Original Article

Successful Counselors' Perceptions of the Performance Dimensions of Therapeutic Competence: A Qualitative Research

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Abstract

Introduction: Community development and its prompting problems made it known that we are significantly in need of mental health specialists, especially counselors. The aim of the present study was to probe the quality of successful counselors' perceptions of the performance dimensions of therapeutic competence.

Methods: This study was conducted using the phenomenological approach. The purposive sampling method was adopted to choose 20 counselors (interviewees) to participate in the study from among counselors at Shamim Counseling Centers of Islamic Revolutionary Guard Corps in 2016. All the interviews were tape-recorded and then transcribed line by line. Finally, they were analyzed in accordance with interpretation analysis method.

Results: In this paper, 20 semi-structured interviews were conducted. The analyzed data of the interviews led to the identification of 8 main themes (Theoretical proficiency, Interdisciplinary knowledge, Insight into context, Specialization in intervention levels, Clinical specialization, Multicultural competence, Focusing on common therapeutic factors and Holism) and 30 sub-themes in terms of performance dimensions of therapeutic competence.

Conclusion: The results of this study can help develop counselors' educational programs and evaluate counselors' level of competence and self-efficiency in the recruitment centers.

Keywords: Counseling, Counselor, Performance dimensions, Competence, Qualitative study

Introduction

The evolution of the society and its current conditions indicate that the rapid development of technology has influenced all aspects of individual and social life (1,2). Although these advances, especially in technology, have resulted in rising the speed and accuracy of individual and collective activities, problems and negative consequences including loneliness, sense of futility, worthlessness, and development of different types of mental disorders, such as depression and anxiety lie in the aforesaid issues (3-5). Therefore, therapeutic and counseling measures are deemed crucial.

Counseling is one of the significant methods of improving the psychological

status of society and solving performance problems relevant to various aspects of life. It involves face-to-face and interpersonal relationships between at least two people (a specialist and a client) via common interactions and after revealing the available problems as well as empowering the clients by using different techniques and methods to solve their problems (4,6). Counselors and psychotherapists need a set of performance capabilities in various ethical, personality, and skill dimensions in order to solve clients' problems and improve their psychological status. The therapist should have these capabilities and competencies and use them continuously in therapy sessions to obtain successful therapeutic outcomes (7,8).

Competence as a practical concept in vocational area, especially in counseling and psychotherapy, is not a new and innovative term, but a very old and long-standing subject traced back in the ancient Greek works, verses of the Holy Quran, the sayings of Shia Imams and classical and modern literature (9). Competence as a specialized concept spread out in the late 1960s and the early 1970s in favor of the scientific and artistic fields and it became one of the most widely applied concepts in various artistic and vocational fields (10). Different experts and scholars have various interpretations of this concept and its content, thus, it is very difficult to find a single definition for this concept. Nonetheless, in general, competence means merit and worthiness. Theoretically, it means the ability and capacity to perform a task. In other words, it is a combination of skills and abilities required for a successful enactment of a role and the optimal fulfillment of a task (5,11).

The development of therapeutic competence

and ability in counselors and psychotherapists is influenced by various causes and factors such as compatibility between vocation and personality (4), ethics (12), social ability and communication skills (3), and having scientific and expertise ability (8). In addition to the complexity and multi-dimensionality of causes and factors influencing the development of therapeutic competence, lack of this feature in counselors and psychotherapists leads to a number of personal and interpersonal harms to clients including intensification of problems and creation of new problems (3), being hopeless with the process of treatment and the therapist's ability (12), and creating negative attitudes toward the therapeutic process (8). On the other hand, deficiency in therapeutic competence has destructive effects on client performance, if continued and intensified; it can cause injuries such as repeated failures, sense of guilt, impaired self-efficacy and career burnout in counselors. These injuries gradually impair their performance in various aspects of life (3).

The competence of counselors as a theoretical-performance concept is much extended and consists of different types of skills and components. Clinical research and studies have identified a wide range of ethical, personality, skill, and technical dimensions (4). Dibavajari et al. emphasized the necessity of development of therapeutic competence in counselors to achieve therapeutic goals in the desired way. They also showed that helping different clients with diverse and complex problems in today's multicultural society requires a wide range of interpersonal (personality compatibility, self-efficacy), communication (optimal social development and proficiency in social skills) and cultural skills

(multicultural knowledge, attitude to multicultural interventions and skills) (7). In their extensive research on counseling and psychotherapy, Rinoldzwelfel and Paterson regarded being a competent counselor with successful therapy sessions as well as having proficiency in technical skills (such as active listening, empathy, acceptance, the ability to organize, etc.), therapeutic skills (such as assessment and diagnosis), and ethical skills (such as confidentiality, loyalty, honesty, and doing no harm to clients) as very essential (8).

Solansky believed that having leadership skills such as the ability to organize, direct, and guide are very vital for counselors. She also emphasized that without these capabilities, it would be very difficult or even impossible to achieve therapeutic goals and help clients to improve their psychological status (13). Ramaswami et al. advocated that having successful therapy sessions requires a wide range of dimensions and performance components, including insight of cultural affairs and gender characteristics and considering them in the therapeutic process. It is designed in such a way that lack of it provides disruption in the process of therapy (6). The studies by Naimi and Sariaty; Hu, Pellegrini, and Scandura; Mesarosova and Mesaros and Weinberg and Locander have all asserted the necessity of having various dimensions of therapeutic competence to hold successful therapy sessions (14-17).

The mentioned points on the one hand reveal the prevalence of performance disorders in societies and the influential role of counseling and psychotherapy programs in improving the current situation and on the other hand clarify this fact that applying counseling measures requires a set of performance components and competence dimensions that have not been considered in previous researches. Therefore, this study aims to probe and identify the performance dimensions and components of therapeutic competence based on the viewpoint of successful counselors using a qualitative method with semi-structured interviews.

Methods

This research was conducted using the phenomenological approach. The researchers referred to Shamim Counseling Centers of Islamic Revolutionary Guard Corps (IRGC) and selected 20 active counselors of these centers to participate in the research using purposive sampling method. The number of participants was also identified in accordance with the principle of saturation, in fact, the process of selecting samples continued till no new data emerged during data collection. In the present study, based on the aim of the study, the participants were selected from among active counselors at Shamim Counseling Centers of IRGC in Tehran who were qualified and met the criteria for entering the study. The criteria of entering the present study were having at least 3 years' experience of counseling and 3 years' experience of teaching, having at least 3 scientific research articles on counseling, holding a Ph.D. degree and a scientific rank such as assistant professor, and being willing to participate in the research.

In order to obtain accurate and comprehensive information, this study was done in an extended scope and the participants were selected by researchers based on entrance criteria from among the

active counselors at Shamim Counseling Centers of IRGC (which includes more than 50 counseling centers) in different areas of Tehran. In fact, the researchers went to these centers to select the participants, and after talking to the officials and counselors working at these centers, people who met the criteria for entering the study were selected to participate in the research. A number of participants were also introduced by professors active in counseling profession.

In this study, the data were collected using a semi-structured interview. The interview method creates some conditions for participants to express themselves in their own language as per their experiences. The interviews started with a general question about the scientific competence of counselors and during the research process, exploratory questions such as (can you explain more?) were asked to gain more details. There were 20 semi-constructed interviews each lasting 45 to 60 minutes, and the time and place of the interviews were set according to participants' preferences. The data were collected, recorded and analyzed over a 4-month period.

This research was done under the supervision of Research Council of the Faculty of Social and Cultural Sciences at Imam Hossein University in Tehran and under the approval of the ethics committee of this university. In order to comply with ethical considerations, the informed consent was obtained from the participants and the objectives of the research were explained. They were also assured that the content of the interviews would be kept strictly confidential and ethics would be met in the interview. They were also ensured that the recorded interviews would be deleted once data analysis was finished

and the article was published. The participants also had the right to withdraw at any time they wished.

To analyze the data, the interpretive/ analysis method proposed by Diekelmann, Allen and Tanner was used (18). There are various analytical methods in the phenomenological approach with some overlaps. The mentioned model is used in exploratory studies. The purpose of data analysis in this method is to extract concepts and then themes (19,20). According to this method, the text of the interviews was reviewed several times in order to get a general understanding. Then, an interpretive summary was written for each of the interview texts and an attempt was made to understand and extract the meanings contained in it. The researchers then participated in the extraction of themes and exchanged views (20).

While continuing the interviews, the previous themes became clear and evolved, and sometimes a new theme was developed. In order to clarify, categorize, and resolve the discrepancies in the interpretations, the process of returning to the texts was conducted, and at each level, by integrating the interpretive summaries, a more general analysis was performed and interpretations and themes were made in the best way to reach the final results. In fact, during the analysis, the categorization was based on a precise study of data, repetition of coding, classification and comparison, and after extracting, coding and classifying the data, common and related themes, as sub-themes and finally, the main themes were combined and irrelevant themes were removed. Moreover, to examine the relations among the categories and integrate them, a combination of deductive and inductive thinking was used

with a continuous movement between concepts. The main themes and sub-themes were then named regarding the prevailing theoretical principles.

To ensure the robustness of the results of the study, four recommended criteria for qualitative research by Guba and Lincoln including credibility, confirmability, dependability and transferability were evaluated (21). To ensure the credibility of the data after analysis, the interview texts were given back to each participant and, if necessary, changes were made. In order to ensure dependability, the researchers tried to avoid interfering with their previous assumptions during the analysis. To ensure confirmability, supervisors and experts were asked to read the texts of the interviews and review the coding. For increasing the transferability, various counselors were selected from different departments. It should be noted that the analysis process was conducted under the supervision of an associate professor in family counseling who was also a specialist in qualitative research.

Results

There were 13 male and 7 female participants in this study with the average age of 48 years. All 20 participants held a Ph.D. degree and there were two full professors, four associate professors, and 14 assistant professors. Moreover, all of them had more than 3 years of experience in teaching and counseling. The analysis of the experiences of these participants led to the identification of 8 main themes and 30 sub-themes.

Table 1. Main themes and sub-themes

Sub-themes	Main themes
Proficiency in psychotherapy theories, Proficiency in personality theories, Proficiency in psychological tests, Proficiency in developmental theories	Theoretical proficiency
Philosophical knowledge, Sociological knowledge, Cultural knowledge	Interdisciplinary knowledge
Recognition of cultural context, Recognition of political context, Recognition of economic context	Insight into context
Skills in individual counseling, Skills in group counseling, Skills in couples counseling, Skills in family counseling	Specialization in intervention levels
Clinical interview, Clinical evaluation, Clinical diagnosis, Differential diagnosis, Insight into medication therapy	Clinical specialization
Cultural knowledge, awareness of attitudes, Proficiency in cultural skills and interventions	Multicultural competence
Focusing on the therapeutic relationship, Focusing on the characteristics of client, Focusing on the characteristics of counselor	Focusing on common therapeutic factors
Considering personality traits in therapy, Considering the characteristics of the society in therapy, Considering individual differences in therapy, Considering culture and family in therapy, Considering religion and spirituality in therapy	Holism

A) Theoretical proficiency

Theoretical proficiency was the first theme revealed in this study alongside its four sub-themes:

1. Proficiency in psychotherapy theories

"Having knowledge and proficiency in psychotherapy theories is the prelude of a successful therapy but a counselor who

doesn't have this skill, may not be successful in his/her therapy theories" (Participant 2).

2. Proficiency in personality theories

"The counselor works on the behavior and personality and a counselor who is unfamiliar with the structure of human personality and how it is formed, maintained, and changed will not succeed" (Participant 13).

3. Proficiency in psychological tests

"Assessing is the necessity of successful therapy and one of the best ways to achieve psychological tests; it is important for a counselor to be familiar with its implementation and application" (Participant 9).

4. Proficiency in developmental theories

"Paying attention to the age group of your clients and their developmental traits can help a lot in assessing, diagnosing, and treating a person" (Participant 5).

B) Interdisciplinary knowledge

Interdisciplinary knowledge was the second theme identified in this study with its three sub-themes.

1. Philosophical knowledge

"Philosophy and power to explain the why and wherefore, what, and how things are done are the essential elements influencing the effectiveness of therapy sessions. A counselor who is not familiar with these elements has a low chance of successful therapy" (Participant 6).

2. Sociological knowledge

"The problem as well as its solution are multidimensional. The counselor must be familiar with the community and existing theories in order to be able to solve the problem" (Participant 5).

3. Cultural knowledge

"Culture dominates all aspects of therapy and ignoring it means failing. The counselor

must be familiar with its formation and its effect on therapy and must attempt to make use of it" (Participant 7).

C) Insight into context

The third main-identified theme in the present study was insight into context, in which an analysis of participants' interviews led to the identification of 3 sub-themes as follows:

1. Recognition of cultural context

"The counselor should know the cultural context of the client and plan the session on that basis. Not being aware of this context results in ineffective therapy plan "(Participant 17).

2. Recognition of political context

"Every society has a ruling policy and every client has a political vision. If you do not know it, your actions may offend the clients, so it is better to increase the success of therapy by knowing and planning accordingly" (Participant 20).

3. Recognition of economic context

"Recognizing the economic context of the society itself and the economic status of clients leads to a successful therapy; for example, if a counselor wears expensive clothes in front of an economically poor client, the therapeutic effect will certainly decrease" (Participant 4).

D) Specialization in intervention levels

Specialization in intervention levels was identified as the fourth theme in the present study along with four sub-themes.

1. Skills in individual counseling

"The first level of therapy is the one with an individual. Whenever the counselor could do it, then he/she can be called a counsellor!" (Participant 6).

2. Skills in group counseling

"The cost of individual therapy is higher

and some problems are easier to solve in a group, so I believe in our society, a counselor who cannot perform group counseling does not have half of the competence" (Participant 15).

3. Skills in couples counseling

"Half of our clients are couples. Counselors need to have enough expertise to guide them" (Participant 11).

4. Skills in family counseling

"Linear causality is not the prevailing philosophy in psychology and counseling any more. Now, the prevailing philosophy is the circular causality and most of the problems are rooted in the family. In addition, there are more family clients so, I profoundly believe that if a counselor does not have enough experience and knowledge on this issue his/her advice will have no efficiency" (Participant 5).

E) Clinical specialization

Clinical specialization was identified as the fifth theme in the present study along with five sub-themes.

1. Clinical interview

"Counseling is considered as a conversation art. Counselor should know how to interview clients to get the most information. When the consultant is not familiar with the techniques of the interview, in my opinion, he/she will not succeed" (Participant 9).

2. Clinical evaluation

"Evaluation is the first stage of counseling which relies on clinical dimensions and recognizing the problem which needs its own specialization. Without evaluation, recognition does not have any value" (Participant 2).

3. Clinical diagnosis

"All medical efforts ultimately lead to the diagnosis of the problem and its solution.

Suppose that your counselor does not have expertise in this area and gives the wrong diagnosis! That is, the whole therapy is useless!" (Participant 18).

4. Differential diagnosis

"There are many psychological disorders and problems and most of them are similar. We must be able to distinguish them so that our therapy is not useless" (Participant 11).

5. Insight into medication therapy

"An experienced counselor should be skilled enough to understand when medication is vital and when it is not so that he/she can guide the client properly" (Participant 2).

F) Multicultural competence

Multicultural competence was identified as the sixth theme in the present study along with its three sub-themes.

1. Cultural knowledge

"The counselor must be aware of his/her own culture as well as that of the client and should practically use this knowledge in therapy sessions. Without considering the above-mentioned issue, the counselor would fail in therapy and may cause sadness in client" (Participant 14).

2. Awareness of attitudes

"Beliefs and attitudes are important and vital components of a therapy session" (Participant 18).

3. Proficiency in cultural skills and interventions

"Every client has his/her own unique culture and the counselor cannot use one technique for all cultures, instead, s/he should be familiar with the techniques and patterns that are useful in all cultures" (Participant 19).

G) Focusing on common therapeutic factors

Emphasizing common therapeutic factors was identified as the seventh theme in the present study along with its three sub-themes.

1. Focusing on the therapeutic relationship

"Relationship is a very important concepts that needs to be always considered. It is emphasized in all therapies and without it therapy is useless. The counselor must know how to establish, maintain and end it" (Participant 2).

2. Focusing on the characteristics of client

"The client has a series of characteristics that determine the outcome of therapy, such as how much hope he/she has or is he ready for therapy? The counselor should be able to use these information so that he can be called a counselor!" (Participant 13).

3. Focusing on the characteristics of counselor

"A disappointed counselor cannot solvehis/her own problems, let alone those of the clients!" (Participant 4).

H) Holism

Holism was identified as the eighth theme in the present study along with five sub-themes.

1. Considering personality traits in therapy

"Personality is the queen of therapy. I'd better say, you ought to know the personality of the client; if so, you have the best therapeutic performance "(Participant 14).

2. Considering the characteristics of the society in therapy

"Sometimes the problem is caused by the community, if you know it, you can treat it better" (Participant 19).

3. Considering individual differences in therapy

"In my opinion, I am different from my father; one of my peers is different from me; that is, everyone is different and each person needs special therapy. The counselor should be aware of this, otherwise, his/her therapy is not efficient" (participant 20).

4. Considering culture and family in therapy

"Sometimes the problem has its root in family. You should consider this component in your therapy so that you can be the most competent counselor" (Participant 4).

5. Considering religion and spirituality in therapy

"Our society is a religion-oriented one. If the clients feel that the counselor does not observe these components, they do not continue for sure" (Participant 3).

Discussion

The present qualitative research examined the performance dimensions of counselor competence based on a phenomenological approach. Data analysis resulted in identifying eight main themes including theoretical proficiency, interdisciplinary knowledge, insight into context, specialization in intervention, clinical specialization, multicultural competence, focusing on common therapeutic factors and holism.

Analyzing the participants' experiences showed that counselors' and therapists' theoretical proficiency and skills in applying psycho-therapeutic, personality, and developmental approaches as well as psychological tests in designing the therapeutic process are among the scientific components of competence that counselors require. It

largely predicts successful therapeutic outcomes. In an experimental and clinical research, Korry mentioned counselors and therapist's proficiency in counseling and psychotherapy approaches and the ability to use valid psychological tests appropriate to therapy status as the dimensions of counselors' competence. Lacking this competence greatly disrupts the therapeutic process (3). Rinoldzwelfel and Paterson also reported that proficiency in therapy approaches and personality models is one of the most important scientific components of counselors' competence and asserted that counselors' ability to use it in dealing with clients is likely to help get optimized outcomes (8). Counseling and performing therapy require a theoretical model to frame and facilitate the design and implementation of therapy programs. Therefore, counselors who are proficient in these theoretical models are more successful in evaluating, diagnosing, and resolving problems.

The counselors participating in this research pointed out that a competent counselor is a person who is specialized in counseling and has insight into the theoretical and practical foundations. They believed that a competent counselor is someone knowledgeable with sufficient information about some other sciences that are closely related to counseling. The success of therapeutic programs is greatly increased by improving proficiency in philosophical and sociological approaches. Interdisciplinary knowledge and having minimal knowledge in the field of applied sciences in therapy sessions, especially in cultural sciences, greatly facilitate the success of therapy sessions and counselors who use these sciences in their therapeutic process, have more therapeutic competence

and are more likely to succeed (22). Hu et al. also reported that counselors and psychotherapists who have knowledge in other fields of science, such as the sociological sciences, greatly increase the impact of therapy sessions on clients (15). Human being is a complex entity, thus, knowing him and evaluating, diagnosing, and finding a successful way in working on him requires that counselors have sufficient information and insight in many scientific disciplines such as sociological sciences, cultural knowledge, and sociology, a vision that certainly makes the therapeutic process significantly successful. Therefore, it is obvious that counselors holding these advantages are more qualified than others.

Other components mentioned by the participants were multicultural competence and having sufficient ability to apply this therapeutic element in the therapeutic process. Dibavajari et al. emphasized that multicultural competence and adequate knowledge in cultural field are the most effective peripheral issues influencing therapeutic success and showed counselors who have multicultural competence and cultural insight into their therapy are more successful than other counselors (7). Ramaswami et al. pointed out that cultural and economic information are important to have successful therapy sessions with clients and they reported that counselors who have these competencies would be more successful in their therapy sessions (6). In explaining this result, it should be noted that society is a multicultural entity and each culture has its own principles, rules and frameworks. This leads to differences in evaluation process, diagnosis and therapy in dealing with different clients. Certainly, counselors and psychotherapists will greatly reduce their

chances of success in a therapy session if they do not have multicultural competence and do not comply the therapy plan with the clients' cultural beliefs and values.

Specialization in different levels of intervention and having skills in individual, group, couples and family counseling were other scientific components of counselors' competence based on the ideas of the participants in this study. Counselors and psychotherapists should be sufficiently familiar with the individual, group, and couples counseling processes and depending on the situation in therapy sessions, identify the most appropriate one and apply it in that session (3). The studies by Shafiabady and Rinoldzwelfel and Paterson also indicated that specialization in various levels of intervention is one of the most important factors influencing the effectiveness and competence of counselors leading to the desired therapeutic outcomes. Various interventions are necessary for the optimal performance of counselors in today's societies and counselors who do not have skills in these dimensions will have difficulty in achieving the desired therapeutic results (4, 8).

The other identified theme in this study was being holistic with five sub-themes including considering personality traits, characteristics of the society, individual differences, culture and family as well as religion and spirituality in therapy that were believed to directly affect the effectiveness of therapy sessions and the competence of counselors and lead to achieving the desired therapeutic outcomes. Korry also reviewed and considered all aspects of therapy such as intra-personal, interpersonal, and environmental aspects, as well as the therapy environment to have great effects on therapy session. They

emphasized that the counselors need to have knowledge about them and apply them in the therapeutic process so as to be able to greatly increase the likelihood of achieving the desired therapeutic results (3). Therapy will be successful when features of the client (intra-personal, interpersonal, and environmental characteristics), the wholeness of therapeutic environment, and the integrity of the therapist's characteristics (intra-personal, interpersonal, and environmental characteristics) are emphasized from the very beginning of the therapy session to establish a therapeutic relationship, and perform successful diagnosis and evaluation. Eventually, it was asserted that finding a way to apply them practically may increase the therapy success.

Common therapeutic factors such as communication, characteristics of the client, characteristics of the therapist, and the variables of expectation and hope were the other scientific components of counselors' competence which were pointed out by the meta-therapist as another dimension of counselors and psychotherapists' competence, and were confirmed by the participants. Prochaska and Norceras also emphasized the importance of common therapeutic factors and their role in the therapeutic process as the main dimensions of counselors' competence and also pointed out that counselors who discuss this issues in therapy sessions are considered to be more successful than other therapists (22). Today, many theorists and theoretical and experimental researchers have asserted that irrespective of the type of therapy approach, there are some facts common to all therapies which affect therapeutic performance such the relations of therapy, hope, and expectation. These are some

factors that can ensure the achievement of successful therapeutic outcomes in each therapy approach.

One of the limitations of this research, like other qualitative researches, was generalization of the results of the study. Thus, maximum effort was made to improve the robustness of the research data. Another important limitation of this research was accessing the participants and conducting comprehensive and accurate interviews. Interviewing and determining the exact time for the interview took more than a week and instead of focusing on the interview alone, a number of participants focused on other matters such as talking to a colleague in person or on telephone and some completed the interview process in 15 to 20 minutes. Therefore, it is recommended that in the future studies, the participants be selected from among people who have sufficient time to conduct an accurate interview. Moreover, the validity of these identified components is recommended to be evaluated by a larger group of counselors. It is also suggested that in future researches, researchers use the scientific components identified in this study to quantitatively evaluate the competence of counselors. In practical terms, the results of the present study can be used in evaluating the scientific competence of those who are invited for counseling interviews in recruitment centers and also in academic interviews to assess the scientific competence of students of different academic courses, especially Ph.D. candidates in counseling

to choose the most appropriate one.

Conclusion

The results of this study indicated that theoretical proficiency, interdisciplinary knowledge, insight into context, specialization in intervention, clinical specialization, multicultural competence, focusing on common therapeutic factors and holism are among the performance dimensions essential for a competent counselor which lead to achieving the desired therapeutic outcomes. The results of the present study suggest that health planners and policymakers need to evaluate various components and dimensions of counselors' competence to develop counseling programs for training counselors. In this regard, scientific components are of paramount importance which have been accurately and comprehensively identified in this paper. Besides, these findings lead to providing insights into the principles and performance criteria which can greatly reduce the number of people who are not qualified for counseling activities.

Acknowledgments

Conflict of Interest

In the present study, researchers had no conflict of interest.

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