

Brief Mindfulness Practice and Personal Development in Counselors-in-Training

Melissa Zeligman ¹
University of Central Florida

Kathryn Babb
University of Central Florida

Mindfulness research in counselor education has continued to expand, regularly exploring the impact of such a practice on personal well-being and mental health. Less often explored, however, are the potential benefits of this practice on counselor-in-training (CIT) development. Therefore, the present study (N = 66) utilized a time series quasi-experimental design to explore the impact of a brief mindfulness practice, infused into a clinical skills course, on CIT self-efficacy, empathy, and self-awareness. Within group and between group differences were considered to explore changes in these variables over time, as well as between those who did or did not participate in a brief mindfulness intervention. Results indicated that within group differences were present, but that between group differences were not.

Keywords: mindfulness, counselors-in-training, self-efficacy therapy

¹ Correspondence may be sent to: Melissa Zeligman, Department of Counselor Education and School Psychology, University of Central Florida, 12494 University Blvd., Orlando, FL, 32816, email: Melissa.zeligman@ucf.edu

The Council for the Accreditation of Counseling and Related Educational Programs (CACREP; 2022) currently accredits counseling programs at 503 colleges and universities. Further, more than 67,000 individuals are enrolled in these masters' programs, training and preparing to soon enter the landscape of professional counseling (CACREP, 2022). Being a novice counselor, however, often carries stress and uncertainty of skills, reducing self-efficacy and self-confidence (Pirtle et al., 2019). Therefore, it is important for counselor educators to integrate techniques addressing self-efficacy into the counseling curriculum. In addition, it is the role of counselor educators to support and encourage counselors-in-training (CITs), focusing on both professional and personal development (van Dinther et al., 2011). While there are many different approaches a counselor educator can take to providing this support, the integration of mindfulness exercises in instruction may be a way to promote self-efficacy, decrease anxiety, and increase CIT performance (Coaston & Lawrence, 2019).

Mindfulness, or the practice of experiencing life in the present without judgment (Kabat-Zinn, 2006), has shown increasing evidence in bringing positive mental and physical health benefits (Enkema et al., 2020; Howarth et al., 2019). Presently, however, there is a gap in the literature surrounding mindfulness and its use with CITs. More specifically, most of the existing mindfulness research (e.g., Brickham et al., 2021; Dye et al., 2020; Posluns & Gall, 2019) focuses on the personal well-being and mental health of counselors, rather than the impact of mindfulness on CIT development. In addition, the research that has looked at the use of mindfulness for CIT development has relied on lengthier mindfulness interventions ranging anywhere from 30 minutes-7 hours (Buser et al., 2012; Gockel et al., 2013). While these approaches may have benefit, more time-

consuming interventions are often difficult to infuse into existing CACREP curriculums. CIT development is seen clearly in a clinical skills course, where students are often learning helping skills for the first time; an instrumental step in preparing them for clinical practice (Hill & Lent, 2006). Clinical skill development is also central in the development of counseling competency (Setiyowati et al., 2019; Swank et al., 2012), making skill and technique-based courses important in developing competent CITs. Therefore, the present study aims to understand how the integration of a brief mindfulness intervention, in a skills course within a CACREP curriculum, impacts CIT development (i.e., self-efficacy, empathy, and clinical presence).

Mindfulness and Counseling

Mindfulness is an awareness and appreciation for each moment, bringing individuals connection to the world and a fullness to experiences and feelings (Kabat-Zinn, 1994). Rather than being emotionally preoccupied with the past or future, mindfulness draws an individual's focus and attention to the present (Kabat-Zinn, 1994). Mindfulness skills such as present moment awareness, concentrated focus on one object, deliberate breathing patterns, and capturing experiences with preconceived notions, further bring the potential to reduce anger, anxiety, and impulsivity (Broderick & Jennings, 2012). These skills may be particularly meaningful to CITs, as novice helpers are cited as experiencing elevated levels of anxiety, which may carry over into the beginning of their professional careers and contribute to low skill proficiency and a lack of professional confidence (Goreczny et al., 2015).

The challenging nature of listening to a person in distress while providing compassionate care, such as the practice required in a counseling techniques course for

CITs, can also be emotionally taxing for the provider (McClure et al., 2014). Compassion fatigue (i.e., experiencing persistent anxiety and tension after working with clients; Alkema et al., 2008), is commonly experienced by counselors (Merriman, 2013). To this end, researchers have begun to explore the use of mindfulness in combatting CIT distress and have found promising data on mindfulness interventions and CIT wellness (Banker & Goldenson, 2021; Dye et al., 2020; Newton et al., 2020). Less attention has been given, however, to the use of this intervention in promoting CIT professional development, including self-efficacy, empathy, and self-awareness.

Self-efficacy

Self-efficacy, one aspect of Bandura's (1997) social cognitive theory, refers to the extent individuals believe they can master a specific task or skill. Similarly, counselor self-efficacy refers to one's belief that they can effectively provide support and counseling to clients (Larson & Daniels, 1998). Evidence suggests that counseling self-efficacy reaches further than one's perceptions of their capabilities and is also related to anxiety (Daniels & Larson, 2001), burnout (Bardhoshi & Um, 2020), and even counselor effectiveness (Mullen & Lambie, 2016). In fact, self-efficacy can have such a strong relationship with physiological stress responses in student helpers, that it may even be conceptualized as a way to identify and prepare effective helpers (Lannin et al., 2019). Therefore, increasing CIT self-efficacy is a tried-and-true approach to developing effective helpers.

In addition, self-efficacy has relationships with mindfulness and empathy (Barbee et al., 2003; Greason & Cashwell, 2009), making it a natural fit for the present intervention. Self-efficacy and mindfulness are linked together through self-regulation, as

mindfulness and self-efficacy serve as bases for self-regulation (Bandura, 1991; Deci & Ryan, 2000). Additional links have been found between mindfulness and self-efficacy in counselors, yet these relationships were identified through either cross-sectional design, rather than an intervention (e.g., Butts & Gutierrez, 2018; Ender et al., 2019), or utilized standalone groups, rather than mindfulness practice infused into CACREP curriculum (Chan et al., 2021). Self-efficacy is not enough to ensure the development of effective counselors, however, as it is also imperative that CITs develop in empathy (Rogers, 1957).

Empathy

Rogers (1957) deemed empathy, or the ability to feel another person's emotions, as a crucial element of the therapeutic process. Western perspectives of mindfulness have an individualist perspective with self as the central focus; however, mindfulness as a means of interconnectedness between self and others is a second perspective that may promote empathizing and perspective-taking (Trautwein et al., 2013). The practice of interconnected mindfulness is most related to loving-kindness meditation, which integrates wishes and desires for others in mindfulness practice (Trautwein et al., 2013). When compared to a control group who did not receive loving-kindness meditation instruction, those who did receive instruction showed increased connectedness and positivity (Hutcherson et al., 2008). Mahalingam and Rabelo (2019) found that following six weeks of mindfulness training, participants reported an increase in compassion towards others, as well as lower levels of depression. Their research suggests that mindfulness exercises promote a deeper and more meaningful understanding of self and others, and thus, can naturally relate to empathy (Mahalingam & Rabelo, 2019).

Further supporting the relationships between mindfulness and empathy, Jones and colleagues (2019) researched mindfulness's impact on empathy, active listening, and emotional support, and found that participants who scored high on the Five Facet Mindfulness Questionnaire also scored high on the Interpersonal Reactivity Scale measuring empathy. However, results remain inconsistent as Güngör and colleagues (2020) conducted a study in Turkey, with physical education teachers, and found that mindfulness had no impact on emotional empathy. These inconsistencies extend to meta-analysis findings on helping professionals, with mindfulness practice increasing some aspects of empathy and perspective taking, but not increasing others (Cooper et al., 2020). Mindfulness may also be related to self-compassion (Neff & Beretvas, 2013), which has the potential to further increase empathy (Jones et al., 2019). Mindfulness may also make individuals more self-aware of their own emotional state, which in turn, translates to empathy for another individual in distress (Jones et al., 2019).

Self-awareness

Counseling programs are not only tasked with developing self-efficacy and empathy, but also CIT self-awareness. Humanistic counseling theorists have supported the use of immediacy in session, and a focus on awareness in order to stay in the here and now with clients (Felder et al., 2014). Gendlin (1996) took this idea of presence one step further by suggesting individuals might become aware of emotions or reactions within the body prior to be able to acknowledge them cognitively, hence supporting the needed to be aware within session. In line with the tenets of mindfulness, this idea of being present or aware within session is often described as one's ability to be mindful (Felder et al., 2014). Typically, it is through the supervision process that CITs are able to grow in this

way (Torres-Rivera et al., 2001). Mixed reactions to self-awareness exist, however, with some researchers arguing that beginning counselors are not developmentally in a place to have awareness of their internal processes while counseling, and that such a skill could even be distracting in session (Fauth & Williams, 2005; Rønnestad & Skovholt, 2013). At the same time, others argue that self-awareness is linked to empathy, and therefore is something to actively facilitate growth in within counseling programs (Dogan, 2018). While much of the work on mindfulness and self-awareness within the counseling field remains conceptual (e.g., Hilert & Tirado, 2019), relationships between self-awareness and mindfulness have been explored in the context of other helping professions (e.g., genetic counseling students), and data has shown promising relationships between the two (Bulmer et al., 2021).

Purpose

Given the crucial role of self-efficacy, empathy, and self-awareness in effective counseling, previous research has explored ways to increase these factors within practicing counselors. These factors have less often been explored in the context of CITs, or by using brief interventions that can easily be integrated into a CACREP curriculum. The varying results of prior studies further indicate a need for continued research exploring the relationships between mindfulness, self-efficacy, empathy, and self-awareness. Therefore, the present study was guided by the following research questions:

Research Question 1: How does participation in a brief mindfulness intervention influence self-efficacy, empathy, and self-awareness for counselors-in-training?

Research Question 2: How does participation in a brief mindfulness intervention influence self-efficacy, empathy, and self-awareness for counselors-in-training, when compared to counselors-in-training who did not participate in a mindfulness intervention?

Method

Sample

A total of 68 qualifying CITs were initially approached to participate in the research, with only two students choosing not to participate. Sixty-six individuals participated in the study. Participants were separated into two groups: 1) mindfulness intervention group ($n = 34$), and 2) no mindfulness intervention group ($n = 32$). The study utilized convenience sampling, with participants recruited from a CACREP accredited counseling program located in the Southeastern United States. Inclusion criteria called for participants to be 18 years of age or older, enrolled in a counseling program within the targeted department (i.e., mental health counseling, rehabilitation counseling, or school counseling), and currently enrolled in a professional helping skills course. Role-playing, modeling, and immediate feedback are key components to counselor competency and self-efficacy (Iarussi, et al., 2013). These components of counselor development are commonly first introduced in a basic counseling skills course, leading us to introduce our intervention to students in this course. The majority of participants were first year counseling students ($n = 65, 98.5\%$), with one student being a second-year student (1.5%). Participants were primarily women ($n = 57, 86.4\%$), with the remaining participants ($n = 9, 13.6\%$) identifying as men. In terms of race, participants identified as White ($n = 37, 56.1\%$), Black ($n = 11, 16.7\%$), Latinx ($n = 12, 18.2\%$), Asian ($n = 4, 6\%$),

two or more races ($n = 1$, 1.5%), or something other than an option provided ($n = 1$, 1.5%). Participant ages ranged from 21-51 years old, with a mean of 26.66 years old. Participants were not given any incentives for their participation, and the study was approved by the university's institutional review board.

Procedure

A time series quasi-experimental design (i.e., collecting data at multiple time points over a span of time) was used to explore the impact of a brief mindfulness practice in clinical skills courses in a CACREP counseling program. While we were able to randomly assign which classes received the intervention, we were unable to randomly assign participants into the groups (i.e., classes). A quasi-experimental design was chosen for its ability to determine the effectiveness of an intervention within real-world conditions (e.g., CACREP curriculum expectations, and student enrollment procedures) (Siedlecki, 2020). Participants who received the mindfulness intervention began each class period with ten minutes of mindfulness, led using an online mindfulness application, before moving into any planned course content. These mindfulness lessons were non-denominational and utilized calming music while directing students to focus on their breathing, and to bring themselves back to the present. Five clinical skills course sections were used in the course of this data collection, over the course of two subsequent semesters, with each course being randomly assigned to the intervention or control group (i.e., classes that would start with mindfulness practice and those that would not). In total, three class sections utilized mindfulness practice and two did not. Participants met in these classes once a week, for 15 weeks (minus a week that was off for a holiday), with each class period being 2.5 hours. Data collection exclusively took place within these

counseling skills classrooms. Students and instructors were aware of the mindfulness intervention being used for research purposes, so no masking was present.

Both the intervention and control group classes were identical outside their use of mindfulness, with all classes following identical syllabi and utilizing the same textbook, assignments, content, and quizzes. There were three data collection points during the research, including: (a) the first-class session of the semester, (b) during the seventh class period (e.g., the midpoint of the semester), and (c) during the final class period of the semester. Students were invited to participate through doctoral teaching assistants, who were not responsible for final grade submissions. The instructor of record was the same for each of the five courses, and was not present when survey packets were being completed. Participants were also encouraged to develop a self-generated code that they could use throughout the course of the research, so that data could be anonymously compared across time points.

Instruments

Counselor Self-Efficacy Scale (CSES)

The goal of the Counselor Self-efficacy Scale (CSES; Melchert et al., 1996) is to measure the self-efficacy of CITs in regard to both group and individual counseling. A 5-point Likert scale is used for all 20 questions, ranging from 1 (*Strongly disagree*) to 5 (*Strongly agree*). Respondents are instructed to answer the questions based on their impressions during the past month. Example items include "My knowledge of personality development is adequate for counseling effectively" and "I am able to recognize the major psychiatric conditions." Strong internal reliability has been reported for items on the instrument, including a Cronbach's alpha of .91, and test-retest reliability of $r = .85$

(Melchert et al., 1996). In addition, convergent validity of the scale has been found through its relationship with The Self-Efficacy Inventory (Friedlander & Snyder, 1983). Reliability for items in the present sample was $\alpha = .92$ at time one, $\alpha = .91$ at time two, and $\alpha = .79$ at time three.

Interpersonal Reactivity Index (IRI)

The purpose of the Interpersonal Reactivity Index (IRI; Davis, 1980) is to measure empathy in a multidimensional manner. The IRI evaluates empathy on four subscales: (a) perspective taking, (b) fantasy, (c) empathetic concern, and (d) personal distress. The IRI consists of 28 questions answered on a 5-point Likert scale ranging from A (*Does not describe me well*) to E (*Describes me very well*). Some example items from the instrument are "I really get involved with the feelings of the characters in a novel" (Fantasy) and "In emergency situations, I feel apprehensive and ill-at-ease" (Personal distress). Instructions for the scale direct participants to indicate how well each situation describes them. Each letter (A-E) is given a point value. Some questions require reverse value coding as they are negatively worded. Internal consistency has been previously determined using test-retest reliability ranging from .61 to .81 (Davis, 1980). Reliability for items in the present sample were .79 (perspective taking), .80 (fantasy), .70 (empathic concern), and .78 (personal distress) at time one, .82 (perspective taking), .83 (fantasy), .82 (empathic concern), and .75 (personal distress) at time two, and .81 (perspective taking), .85 (fantasy), .76 (empathic concern), and .77 (personal distress) at time three.

Self-Awareness and Management Strategies Scales for Therapists

The Self-Awareness and Management Strategies Scales for Therapists (SAMS; Williams et al., 2003) is used to understand counselors' level of in-the-moment self-

awareness during therapy sessions. The SAMS comprises 25 questions with respondents utilizing a 5-point Likert rating scale ranging from 0 (*Never*) to 5 (*Always*). Questions 1-10 (i.e., the hindering self-awareness subscale; HSA) ask respondents to consider times when they have become aware of their behaviors, thoughts, and emotions. A sample question from the section includes "How often do you become aware of feeling anxious in a session?". Questions 11-20 (i.e., the management strategies subscale; MS) ask participants to consider how often they use the provided strategies to manage distracting self-awareness. For example, "Actively return all my focus to the client," and "Try to understand my self-awareness and use it to understand my client." Discriminant validity of the scale was established using the Self-Monitoring Scale (Snyder, 1974). Reliability for items in the present sample were .87 (HSA), and .84 (MS) at time one, .82 (HSA), and .81 (MS) at time two, and .85 (HSA), and .70 (MS) at time three.

Data Analysis

Statistical Analysis in Social Science (SPSS) version 25 was used to clean and analyze the data. A series of repeated-measures analysis of variance (RM-ANOVA) was used to determine if there were significant differences in participant's empathy, self-efficacy, and self-awareness over time (Tabachnick & Fidell, 2019). Practical significance was calculated using partial eta squared as a measure of effect size, with .01 indicating a small effect, .06 representing a moderate effect, and .14 representing a large effect (Cohen, 1988). G*Power (Version 3.1; Faul et al., 2007) allowed us to perform an a priori power analysis, with a small effect size (.25), probability of .05, power of .80, three groups and four measures (our largest number of measures based on the IRI subscales), suggesting a total sample of 48 would be needed. Before moving forward

with exploring our research questions, we also examined patterns of missing data. Little's Missing Completely at Random test was not significant (i.e., $p = .07$), indicating that data were missing completely at random (MCAR). Due to data being MCAR, and less than 5% of data missing per item, we used expectation maximization to impute missing data (Cook, 2021). Last, statistical assumptions (i.e., normality, linearity, homogeneity of variance) were tested and met prior to moving forward with data analysis. Normality was assumed through skewness and kurtosis levels, with all skewness values between -1 and +1, and all kurtosis levels being between -3 and +3 (Byrne, 2010).

Results

Within Group Differences

In exploring the effect of the mindfulness intervention, for those in the intervention group ($n = 35$), on counselor self-efficacy at the three separate time points, a RM-ANOVA was conducted with CSES scores serving as the dependent variable, and the three time points serving as independent variables. Results suggested a significant main effect across each of the three time points, Wilks' Lambda = .48, $F(2, 33) = 27.32$, $p < .001$, partial eta squared = .52. Means and standard deviations are presented in Table 1. Further, CSES scores were significantly higher at time 2 when compared to time 1 ($p = .003$) and significantly higher at time 3, when compared to time 2 ($p = .001$).

Next, four separate RM-ANOVA results indicated that there was a multivariate within subjects' effect across time for scores on the IRI subscales (i.e., perspective taking, fantasy, empathic concern, and personal distress). Due to the multiple tests, a Bonferroni correction was used to reduce Type I error ($p < .05/4 = .013$). With this Bonferroni in mind, results indicated that perspective taking scores ($F[2, 33] = .14$, $p =$

.87; partial eta squared = .008), fantasy scores $F[2, 33] = 4.81, p = .015$; partial eta squared = .226), and personal distress scores ($F[2, 33] = 1, p = .38$; partial eta squared = .06) did not exhibit change over time. Using the same Bonferroni correction, empathic concern scores changed significantly over time ($F[2, 33] = 7.49, p = .002$; partial eta squared = .312), with scores increasing significantly ($p < .001$) from time 2 to time 3.

Last, this same process was used when looking at SAMS subscale scores (i.e., hindering self-awareness and management strategies). Again, a Bonferroni correction was used to reduce Type I error ($p < .05/2 = .025$). SAMS hindering self-awareness scores were significantly changed over time ($F[2, 33] = 12.28, p < .001$; partial eta squared = .427), with scores being significantly decreased at time 3, when compared to time 1 ($p < .001$). SAMS management strategies scores did not change over time ($F[2, 33] = 2.24, p = .12$; partial eta squared = .119).

Between Group Differences

A mixed between-within subjects analysis of variance allowed us to look further at the data, and explore group differences over the three time points, as well as based on whether participants were in the intervention group or not. There was no significant interaction between mindfulness participation and time on CSES scores, $F(1,62) = .003, p = .96$, partial eta squared = .00, with both groups showing an increase in counselor self-efficacy over time. Similarly, there was no main effect between the two groups when looking at IRI perspective taking $F(1,62) = .154, p = .70$, partial eta squared = .002; IRI fantasy $F(1,62) = 3.43, p = .07$, partial eta squared = .052; IRI empathic concern $F(1,62) = .06, p = .81$, partial eta squared = .001; or IRI personal distress $F(1,62) = .53, p = .47$, partial eta squared = .009. Last, this same approach was used to explore the interaction of

time and intervention on SAMS score outcomes. Again, there was no significant interaction for SAMS hindering self-awareness scores $F(1,62) = 1.07, p = .304$, partial eta squared = .017, or SAMS management strategies scores $F(1,62) = .024, p = .88$, partial eta squared = .000.

Discussion

The results from this study provide initial data on the influence of a brief mindfulness intervention for CITs. We hope that this study serves as a first step in exploring this type of approach with CITs and looking at how mindfulness can impact CIT clinical development. The results of the within group differences highlight the participants' growth in self-efficacy over the duration of the course, with students having significant increases in CSES scores at the mid-point, when compared to the start of the course, and another significant jump in CSES scores at the end of the class, when compared to the midpoint. Similarly, student's empathic concern increased significantly during the duration of the course, specifically increasing from the midpoint of the course to the end. Last, participant scores in relation to hindering self-awareness decreased over time, suggesting students were less distracted, and therefore more present, after being enrolled in the semester long course. These findings are in line with what we would hope to see over a semester of learning, particularly with the noted benefits of CITs being self-efficacious, empathic, and self-aware (Dogan, 2018; Lannin et al., 2019; Rogers, 1957).

Unfortunately, after looking at the between group scores, these beneficial shifts in participant scores did not seem to rely on the mindfulness intervention. The lack of interaction between participant scores and mindfulness intervention suggests that student growth over the course of the semester may have more likely been due to their

participation in the counseling techniques course. This finding, although not what we had expected based on previous mindfulness intervention data (e.g., Barbee et al., 2003; Greason & Cashwell, 2009; Hutcherson et al., 2008) brings two important contributions to counselor education literature. First, this finding speaks to the significant growth that is possible in a counseling skills course, and not simply growth in relation to student's clinical skills, but rather other areas of development (i.e., self-efficacy, empathy, and self-awareness) as well. Second, the contrast between these findings and other mindfulness intervention findings, suggests that there may be a threshold for how brief an intervention can be before no longer seeing the type of significant outcomes one hopes to see. The briefness of the present intervention is part of what makes this particular intervention unique, and yet, this same briefness may have been why we did not see the gains we had hoped to see in the mindfulness group when compared to the control group.

Implications and Limitations

Although the findings of this research are preliminary, they provide the following reflections and considerations for counselor educators. Regardless of intervention group, students within the sample showed important growth during the data collection points. This finding speaks to the importance of the clinical skills course in promoting self-efficacy, empathy, and self-awareness. Counselor educators should be mindful that courses such as this are not just platforms for students to grow their clinical skills (e.g., reflections and open-ended questions), but that there are likely also opportunities to develop in other meaningful ways. Most notably of these ways is perhaps the decrease in hindering of self-awareness seen in the sample throughout the semester. This finding is important due to the mixed beliefs about the development of self-awareness in novice

counselors; supporting the idea that growth in self-awareness is possible for CITs, and that students can learn to silence distractions or personal anxieties through skill practice and involvement in a techniques course. Last, we encourage counselor educators to consider the length and duration of their mindfulness interventions. While brief interventions may easily work into existing CACREP courses, longer interventions that require attendance outside of classes, or require the dedication of additional class time, may have greater benefits (Buser et al., 2012; Gockel et al., 2013).

It is also worth considering these findings in the context of the study's limitations. Since participants took the same measures at three different time points, internal validity may have been threatened as participants got more accustomed to the questionnaires. In addition, while the study had adequate power, the research would have benefitted from a larger, more diverse sample. Future research should consider continuing to explore these variables with students from additional universities and regions. Last, future research should continue to explore the balance between brief interventions that can easily be adapted into counselor education curriculums, and interventions that are impactful enough to provide significant change in students.

Table 1*Descriptive Statistics: Within Group Differences*

Variable	Range	<u>Time 1</u>		<u>Time 2</u>		<u>Time 3</u>	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
CSES	20-100	57.06	13.21	61.94	13.16	66.74	14.90
IRI-PT	0-28	13.77	2.71	14.01	2.33	13.91	2.36
IRI-F	0-28	10.29	3.60	11.74	2.84	11.64	3.42
IRI-EC	0-28	14.34	1.95	13.56	2.39	14.97	1.95
IRI-PD	0-28	9.54	3.03	9.19	2.42	9.06	2.63
SAMS-HAS	1-5	3.11	.62	3.06	.52	2.70	.55
SAMS-MS	1-5	2.97	.58	2.93	.53	3.06	.41

Note. $n = 35$. PT = perspective taking; F = fantasy; EC = empathic concern; PD = personal distress; HAS = hindering self-awareness, MS = management strategies.

References

- Alkema, K., Linton, J. M., & Davies, R. (2008). A study of the relationships between self-care, compassion satisfaction, compassion fatigue, and burnout among hospice professionals. *Journal of Social Work in End-of-Life & Palliative Care*, 4(2), 101-119. <https://doi.org/10.1080/15524250802353934>
- Bandura, A. (1997). *Self-efficacy: The exercise of self-control*. W. H. Freeman and Company.
- Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behavioral and Human Decision Processes*, 50(2), 248-287. [https://doi.org/10.1016/0749-5978\(91\)90022-L](https://doi.org/10.1016/0749-5978(91)90022-L)
- Barbee, P. W., Scherer, D., & Combs, D. C. (2003). Prepracticum service-learning: Examining the relationship with counselor self-efficacy and anxiety. *Counselor Education & Supervision*, 43(2), 108–119. <https://doi.org/10.1002/j.1556-6978.2003.tb01835.x>
- Bardhosi, G., & Um, B. (2020). The effects of job demands and resources on school counselor burnout: Self-efficacy as a mediator. *Journal of Counseling & Development*, 99(3), 289-301. <https://doi.org/10.1002/jcad.12375>
- Bentley, P. G., Kaplan, S. G., & Mokonogho, J. (2018). Relationship mindfulness for psychiatry residents: A pilot course in empathy development and burnout prevention. *Academic Psychiatry*, 42, 668-673. <https://doi.org/10.1007/s40596-018-0914-6>
- Brickham, D., Yaghmaian, R., Morrison, B., Bowes, J., Rosenthal, D., & Tang, X. (2021). Mitigating rehabilitation counselor trainee stress and burnout through self-

- care initiatives in rehabilitation counseling programs. *Rehabilitation Research, Policy, and Education*, 35(4), 323-336. <https://doi.org/10.1891/RE-20-03>
- Broderick, P. C., & Jennings, P. A. (2012). Mindfulness for adolescents: A promising approach to supporting emotion regulation and preventing risky behavior. *New Directions for Youth Development*, 136, 111-126.
<https://doi.org/10.1002/yd.20042>
- Buser, T. J., Buser, J. K., Peterson, C. H., & Seraydarian, D. G. (2012). Influence of mindfulness practice on counseling skills development. *The Journal of Counselor Preparation and Supervision*, 4(1), 20-36.
- Butts, C. M., & Gutierrez, D. (2018). Dispositional mindfulness and personal distress as predictors of counseling self-efficacy. *Counselor Education & Supervision*, 57(4), 271-284. <https://doi.org/10.1002/ceas.12116>
- Byrne, B. M. (2010). *Structural equation modeling with AMOS: Basic concepts, applications and programming* (2nd ed.). Routledge Taylor & Francis Group.
- Center for Collegiate Mental Health. *Center for collegiate mental health annual report*.
<https://sites.psu.edu/ccmh/files/2017/10/2014-CCMH-AnnualReport-w4xqtb.pdf>
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*. Routledge.
- Cook, R. M. (2021). Addressing missing data in quantitative counseling research. *Counseling Outcome Research and Evaluation*, 12(1), 43-53.
<https://doi.org/10.1080/21501378.2019.1711037>
- Cooper, D., Yap, K., O'Brien, M., & Scott, I. (2020). Mindfulness and empathy among counseling and psychotherapy professionals: A systematic review and meta-

- analysis. *Mindfulness*, *11*, 2243-2257. <https://doi.org/10.1007/s12671-020-01425-3>
- Council for Accredited Counseling and Related Educational Programs (2017). *CACREP vital statistics*. <http://www.cacrep.org/wp-content/uploads/2019/05/2017-CACREPVital-Statistics-Report.pdf>
- Daniels, J. A., & Larson, L. M. (2001). The impact of performance feedback on counseling self-efficacy and counselor anxiety. *Counselor Education and Supervision*, *41*(2), 120–130. <https://doi.org/10.1002/j.1556-6978.2001.tb01276.x>
- Davis, M. H. (1980). A multidimensional approach to individual differences in empathy. *Journal of Personality and Social Psychology*, *10*(85), 1-19.
- Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, *11*(4), 227-268. https://doi.org/10.1207/S15327965PLI1104_01
- Dogan, T. (2018). The effects of the psychodrama in instilling empathy and self-awareness: A pilot study. *PsyCh Journal*, *7*(4), 227-238. <https://doi.org/10.1002/pchj.228>
- Dye, L., Burke, M. G., & Wolf, C. (2020). Teaching mindfulness for the self-care and well-being of counselors-in-training. *Journal of Creativity in Mental Health*, *15*(2), 140-153. <https://doi.org/10.1080/15401383.2019.1642171>
- Ender, Z., Saricali, M., Satıcı, S. A., & Eraslan-Capan, B. (2019). Is mindful awareness effective on hope, burnout and self-efficacy among school counsellors in Turkey? *British Journal of Guidance & Counselling*, *47*(6), 712-726. <https://doi.org/10.1080/03069885.2018.1458072>

- Englund Strait, J., Gill Strait, G., Brunson McClain, M., Casillas, L., Streich, K., Harper, K., and Gomez, J. (2020). Classroom mindfulness education effects on meditation frequency, stress, and self-regulation. *Teaching of Psychology, 47*(2), 162-168. <https://doi.org/10.1177/0098628320901386>
- Faul, F., Erdfelder, E., Lang, A-G., & Buchner, A. (2007). G*Power3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavioral Research Methods, 39*, 175-191. <https://doi.org/10.3758/bf03193146>
- Fauth, J., & Williams, E. N. (2005). The in-session self-awareness of therapist-trainees: Hindering or helpful? *Journal of Counseling Psychology, 52*(3), 443-447. <https://doi.org/10.1037/0022-0167.52.3.443>
- Felder, A. J., Aten, H. M., Neudeck, J. A., Shiomi-Chen, J., Robbins, B. D. (2014). Mindfulness at the heart of existential-phenomenology and humanistic psychology: A century of contemplation and elaboration. *The Humanistic Psychologist, 42*(1), 6-23. <https://doi.org/10.1080/08873267.2012.753886>
- Friedlander, M. L., & Snyder, J. (1983). Trainees' expectations for the supervisory process: Testing a developmental model. *Counselor Education and Supervision, 22*(4), 342-348. <https://doi.org/10.1002/j.1556-6978.1983.tb01771.x>
- Gendlin, E. T. (1996). *Focusing-oriented psychology: A manual of the experiential method*. Guilford Press.
- Gockel, A., Cain, T., Malove, S., & James, S. (2013). Mindfulness as clinical training: Student perspectives on the utility of mindfulness training in fostering clinical

- intervention skills. *Journal of Religion & Spirituality in Social Work: Social Thought*, 32(1), 36-59. <https://doi.org/10.1080/15426432.2013.749146>
- Goreczny, A. J., Hamilton, D., Lubinski, L., & Pasquinelli, M. (2015). Exploration of counselor self-efficacy across academic training. *The Clinical Supervisor*, 34(1), 78-97. <https://doi.org/10.1080/07325223.2015.1012916>
- Greason, P. B., & Cashwell, C. S. (2009). Mindfulness and counseling self-efficacy: The mediating role of attention and empathy. *Counselor Education and Supervision*, 49(1), 2–19. <https://doi.org/10.1002/j.1556-6978.2009.tb00083.x>
- Güngör, N. B., Kurtipek, S., & Tolukan, E. (2020). The effect of mindfulness of physical education and sports teacher candidates on empathic tendency. *International Journal of Psychology and Educational Studies*, 7(4), 132-142. <https://doi.org/10.17220/ijpes.2020.04.012>
- Hutcherson, C. A., Seppala, E. A., Gross, J. J. (2008). Loving-kindness medication increases social connectedness. *Emotion*, 8(5), 720-724. <https://doi.org/10.1037/a0013237>
- Iarussi, M. H., Tyler, J. M., Littlebear, S., & Hinkle, M. S. (2013). Integrating motivational interviewing into a basic counseling skills course to enhance counseling self-efficacy. *The Professional Counselor*, 3(3), 161-174. <https://doi.org/10.15241/mhi.3.3.161>
- Jones, S. M., Bodie, G. D., & Hughes, S. D. (2019). The impact of mindfulness on empathy, active listening, and perceived provisions of emotional support. *Communication Research*, 46(6), 838-865. <https://doi.org/10.1177/0093650215626983>

- Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. Hatchett Books.
- Lannin, D. G., Guyll, M., Cornish, M. A., Vogel, D. L., & Madon, S. (2019). The importance of counseling self-efficacy: Physiologic stress in student helpers. *Journal of College Student Psychotherapy, 33*(1), 14-24.
<https://doi.org/10.1080/87568225.2018.1424598>
- Larson, L. M., & Daniels, J. A. (1998). Review of the counseling self-efficacy literature. *The Counseling Psychologist, 26*(2), 179-218.
<https://doi.org/10.1177/0011000098262001>
- Leiberg, S., O. Klimecki, and T. Singer. (2011). Short-term compassion training increases prosocial behavior in a newly developed prosocial game. *PLoS One, 6*(3), 1-10. <https://doi.org/10.1371/journal.pone.0017798>
- Mahalingam, R., & Caridad Rabelo, V. (2019). Teaching mindfulness to undergraduates: A survey and photovoice study. *Journal of Transformative Education, 17*(1), 51-70. <https://doi.org/10.1177/1541344618771222>
- McClure, M. J., Xu, J. H., Craw, J. P., Lane, S. J., Bolger, N., & Shrout, P. E. (2014). Understanding the cost of support transactions in daily life. *Journal of Personality, 82*(6), 563-574. <https://doi.org/10.1111/jopy.12061>
- Melchert, T. P., Hays, V. L., Wiljanen, L. M., & Kolocek, A. K. (1996). Testing models of counselor development with a measure of counseling efficacy. *Journal of Counseling and Development, 74*(6), 640-644.
<https://psycnet.apa.org/doi/10.1002/j.1556-6676.1996.tb02304.x>

- Merriman, J. (2015). Enhancing counselor supervision through compassion fatigue education. *Journal of Counseling & Development, 93*(3), 370-378.
<https://doi.org/10.1002/jcad.12035>
- Mullen, P. R., & Lambie, G. W. (2016). The contribution of school counselors' self-efficacy to their programmatic service delivery. *Psychology in the Schools, 53*(3), 306–320. <https://doi.org/10.1002/pits.21899>
- Mullen, P. R., Uwamahoro, O., Blount, A. J., & Lambie, G. W. (2015). Development of counseling students' self-efficacy during preparation and training. *The Professional Counselor, 5*(1), 175-184. <https://doi.org/10.15241/prm.5.1.175>
- National Center for Educational Statistics. (2020). *Back-to-school statistics*. <https://nces.ed.gov/fastfacts/display.asp?id=372>
- Neff, K. D., & Beretvas, S. N. (2013). The role of self-compassion in romantic relationships. *Self and Identity, 12*(1), 78-98.
<https://doi.org/10.1080/15298868.2011.639548>
- Oh, E. (2021). Mediating effect of communication ability and relationships among self-awareness, empathy, emotional intelligence and interpersonal competence of nursing students. *Journal of Digital Convergence, 19*(2), 549-560.
<https://doi.org/10.14400/JDC.2021.19.2.549>
- Pirtle, T., Wang, X., Brown, R., Lainas, H. L. (2019). Influence of a wellness course on meaning-in-life and anxiety of counselors-in-training. *Journal of Hispanic Higher Education, 18*(1), 3-15.
<https://doi.org/10.1177/1538192717719131>

Posluns, K. & Gall, T. L. (2019). Dear mental health practitioners; take care of yourself:

A literature review on self-care. *International Journal for the Advancement of Counselling*, 42, 1-20. <https://doi.org/10.1007/s10447-019-09382-w>

Rasheed, S. P., Younas, A., & Sundus, A. (2018). Self-awareness in nursing: A scoping review. *Journal of Clinical Nursing*, 28(5-6), 762-774.

<https://doi.org/10.1111/jocn.14708>

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103.

<https://doi.org/10.1037/h0045357>

Rogers, H. B. (2013). Koru: Teaching mindfulness to emerging adults. *New Directions for Teaching and Learning*, 134, 73-81. <https://doi.org/10.1002/tl.20056>

Rønnestad, M. H., & Skovholt, T. M. (2013). *The developing practitioner: Growth and stagnation of therapists and counselors*. Routledge/Taylor & Francis Group.

Skoblj, E. (2018). Mindfulness and critical thinking: Why should mindfulness be the foundation of the educational process? *Universal Journal of Educational Research*, 6(6), 1365-1372. <https://doi.org/10.13189/ujer.2018.060628>

Snyder, M. (1974). Self-monitoring of expressive behavior. *Journal of Personality and Social Psychology*, 30(4), 526-537. <https://doi.org/10.1037/h0037039>

Tabachnick, B. G., & Fidell, L. S. (2019). *Using multivariate statistics* (7th ed.). Pearson.

Torres-Rivera, E., Phan, L., Maddux, C., Wilbur, M. P., & Garrett, M. T. (2001). Process versus content: Integrating personal awareness and counseling skills to meet the multicultural challenge of the twenty-first century. *Counselor Education and Supervision*, 41(1), 28-40. <https://doi.org/10.1002/j.1556-6978.2001.tb01266.x>

- Trautwein, F., Naranjo, J. R., Schmidt, S. (2013). Meditation effects in the social domain: Self-other connectedness as a general mechanism? In *Meditation – Neuroscientific approaches and philosophical implications* (pp. 175 – 198). Springer International Publishing. https://doi.org/10.1007/978-3-319-01634-4_10
- van Dinther, M., Dochy, F., & Segers, M. R. (2011). Factors affecting students' self-efficacy in higher education. *Educational Research Review*, 6(2), 95-108. <https://doi.org/10.1016/j.edurev.2010.10.003>
- Williams, E. N., Hurley, K., O'Brien, K., DeGregorio, A. (2003). Development and validation of the Self-Awareness and Management Strategies (SAMS) scales for therapists. *Psychotherapy: Theory, Research, Practice, Training*, 40(4), 278-288. <https://doi.org/10.1037/0033-3204.40.4.278>
- Zhang, L., Ren, Z., Jiang, G., Hazer-Rau, D., Zhao, C., Shi, C., Lai, L., & Yan, Y. (2021). Self-oriented empathy and compassion fatigue: The serial mediation of dispositional mindfulness and counselor's self-efficacy. *Frontiers in Psychology*, 11, 1-10. <https://doi.org/10.3389/fpsyg.2020.613908>