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Early Career Award (My Research Program)

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By Sarah Knox

First, let me express again how honored I am to have received the 2007 Outstanding Early Career Achievement Award. As I said in Madison this summer, SPR has been, and continues to be, a stimulating and nurturing professional home, and I am quite touched to be acknowledged in this way by those whom I respect and admire so much. Related to receiving the award, Chris (Muran) recently asked me to write a short piece in which I summarize the main emphases of my research program, so here goes.

Research on Therapy Process and Relationship

Even in the earliest days of my counseling psychology doctoral program at Maryland, I was fascinated by what goes on between therapist and client. As I learned the basic helping skills, I also remember thinking that although these skills were invaluable, there was so much more happening between these two individuals, so much that occurred beyond the level of specific therapist intervention and client response, and I wanted to explore these more ineffable components of therapy. That curiosity has led to one of my two primary lines of research, in which I focus on the therapy process and relationship.

My first study in this area focused on clients' perceptions of the effects of helpful therapist self-disclosure (TSD) (Knox, Hess, Petersen, & Hill, 1997). Given the controversy surrounding this intervention, and given that much of the extant research had used analog designs with non-clients, I wanted to hear from clients themselves their thoughts and feelings about their therapists' self-disclosures. I also had experienced the often potent impact of TSD in my own clinical work, and was thus additionally interested in pursuing this area empirically. In one of the early consensual qualitative research (CQR) studies, then, I interviewed 13 adult clients regarding their experiences with an example of TSD they deemed helpful. My colleagues and I found that TSDs tended to occur when clients were discussing important concerns, that clients perceived their therapists to have delivered the intervention to normalize or reassure clients, and that therapists most often disclosed about personal but non-immediate content (e.g., family, leisure activities, having had similar experiences as clients). The positive effects of the TSD for these clients included their developing insight or a new perspective from which to make changes, a strengthened therapy relationship, as well as the intended normalization and reassurance. In terms of my interest in the therapy process and relationship, then, TSD appeared to have salutary effects on both. I have since published additional work in this area, both empirical and theoretical (Burkard, Knox, Groen, Perez, & Hess, 2006; Hill & Knox, 2001, 2002; Knox, in press-b; Knox & Hill, 2003).

My next major project focused on clients' internal representations of their therapists (Knox, Goldberg, Woodhouse, & Hill, 1999). In this case, a fair amount of theoretical or anecdotal literature on

various "internalization" processes existed, but little empirical work had been done in this area. Given that clients spend far more of their time not in the presence of their therapist, I wanted to better understand how they might carry around that presence outside of therapy. Again using CQR, I interviewed 13 adult clients regarding their internal representations of their therapists. We found that in the context of a good therapy relationship, clients' internal representations combined auditory, visual, and kinesthetic ("felt presence") modalities; were stimulated when clients were distressed or when they thought about past or future sessions; and varied in frequency, duration, and intensity. Clients felt positively about these representations, and used them to introspect as well as to affect their therapy. Intriguingly, the frequency of, comfort with, and use of these representations increased over the course of therapy, and also benefited both the therapy and therapy relationship. As was the case with TSD, then, clients' internal representations appeared to benefit both therapy process and relationship. I later followed up this study with a review of the theoretical and empirical literature on internal representations (Knox, 2003).

An additional area of emphasis has focused on a process quite central to therapy-how clients achieve insight (Hill & Knox, 2007; Hill, Knox, Hess, Crook-Lyon, Goates-Jones, & Sim, 2007; Knox, Hill, Hess, & Crook-Lyon, in press). In the first listed of these publications, Clara Hill and I reviewed the literature on insight, addressing how the construct has been defined as well as the varied theoretical perspectives on its role in therapy. We also examined the empirical literature, focusing on evidence for insight development in therapy, facilitators of such development, and the relationship of insight to other therapy outcomes. In Hill et al. (2007), we used a CQR-based case-study approach to investigate how insight was achieved in a single-session of dream work. Finally, in Knox et al. (in press), we both replicated and extended the earlier case-study on two additional single-sessions of dream work. The collective findings in this area suggest that clients indeed do achieve insight, both during and as a result of therapy, and value such gains as part of the therapy process. Still unclear, however, is precisely how they gain insight, what therapists may do to facilitate such gains, which types of clients are more vs. less likely to achieve insight, and how insight acquisition is related to other therapy outcomes. As Clara and I suggested (Hill & Knox, 2007), many fertile areas are yet to be tilled in this area, one that has implications for both therapy process and relationship.

In addition, I have examined gift-giving in therapy, first from the perspective of therapists' receiving client gifts (Knox, Hess, Williams, & Hill, 2003), and currently from the perspective of clients giving gifts to their therapist (Knox, DuBois, Smith, Hess, & Hill, 2007). Having received gifts in my work with clients, I was curious about other therapists' thoughts and feelings about, as well as their responses in session to, such events. I recently completed a practice review and recommendations article on this topic, as well (Knox, in press-a), for as with TSD, the presence of gifts in therapy is often quite provocative, and equally laden with possible effects on the therapy process and relationship.

A final trio of studies also falls into this area of research. Likely related to my working at a Jesuit institution, students often ask whether, or how, to address religion and spirituality in their work with clients. Because not much research existed in which actual clients' perspectives were richly captured, my responses to such questions felt frustratingly limited. So, my colleagues and I (Knox, Catlin, Casper, & Schlosser, 2005) began a study in which we asked adult clients about their experiences of having raised religions or spiritual concerns in therapy, as well as their thoughts regarding what made such discussions helpful or harmful to the therapy. Although they often did not know the religious or spiritual orientation of their therapists, clients indicated that helpful discussions of such content were initiated by clients in the first year of therapy and were facilitated by therapists' openness; unhelpful discussions were raised equally by clients and therapists early in therapy and left clients feeling judged.

In the second study of this trio (Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003), we were curious about how race may, or may not, be addressed in therapy. Thus, we investigated African American and European American therapists' experiences of addressing race in cross-racial therapy dyads. We found that only African American psychologists reported routinely addressing race with clients of color or when race was part of the client's presenting concern, whereas European American psychologists would address race if clients raised the topic, with some reporting that they did not normally address race with racially different clients. Though therapists of both races perceived that such discussions had positive effects, only European American therapists reported discomfort when addressing race in a cross-racial therapy dyad. Lastly, I am currently exploring corrective relational experiences in therapy. Here, my colleagues and I (Knox, Hess, Hill, Burkard, & Crook-Lyon, 2007) are interviewing therapists or therapists-in-training regarding such transformative experiences in therapy-times when they felt a clear shift, in which they understood or experienced affectively the therapy relationship in a new way. These three studies, then, further illustrate my fascination with the therapy process and relationship, an area I will continue to explore in my future research, as well.

Research on Training

My second major line of research focuses on training. Here, too, my experiences as trainee and trainer have both stimulated and guided my work in this area.

Advising

I was the fortunate recipient of wonderful advising as a graduate student (thank you, Clara!), but from conversations with colleagues, I know that my experiences were not universal. Aware of the importance of advising not only to the enjoyment of, but also to success in, graduate school, I was curious about the contributors to good vs. problematic doctoral advising experiences, from both advisees' and

advisors' perspectives. In my first study in this area (Schlosser, Knox, Moskovitz, & Hill, 2003), my colleagues and I explored the advising relationship (AR) from advisees' perspectives; we later examined the AR from advisors' perspectives (Knox, Schlosser, Pruitt, & Hill, 2006). In the first study, we found that satisfied advisees differed from unsatisfied advisees with respect to their ability to choose their advisor, the frequency of meetings with their advisor, the benefits and costs associated with the AR, and the ways in which conflict was addressed in the AR. In the follow-up study (advisor perspective), we found that good ARs were facilitated by advisees' positive personal and professional characteristics; mutual respect, open communication, and similar career paths between advisor and advisee; and lack of conflict. In contrast, difficult ARs were influenced by advisees' negative personal and professional characteristics, lack of respect, research struggles, communication problems, advisors feeling ineffective working with their advisees, disruption or rupture in the AR, and conflict avoidance.

Related to my interest in advising relationships as a whole is a more specific interest in dissertation advising. Far too many students become trapped in the "ABD" quagmire, never completing this last milestone of their doctoral program. Here, too, then, I wondered what both students and their dissertation advisors would have to say about positive vs. problematic dissertation advising experiences. My colleagues and I (Burkard, Knox, Dewalt, Downs, Fuller, & Hill, 2007) first examined clinical and counseling psychology doctoral students' perspectives on this process, and found that factors distinguishing positive from negative dissertation experiences included students' relationship with and support from their chair and/or committee, as well as the abuse (or lack thereof) of power. We are currently investigating clinical and counseling psychology dissertation advisors' views on this process, as well (Knox, Burkard, Janacek, Pruitt, Fuller, & Hill, 2007).

Supervision

Supervision, another essential component of graduate training, has also been a focus of my research. As a new graduate student, I was invited to join a team investigating pre-doctoral interns' sexual attraction toward their clients, including their use of supervision to manage such feelings (Ladany, O'Brien, Hill, Melincoff, Knox, & Petersen, 1997). More recently, I have pursued a number of projects examining supervision-related questions. For example, given the likelihood that at some point in their clinical work, most practitioners will have a client commit suicide, colleagues and I explored how therapists-in-training use supervision to work through such an event (Knox, Burkard, Bentzler, Schaack, & Hess, 2006). Though certainly of a less dramatic nature than client suicide, therapists-in-training also often find it difficult to work with angry clients. Colleagues and I thus compared three types of training for managing client anger, one of which involved a form of supervision (Hess, Knox, & Hill, 2006). In addition, I am currently on a team examining difficult-to-give feedback in cross-cultural supervision (Burkard, Knox, Clarke, Phelps, & Inman, 2007). Finally, I have examined gay/lesbian/bisexual supervisees' affirming and nonaffirming

supervision experiences (Burkard, Knox, Hess, & Schultz, 2007).

Related to my interest in therapist self-disclosure, I am also interested in disclosure that does, or even at times does not, occur in supervision. Thus, I was part of a team that investigated predoctoral interns' nondisclosure in supervision (Hess, Knox, Schultz, Sloan, Brandt, Kelley, Hoffman, & Hill, in press), and recently completed a study on supervisors' self-disclosure in supervision (Knox, Burkard, Edwards, Smith, & Schlosser, 2007).