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# Development of Counseling Students' Self-Efficacy During Preparation and Training



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**Counselor preparation is multifaceted and involves developing trainees' clinical knowledge, skills and competence. Furthermore, counselor self-efficacy is a relevant developmental consideration in the counseling field. Therefore, the purpose of this longitudinal investigation was to examine the effects of a counselor preparation program on students' development of counseling self-efficacy. The Counselor Self-Efficacy Scale was administered to 179 master's-level counselors-in-training at three points in their counselor training and coursework, including new student orientation, clinical practicum orientation and final internship group supervision meeting. Findings indicated that students' experience in their preparation program resulted in higher levels of self-efficacy.**

***Keywords:* counselor preparation, counselor training, self-efficacy, development, internship**

The practice of counselor training is a complex, intentional process of reflective educational and experiential activities to promote the development of knowledge and skills (Bernard & Goodyear, 2013; Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009; McAuliffe & Eriksen, 2011). As such, the primary goal of counselor preparation programs is to educate and train students to become competent counselors by equipping them with necessary skills, knowledge and experiences (American Counseling Association, 2014; Bernard & Goodyear, 2013; CACREP, 2009). Furthermore, students training to be counselors increase their self-awareness and reflective practice throughout their educational experience (Granello & Young, 2012; Lambie & Sias, 2009; Rønnestad, & Skovholt, 2003). Increased understanding regarding counseling trainee development may aid educators' ability to develop and deliver educational and supervision interventions.

Self-efficacy represents an individual's beliefs or judgments about his or her ability to accomplish a given goal or task (Bandura, 1995). Furthermore, self-efficacy is a recognized measure of development in the counseling field (Larson & Daniels, 1998), has a positive influence on work-related performance (Bandura, 1982; Stajkovic & Luthans, 1998), and consequently works as an outcome and developmental consideration for counselor training. In addition, there are assortments of published research examining counseling trainees' self-efficacy (e.g., Barbee, Scherer & Combs, 2003; Cashwell & Dooley, 2001; Kozina, Grabovari, Stefano, & Drapeau, 2010; Melchert, Hays, Wiljanen, & Kolocek, 1996; Tang et al., 2004); however, limited research examines counseling trainees' development of self-efficacy in a longitudinal fashion based upon their experiences from start (e.g., educational courses) to finish (e.g., initial clinical experiences) in counselor preparation programs. Therefore, the purpose of this longitudinal investigation was to examine counselor trainees' self-efficacy as they progressed through the educational and experiential components of a counselor preparation program.

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## Counseling Students' Self-Efficacy

Bandura (1995) described perceived self-efficacy as “beliefs in one’s capabilities to organize and execute the courses of action required to manage prospective situations” (p. 2). Self-efficacy is considered an appropriate scientific lens for examining individuals’ beliefs regarding their ability to accomplish professional goals (Bandura, 1997) and is a common research topic in counseling literature (e.g., Larson & Daniels, 1998). Specifically, Bandura (1997) suggested that individuals’ ability to accomplish a task or goal not only necessitates skill and ability, but also the belief in oneself that provides the confidence and motivation to complete a task. Larson and Daniels (1998) stated that counseling self-efficacy is “one’s beliefs or judgments about her or his capabilities to effectively counsel a client in the near future” (p. 180). Self-efficacy is appropriate for the selection and training of counselors because of the construct’s stability and reliability (Beutler, Machado, & Neufeldt, 1994).

Self-efficacy is important in relation to counselor competence (Barnes, 2004; Larson & Daniels, 1998). Larson (1998) suggested that self-efficacy is a critical influence on one’s self-determining mechanisms and as a result is a critical variable in supervision. The importance of self-efficacy in the counseling field is documented by the development of measures of self-efficacy for various research constructs (e.g., Bodenhorn & Skaggs, 2005; Mullen, Lambie, & Conley, 2014; Sutton & Fall, 1995). Melchert and colleagues (1996) developed the Counselor Self-Efficacy Scale (CSES) to examine counselors’ and counselor trainees’ level of confidence in knowledge and skills regarding counseling competencies. Melchert and colleagues (1996) found that counseling students’ ( $N = 138$ ) scores on the CSES varied based on their experience in their preparation program, with second-year students reporting more confidence than students in their first year of training. Additionally, Melchert and colleagues (1996) found that counselors ( $N = 138$ ) with more years of clinical experience also reported greater levels of self-efficacy.

Counselors’ training, initial clinical experiences and supervision relates to their self-efficacy beliefs. Hill et al., (2008) found that skills training impacted undergraduate students’ confidence regarding the use of helping skills. However, Hill and colleagues (2008) noted that as students faced more difficult skills, their confidence decreased, but eventually increased upon gaining experience using the skill. Barbee and associates (2003) found that trainees’ ( $N = 113$ ) participation in service learning had a positive relationship with counselor self-efficacy. However, these researchers also found that total credits of coursework (i.e., time in the preparation program) and prior counseling-related work were stronger predictors of self-efficacy as compared to service learning.

Supporting the findings from Barbee and colleagues (2003), Tang and colleagues (2004) found that students with more coursework, internship experience and related work experience reported higher levels of competence regarding counseling skills. Regarding self-efficacy during clinical experiences, Kozina and colleagues (2010) found that the counseling self-efficacy of first year master’s-level counseling students increased during initial work with clients during clinical experience. Additionally, Cashwell and Dooley (2001) found that practicing counselors receiving supervision, compared to those not receiving supervision, reported higher levels of self-efficacy, indicating that supervision supports increased beliefs of counseling efficacy. However, no published studies were identified examining counseling students’ longitudinal change in self-efficacy as a result of their participation in a counselor preparation program from the start of the program through their clinical experiences.

## Purpose of the Study

The development of trainees is a vital topic for counselor education. Counselor educators and supervisors need a comprehensive understanding of student development with the aim of assessing student learning

outcomes and facilitating pedagogical and supervisory interventions that support development. Enhancing counseling students' self-efficacy regarding clinical skills is an important developmental goal within preparation programs, with higher self-efficacy suggesting increased likelihood of efficient and effective counseling services (Bandura, 1982; Bandura, 1997; Larson & Daniels, 1998; Stajkovic & Luthans, 1998). Research on counselor self-efficacy is common; however, no studies have investigated change in master's-level counseling students' self-efficacy over the course of their preparation program (i.e., longitudinal investigation). Therefore, we investigated the following research questions: (1) What is the relationship between counseling students' demographic factors and self-efficacy at three key times during their preparation program? (2) Does counseling students' self-efficacy change at three points during their graduate preparation program?

## Method

### Participants and Procedures

Participants included 179 master's-level graduate students from a single CACREP entry-level counselor education program at a university in the Southeastern United States. Specifically, participants included several cohorts of entry-level counselor trainees who started the counselor training program during the spring 2008 through fall 2011 semesters and completed the program by the Summer 2013 semester. Institutional Review Board approval from the university was obtained prior to data collection and analysis. To protect the rights and confidentiality of the participants, all identifying information was removed and the data were aggregated.

The study was introduced to the participants during the counselor preparation program's new student orientation (NSO; a mandatory information session prior to the start of trainees' coursework). At this point, students were invited to be part of the study by completing a paper-and-pencil packet of instrumentation. Participants were invited to complete the second data collection point during a mandatory clinical practicum orientation (CPO) occurring prior to their initial clinical and supervision experience (approximately midpoint during the students' program of study). The final data collection point was at the participants' final internship group supervision meeting (FIGSM; end of students' program of study). A total accessible sample consisted of 224 students who fit the selection criteria for participate in this study. The selection criteria included the following: (a) started the program in the beginning of the spring 2008 semester and (b) graduated by the end of the fall 2011 semester. However, due to incomplete instrument packets, missing items (listwise deletion) or student attrition, 179 participants completed the instruments across all three data collection points, yielding a 79.91% response rate.

The participants included 151 females (84.4%) and 28 males (15.6%). Regarding age, 162 participants (90.5%) fell between the ages of 20 and 29, 13 participants (7.3%) were between the ages of 30 and 39, two participants (1.1%) fell between the ages of 40 and 49, and two participants (1.1%) were over 50 years of age. Participants' ethnicities were as follows: 133 (74.3%) Caucasian, 36 (20.1%) African American, seven (3.9%) Hispanic American, one (0.6%) Asian American and 2 (1.1%) other ethnicity. Participants program tracks included mental health counseling (MHC;  $n = 78$ , 43.6%); marriage, couples and family counseling (MCFC;  $n = 46$ , 25.7%); and school counseling (SC;  $n = 55$ , 30.7%).

### Counselor Preparation Program Experience

Students participating in this study were entry-level counseling trainees attending an academic unit with three CACREP-accredited master's-level programs. The students were enrolled in one of the following three programs of study: (a) MHC; (b) MCFC; or (c) SC. Students' early coursework in the counselor preparation program included core curriculum courses that focused on content knowledge and initial skill development required for advanced clinical courses. The course prerequisites for initial clinical practicum experience for all

students included: (a) Introduction to the Counseling Profession, (b) Theories of Counseling and Personality, (c) Techniques of Counseling, (d) Group Procedures and Theories in Counseling, and (e) Ethical and Legal Issues. Additionally, students in the MHC and MCFC tracks were required to complete a Diagnosis and Treatment in Counseling course. Students in the MHC and MCFC tracks were required to complete 63 credit hours, while students in the SC track were required to complete 60 credits hours (if they did not have a teaching certificate) or 51 credit hours (if they had a valid teaching certificate). Courses were delivered by a diverse set of counselor educators who determined course content and style based on their individual pedagogical approaches.

Students participated in their clinical practicum course after their course prerequisites were met. SC students completed their internship after a single semester of clinical practicum (100 total clinical hours in practicum). Students in MHC and MCFC tracks completed their internship experience after two consecutive experiences in clinical practicum (200 total clinical hours in practicum). During their internship experience, SC students completed 600 clinical hours over one or two semesters and MHC and MCFC students completed 900 clinical hours over two semesters. Overall, students progressed through their course and clinical experiences over 2.5–3.5 years, depending on their course load and time commitment preferences. Importantly, it was not required for all coursework to be completed prior to initial clinical experiences. Students completed non-prerequisite coursework at the time most accommodating to their schedule, but were required to complete all coursework by the time of graduation, with the FIGSM being one of the last class-based tasks in the program.

## Measures

We utilized the CSES (Melchert et al., 1996) in this investigation to gather data on counseling trainees' level of self-efficacy. In addition, a demographic questionnaire was used to collect data regarding participants' biological gender, age, ethnicity and program track (i.e., MHC, MCFC or SC). The following section introduces and reviews the CSES.

**Counselor Self-Efficacy Scale.** The CSES is a 20-item self-report instrument that assesses counseling trainees' competency regarding key counseling tasks for group and individual counseling (Melchert et al., 1996). The CSES was developed based upon a review of the literature with the goal of identifying key types of counseling competencies for counselors. The CSES uses 5-point Likert scale responses that indicate an individual's level of confidence in his or her counseling ability, including "Never," "Rarely," "Sometimes," "Frequently" or "Almost Always" answer options. Half of the items are worded in a negative fashion to avoid acquiescent response bias, requiring reverse coding. The total score of the CSES ranges from 20–100 and is calculated by adding the responses to all 20 items with consideration given to the reverse coded items. Some sample items from the CSES include the following: (a) I am not able to accurately identify client affect, (b) I can effectively facilitate appropriate goal development with clients, and (c) I can function effectively as a group leader/facilitator.

Melchert and colleagues (1996) reported a Cronbach's alpha of .91 and a test-retest reliability ( $r = .85$ ;  $p$ -value not reported) in their initial psychometric testing of the CSES with counseling psychologist students and licensed professional psychologists. In addition, Melchert and colleagues (1996) tested for convergent validity and reported an acceptable correlation ( $r = .83$ ;  $p$ -value not reported) between the CSES and the Self-Efficacy Inventory (Friedlander & Snyder, 1983). Constantine (2001) found that the CSES had an acceptable internal consistency, with a Cronbach's alpha of .77 with counseling supervisees. Additionally, Pasquariello (2013) found that Cronbach's alpha ranged from .85–.93 with doctoral psychology students. For the current study, the internal consistency reliability for the CSES was acceptable, with a Cronbach's alpha of .96 (Sink & Stroh, 2006; Streiner, 2003).

## Data Analysis

A longitudinal study design was employed for this investigation. After completion of the data collection process, participants' responses were analyzed using descriptive data analysis, one-way analysis of variance (ANOVA), repeated measures ANOVA, paired-samples t-test and mixed between/within-subjects ANOVA. Prior to analysis, the data were screened for outliers using the outlier labeling method (Hoaglin & Iglewicz, 1987; Hoaglin, Iglewicz, & Tukey, 1986), which resulted in identifying 11 cases with outliers. Therefore, Windsorized means were calculated based on adjacent data points to replace the outliers (Barnett & Lewis, 1994; Osborne & Overbay, 2004). The resulting data were checked for statistical assumptions and no violations were found. A sample size of 179 graduate counseling students was deemed appropriate for identifying a medium effect size (power = .80) at the .01 level for the employed data analysis procedures (Cohen, 1992).

## Results

### Counseling Trainees' Self-Efficacy

Several one-way between-groups ANOVAs were conducted to examine the impact of each trainee's age, gender, ethnicity and program track (i.e., SC, MHC or MCFC) on his or her level of self-efficacy at each of the three data collection points. There was no statistically significant relationship between self-efficacy and trainees' age at the NSO data collection point ( $F[3, 178] = 1.35, p = .26$ ), at the CPO data collection point ( $F[3, 178] = .39, p = .76$ ) or at the FIGSM data collection point ( $F[3, 178] = .71, p = .55$ ). Similarly, there was no statistically significant relationship between self-efficacy and trainees' gender at the NSO data collection point ( $F[1, 178] = .48, p = .49$ ), at the CPO data collection point ( $F[1, 178] = .02, p = .88$ ) or at the FIGSM data collection point ( $F[1, 178] = .001, p = .97$ ). There was no statistically significant relationship between self-efficacy and trainees' ethnicity at the NSO data collection point ( $F[4, 178] = 1.03, p = .39$ ), at the CPO data collection point ( $F[4, 178] = .82, p = .51$ ) or at the FIGSM data collection point ( $F[4, 178] = .03, p = .97$ ). Finally, there was no statistically significant relationship between self-efficacy and trainees' program track at the NSO data collection point ( $F[2, 178] = .03, p = .97$ ), at the CPO data collection point ( $F[2, 178] = .40, p = .67$ ) or at the FIGSM data collection point ( $F[2, 178] = .04, p = .96$ ).

### Counseling Trainees' Self-Efficacy Over the Course of the Program

A one-way within-subjects repeated measures ANOVA was conducted to examine participants' ( $N = 179$ ) CSES scores at the three data points (i.e., NSO, CPO, FIGSM). Table 1 presents the descriptive statistics. Mauchley's Test indicated that the assumption of sphericity was violated,  $\chi^2(2) = .53, p < .001$ ; therefore, the within-subjects effects were analyzed using the Greenhouse-Geisser correction (Greenhouse & Geisser, 1959). There was a statistically significant effect of time,  $F(1.3, 242.79) = 404.52, p < .001$ , Partial  $\eta^2 = .69$  on participants' CSES scores. Sixty-nine percent of the variance in CSES scores can be accounted for by the time participants spent in the program (large effect size; Sink & Stroh, 2006; Streiner, 2003). Therefore, trainees scored higher on the CSES at each interval during their counselor preparation program.

**Table 1**

*Descriptive Statistics for Self-Efficacy Across Data Collection Points*

Data Collection Point	<i>M</i>	<i>SD</i>	<i>Mdn</i>	Mode	Range
New student orientation	57.09	14.42	59	58	23–84 (61)
Clinical practicum orientation	77.43	8.53	78	79	53–99 (46)
Final internship group supervision meeting	83.04	6.80	84	76	66–95 (33)

*Note.*  $N = 179$ .

Several paired-samples *t*-tests were employed to evaluate the impact of time in the program on trainees' self-efficacy. There was a statistically significant increase in trainees' CSES scores from NSO to CPO,  $t(178) = 18.41, p < .001; \eta^2 = .65$ . The mean increase in CSES scores between NSO and CPO was 20.33, with a 95% confidence interval ranging from 18.15–22.51. There was a statistically significant increase in trainees' CSES scores from NSO to FIGSM,  $t(178) = 23.19, p < .001; \eta^2 = .75$ . The mean increase in CSES scores between NSO and FIGSM was 25.94, with a 95% confidence interval ranging from 23.74–28.15. There was a statistically significant increase in trainees' CSES scores from CPO to FIGSM,  $t(178) = 10.37, p < .001; \eta^2 = .38$ . The mean increase in CSES scores between CPO and FIGSM was 5.61, with a 95% confidence interval ranging from 4.54–6.68. Overall, these results provide additional support indicating that trainees' CSES scores had a statistically significant increase from the start of the program (NSO) to the end of the program (FIGSM). In addition, the span from the start of the program (NSO) to their initial clinical experience (CPO; i.e., completion of the core curriculum required for clinical work) had the largest increase in scores amongst consecutive time ranges (i.e., NSO to CPO and CPO to FIGSM).

A mixed between/within-subjects (split plot) ANOVA was conducted to assess the interaction effect of trainees' degree track (i.e., SC; MHC; and MCFC) on their CSES scores across the three data points (i.e., NSO, CPO, FIGSM). Mauchly's Test indicated that the assumption of sphericity was violated,  $\chi^2(2) = .53, p < .001$ ; therefore, the effects were analyzed using the Greenhouse-Geisser correction (Greenhouse & Geisser, 1959). There was no significant interaction between trainees' degree track and the data collection points,  $F(2.72, 239.58) = .12, p = .94$ ; indicating that trainees' track did not have an effect on their CSES scores across the data collection points, despite the differences in their program requirements.

## Discussion

We examined the relationship between entry-level counseling trainees' demographic characteristics and their reported self-efficacy at three key points during their graduate preparation program. The findings from this investigation indicated no relationship between participants' age, gender, ethnicity or program track and their reported self-efficacy at any point in the program. These results are similar to Tang and colleagues' (2004) findings, which identified no relationship between counseling trainees' self-efficacy and their age. However, Tang and colleagues (2004) did find that total coursework and internship hours completed had a statistically significant impact on trainees' counseling self-efficacy.

The current investigation is unique in that it longitudinally studied master's-level counseling trainees' self-efficacy at developmental points from the beginning to the end of their preparation program, while other studies have examined the construct of counseling self-efficacy through a cross-sectional framework or focused on clinical experiences (e.g., Barbee et al., 2003; Cashwell & Dooley, 2001; Kozina et al., 2010; Melchert et al., 1996; Tang et al., 2004). The results of this investigation identified differences in trainees' self-efficacy at the three collection points (large effect size), indicating that trainees had an increase in self-efficacy as a result of their participation in the program. Additionally, the results identified mean differences in trainees' self-efficacy as a result of time in the program from NSO to CPO and CPO to FIGSM. These findings are logical given the theoretical framework of self-efficacy (Bandura, 1986); however, these findings are important and relevant as they provide innovative empirical evidence for Bandura's (1986) theory of self-efficacy.

Trainees' self-efficacy increased the most between NSO and CPO, indicating that completing initial prerequisite content coursework had a larger impact on trainees' development of efficacy compared to their time spent on initial clinical experience. This finding is important, considering that prior research has shown that initial clinical work increases self-efficacy (Kozina et al., 2010), whereas the findings in this investigation

indicate that the majority of efficacy is developed prior to initial clinical experiences. The present results are consistent with those of Tang and colleagues (2004), who found that trainees with more completed coursework and more completed internship hours reported higher levels of self-efficacy. The findings of the current study builds upon Tang and colleagues' (2004) findings, identifying the specific time within a counseling preparation program (i.e., initial coursework versus clinical experience) when the most growth in efficacy belief occurs.

The findings from the present investigation support models of education and supervision that utilize a social cognitive framework (e.g., Larson, 1998). Counselor self-efficacy represents a practitioner's judgment about his or her ability to effectively counsel a client (Larson et al., 1992). Therefore, knowledge regarding counseling trainees' development of self-efficacy during their preparation program prior to their clinical experiences affords supervisor practitioners and researchers insight into student development. Much of the existing literature focuses on trainees' initial clinical experiences, neglecting the large impact that early coursework has on the development of self-efficacy.

### **Implications for Counselor Education and Supervision**

We offer several implications for clinical supervisors based on the results from this investigation. First, our findings demonstrate that master's-level counseling trainees' self-efficacy increases as a result of their experiences in their preparation program, providing further evidence for Bandura's (1986) theory of self-efficacy. Counselor educators are expected to monitor trainees' progress and development throughout their training (Bernard & Goodyear, 2013), and self-efficacy is an established measure of development (Larson & Daniels, 1998); therefore, it serves as an appropriate outcome consideration for counselor preparation programs. Counselor educators can make use of available self-efficacy measures that focus on competency (e.g., CSES; Melchert et al., 1996) and evaluate trainees at milestones in their program as a measure of student learning outcomes. It is logical that trainees entering counselor preparation programs need high levels of instruction, modeling and guidance due to their inexperience in the discipline. Opportunities for modeling counseling skills across topic areas, along with occasions for practicing skills, provide chances for trainees to build mastery experiences early in their program. As noted by Kozina and colleagues (2010), giving feedback on the discrepancy between trainees' skill competency and perceived efficacy may promote reflection and development at key times throughout their training program (Daniels & Larson, 2001; Hoffman, Hill, Holmes, & Freitas, 2005).

In addition, our findings identified the importance of trainees' counselor preparation coursework. Specifically, increased student course requirements to meet accreditation standards (e.g., Bobby, 2013; CACREP, 2009; Hagedorn, Culbreth, & Cashwell, 2012) are likely to improve trainees' self-efficacy (Tang et al., 2004). Prior research indicates that increased coursework as a result of higher accreditation standards has an effect on counselor knowledge (Adams, 2006). Our findings build on existing literature by indicating that coursework has an impact on trainees' self-efficacy prior to their initial clinical experiences. Counselor educators should be strategic and identify prerequisite courses to enhance students' self-efficacy on vital topics (e.g., counseling skills, group counseling, diagnosis and treatment courses) prior to students' initial work with clients.

An additional implication relates to trainees' level of self-efficacy as they enter initial clinical experiences. Participants in this study entered practicum with high levels of self-efficacy regarding clinical competence; and furthermore, participants had low to moderate increases in self-efficacy between practicum and the end of their internship. As such, our findings challenge the notion that growth in self-efficacy occurs during the clinical work phase of preparation (e.g., Kozina et al., 2010), because the majority of growth in self-efficacy for this study's participants occurred prior to initial clinical experiences. On the other hand, participants' reports of self-efficacy due to coursework may have been inflated, given that they had yet to complete their clinical work.



Therefore, counselor educators should examine supervisees during their initial clinical work to assess their perceived efficacy and actual competence.

### **Limitations**

As with all research, the present study has limitations. First, this study took place at a single counseling preparation program whose individual systemic factors may have influenced the participants' experiences. Therefore, future studies should replicate the current investigation to confirm these findings. Second, this study utilized a single instrument that we identified based upon the research objectives for the study; however, more recently developed or validated instruments or a collection of instruments measuring the same construct may produce results that have different findings or implications. Additional limitations include the following: (a) potential unknown/unseen extraneous variables, (b) practice effects of participants retaking the same instruments three times, (c) participant attrition (i.e., 79.91% response rate), (d) cross-generational differences and (e) test fatigue (Gall, Gall, & Borg, 2007). Nevertheless, longitudinal research is considered a complex and comprehensive method of examining individual participants' change over time (Gall et al., 2007), offering a contribution to the counselor education and supervision literature.

### **Recommendations for Future Research**

Future research might expand this study to examine changes in postgraduate practitioners' self-efficacy over an extended period of time (longitudinal study). Additionally, future researchers may examine: (a) the impact of self-efficacy on clinical outcomes, (b) the impact of clinical supervision on trainees' self-efficacy and (c) the impact of initial clinical experiences (e.g., practicum) on trainees' self-efficacy. Furthermore, researchers may examine other factors associated with counselor development (e.g., emotional intelligence, application of knowledge and theory, cognitive complexity). Researchers may examine the impact of specific pedagogical interventions on counseling trainees' self-efficacy. Lastly, the findings from this study should be replicated in other institutes that train counseling professionals.

Counselor educators and supervisors promote counseling trainees' professional competencies, enhancing their ability to provide effective counseling services to diverse clients. Research on counseling trainees' development is imperative for understanding and attending to their counseling students' educational and supervisory needs. The findings from this study indicate that counseling trainees experience an increase in their self-efficacy during their preparation programs.

### **Conflict of Interest and Funding Disclosure**

*The authors reported no conflict of interest or funding contributions for the development of this manuscript.*

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