Leadership in the Counseling Profession: A Qualitative Study of CACREP Counselor Education Programs

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This dissertation titled
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Abstract

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Leadership in the Counseling Profession: A Qualitative Study of CACREP Counselor Education Programs

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Leadership is a growing field of study across many disciplines. The shrinking fiscal pie, increased competition via globalization, and rapid technological advances create unique social issues that challenge all current societal structures and systems and place unique demands on professions. The counseling profession is no exception.

Although, the counseling profession is in its relative infancy, the profession is an important part of the burgeoning mental health field. The increased demand requires the profession to take leadership development seriously. This is reflected in the CACREP (2009) standards, which calls for the inclusion of leadership in doctoral level Counselor Education and Supervision curricula. However, recent research suggested that leadership is not a priority in most training programs.

The purpose of this research was to understand how leadership is defined and implemented in CACREP accredited counselor education and supervision programs. This research used grounded theory methodology with qualitative interviews as the primary data source. Eleven program coordinators participated.

The results indicate that participants define leadership as the ability to cast a vision and generate movement. They upheld the value of communication and listening skills. They overwhelmingly agreed that the personal qualities of a leader are more
important than any particular skill set. Furthermore they consistently reported developing leaders informally using mentoring and experiential curricula.

From the results emerged a theory that states, program coordinators of doctoral level counselor education and supervision programs believe students who enter their programs already have the raw material needed to be successful leaders and thus only need an environment for it to emerge and develop. Because the consensus suggests that good leadership hinges largely upon the personal qualities of the leader and because current leaders attribute their rise to leadership to mentors and relationships, these programs continue to focus on mentoring and modeling as the primary pedagogical techniques for developing leaders as opposed to seeking more formal pedagogical applications.
Dedication

This is dedicated to the memory of my grandmother, Phyllis Gandee. She ignited a love for learning, a desire to pursue knowledge, and ensured college education was accessible.
Acknowledgments

This dissertation represents the culmination of an arduous journey that has spanned several years and provided some of the most significant growth in my personal and professional life. The journey has been full of challenge, sacrifice, and growth. With the end in sight, I am keenly aware of those who have supported me along the way.

I owe much of my success to my beautiful wife and best friend, Heather. You have been a source of strength and encouragement through this process. Your selfless care for our family, willingness to shoulder more responsibility, and your intentional concern for my well-being have been inspiring. You reminded me of my dream when I forgot and constantly encouraged me to continue. I am blessed to call you my wife, my partner in life, and I thank you for your love through this journey.

I also acknowledge the love and support of my three wonderful children. Two of you are not old enough to understand what I have been doing and why I could not always join you for family outings. The coloring pages you would leave and the scribbled notes that said, “I love you daddy” kept me going. I have pursued this in part to be a model for you and in hopes of making a difference in the world in which you live. I hope that you grow to love knowledge and pursue it over your lifetimes.

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To my colleagues in my cohort at Ohio University: each of you has enriched my life in some way. I have developed some lifelong friendships and benefitted greatly from working alongside you. We certainly shared a lot of laughs. Perhaps a few complaints! The truth be told, we are all better people as a result of the time we spent together.

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Chapter 1: Introduction

Leadership is a burgeoning field of study and subject to many definitions and formulas. Similar to other macro terms like love or peace, the numbers of definitions for leadership rival the numbers of those who are leaders (Northouse, 2010). In fact, the topic of leadership has become so popular that an Amazon search with keyword leadership yields 71,625 book results. The same search in EBSCO Academic Search Complete yields 30,546 peer-reviewed scholarly titles written since 2000.

While opinions on the topic of leadership are proliferate, the need for excellent leadership is great. Society is experiencing sweeping changes at unprecedented rates (Bennis, 2003; Berke, Kossler, & Wakefield, 2009; Collens, 1998; Kupers, 2007; Northouse, 2010). The shrinking fiscal pie, increased competition via globalization, and rapid technological advances create unique social issues that challenge all current societal structures and systems. The pace of change exerts a dynamic force on both the organizations and professionals (Siergrist, 1999).

Mental health services are no exception to the changes that are occurring and represent a growing sector of society accounting for a large proportion of total health care expenditures. In 2006, the National Institute of Mental Health (NIMH, n.d.) reported that 36.2 million people spent 57.5 billion dollars on mental health care, representing an average of $1,591 per person. Both expenditures and utilization have risen sharply over the last 10 years. The number of Americans paying for mental health services rose from 19.3 million to 36.2 million, an 87.6% growth. Meanwhile, expenditures rose from 35.2 billion dollars to 57.5 billion dollars (NIMH, n.d.).
Although, the counseling profession is in its relative infancy, the profession is an important part of the burgeoning mental health field. With the counseling’s foundation tracing back to Clifford Bears and Frank Parsons in the early 20th century, the profession is still defining its professional identity (West, Osborn, & Bubenzer, 2003a). Consistent calls to solidify a professional identity for counselors have yet to be satisfied (Meyers, Sweeney, & White, 2002). In the midst of what George (2007) described as a leadership vacuum, strong leadership is needed. Effective leadership can both answer the call to solidify the identity of professional counselors and propel the profession to the forefront of mental health service innovation by providing cutting edge solutions that address a myriad of social concerns and support the call for leadership in the larger society.

A doctoral degree in counselor education is meant to prepare counseling professional leaders (Sears & Davis, 2003; West et al., 2003a). Doctoral graduates are expected to assume leadership roles within the profession (Council for Accreditation of Counseling and Related Programs, 2009; Lockard, 2009). Evidence suggested, however, that leadership is a low priority for counselor education programs (Kostohryz, 2011; Lockard, 2009; Zimpfer, 1997).

**Background of the Problem**

**Leadership theories.** The most prolific writings on leadership come out of the business literature and strive to address three primary questions: (a) what is the significance of leadership, (b) are leaders born or developed, and (c) what makes leadership successful (Bennis, 2003; Burns, 1978; Gardner, 1995; George, 2007; Nohria & Khurana, 2010)? The growing urge to answer these questions appears tied to what
Burns (1978) called a “crisis of leadership” (p. 1). Past generations have seen leadership giants lead marches, organize political reform, compel masses of people to act for the common good, and redefine views of the world. Gardner (1995) profiled many of these leaders such as Martin Luther King Jr., Pope John Paul XXIII, Margaret Meade, and Eleanor Roosevelt. However, some point to a lack of leadership in the current social context (Burns, 1978; DeRue, Nahrgang, Wellman, & Humphrey, 2011; George, 2007).

Conclusions deduced from the literature are as diverse as the leaders around the world and have undergone a great evolution in recent decades. Scholars offered a plethora of ideas regarding the significant impact that leadership has had on organizations and society as a whole (Bass, 1999; Bennis, 2003; Burns, 1978; Gardner, 1995; George, 2007; Kouzes & Posner, 2006, 2010). Past leadership models emphasized leadership only in as much as the models impact the bottom line and productivity measures. Current scholarship suggested that leadership is more than productivity (George, 2007; Kouzes & Posner, 2006, 2010; Parks, 2005; Secretan, 2004). Instead, leadership was described as infusing meaning into peoples’ lives and empowering creativity in society (Bass, 1999; Crawford 2010; Kouzes & Posner, 2006, 2010; Nohria & Khurana, 2010; Secretan, 2004).

The question of whether leaders are born or nurtured has also seen an evolution of understanding. Nohria and Khurana (2010) pointed to a time when leadership was seen as a set of inheritable traits certain individuals are born with. Avolio (2010) studied twins’ pursuit of leadership over their lifespan. As a result of their study, the authors suggested that only 30% of leadership skills are inheritable and the other 70% are linked to
environmental events. The authors confirmed that leadership skills can be taught and are more often nurtured than born in individuals (Avolio, 2010; Bass, 1999; Bennis, 2003; Burns, 1978; Gardner, 1995; George, 2007; Kouzes & Posner, 2006, 2010; Parks, 2005; Secretan, 2004).

Individuals seeking to understand what makes leadership successful have produced a substantial theory base, which is continually refined. Historically, three primary theoretical orientations undergird leadership including trait-based leadership, behavioral or process oriented leadership, and contingency leadership. First, trait-based leadership theory suggests leaders have a particular set of innate and inborn traits that form a stable pattern over their lifetime making them effective leaders. The theory, big 5 personality traits, provides one such example (Bennis, 2003).

Second, behavioral theorists emphasize that leadership is in the interaction between the leaders and their constituents. Transformational leadership is the best example of behavioral theorists and is characterized by four tenets; idealized influence, intellectual stimulation, inspirational motivation, and individualized attention (Burns, 1978; Northouse, 2010). Transformational leadership theory balances the ability to cast and move people towards a common vision with a focus on the needs of followers and their intellectual contributions (Burns, 1978; DeRue et al., 2011; Kouzes & Posner, 2006).

Finally, contingency theorists understand leadership in context and argue that efficacy is ultimately a question of fit. The match of a person to the context determines the effectiveness of a person’s leadership style. Contingency theories focus on a host of
environmental factors and other idiosyncratic details. Situation leadership theory is one example. There is no one model. The approach depends on multiple factors within the organization and outside of it (DeRue et al., 2011; Glyn & DeJordy, 2010; Northouse, 2010).

DeRue et al. (2011) offered the most compelling evidence in their large scale meta-analysis suggesting that behaviors of leaders are highly correlated with overall leader effectiveness. DeRue et al. pointed to the importance of conscientiousness and agreeableness traits in leaders. Their evidence gives credence to a growing emphasis on authentic leadership theory. Authentic leadership operates on the assumption that people are looking for leaders who are trustworthy and act with integrity (Northhouse, 2010). Authentic leaders lead from behind, seeking to promote the individual interest of their constituents while moving the whole group towards growth and productivity (George, 2007; Kouzes & Posner, 2006; Northouse, 2010; Secretan, 2004).

Thus, leadership is more than productivity; it provides meaning for people and unleashes the creative powers of individuals in society. Leaders are not born, but develop over time through a host of educational and life experiences. Though, there is no single correct way to lead, the preponderance of literature pointed to the efficacy of contributions from transformational leadership theory and currently gives way to authentic leadership theory (Bennis, 2003).

The evolution of leadership theories is paralleled with consistent calls for innovation. Innovation is more than creativity. It is the ability to imagine a future state of progress and implement steps to achieve said state (Collens, 1998; Hill, Travaglini,
Brandeau, & Stecker, 2010; Maher, 2011). Innovation is thought to reside not in the leaders, but in the constituents. Yet, leaders hold the responsibility for creating environments that unleash innovative potential. Hill et al. (2010) described leadership as promoting innovation by cultivating individual genius and “developing the individual and collective capacity for co-design” (p. 611).

**Leadership in counseling.** Various disciplines like business have studied leadership extensively in an effort to establish their professions as front-runners; however, little has been written regarding effective leadership in the counseling profession. Many counselors who serve in leadership roles are under prepared to be leaders (Curtis & Sherlock, 2006). Though often given charge of counseling professional organizations, counselors lack specific leadership skills (Curtis & Sherlock, 2006). Wilson and Lau (2011) wrote that there is a growing void of qualified leaders for non-profit social service agencies. By contrast is the growing consensus among the for-profit sector that all institutions and organizations have a mechanism by which they identify and promote leadership (DeRue et al., 2011). The call for intentional leadership development holds promise in assisting the counseling profession to stay current with the rapid changes of the times and to help shape the delivery of mental health services.

Historically, the counseling profession attested to the importance of leadership (West et al., 2003a). The profession’s history depicts numerous professionals who have come out of the ranks to provide great influence, change, and mentorship of future leaders for the profession. Clifford Bears, George E. Hill, Susan Sears, are a few leaders in the counseling profession chronicled by West et al. (2003a). However, the counseling
profession, like society as a whole, has changed and will be propelled to change rapidly in order to keep pace with social forces such as globalization and technological proliferation as the profession moves toward an unknown future.

A doctoral degree in counselor education is one of the ways the counseling profession has sought to meet the growing demand of mental health services. Leadership has been a focus of doctoral level counselor education since 1978 when the first standards were issued by the Association for Counselor Education and Supervision (ACES) (Smith, 2004). The Council for Accreditation of Counseling and Related Educational Program’s (CACREP) standards (2009) are clear that leadership is an integral part of a doctoral program. In fact, the CACREP standards suggests five domains for assessing student learning outcomes; supervision, teaching, research and scholarship, counseling, and leadership and advocacy. The clear inclusion of leadership in the standards reflects the growing focus of higher education in providing a transformative environment, thereby enabling doctoral students to become pioneers of change in the future (Collens, 1998; Hoshmand 2004; Parks, 2000; 2005).

Recent research revealed that leadership is seen as the least important of the domains among counselor educators. Zimpfer’s (1997) results from 52 surveys completed by counselor education department coordinators who ranked the relative importance their program placed on the five CACREP domains as the following: teaching, supervision, scholarship, clinical practice, and leadership. Leadership ranked lowest with 20% who stated their program placed no emphasis on the domain of leadership. More recent work by Kostohryz (2011) shed further light on the lack of
importance placed on leadership. Respondents in her study ranked the importance of the five domains in structuring of the program’s comprehensive exams, which were; research/scholarship, supervision, counseling, teaching, and leadership/advocacy. Only 48 of 95 (50%) respondents ranked leadership/advocacy as important.

**Misunderstanding leadership.** There are two possible explanations for the perceived unimportance of leadership in the counseling profession. First, is the way leadership was defined, and second was the lack of an intentional process by which leadership was identified and cultivated. The definition of leadership in the counseling field has traditionally been paired with two other domains; scholarship and advocacy. In fact, scholarship and leadership were often seen as synonymous (Lockard, 2009; Magnusson, Norem, & Haberstroh, 2001; Smith, 2004).

**Scholarship.** Mastering the skill set of the scholar and translating knowledge to practice was viewed as leadership. In regards to identification of leadership, Osborn, West, Bubenzer, Duba, and Olson, (2003) and Sears and Davis (2003) stated that the doctoral degree in counselor education prepares students for leadership in the areas of counseling, teaching, research, publishing, and advocacy. The knowledge and understanding of leadership is based on the mastery and performance of the technical skills mandated by the profession (Gibson, Dollarhide, & McCallum, 2010). The assumption in the counseling profession is that if individuals are engaged in the five CACREP domains, they will be effective leaders. Each of the five domains is vitally important to the counseling field and contributes to the influence of the profession (Magnusson et al., 2001) However, it is possible to publish without being read, to teach
without students learning, and to serve on committees without making progress. The growing trend measured leadership in specific terms such as influence of individuals and organizations, contribution to change, and leader development, rather than professional activities (Bass, 1999; Bennis, 2003; Burns, 1978; Secretan, 2004). The scholarship/leadership pairing fell short of capturing leadership as specific ideas or sets of traits, skills, and behaviors that motivate and inspire people leading to innovative change.

**Advocacy/professional identity.** While the counseling profession has begun to move past the pairing of leadership and scholarship, leadership has yet to be defined as a domain worthy of its own standing. Instead, the new trend paired leadership with advocacy as seen in the CACREP standards (2009). The revised standards state that capacity for professional leadership is one criterion for acceptance into counselor education programs. The standards establish learning outcomes that include leadership theory and skills. However, leadership, rather than standing alone, was paired with advocacy. The learning outcomes appear rooted in the counseling profession’s continued search for an identity among the other mental health professions. Advocacy has been necessary to secure licensure, public recognition, and overall advancement of the counseling profession. Counseling licensure is in all of the states now, yet the counseling profession still struggles to gain the public recognition afforded other mental health fields (Hanna & Bemak, 1997; Myers, Sweeney, & White, 2002). Advocacy efforts have been successful, but not without a struggle. Professional organizations have emerged and strengthened largely to promote the profession via advocacy and identity development efforts (Myers et al., 2002; Toporek, Lewis, & Crethar, 2009; Trusty & Brown, 2005).
In 2003, the American Counseling Association, the prominent national association, adopted a set of advocacy competencies (Toporek et al., 2009). Although, advocacy continues to be needed, the difficulty has been to convince policy makers of a common professional identity when there is continued internal disagreement regarding who counselors are and what counselors do (Meyers et al., 2002). Thus, significant energy is invested in the continued focus on professional identity development. The counseling professional identity is seen as a significant contributor to engagement in advocacy and thus in leadership as it relates only to the profession (Auxier, Hughes, & Kline, 2003). Calley and Hawley (2008) offered a list of factors included in the counseling professional identity as follows: “(a) distinct values of the profession, (b) scope of professional activities, (c) focus of scholarship, (d) theoretical orientation, (e) understanding the history of the profession, (f) the credentials and training of counselors” (p. 6).

The factors listed by Calley and Hawley (2008) are valuable pursuits and necessary to the sustenance of the counseling profession. Professional identity has been and will be an imperative that will assist the counseling profession to keep pace with future demands. However, the focus on professional identity turns leadership inward, falling short of capturing the growing consensus of what makes good leaders and the cross-disciplinary nature of the emerging culture.

The counseling profession needs an expanded definition of leadership to reflect the outlook of other disciplines and the growing interest of the counseling profession. Leadership is increasingly described as a separate domain and comprised of specific
behaviors and traits (Curtis & Sherlock, 2006; Gibson, Dollarhide, & Mcallum, 2010). Lockard (2009) proposed a definition of leadership, which included “leading and managing people, leading and managing organizations, and motivating people” (p. 5). The growing consensus is that leadership is about “facilitation, vision, motivation, authenticity, advocacy, and encouragement of others” (Gibson et al., 2010, p. 285). Leadership includes abilities to set vision, manage budgets, empower employees, and more (Curtis & Sherlock, 2006). The above contributions have moved in the direction represented by West et al., (2003a) who wrote, “We see leadership as consisting of attitudes and behaviors that can be developed in counselors” (p. 3).

Prioritizing leadership. The lack of clarity in defining leadership is followed by the lack of an intentional process to promote leadership in the counseling profession. The priority of leadership promotion is evident in the tenure and promotion process as leadership ranks behind teaching, publishing, and activities such as conference presentations (Davis, Levitt, McGlothlin, & Hill, 2006; Ramsey, Cavallaro, Kiselica, & Zila, 2002). While most of these authors reported largely on the perceptions of new faculty, they give insight into the priority set by the profession as well as the low priority for leadership.

The low priority of leadership is further illustrated in the election of leaders in the most respected organizations, as there seems to be no standardized way of identifying and promoting leadership talent. Magnusson, Wilcoxen, and Norem, (2003) interviewed numerous leaders within the counseling profession and revealed that often leaders attributed their rise to leadership to happenstance or being in the right place at the right
time. Many leaders cited the influence that ACA leaders had on nurturing their desire to lead. Current ACA President, Don Locke echoed the importance of mentoring when describing his rise to leadership, which resulted from the mentorship of a former professor (Shallcross, 2011). While it seems fitting to allow leaders to organically emerge, such an approach fails to integrate the wisdom of other professional sectors that are proactively developing their own pools of leadership talent. The business literature consistently emphasized the importance of developing leadership talent for organizational sustainability, and that leadership was understood as specific teachable skills and behaviors (Berke et al., 2009; Crawford, 2010; DeRue et al., 2011).

Statement of the Problem

The CACREP (2009) guidelines mandate the inclusion of leadership in the curricula for doctoral programs in counselor education. The counseling literature pointed to the lack of importance placed on the leadership domain within counselor education programs (Kostohry 2011; Lockard, 2009; Zimpfer 1997). The reason for the disparity appears to be rooted in the misunderstanding of leadership and the lack of importance placed on leadership in counselor education (Lockard, 2009; Smith, 2004). The counseling profession has yet to adopt a working definition of leadership consistent with other professional disciplines and to prioritize leadership as a function of the professional counselor. Instead, leadership remains connected to other domains such as scholarship and advocacy and is inherently inwardly focused and limited to activities within the profession alone (Sears & Davis, 2003; West et al., 2003a). This pairing of leadership with other terms deprives the counseling profession of the opportunity to take
seriously the need to develop leaders within the profession, thereby propelling counseling leaders into the professional world not only to advance the profession, but to contribute to the culture of innovation within the counseling field (Lockard, 2009).

The importance placed on leadership as a function, which can be nurtured, is weak at best among counselor educators (Kosthoryz, 2011; Lockard, 2009; Zimpfer, 1997). While the CACREP standards (2009) explicitly require leadership in counselor education curriculum, a review of counseling program websites revealed sparse implementation of the domain specific to leadership (Lockard, 2009). A lack of consensus exists both in the definition and inclusion of leadership in counselor education programs. At a time when the leadership literature is using terminology germane to the counseling profession such as self-awareness, authenticity, integrity, and empathy; the counseling profession should be at the forefront seriously heeding the call for leadership for both the promotion of the profession and in response to the growing niche in the larger community (Watts, 1998).

A focus on leadership, which unlocks the innovative potential of the counseling profession and provides answers to the social concerns, is at the heart of professional counseling. Counselors seek to understand people, empower their creative energies, and spend immense amounts of time cultivating the type of relationships that elicit change (Watts, 1998). It is fitting that counselor education programs prepare leaders for the task of leadership. Instead, counselor education programs’ priorities seem to leave the prominent places of leadership in the public sector open to other disciplines (Lockard, 2009).
Counselor education programs provide the training ground for leadership. I seek to understand how program coordinators in counselor education doctoral programs define leadership and how leadership is integrated into the training of doctoral students, the future of the counseling profession. It is my position that my research will shed light on the gap between the counseling profession’s definition of leadership and that of other disciplines, and illuminate CACREP’s call for the inclusion of leadership training and implementation in counselor education programs (Kosthoryz, 2011; Lockard, 2009; Zimpfer, 1997).

Significance of Study

The counseling profession continues to struggle for equality among other mental health professions. Much is written regarding our pursuit of a professional identity and the imperative call for engagement in advocacy efforts (Meyers et al., 2002). Little is written on leadership in the counseling literature. To address the pending change and pressing challenges the counseling field is faced with, it is imperative that counselor education programs foster and unleash high performing leaders into the professional ranks (Curtis & Sherlock, 2006; Gibson et al., 2010; Lockard, 2009; Sears & Davis, 2003; Smith, 2004; West et al., 2003a).

Greater understanding of how counselor education programs define and implement leadership within their programs can provide needed insight to assist the counseling profession in differentiating itself among other mental health disciplines, to help the profession gain credibility within mental health agencies and institutions, and to contribute to innovative solutions for the most pressing human concerns. Currently, the
leadership literature is replete with terminology germane to the counseling field (Bennis, 2003; Burns, 1978; George, 2007; Lorsch, 2010; Northouse, 2002; Secretan, 2004; Watts 1998). One can only speculate at the significant contributions to leadership and the leadership literature that could emerge from counselor education.

I hope to generate theoretical beginnings regarding the state of leadership in the counseling profession as seen through the eyes of counselor education program coordinators. A comprehensive understanding of this position could be informative for all counselor education programs and has the potential to influence accreditation standards and advocacy efforts, to breathe new life into professional identity pursuits, and to put professional counselors in a place of prominence in the public sector (Hanna & Bemak, 1997; Mellin, Hunt, & Nichols, 2010; Meyers et al., 2002; Rigazio-DiGilio, 1996).
Chapter 2: Literature Review

Introduction

In light of the proliferation of leadership literature, one thing is clear, there is no right way to lead (Allio, 2009; Hackman, 2010; Northouse, 2010). Instead, leadership is a culturally bound, socially determined phenomenon that changes over time (Allio, 2009). Researchers who have studied and written about leadership suggested that the lack of leadership is deadly for an organization and in fact, poor leadership is better than no leadership at all (DeRue et al., 2011). The focus of the present literature review includes the definition of leadership, the significance of leadership in a culture of innovation, the parallels and possible intersections of current leadership theories across various disciplines, and the leadership perspective as applicable to the counseling field.

Defining Leadership

Leadership is a term that has enjoyed a plethora of definitions (Northouse, 2010; Stodgill, 1974). Burns (1978) wrote that leadership is about eliciting action or moving toward a common goal by arousing the motives, aspirations, wishes, and desires of followers. Gardner (1995) suggested that leadership involves influencing followers’ thoughts, feelings and actions. Secretan (2004) said leadership is defined by service, which includes a serving relationship marked by growth and contribution to the common good. Maybe most completely and succinctly stated by Northouse (2010), leadership “is a process whereby an individual influences a group of individuals to achieve a common goal” (p. 3). The influence towards a common goal is consistent in leadership definitions, as leadership is never separated from the needs of the followers (Gardner, 1995; Kouzes
& Posner, 2006, 2010; Secretan, 2004). And most importantly, leadership is a mutual exchange that draws from a common source of motivation woven into the fabric of the exchange between individuals.

Three key markers of leadership are influence, change, and leader replication. Northhouse (2010) wrote that the first marker, influence is the hallmark of leadership. In the absence of influence, a leadership vacuum exists, with resistance to the idea that some individuals have influence over others. In fact, Stanley (2008) pointed out that transformational qualities are inconsistent with leadership in nursing, primarily rejecting the ideas of leaders having profound influence as a result of their personal traits. Bryman and Lilley (2009) found similar resistance to how individuals influence others among academics, a group who has studied leadership. However, the overwhelming consensus is that leaders do and must influence constituents.

Gardner (1995) offered a basic biological position pointing out the primate nature of humans is the tendency for hierarchical relationships and that imitation is woven into humans’ most basic selves. Researchers agree to the importance of influence in the leadership exchange. However, influence is often distinguished from power (Nohrina & Kuhrana, 2010). Influence is defined as the various traits, skills, and abilities in leaders that compel people to follow (Lorsch, 2010). Intellect and superior communication skills are ways a leader can gain influence. A growing consensus is that integrity and the personhood of leaders are the most important forces for influencing constituents (Bennis, 2003; Burns, 1978; George, 2007; Lorsch, 2010; Northhouse, 2002; Secretan, 2004).
For the second marker, many leadership experts identified change as essential to leadership and a key indicator of leadership effectiveness (Burns, 1978; DeRue et al., 2011; de Vries & Engellau, 2010; & Gardner, 1995). A key goal of leadership development is preparing leaders to assist organizations face the greatest obstacles that occur as a result of change (de Vries & Engellau, 2010). Under the barrage of social influences and rapid technological shifts, change occurs and is at the heart of a leader’s responsibility. Gardner (1995) described three types of leaders; ordinary, innovative, and visionary. Ordinary leaders are maintainers who keep the system going fitting more with depictions of managers than that of true leaders. Managers are about efficiency and system maintenance, where leaders are about improvement and effectiveness (Bennis, 2003). Northhouse (2010) distinguished between management and leadership by suggesting that managers focus on order and consistency, where leaders focus on change and movement. Innovative and visionary leaders are change agents who are able to maintain stability, but offer new twists to existing ideas and methods (Gardner, 1995). Innovative leaders maintain stability and traditions while simultaneously moving forward. Gardner (1995) credited innovative leaders for finding suppressed strengths in a culture or group and bringing a new emphasis to an old story. Whereas, visionary leaders are agents of change, are able to communicate new ideas successfully, and are not content with existing structures, stories, and methods. Gardner believed that visionary leaders are rare, especially in comparison to ordinary and innovative leaders. Gardner’s (1995) model reinforces change as a marker for leadership. At times, organizations need leaders to maintain existing structures, methods, and ideas. However, maintenance is better
understood as management, rather than leadership (Bennis, 2003; Northouse, 2010). Leadership ultimately involves some level of change (Bennis, 2003; Burns, 1978; Bennis, 2003; DeRue et al., 2011; de Vries & Engellau, 2010; Kegan & Lahey, 2010; Northouse, 2010).

The third and final marker is leader replication. When leaders are successful, leadership is contagious and empowers other leaders to emerge. Secretan (2004) alluded to leadership as a power distribution, giving power to the followers. Leadership is marked by influence and change resulting in raising new leaders. Actualized leaders must also be willing to be led, which promotes the development of emerging leadership as leaders go about their daily tasks of leading (Burns, 1978).

The essence of leadership is a co-creative collaboration process. The collaborative process naturally empowers followers to places where they can begin to find their own leadership voice. Some leaders consider leader development as an imperative for the current climate. Berke et al. (2009) warned that organizations that do not develop their own leadership pools will not progress through the current economic crisis. The success or movement of organizations depends on the intentionality of people who are empowered, developed, and charged in the direction of the visions of organizations (Berke et al., 2009; DeRue et al., 2011; O’Connor, 2004).

**Leadership Theory**

Leadership has been described as the influence used to achieve a common goal. Leadership theories provide a framework for understanding how leadership takes place. Hackman (2010) pointed out there is no right way to lead. Similar to the multiple
definitions of leadership provided in the literature, many theories are provided in the literature that informs leadership practice, each of which are informative, but tend to be reductionist and incomplete. Glyn and DeJordy (2010) suggested that leadership is a domain that defies homogeneity. However, scholars and researchers have invested a great deal of time and resources trying to unlock the secret of what leadership is and how leadership should occur. Critiques of the current leadership theory suggested theories are dated (Bass, 1999). Bass alluded to the plethora of studies on various aspects of leadership, but he suggested a need for new understandings and measures that would promote a new era of leadership. Understanding the development of the leadership domain as it has developed is important for specific professional fields, such as the counseling profession.

Three paradigms undergird the leadership theory literature; trait based, behavior or process oriented, and contingency based theories. Each paradigm has well established support, but has become less studied as new theories emerge. In trait based leadership theory, leaders have a particular set of innate and inborn traits that form a stable pattern over their lifetime, which make them effective leaders. The “big 5” personality theory is one example of trait based theory, which includes five primary personality types found in leaders. In a trait based orientation, leadership is not learned or developed, rather a person is born with a certain personality leadership type (Nohria & Khurana, 2010; Northouse, 2010; Zaccaro, 2007). In behavioral or process oriented leadership, theorists believe leadership lives in the interactions of individuals. Leadership is what leaders do; a process that can be observed and, thus can be learned. West et al. (2003a) described
behavioral leadership as a particular set of attitudes and behaviors individuals possess. Kouzes and Posner (2006) explained that leadership is comprised of skills and abilities and both authors expressed the voice of the majority in that leadership is not reserved for the few, but available to anyone willing to study, grow, and learn (Bass, 1999; DeRue et al., 2011; Gardner, 1995; Secretan, 2004). For the third theory, contingency, leadership is viewed as contextual and is ultimately a question of fit (Glyn & DeJordy, 2010). The match of the person to the context determines the effectiveness of leadership. Contingency theories focus on a host of environmental factors and other idiosyncratic details. Situational leadership theory is one example of a contingency based theory.

One question guiding researchers is what matters most out of three components of leadership; the traits of leaders, the process of becoming leaders, or the environment of leaders. Slowly, a theory base is emerging from a reductionist approach, which recognizes all three components and how those components interact. Current theories lean towards the integration of all components. Nohria and Khurana (2010) captured the current foci best, when they stated that leadership includes knowing, doing, and being. The authors claimed that all three components play into every leadership interaction, and none can be parceled out to stand-alone. Whereas, Northhouse (2010) placed the focus on the most popular leadership theories from a continuum perspective, with laissez faire leadership on one extreme and transformational on the other extreme. The continuum is split by transactional leadership theory. The three theories appear to be the most common as represented in current literature. More importantly, the authors incorporated in the
popular leadership theories various degrees of focus on the person of the leader, the behavior of the leader, and the environment.

According to DeRue et al. (2011) laissez faire leadership is deemed not only ineffective, but destructive. Although DeRue et al. (2011) suggested a common approach to leadership is laissez faire, which is marked by a detached leadership style allowing subordinates to guide with little knowledge communicated to leaders. DeRue et al. asserted that subpar leadership is better than no leadership at all, in contrast to the detached laissez faire style. In response to laissez faire style of leadership, most researchers suggested a more active leadership approach. And, DeRue et al. (2011) wrote that leaders should assume the role of leadership swiftly and with confidence to avoid irrelevance.

Transactional leadership theory focuses on an exchange between individuals and is marked by a benefit for both individuals as they exchange things of value (Burns, 1978; Glyn & DeJordy, 2010; Northhouse, 2010). For example, transactional leadership is well represented in businesses that use profit sharing techniques for bonuses. Transactional leadership uses a basic reward and punishment system, which can be undermined due to inability to reproduce the exchanges. Transactions are bound in the exchanges that occur between specific groups of people at a specific point in time. Two primary applications are involved with the first being management-by-exception, a style marked by criticism and corrective action. Management-by-exception seeks to motivate by showing subordinates their errors and offering corrective ideas. The second application is contingent-reward, where once a production goal is met the subordinate is
rewarded (Northhouse, 2010). One example is the tenure process in higher education, as
the professor is rewarded largely based on productivity measures (Gibson, Dollarhide &
McCallum, 2010).

At the other end of the continuum and certainly the most popular theory is
transformational leadership theory. Transformational leadership is built on four tenets;
individual consideration, idealized influence, inspirational motivation, and intellectual
stimulation (Bass, 1999; DeRue et al., 2011; Frey, Kern, Snow, & Curlette, 2009; Li &
Hung, 2009; & Herzog & Zimmerman, 2009; Northouse, 2010). Individual attention is
the degree in which leaders attend to the needs of the followers by mentoring, coaching,
and taking time to develop constituents. Employees are valued as contributors and their
well being is seen as an important part of the process (Kouzes & Posner, 2006, 2010).

The second tenet, idealized influence garners scrutiny because the term has often
been comingled with the idea of charisma (Northhouse, 2010). The literature on leadership
has distanced itself from the idea of charismatic leaders because of the negative attention
received by religious and political leaders, athletes, movie stars, and all who lead from
their personality, for their own gain. In fact, Avolio (2010) distinguished between good
and bad transformational leadership pointing to charisma as part of the distinction. Good
transformational leaders compel followers and call constituents to be and give their best
(de Vries & Engellau, 2010; Herzog & Zimmerman, 2009). A discrepancy in the
literature on transformational leadership is how leaders accomplish the transformation of
followers and constituents to be their best. The current movement is towards authenticity
and integrity (Bennis, 2003; George, 2007; Kouzes & Posner, 2006, 2010; Secretan,
The third tenet, inspirational motivation includes leaders’ abilities to cast a vision and encourage followers to work towards that vision. Inspirational motivation requires enthusiasm and energy, but more importantly, current scholarship points to the need for trust (Bass, 1999; Bennis, 2003; Kouzes & Posner, 2006, 2010; Secretan, 2004). The fourth and final tenet, intellectual stimulation, involves leaders’ abilities to ask hard questions, challenge the status quo, and employ creativity. Leaders who are creative have the ability to play, embrace error, and hold conflicting ideals (Bennis, 2003).

Northouse (2010) pointed out the emergence of charismatic ideals near the time transformational theory emerged. The notion of charismatic leaders has spilled over into transformational thinking, shifting the focus away from the best of human interaction, inspiration, and the heart of great leadership. Yet, the heart of transformational leadership is inspiration, which is the result of relationships defined by love and service (Secretan, 2004). Despite the criticism by Stanley (2008) evidence supported the notion that transformational leadership is effective. Additionally, research addressed the relative efficacy of important traits or behaviors in leaders. One significant study conducted by DeRue et al. (2011) was a meta-analysis of 59 studies. Thirteen were meta-analysis themselves. DeRue et al.’s study yielded the most informative and instructive results to-date on leadership effectiveness. DeRue et al. used four measurement criteria; individual effectiveness, group effectiveness, satisfaction with the leaders, and overall satisfaction with the leader. Behaviors, or what leaders do, proved consistently more significant in overall leadership effectiveness than their leadership traits. Leadership traits accounted for large portions of the variance in ratings of satisfaction with leaders and satisfaction
with jobs; however, what leaders do proved most significant. Traits were not unimportant. The most significant leader traits were conscientiousness and agreeableness. Conscientiousness includes the leaders' organization, dependability, decisiveness, and predictability (Li & Hung, 2009). The most significant behaviors included the ability to define structure and change-related transformational behaviors. Likewise, DeRue et al. (2011) found overwhelming support for a transformational leadership style. Other researchers confirmed a preference for transformational leadership style in various settings, with their studies (Herzog & Zimmerman, 2009; Kouzes & Posner, 2010; Singer & Singer, 2001).

**Current Leadership Theories**

**Authentic leadership.** Kouzes and Posner (2006, 2010) are arguably the front-runners in current scholarship regarding transformational leadership. They offered five key practices for great leaders which included; model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart. Kouzes and Posner (2006, 2010) also wrote extensively about qualities of good leaders, which included traits such as empathy, trust, service, and leaders as learners. Their understanding of leadership may be best represented by the statement “the most significant contributions leaders make are not to today’s bottom line but to the long-term development of individuals and institutions that adapt, prosper, and grow” (Kouzes & Posner, 2006; p. 18). With a greater focus on leaders as people as Kouzes and Posner noted, theories on leadership spawned a growing edge to leadership resulting in a new theory called authentic leadership (Avolio, 2010; Bennis, 2003; George, 2007; Northhouse, 2010; Stanely, 2008).
Proponents of authentic leadership theory proposed that leadership emerges from the uniqueness of an integrated self-aware person. Kouzes and Posner (2010) captured the overall perspective of authentic leadership theory by suggesting leaders continue to find themselves and be more themselves in their leadership interactions. Likewise, Bennis (2003) spoke to the importance of reflection in leadership formation and the movement away from the idea of leaders as figureheads. Rather, the literature focused around the idea of leaders as real people who create environments of empowerment and effectiveness through self-awareness, balance, empathy, and transparency, with importance placed on constituents’ personal well-being, achievement, and contribution (Allio, 2009; Avolio, 2010; Bennis, 2003; Bennis & Goldsmith, 2003; George, 2007). Authentic leaders unite and empower constituents, which in turn creates value for stakeholders. Authentic leaders determine their purpose in leadership which becomes their guide. Their purpose is determined with self-awareness at the core, living an integrated life, having a support team, knowing their motivations, and leading with values and principles (George, 2007).

The literature surrounding authentic leadership theory continues to develop but clear agreement on many of the key tenets already exists. Authentic leaders are transparent, self-aware, and have an internal compass that guides their every move. They are empathetic towards others, active listeners, and able to entertain and embrace multiple, even conflicting perspectives of others. Authentic leaders are also balanced, positive, and embrace hope. They embody characteristics that empower the best in
constituents and unlock the deepest human potential (Avolio, 2010; Bennis 2003; George, 2007; Northouse, 2010).

**Developmental leadership.** The age old question, are leaders born or developed has been quieted. Recent consensus is that leaders are in fact developed, and that leadership is a capacity in all people (Bennis, 2003; Gardner, 1995). In fact, leadership is considered an innate potential (Bennis, 2003; Kegan & Lahey, 2010). Like other innate potentials, leadership is cultivated or left dormant largely due to circumstance, choice, and individual drives. Some theorists suggested that most such leader talents remain undeveloped (Bennis, 2003; Gardner, 1995). Gardner (1995) offered a compelling look at primitive human tendencies, including the drive towards hierarchy and imitation. In humans’ drive towards hierarchy and imitation, leadership potential can be developed or stifled based on individuals’ role models within societies and communities. Many leaders master their professional domains, however, it is rare to find leaders who become masters across domains and even master the realm of people and personal relationships. Leaders who achieve mastery in multiple domains likely had good role models and life events that propelled their innate capacities to the forefront. Gardner (1995) referred to developed leaders as being connected to their communities, having a certain rhythm of life, exuding integrity in their relationships, and upholding the value of choice. The emergence of developed leaders is never separated from the stories of the society.

Kegan and Lahey (2010) offered a developmental model demonstrating the progression of a leader’s cognitive complexity of leaders over time. Their research described leaders who are at higher levels of cognitive complexity as more effective.
However, Kegan and Lahey reported that few leaders reach their peak level of cognitive complexity. Their developmental model of leadership outlines a staged process, with periods of sharp growth and periods of relative stability at three plateaus called, “socialized mind, self-authoring mind, and self-transforming mind” (Kegan & Lahey, 2010, p. 774). The number of people arriving at each plateau drops with each stage. The socialized mind is a conformist and faithful team member. The self-authoring mind is independent and can make judgments and decisions. The self-transforming mind rarely occurs in comparison to the other two plateaus. They seek interdependence, mitigate multiple perspectives, and synthesize disparaging inputs.

Kegan and Lahey (2010) and Gardner (1995) agreed that the highest level of developed leaders is rare, but has transformative potential. Developed leaders have the ability to meta-analyze ideas, hold and navigate dialectical tension, become master thinkers, and most importantly, master the interpersonal domains. However, Kegan and Lahey (2010) pointed to the large gap in what is expected of people and where they are on the cognitive complexity model. Frequently, most leaders are not as advanced developmentally as thought to be.

A second developmental model, spiral dynamics suggests leaders operate based on memes. Memes are defined as “basic packages of thought, motives, and instructions that determine how we make decisions and prioritize our lives” (Beck & Cowan, 2006, p. 40). Memes exist in a spiral process rather than stages, allowing an individual to progress or regress at any given time. When moving up the spiral, previous levels are not lost, but rather integrated and adapted to the new level. Within the spiral dynamics model, memes
are color-coded starting with beige and progressing to turquoise. The beige level indicates pure survival while at the top is macro-level processing consistent with the peaks of human capacity.

Taken together, Kegan’s Stages and the spiral dynamics model demonstrate that leaders are developed over time. However, few leaders reach the heights of cognitive, social, and personal development, which promote effective leadership. Together, self-actualized individuals (Maslow, 1971), self-transforming minds (Kegan & Lahey, 2010), turquoise memes (Beck & Cowan, 1996) and developed leaders (Gardner, 1995) view human capacities as developmental.

**Significance of Leadership**

**Innovation and creativity.** There is little need to read the scholarly literature to know the environment is constantly changing. Recent economic shifts have created a radically competitive world (Duderstadt, 2009). The new economy is marked by the constant emergence of and demand for advanced technology. Globalization makes the world more accessible, but also increasingly competitive (Duderstadt, 2009; Mokhber, Ismail, & Vakilbashi, 2011). Additionally, and perhaps most influential to current trends is the economic crisis that continues to grasp the world (Berke et al., 2009). The combination of economic, technological, and globalizing forces creates a perplexing conundrum calling for greater levels of production in the face of shrinking fiscal and human resources and growing emphasis on innovation. The focus on innovation leads to adoption and implementation of new ideas thereby, enhancing humans’ well-being (Rank, Pace, & Frese, 2004). Additional changes occur to existing processes, also
creating innovation (Maher, 2011). Though innovation involves and even starts with creativity, innovation differs significantly. Innovation is often a collaborative social process that ends in an application of ideas. Whereas, creativity is a cognitive and often individual process of generating ideas (Duderstadt, 2009; Mokhber et al, 2011; Rank et al., 2004).

Paralleling the repeated call for innovation in the world is the call for leadership, which unearths the innovative potential in people of every professional sector. The literature increasingly suggested the source of innovation emerges from the trenches (Maher, 2011). Hill et al. (2010) wrote, “Innovation is about co-design: creative abrasion, creative agility, and integrative problem-solving. Co-design is collaborative work that entails the exacting leadership task of unleashing and harnessing the diverse ‘slices of genius’ (talents) in an organization for a collective good” (p. 613). Though the source of innovation may lie in the followers, leaders have the responsibility to promote an environment that allows innovative emergence.

The focus on innovation is not specific to the business or for-profit sector. In fact, much is being written regarding innovation in higher education and academia’s role in shaping the innovators of the future (Collens, 2008; Crawford, 2010). Scholars agree that innovation must start in the academy with new paradigms, pedagogies, and methods of assessment. Innovation requires the formation of a transformative educational culture (Duderstadt, 2009; Hoshmand, 2004; Siegrist, 1999). The initiative toward innovation moves from a focus on gifted individuals that meet some predetermined qualification of success, to finding ways of nurturing the creative contributions of every individual (Hill
et al., 2010). With a focus on the creative potential of all people and their role unearthing innovative solutions that address the vastly changing world climate, the call for a new kind of leadership occurs (Bennis, 2002; Collens, 1998; Crawford, 2010; George, 2007; Hill et al., 2010; Kouzes & Posner, 2006, 2010; Maher, 2011; Rank et al., 2004; Secretan, 2004; Siergist, 1999).

**Meaning.** On one hand, the forces of progress and economic insecurity move the leadership literature to emphasize the need for innovation and its connection with leadership. On the other hand, the softer side of leadership is regarded as the ability to provide meaning for constituents (Bennis, 2003; Chatman & Kennedy, 2010; Kouzes & Posner, 2006, 2010; Nohria & Khurana, 2010; Northouse, 2010; Podolny, Khurana, & Besharov, 2010; Secretan, 2004). Past models of leadership have focused largely on tangibles such as the production, budget, and performance. Current scholarship does not disregard the importance of those tangibles; however, the new paradigmatic movement assesses leadership by the ability to infuse meaning and purpose in the organizational culture (Podolny et al., 2010). Scholars suggested people want to be part of a team, with a sense of group identity and goal achievement (Nohria & Khurana, 2010). Finding meaning in one’s professional life inspires others to do the same, which has a transformative effect on the organizational culture (Secretan, 2004). However, the fundamental paradigm shift starts with leaders.

**Leadership in the Counseling Profession**

A review of the counseling literature revealed a paucity of scholarship related to leadership. Professional organizations recognized the need for excellent leadership and
the imperative to grow leaders in organizations (Curry & DeVoss, 2009; Myers, Sweeney, & White, 2002). The counseling profession is no exception. The 2009 CACREP standards called for the inclusion of specific leadership training in counselor education curriculum. The standards, as listed below, clearly express the need for the emphasis of leadership in counselor education programs.

LEADERSHIP AND ADVOCACY

I. Knowledge

1. Understands theories and skills of leadership.
2. Understands advocacy models.
3. Identifies current multicultural issues as they relate to social change theories.
4. Understands models, leadership roles, and strategies for responding to community, national, and international crises and disasters.
5. Understands current topical and political issues in counseling and how those issues affect the daily work of counselors and the counseling profession.

J. Skills and Practices

1. Demonstrates the ability to provide leadership or contribute to leadership efforts of professional organizations and/or counselor education programs.
2. Demonstrates the ability to advocate for the profession and its clientele.

(CACREP, 2009, p. 57-58)
However, as indicated in recent dissertation research, leadership remains a fringe domain in the scope of counselor education training programs (Kostohryz, 2011; Lockard, 2009). The lack of focus placed on leadership in the counseling profession is evidenced by the lack of scholarly contributions on the topic of leadership. *Leaders and Legacies* by West et al. (2003a) is a cornerstone perspective on leadership in the counseling profession. West et al. offered a thorough view of the historical development of the counseling profession, the contributions of key figures in the profession, and the ideas about the role of leaders in counselor education programs. In their book, West et al. viewed leadership as a specific set of observable skills and abilities. They further stated that those skills relate to the three key areas; context, vision, and action. Leaders must master the context and have both a vision of the past and the unseen future where their actions are based. West et al.’s work detailed information on the significant leaders in the counseling profession who mastered the areas of context, vision, and action.

Similarly, Sweeney (2003) offered a list of principles and practices of leadership developed by Chi Sigma Iota (CSI), which include: philosophy of leadership, commitment to mission, preservation of history, vision of the future, long-range perspective, preservation of resources, respect for membership, value of mentorship, recognition of others, and importance of feedback and self-reflection. CSI has a long history of promoting leadership in the counseling profession. However, the study concluded that CSI seems to promote leaders who have a long history of leadership behavior. The study raised questions regarding equity in the leader selection process.
Chapters are encouraged to foster leadership in those who have not fully developed their potential (Luke & Goodrich, 2010).

A few other works in the counseling literature addressed leadership using a skills and abilities framework. Gibson et al. (2010) listed what are suggested as universal leadership traits, which include: “persistence, tolerance for ambiguity, self-confidence, drive, honesty, integrity, internal locus of control, achievement motivation, and cognitive ability” (p. 285). Curtis and Sherlock (2006) agreed that leaders must have abilities related to managing budgets, vision casting, and strategic planning. However, they see management and leadership as two sides of the same coin. Curtis and Sherlock combined both skill sets under an umbrella term of managerial leadership. The authors contended that combining the ideas of leadership and management is untenable in light of the preponderance of literature that clearly distinguished management from a leadership perspective. Management was viewed as involving daily tasks of the organization by maintaining structure. Whereas, leadership was viewed as a different set of skills involving a high level of strategic communication, vision, empowerment, and facilitation of a creative environment, ultimately a way of being (Bennis, 2003; George, 2007; Northhouse, 2010). A person may be both a manager and leader; however, combining the two terms to describe a person runs the risk of confusing the growing consensus of what leadership really is in a profession.

In school counseling, the literature conceptualized leadership in a way more consistent with other professions. Curry and DeVoss (2009) said school counselors are leaders and change agents. The role of school counselors is larger in perspective than
their professional service. In fact, Dollarhide (2003) wrote that school counselors provide structural leadership, human resource leadership, political leadership, and symbolic leadership. In these leadership roles, school counselors move out of the professional ranks and into the lives of people and their communities, offering a type of leadership that empathizes, empowers, and communicates.

**Scholarship, teaching, service, and writing.** Leadership has been largely described as a particular set of skills, which is not true for the preponderance of the counseling literature. Most often, leadership is understood as an activity in one or more of the accepted counseling professional activities. Sears and Davis (2003) discussed leadership in the counseling profession in the domains of scholarship, teaching, service, writing and advocacy. Activities in these five professional domains defined leadership most often by pairing leadership with professional service. Sears and Davis later included advocacy. The idea suggests that leadership is conducting research, writing, teaching, and serving the profession. On the surface, the pairing is accurate. Scholars agreed that everyone is leading daily in one way or another (Bennis, 2003; Burns, 1978; Kouzes & Posner, 2006, 2010; Northhouse, 2010). However, the pairing disallows the study, promotion, and development of leadership consistent with the preponderance of current leadership literature.

Pursing a doctorate and seeking a career in the counseling professoriate is a demanding pursuit. Emerging professors are expected to contribute to scholarship, teaching, service, writing and advocacy in order to be granted tenure; however, not all seem weighted equally. Gibson et al. (2010) studied a group of nontenured professors...
serving as presidents for ACA. The authors found that leadership through service was seen as less important than scholarship and teaching. Additionally, leadership activities were perceived as less influential to professors’ tenure promotion. Conway (2006) agreed that teaching may be most important, especially in the first year as professors, but Conway affirmed the need for service to the counseling profession as well as service to the university.

Ramsey et al., (2002) studied 113 counselor educators regarding scholarly productivity. They measured production by the number of journal articles, conference presentations, other published and written works, professional leadership roles, scholarly works pertaining to teaching, and other professional activities. The results of their study indicated that other professional activities, conference presentations, and journal articles consistently ranked in the top three of the activities ahead of leadership. Carlson, Portman, and Bartlett (2006) offered a framework for doctoral students developing their own professional identity and stated, “teaching and research will always be the top priorities of a new academic” (p. 130).

Even though leadership is consistently paired with the professional domains of scholarship, teaching, service, writing, and advocacy; a clear imbalance in prioritization exists. Given the research listed above, prioritization is based on what is best for tenure and promotion within universities. Perhaps a large part of the issue in leadership with the counseling profession lies in the priorities set by the tenure process. As a reaction to the tenure process, Ramsey et al. (2002) proposed a rethinking of traditional tenure expectations.
**Advocacy and professional identity.** The CACREP (2009) standards have created evolution in professional ideas by prioritizing leadership as an educational training component within counselor education programs. Yet leadership is not seen as a domain worthy to stand-alone, but is paired with advocacy. Although, advocacy is a multifaceted and complex topic, a review of the counseling literature suggested that professional identity remains at the heart of the more recent pairing. A profession defines and distinguishes its identity from other professions by a particular skill set and knowledge base, which upholds the greater good of the profession over each member’s own interest. Additionally, a self-regulating profession determines its own scope of practice. Because a professional body can both promote and protect its members, the membership has a vested interest in the well-being and direction of its profession (Schultze, 2007).

The counseling profession is notably younger than its sister fields in the mental health profession. Professional counseling credentials are just under four decades old (Meyers et al., 2002). Although, the profession meets the criteria to qualify as a self-governing profession, the ability to agree upon an identity that sufficiently defines the profession remains a chimera (Hanna & Bemak, 1997; Mellin, Hunt, & Nichols, 2010; Meyers et al., 2002; Rigazio-DiGilio, 1996). Myers et al. (2002) rightly pointed out that the difficulty in advocating for the profession with policy makers is the pervasive internal disagreement. Mellin et al. (2010) shed light on the dialectical tension between the profession’s identification with the wellness orientation and the continuous pull of the medical model. Counselors also identify themselves based on their setting and population
served (Meyers et al., 2002). The identities of those who publish in the professional counseling journals and teach in counselor education programs are diverse (Hanna & Bemak, 1997; Weinrach, Thomas, & Chan, 2001).

Recently, advocacy has become a hot topic in the counseling literature. Smith, Southern, and Devlin (2007) considered advocacy as an emerging trend. Advocacy is addressed often in counseling journals, primarily on two fronts; advocacy for clients and advocacy for the profession. Advocacy for clients has gained increased attention in recent years and can be seen in the emerging specialization of social justice (Toporek et al., 2009). Counselors are viewed as change agents with the ability to advocate for clients in and for all levels of personal and societal structures. In 2003, ACA officially subscribed to a set of advocacy competencies (Lewis, Arnold, House, & Toporek, 2002; Toporek et al., 2009). Client advocacy is now a content area that can be taught and mastered during counseling students’ tenure within counselor education programs.

Advocacy for the profession is far less formalized, but has long standing roots. Sweeney (2003) traced the history of the counseling profession, highlighting the various legislative initiatives, formalization of counseling associations, and other key events that helped make counseling a self-governing profession. Professional associations are especially credited with advancing the recognition counselors enjoy today, which initiated a call for involvement in professional associations and advocacy as a “professional imperative” (Sweeney, 2003, p. 39). The lack of an agreed upon professional identity makes it increasingly difficult to advocate for the counseling
profession. The professional identity of counselors’ is a moving target. Therefore, greater advocacy and professional involvement is needed to help solidify a counselor identity.

**Leader development.** The lack of importance placed on leadership within the counseling profession is further evidenced by the absence of clear leader development tracts. Many scholars agreed that organizations must promote their own leaders (Berke et al., 2009; DeRue et al., 2011; Hill et al., 2010; West et al., 2003b). However, little evidence is provided of any such system in the counseling profession. In fact, the evidence points to the absence of intentional leader identification and development. Leadership development within the counseling profession may be best thought of as organic, allowed to emerge naturally through relationship (Gibson et al., 2010).

Magnusson et al. (2003) conducted a study of current ACA leaders attempting to understand key influences propelling professionals into the leadership ranks. Interestingly, the authors concluded that a combination of personal agency, fortuitous events, and influence of others promoted participants’ rise to leadership. They offered a model, which includes the dynamic interplay of the person, his or her environment, and the profession, but most notable to their study was the idea of serendipity. For many leader participants, becoming leaders involved an element of being in the right place at the right time and being able to seize the opportunity when presented. Evidence suggested serendipitous events or moments occurred and leadership opportunities were revealed for those already involved in professional organizations (Gibson et al., 2010; Luke & Goodrich, 2010; Magnusson et al., 2003). Apart from the self-promotion reasons for pursuing leadership, such as achieving tenure, mentoring, or professional modeling;
the most common theme among studies of current counseling leaders was that leaders reported having been directly affirmed and mentored for leadership or they saw the importance of leadership modeled throughout their doctoral programs (Gibson et al., 2010; Magnusson et al., 2003). Mentoring of leadership was not always a formal process, but was a result of relational proximity and many mentors did not know they were mentoring future leaders (Magnusson et al., 2003).

A trend to purposefully develop leaders is evident in the Louisiana Counseling Association’s (LCA) efforts to establish a leadership academy. The program content taken from LCA’s (n.d.) website includes the following: a) attend a series of leadership workshops and training sessions during the LCA annual conference, b) learn more about LCA’s history, governance process, and strategic initiatives, c) meet with current and past LCA leaders in a small group environment, thereby increasing the opportunity for high quality, one-to-one interactions, d) learn more about leadership opportunities within LCA, including leadership positions associated with LCA committees, special interest groups, and task forces, f) develop lifelong relationships with other LCA members interested in leadership opportunities within the organization, and g) prepare for future leadership positions on the LCA Board. The purpose of their leadership academy is to identify a 12-month Leadership Action Learning Project and carry out the project with the support of members of the LCA Board of Directors. Presentation of the project will be offered at the LCA Conference.
Conclusion

Leadership has evolved in all sectors of society and many professional disciplines. A consistent call for the intentional development of leadership to promote the adaptation to a rapidly changing society is apparent. The literature suggests that leadership involves the capacity to influence people, produce change, and develop new leaders (Bass, 1999; Bennis, 2003; de Vries & Engellau, 2010; Herzog & Zimmerman, 2009; Kouzes & Posner, 2006, 2010; Secretan, 2004). The literature demonstrates movement from the idea that leadership is a unique capacity reserved for select people to the belief that leadership is a developed capacity of which all people are capable (Bennis, 2003; Gardner, 1995; Kegan & Lahey, 2010 Parks, 2000, 2005).

Leadership is fairly new and continues to evolve within the counseling profession. The long list of leaders who have played an important role in the profession to date lends credibility to the organic emergence of leadership. Leadership in the counseling profession is valued, as demonstrated by its appearance in the CACREP standards (2009). Research affirmed the specific and teachable nature of leadership skills and abilities (Parks, 2005; West et al., 2003a). Counselor education programs’ mission is to build skills for students that tend toward natural leadership abilities (Parr, Jones, & Bradley, 2005). Thus, leadership development within the counseling profession should be taken seriously (Gibson et al., 2010). With minimal scholarship on leadership emerging from the counseling profession, members are faced with accurately defining leadership and fully integrating it into counselor education programs.
Chapter 3: Methods

Qualitative research provides various methods that can be used to further our understanding of social phenomena and continues to prove itself as a valid method of scientific inquiry alongside quantitative research (Crano & Brewer, 2002; Denzin & Lincoln, 2000; Glesne, 2006). By definition, qualitative research emphasizes, “the study of qualities, of entities, and on processes and meanings that are not experimentally examined or measured (if measured at all) in terms of quantity, amount, intensity, or frequency” (Denzin & Lincoln, 2000, p. 8). Qualitative researchers use methods of naturalistic inquiry to gather data in an attempt to understand various social realities (Flick, 2006). As Fontana and Frey (2002) wrote, qualitative researchers “…seek answers to questions that stress how social experience is created and given meaning” (p. 8). Wolcott (1990) said qualitative research has “the power to make experience intelligible” (p. 146).

Qualitative research is often used to explore areas lacking sufficient information to quantify. Qualitative methods can also be used to shed light on existing quantitative research (Flick, 2006; Hunt, 2011; Patton, 2002). As such, qualitative research offered the best strategy to investigate my research questions. Previous research clearly demonstrated the lack of importance placed on leadership in CACREP accredited counselor education doctoral programs despite a call from CACREP for inclusion (Kostohryz, 2011; Lockard, 2009; Zimpfer, 1997). While quantitative data point to the gap in counselor education prioritization of leadership, an understanding of the leadership phenomenon was not provided. Qualitative research is particularly well suited to address
the question at hand, as the qualitative methods used allowed me to understand the reality of leadership in counselor education programs as seen through the eyes of program coordinators. My research was supported by the assumption that program coordinators have intimate knowledge of their programs and the priorities within their programs. Also, program coordinators have been part of the faculty long enough to understand the program’s history. Furthermore, they are typically in or have served in leadership positions within the counseling profession and are likely to have insights into the leadership phenomenon.

**Grounded Theory**

There are numerous theoretical orientations and approaches to conducting qualitative research. Grounded theory, pioneered by Glasser and Straus (1967), is one of the most widely used of the qualitative approaches (McLeod, 2001). Charmaz (2004) offered a concise definition of grounded theory methods as, “a logically, consistent set of data collection and analytic procedures aimed to develop theory” (p. 496-497). Grounded theory offers a standard set of procedures allowing the researcher to analyze large quantities of data while keeping the researcher closely connected to the data by means of constant comparison, which adds rigor to the approach (Charmaz, 2004, 2006; Crano & Brewer, 2002; Glasser & Straus, 1967; Patton, 2002).

I was initially inclined to use phenomenological or systemic methods. I realized that the phenomenological perspective could uncover the ascribed meaning of leadership within counselor education programs and the systemic approach could describe the way in which the leadership phenomenon is experienced system wide by uncovering systemic
influences that promote and inhibit leadership promotion. However, both approaches direct the researcher to a particular dynamic of the phenomenon (Patton, 2002).

Grounded theory allowed me the opportunity to begin with the basic question in mind, and let the data tell the story (Charmaz, 2006; Crano & Brewer, 2002; Glasser & Straus 1967; Patton, 2002; Ponterotto, 2005).

Grounded theory calls for highly interpretive analysis of data gathered from the insiders’ viewpoint (Ponterotto, 2005). Glasser and Straus (1967) compared grounded theory to that of an inquiry in the library stacks. In a library, each book has a story to tell, positions to offer, and opinions to share. The study was driven by the desire to understand the unique experiences of the leadership phenomenon as it is appropriated within CACREP accredited counselor education doctoral programs. My research was designed to elicit the stories, positions, and opinions of counselor education department coordinators as related to leadership.

**Researcher as Instrument**

Scholars agree that qualitative research initiatives often begin in the researcher’s experience of the subject matter they already have ideas and opinions about (Glasser & Straus, 1967; Glesne, 2006; Harley, 2005; Hunt, 2011; Patton, 2002). Hunt (2011) emphatically stated that qualitative researchers must clarify their biases and assumptions that could influence the research. Once clarified, the researcher must engage in the ongoing work of self-awareness and reflexivity to ensure an unbiased subjective approach to the data.
I am a doctoral candidate in Ohio University’s Counselor Education and Supervision Program. As an ordained minister, I have spent the last 15 years in leadership positions in church, para-church organizations, and social service agencies. My interest in leadership began as I worked under great and poor leaders alike, while simultaneously charged with leading people myself. I spent seven years leading the staff of an inner city church struggling with its identity and changing population. I later moved to a director position of an extension campus for a theological seminary where I am currently employed. My position requires staff leadership and constant collaboration with partnering entities needed to run an extension campus. As a result, I have come to value good leadership, understand the difference it can make, and have opinions as to what makes leadership effective and ineffective.

The lack of leadership literature in my professional fields of counseling and theology has repeatedly driven me to the business literature seeking to develop effective leadership skills and traits. I was extremely interested in what keeps the counseling profession from launching into a full-scale pursuit of leadership development. I repeatedly found the structures of the church, para-church, and non-profit agencies frustrating in their apparent waste of time, fiscal resources, and human capital. I admit at this point, I found higher education environments very similar. My experience within various professional settings is seen against the backdrop of my wife’s career with one of the world’s largest chemical companies. I have seen firsthand the intentional way in which leadership is identified, developed, and deployed in a high-performing company. Watching her experience in comparison to my own in the non-profit world has biased me
towards the business model, as I am convinced there is much we could learn. While that was my bias, I was committed to setting aside my personal lens in order to hear the data that emerged from my study. I used constant reflective practice to monitor my own interference with the data.

**Interviewing**

My study used interviewing as the primary method for data collection. Interviewing is a popular and respected method for qualitative data collection. Wells (2002) wrote, “a central data-collection strategy in qualitative methods is interviewing” (p. 489). Fontana and Frey (2002) describe the widespread use of interviewing in what they term “the interview society” (p. 646). Interviewing is a popular method as it allows the researcher to gather data on phenomena that are unobservable. As Patton (2002) stated, “qualitative interviewing begins with the assumption that the perspectives of others’ is meaningful, knowable, and able to be made explicit” (p. 341).

Interviewing uses varied formats and can be structured to unstructured (Seidman, 2006). Structured interview consist of a uniform set of questions, which are posed to all participants in the same manner (Fontana & Frey, 2002). Unstructured interviews use open-ended questions, allow for questions to develop and be refined in the process, and give the interviewer discretion in how the questions are presented (Patton, 2002).

The unstructured interview approach is time consuming. It often requires multiple interviews. In addition, it provides unique coding challenges (Patton, 2009). However, it seems the most consistent with true qualitative inquiry because it frees the researcher to be fully present in the interview allowing questions emerge (Ryan, Coughlin, & Cronin,
Structured interviews are highly controlled by the interviewer and use pre-determined questions. While they can be more expedient, they reduce the potential of capturing the unique perspective of each participant (Patton, 2009). The interviewer using structured approaches stays on pre-determined topics (Ryan et al., 2009).

I used a semi-structured interview approach, which was facilitated with a basic set of interview topics. The interview topics were developed as a result of the literature review and in connection with CACREP standards. They topics were presented to a group of peers for feedback.

The semi-structured approach allowed room to explore themes and ideas that emerged in the interview process. By use of constant comparison or simultaneous involvement, I constantly reviewed my questions and adapted as the interviews progressed (Charmaz, 2004). My extensive study of the interview process and experience with interviewing in the past provided me with the framework needed for this endeavor.

**Document Analysis**

Document analysis is another popular method employed in qualitative research. Patton (2002) describes documents as “material culture” (p. 293). Material culture is printed sources that often provide a context to current realities and are reveal important information about the people under study (Glesne, 2006). Material sources can provide data related to an individual’s lifestyle, relationships, patterns, and much more. These sources can illuminate the realities of social phenomenon (Hodder 2002). Examples include records, documents, artifacts, and archives.
My research included the analysis of syllabi used in the leadership courses for programs included in the study that offered a leadership course. However, very few syllabi were included. Many programs did not have a specific leadership course. Others failed to provide the requested syllabi for inclusion in this study. However, my analysis of those syllabi that were obtained served as another input source by which to understand how those in the counseling profession understand and teach leadership. The results of the document analysis shed additional information on the interview data and the research as a whole.

**Sampling**

Sampling in qualitative research should relate to the selected rational and specific questions guiding the research (Rocco, 2003). Accordingly, qualitative research offers a host of options for sampling strategies designed to meet the varying foci of the research (Hoepfl, 1997; Patton, 2002; Rocco, 2003). While quantitative research relies on random sampling, qualitative research focuses on purposeful sampling in order to obtain depth of understanding. Patton (2002) suggested nine purposeful sampling options two of which are criterion and convenience sample. I used a combination of criterion and convenience sampling. Criterion sampling includes cases that meet some predetermined criteria. For my study, participants were department coordinators of CACREP-accredited counselor education doctoral degree programs. Program coordinators are the leaders of their respective departments and are the voice of leadership within their counseling departments. Coordinators know how leadership is included in student selection and incorporated into the counselor education curricula.
Convenience sampling refers to selecting participants based on what is easy or expedient (Patton, 2002). I prioritized programs near my home in Louisiana or areas I traveled to frequently for business purposes. Snowball or chain sampling was also employed (Patton, 2002). While interviewing participants, I used snowball sampling when participants suggested someone in another department that was particularly knowledgeable and engaged with leadership in the profession.

There is no standard for setting a sample size in qualitative research (Charmaz, 2004, 2006; Glesne, 2006; Hoepfl, 1997; Patton, 2002; Rocco, 2003). The purpose of the methodology is to get at the depth of experience and fully understand what is going on within the social milieu (Glasser & Straus, 1967; Patton, 2002). I interviewed eleven program coordinators to gain a fair representation of the general culture among the 59 CACREP accredited Counselor Education and Supervision Programs (see Appendix B). Participants included six males and five females who represented three of the five ACES regions and five different racial and ethnic backgrounds.

Participants were initially solicited by email. Follow-up was conducted by email and telephone. In many cases numerous follow-up contacts were made to secure interview. Once contact was made and participants agreed to participate, they received detailed information and an informed consent form via email before the interview. Interviews were then conducted, ten by telephone and one in person. I also conducted six follow-up interviews for clarification and validation of the emerging theory.
**Data Analysis**

Glasser and Straus (1967) were not proponents of recording interviews. However, recording devices have changed significantly, leading to less intrusive use of such technology. Data was gathered by note taking and recording of interviews for transcription. Once interviews were transcribed, I used inductive coding and memoing as the primary interpretive method to allow for theme emergence.

The coding process can be conducted in a various ways. Two common approaches are inductive and deductive (Glasser & Straus, 1967; Patton 2002). Inductive coding is emergent while deductive is more constructive. Inductive analysis finds themes in the data while deductive analysis presupposes some categories and applies them to the data. I set aside my expectations and biases, as described previously, to inductively analyze the data as it emerged. The heart of my questions was to understand the lived experiences of program coordinators within counselor education programs, which would give insight into the counseling profession as a whole. While a literature review was completed prior to data collection, that information was not used in an anticipatory way. I did not make assumptions of what would emerge or anticipate codes to organize the data (Glaser & Straus, 1967).

Data analysis was ongoing, starting with the first interview. Coding was conducted in accordance with Charmaz (2006) who suggested for coding levels including: initial, axial, focused, and theoretical coding. The first four interviews were initially coded line by line. Subsequent interviews were coded using focused codes assigned to larges sections of text. As research progressed, axial codes emerged and all
data was coded accordingly. Each interview was treated individually. After the interviews had been coded a cross-case analysis was conducted to discern theoretical codes.

Memoing was used to inform and reform the inquiry as I progressed. The use of memoing further promoted the analysis of data (Charmaz, 2004, 2006). Once I was sure there was nothing left to benefit by adding further cases and that data had reached a saturation point, data collection and analysis ceased and results were presented (Charmaz, 2004, 2006; Glasser & Strauss, 1967). Using this process, a conceptual framework emerged.

**Credibility**

Credibility is the qualitative equivalent of internal validity in quantitative research and is an ongoing issue for qualitative researchers. The constructive naturalistic nature of my inquiry assumed the presence of multiple realities (Hoepfl, 1997). Credibility is the assurance that methods and analysis of data accurately represent the reality of the sample population. The reader may likely discern the researcher’s bias in their work (Glasser & Strauss, 1967). Therefore, I bracketed my biases and provided a clear description of how I drew my conclusions.

Several methods are recommended to ensure credibility. I employed peer-debriefing, member checking, and prolonged engagement; all of which ensure credibility (Lincoln & Guba, 1985). Peer debriefing allowed me to engage an uninvolved peer to ensure objectivity and sensitivity to the data. Member checking ensured that ideas derived accurately reflected the realities of the research participants (Charmaz 2006;
Hoepfl, 1997). Prolonged engagement provided the required time for theory to emerge naturally.

**Dependability**

Dependability is best established by keeping a clear and detailed audit trail (Glasser & Straus, 1967; Glesne, 2006; Lincoln & Guba, 1985; Patton, 2002). An audit trail is a synthesis of the data, its analysis, the coding that is deduced, the memos derived from the coding, and the emerging theoretical underpinnings as they emerge from the process. I kept detailed records of my process to ensure that an outside observer could clearly follow the logic of my audit trail and research.

**Transferability**

Transferability is the qualitative equivalent to external validity (Hoepfl, 1997). While quantitative work takes pride in the ability to predict across groups, qualitative work upholds the constructivist hermeneutic approach and reinforces that meaning is unique to the particular milieu (Ponterotto, 2005). As Hoepfl (1997) wrote, “the transferability of a working hypothesis to other situations depends on the degree of similarity between the original situation and the situation to which it is transferred” (p. 59). I used thick-rich descriptions to allow readers to gain an in-depth understanding of my data to discern similarities and possibilities for generalization.

**Informed Consent**

Qualitative inquiry, especially using interviews, has numerous potential ethical hazards. I co-created the data as a participant in the interview process. My research was guided by what Lincoln (1990) called the categorical imperative. In other words, I acted
in a way that he or she would not be troubled if the actions became a universal law that would in turn be acted out upon him or her. Rubin and Rubin (2004, 2005) insisted that the researcher’s responsibility surpasses IRB requirements suggesting we should, “respect interviewees, and honor any promises made” (p. 97).

Interviewees were offered a letter detailing the purpose of the study and intentions for use of the data gathered from the interview in a document of informed consent and confidentiality. The same information was reiterated at the beginning of the initial interview and affirmed throughout the research process. Furthermore, interviewees were guaranteed confidentiality and mutual engagement in the process. The use of member checking and follow-up interviews ensured participants’ opinions were accurately represented and that participants were comfortable with the data as synthesized.

Conclusion

Research methods should be guided by the research questions. I wanted to understand the way leadership is defined and is included in counselor education doctoral programs. My research was guided by the belief that counselor education program coordinators can provide unique insight into the phenomenon and offer insight into leadership as it is experienced within their programs. Grounded theory methodology offered specific methods, which allowed me as a researcher to gather qualitative data and synthesize it in a way that yielded a theoretical framework. I believe understanding the phenomenon of leadership in counselor education doctoral programs can make a great contribution to the profession, and to the world in which we live.
Chapter 4: Findings

This research was designed to provide insight into the way leadership is understood and integrated into CACREP accredited doctoral level counselor education and supervision programs. I interviewed eleven program coordinators. What follows is a table that describes participant demographics, a case summary for each participant, a cross-case analysis examining the emergent themes, and a description of the theory that emerged from the study.

Table 1

Participant Demographic Information

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sex</th>
<th>Years as Coordinator</th>
<th>Program Faculty Size</th>
<th>ACES Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Dr. Good</td>
<td>M</td>
<td>12</td>
<td>Medium</td>
<td>Rocky Mountain</td>
</tr>
<tr>
<td>2 – Dr. John</td>
<td>F</td>
<td>2</td>
<td>Large</td>
<td>Southern</td>
</tr>
<tr>
<td>3 – Dr. Smith</td>
<td>M</td>
<td>12</td>
<td>Small</td>
<td>Rocky Mountain</td>
</tr>
<tr>
<td>4 – Dr. Jones</td>
<td>F</td>
<td>6</td>
<td>Small</td>
<td>Southern</td>
</tr>
<tr>
<td>5 – Dr. Lowe</td>
<td>M</td>
<td>2</td>
<td>Large</td>
<td>Southern</td>
</tr>
<tr>
<td>6 – Dr. Williams</td>
<td>F</td>
<td>1</td>
<td>Small</td>
<td>North Central</td>
</tr>
<tr>
<td>7 – Dr. Kerns</td>
<td>M</td>
<td>7</td>
<td>Medium</td>
<td>Southern</td>
</tr>
<tr>
<td>8 – Dr. Glance</td>
<td>F</td>
<td>4</td>
<td>Small</td>
<td>Southern</td>
</tr>
<tr>
<td>9 – Dr. Edwards</td>
<td>M</td>
<td>2</td>
<td>Small</td>
<td>Southern</td>
</tr>
<tr>
<td>10 – Dr. Swanson</td>
<td>M</td>
<td>7</td>
<td>Large</td>
<td>Southern</td>
</tr>
<tr>
<td>11 – Dr. Lewis</td>
<td>F</td>
<td>1</td>
<td>Medium</td>
<td>Rocky Mountain</td>
</tr>
</tbody>
</table>

Years as Coordinator - Denotes years in current position
Program Faculty Size - Denotes size of program: Small < 5, Medium = 6-10, Large >10
Participant Summaries

**Dr. Good.** Dr. Good is the program coordinator for a large public university in the Rocky Mountain ACES region. Dr. Good has been in the professorate for approximately 17 years. He has held the coordinator position at his current institution for approximately 12 years. Their program is medium size with an average of six doctoral students per cohort.

Dr. Good has held both professional and community leadership positions. He recalled significant leadership involvement as early as his undergraduate college years and cited the importance of mentors in his development. To sum up his view on leadership, Dr. Good said it is about a leader’s presence, and the kind of environment he or she creates.

*Developing counselor educators through collaborative community.* Dr. Good was unwavering when he said the top priority for their program is to prepare counselor educators. He stated, “The top priority is preparing individuals to be competitive and competent as they are seeking counselor education faculty positions.” In the program’s screening process, faculty admit doctoral students who state their goal is to become faculty members.

A second priority of their program, Dr. Good said the faculty hope to have students experience an educational community that balances support and challenge. Their goal is to immerse students in a community similar to what he hopes they will help develop as future faculty members. Dr. Good elaborated, “We want doc students to be
willing to get in the trenches and really have a team mentality while they’re trying to work on their own individual success as well.”

The third priority of their program is to engage students in hands on learning experiences. To achieve this, students share a significant responsibility for guiding the program. Each year doctoral students are required to work in small groups to devise improvement plans for a specific program area. Dr. Good said that faculty receive student input and consider their feedback in a retreat setting, ultimately using approximately 80% of their feedback. Participation in small group improvement plans provides students experience in guiding a program and how to continue to develop the team/community emphasis. In addition, students participate in mentoring other doctoral students and provide input to peer’s research ideas.

Dr. Good said leadership “is a shared responsibility. Part of being a good leader is knowing when to provide guidance and instruction and when to get out of the way.” Their program priorities are structured in a way that allows students to learn by doing within the framework of a supportive community. From Dr. Good’s perspective, this approach is the best means of preparation for the complex role of a counselor educator.

**Unique.** In defining leadership, Dr. Good consistently emphasized leadership as a phenomenon uniquely expressed in each individual. He said that “everyone has to struggle with it themselves and figure out what it means to be a leader.” He drew a comparison between finding one’s voice as a leader with that of becoming a counselor. There are many ways to achieve the same goal. Dr. Good suggested that academia can strip one’s uniqueness, and he expressed his desire to prevent that from happening.
In fact he said of the students in his cohort, “I don’t want them to look and sound the same. Who they are as a human being needs to come through.” The curricula is structured to help facilitate the uniqueness of each individual. Even in writing assignments he said, “If I were to take their names off of papers, in the first couple of paragraphs, I should be able to recognize who this is.” Describing his own leadership style and preferences he said, “I think we all have different skills.”

**People skills and movement.** When free-associating with the word leadership Dr. Good responded with the words responsibility, opportunity, challenge, and respect. Some of these terms arose again as he listed the qualities of a good leader. The preponderance of his reflection can be summarized by the phrase people skills. He said that “dealing in an academic situation has a lot to do with your people skills.” He specifically named compassion, consistency, genuineness, and respect. Because there is a necessity for people skills, Dr. Good suggested that the counseling field could produce a lot of good leaders. However, the people skills must be balanced by task-oriented skills. Dr. Good said all the humanistic skills would not cover the inability to move a group of people or an organization forward. One must have organizational skills and business acumen. Specifically, skills in budgeting, goal setting, and visioning are helpful. For this reason, their curricula includes readings in the business literature and studying across disciplines.

**Experiential education.** Dr. Good confidently said leadership is learned by doing. Talking about leadership is beneficial but, at some point, students need to lead. Thus, the department and the curricula are structured to afford students the opportunity to exercise
their leadership capacities from the beginning. The number of students in each cohort is limited to ensure direct contact with a professor and consistent work on special projects and in professional service. Dr. Good described the many leadership roles held by their faculty and expressed that students quickly get involved.

Dr. Good said one way students are involved is in a program development project each year. Students participate in a brainstorming process in which they give feedback into each other’s dissertation research. This allows students to begin formulating their own ideas as well as gain experience facilitating another person’s research. Students work closely with mentors in their research and leadership activities and students mentor other doctoral students. In addition, one of the doctoral seminars specifically addresses leadership as a component of the course including numerous readings, discussion, and completion of a leadership and advocacy philosophy paper. While leadership is intentionally built into the program, it is not evaluated formally beyond the papers students submit. However, all of these activities provide for the experiential learning that drives this program’s curriculum.

**Critique of rotation model.** When asked about how to best promote leadership in the profession, Dr. Good offered a few suggestions. First, he suggested that more specific leadership training would be helpful. He has sought out training opportunities through other organizations, but admitted his lack of profession-specific training when he stated that “it is trial and error.” He had no formal training and suspects that many appointed leaders are in a similar situation. Second, he highlighted the benefit of spending 12 years in the coordinator role. Many departments rotate the position every
few years. Dr. Good said it often takes a year to figure out what you are doing and by the end of the second year you are starting to prepare for transition. Therefore, the turnover makes progress difficult.

**Dr. John.** Dr. John is an early career female coordinating a large program in the Southern ACES region. She has been a faculty member for seven years and coordinator for two. She has been involved in numerous professional leadership positions. Although, she was reluctant to describe herself as a leader, she is coming to terms with the fact that she is having an impact on the profession, even have described herself as one of the profession’s emerging leaders.

She credited her long time mentor for her rise to leadership prominence. Dr. John said that “I think my progression has been very developmental in terms of being invited to take on kind of small fine tasks, doing, in most cases doing it well but not always, and then being asked to take on something else. So, it has been a series of small steps.”

**Leader identity.** When asked to describe the first things that come to mind when she thinks of the term leadership, Dr. John described two seemingly opposite thoughts. First, she described “what leadership should be in terms of helping people come together and find this common vision and then enact that common vision, make it come to life.” Second, she said that “I am also thinking about how much time we spend talking about leadership at the university level and whether there is actually buy in collaborative leadership or whether it is just a nice little catch term we like to throw around.”

Dr. John distinguished between leadership within the profession and in higher education. In the profession, she discussed the history of strong leadership and the need
for a new generation of leaders, admitting that she sees herself as a leader. She talked about leadership and the need for a common vision or a “hope for the future in terms of what we can be and how to influence human kind as a profession.” She was clear that a common vision is not always reached due to the division among associations and the infighting that occurs between interest groups.

However, when Dr. John described leadership in higher education she admitted, “I think of indirect costs and I think about trying to manage all those different pieces within a much more hierarchical structure.” She said that she experienced a higher level of passion in professional leadership than she had seen in the higher education environment. It was clear that leadership in the profession was about empowerment, common good, and vision, whereas leadership in higher education was purely business.

The above dichotomy seemed to be connected to Dr. John’s identity as a leader. She discussed how her understanding of leadership changed over the years. She used to think of leaders as those charismatic figures who can rally people and give speeches. Now she sees that leadership involves a lot of things that happens behind the scenes and said it requires “motivation, connection, and taking care of tasks.” Interestingly though, Dr. John served in numerous leadership positions, including leading a large counselor education program, and yet struggled to define herself as a leader. She stated, “I am still somewhat uncomfortable with that term. Much preferring to think that I do leadership than that’s who I am. I’ve decided rather than fight it just embrace it, that there are many paths, many styles.”
It seemed that Dr. John continued to wrestle with the balance of working with people and working with tasks as a leader. In fact, she laughed about faculty members not wanting the coordinator role but admitted that she feels forced to choose between teaching and professional activity and the daily tasks necessary to run a program. At the same time she indicated a growing acceptance that the tasks were equally a part of leadership. She stated she felt prepared for leadership within our profession but not for the business and political side of higher education.

**Vision, tasks, and relationships.** Dr. John talked of leadership when she described the need for vision, tasks, and relationships. She used different combinations of descriptors with words that included common vision, shared vision, and unity of vision. Dr. Johns described the vision for the counseling profession as, “helping people reach their full potential.” She later suggested that we “promote wellness and human dignity.” She pointed out that we are present at the turning points in people’s lives and that we have the ability to help them determine their direction and learn new ways of being. In addition, “we have the opportunity to speak up when we see systematic injustices. Thus, the vision for Dr. John comes from an advocacy stance. In fact, she said “advocacy is more the where we need to go. For me, leadership is just the way of getting where we need to go.” She said that the counseling profession has a “unique understanding of human motivation and potential and how we foster human motivation and potential.”

She believed that in addition to vision, leaders must be task oriented and committed to the process. In describing successful leaders she said, “I think I also see
among leaders, kind of a commitment to completing whatever task they have committed to undertake.” She pointed out that leaders must complete their tasks so others down the line can also complete their own tasks. She described her mentor and the “tireless work of trying to get other people to realize that vision or take steps toward it.” Related to this commitment or task orientation are creativity and the ability to manage obstacles. Dr. John spoke of one student whom she had not identified as a leader but whom she slowly witnessed moving groups of students and accomplishing tasks.

Dr. John largely credited the successful movement towards the completion of a task and the progress towards a goal to relationships and the ability to work effectively with people. She pointed out the unique way in which leaders relate to people but described successful leaders as, “utilizing relationships and drawing upon others strengths, motivating them however they might motivate.” Even for the student leader who caught her attention, she said she described that student as encouraging and supporting individuals in their way.

Dr. John had difficulty defining leadership as she stated, “I have a hard time defining it because I think leadership varies so much depending on who you are.” She listed several other qualities such as passion, creativity, and a view of history. However, her summary included the three main ideas when she stated, “I think how we go about doing leadership might be different but it comes down to relationship, task orientation, and vision.

**Formal and informal curriculum.** Dr. John reported that her department fused formal and informal curricular experiences designed to cultivate leaders. First year
doctoral students take a professional orientation course that includes a significant leadership component. The program has a series of readings primarily from the counseling field and faculty talk about leadership styles, skills, and development. Their orientation culminates in a “self as leader paper in which they project a five year vision of their own leadership trajectory.” Dr. John stated “leadership comprised approximately 30% of the course content.” In addition, students complete a portfolio in which there must be clear documentation of leadership activity. Students are expected to be involved in professional associations, presenting at conferences, and serving in a leadership capacity on the organizational level.

Dr. John cited two informal ways leaders develop in her program. One is through an onsite clinic where students work as assistant directors, which includes numerous supervisory and administrative responsibilities. The other method is through working with faculty members to develop conference presentations and getting connected to professional associations.

Evaluation at matriculation. In Dr. John’s program, leadership experience does not play a role in the screening process for entrance in the program. She said faculty look holistically at the potential student and want to make sure students understand the intention of the doctoral degree and have plans to impact the profession. Program faculty do not look specifically at past leadership experience or credentials. Likewise, the faculty do not currently evaluate leadership during the course of the program except for the self as leader assignment. However, this is a goal. Dr. John stated that she hopes to implement “some along the way evaluation” of leadership.
However, faculty do evaluate outcomes at the completion of students’ coursework. Students’ portfolios must demonstrate a record of leadership activity. The program requires the submission of an up-to-date curriculum vita, which gives systematic information of students’ professional involvement. In addition, the program follows-up with students’ post-graduation to track their leadership activities.

**Dr. Smith.** Dr. Smith is the coordinator of a small doctoral program in the Rocky Mountain ACES region. He has been on the faculty of the institution for nearly 40 years and has served as the chair and coordinator of the doctoral program for 12 years. He described the position as appointed with a yearly review process. In addition to his leadership at the institution and numerous professional appointments, he serves on a community board of directors. Dr. Smith laughed when asked about his own development as a leader. He stated, “some of the motivations, especially early on, I’m not so proud of.” He described the desire to obtain fair treatment for his program and hinted that maybe it was selfish or politically motivated. He said that “as I started to mature and get older, there were just some things that I just came to believe in that were the best for the profession and best for our programs and decided that I was going to advocate for those things.” He recognized the diversity of opinions within the profession but affirmed the value of his perspective. Dr. Smith described his evolution from “telling people how life should be and trying every which way I could to get them to do it right.” Now, his style is one of “sharing a vision of how life could be and trying to entice you to share that vision if it makes sense to you so we can work on it together.”
Vision and communication. Dr. Smith repeatedly reinforced the importance of vision. He said, “I think organizations suffer when the leader does not have a vision that is shared by the organization.” He described sharing a vision of the way things could be and get them to work together towards that reality. Dr. Smith critiqued the rotating board structures and suggested the leader does not have time to share their vision before their term is up. He cited the ACA president position as an example.

Dr. Smith described vision as the leaders, but consistently suggested the leader discerns vision by listening to the people. In fact, apart from vision, he upholds listening and communication skills repeatedly when he described the leadership process. He said, “I think to be a good leader you have to also be a good listener. In addition you have to be able to communicate that vision.” He cited two exemplary leaders both of which he respected for their communication skills.

Dr. Smith talked about sharing a vision to get people working towards that vision. Almost all of his statements implied movement in a direction. He indicated that leadership is ultimately about moving an agenda forward. He listed several other qualities he sees as essential to leadership including genuineness, organization, and modeling the kind of person you are asking others to become.

Leadership culture. Dr. Smith described leadership as informally integrated within their program curricula and infused throughout the culture of the department. All students are encouraged to get involved in both state, regional, and national organizations. He said some students get involved in presenting but it is not required. The thrust of their leadership development happens in what Dr. Smith described as being
like an apprentice program like, “I’m the leader, you help me, then I’ll get a leadership job for you and then I’ll give you feedback and let you do it on your own.”

The program does not have a formal course that addresses leadership. Dr. Smith indicated that it usually comes up in the doctoral seminars. However, he described the overall climate as an informal process, “its not formal like in a course or a syllabi, but it does happen.” He compared it to the way some programs infuse multicultural curriculum across their programs. Leadership is part of the culture of the program.

**Evaluating informally.** Dr. Smith described three areas of evaluation for their doctoral students: knowledge, research ability, and leadership. He described the first two as clear-cut, yes or no evaluations but that leadership is less precise. He said, “I always ask myself when interviewing, could they stand up in front of a licensing board and get the board to listen to them?” When pressed further he said, “much of it is just your experience over time of how people hold themselves physically, how they project themselves verbally, and their sense of humor.”

Leadership does factor into the screening process for potential students in their program. Dr. Smith admitted they make mistakes but look for students who are committed to being counselor educators and who present with the skills to make an impact on the profession. He affirmed the unique way in which we express leadership. Part of being a leader “is recognizing the strengths you have around you and being able to use those strengths to further the cause.” Furthermore, he emphasized that our profession recognizes the need for flexibility and considering the individual.
**Dr. Jones.** Dr. Jones is the coordinator of a small program at a large university in the Southern ACES region. She has been a faculty member for 14 years and coordinator of her current program for six years. She has a litany of leadership experiences in counseling professional organizations and is actively serving on community boards as well. She noted her own interest in studying leadership as our conversation began.

Dr. Jones acknowledged that she has been in leadership positions for most of her life. She traced her development as a leader back to her family of origin. She said, “I learned compassion, giving back and social responsibility from my parents.” In her professional leadership roles, she acknowledged the strong influence of her professional mentor.

**Leadership priority.** Dr. Jones was one of the only participants that directly stated leadership was a priority for their program. When describing the program’s priorities she said, “I think it is leadership and advocacy. It is important that they become leaders in the profession. It is important that when they graduate they know how to advocate for the profession of counseling.” The priority of leadership was clear as she stated that, “the idea is that you will get the Ph.D. and impact the counseling profession in some way.” Due to the department’s history of leadership and the focus on producing leaders, Dr. Jones affirmed that students who come to her institution must display an interest in and capacity for leadership.

When asked how she knows if the program has been successful at training a leader she replied confidently, “they graduate.” Her response was direct but she explained, “you will not pass unless you pass the doctoral competency portfolio which
includes a significant portion on leadership. The portfolio requires a demonstration of leadership activity and reflection on the learning and resultant growth from each experience.”

Accordingly, in screening potential students she said, they must have a strong identity as a counselor. Dr. Jones stated, “I think that if you have a strong identity as a counselor and know how we are different, distinct from the other mental health professions, then that will encourage you to be a leader for the counseling profession.” This program is directed from start to finish towards preparing professional leaders and Dr. Jones used that language consistently. She said succinctly, “I am not looking for the next ACES President. I am looking for someone who has a passion for counseling and someone who is going to make a change within the counseling profession.”

**Informal and formal curriculum.** Consistent with the priority of preparing leaders, Dr. Jones stated that her program does have a course on leadership and advocacy. Their course covers leadership theory and includes literature both within and outside of the counseling profession. Students are required to draft their own leadership paper casting a vision for their own involvement in professional activities.

Another formal curricular component was what Dr. Jones called a mentoring meeting. Every year, students select faculty members from whom they want to receive feedback. For two full days, the faculty meet with students and discuss the students’ progress, gaps in progress, development need, among other professional issues. In addition to students receiving feedback, they are given the opportunity to offer input to the counseling program and conclude by setting goals for the next year.
Though she took great pride in the formal curricular components, Dr. Jones upheld the informal work as more influential. She said, “I think that they [students] get the foundation in the class, but those that go on to do and hold leadership positions are the ones who went to conferences and met with current leaders. I think it’s that informal mentoring and networking.”

As a result, Dr. Jones stated the program requires students get involved in professional organizations. Students are expected to work closely with professors on research and presentations and attend conferences where they can meet and connect with leaders in the field. She described the intentionality with which she introduces students to others stating, “I make a point of making sure they are introduced to current leadership within ACA, current leadership within any division of ACA. I’ll ask them, who do you want to meet?”

*Unique capacity for change.* Dr. Jones consistently used language related to change and influence in defining leadership. “Leadership is about knowing where you want to go and making change. I think a good leader, like a good counselor is about change. So, leadership for me, involves making change.” Dr. Jones was quick when she pointed out that change and influence occur in a variety of ways. Referencing a former student, she said he is now the head of a school counseling department and has the opportunity to shape the system. Dr. Jones cited her own work as a professor as leadership when she suggested, “I get to structure what I want my students to take away in that class.” Even when she described her own mentor she said, “she’s pushed me,
she’s challenged me, she’s actually made me cry,” indicating a relationship that resulted in change.

Dr. Jones believed that the result of leadership is change but how a leader accomplishes the task is unique. Though the program has a heavy emphasis on leadership, Dr. Jones said,

They way you lead can look different depending on your skill set. I think we have different styles of leaders. We have leaders who are very dynamic, who are good public speakers. We also have leaders who are more quiet, and they are quietly making change. It is just figuring out what your skill set is, what talents you have, and sort of harnessing that to fit. It takes all different kinds of leaders.

She continued by suggesting that some leaders are natural and are born with certain qualities that make them dynamic and successful at leading people. Others learn over time. She reported that leadership requires a unique understanding of your own skill set and how you can use your skills to make a difference. Describing her own changing conception of leadership, she stated that “I think leadership has multiple dimensions. You can be a leader in different ways.”

*Counseling skills.* Dr. Jones was the first to directly equate counseling skills with leadership efficacy. Discussing the needs of the counseling profession, she said, “I think it is going to take a leader who has really good counseling skills. It is going to be a leader who can really listen to all sides and build consensus.” Later, she said more directly, “I think good counseling skills lead to good leadership skills.” During the
course of the interview, Dr. Jones described two of the necessary skills of a good leader as listening and understanding within the context of the professional setting. She then said, “As counselors we are trained be good listeners. We train counselors to understand the context of their client, their client’s family, and their client’s issue. I see a lot of parallels between counseling skills and leadership skills.”

Dr. Jones mentioned numerous other qualities and skills of good leaders including building unity, open to feedback, and being compassionate, thankful, intentional, and responsible. Noteworthy was the description of being thankful. She stated, “a good leader is someone who can recognize we do not lead on our own, but that we have an army of people who support us.” For all of the qualities listed and for the uniqueness in which leadership may be achieved, Dr. Jones was clear that leadership results in change. She even said of her own leadership that she hoped to be remembered for serving with compassion and making a difference.

**Dr. Lowe.** Dr. Lowe is the coordinator of a large program in the Southern ACES region. He has been a counselor educator for 16 years and has now served as the coordinator of his current program for two years. Dr. Lowe quotes his own mentor who once told him “the counselor education community is very small. Don’t forget that.” Dr. Lowe described his own trajectory to leadership and credited the relationships with key leaders in the field. He said, “once you get into it and you start meeting people, the networking that is involved is tremendous and that’s actually been significant in my trajectory.”
Dr. Lowe mentioned serendipity then clarified when he said, “things just happen and its funny how it happens. It’s just interesting the way things happen.” He described himself as ready to accept the challenge of leadership but that he was not necessarily looking for it. When free-associating regarding leadership, he talked about the history of professional counseling and the influential people who have helped establish the profession. He has held positions and continues to serve as a leader within some of our premiere professional organizations.

**Responsibility and time.** Leadership, according to Dr. Lowe, is about responsibility and requires a leader’s time. He stated, “it’s getting up there and doing the work that needs to get done regardless. People need to get in there and put in all the extra time. I mean, you can’t do the service leadership work without putting in loads of extra time.” He continued by citing the progress made by one specific professional organization and said, “that was just because we had people who booked the time.” The commitment to time seemed the direct result of the leaders’ responsibility for and determination to make progress.

Time was a theme as Dr. Lowe expressed his concern about structure of the ACA hierarchy. In his understanding of leadership, continuity of leadership has emerged as a new priority. He said, “there just is not a lot the president can do and that is a continuity issue.” Later he stated, “I have concerns that the continuity piece has not been managed well.” He described time as the necessary ingredient for successful leadership and that the necessity of time and the responsibility of the leader is to do the time.
**Vision, humility, and people skills.** Dr. Lowe described a leader he respects when he said, “she has spent decades now working for counseling in general,” which reinforced the idea of the necessity of time. He described her as a professional with a vision. He said, “She is not afraid to step out and say, “I think this is the right way to go.” She keeps her focus on the goal and helps others do likewise. Then he turned to the need for humility. “If you think this is right, that it is a good thing and you’ve got good support for, well then sometimes you just have to do it, to keep doing it.” Dr. Lowe described the need to be able to set your own vision aside in order to join where the group may be headed. He settled on leadership being a balance of humility and persistence.

He described leadership as requiring people skills and how his role model was “tactful but skilled at getting her point across.” Evaluating students he said “you sit back and watch. You watch how they interact and you watch how they do things.” He later suggested that the counseling profession’s contribution to leadership in general is, “we’ve got interaction skills that can be used in a number of ways with other situations.”

**Informal curriculum.** Dr. Lowe described the curricular components within their program as mostly informal. The doctoral internship class includes some study of leadership but is a small portion of a class with a larger agenda. Dr. Lowe reported that students read profiles on various leaders in the field. Some professors elect to bring in leaders to meet students and speak to them regarding their leadership activity. Faculty expect students to get involved in professional organizations, volunteer for committees, and run for officer positions. Dr. Lowe said faculty members are encouraged to nominate
students for leadership positions. Students are also able to receive internship credit for some of their professional involvement such as presenting at a conference.

Dr. Lowe talked at length about the importance of doctoral programs leading the profession through scholarship. He said, "it’s the doctoral programs that spur the research, that spur the movement, that spur the direction of the field." He was confident in the role of doctoral programs and their leadership of the profession. For that reason, he includes leadership experience as part of the screening process for potential students. However, much like leadership in the curricula there is no formal evaluation.

**Dr. Williams.** Dr. Williams is a fourth year counselor educator completing her first year as the coordinator of doctoral program in counselor education. She stated that she was hired with the intention of becoming the coordinator of a small program in the North Central ACES region. Dr. Williams suggested that she has always been a leader and what she called driven and high achieving.

Dr. Williams described the challenge of leading in the higher education culture and the political climate as "cut-throat." She admitted not feeling prepared for the role but said, "After a while you become desensitized." When asked about her preparation she said that much of the role "you kind of learn your job as you do it."

**Responsibility.** Dr. Williams discussed leadership related to her role as coordinator and declared that leadership is about responsibility. She said, "leadership is about making sure everything is going right and making sure everyone is doing their job, including me. It’s more about looking at the big picture and over all program operation." She later added, “Leadership in general refers to an ability to govern, manage, organize,
and structure something. It could be tasks, people, and environment.” Responsibility, according to Dr. Williams, includes task completion. She said, “a lot of times people take on too much but they are not responsible for those things.” She referred to a house of cards and how easily the whole structure falls when there is a weak link.

Dr. Williams said that part of being responsible requires negotiation for resources, and power. She said, “being a negotiator is also a requirement to do my job. In order to make sure things are not falling behind, people have to get what they want.” She wanted to clarify that you will not get everything you need or want but you have to negotiate, especially when it comes to resources for students.

Objectivity and Transparency. Dr. Williams mentioned a few primary skills needed for leadership; the ability to be objective, transparent, govern, and manage. She elaborated on the first two. The most important quality is objectivity and to not lose perspective. She said, “it is easy to get sucked into a different story, different people.” She used the example of a student who has concerns regarding a faculty member. She suggested that it is easy to listen from the perspective of a faculty member or a student but a good leader must be able remain objective. She clarified, “being objective helps you, again, look at the big picture.”

Regarding the second quality, transparency, Dr. Williams said, “you have a higher level of information accessibility.” She described feeling the need to hold information tightly in order to have an advantage in negotiating. However, she concluded, “healthy leadership would need to be transparent.”
Informal curriculum. Like most of the programs included in this study, Dr. Williams said her program does not have a class focused on leadership. However, two courses, a doctoral seminar, and an internship, address the topic. She said that many students are active in state and national organizations. Some even become officers. In addition, she sees many students involved in campus organizations and making community contributions.

Dr. Williams described an informal evaluation of leadership. Leadership potential was a consideration in the admittance process but clearly did not play a major role in student selection. She cited the importance of their master’s preparation, licensure, and professional identity. She added, “We evaluate different aspects to make sure we have great quality people and a potential for leadership, that’s one of them.” Evaluating leadership development through coursework was equated with professional activity. Also, faculty conduct annual student reviews in which they look at the portfolios and curriculum vitae of doctoral students. She said, “some go above and beyond. You can see that they have documentation. Some have artifacts such as pictures.”

Need formal training. Dr. Williams was clear that leadership should be a formalized component in counselor education curriculum. She acknowledged that she was not prepared for some aspects of the job, especially navigating the political climate. She consistently said, “I truly believe that there is a way to train people in order to do their job.” In respect to the business side of higher education leadership, she stated, “I believe people can be trained, just no effort has been put into training people to do so.”
Dr. Williams questioned the value of mentoring. In fact, she suggested that mentoring is often not altruistic but serves the needs of the mentor as much as the mentee. She described it as “symbiotic.” Rather than a mentor, she credited students with being the most significant force in our own development. She said, “Students were the people who taught me how to be a better teacher and program coordinator. It is easy to get caught up in the political climate but in fact, the people that I really serve are the students.”

Dr. Williams also questioned equating professional activity with leadership development. She indicated that some things are just part of the job. She said, “It’s no different than working at McDonald’s and they say, you have to put buns together. You have to serve milkshakes. You have to clean the store. You have to count money. That’s basically your job description.” She clarified that in our profession we need to be very clear what we mean when we define leadership and train people accordingly. She believed leadership should include but not be limited to, mentoring and professional activity. She argues that leadership should be a formal part of the curricula.

**Dr. Kerns.** Dr. Kerns has been a counselor educator for over 30 years. He is the coordinator of a medium size program in the Southern Aces region. He has a long list of leadership positions and accomplishments. In fact, he was quick to point out his own interest in the topic as leadership relates to the counseling profession. He said he had an interest in the pursuit of the topic as an area of research but primarily saw his role as preparing people to the task of leadership.
He described himself as a leader since childhood. He held leadership roles in clubs, sports teams, and other extracurricular activities. He described his early experiences by saying, “it was something in me. I don’t know what it was or where it came from, but it was a personality trait, I guess.”

Leaders are born. Dr. Kerns stood with the minority of participants in this study when he proclaimed that leaders are born. He said, “people come into the profession and some have a lot of potential for leadership and others don’t.” He described them as “having something within them, some need that is fulfilled in that.” He described the screening process of his program similarly when he said they pay attention to people “who can bring people along, who can get out in front of people, who can make things happen.”

Dr. Kerns acknowledged that not all people are going to be organizational leaders, He allowed room for leadership to include teaching, advanced practice, and scholarship and he acknowledged the influence these activities can have. Addressing what he called “different types of leaders,” he said “some people are really good with organization things. Others are really good scholars.” He later suggested that leaders in our profession must be good scholars but good scholars are not necessarily good leaders. He described scholarly activity as an individual process and not necessarily aimed and bringing people along. He stated clearly, “I see a leader as someone standing out in front of a group of people, helping them reach their objectives and goals, and I don’t think scholarship does that.”
**Movement and character.** Dr. Kerns described numerous traits that make a successful leader such as organizational skill, diligence, charisma, integrity, common sense and the ability to follow. The ability to move an organization and the personal traits of the leader emerged repeatedly. He said, “a leader can’t just be inspiring, they’ve got to make things happen from an organizational perspective.” He repeated multiple times throughout the discussion the importance of generating movement. “They are going to be an organizational leader who can get out in front of people, who can make things happen.” He described a successful program that has a strong leader, “who has the vision and is able to articulate it and do what is necessary within their university to make it work.” Clearly, he believed leadership is measured in movement. The movement is connected to vision, but vision is almost assumed, and the movement is foremost. He said leadership is “being successful at moving an organization forward.”

Dr. Kerns focused on the person of the leader. He suggested, “They have to have credibility. People have to believe in them. They have to believe that they are honest and trustworthy.” In fact, he suggested leaders must be able to follow. “One thing that I think is absolutely critical in a strong leader is being a good followers being able to be a part of a group and supporting other leaders.” Charisma was mentioned as vital. “A person has to have some sort of charisma. There has been a spark about them that people are drawn to, that they feel positive about being around that person and following that person.” The vision, the movement, and the ability to “bring people along” were facilitated by the personal qualities of the leader.
**Integrated curriculum.** Dr. Kerns described leadership as integrated in their curriculum. Students are expected to be leaders, whether they choose the professorate or advanced practice and students seem to integrate that expectation. He described the responsibility of the program when he stated, “we invest a certain amount of money and a lot of our energy and time is invested in them. Our payoff is to provide leaders for the field. So that is what we are trying to do.” They have a course titled, Current Issues in Counselor Education. The course covers many topics, one of which is leadership in the profession. Faculty cover leadership theory and survey leadership literature both within and outside of the counseling profession. He also upheld the importance of modeling and mentoring and described the importance of involving students early in their curriculum.

Dr. Kern expressed his concern for the structure of our primary professional organizations and their commitment to special interests. He suggested the importance of identifying first and foremost as a professional counselor. With evident satisfaction, Dr. Kerns said, “one of the things that we do in our program and do successfully is forcing that professional identity which is as a counselor.” This was clearly connected to leadership as integrated into the curricula and he indicated as much when he said, “I talk to young people all time who are entering the profession and they are very well educated about professional identity. I have hope for the future because of that.”

**Dr. Glance.** Dr. Glance is in her fifth year as the coordinator of a small counselor education program at a large public institution in the Southern ACES region. She has approximately 23 years of experience as a counselor educator and leadership experience
in some of the professions most respected organizations. She has numerous publications and continues to serve in various capacities in the counseling profession and the community at large.

With a pedigree of leadership, it was interesting that when referring to her coordinator role she claimed, “I was kind of brought into this role kicking and screaming.” She explained the magnanimity of their role. Their department does not have a chair. Instead, the coordinator “takes care of everything.” Yet, she described herself at this point in her career as “being able to decide what she wants to do.”

As for her own development as a leader, she said, “I’ve been trying to be a leader for as long as I can remember. Many of her early opportunities she credited to mentorship. She said, “most of us get involved the same way. You had somebody who encouraged you and pushed you and mentored you.” Now, she leads because “I enjoy it and it is part of my learning and part of my contribution.”

**Program is priority.** Dr. Glance described the priorities of the program as putting out a good product, continuing to meet CACREP standards, and securing an on-campus place for practicums and internships. Producing a good product means continuing to turn out competent professionals. She mentioned their program’s reputation and priority was producing excellent school counselors. She stated, “I think that is something that we spend a lot of time making sure, that we do have a good quote-unquote product.” She admitted that part of their success was because they screened well. The program’s second priority is to uphold and comply with CACREP standards. Dr. Glance especially emphasized their faculty-student ratios. She expressed relief in that they added two
positions this fall to compliment their current faculty. The third priority she listed was to secure a place for on-campus practicum and internship experiences. Dr. Glance expressed the desire to keep clinical experiences on campus as a way to serve the community but also to control quality of training. She stated that they were working across disciplines in attempt to make that happen.

**Impact requires people skills and creativity.** Dr. Glance offered a concise definition of leadership when she said, “Accomplishing a task or a goal or whatever that you are setting out to do. Seeing what it is and getting it done by helping get other people involved too.” She described the purpose of the Ph.D. and said, “we are hoping these people are going to be leaders. I think that is pretty much the expectation, that you are going to do something and you are going to get involved and make some kind of impact on the field.” To be effective you need people skills. She referred to the ability to motivate, encourage, and listen to people. “People need to be inspired by you. They need to want to be with you and want to follow you.” She said that leadership “requires creativity and ideas and being able to listen to people and let them do what they do best.”

In the interview, Dr. Glance discussed the screening of potential students. Faculty conduct group interviews which allows them to “kind of observe what is going on in the group and who is going to rise to the top and who is going to have more of a leadership potential.” She clarified, “the first student to speak does not stand out but those students who are able to answer questions by including the responses of others and involving others in the discussion.” She indicated that group interviews allowed her to see who would initiate discussions and who did not.
Dr. Glance reported people skills are not enough and that charisma breaks down if there is no movement. She said a good leader must have “the ideas, the creativity, the problem solving skills to go with it.” Dr. Glance shifted the importance slightly when she said, “people like somebody who is going to get stuff done. If you have a leader who is going to get stuff done, get people to move forward, people like that.” The importance of charisma takes a back seat. In reflecting about the counseling profession, Dr. Glance said, “we have a lot of intuitive types in the counseling profession. We do not see trees. We just see forests.” She highlighted the role of executive directors to partially fill that gap.

**Loosely integrated into curriculum.** Dr. Glance was far less concrete when speaking to the integration of leadership in their curricula. She reported that their program does not have a formal class on leadership, nor is leadership specifically included in a class as a significant topic. She indicated that she integrates it in classes she teaches primarily from an advocacy stance. She described the teaching experiences doctoral students have and the opportunities to serve in organizations at the state and national levels. She concluded, “I think a lot of it comes through mentoring, a lot of the leadership does.”

She expressed confidence in the inclusion of leadership but admitted they continue to wrestle with how to measure leadership. She reported that one of the concrete ways is to require conference presentations. Another measure is less concrete but intentional where faculty meet every semester to discuss student dispositions. They discuss activities but primarily focus on qualities. She described questions asked during
their discussions, “How is the individual acting? Is this person showing leadership? How do we need to get that person more involved in becoming a leader?”

**Difficulty in leading faculty.** Dr. Glance mentioned her hesitation in taking the coordinator position. I took the opportunity to press a little further. She referenced the idea of leading faculty is like “herding cats.” Faculty members are very independent. The life of the scholar is a solitary life even when you are working on a collaborative project. Independence can become a “fierce independence.” She said, independence gets passed on to students. Students watch how much we are at the university. Even though professors may be working on research agendas or service projects, what is often seen is that they are not in their office. According to Dr. Glance, it is a mentality that can become ingrained.

**Dr. Edwards.** Dr. Edwards is the program coordinator of a small program in the Southern ACES region. He has spent approximately 20 years as a counselor educator of which 17 years has been spent at the current institution. However, this year is only his second year as the coordinator. In addition to his program leadership, Dr. Edwards serves a few community organizations, regularly consults with businesses, and works on cross-disciplinary research projects. When free associating on leadership he said, “strong-willed, expansive, and visionary.”

**Leaders are born.** Dr. Edwards reflected on his own development as a leader. “I really think leaders are born, but you have to survive.” He explained that all people have the capacity for leadership but the culture can “stamp it out of them.” He described himself as a reluctant leader. It was an undergraduate professor who turned his attention
to his potential, which “had me considering graduate school and brought up leadership
types of things.” He said, ‘I’ve watched you. You have good leadership traits.” In
hindsight, Dr. Edwards placed some of his earlier experience as playing a role, but it was
clear this is the point at which he accepted his leadership potential.

He described his path as taking the harder route or a more demanding preparation.
Both in high school and in graduate school. He described his willingness to sit under the
tutelage of professors others would avoid. Dr. Edwards upholds two research professors
as his model leaders. He said, “they could teach things in multiple ways and they
wouldn’t stop trying to teach it to you until you told them to stop.” He further described
their use of relationship and to know when the conversation needed to take place
informally over dinner.

When asked about how the coordinator role rotated or if he would stay in the
position for some time, Dr. Edwards was quick to respond, “no it will rotate. You don’t
get a whole lot of reward being the coordinator.” He discussed the program and the
rebuilding that has been necessary in recent years. Competing for the budget to maintain
a full faculty and a core of adjuncts seemed of special concern. However, he expressed
appreciation for his colleagues and their willingness to pick up extra classes. Later in our
discussion when pressed a little further, I asked, “why do this?” With a smile and brief
laugh, he said, “to tell you the truth, I enjoy it.”

Leaders are researchers. Dr. Edwards described two primary priorities for his
program, preparing leaders and researchers. “I would say what we try to do is give them
[students] a strong background in being a leader, for one.” Being a leader was not
confined to higher education or even professional organizations. He clarified that he was working to dispel the historic expectation that students become professors and suggested their first priority and what faculty value are those who go on to lead practices, agencies, counseling centers, as well as other leadership areas.

The second priority of their program is producing good researchers. “I do think that there is still a need for good research skills. Because, it promotes the type of thinking that is in itself strong on conceptualizing issues, problems, and working through them.” He described these skills as transferable, which seemed consistent with his choice of exemplary leaders and his later definition of leadership.

**Patient, reflective, and objective.** Dr. Edwards described leadership in terms of counseling skills. He said of his program, “what we teach you to do is more than an academic exercise. It helps to sort of live by it.” He explained that counselor educators must be able to engage others by modeling. “You can teach it, lecture it, publish, and what have you, but in the end, they look to see how you are in the real world.” He suggested of our profession’s strengths is that we look at people in terms of adjustment and adaptability. Later he described the necessary skills for leadership as being patient, reflective, and objective.

He believes that leaders must take action but they have to exercise patience. Dr. Edwards explained, “you can’t really be what I’d call reactionary, kneejerk, overly emotional.” He explained the time that is needed to conceptualize the issues, the organization, and the power structure. Exercising patience allows the leader the time to ensure the ensuing action is appropriate. Dr. Edwards clarified, “you have to be able to
approach problems in two or three different ways. Sometimes it takes a sledgehammer. Sometimes it takes a scalpel. Sometimes knife, sometimes a sugar cube.”

Objectivity was also a consistent theme in Dr. Edwards’ dialogue. He said, maybe the hardest thing of all, you have to take your ego out of it. He then repeated it while shaking his head for emphasis, “you have to take your ego out of it.” He drew an analogy of watching mice run in a Skinner box and suggested that we approach leadership similarly with the ability to step back and look at what is really happening.

Drawing on a recent experience leading a cross-disciplinary research team, he explained the personal issues that kept getting in the way. He said, “I firmly believe the culture that we have encourages quick automatic responses that lends itself to assumptiveness.” He elaborated, “all the other drumbeats you hear out there it affects, it affects you, it affects me.” He emphasized the importance of monitoring thoughts when he said, “If you don’t take a second to vet those cognitions in your mind before you activate certain behaviors, what have you, they will come through.” He later acknowledged his own enculturation when he admitted being surprised by some students who emerge as leaders.

**Informal curriculum.** Dr. Edwards said that his program does not offer a leadership specific course. Instead, they include leadership in two courses he teaches; employee assistance and consultation. He covers leadership theory and discusses leadership issues in those two courses. He appeared to take delight in creating leadership opportunities in the classroom for students, as it is a great learning environment. He also pointed out it is a safe place to make mistakes.
**Prioritizing screening.** Dr. Edwards said without hesitation, “we expect everyone we screen in to be successful.” As such, he said he listens carefully to potential students in the interview process and looks for those who demonstrate an interest in and capacity for making an impact. His screening is connected with a desire to see societal change, “we have a need for people to be able to go out there and enact change. We have a lot of dysfunction socially and that needs to be changed.”

What specifically does Dr. Edwards look for? He wants to know what students plan to do with a Ph.D. that could not be done with a master’s degree and professional licensure. “I’m not over the hill thrilled when they [students] come in with 4.0 GPAs or they have GREs approaching 1600. It may not translate into a person who will be impactful. I’m looking for folks who have a vision of wanting to be impactful in some way.”

**Dr. Swanson.** Dr. Swanson has been a counselor educator for approximately 19 years. He has been the coordinator a large counselor education and supervision program in the Southern ACES region. He has a litany of publications, presentations, and awards to his credit. Dr. Swanson currently serves in a leadership capacity of one of the profession’s most prominent organizations.

Dr. Swanson credited “the serendipitous grace of God” when he described his path to his leadership role. He explained his previous experience at another institution and realized it was time for a change. A friend called and said, “I saw this ad for a position, I think has your name written all over it.” He said it was a difficult decision, which required giving up proximity to extended family. Yet, he wanted to be involved in
developing a doctoral program in a place where he was free to think through the lense of his faith tradition in the process.

Dr. Swanson said he has learned that leading a program is rather impersonal. “I think one discovery that I have made is, the higher up you go, the more disconnected from people you become. I have less contact with real persons by taking on more leadership roles.” Additionally, “leadership means you carry a lot of power.” The solitary nature of his role and the inherent power give credibility for his claim that leaders need a solid core of humanistic competencies.

Preparation of scholars. Dr. Swanson summarized his program’s priority when he said we “prepare scholars, researchers, and leaders in counselor education. In addition, they fill a niche of preparing scholars to fill faculty positions at other institutions within the same faith tradition. The idea of preparing scholars continued to emerge and he articulated the concept further. The Ph.D. provides the opportunity to think philosophically and theoretically with other scholars. It is a place to consider why we do what we do. He said,

A pretty substantial portion of what we are wanting to do is spend time thinking about this. Different than the master’s level, now we are able to say, okay you have got the skills but you might not have thought of the implications or the complexity of the skill you may be using and overseeing with other members of your staff.
In their program, different than the master’s degree, there is not a set curriculum. He described the pursuit of the Ph.D. as an opportunity to “take a pause from the path of having to make money and think.”

Scholarship is more than activity in the teaching, research, and writing domains. Dr. Swanson suggested that much of our activity is done with tenure and promotion in mind not always seen through the lens of how it might lead the profession. Everything we do should “feed the primary discipline that we represent and that is psychological pain relief.” He said that leadership, advocacy, theology, nor any other sub discipline should supersede our focus but rather help us towards it.

**Directional influence.** When asked to describe leadership, Dr. Swanson said, “it is the ability to influence people and procedures and policies towards a prescribed goal.” He elaborated on three abilities of a leader; articulate direction, rally support, and accomplish movement. The importance of having an articulated direction continued to be evident in his descriptions. When screening potential students, faculty seek to understand what the student wants to do with Ph.D. During interviews, he asks, “what vision do you have?” Getting more specific, if the vision is to be a professor then he asks, “what do you want to profess?” Sometimes students come with a career decision without a clear sense of direction, not knowing what they want to say as a professor. He described the program’s responsibility is to help students find their profession.

For students coming into Dr. Swanson’s program, part of the direction is an institutionalized direction. He said, “we as a program and an institution have a direction and we are seeking people that have similar directional commitments and they are
seeking us.” The tone of his voice changed a little as he said, “I take great delight in thinking about the institutions’ mission statement.” Furthermore, he seemed to indicate most students’ direction fits within that mission by virtue of their selection.

What I heard from Dr. Swanson was the direction emerges from the depth of and the person of the leader. Dr. Swanson agreed when he said, “I think probably a uniqueness that we might possess is thinking about this [through our tradition] gives us a body of knowledge from which we are starting from. I think a public institution may be less inclined to have a pre-conception about the goal or the direction.”

**Importance of trust.** Fittingly the predominate theme in Dr. Swanson’s dialogue regarding leadership skills was trust. “A leader must exhibit the capacity to form trusting bonds with those that he or she seeks to influence and inspire them to follow.” He stated trust was the starting point because people will not follow if they do not trust the leader. He elaborated on trust when he suggested two directions; “one is the capacity to take risks with someone. The second is the capacity for that person to see the one they take risks with as being reliable, faithful, and full of integrity.” Accordingly, during their screening process, faculty consider the humility of the candidate and how they come off as a person of integrity.

**Sharing expertise.** Dr. Swanson shared several ways in which his program includes leadership in the curriculum. He stated, “we are trying in a number of ways to inculcate our doctoral students of their role: a) as an authority and leader, b) with the ability to articulate their expertise in a host of different settings.” He listed several unique ways in which his program accomplishes these goals. Doctoral students have to
articulate an area of expertise. When doctoral students and master’s students are on campus together, master’s students sign up for informal lunchtime conversations with the doctoral students based on areas of expertise. Also, the Marriage and Family course students have to develop a workshop for public presentations; not at a professional conference. The intention is that it is presented in a community context.

Dr. Swanson reported that they do not offer a specific course in leadership. He said that the topic is integrated in several ways with specific reference to the multicultural class. Students do not read the leadership literature, but rather focus on how to apply counseling disciplines as a leader. To evaluate students, faculty look for evidence that students will be persons of influence as indicated by their comprehensive exams. He clarified that persons of influence does not mean they must be presidents and editors, but rather it means that students must influence in a way that is consistent with their life mission.

Dr. Lewis. Dr. Lewis is the coordinator of medium size doctoral program in the Rocky Mountain ACES region. She has been a faculty member for eight years at the same institution. Dr. Lewis suggested the department had experienced a lot of changes due to retirement and faculty turnover. As a result, the program has employed numerous untenured faculty members in recent years. She described their program as lacking “rank-ism” and “protective of junior faculty.”

Dr. Lewis described leadership as more than professional activity. In fact, she allowed for leadership apart from scholarly activity saying, “I do think it is possible to have somebody who has great ideas, and great vision, and the ability to lead others who is
not strong in perhaps producing scholarship. I think they have to understand it.” She further clarified, “being in a leadership role and being an effective leader are not always directly correlated. We really don’t have any mechanism for looking at that as an outcome.” Dr. Lewis was clear in describing leadership as a particular set of skills and traits distinct from professional activity.

Dr. Lewis described herself as a reluctant leader. She recounted experiences leading early in her life in a myriad of activities. She currently leads not only within the counseling profession but serves on a community board of directors as well.

*Training counselor educators.* Dr. Lewis emphasized the primary focus of their program is training counselor educators. They do leave room for students to pursue other career aspirations. However, all Dr. Lewis’ dialogue pointed to the consistent goal of training good educators. Consistent with this priority is what she called a multifaceted emphasis. She continued to clarify priorities when she stated, “because our focus and priority is on training people to become faculty, we have a large emphasis on becoming a researcher. Beyond just being able to produce research, we also try to develop scholars, critical thinkers.”

Dr. Lewis uniquely emphasized the importance of training good teachers. She said, “we also have a large emphasis on the pedagogy piece of it, really training our students to be good teachers. She described teaching as an art form but cited the importance of applying best practices to the classroom. In summation, she returned to her original priority and then expanded it. She said, “I think they all fit into that commitment to training really good educators to be prepared for the multiple roles that
are required of faculty. I think overarching all of that, as an umbrella is that leadership piece, trying to train leaders in the profession.”

**Leadership as unique impact.** Dr. Lewis defined leadership as involving vision and impact. She said, “I think the outcome of leadership is some kind of vision and influence for the profession. To be a leader, I think you have to have some impact.” She added the caveat that impact and influence can occur in myriad ways.

Sometime we narrow ourselves to believe that leaders are the ones that we recognize at conferences, and the ones who are in the important meetings, and writing all the books. Though that is one mechanism for leadership, I think that doesn’t fit everybody’s style, and that there are ways of being in positions of influence that happen on a smaller scale and sometimes even at the individual level.

When pressed to state succinctly what leadership is, Dr. Lewis said, “it is a person with a vision who is able to articulate that vision, and share that vision, obviously without imposing it.” Then after stumbling for words she continued, “also get energy around a vision to either large systems or smaller systems, even at the individual level.” Dr. Lewis stated that educators serve a unique role they likely have more opportunity to impact on the individual level.

**Communication.** Dr. Lewis cited several things required of the successful leader. The importance of communication repeatedly entered her dialogue. She stated leaders must be able to “articulate that vision” when defining leadership. She later expounded upon the idea.
I think, in my opinion, leaders have a responsibility to do perhaps more listening than they do talking. I think that’s the best way to get the pulse of whatever needs to be done, and where leadership is required, and where leadership can be shared. I think that goes along with the communication. I think that’s the articulation of a vision.

Again returning to the importance of communication, Dr. Lewis described someone she experienced as an excellent leader, “I think of the people that I’ve respected the most as leaders. I think it’s the ability to communicate both positive and negative things, and areas of growth, and that kind of thing.

She then described communication using an example. “One that I haven’t mentioned that I’m thinking specifically of people that I’ve respected as leaders. They have a sense of humor, the ability to laugh at themselves, to own their own mistakes. ‘Yeah I know I screwed up, I forgot that.’ I have respect for that.”

**Mentoring matters.** Dr. Lewis emphasized the importance of mentoring and relationships as they relate to leadership. Her program offers a course that incorporates leadership. However, she expressed that the content does not include the specific skills and traits that she offered as most important for good leadership. Speaking candidly regarding the specific nature of her description of leadership and the content of the course, she said, “I hope they’re (skills and traits) are modeled, but directly taught, probably not. Hard things to teach! I think that’s where that happenstance piece comes from.”
The skill and traits are modeled for students as they work with professors. Dr. Lewis described her approach as “involving my students in considering our professional conference is where people disseminate their research and where people are learning and that kind of thing. Also, connecting and networking, and just being rejuvenated professionally.” She clarified her rational for emphasizing the experiential curriculum when she said, “I think without the experiential and mentoring piece that all of the conversations in our leadership just become theoretical.

It was clear that mentoring is important in Dr. Lewis’ approach to education. It was also clear that mentors play a role in her own leadership development. When asked what propelled her into professional leadership she said,

I think probably the mentors I’ve had. If those who perhaps weren’t the best leaders, I was able to learn from them as well. I think what stands out to me the most are people in my life who I’ve gotten the opportunity to work side-by-side with, and I’ve gotten to observe, and who saw something in me that they encouraged and provided feedback on, and nurtured those qualities in me. That’s probably been the most beneficial force.

A place for failure. Uniquely, Dr. Lewis referenced failure several times in her dialogue and the role failure can play in leadership and leader formation. Mentioned earlier, she suggested the importance of communication but particularly the ability to admit mistakes and laugh at one’s self. She also described people in her past who were not great leaders as mentors, stating, “I was able to learn from them as well.” Most significant is the role of her own failures,
I think those times when I’ve fallen on my face too. Those times when I’ve thought I really could learn from what I did wrong. Learning to value those things is uncomfortable at those times, or those decisions, or whatever. They’re very uncomfortable, and something that I’d rather avoid, but were significant to me.

**Cross-Case Analysis**

I conducted a cross-case analysis on the data, which revealed diversity in participants’ opinions about leadership and their approaches to integrating leadership into CACREP accredited counselor education programs. Five remarkably consistent themes emerged, which give shape to the proposed grounded theory. The five themes included the following: (a) leadership is uniquely and individually expressed, (b) leadership involves vision and movement, (c) leadership requires communication, (d) leadership depends on the personal qualities of the leader, and (e) leadership is taught through experience and relationships.

**Leadership is uniquely and individually expressed.** Participants’ definitions of leadership, description of leaders, and discussion of the programs they lead consistently described leadership as a phenomenon that is uniquely and individually expressed and that all people have the capacity for leadership. Their dialogue took the theme in many directions. Some talked of the unique demands of the context that leadership occurs. Others addressed the need for unique approaches to leadership. Still others more concretely addressed the unique expression of leadership in each individual. However,
they largely agreed that while everyone leads differently, all have the capacity for leadership.

Dr. Swanson addressed the priority of his program by accounting for the diversity of the contexts in which people lead. He gave credibility to each and highlighted the broad range of leadership application. He said,

Not everybody comes to us because they want to be a professor. Many of them might come because they are in positions where a Ph.D. is an important component of their professional life. For example, a person might own a number of private practices and hiring doctoral level clinicians but may find him or herself feeling like they're a step down in terms of being able to be the boss, so to speak. Not just as a Ph.D. as a crown but having not had opportunity to think philosophically or theoretically with other scholars, a person that might occupy a very substantial supervision component of his or her work load, has pursued doctoral training with us just to be able to focus on developing clinical skills.

Dr. Lewis agreed and distinguished public versus private leadership. There are contexts that place leaders in front of large groups of people where they gain public attention and recognition. However, she reflected that leadership happens one-on-one in a counseling offices as well. She also stated,

Sometimes we narrow ourselves to believe that leaders are the ones that we recognize at conferences, and the ones who are in the important meetings, and writing all the books. Though, I think that's one mechanism for leadership, I think that doesn't fit everybody's style, and that there's ways of being in positions of
influence that happen at a smaller—on a smaller scale, and sometimes even at the individual level.

Because the contexts are unique, leaders must be prepared to treat leadership as such and uniquely engage others. Dr. Kerns recognized the uniqueness of a leader. In his initial unprompted comments about leadership he said, “I think as people come into the profession, some people have a lot of potential for leadership and others don’t. Some people are really good with organizational things; other people are really good at scholarship. I think there are different types of leadership that are important in our profession.”

Dr. Edwards firmly stated that “just like a good teacher should be able to teach at least three or four different styles, in a leadership type of position, you have to be able to approach problems in two or three different ways.” He described the context, the people, and the entire dynamics as unique. Ruling out the uniform application of a particular approach he said, “Sometimes it takes a sledgehammer. Sometimes it takes a scalpel. Sometimes a knife, sometimes a sugar cube.”

Dr. Johns had trouble succinctly defining leadership. She explained her hesitation when she said, “I have a hard time really defining it because I think leadership varies so much depending on who you are.” Dr. Jones supported the idea but was more vocal on this point insisting that everyone is a leader but leads uniquely. Leadership depends on their skill set. With great enthusiasm she declared,

I also think that we have different styles of leaders. We have—you can think about—we have leaders who are very dynamic, who are good public speakers,
who are good out in the—good, I guess, front leaders. We also have leaders who are quieter, who are more and they’re quietly making change. I think that everyone has the capacity to be a leader. It’s just figuring out what your skill set is, what talents you have, and sort of harnessing that to fit. It takes all different kinds of leaders. Part of leadership development means understanding what your strengths are, what skill sets you have, and what difference you can make.

The uniqueness of leadership was affirmed in the discussion of programs’ curriculum. Participants expressed their desire to develop the multiplicity of skills needed for the equally diverse contexts in which leadership occurs. Dr. Good described leadership similarly to identity development.

You show people the road, provide people with the opportunities, but then you really got to step back, everybody has to struggle with it themselves and figure out what it means to be a leader. Just like when we all became counselors, everybody’s got to figure that out. All the different leadership roles we have as counselor educators. I mean you’ve got to go back through that cycle every time. You went through it three times before, doesn’t mean its going to be any easier with the next hat you’re going to wear.

Dr. Good continued to address the need to balance providing structure and space. He credited his long tenure as the coordinator when he said, “I’ve just learned that man, everybody does it really differently. Sometimes the differently can drive me a bit crazy. I think it could be a hell of a lot easier than some people do it.” However, he remains committed to empower the individual’s uniqueness. “Academia can do a pretty good job
at stripping your uniqueness. As a faculty member, I’m trying to figure out how to minimize that happening. Does that make sense?”

Dr. Good remarked that he believes the uniqueness of the individual comes through in every assignment. He said, “I don’t want them to look and sound the same. And, I tell them on all the papers, on all their e-portfolio writings. If I were to take the name off of it within the first couple paragraphs, I should able to recognize who this is. I don’t want it reading like a damn textbook. Who they are as a human being really has to come through.”

Dr. Smith made the interview personal by bringing in his own strengths and weaknesses to the conversation. As an experienced leader he acknowledged his need to augment his own skill set. He confessed humorously,

There’s some leaders that don’t like to go out there in the public, but they have to find people to work with them to do that because it’s absolutely imperative that any organization who wants to influence others is gonna have to advocate for themselves and work out deals with other organizations to advocate for them simultaneously and have them advocate for us. I’m not all that comfortable talking to the legislator and I hate talking to the newspaper people…. I do recognize that those are important things and so when I’m on my soapbox about something I’ve always got people around me who are really good at that stuff. So I think that’s an important part of leadership, too, is recognizing the strengths that you have around you and being able to use those strengths to further the cause.
Participants agreed that leadership is expressed using unique methods in a variety of contexts using a myriad of skills and abilities. Dr. Jones summed it up well when she described her program’s priorities. “I think that there’s a heavy emphasis on leadership and advocacy, but the way that you do it can look different depending on your skill set.” She pointed out one commonality that should not be overlooked. Of course, “with the doctoral programs, everyone should be good researchers and good consumers of research. And in a counseling doctoral program we expect all our students to be advanced clinicians, as well.” She believes that beyond being researchers and clinicians, there is room for a myriad of ways to lead in unique places and unique ways. She captured the consensus of the group of participants when she advocated,

Not every one of us has to be the president of the United States, be able to stand up and give great speeches, and be inspirational. Not all of us can be Martin Luther King who can inspire a whole group of people. I think that a part of leadership development involves understanding what leadership means for you.

Most participants also echoed the idea that while leadership is uniquely expressed, it is a capacity within everyone. Anyone can be a leader and it is largely seen as a developed capacity. When asked specifically, who can be a leader, Dr. Good said, “oh gosh, I guess anyone.” Most seemed to hint at the same belief and it was evident in their definitions of leadership. Dr. Edwards offered a unique insight. He suggested that everyone is born with what it takes to be a leader but said, “some survive.” He felt like life experience sometimes stripped one of his or her innate leadership capacities. Rather than being developed, those capacities remain dormant or are eliminated altogether.
There were only two participants who disagreed that leadership was a capacity in all people. Dr. Kerns was clear that he felt leaders were born. Some have it and some do not. Dr. Johns agreed that leaders are born. Although she offered a general definition of leadership and left room for impact in a host of venues, when asked can anyone be a leader, she responded with an apologetic tone, “no, I don’t think so.”

In addition to affirming the ability of all people to lead, participants agreed that leadership is a developmental process. Leaders find their unique way of expressing leadership through a series of developmental experiences and encounters. Dr. Jones described her own development, crediting her family with instilling values of leadership. Dr. Smith affirmed her statement when he said, “I think it is a family value to be organized, to be helpful, to not be afraid of being in charge.” Dr. Williams said, “if you were to ask me about leaders in counselor education specifically, I would say most are developed.” Dr. Johns described her own development as a series of small steps. She said, “I would be asked to do something and in most cases do it well and then asked to do something else.”

**Leadership involves vision and movement.** Participants were consistent in suggesting that leadership is uniquely and individually expressed. They were also remarkably consistent in the movement towards a consistent understanding of leadership. Again, appearing in different parts of the interview, participants unanimously suggested that leadership is about vision and movement. Regardless of the context, the methods, and the leader themselves, leadership is the ability to cast a vision and generate movement.
Vision. Participants in this study overwhelmingly agreed that leadership requires vision. Dr. Jones said, “Leadership is about knowing where you want to go and making change.” It was a theme that emerged early and remained consistent through the entirety of the project. Vision was described differently and emerged in various parts of the interview but participants consistently described leaders as having a clear direction. When asked to define leadership, Dr. Lewis stated succinctly,

I think to be a leader; I think though that can be expressed in multiple ways, I think the outcome of leadership is some kind of vision and influence for the profession. I think to be a leader there has to be some clarity in direction. It's a person with a vision who is able to articulate that vision, and share that vision, obviously without imposing it.

The importance of vision emerged as participants talked about leaders they would uphold as exemplary models. Many of them depicted their exemplars as a person of vision. Dr. Kerns described a colleague saying, “He has been an amazing organizational, successful leader. The organization is well beyond successful, as you would think it might be based on what it is, because his vision and ability to make things happen.”

When asked to free associate with the word leadership, Dr. Lowe immediately thought of some of the most influential leaders of our profession. He described in detail one person he regards as an exemplary leader,

I think that she’s pretty much what you would look for in a leader. She’s got this long-standing dedication to the field. She’s very willing to step out and say, I think this is the right way to go or I’m not sure this is the right way to go and
she’s willing to take some risks and put things on the line and she has really exceptional vision for things down the road. I would say, she doesn’t lose sight of the end goal. It’s improving the counseling profession and that’s what she focuses on. It’s easy to lose track of things and focus on other things you get caught up in and you just lose sight of what your purpose is, but she doesn’t do that and she’s real good at helping remind people not to do that.

Dr. Edwards addressed the necessity of vision when he described screening incoming students. Leadership potential was a significant part of his assessment. He expressed his lack of enthusiasm for 4.0 grade point averages and 1600 GRE scores. He clarified, “I won't say it won't translate to a person who won't graduate, but it may not translate into a person who will be impactful. I'm looking for folks who have a vision of wanting to be impactful in some way.”

Other participants indicated the necessity of vision but also gave insight into the source of vision. Some suggested vision comes from the leader. Dr Smith stated, I think to be a good leader you have to have a good vision…You also have to share a vision with them of how life could be. That life that the leader sees as the possible way that things could be, you have to be able to share that vision and get the board to envelop their own energy in sharing that vision so it becomes something that everyone’s working towards. I think organizations suffer when the leader doesn’t have a vision that’s shared by the organization.

Dr. Swanson is in a private religiously affiliated institution. Thus, part of the intuitional vision influences that of the student body. He stated, “I think we, as a
program and as an institution, have a direction and we are seeking people that have similar directional commitments and they are seeking us.” Yet, he was clear in the need for students to have a vision. Their vision needs to be more than a career move. Instead, it must include their plan to contribute to the profession.

In our case, I think we ask people frequently, when they are applying to our program like, What's the goal? You want to be able to do what, as a result of getting a Ph.D.? What vision do you have? Okay, you wanna be a professor, that's fine but what would you like to profess if you are a professor?

The most common voice of participants was that of a shared vision. They talked of vision that does not belong to the leader or the institution but emerges out of collaborative process. Some participants talked about vision as emerging out of the immediate constituents. Dr. Lewis discussed collaborative projects that reach an impasse and meetings where there are multiple opinions. Making decisions can be difficult. She said, “A leader must have the ability to synthesize that, and bring people on board for more of a shared vision.” Defining leadership, Dr. Glance said, “I think I would just say that it was the ability to see a need and then act on it and having the ability to get other people involved in doing that as well. Accomplishing a task or a goal or whatever that you're setting out to do. Seeing what it is and getting it done by helping get other people involved too.”

Dr. Johns continued discussing the idea of a vision as collaborative but enlarged the idea of vision it beyond the immediate constituents. She suggested that a vision
emerges not only out of present continuants but is in connection with historical leadership as well. She described vision this way,

A good leader is also someone who has a great appreciation for the past and a vision for the future. I think that—and I’ve seen this happen in ACA and other divisions, is when you have a new leader who comes in and wants to change everything. Well, that’s really not respecting the people who came before you. A good leader has that balance of appreciation for the past, what’s been done before them, and also a vision for the future.

While admitting the difficulty of pinning a definition of leadership, Dr. Johns seemed to pull many of the above strands together. She repeatedly used the phrase “common vision” and connects it with history, present need, and a view of the future. She said,

This is hard. What’s hard about it is that I think we have had strong leadership and we need more leadership and common vision. Especially as we are kind of at a turning point in our profession where some of the people who really helped found our profession and get the profession off the ground are retiring and moving on to other areas. We have this new generation of people coming up in the leadership ranks. And, I think I am one of them, in terms of the new generation. I think ideally it’s a process that helps people come together to identify needs and the strategies for meeting those needs. And ideally, not just needs but also the common vision or hope for the future in terms of what we can be as a profession and how to influence human kind.
Regardless of the source of the vision and how it is discerned, the consensus of participants suggested that leadership requires vision. Vision is about direction and seeing the way forward. Participants were unified when they suggested that the leader bears the responsibility for discerning and communicating it in a way that gains support. For some, the source of the vision is the leader. For others, it is a collaborative process that includes current constituents as well as both historical and future considerations. The importance of vision in leadership was unanimous and followed closely by the ability to generate movement.

Movement. The second major theme in defining leadership was movement. The term movement is used to capture the intent of several ideas expressed by the majority of participants. The distinct voice of this group of participants said, vision alone is not enough. Vision must be facilitated in a way that results in movement. Each participant described vision differently. Some participants talked about influence on the individual level. Other participants talked of change and placed it within organizations and groups of people. Whatever the term and the context, participants agreed that leaders make things happen. They can move individuals, groups, and systems.

Dr. Smith expressed the idea in a larger context than most and used the word impact. When asked to name the first thing that came to mind when hearing the word leadership he said, “professional organizations.” He explained that the structure of our training programs and our advocacy agendas are directly influenced by the vision of our professional organizations. He suggested the organization is the leader. He said,
Well, professional organization is the first thing that comes to mind. I know that leadership is a much broader term than just being involved in professional organizations, but to me the professional organizations have an impact in two ways. One, they impact the educational programs by the direction that they take. If all of a sudden ACA was going to become a spokes organization for gerontology, all of a sudden there would be a lot more gerontology programs. So professional organizations influence higher ed. and of course they also influence the profession greatly by the kinds of advocacy that they do with state governments, federal government, different agencies.

When pressed to define leadership, Dr. Smith described the necessity of vision but did not stop there. He followed with the necessity for getting people to invest energy in “working towards” a vision. Describing his work with a community board he said, “You have to be able to share that vision and get the board to envelop their own energy in sharing that vision so it becomes something that everyone’s working towards.” Later, when discussing his development as a leader he elaborated further,

As I started to mature and get older, there were just some things that I just came to believe in that were the best for the profession and best for our program and decided that I was gonna advocate for those things. I recognized that there are other points of view and the other points of view have valid points and are not necessarily better or worse than my particular perspective, but I think my perspective is a valuable one and a proven one, and so now it’s sharing the vision and trying to get others to see it my way, too.
He laughed as he said the last sentence as it reminded him of his relationship with a colleague. He described their different viewpoints and their efforts to change one another. Laughing again he said, “The end product is the same. It is how we are going to get there tends to be a little bit different.” His comments implied directional movement towards the goal.

Dr. Jones also talked in terms of systems and groups but addressed the individual leader’s impact and couched it in terms of “change.” Her depiction was more consistent with others who described the multiple levels in which movement is generated. Dr. Jones said,

Leadership is about knowing where you want to go and making change. I think a good leader is someone who, like a good counselor, is about change. A good leader takes organization to a different level. A good leader in the classroom takes the students to a different understanding of a topic. A good leader in the school system, as a school counselor, takes a school counseling program to different heights. So leadership, for me, involves making change.

Like I mentioned, my former student who is head of the counseling department, the school counseling department in his middle school, that’s a leadership position because he’s changing, shaping how school counseling is structured within his middle school. Leadership can also be in the classroom. I think as counselor educators, as faculty members, when we teach we are also providing leadership because as an instructor, as a teacher, I get to structure what I want my students to take away in that class.
Dr. Lowe shared the idea that professors have an impact in the classroom. Describing his program and the role he plays in the profession he said, “it is the doctoral programs that spur the research, that spur the movement, that spur the directions of the field. I think they are where we move the profession forward. We continue to build a body of literature that supports what we do.” In talking about his own career choice he spoke to the influential role of the professorate. He reflected, “I can only do so much research myself but if I promote that in five other doctoral students, well, I just magnified my impact by five.”

Other participants’ depictions were more concrete and less focused on large-scale movement. Dr. Johns defined leadership as a “process that helps people come together to identify the needs and the strategies for meeting those needs.” She later differentiated between advocacy and leadership saying that, “advocacy is more what we are doing and leadership is about how we get there.” Additionally, Dr. Johns described her mentor as able to encourage people to “take steps towards a vision.” Finally she discussed the need to “complete tasks.” Taken together, she seemed to suggest leadership requires movement in the daily routine, no matter how small, as it facilitates the movement towards the goal.

Dr. Williams had similar thoughts using the word “responsible.” Describing her role as coordinator she indicated part of her job was, “making sure that everything is going right and making sure that everyone is doing their job, including me.” She elaborated on the word responsible, suggesting people take on too much, or at least more than they can adequately complete.
Dr. Good summarized the importance of movement when he said, “You can be an amazing humanistic kind of leader but if you can’t move either a cohort of doc students forward or a department forward or if you can’t do what is needed to develop a five year plan to move in a direction that’s going to make things better…all the humanistic skills in the world aren’t going to make up for that.”

Dr. Kerns agreed, “It is having the ability to make things happen in an organization that the people who are there want to happen. It is being successful at moving an organization forward. It is vision and ability to make things happen.” He used the description consistently. When describing the screening process for potential students he said, “we pay attention to applicants if they have lower GPAs and test scores but have traits that suggest they are going to be an organizational leader who can bring people along, who can get out in front of people, who can make things happen.”

Dr. Jones and Dr. Edwards used almost the same language. Dr. Jones said, “while I’m not looking for the next ACES president. I’m looking for someone who has a passion for counseling and someone who’s going make a change within the counseling profession, whether it’s at the client level or at the professional level.” Dr. Edwards described his screening process and unapologetically stated, “we have a need for people to be able to go out there and enact change. We have a lot of dysfunction socially and that needs to be engaged.”
Dr. Swanson used the term influence. He said leadership is “the ability to influence people and policies towards a prescribed goal.” He described leaders as being able to “accomplish movement.” Dr. Lewis used the term influence as well, I think to be a leader, I think though that can be expressed in multiple ways. I think the outcome of leadership is some kind of vision and influence for the profession. I think the piece I want to emphasize is that there's an impact on the profession, and that might be at the individual level, and it might be at a more systemic level.

After 11 initial interviews and six follow-ups, the clear and consistent voice of participants suggested that leadership is about generating movement. It may be in policies, individuals, groups, or systems. It was expressed differently using words like change, movement, influence, impact, and work. Whatever terms are used, Dr. Jones offered a good summary, “I think a leader is someone who can actually move forward instead of just sitting there talking about the issue, processing. At some point all that is good, but a good leader is someone who can actually get off, go and actually do something.”

Time emerged as a subtheme related to change. Several participants addressed the necessity of time invested in order to lead change. Three participants expressed concern about the rotational system common among higher education leadership and the counseling profession’s professional organizations. The theme of their comments suggested time is essential. If change is going to happen we need people to stay in place.
Leadership turnover makes progress difficult. It is significant to note it was the more senior participants who suggested the importance of time and continuity.

Dr. Good mentioned it first in the higher education context. He said the rotational model is a good model then proceeded to point out significant weaknesses.

Those are often times rotating kinds of things. You know it’s considered to be service and you know you step up and you serve the department. And, I think that’s a good model. There’s nothing wrong with it but if you’ve got somebody stepping up in a role like that but they are only doing their turn but they’re not passionate about it or they don’t have much formal training in how to do that leadership role then its hard to say that during their tenure that your program’s going to thrive.

There are pretty good size learning curves on leadership roles in academia. If you do a three year rotation, which I don’t know why that seems to be a really common number, maybe it is the highest number that they highest number of people will actually agree to. There is something about threes. We trust threes for some reason. You actually start getting things figured out at the end of your second year a little bit. The first year you’re just kind of swimming and playing catch up. The second year you’re starting to catch your stride and the third year you are already thinking that you’re transitioning out.

Dr. Smith addressed the rotational leadership in the American Counseling Association specifically. He reflected, “I think the organization suffers that way because the presidents are not in long enough to talk the full board into doing it their way.” He
elaborated further suggesting the need for the elected presidents to set the vision of the association but felt the rotational system made that difficult to achieve. They need more time to effectively move an organization as large as the ACA.

Dr. Lowe agreed with the challenge of the rotational system in the ACA. When defining leadership, he said without hesitation, “It is you getting up there and doing the work that needs to get done. I often joke that service is just the university’s way of getting free labor for the professions. The things that have been done that promote the professions are typically done through service and that requires leadership. People need to get in there and put in all the extra time.”

He returned to the theme later when asked if his understanding of leadership had changed over the years. He described his new awareness of the importance of continuity of leadership. After having served separate organizations, one with a three-year term and one with only one year, he remarked first of the three-year term,

I was able to work with the board and continue to move us forward. That is in comparison to when I look at the other position which was a one-year term. Personally, I would say that I have concerns. I don’t think that the continuity piece has been managed well. There was just a news story out this morning about a new—the CEO of Yahoo! Just resigned and that’s their fourth director in five years and they were talking about that. That’s not good. You just can’t—you can’t move forward that way and I’ll tell you straight up.

While all the leaders interviewed discussed the importance of vision and influence at some point, I found it especially thought provoking to see that four of the most senior
participants, all with significant leadership experience in multiple positions, echoed the same idea. They all expressed concern about a leader’s ability to lead towards a vision due to the limitations imposed by rotating structures.

**Leadership requires communication.** As discussed by participants, the importance of vision and movement was followed by the need for communication and listening skills. Participants often paired vision and communication in defining leadership. Some reinforced the importance of communication in leadership in other parts of their conversation. The participants’ prioritization of communication clearly emerged. In fact, communication emerged as one of only two skills that participants repeatedly suggested as necessary for effective leadership.

Participants suggested that communication is the ability to clearly and convincingly articulate vision. Dr. Lowe expressed his admiration for a respected leader for her ability to articulate firmly. He stated, “She’s real good at getting the point across in a way where you sit there and you go, oh yeah. She’s also real good at saying, now, that’s really not the way I’m seeing it, but she does it in a way without calling them a son of a bitch.”

Dr. Lewis also described her mentor as having, “the ability to respectfully communicate both positive and negative things, and area of growth, and that kind of thing.” Dr. Jones offered similar sentiments when describing her mentor. She suggested that “what she has done is she has supported me along the way. She has encouraged me. She has pushed me. She has challenged me. She has actually made me angry at times. It is that balance of challenge and support.”
Dr. Swanson addressed the theme uniquely in the context of the professor’s role. He described the priority of his program,

A professor, by implication, is someone who stands on a soapbox and says something. "What is it that you would like to say? Frequently in master's level folks, they haven't really thought about what it is they want say, what they want to profess, they just know that's a career aspiration. Part of our job, I think, is to help them find their profession, that thing that they would like to profess, to put forth.

**Listening.** Participants believed communicating and listening are two sides of the same coin and difficult to separate. Participants addressed them separately but consistently indicating the need for both the ability to listen and communicate. However, listening was referenced more frequently. Dr. Lewis said, “I think, in my opinion, leaders have a responsibility to do perhaps more listening than they do talking. I think that's the best way to get the pulse of whatever needs to be done, and where leadership is required, and where leadership can be shared.”

Dr. Glance said, “being able to listen to people and let them do what they do best.” Dr. Jones turned her attention to the counseling professional structure and spoke to the divisions within the main body of ACA. She described her hope for the profession and then when asked what kind of leadership would be required to reach that she said, “I think it is going to take a leader who can really listen to all sides and build consensus.” She added a parallel with what we do as counselors when she reflected, “I think a leader is someone who really understands and listens to whatever group, organization, or agency
they are leading. What do good counselors do? We are trained to be good listeners. So, as counselor leaders we want to listen to our membership.”

Dr. Smith offered an example of an exemplary leader that exhibited excellent communications in the ability to listen and articulate. He said most poignantly, “I think to be a good leader you have to also be a good listener. You have to understand the people that you’re working with. I think you have to be able to listen to the people you serve and the people who are on your board.” Then he offered an example of a leader he respected and his handling of organizational meetings.

He was really excellent. He was able to summarize. After each person would speak he would make a very brief concise summary of what they had said and then go on to the next person who wanted to speak. If someone got off topic he was always able to bring her back around to the topic very gently but forcefully so that she didn’t feel put down or anything.

Dr. Jones offered a similar dynamic in her example. She affirmed the need of vision and movement but emphasized listening to the contributing voices. “I also think a good leader is open to feedback, someone who can have a vision, have an idea, want to move forward, and is also—and this goes back to listening—is also willing to take feedback from other people and other places.” She talked in detail about the skills that counselors applied to leadership and said,

I think it’s going to be a leader who has really good counseling skills. It’s going to be a leader who can really listen to all sides and build consistence… Well, when we think about what—well, what I visualize as a leader, I think a leader is
someone who really understands and listens to whatever group, organization, agency they’re leading. What do good counselors do? As counselors, we are trained to be good listeners. I think a good leader is someone who is very aware of the social context of whatever they’re arguing for or whatever agency, whatever organization they’re leading. How do we train counselors? We train counselors to understand the context of their client and their client family, their client issue. I see a lot of parallels between counseling skills and leadership skills.

Two participants advocated for the necessity of objectivity in communication. They believed that not only is listening essential, listening must be done apart from one’s personal agenda. Dr. Williams described three specific communication skills; objectivity, negotiation, and transparency. Dr. Williams talked about skills for leadership,

I would say be objective because a lot of times it is easy to get sucked into like a different story, different people. For example, let’s say a student has problems with faculty. You’ll listen only from either faculty, from student. You kind of get sucked in and lose your perspective— At least, I speak from my experience. I think another thing is just to be a negotiator, so you would need to be able to negotiate things. You are not going to get 100% result that you would like, but at least you get 70%. That is success, especially, for example, resources for students. I think that a good leader has to be transparent. It is easier to get caught up with information that other people are not privy to. You have a higher level of information accessibility or access to resources and because everything is about
lobbying, negotiating it is easier to get caught up thinking I have to hold onto this information. I have to withhold this information to other people and I think that healthy leadership would need to be transparent, so all the information.”

The leader as a communicator consistently emerged. Leaders must be able to both articulate and listen. The importance of communicating and listening were the only consistent skills that emerged in participants’ dialogue. For participants, the preponderance of discussion revolved around qualities and attributes that define the person of the leader.

**Leadership depends on the personal qualities of the leader.** Participants offered a list of qualities they associated with good leaders. In some cases, I asked them directly to describe the skills, traits, or qualities they associate with an excellent leadership. In other cases, it emerged as they discussed their definitions of leadership, screening criteria, exemplars, and often in the free association exercise. What emerged was a clear, yet diverse list of personal qualities. The focus consistently moved away from a particular skill set and focused on the person of the leader. Participants suggested that who leaders are trumps what they do. The personal qualities are grouped under the sub-themes of trustworthy, humble, and responsible. They may be best summarized as interpersonal qualities that make collaboration possible.

**Trustworthy.** The most inclusive of those mentioned was the theme of trust. Trustworthy leaders were described as having integrity, being reliable, and genuine. Dr. Kerns succinctly remarked of leaders as “they have to have credibility. People have to
believe in them. They have to believe that they are honest and trustworthy.” Dr. Swanson expressed the same idea in much greater detail. He explained,

The most important quality that I think, as a leader, will start with the word trust. A leader must exhibit the capacity to form trusting bonds with those that he or she seeks to influence and inspire them to follow. I think trust becomes where it begins, as probably the crucial leadership variable, if one does not trust one’s leader then one won't follow. The place for me then is to go with how is trust developed? I think trust forms in two different directions. One is the capacity to take risks with someone; and second is the capacity for that person to see the one that they take risks with as being reliable, faithful, and full of integrity.

Dr. Johns and Dr. Smith talked about leaders being consistent. Dr. Johns said the first thing that comes to mind when thinking about leadership is “consistency.” Dr. Smith agreed and described a leader he admired as,

Not emotionally all over the map. You can approach her with different things at different times and your experience won’t be that different and her reaction won’t be that different. She has high expectations. I was on her leadership team for years, she has high expectations, but she’s very fair about that and she’s very clear.

Dr. Good also agreed though he couched it differently. He described the various roles the counselor educator fills. He suggested,

Consistency is a good trait as a leader. And, I think with comes genuineness as far as when you have these different roles so who a leader is as and educator, who
they are as a researcher, who they are as a clinician and a supervisor, you know it's the same person. Their roles change but at the core it’s the same person philosophically and from a humanistic standpoint.

Dr. Swanson addressed it in the context of his program. Students must be able to trust the program because it has proven itself worthy. He explained,

If I want you to take the risk to follow me, then I have to show myself to be worthy of that risk that you take. To which then, I think we, as faculty and as a program, have to take very seriously—we put out there an invitation to come spend a lot of money and a lot of time following us and the program. That's a very humble position to place yourself in, in an arrogant kind of way. The arrogant part is we possess the power but the humility part is we have to show ourselves worthy of other people's investments.

Dr. Smith provided the most concise statement that captures the heart of what participants seemed to suggest. He said, “I think you have to symbolize to the best of your ability the kind of person you’re asking others to become.”

**Humble.** Many participants expressed the necessity of humility. Dr. Lewis said she has respected leaders who could admit their mistakes. “I'm thinking specifically of people that I've respected as leaders. They have a sense of humor. The ability to laugh at themselves, to own their mistakes, to say—‘Yeah I know, I screwed up. I forgot that.’ I have a respect for that, because nobody's perfect, even when you're in a leadership role. I think that's really important as well, just a sense of humor over all.”
Dr. Lewis expressed the importance of respecting the myriad of opinions that emerge in leadership settings. She explained that we value collaboration but we often get stuck because of the diversity of opinion. She said leaders need, “An ability to synthesize that, and bring people on board for more of a shared vision. Respect is huge, and part of being respectful, I think, is not being dogmatic, so not believing there's only one way to do things. Then we get really mired down and not creative.”

Dr. Lowe called for humility when things do not go the leader’s way. Dr. Lowe stated, “It’s necessary because at times, where you anticipate or see things going is not where it’s ultimately going to go and you’ve got to be prepared to be able to put your agenda aside that ends up going where you’re going.” Addressing national leadership positions, he called it a “perk having a president who’s got enough humility to back up and say, okay. I need to listen to this person and trust this person.” Elaborating he said, We’ve seen too many things where someone set an agenda and it just really—it’s not a good thing, but it’s just what they want to do and so they do it and they don’t step back and look at the big picture. It’s like, well, I know I want to do this, but is this the right thing for the profession? The humility piece sometimes is the hard one.

Dr. Good expressed similar sentiments talking about his students and their unique paths through the program he said, “I’ve learned that everybody does it really differently. Sometimes that differently can drive me a bit crazy. I think it could be a hell of a lot easier than some people do it but that is where you have to create room.” Dr. Smith echoed similar thinking when he chronicled his own changing ideas on leadership. He said with a sense of comedic reflection he described a growing respect for individuality.
I jokingly like to tell the students that when I finished my doctoral degree and came here I knew all there was to know. Some years later, I don’t know anything. I think that has a lot to do with my ability to listen to people. In the beginning I thought leadership was telling people how life should be and then trying every which way I could to get them to do it right. Now I think that leadership is sharing a vision of how life could be and trying to entice you to share that vision if it makes sense to you so that we can work on it together.

Dr. Jones offered yet another perspective calling for leaders to recognize others who have supported their journey. She stated,

I think, about good leadership is that good leadership is someone who’s also grateful. I think that a good leader is someone who can recognize that they don’t—we don’t do it on our own. That we have an army of people who support us, and part of being a good leader is being grateful and thanking those who helped us do whatever our goal was.

**Responsible.** Several participants pointed to the necessity of responsibility. Many of the participants described their roles and leadership in general as demanding, full of opportunity, and in some cases lacking reward. Dr. Edwards used the word expansive to describe the vast possibilities of leadership. He explained the extra work required and the lack of reward from the institution. Participants suggested leadership in the counseling profession is not a simple task and thus calls for responsibility. Responsibility was cast as a disposition or a personal attribute. It was the unrelenting
commitment to completion, the desire to see things move forward and willingness to do one’s part.

Dr. Lewis and Dr. Williams expressed the theme consistently. When asked to share the first thing that comes to mind when thinking of leadership they said “responsibility.” When pressed to elaborate, Dr. Williams described her experience as a program coordinator.

There is a lot that you do as a program coordinator or in a leadership position in general. It is to be responsible for a lot of things. For example, for the program coordinator position, you’re kind of responsible for everything that relates to your program students, faculty, curriculum change reports, resources for students and faculty. All of these are things that you’re responsible for and at times, these responsibilities become overwhelming because you oversee everything.

After talking about leadership Dr. Williams addressed the skills or qualities that make a good leader. She responded,

I think there are several things. The first thing that comes to mind again, is to be responsible. I think that’s a requirement. I think a lot of times like people taking on too much but they’re not responsible for these things. It is going to fall apart. It is like a house of cards.

Dr. Good talked about responsibility on the part of both students and faculty. He started his definition of leadership when he said, “Well, I think it is a shared responsibility. I think part of being a good leader is knowing when to provide guidance and instruction and then knowing at which point, particularly at this level of the game, at
which point to get out of people’s way.” His program includes at least one effort to model and engage students in this idea of shared responsibility in the way they cultivate research ideas. They meet annually and take turns discussing student research ideas. He said,

It is a really interesting process that was based off of the Quaker model of conflict resolution. And, it’s used to help people in their first year sit with their research idea or their struggle about their research idea. And, it’s a step-by-step kind of question process that based on the Quaker model that helps them. I mean everybody within that it’s a shared kind of shared leadership and responsibility and expectation. There is a level of leadership and professional responsibility as far as stepping up for leadership roles within our professional association, ACA and all their divisions and the state level. So, I think that’s one of those things we do talk about and encourage. Thus, his dialogue was rich with talk of responsibility.

Dr. Jones described her responsibility for student outcomes. She explained, “it’s my responsibility to make sure that when my students graduate they are good consumers, producers of research. They have great leadership and advocacy skills, and that they go on to make a difference in the counseling profession.” As she did throughout her interview she qualified that making a difference can happen on any level. She stated, “Again, even at the client level or at the professional level, but they do something different. Getting a Ph.D. in counseling is not easy. It’s not for everybody. So with that, I think it does come with responsibility.”
Other participants used different words but seemed to be describing the same idea. Dr. Glance said leadership can be overwhelming. She hinted at the leader’s responsibility for results. She suggested the need for a team approach to get anything done. She described the ever-present obstacles to progress when she said, “I think that leadership requires a lot of tenacity. It requires creativity and ideas.” Other participants when free-associating used terms that fit under the idea of responsibility. Dr. Johns said “task orientation.” Dr. Kerns said “diligence.” Dr. Jones said, “proactive.” Participants consistently described the need for leaders who were responsible. They employed people around them and all their internal resources to see that progress is made and that they follow through on commitments.

**Leadership is taught through experience and relationships.** A significant portion of this research sought to illuminate how counselor education programs are integrating leadership into their programs and what role leadership plays in the formation of future counselor educators. What emerged in this study was the priority placed on experience and relationships. While there is some formal curricular content, the majority is informal with an emphasis on experiential and relational components.

Five participants suggested they had a formal curricular component demonstrated by the inclusion on a course syllabus. Four of those described leadership as an integral part of a course and provided syllabi. All four syllabi listed significant readings and assignments on the topic of leadership. Most participants offered leadership as a portion of a larger course. Notably even the formal content was relational in nature, which
included studying past influential leaders, interviewing current leaders, and thinking about self as leader.

Dr. Johns said, “we address leadership very directly in their first professional orientation course. And, we have readings that really look at professional leaders, development, leadership skills, style. We have students write a self as leader paper identifying their own leadership style and what they might bring to an association or a community.” She provided her syllabus which matched the above description perfectly.

Dr. Good also provided his syllabus, which overtly included leadership. He stated of his course, “I tend to pull in those conversations, from the readings which are more from business and major corporations, successful leaders in major corporations and what makes them successful. Then, I also have in one of the doctoral seminar readings from the top leaders in our field. But, I think you want to dabble across fields.”

Dr. Jones was the only one who listed leadership in the course title. In her program, the course ran through the entire program and has a significant leadership component. She said,

“We have a course in leadership and advocacy. A big part of that class is talking about leadership. I have them do different assignments on leadership ranging from interviewing a leader within the counseling profession to defining what your view of leadership is. I also have them actually do a plan of study. So a plan of where do you see yourself being a leader in the future? They have to have some sort of vision.” The syllabus did not include any readings outside of the counseling profession.
Dr. Lewis also shared her syllabus, which overtly stated the inclusion of leadership and required readings from within and outside the counseling profession. She stated, “we have—we talk more specifically about leadership and advocacy in that class, and looked at it from leaders in the community, and taking leadership roles in the community from an advocacy perspective. Also, what is leadership in a university setting? How does that look? There's some very specific things related to leadership in that class.”

Dr. Kerns described significant leadership content component in a course called, Current Issues in Counselor Education. He said, “it includes many things, but one of them is leadership, counselor education specifically.” He described the content leaning more towards the profession but said, “We also have them read some basic articles about leadership theory in all fields not just in counseling.” He was clear that his program wanted to provide leaders and he stated, “In order to do that, we feel like we need to give them some academic work in that area and a practicum in that area.”

The descriptions offered by other participants were less definitive. Dr. Lowe, Dr. Williams, and Dr. Smith suggested leadership was part of a course but not as formal as those mentioned above. Dr. Lowe said, “In our doc internship classes we have various assignments where students. They’ve actually read materials from the profiles and leadership or a book like that, where it’s got a bunch of profiles of leaders of the field. The professors that had taught that course, one in particular, she’s actually had a number of these people that she knows personally on the phone in conference calls with those students.” When asked, Dr. Williams emphasized leadership would appear on the syllabi,
for two courses, doctoral seminar and internship. Dr. Smith cited a general seminar. He noted, “there’s always something on leadership there, but we’ve chosen to go more experientially than theoretically.”

Other participants were less formal and less specific about leadership. They talked about leadership in the context of a course but it did not appear attached to specific readings or assignments. Dr. Edwards said, “From a content standpoint, I would always have it in my Employee Assistance Program course, my Consultation course, my Multicultural courses.” He described the potential to provide leadership in other domains by transferring skills when he said, “Even in the Career course, I have a section of basically what they can do independently with the content that they get. It's not just training you to do a job. We're training you to think and use the content that we teach you in ways maybe that we haven't thought about using it.” More concretely, Dr. Edwards described past integration of leadership when he said, “I have actually taught different leadership styles, in the Consultation course. That course is basically a doctoral level one, but I also do it in the Employee Assistance course which is both master's and doctoral. I've just started infusing it in the Career course”

Likewise, Dr. Glance discussed her program. She said, “I know leadership is articulated in a host of our classes as part of the application of the material. So, that leadership applied—or the concepts of leadership applied to assessment. The concepts of leadership applied in multi-culture.” Much like Dr. Edwards, she seemed to be hinting at a transfer of skills, how to use what you know in various contexts. She elaborated, “So, they're thinking about what does this mean, then, as a doctoral—as a holder of the
terminal degree in terms of an application context.” Dr. Swanson offered a similar
description of his curricula when he said, “we don't study leadership as a stand-alone
curriculum. We don't have them read Stephen Covey's books or say here is a Warren
Bennis on organizational leadership text and that's going to be core of this curriculum.
We integrate leadership as within the core of our courses.”

Participants were split in their inclusion of formal content related to leadership.
They offered greater unity in their inclusion of curricular components that engaged
students in experiences and relationships that are thought to foster leadership
development. The components were both formal and informal but consistently pointed to
the emphasis on experience and relationships.

**Experience.** Dr. Good summed up the general theme of the curricular
components when he said, “I think it [leadership] is a shared responsibility. He
emphasized the importance of “knowing when to provide guidance and instruction and
then knowing at which point, particularly at this level of the game, at which point to get
out of people’s way.” Most telling and consistent with other participants as expressed in
their curricula he added, “I don’t think people find their leadership roles by theoretically
talking about it and we do the readings. We do all that stuff. I think people find their way
as a leader by actually doing.” Dr. Lewis concurred almost verbatim but went further.
She stated, “I think without the experiential and mentoring piece that all of the
conversations in our leadership just become theoretical.” Rating the importance of the
content versus the experiential and mentoring she explained,
Though it [content] might have some value and meaning, the mentorships and being engaged and involved, and helping people develop their own style, I think that has to happen by being directly engaged in it. I guess that means that I value the experiential piece of it more, but I think that they are an—I think it's important to have both.

The experiential and relational curricular components were far more consistent. In fact, participants suggested that experience and mentoring were the most significant pedagogical tools used to teach leadership in their programs. Experiential components include projects that are applied in the program and the community, serving in professional leadership roles, and attending professional conferences. Dr. Jones captured all three when she offered a detailed description of the experiential components in her program,

I also have them do a three-year multilayered advocacy leadership program where as a first year student you sort of think about what advocacy and leadership look like. Then you have the rest of the year to actually implement that program. Then the third year you present it to the class. Typically, that project involves being a leader and involves some sort of advocacy piece. This year’s cohort of students went to an alternative school system and developed programs for that school so that leadership is also advocacy.

In addition to this type of project application, students are expected to “serve at least two different levels as like a committee member.” Attached to this service is the requirement that they attend and present at professional conferences.
Dr. Smith described their structure as an apprentice program. He stated with
honesty, their process is an “informal process but at the same time, each student gets it,
so it’s not formal like in a course or a syllabi. It does happen.” He explained their
expectation for students to make presentations and volunteer to be on at least one
committee. He expressed pride that their students often get chosen for professional
organizational leadership positions. Then he said, “that gives our students a taste of
testing out their skills and seeing whether they really like that part of the job of counselor
educator.” Explaining the apprentice model he proudly said,

The first years will be involved with faculty who, themselves, are in leadership
positions. By the time they get to their third year, we would hope that they would
be in some leadership position, so it’s sort of a mentoring relationship. Maybe a
better word would be apprentice relationship. I think that we handle leadership
stuff more like an apprentice program, so I’m the leader, you help me and then I’ll
get a leadership job for you and then I’ll give you feedback and let you do it on
your own kind of thing.

Dr. Good described a unique experiential piece in his program. Doctoral students
engage in a program improvement project each semester. The project provides a hands-
on way to engage students in leading their own program. He described,

We identify kind of a need in our program in our clinic and that goes along with
what the overall focus is. Two semesters ago we put the doc student in small
groups and took apart our masters admissions process. And then they suggested
how to revamp it. What we kind of set up is they work on this project through the
semester then they present their recommendations during our last doc seminar meeting. Then we look to see how we integrate it as a whole or integrate parts of it for that next year.

Dr. Good noted they integrate “probably about 80%” of the feedback that comes from the improvement projects. It fits with his stated goal of “having them experience a community in which you’re supported, you’re challenged. It is a healthy process that I hope they experience by the end of this so that they can know what they should be responsible for co-developing.”

Also unique is the approach expressed by Dr. Lowe. He was clear when he said, “we want people to start volunteering when they come into the program, volunteering for committees and chair positions with the professional associations” in the state, region and nationally.” His program allows doctoral students to earn credit with service activities which has a dual benefit. He elaborated, “We’ve got students that apply or will run for officer positions and we definitely, at the very least, we have people presenting at conferences, state, region, national and put their name out there”

Dr. Glance described a similar expectation for service in her program that is integrated for credit. She said, “students are involved in one credit service project. They have to do one service, one teaching, one research internship. For service, it's almost always involved in leadership because they're usually helping a faculty member who is involved in a leadership position.”

Dr. Edwards was less formalized. He described creating leadership opportunities in the classroom. He laughed as he described the process of putting them in leadership
positions within the class. He said it is a matter of “Sitting in the back and watching
them do it, and yeah, sometimes watching them go down in flames and not really offering
a hand or maybe not. If you're going to screw up, this is the place to do it.” When
pressed for further explanation he elaborated,

A lot of times what I'll do, I'll put them into positions where they are responsible
for teaching certain content in the course. They'll have to come up with at least
three or four types of—not assignments, but at least three or four ways that they
can ensure that the content that they have taught to the class has been absorbed
and has been understood. It has to be a non-written way, something other than
writing.

His description was very fitting with his previously offered definition of
leadership and the necessity to approach situations using diverse methods. He used the
words flexible and adaptable frequently.

Relationships. The importance of relationships was the other theme that
consistently emerged from the discussions related to leadership in counselor education
programs. Relationships emerged in two directions. First was mentoring to further
student development. Second was the importance of networking to secure opportunities.
Combined, there was a clear message that relationships are key to students’ development
and progression through doctoral programs and into leadership in the counseling
profession.

Mentoring. Participants consistently articulated the importance of the mentoring
process in the development of leaders and described how leadership is included in their
programs. Most participants referred to mentoring as a significant part of their pedagogical application and their own development as a leader. In some cases, the mentoring was student to student. In other cases it was faculty-student. Two programs did both.

Dr. Good articulated about the role of mentoring in his program and tied it to the goal of having students “experience” the faculty role. He stated, “I have it set up where the second year students mentor the first year students. He described the second year students as “very active mentors of the first years. They teach the first years how to put together their portfolios.” Dr. Good said they continually help their mentees with the next step.

Students also work collaboratively with faculty. They have six full-time faculty members and admit six students each year. Describing one exercise where students and faculty work together to sharpen research interests he said, “hopefully, we are teaching that part of leadership and their role within that when they are not the focus person is how to supportively nurture somebody along the way, primarily in their research identity.”

Dr. Jones described a similar structure that involves students mentoring students and faculty mentoring students. She said “incoming students are paired with more advanced students. From early on you’re expected to be a leader with the incoming students, and that’s sort of fostered throughout the whole process.” In addition, she added, “our students are paired with a faculty member in a mentor, mentee sort of relationship.” While both are in place, the informality was clear when she explained, “I
can talk about what I do with my students. I can’t talk about how others do it, but that structure is set up so that students learn from a mentor.”

Dr. Swanson suggested that his program uses the method of mentoring student to student. The doctoral students have the opportunity to share expertise and help shape the interest of master’s students. However, there was no mention of a faculty–student approach.

Dr. Smith described his program as having a structure that he first called mentoring then changed to an apprentice relationship. He said, “first years will be involved with faculty, who themselves, are in leadership positions. By the time they get to their third year, we would hope that they would be in some leadership position.” After thinking about the word mentor versus apprenticeship he continued with, “I’m the leader you help me and then I’ll get a leadership position for you and then I’ll give you feedback and let you do it on your own kind of thing.”

Some participants did not have a formal mentoring structure in place but described how mentoring does happen in their programs. Dr. Kerns used different terminology and referred to the “the importance of models.” He described programs that have strong leadership and those which do not. In his estimation, students without models of leadership are not likely to become leaders.

Dr. Glance described acting as such a model, she said, “I had one of my students who did leadership. I was president of [an organization] and basically he worked together with me. Then, the student after him worked with me trying to revive [an organization]. Did a lot of leadership through that. I think a lot of that comes through
mentoring, a lot of the leadership does.” Dr. Johns did not describe a formal mentoring process either but stated, “I see leadership developed with faculty and students go to conferences together and present at conferences together and being engaged in conversations regarding the bigger picture of our profession.”

Some participants discussed the role mentoring played in their own lives as well. When asked, what were the most significant forces that contributed to your own development as a leader, the repeated answer indicated a relationship with a mentor. Dr. Kerns said,

From a very early age, I was in leadership roles and liked it, and just continued that through my—being in college and my career—just been something that—I was in the—I mean, I’ve had some people who were encouraging, like a teacher at the high school and my major professor in my doctoral program who recognized me and mentored me and gave me a lot of encouragement that I think had an impact on my own career.

He described leadership as something that was “in him” and yet credited a mentor for recognizing and encouraging his potential.

Others had similar stories. Dr. Edwards traced his influential forces back to his undergraduate college years. He said,

Really, it wasn't until at the end of my undergrad program, where I had a long talk with an educational psychologist who, for the first time, had me considering graduate school and what have you and brought up leadership types of things.

She said, ‘I've watched you. You have good leadership traits.’ I looked at her. I
said, ‘Really?’ She's the one who got me consciously looking at it. Cause a lot of the stuff you did as undergrad in experimental psych program—you know, you're running rats and you're doing somebody else's data gathering and stuff like that. Getting your friends, ‘Sit down. Okay’ You do what you do.

He declared, “It wasn't until then, and that was my senior year, that I thought about that because she brought it up. I guess because it had never really been mentioned before.” He continued to discuss the impact of this mentor and said in hindsight he could see how those traits had always been there. Yet, it took her empowering him at the right time to move forward.

Dr. Jones recounted the significant forces in her own development. She mentioned the people within one of our organizations as a unit then noted one particular person, calling them both mentors. She described them as encouraging, supportive, while simultaneously challenging. Dr. Johns was similar. She described her own development and the importance of her mentor. She reflected, “I had excellent mentorship. I had a mentor who kind of on each developmental step, encouraged and supported me.” She said she also “found opportunities for me to consider.” She recounted the intentional nature of mentorship when she explained, “I was invited to be at that dinner or my mentor said there is somebody I think you should meet. Come along with me to this event or whatever it was.” She then mused, “yea not accidental at all.”

Many participants suggested mentors are the force that propels leaders to the forefront. Dr. Glance expressed it best. When asked what described the most significant force in her own journey she said,
I think most of us, if we kind of think about how we got involved in leadership, most of us get involved the same way. You had somebody who encouraged you and pushed you and mentored you. Said, "Oh, you have an idea? Why don't you be a committee chair? Oh, well, why don't you run. Just about every time I've run for office, it's because somebody else said, ‘You know, I think she would be good at that. Why don't we get her involved in that.’ I think that having other people who are leaders encourage you in the leadership position is usually the way it's been done. At least, in our profession, I think. I think people recognize, the fact that yes, this person has ideas. They want to see them come across. It would be unrealistic to think that all mentoring is altruistic.

Dr. Swanson described his mentor in a very perfunctory sense. He candidly addressed motivation for scholarly work and whether or not it was all intended to lead or impact the profession. He explained,

A large number of my publications, earlier in my career, were not because I was really wanting to exhibit leadership in the field; it was because, ‘Okay, that's a good idea. There's a design that I understand. I think this is a publishable document. Let's go do it.’ It was a senior professor who was mentoring me and allowing me to do it with her and great, this is my way; this is my path to job security.

Most participants affirmed that learning happens through modeling and justified the informal inclusion of leadership in their curricula accordingly. Dr. Lewis was honest when pressed on the discrepancy in her definition and her curriculum. She listed very
specific terms describing leadership and good leaders, i.e., listening, respect, commitment, among other terms. I asked, “are those the things taught in your program?” She responded, “No, I hope they are modeled but directly taught, probably not.” Clearly still thinking she repeated, “Again, I hope it’s modeled, but I think in terms of actually taught from a pedagogical perspective, no, I wouldn’t say so. They are hard things to teach.”

Dr. Smith was equally honest. When asked directly about the apprentice model he put forth, I asked if the specific skills and qualities he described are taught within the apprentice model. He responded, “yea it really is. It doesn’t sound systematic because it’s not in a class but it does happen.” He described the faculty’s priority to convey leadership skills and was clear the one-to-one faculty-student ratio was part of their model’s success.

Dr. Good also echoed the idea of teaching through modeling. He said, “you don’t have a lesson plan on compassion particularly. I think you teach a lot of that stuff by modeling.” He described the teaching and modeling opportunities that are present in the informal environments that surround doctoral work such as conferences, research projects, etc.

**Networking.** While mentoring accounted for a large part of the relational component of the curriculum, some participants described the role of networking. Establishing relationships that lead to opportunity and professional development opportunities are a significant part of leadership. Dr. Lowe described his own experience in the profession when he said, “meeting people and making decisions is always in the
back of my mind, like you don’t make a decision in isolation. You make a decision in a community no matter how small it may seem.”

Some participants were rather subtle about networking. Others were intentional in suggesting that networking is undeniably important. Dr. Swanson recounted his own journey to the coordinator role. He described the need for a new opportunity when a colleague called and said, “I saw this ad for a position at a university, I think it has your name all over it.” He mused as he suggested serendipity really is not so serendipitous after all. Dr. Lewis mentioned part of her role as a mentor is to help students connect at conferences. She explained, “really involving my students in considering our professional conference is where people disseminate their research and where people are learning, and that kind of thing. Also, connecting, and networking, and just being rejuvenated professionally, and so what are all the elements of that.”

Dr. Lowe described the way one professor in his program included a networking component in a course, “she’s actually had a number of these people that she knows personally on the phone in conference calls with those students.” He also emphasized the connectivity that happens at conferences and the importance of name recognition. “We have people presenting at conferences at every level. We want them to put their name out there.” Describing his own mentor he said,

One of my professors, a significant leader in his own right, used to say in class—he’d say—and he was very, very adamant about this. He said, “The counselor education community is very small. Don’t forget that.” He was absolutely right. It is very small. Once you get into it and you start meeting people and you start
seeing people and you get to know people at conferences and you all chat and have a good time and all that kind of stuff, the networking that’s involved is tremendous and that’s actually what’s been significant in my trajectory, much more so now than I ever anticipated.

Obviously focused on the importance of networking, Dr. Lowe continued, “That’s probably one of the biggest pluses when you talk about leadership. That there’s a lot of work that goes into it and I’ll never say otherwise, but dang if I haven’t met a lot of really neat people over the years.”

Dr. Jones addressed the importance of networks. She laughed as she said, “One of the things that my students laugh at me about is that I have been very privileged over the years to meet lots of different leaders in the counseling profession, and so whenever we go to conferences I bring all my students along and I introduce them.” She was equally clear about her priority on the formal versus informal components. Her syllabus was the only one that listed leadership in a course title. When asked which part seemed most formative she said, “If I had to guess, I would say it’s more the informal, probably. I think that they get the foundation in the class, but those that go on to do and hold leadership positions are those that went to conferences and met with current leaders, who were invited to join a committee. I think it’s that informal mentoring networking.”

**Theory**

The above themes emerged consistently in the interviews conducted with participants. Viewed together, a common thread transcends the individual interviews and runs throughout the project. Participants demonstrated surprising consistency defining
leadership as vision and movement. They were equally consistent in suggesting communication and listening as the primary skills needed. Finally, participants emphasized personal qualities of leaders such as trustworthiness, humility, and responsibility. Yet, when describing curricular components, participants became less measured. They described an informal process in which leadership is taught by experience and mentoring. There was no indication of a formalized measurable process by which students are paired with mentors or exposed to experiential components.

Even those with formal curricula focused on the relational aspects of leadership and studying past and current leaders. Therefore, an obvious gap exists between the concrete depictions of leadership, what leaders do, the qualities that they embody, and the ambiguous and informal way in which it is integrated into our programs.

Upon further reflection on the transcripts and additional member checking, the following two-part theory emerged. The theory states, program coordinators of doctoral level counselor education and supervision programs believe students who enter their programs already have the raw material needed to be successful leaders and thus only need an environment for it to emerge and develop. Second, because the consensus suggests that good leadership hinges largely upon the personal qualities of the leader and because current leaders attribute their rise to leadership to mentors and relationships, these programs continue to focus on mentoring and modeling as the primary pedagogical techniques for developing leaders as opposed to seeking more formal pedagogical applications.
Doctoral students as leaders. Participants insisted that everyone has the capacity for leadership. When asked directly who can be a leader, Dr. Good replied, “oh gosh, I guess anyone.” Dr. Edwards concurred when he said everyone is born a leader but “some survive.” He described the social and political forces that can strip an individual of his or her innate capacities for leadership. The participants’ view of leadership finding unique expression in every individual lends itself to a universal application of leadership potential.

Dr. Kerns and Dr. Johns were the only dissenting voices disagreeing with the idea that anyone can be a leader. Dr. Johns when asked directly, “can anyone be a leader?” With an apologetic tone, responded, “no I don’t think so.” The rest of the participants echoed the unique individual expressions of leadership that can be manifest in anyone and is developed incrementally throughout the lifespan.

Dr. Lewis, Dr. Johns, and Dr. Kerns all hinted at a balance between innate and developed capacities and felt leaders have some of both. Dr. Jones and Dr. Smith leaned more towards the effects of early development suggesting the capacity for leadership starts in the family of origin with values that are instilled.

Other participants connected counseling skills with leadership. Dr. Jones said most directly, “good counseling skills make good leadership skills.” Dr. Johns said, “I think about some of the qualities of good leadership, encouragement, vision, those sorts of things. I think those are qualities associated with professional counselors.” Dr. Lewis stated, “I see a lot of parallels between counseling skills and leadership skills.” Dr. Swanson mentioned the master’s level preparation and assumed that students come to the
program with some command of the skills that make a good therapist. The doctoral level allows for a different level of thought and reflection. Dr. Edwards talked about the transfer of skills for leadership and realizing counseling and research skill as a “way of being.”

Therefore, in addition to thinking that all people have the potential for leadership, many expressed the direct connection between counseling skills and leadership. The connection appears logical based on the definitions offered by most participants. It certainly supports the idea that coordinators assume leadership qualities are present upon admittance to the doctoral program.

Finally, some participants expressed confidence in their screening process. Dr. Williams said, “I will say this as an educator you believe if your screening process is effective you select people that you feel are trainable. They have something in them you can further and advance in the program.” Dr. Jones said of their screening process, “we would not take them unless they were leaders already or demonstrated the potential for leadership.” Dr. Smith described his programs interview process. He said, “much of it is just your experience over time of how people hold themselves physically, how they project themselves verbally, their sense of humor. Again, it is sort of a gut feeling.”

Regardless of the logic applied, the result is the same. The assumption is that students admitted into doctoral level training in CACREP-accredited counselor education program’s already have what it takes to be a leader. They have it because its natural to all people, it has been developed in them from early experience, because counseling skills equal leadership skills, and they have been trained at the masters level, or because the
programs screening process is effective and admits those with potential for leadership. Even more likely there is a combination of all three realities in play.

Whichever logic prevails, it paves the way for the assumption that the students in a given cohort have what is needed to flourish as a leader in the counseling profession and only need an environment for those skills and qualities to flourish. Thus, participants describe their programs leaning heavily on experiential and mentoring components. The interviews indicate a clear preference for these less formalized curricular components over and above the study of leadership as a formalized course.

Member checking confirmed the viability of this theory. When I described the discrepancy between how leadership was defined, what leaders described, and the curriculum components, Dr. Johns, without solicitation, said, “I wonder if we assume those qualities are already present.” Then when presented with this possibility Dr. Williams and Dr. Smith agreed. Dr. Good said, “yea, I think that is right.”

I asked Dr. Lewis directly, “Do you think we believe that leadership is just going to emerge and people have the raw material needed for leadership?” She responded, “I think you’re absolutely right, definitely, yeah.” Dr. Lowe reacted strongly and said, “I am not surprised that others would say this but I think it is absolutely false.” He and Dr. Kerns agreed with the reality of this theory in the profession but suggested the assumption is false.

**Role of mentors.** The second part of the theory suggests that because participants define leadership as a largely relational phenomenon and because so many credit mentors
for their own development, they continue to prioritize mentoring and modeling methods. The participant’s experience suggests, at least anecdotally, that mentoring works.

Dr. Lewis was the first to acknowledge the discrepancy between what we say of leadership and what we teach. She said of the qualities of good leaders, “those are hard things to teach.” Dr. Johns said similarly, “I think it is hard to say today we are going to talk about motivation. It is much easier to say today we are going to talk about leadership structures used by your professional organization and how decisions get made.” The qualities of good leaders are largely embodied personal characteristics. The consensus said that modeling is the best way to learn leadership skills and qualities. Students need to be exposed to leadership experience with the assistance of a seasoned mentor with whom they can watch and interact with as they learn.

Participants consistently mentioned their own mentors both in describing exemplary leaders and when they mentioned their own leadership development. Repeatedly, participants described their rise to professional leadership and their stories overwhelmingly included the role of a mentor. Dr. Glance said it best revealing an aura of our leadership culture, “most of us get involved the same way. You had somebody who encouraged you and pushed you and mentored you. I think that having other people who are leaders encourage you in the leadership position is usually the way its been done.”

Some participants felt the burden of proof but lend credibility to mentoring. Dr. Williams and Dr. Smith expressed the difficulty of measuring the effectiveness of mentoring models. Dr. Smith said, “I know it does not sound very scientific because it is
not in a class but it works.” Dr. Williams offers the pressing challenge is to advocate and work towards validating what we do. However, participants agree by their own experience and the structure of their programs that mentoring is effective. Dr. Jones represents the consensus when she insisted that the qualities of effective leadership can be taught through mentoring.

Again, validating the theory but challenging its assumptions, Dr. Kerns and Dr. Lowe offered a different perspective. Dr. Kerns said, “I think it is hard for counselor educators to teach something they don’t know.” He described leadership as “new” and suggested that the inclusion in the 2009 CACREP standards surprised educators. He indicated that we are still doing what we know how and have not seriously integrated leadership into curricula.

When confronted with the discrepancy between defining leadership and teaching leadership, Dr. Lowe jokingly said, “thanks, you’re creating work for me now.” He suggested all programs take the inclusion of leadership in their curricula more seriously. He pointed to a lack of serious thought regarding how best to teach leadership in our profession. He pointed out that other disciplines have been doing leadership development for a long time and that we need to borrow a model and adapt it to our profession. However, he was not comfortable with the assumption that students have what they need coming in or that it will be learned vicariously through mentoring relationships.

Taken together, participants consistently point to several themes which suggest that students are leaders or have what they need to lead upon entering a doctoral program. Additionally, participants’ view of leadership emphasized relational qualities and they
cite the importance of mentors in their own trajectories. Therefore the reliance on relationships to teach leadership appears consistent.

The skills and qualities of leadership are described as hard to teach. In addition, CACREP’s call for the inclusion of leadership in curricula is relatively recent and still a focus for development. Mentoring has traditionally been the method of leadership development in our profession. Therefore, it makes sense that experience and modeling through mentoring remains the predominant method of leadership development.
Chapter 5: Discussion

Purpose of Research

The counseling profession continues to define itself and strive for parity with other mental health professions. Much is written regarding our pursuit of a professional identity and the imperative call for engagement in advocacy efforts. Significantly less has been written regarding leadership in the counseling profession. Greater understanding of how programs define and implement leadership within counselor education programs can provide needed insight to assist the profession in identifying, developing, and deploying leaders into the profession. Such an initiative could help differentiate the profession from other mental health disciplines, help the profession gain credibility, make counseling agencies and institutions more effective, and contribute to innovative solutions to the most pressing human concerns.

With this research I sought to contribute to and further the literature on leadership in the counseling profession. Employing careful and intentional analysis of interview data, I developed a theory shedding light onto the current realities of leadership within CACREP accredited doctoral level counselor education and supervision programs. The theory pulls together themes present across interviews and offers insight into the unique perspectives of program coordinators. Furthermore, it offers insight into the way we are developing leadership for our profession and may serve as a guide for professional leaders, faculty members, and students.
Data Collection

Participants included eleven program coordinators of CACREP accredited Counselor Education and Supervision programs. They were from various regions of the country and institutions that varied in size and affiliation. The majority were large public universities. Participants were solicited by email and each was provided the consent form attached as appendix C. Prior to each interview, participants were asked to give verbal consent to the items outlined in the form.

Ten participants were interviewed by phone. One participant was interviewed in person in their office. Interviews ranged from 43-58 minutes and were recorded and transcribed for coding purposes. Coding and memoing were used simultaneously during the interview process to ensure constant comparison and guide the remaining interviews. Six follow-up interviews were conducted for clarification and to test the emerging theory.

Research Questions

This research was driven by a desire to understand leadership within the counseling profession. The population was chosen because program coordinators are uniquely responsible for setting the direction of and establishing the curricula for counselor education and supervision doctoral programs. The doctoral degree in counselor education and supervision is meant to prepare professional leaders (Sears & Davis, 2003; West et al., 2003). Doctoral graduates are expected to assume leadership roles within the profession (CACREP, 2009; Lockard 2009). In fact, programs often provide the launch pad for a lifetime of professional service. The evidence suggests, however, that
leadership is a low priority for counselor education programs (Kostohryz 2011; Lockard, 2009; Zimper, 1997).

The guiding question for this research sought to understand how program coordinators of CACREP accredited Counselor Education and Supervision programs define leadership and integrate it into their programs. I sought to develop a theory to explain similarities in the perspectives of program coordinators guiding doctoral programs. My hope was to shed light on the apparent discrepancy between CACREP’s call for the inclusion of leadership and what appeared to be low prioritization as reported in previous research.

After an extensive literature review I developed an interview guide with several interview topics. The topics were not meant to be verbatim questions but only to serve as a guide to facilitate the interview. The seven topics included: 1) Associations with the word leadership, 2) Definition of leadership, 3) Leadership exemplified, 4) Role of leadership experience in screening of program applicants, 5) Leadership in curricula, 6) Leadership outcomes, and 7) Role of doctoral programs in leadership of counseling profession.

Topic 6 gradually became less important as it became clear participants had little to say about leadership as an outcome. Leadership was not differentiated from any other domain for outcome measurement and it generated very little input. The balance of the topics remained relevant throughout the project. Participants had a significant role in guiding the interviews and helping to determine which topics were addressed more or less.
Significance

I pointed out the lack of research addressing leadership in the counseling literature. The literature that does exist often pairs leadership with professional activities such as teaching, publishing, service activities, etc. The current literature fails to capture leadership as defined and implemented in our profession. This study emerged in light of the CACREP’s call for the inclusion of leadership and the literature, which suggests that leadership remains a low priority in doctoral programs.

In addition, the leadership literature consistently calls organizations and professions to intentional leadership development. The rapidly changing social milieu and the shrinking fiscal pie requires new levels of effectiveness and innovation. Due to the gap in our current professional literature related to leadership, the goal of this study was to understand how we define and develop leaders in our doctoral programs.

This research contributes directly to the profession by providing insight into the current status of leadership development in our CACREP accredited doctoral level Counselor Education and Supervision programs. This research revealed consistent themes related to the definition of leadership and how it is integrated into doctoral programs as seen through the eyes of program coordinators. The themes were outlined in detail in chapter four. They are: (a) leadership is uniquely and individually expressed, (b) leadership involves vision and movement, (c) leadership requires communication, (d) leadership depends on the personal qualities of the leader, (e) leadership is taught through experiences and relationships.
Theory

After careful study of interview transcripts and careful theme analysis there were common threads that wove through and connected the interviews of all eleven participants. The threads were not directly stated but were evident in each person’s dialogue and inform this Theory of Leadership in the Counseling Profession as seen through the Eyes of Program Coordinators. Member checking was used to verify the accuracy of theoretical components.

**Doctoral students are leaders.** The theory states, program coordinators of doctoral level counselor education and supervision programs believe students who enter their programs already have the raw material needed to be successful leaders and thus only need an environment for it to emerge and develop. Because the consensus suggests that good leadership hinges largely upon the personal qualities of the leader and because current leaders attribute their rise to leadership to mentors and relationships, these programs continue to focus on mentoring and modeling as the primary pedagogical techniques for developing leaders as opposed to seeking more formal pedagogical applications.

One consistent theme that emerged when all the transcripts were viewed together was the belief that doctoral students are already leaders. As stated in chapter four, the theme emerged in several different ways. Some described a belief that everyone has the capacity for leadership. Others equated good leadership with counseling skills. Doctoral students have already completed master’s degrees and thus should have demonstrated proficiency with said skills. In either case, participants cited their screening process and
felt confident that they selected students who have developed their leadership potential or demonstrate the desire to do so. The result, students admitted any given year are viewed as having what is needed for successful leadership upon admittance to respective programs.

This undercurrent is consistent with the shift in the leadership literature as addressed in chapter two. The history of leadership theory demonstrates a shift from leadership as a unique capacity reserved for a few, to a universal capacity innate to human beings. The age old question, are leaders born or developed has been quieted. The consensus is that leaders are in fact developed, and that leadership is a capacity within all people. In fact, it is considered an innate potential (Bennis, 2003; Kegan & Lahey, 2010). Dr. Edwards expressed this clearly when he said….Like other innate potentials it is cultivated or left dormant largely due to circumstances, choice, and individual drive. Some suggest most such talent remains undeveloped (Bennis, 2003; Gardner, 1995).

The suggestion that counseling skills align with leadership skills also finds support in the literature. In fact both trait-based and skill-based leadership models reflect the need for basic relational skills that are inherent to the counseling profession (Northouse 2003.) The assumption that master level training, as a counselor, would help in the development of leadership potential is logical.

As stated, participants trust their screening process. Dr. Smith admitted what many hinted at when he described “a gut feeling” in student selection. He said it comes with years of experience. You learn to recognize those that will go on to make a difference. Others were equally clear that they trust the screening process to identify and
admit students who will be leaders in the counseling profession. However, none of the participants articulated exactly what it is they recognize. In fact, more common was the admission that we often misjudge and are surprised by those who rise to the leadership challenge.

Most importantly, none of the participants articulated a clear way in which leadership is included and evaluated in the screening process. We trust the process, but it is in fact, very informal and intuitive. If leadership is to become a priority for us then perhaps it is time to look at formalizing our screening process to increase the likelihood of admitting professional leaders.

**Personal qualities of leaders.** The second consistent thread connecting the responses of the eleven participants suggest the importance placed on the person of the leader. Participants repeatedly emphasized embodied character traits suggesting who the leader is trumps what the leader does. Communication was the only exception. Participants noted that communication was essential for leadership. However, occurring most often in their narratives were the traits I summarized as trustworthy, humble, and responsible. Dr. Good provided an excellent summary when he said, “its about presence and the kind of environment your provide as a leader.”

Some of the traits described by leaders could be viewed as skills. It is often hard to differentiate what we might consider a people skill versus a character trait. Participants’ language made the distinction. Rather than describing what leaders do, they used language describing what leaders are.
Interestingly, the literature supports and challenges this notion. The authentic leadership literature overwhelmingly focuses on the importance of the leader as a person. Kouzes and Posner (2010) state,

“becoming a leader begins when you come to understand who you are, what you care about, and why you do what you do. This is a journey all leaders must take. Your ultimate success in business and in life depends on how well you know yourself, what you value, and why you value it” (p. 33).

George (2007) agreed proposing a model that has self-awareness at its core. Self-awareness includes knowing oneself deeply and being honest about strengths and weaknesses. It requires honestly regarding your life story and how you have been uniquely shaped for leadership. Participants echoed this fact as they described their own leadership journey and the way try to facilitate the development of leaders through their programs.

Proponents of authentic leadership theory propose that leadership emerges from the uniqueness of an integrated self-aware person. Kouzes and Posner (2010) captured the overall perspective of authentic leadership theory by suggesting leaders continue to find themselves and be more themselves in their leadership interactions. Likewise, Bennis (2003) spoke to the importance of reflection in leadership formation and the effectiveness of reflection, with a movement away from the idea of leaders as figureheads. Rather, the literature focused around the idea of leaders as real people who create environments of empowerment and effectiveness through self-awareness, balance, empathy, and transparency, with importance placed on constituents’ personal well-being,
achievement, and contribution (Allio, 2009; Avolio, 2010; Bennis, 2003; Bennis & Goldsmith, 2003; George, 2007). Authentic leaders unite and empower constituents, which in turn creates value for stakeholders (George, 2007). Authentic leaders also determine their purpose in leadership, which becomes the guiding force for self-awareness as well as leaders living an integrated life, having a support team, knowing their motivations, and leading with values and principles.

The literature surrounding authentic leadership theory continues to develop and a clear agreement on many of the key tenets already exists. Authentic leaders are transparent, self-aware, and have an internal compass that guides their every move. They are empathetic towards others, active listeners, and able to entertain and embrace multiple, even conflicting perspectives of others. Authentic leaders are also balanced, positive, and embrace hope. They embody characteristics that empower the best in constituents and unlock the deepest human potential (Avolio, 2010; Bennis 2003; George, 2007; Northouse, 2010).

In a large scale meta-analysis, DeRue et al. (2010) found that traits accounted for a large portion of the variance in employee satisfaction. However, the behaviors or what leaders do were found most important. Specifically, behaviors related to establishing structure and producing change. Authentic leadership theory supports the participants as it makes a clear and marked shift to focusing on the person of the leader and embodied traits such as integrity, honesty, humility etc. Yet, workers report more value in behaviors related to establishing structure and creating change. Again, behaviors and skills were largely absent from participants’ comments.
Dr. Glance, though not supported by other participants, did suggest that if you’re good at getting things done you might get by, being less likable. Her comments are support DeRue et al. (2010). Perhaps our valuation of and focus upon the value of the person as leader needs to be complimented by a clear focus on behaviors and skills related to successful leadership. It is evident that participants lean heavily upon the traits in their curriculum.

Mentoring. The third part of the theory identifies the priority of mentoring. Mentoring emerged consistently as participants described their approach to leadership development within their curriculum. It also emerged as participants described their own leadership journeys. It was clear that participants believed in the power of mentoring to teach and develop leadership potential in doctoral students.

The counseling literature has pointed to the role of happenstance in the lives and career paths of professional leaders. Magnusson et al. (2003) suggested that an interplay of serendipitous events and seized opportunities played a role in some leaders ascension to leadership positions. While a few leaders referred to this idea of being in the right place at the right time they did so while laughing. Dr. Johns describing her relationship with her mentor said “happenstance right? Yea, not happenstance at all.” Dr. Swanson described his acquisition of a leadership position suggesting it was the “serendipitous grace of God.” Only to retract by saying it was not serendipitous but very intentional. In both cases, participants credited the role of relationships. Participants describe what is evident in the literature as an increased role of intentional mentoring processes to develop leaders.
The importance placed on mentoring seems logical in a profession that prizes the edificial nature of human relationships. In fact, the principle provides the bedrock for the profession. A significant part of therapeutic efficacy is attributed to relational factors (Corsini & Wedding, 2011). The nature of therapeutic relationships is summarized well by Corsini and Wedding who addressing person-centered therapy state, “because both the therapist and the client are unique persons, the relationship that develops between them cannot be prescribed by a treatment manual. It is a unique, unpredictable encounter premised on the response of the therapist to a person who seeks help.”

In addition to the foundational importance placed on the power of relationship, much has been written recently about mentoring relationships. This section is in no way adequate to summarize the fullness of the mentoring literature. However, because it was prevalent in the narratives of participants, I will summarize a few key studies from the counseling literature.

The counseling literature has already confirmed the importance of mentoring in our profession. Gibson, Dollarhide, and Mcallum (2010) conducted a study in which six emerging leaders cited the role of mentoring in their own development. The participants noted the expectation for service that was modeled by mentors. Luke and Goodrich (2010) studied Chi Sigma Iota chapter leaders. They acknowledge the role of the chapter faculty advisor as mentor and their role they played in leadership development. Protivnak and Foss (2009) chronicled the importance of mentors in the assimilation of doctoral students into the life of the program. Participants suggested mentors were very helpful in their adjustment. The role of mentors in the counseling profession is well documented.
However, we must turn outside the counseling literature to get more definition to the mentoring process. Parks (2000) addressed the importance of mentors. She suggests that the term is overused but should be reserved for those relationships in which one looks to the other person for authoritative guidance. She also describes the relationships as challenging, supportive, inspiring, and mutual. She states, “no matter what the mentor may offer in various forms of recognition, support, challenge, and inspiration, in the alchemy of mentoring the talents, smarts, skills, and best intuitions of the protégé combine with the mentor’s wisdom to forge new realities that neither could create alone” (Parks, 2000, p. 133).

George (2007) made significant contributions to the field of authentic leadership. He suggests there are key relationships necessary for every successful leader, one of which is a mentor. He stated, “many authentic leaders have had a mentor who has changed their lives by helping them develop the skills to be come better leaders and the confidence to lead authentically” (p. 121). He described their role as providing support, challenge, and honesty. He further suggests the need for would be leaders to recruit mentors. Those who aspire to be better leaders need to find advanced leaders that can enhance their journey.

This study and the current literature lend credibility to the role of mentors. They also hint at the informal and fleeting way in which mentoring is engaged. The evidence suggests that mentoring should be accepted as a valuable and powerful tool for the formation of leaders and our curricula should formalize the processes which seek to partner students and professors in such relationships.
Implications for Counselor Education

The study resulted in some interesting findings. I have summarized the themes and offered an explanatory theory that draws the themes together. It is clear that the participants and their respective programs are taking the development of leaders seriously per the mandate of CACREP 2009. It is equally clear that the way in which we are identifying and developing leaders is largely informal and relational.

In light of the complex and vastly changing mental health landscape, the increasing demands for fiscal resources, and the continuing need for professional individuation, we must heed the encouragement to take the development of leaders seriously. Participants and the literature agree that leaders cast vision and generate movement. However, the informal process that relies on screening leaders and developing them through mentoring has obvious pitfalls. The reliance on intuitive hunches in the screening process lends itself to error. We could miss potential leaders. We could accept potential leaders but fail to connect them with a mentor or a mentor who takes leadership seriously.

The mounting evidence to the power of mentoring relationships calls for the formalization of the process by which mentoring is engaged and intentional effort to validate the efficacy of leadership development through mentoring models. Mentoring emerged as a theme repeatedly, especially as participants described their own leadership journeys. However, three participants offered some doubt that mentoring is effective. Two of them suggested we do it because it is what we know. Future research needs to look closely at the efficacy of mentoring models.
In all the discussions around mentoring, ethic was never mentioned. Mentoring relationships involve power differentials and the possibility for the misuse of power and influence. The absence of the topic is noteworthy and suggests an area of future consideration.

Another important implication comes partially from what was not said. The CACREP standards call for the inclusion of leadership in training counselor educators. The standards emphasize mastering content and demonstrating skills. Therefore, students should be able demonstrate mastery of leadership theories, models, and skills. Additionally, they should demonstrate the ability to effectively implement that content as it translates to the act of leading.

Participants repeatedly emphasized the importance of the person of the leader and their skill set. There was little discussion of the body of knowledge needed for effective leadership, even among those who had a course focused on leadership. Seldom was mastering content mentioned. Only two participants verbalized the importance of what leaders know.

The theory base, the models, and the skills offered in the literature comprise a valuable collection of knowledge that would benefit any leader. Participants clearly emphasize the personal qualities of the leaders and what they do. However, what leaders know is also important. It would benefit programs and the profession as a whole to re-consider the knowledge base required for leadership. Knowledge and skill are two sides of the same coin and need formally integrated into curricula.
Another implication not stated by participants, but implicit in the results, is the counseling profession’s capacity to contribute to the leadership literature. The leadership literature has embraced ideas germane to the counseling profession. Many parallels exist between the Transformational Leadership literature, the Authentic Leadership literature, and core counseling competencies. The Authentic Leadership literature reflects the ideas of participants in this study who suggested leaders are whole persons who embody traits such as trustworthiness, humility, and responsibility. Participants clearly stated the importance of the person of the leader and called for listening and communication skills. Some directly suggested parallels between counseling skills and leadership skills.

The counseling profession has the opportunity to help shape the leadership literature and offer expertise to a larger audience. It can be argued that the leadership literature has caught up with the counseling literature. The results of this study call us not only to embrace our expertise and its application within and outside of our field. It calls us to stay in the forefront with research that expands our understanding of how people change, grow, and actualize. After all, that is the work of a leader.

It has been well established that the counseling profession is still seeking a solidified professional identity. This reality is seen against the backdrop of the growing global market place calling professions to work across disciplines. Counselor education programs and counselor educators have a particular expertise related to leadership that can propel leadership for the counseling profession, contribute to the leadership literature and play a role in the cross-disciplinary leadership conversation. However, this work also underscores the need to work across disciplines embracing our profession’s expertise.
while simultaneously benefitting from the expertise of others. Particularly those working on branding and innovation may provide much needed wisdom for the counseling profession’s future.

**Implications for Further Research**

This research gives insight to the state of leadership development in Counselor Education and Supervision programs. Future research should seek to quantify the number of students graduating from CACREP accredited counselor education programs who become professional leaders. It could be instructive to know if some programs graduate more leaders than others. If so, what variables account for their success? A longitudinal study may be necessary in order to see graduates’ leadership trajectory. In addition, research could study the attitude of faculty towards CACREP standards and which programs have integrated the 2009 standards in relationship to their success developing leaders.

Future research should also include the study of mentoring relationships in counselor education and supervision programs. Anecdotally we know that mentoring plays a role in those who become professional leaders. What about those who do not? Do they see themselves as leaders though they may be outside of the professional organizations? If not, did mentoring not work for them? Did they fail to connect with a mentor? It would be advantageous to study mentoring relationship in an effort quantify efficacy, standardize models of mentoring, formalize the process to ensure equal opportunity and maximize development potential, and offer ethical guidelines for
mentoring relationships. Mentoring is prevalent model that needs additional research validation.
References


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Appendix A: Interview Guide

Associations with the word leadership
Definition of leadership
Leadership exemplified
Role of leadership experience in screening of program applicants
Leadership in curriculum
Leadership outcomes
Role of doctoral programs in leadership of counseling profession
## Appendix B: CACREP- Approved Doctoral Programs

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Appendix C: Transcript Coding Sample

LeadershipInterview11
Interviewer/Interviewee

Interviewer: That's okay.

Interviewer: You can always pass. We can come back.

Interviewee: Well I think in the broad sense of things, defining as broadly as I did—my first instinct is to say no. However, I do think because we're educators we probably have more opportunities to influence at the individual level, or on a smaller scale, on a day-to-day basis than perhaps in other professions, or other areas. In that way, we might be unique. I think that's probably a unique element of being an educator period, regardless of what level.

Interviewer: Yeah, so if you had to put it into a sentence, leadership is… How would you finish it?

Interviewee: Leadership is… Dang. It's a person with a vision who is able to articulate that vision, and share that vision, obviously without imposing it, but effective to—you see, this isn't a sentence, but to also get energy around a vision to either large systems or smaller systems, even at the individual level.

Interviewer: Nice, that's good for on the spot.

Interviewee: [Laughter] Thank you.

Interviewer: Okay, so if involves leadership, articulation, communication, energy, would you specify there's—from your perspective are their certain personality traits, skills, such like that are required for good leadership?

Interviewee: Mm-hmm. I think some of the ones you mentioned, I think a leader has to be able to communicate well. I think leaders have to be respectful of multiple opinions and perspectives, yet also be able to make decisions when their role demands it, and have responsibility to students, or an institution, or a program, or whatever. I think, in my opinion, leaders have a responsibility to do perhaps more listening than they do talking. I think that's the best way to get the pulse of whatever needs to be done, and where leadership is required, and where leadership can be shared. I think a leader—that goes along with the communication; I think that's the articulation of a vision.

I think also, passion. I think a leader has to be passionate. I think that's a double-edged sword. I'm thinking of people that I've
Appendix D: Data Analysis Sample

Leadership in Counseling Programs

- Responsible
- Humble
- Trustworthy
- Personal qualities
- Influence
- Vision
- Mentoring
- Networking
- Informal Curricula
- Experience