

## Appendix A

### Counselor as Client

Q1 Have you ever received counseling services as a client?

- ☐ Yes (1)
- ☐ No (2)

Q2 What were/are your reason(s) for not choosing to pursue counseling services?

Q3 Do you think that not having experience as a client has impacted your development as a counselor?

- ☐ Yes (1)
- ☐ No (2)

Q4 Please describe the impact:

Q5 Did you receive counseling services as a client prior to your enrollment in the MHC Program?

- ☐ Yes (1)
- ☐ No (2)

Q6 With regard to the counseling you received, was your experience (Check all that apply)

- ☐ Individual counseling (1)
- ☐ Group counseling (2)
- ☐ Family or couples counseling (3)

Q7 What were the credentials/training of the provider(s) of counseling services? (Check all that apply)

- ☐ Psychiatrist (1)
- ☐ Clinic or counseling psychologist (2)
- ☐ Clinical/masters social worker (3)
- ☐ Mental health or community counselor (4)
- ☐ Pastoral counselor (5)
- ☐ School counselor or school psychologist (6)
- ☐ CASAC (7)
- ☐ Other (please specify) (8)
- ☐ Unknown (9)

Q8 Did you receive counseling services as a client during your enrollment in the MHC Program?

- ☐ Yes (1)
- ☐ No (2)

Q9 Did you receive these services? (Check all that apply)

- ☐ On campus (at SJFC) (1)
- ☐ Off campus (2)

Q10 Was your experience? (Check all that apply)

- ☐ Individual counseling (1)
- ☐ Group counseling (2)
- ☐ Family or couples counseling (3)

Q12 What were the credentials/training of the provider(s) of counseling services? (Check all that apply)

- ☐ Psychiatrist (1)
- ☐ Clinic or counseling psychologist (2)
- ☐ Clinical/masters social worker (3)
- ☐ Mental health or community counselor (4)
- ☐ Pastoral counselor (5)
- ☐ School counselor or school psychologist (6)
- ☐ CASAC (7)
- ☐ Other (please specify) (8)
- ☐ Unknown (9)

Q11 Did you ever receive counseling services during childhood (ages 2-11)?

- ☐ Yes (1)
- ☐ No (2)

Q14 If yes, would you characterize your experience of these services as:

- ☐ Successful/helpful (1)
- ☐ Unsuccessful/not helpful (2)
- ☐ Other descriptor (10 words or less) (3) \_\_\_\_\_

Q15 Did you ever receive counseling services during adolescence (ages 12-18)?

- ☐ Yes (1)
- ☐ No (2)

Q17 If yes, would you characterize your experience of these services as:

- ☐ Successful/helpful (1)
- ☐ Unsuccessful/not helpful (2)
- ☐ Other descriptor (10 words or less) (3) \_\_\_\_\_

Q16 Type of counseling

	Individual (1)	Group (2)	Family/Couples (3)
Counseling experience #1 (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling experience #2 (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling experience #3 (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19 Experience

	Successful/helpful (1)	Unsuccessful/not helpful (2)	Damaging/very negative (3)	Other (4)
Counseling experience #1 (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling experience #2 (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling experience #3 (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q20 To what extent do you believe that your experience as a client has had an impact on your effectiveness as a professional counselor?

- ☐ A great deal in a positive manner (1)
- ☐ A moderate amount in a positive manner (2)
- ☐ A small amount in a positive manner (3)
- ☐ A small amount in a negative manner (4)
- ☐ A moderate amount in a negative manner (5)
- ☐ A great deal in a negative manner (6)
- ☐ Not at all (7)

Q21 Please describe the effect that your experience as a client has had on your effectiveness as a counselor.

Q22 Would you seek counseling services from someone who has not been a client in counseling themselves?

- ☐ Yes (1)
- ☐ No (2)

Q23 Is there anything else that you would like to share about this topic?