

Counselor Training Level and the Formation of the Psychotherapeutic Working Alliance

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To investigate the relation of training level to working alliance, 50 counselor-client dyads from three counseling agencies were surveyed. Counselors were grouped into three training levels: (a) *novices*, in their first practicum; (b) *advanced trainees*, in their second practicum through predoctoral internship; and (c) *experienced counselors*, postdoctoral staff at the agencies. After the third session, counselors and clients completed the Working Alliance Inventory to provide ratings of the bond, task, and goal dimensions of their alliances. Multivariate analyses yielded significant main effects for training level. Univariate analyses indicated no difference for bond but significantly higher ratings in the higher training levels for task and goal. Clients' ratings were highest at higher counselor training levels. However, advanced trainees' self-ratings were numerically lower than those of either novice or experienced counselors.

A growing body of evidence suggests that the quality of the working alliance between therapist and client may be a significant factor in the successful outcome of psychotherapy (see Gaston, 1990, for a review). Drawing from the work of Greenson (1967) and Bordin (1979), Gelso and Carter (1985) described the working alliance as an emotional alignment between the counselor and the client that engages the self-observing rational aspects of the client and the working "therapizing" aspects of the counselor. Bordin (1979) suggested that the working alliance consists of three components: (a) an emotional *bond* of trust and attachment between counselor and client, (b) agreement about the overall *goals* of treatment, and (c) agreement about the *tasks* relevant for achieving these goals.

The Working Alliance Inventory (WAI) was developed by Horvath and Greenberg (1986) to measure these three components from both the client's and the counselor's perspectives. A series of studies has established that the quality of the working alliance, as assessed by the self-report WAI, is a significant predictor of eventual therapeutic outcome (Horvath & Greenberg, 1989). As much as 30%-45% of the variance in therapeutic outcome was predicted by WAI ratings made after only the second or third session. Both counselors' and clients' ratings were significant predictors. The task and goal dimensions of the alliance seemed to be more strongly associated with successful outcome than was the bond dimen-

sion (Horvath & Greenberg, 1989). Correlations between WAI subscales varied from .69 to .92, calling into question whether the WAI does, in fact, measure separate aspects of the working alliance. A confirmatory factor analysis of the WAI (Tracey & Kokotovic, 1989) indicated that a bilevel model with these three specific factors, together with a single general alliance factor, best fits the data.

However, nearly all of the counselors in these studies were postdoctoral therapists, many of whom were described as "experienced professionals" (Horvath & Greenberg, 1989). Little is known about the effects of working alliances formed by counselors in the early stages of their training. Studying volunteer clients in simulated counseling sessions, Kivlighan (1990) examined the intentions of prepracticum students, using Hill and O'Grady's (1985) counselor intention measure. Three counselor intentions, "assess," "explore," and "support," were all negatively related to the quality of the working alliance. Higher frequency of these three intentions, which involve collecting information, exploring feelings and behavior, or offering support and encouragement, were associated with lower quality working alliances rated after the second session. Using sequential analysis in an intensive case study design, Reandean and Wampold (1991) found that counselors in dyads with stronger alliances used more high-power/high-involvement verbal responses and that clients responded with more low-power/high-involvement responses. All therapists in this study were predoctoral interns.

Counselors in the early stages of training may lack the technical skills for forming the most effective working alliances, as well as the requisite cognitive skills. Experience may provide counselors with both a greater wealth of factual information and, equally important, more efficient strategies for collecting and processing new information (Hillerbrand, 1989; Hillerbrand & Claiborn, 1990; Martin, Slemmon, Hiebert, Hallberg, & Cummings, 1989). The broader knowledge base and more efficient cognitive abilities of experienced counselors may account for their superior skill at case conceptualization and at using this conceptualization to formulate clearly defined treatment goals.

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Supervision models also predict that trainees only gradually resolve personal insecurities and uncertainty about the counseling role (Hogan, 1964; Loganbill, Hardy, & Delworth, 1983) and gain more sophisticated cognitive abilities (Blocher, 1983; Stoltenberg, 1981). Many models also predict that trainees become increasingly more adept at building effective working relationships with their clients, although no studies in which this prediction has been specifically tested could be found. Research does suggest that supervisors emphasize case conceptualization skills and treatment planning only in the later stages of counselor training (Worthington, 1984).

Thus it is possible that researchers have found a high correlation between working alliance components (as measured by the WAI subscales) because these relatively expert counselors were adept at forging all three components of the alliance (Bordin, 1990). Counselors in training, however, may show more variation in their abilities. If the ability to form the various components of the working alliance develops at different rates, such a finding would have important implications for counselor training, particularly if future research continues to suggest that some components of the alliance are more closely connected with positive therapy outcome than are others. We could locate no previous study in which trainees were compared with postdoctoral counselors in regard to their ability to form effective counseling relationships.

The purpose of our study was to examine the effect of training level on the development of various components of the working alliance. We believe that the sequence of training that is typical for many students initially emphasizes skills for building rapport with clients and then emphasizes increasing refinement of abilities for executing the technical tasks of therapy, whereas the ability to formulate treatment goals develops more slowly and requires considerable training and experience. Consequently, although we hypothesized that training level would affect all three components of the working alliance, we expected that the least difference would be observed for the bond dimension, the greatest difference would be observed for the goal dimension, and an intermediate level of difference would be observed for the task dimension.

Method

Participants and Settings

Data collection was conducted at three sites: Center A, a university counseling center with an internship program accredited by the American Psychological Association (APA); Center B, a university counseling center that was then seeking APA accreditation for its internship program; and Center C, a department training clinic serving residents of the medium-sized community (population 150,000) in which the host APA-accredited counseling psychology program is located. All three agencies serve clients within a time-limited brief therapy model. Center A is a training site for students who complete their first practicum at the center and then complete field placements elsewhere, whereas Center B serves as a field placement that accepts only students who have already completed at least two previous practica. Center C is staffed by faculty and advanced doctoral students who supervise beginning graduate students completing their first or second practicum. Only a very few clients are seen by faculty at Center C; thus agency policies created a potential

confound in that Center C had no participating experienced counselors and Center B had no novice counselors. All three settings had advanced trainees.

Of a total of approximately 82 solicited counselors, 50 (61%) agreed to participate. They were classified into three groups: (a) *novices*, graduate students in their first semester of supervised practicum ($n = 18$: 5 men and 13 women); (b) *advanced trainees*, graduate students in their second practicum or beyond, up to and including internship ($n = 24$: 5 men and 19 women); and (c) *experienced counselors*, postdoctoral, full-time staff at the agencies ($n = 8$: 2 men and 6 women). In order to protect the confidentiality of responses, Center B declined to provide information about the specific number of years of experience of participating staff members. The 6 experienced counselors participating from Center A had a mean of 3.17 years ($SD = 3.58$ years) of postdoctoral experience.¹

We had hoped to conduct finer grained analyses of training level, especially of the amalgam of "advanced trainees" in the middle group. However, comparison of practicum experience for this group across institutions in terms of client contact and length of semester or trimester proved extremely complex. Finally, the small sample size precluded further division of this group. Review of the counselor training and supervision literature suggests that the two greatest and most abrupt increments in trainees' ability occur after the first practicum (Baker, Daniels, & Greeley, 1990) and after completion of the internship (Holloway & Roehlke, 1987).

A total of 76 clients agreed to participate. Of these, 58 (76%) were members of counselor-client dyads that returned complete sets of data. The mean age of these 17 male and 41 female clients was 28.3 years ($SD = 7.0$ yrs). Six of the participating counselors saw 2 participating clients, and one counselor saw 3 clients. Because these multiple numbers of clients seen by the same counselor did not represent independent observations of counselor training level, multiple cases were averaged into a composite score for that counselor;² this resulted in a final sample of 50 counselor-client dyads, 18 from Center A, 5 from Center B, and 27 from Center C.

Measures

Working Alliance Inventory. The WAI (Horvath & Greenberg, 1986, 1989) is a 36-item self-report measure for which respondents use a 7-point, fully anchored response scale (1 = *never* and 7 = *always*). Parallel 36-item forms are used for clients and counselors.

¹ We recognize that counseling experience before the beginning of formal training might also significantly affect students' abilities. However, concerns about preserving the anonymity of counselors' responses also prevented us from collecting information about the level of pregraduate counseling experience. Wiley and Ray (1986) found that only the amount of supervised counseling experience, as opposed to nonsupervised experience, was related to trainees' development. Therefore, in this study we examined only the effects of graduate-level supervised practica and postdoctoral supervised experience. Because the term "experience" is used in this study only to indicate *supervised* experience, for our purposes the term is interchangeable with "training." It is important to recognize that these terms are not equivalent in other contexts and that prior experience can have a significant impact on trainees' abilities.

² We averaged multiple cases across these 7 counselors, instead of randomly selecting one case for each, because this method of averaging independent observations (clients) has the effect of reducing sample error variance while preserving equal weighting of all individual units of analyses (counselors) in the sample (Darlington & Carlson, 1987, pp. 435-445).

The WAI is based on Bordin's (1979) theoretical model of the working alliance and consists of three subscales to assess the bond, task, and goal dimensions of the alliance. Each of the three subscales consists of 12 items. Internal consistency reliabilities (coefficient alpha) of .88 to .93 for three counselor subscales and of .88 to .91 for the three client subscales have been reported (Kokotovic & Tracey, 1990). Good construct validity has been established through multitrait-multimethod analyses (Horvath & Greenberg, 1986). Evidence of concurrent and predictive validity is provided by significant correlations of WAI scores with other measures of the counseling relationship and with measures of therapeutic outcome.

Pretherapy symptoms. Because experienced counselors may have been assigned clients with severe psychological symptoms, and because these symptoms may have affected the clients' ability to engage in productive working alliances, we were concerned about the confounding effects of client pretherapy symptom levels. Clients participating at Center A completed the Bell Global Psychopathology Scale (BGPS; Schwab, Bell, Warheit, & Schwab, 1979). The BGPS consists of 33 self-report items that are used as a global indicator of psychological distress. Participants at Center B and Center C completed the self-report Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982). The BSI is a shortened version of the widely used Symptom Checklist-90 (SCL-90) and is composed of a list of 53 psychological symptoms of distress, the scores of which are summed to form the BSI General Severity Index. We calculated a single index of pretherapy client symptoms for participants at all three data collection sites by converting the data available from each site, BGPS or BSI scores, into standard scores, using the published norms available for both measures.

Procedure

At the three data-collection sites, clients were solicited for the study at the conclusion of their intake interview. If they agreed to participate, they were given a packet containing the pretherapy symptom measure and were asked to return it before their first counseling session. Counselors were solicited during agency staff meetings and graduate courses. Participating counselors and clients were given packets containing the WAI at the conclusion of their third counseling session. Participants had the choice of returning their completed materials by mail directly to the experimenter in prestamped envelopes or to the agency receptionists in sealed envelopes. In order to ensure anonymity, clients used only self-selected code names to label their pretest and third session materials. Counselors and clients were assured that neither would have access to responses of the other.

Results

Theory (Gelso & Carter, 1985) and research (Gaston, Marmar, Thompson, & Gallagher, 1988; Kivlighan, 1990) suggest that clients' pretherapy characteristics, especially psychological adjustment and the quality of relationships with others (Kokotovic & Tracey, 1990), significantly influence their ability to engage in productive working alliances. In order to investigate a possible confound that was due to more severely disturbed clients' being assigned to more experienced counselors, a one-way analysis of variance (ANOVA) was conducted to compare clients assigned to counselors across the three training levels with regard to pretherapy symptom levels. No significant difference was found, $F(2, 47) = 0.39, p = .68$.

Intercorrelations of the WAI scores from counselors and clients were calculated. With regard to data provided by the same rater, namely counselor or client, subscale correlations were moderate to high (ranging from .57 to .91), but counselors' and clients' ratings correlated with one another only slightly (r_s ranged from .11 to .26). These findings support the conclusion that the WAI is a measure of three different, although closely related aspects of the working alliance and that counselors and clients tend to have differing views of their alliances.

To test our main hypothesis, we analyzed ratings of the three components of the working alliance (bond, tasks, and goals) using a two-way (Training Level \times Source of WAI Ratings) multivariate analysis of variance (MANOVA). The first factor had three levels (novice, advanced trainee, experienced counselor) and the second a repeated-measures factor, had two levels (clients' vs. counselors' ratings). Significant main effects were obtained for training level, $F(6, 90) = 4.18, p < .001$, and for the source (counselor vs. client) of the WAI ratings, $F(3, 45) = 3.99, p < .05$, but the Training Level \times Source interaction was not significant, $F(6, 90) = 1.12, p = .36$.

Univariate follow-up analyses of the main effects for training level were performed by calculating one-way ANOVAs for each of the three subscales rated by counselors and by clients. The results of these ANOVAs are shown in Table 1, together with the results of Duncan's multiple range tests used to investigate specific differences between training level

Table 1
Differences in Working Alliance Inventory Ratings (WAI) by Counselor Training Level

WAI score	Total sample (N = 50)		Novice (n = 18)		Advanced trainees (n = 24)		Experienced (n = 8)		F(2, 47)	Group differences ^a
	M	SD	M	SD	M	SD	M	SD		
Client ratings										
Bond	68.8	8.7	67.2	9.2	68.7	8.4	72.6	8.6	1.07	none
Tasks	66.8	9.2	62.6	10.7	68.6	7.3	70.5	8.1	3.27*	N < AT
Goals	66.2	9.8	60.5	10.5	68.4	8.1	71.9	7.6	5.94**	N < AT, E
Counselor ratings										
Bond	65.2	7.0	65.4	5.2	63.5	8.2	69.6	4.5	2.48	none
Tasks	61.1	8.4	60.6	8.4	59.2	8.3	67.8	5.7	3.48*	N, AT < E
Goals	59.0	8.6	56.7	8.2	57.3	7.7	69.0	5.5	8.39**	N, AT < E

^a Duncan's multiple range test; N = novice, AT = advanced trainee, E = experienced.
* $p < .05$. ** $p < .01$.

groups. As hypothesized, the bond scale showed the numerically smallest difference across training levels. In fact, the difference was not statistically significant for either clients' or counselors' ratings. Also as hypothesized, the goal scale showed the numerically greatest difference, and the task scale exhibited an intermediate level of difference across training levels. The multivariate main effects for the source of WAI ratings were followed up with matched-pairs *t* tests to compare counselors and clients. These analyses indicated that counselors tended to make significantly lower estimates of all three components of their working alliances than did their clients, *t*s (49) > 2.44, *p*s < .05.

In order to visually represent the data, mean ratings of the bond, task, and goal components of the alliance by training level are plotted on Figure 1. An interesting pattern of ratings becomes apparent: Clients' evaluations of the alliance tended to be generally higher with higher training levels of their counselors. However, a different pattern is evident in ratings given by counselors themselves: Advanced trainees' self-ratings were not significantly higher than those of novices; in fact, advanced trainees' self-ratings were numerically lower for bonds and tasks, although the difference was not statistically significant. Experienced counselors' ratings seem to more closely match their clients' higher ratings.

Discussion

The purpose of our study was to examine the relation of counselors' training level to the development of various com-

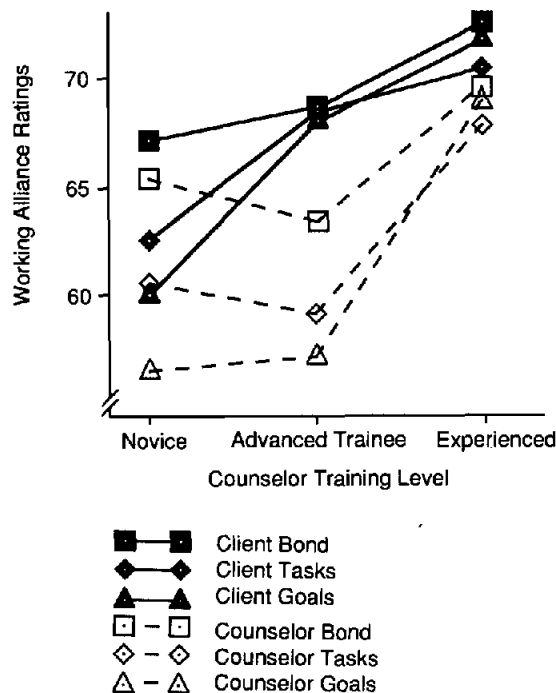


Figure 1. Working alliance ratings by counselor training level.

ponents of their working alliances. Results suggest a strong main effect for training level. As expected, we found the greatest differences in the goal component of the working alliance and a somewhat smaller difference—though still quite significant—in the task component. We expected the bond dimension to show the least differences, and no significant differences were found at all. Our hypotheses were supported by both clients' and counselors' ratings.

Although clients rated counselors in the middle training level as more effective than novices with regard to tasks and goals, these counselors had lower self-ratings than novices did. Perhaps this finding reflects inevitable self-doubts as trainees learn more about the tasks and goal-setting requirements of effective therapy but feel too unskilled to perform effectively. It may also reflect a preoccupation with self-critical evaluation that is not felt so keenly by either novices or experienced staff. This pattern is consistent with many counselor supervision and training models. For example, Hogan (1964) described a four-stage model in which trainees gain security and awareness of themselves and their impact on others. Stage 2 is characterized by conflict stemming from a growing awareness of one's motivations. In this stage, counselor trainees often experience ambivalence about working with clients. Ambivalence and self-doubt are also characteristic of the middle stage of counselor development, labeled "confusion" in Loganbill et al.'s (1983) model. Finally, the middle two stages of Hess's (1986) four-stage model involve the acquisition of technical skills, critical self-examination, and a more internalized locus of evaluation and personal identity.

However, change across training levels is not necessarily evidence of qualitatively different stages of development—that is, stages in which skills shift in an elemental way that is not merely an incremental increase in skills (Holloway, 1987). Rather than distinct stages, we believe that our results reflect different rates of acquisition for the skills necessary to form working alliances. These learning rates may be a function of both the trainee and the training sequence at many counseling programs. For example, the strongest emphasis in the training of novices is often on reflective listening, empathy skills, and rapport building (Brammer & Shostrom, 1982; Cormier & Cormier, 1985; Ivey, 1983). Thus novices may first gain skill at offering the basic facilitative conditions that promote relationship building and the working alliance bond. In fact, novice counselors in our study were essentially equivalent to experienced counselors in that respect.

Skills are acquired at a slower rate for executing technical tasks of therapy beyond the basic facilitative conditions. Students often learn advanced techniques—for example, those particular to Gestalt, rational-emotive therapy, or family therapy—only in the last stages of training. Experienced counselors may also have more complex cognitive schemata for organizing client information into case conceptualizations (Hillerbrand, 1989; Hillerbrand & Claiborn, 1990; Martin et al., 1989). These cognitive abilities, and a broader base of factual and theoretical knowledge, may allow experienced counselors to formulate treatment goals that more effectively direct their task-related activity. Our findings suggest that executing technical tasks and formulating therapy goals in-

volve skills acquired only by more advanced trainees, in the view of their clients, or by postdoctoral counselors, according to their own self-assessment.

Limitations of this study include its small sample size, particularly of experienced counselors. A large majority of counselors and clients were women. Thus generalizability of results and power of the analyses are limited. The large effect size of training level resulted in significant findings despite the low power. Data collected from multiple sites help to improve generalizability, but a possible confound resulted from not all training levels' being represented at each of the three sites. Parsing the continuum of counselor experience into three rather arbitrary levels may mask important differences that occur within levels (Holloway, 1987). Clients' knowledge of their counselors' experience level may also have biased their ratings. Clients with initially poor alliances may have dropped out of the study. An additional limitation is the cross-sectional nature of our study. Longitudinal research is needed to track the effect of increasing training level on the abilities of the same group of counselors.

If our findings are replicated, changes in counselor training may be suggested. Although strong emotional bonds in the alliance may be a prerequisite for successful completion of the goals and tasks of therapy (Bordin, 1979), the goal and task components of the alliance have been most closely associated with successful therapy outcome (Horvath & Greenberg, 1989). In relation to experienced counselors, trainees seem best able to form bonds but least able to set treatment goals or perform in-session tasks to achieve those goals. Thus some trainees may be able to offer necessary but not sufficient conditions for successful therapy. Perhaps teaching students, even earlier in their training than is common practice, to articulate a personal theory of counseling that guides case conceptualization, guides selection of treatment goals, and directs the tasks of counseling may help to significantly improve trainees' therapeutic alliances. Whether these skills can be successfully acquired earlier in training is a question that must await further study.

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Butcher, Geen, Hulse, and Salthouse Appointed New Editors, 1992-1997

The Publications and Communications Board of the American Psychological Association announces the appointments of James N. Butcher, University of Minnesota; Russell G. Geen, University of Missouri; Stewart H. Hulse, John Hopkins University; and Timothy Salthouse, Georgia Institute of Technology as editors of *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, the Personality Processes and Individual Differences section of the *Journal of Personality and Social Psychology*, the *Journal of Experimental Psychology: Animal Behavior Processes*, and *Psychology and Aging*, respectively. As of January 1, 1991, manuscripts should be directed as follows:

- For *Psychological Assessment* send manuscripts to James N. Butcher, Department of Psychology, Elliott Hall, University of Minnesota, 75 East River Road, Minneapolis, Minnesota 55455.
- For *JPSP: Personality* send manuscripts to Russell G. Geen, Department of Psychology, University of Missouri, Columbia, Missouri 65211.
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