at the bottom (lets say age 1 through 9). And then I do a scale of 1 through 10 on the other side with 10 being super happy at that point and then not happy. So as they go along they may say when I was five I went to Disney World and I was so happy because my whole family took me there. So identifying and at this point I wasn't happy because my parents divorced – helping them see in a picture format once again just what events happened in their life that really affected their happiness. Then where they are at now compared to where they have been in the past.

Value Clarification – Important to less important – What matters and what doesn't matter…

I have a worksheet that I sometimes I do with kids on "wants versus needs". Then we can kind of adjust the values. I also have a worksheet that lists importance into categories, and they have to classify if it is very important – a little important – or not at all important. So that is how I get at it. When I ask the kids something I have word searches or cross word puzzles and they don't understand the actual terminology of value, but I think getting at it from a different perspective is justified.

> She identifies values clarification as a very important tool to her.

It is a little tougher work. Autobiographical essays or journals?

Yes we do that. I used to have <u>path deck</u> that I would have to keep at the beginning. I don't really do that as much anymore, because I think that they get intimidated by it.

> Some impediments to the use of the tools.

Yes, homework.

Exactly. So I kind of do it as I go along.

Okay, hand it to them…

Exactly.

Did you find it useful for you?

> Confirmation of the tools value, and her use of it.

Oh yes.

Goal clarification…you do that at the beginning where you ask what are your goals?

Right I do goals a lot with the kids because again using worksheets, I have a lot of worksheets. It is what I really do. So I have different worksheets that will have them state a goal and then it has them break down the goal into maybe five categories. If your goal is to get A's and B's and they have been getting C's and D's. Okay, how are you going to achieve that? What steps do you have to take? So it is not just identifying a goal, but then helping them learn that there are small steps to take along the way.

Exactly. Yes, I want to be here, well how do I get there? What is the bridge that…Skills Inventory – what they are good at, what they….

I don't really do a skills inventory. When I first meet with them if I did an initial treatment plan or an assessment, I would ask them what their strengths are or their limitations, so that kind of addresses what they are good at and what…you know…I think too I do have a kind of an inventory that says good, poor or fair. And it will say things like controlling my anger, getting along with people; it is something that I want to use more of. I used to use it a lot when I worked a the Center. I would do it at the beginning and then at the end. And then I would show it to them so they could see what they checked at the beginning and then what they checked at the end.   The other thing I was actually thinking about the other day was the CBCT I think is what Bridges uses – Child Behavioral…I don't know it is a very lengthy pretty much skills and stuff.

Okay – I have heard of it but…

Yea and I thought it would be good if we had something like that. Because it addresses everything, whether it is a major problem or a little problem. And they do theirs at the beginning and end of treatment.

We are going to shift gears a little bit. In the progression of your own career have you used any of these tools? In other words, would you use genogram, lifeline value clarification, or a value as a journal goal clarification, or skills inventory in your own career development?

Confirms value of goals clarification tool.

Limited use of skills inventory tool.

Uses more skills inventory then she originally thought, it seems to have value to her.

More identification of the value of this tool.

In my own career development? You mean using it for myself?

Yes.

That is a good question. I suppose if I reached a point to where I was kind of getting stagnant and I wasn't quite sure what I wanted to do, then that would definitely be a good tool to help me. But if I felt like I don't know that I want to work with kids anymore, but I want the same field, but I don't know what I want to do. Then maybe that would help me. But I think for me to use it right now I don't know how it would help me to grow?

Okay. You have found your niche – you know what you like to do.

Right. But it would be interesting if I sat down and it were to tell me something different. If I were to go through the process and then review it, and then go hum? I would be interesting for me to sit down and do it.

That is pretty much- those are my questions. You have answered them perfectly – not like there was a right or a wrong, but I am really intrigued by your answers and that is what I want to get into. Let me shut this off.

Asking if she uses the tools for her own personal/professional development.
Defers her answer at first.
Wonders if the tools could be of value in her own development.