

## **An Examination and Validation of Personal Counseling and its Impact on Self-Efficacy for Counselors-in- Training**

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*This study investigated the relationship between the experiences of personal counseling and self-reported levels of self-efficacy among 152 surveyed counselors-in-training using the Counselor Activity Self-Efficacy Scales (CASES). The CASES has three subscales and six subdomains related to perceptions of self-efficacy. Results suggest a higher reported self-efficacy among counselors-in-training who sought personal counseling when compared to those who did not. School counselors rated their confidence in helping skills slightly higher than clinical mental health counselors, their session management skills higher, and their confidence in counseling challenges slightly lower than did the clinical mental health counselors. Further, the results add to the literature by validating the internal reliability of the CASES. The benefits of personal counseling for counselors-in-training and directions for future research are discussed.*

*Keywords: personal counseling, self-efficacy, counselor education, counselor activity, counselors-in-training*

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Personal counseling for counselors and counselors-in-training has been widely recommended in counselor education literature and practice, and is generally regarded as an important learning experience (Byrne & Shufelt, 2014; Kumari, 2011; Luke & Kiweewa, 2010; Orlinsky, Schofield, Schroder, & Kazantzis, 2011). Outcomes on the value of personal counseling for counselors-in-training, however, are mixed (Kumari, 2011; Roberts & Franzo, 2014), and there is a lack of uniformity in programmatic decisions to recommend or require it in counselor education curricula (Byrne & Shufelt, 2014). One topic that has been an area of focus with regard to counselor education is that of self-efficacy (Lent, Hill, & Hoffman, 2003; Mullen, Uwamahoro, Blount & Lambie, 2015; Sawyer, Peters & Willis, 2013), but there has been a lack of significant research on its relationship with personal counseling. This study addresses this research gap, and act as a validation study for further use of the Counselor Activity Self-Efficacy Scales (CASES) tool in counselor education.

### **Personal Counseling**

Personal counseling is commonly recommended to both counselors and counselors-in-training as a self-care method (Byrne, & Shufelt, 2014; Kumari, 2011). It can, however, also be viewed as a means of increasing personal development and awareness, which is considered a critical part of counselor

education (Luke & Kiweewa, 2010). The choice to seek personal counseling is widespread in both counseling and related mental health professions, with a reported 75% of mental health professionals having sought it at least once (Norcross & Guy, 2005) and 87% of therapists engaged in personal counseling at least once (Orlinsky, Schofield, Schroder, & Kazantzis, 2011). In an earlier study of counselors-in-training, Fouad, Hains, and Davis (1990) found that 65% of counselors-in-training had sought counseling prior to taking counseling coursework, and 85% reported being very satisfied with their experience. Also, 66% believed that personal counseling should be a required part of counselor education curriculum (Fouad et al., 1990). Clinicians in the field have long held this belief, demonstrated in past studies including Norcross and Prochaska (1982), where 80% of practicing psychotherapists called for required personal counseling in training programs.

Bryne and Shufelt (2014) explored the perspectives of counselors-in-training in various counseling specialty areas. Their findings revealed that 61% of them reported having sought counseling at some point, while 85% sought counseling prior to entering graduate counseling program. Regarding program specialty and personal counseling at some time in their lives, 76% were mental health counseling students, 50% school counseling, and 14% in student affairs and college student development. Regarding importance, 85% reported counseling was either important or very important prior to clinical work, another 85% indicated

counseling was an important or very important aspect of continuing development, while 68% indicated counseling was important or very important requirement for counselors disciplined by licensing boards. A sample of 71% sought counseling for personal reasons. To further emphasize the importance of personal counseling, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards highlighted the need for institutions to make personal counseling resources available to students (CACREP, 2016).

Personal counseling for mental health professionals in training has been an area of study for over forty years in both counseling and related professional training programs (Byrne, & Shufelt, 2014; Fouad et al., 1990; Kumari, 2011; Luke & Kiweewa, 2010), dating back to an initial study by Garfield and Bergin (1971) on personal therapy and the outcomes for psychotherapists. A review of the literature by Byrne and Shufelt (2014) reported outcomes for personal counseling among mental health professionals as largely positive and benefitting the majority of those surveyed, including improved expressions of empathy (Norcross, 2010), improved self-care (Daw & Joseph, 2007), increased self-understanding (Malikiosio-Loizos, 2013) and the recognition of countertransference and burnout prevention (Macran & Shapiro, 1998). In another study, Gold, Hilsenroth, Kuutmann, and Owen (2015) reported improved patients' rating outcomes related to graduate clinician's personal therapy alliance. Additional studies have examined other benefits, including a reduction in self-reported problems including depression and

anxiety symptoms (Prosek, Holm, & Daly, 2013), development of empathy, skills, and personal growth (Kastberg, Jordan, Kiweewa, & Clingerman, 2014; Norcross, 2010), and an increase in overall self-awareness (Malikiosi-Loizos, 2013). Making a case for personal counseling for counselor education, Norcross (2010) identified the following important factors for consideration: increasing empathy, increasing patience and tolerance of uncertainty, ability to facilitate therapy, prevention of client harm through self-knowledge, prevention of client harm through self-care, decreasing stigma of psychotherapy, and a necessary step distinct from supervision.

### **Risks and Benefits of Personal Counseling**

Despite the aforementioned benefits, personal counseling for counselors-in-training is not without some risk. Possible issues experienced by counselors-in-training attending personal counseling include increased personal stress (Kumari, 2011), psychological and emotional distress, and family distress (Macaskill, 1992). Questions about the ethics related to requiring personal counseling as a core component of a counselor education program also have been raised (Roberts & Franzo, 2014). Because of these issues, there is some controversy regarding the necessity of requiring personal counseling. A national survey of 122 counselor educators by D'Andrea and Daniels (1992) found that only 13% agreed that "all students enrolled in counseling programs should be required to obtain personal

counseling at some time during their professional training” (p. 13). In a sample of graduate students in a counseling program, McCarthy and Pfohl (2009) found 45% of counselors-in-training sought counseling to address personal life issues. In a study of psychotherapists including psychologist, counselors, and social workers, Norcross (2008) highlighted reasons for resistance in seeking personal therapy including limited value for clinical coursework and ongoing professional development, support from friends and family, effective coping strategies, and personal ability to resolve problems without therapy. This lack of consensus illustrates the necessity of additional studies on personal counseling for counselors-in-training to aid in the decision-making process for programs deciding to recommend or require it for their students.

### **Self-Efficacy**

As noted above, personal counseling improved reported levels of self-awareness and self-esteem (Macaskill, 1992; Malikiosi-Loizos, 2013), two concepts closely related to that of self-efficacy. Self-efficacy for counselors has been defined as “one’s beliefs or judgments about her or his capabilities to effectively counsel a client in the near future” (Larson & Daniels, 1998, p. 180). A study by Larson (1998) on counselor self-efficacy asserted that it is a primary factor in effective counseling, enhances resilience in the face of difficult counseling tasks,

and has a positive relationship with the ability to receive and incorporate feedback. Explored as a general concept, Bandura (1977) stated that self-efficacy is directly tied to task performance, in that a task done successfully in the past will significantly increase the confidence that it can be done again. Self-efficacy has been highlighted as an important aspect of cognitive development for counselor trainees dealing with specific task completion (Mullen et al., 2015; Sawyer, et al., 2013). The measurement of self-efficacy has relied on self-reports from counselors and counselors-in-training, making use of instruments such as the CASES (Lent, Hill, & Hoffman, 2003) and the Counselor Self-Efficacy Scale (Bandura, 1977).

Because of the influence that self-efficacy has on counselor's perception, task performance in counselor education such as skill training, clinical experiences, and supervision has been emphasized as ways to encourage the development of self-efficacy among counselors-in-training. Skill training models and their relationship with self-efficacy were explored (Urbani et al, 2002), as has the client role in pre-practicum skills training role-plays (Mariska, 2015) and the inclusion of pre-practicum service learning (Barbee, Scherer, & Combs, 2003). These studies show a relationship between the training and utilization of counseling skills and the development of self-efficacy. Johnson, Baker, Kopala, Kiselica, and Thompson (1989), however, found that while self-efficacy seems to increase over time with skills training, its relationship to the actual performance of skills was weak, raising doubts about the aforementioned primacy of task performance.

## **Supervision and Wellness**

Students who experience regularly scheduled clinical supervision report higher levels of self-efficacy than students who have little or no supervision (Cashwell & Dooley, 2001). Feedback given by supervisors appears to be a critical factor, with a strong relationship found between positive feedback and an increase in self-efficacy for supervisees (Daniels & Larson, 2001). Self-efficacy also seems to be related to length of internship hours and previous counseling-related work experience (Tang et al., 2004). The impact on client perceptions has also been explored, and a high level of self-efficacy reported by counseling interns is positively correlated with a greater congruence between counselors' and clients' perception of session quality (Lent et al., 2003).

In addition to the need for personal counseling exploration during counselor-in-training supervision, counselor wellness has been widely suggested in research and in literature over the past 15 years. Lawson (2007) argued that counselor wellness has a direct relationship to quality of client service provision. In essence the absence of wellness and the possibility of underlying personal counselor concerns could potentially pose as risk factors for impairment. Roach and Young (2007) advocated the need for counselor education programs to promote wellness as a way to address counselor-in-training impairment concerns.



## **Purpose of the Study**

Overall, there is evidence that suggests that self-efficacy is related to many personal factors among counselors-in-training. However, the relationship between self-efficacy and personal counseling has not been studied in any significant way. To address this gap, this study examined the relationship between personal counseling and self-efficacy levels in counselors-in-training. In doing so, it hopes to shed light on the meaningfulness of receiving personal counseling among counselors-in-training and provide useful information to education faculty making the decision to recommend or require it, as well as validating a measure of self-efficacy related to counseling. To this end, this study examined the following research questions: (1) Is there a difference between levels of self-efficacy among counselors-in-training who report personal counseling compared to those who did not report counseling? (2) Among those who reported personal counseling, how helpful was it? and (3) Does the CASES tool have internal reliability?

## **Methods**

### **Participants**

The Counselor Education and Supervision Network Listserv (CESNET-L) was used to request that counseling faculty invite counselors-in-training enrolled in CACREP and non-CACREP programs across the United States to complete a survey. This email elicited 152 master's level counselors-in-training to complete the entire survey. The number of counselors-in-training who actually had the opportunity to complete the survey is unknown, thus, the response rate is unknown and cannot be provided. The survey was aimed at gathering data that included demographic information, experiences with personal counseling, status in program, clinical course completion, and sense of self-efficacy related to various counseling areas. The majority of respondents were female (87%), Caucasian (78%) between the ages of 18-33 (66%), while married (35%) and single (49%) were represented less. With respect to specialty in programs, the majority were either enrolled in clinical mental health program (60%), while minority were school counseling (25%). Regarding clinical course completion, 84% completed basic counseling skills, 52% completed practicum, and 34% completed internship. Most were enrolled full-time (74%) while 26% were enrolled part-time. First year students comprised 26% of the sample, second year comprised 37%, third year 26%, and more than three years (11%).

## **Procedures**

Researchers received permission from the publishers of the instrument CASES form-G to use prior to initiating project. The instrument is described below. Upon the university institutional review board (IRB) approval of the study, emails were sent to those listed on the CESNET listserv with a cover letter and SurveyMonkey link requesting counselors-in-training participation. Cover letters and the consent form were sent to program chairs and counselor educators requesting that they share the survey link with counselors-in-training. The SurveyMonkey link contained a full consent form and participation requirements. Due to the request for information about personal counseling, which was a core part of the survey, the survey itself was designed to be anonymous and no identifying data was collected.

## **Measures**

**The Counselor Assessment of Self-Efficacy Form G.** The CASES form G was developed by Lent et al. (2003) and includes 41 Likert scale questions. The CASES factor analysis resulted in three subscales and six subdomains. The three subscales are helping skills, session management, and counseling challenges. The helping skills self-efficacy subscale, which measures confidence in the use of basic counseling skills in pre-practicum, practicum, and internship coursework, has three subdomains; insight skills, exploration skills and action skills. The subscale session

management, which measures the ability to organize and direct a counseling session towards clearly defined goals has one subdomain, and the third subscale, counseling challenges which measures confidence in addressing more complex client symptoms, personalization, and ethical situations. has two subdomains, client distress and relationship conflict.

Each of the 41 questions has a 10-point scale ranging from 0 (no confidence) to 9 (complete confidence). Participants rated their self-assessed level of confidence on how they felt performing a specific task or managing specific scenarios. Lent et al. (2003) reported the internal validity estimates of the CASES subdomains were as follows: exploration skills .79, insight skills .85, action skills .83, session management .94, client distress .94, and relationship conflict .92. The CASES total scale produced a total Cronbach's alpha coefficient of .97.

## **Results**

Counselors-in-training completed the demographic information and rated themselves on the CASES items. The Statistical Package Social Sciences (SPSS) version 23 was used for all analyses and a level of significance  $\alpha = 0.05$  was used.

### **Research Question 1**

To address the difference between the participants who reported utilization of personal counseling compared to those that did not and their level of self-efficacy as measured by the CASES, an independent *t*-test was used to compare the scores of the three subscales between those who reported use of personal counseling (81%) and those who did not (19%). The means, samples sizes and *p*-values for these comparisons are presented in Table 1. There was a significant difference between those who reported the use of personal counseling and those who did not use counseling on the counseling challenges subscale ( $p = .011$ ). No significant differences were found with the helping skills and session management skills subscales.

**TABLE 1****Personal Counseling Independent T-Tests**

CASES	Personal Counseling	N	Mean	Std. Deviation	p value
Helping Skills	Yes	123	6.26	1.35	.131
	No	29	5.84	1.36	
Session Management Skills	Yes	123	6.34	1.49	.051
	No	29	5.72	1.64	
Counseling Challenges Skills	Yes	123	5.92	1.43	.011
	No	29	5.12	1.72	

**Research Question 2**

In order to examine personal counseling and helpfulness for counselors-in-training, frequencies were done among specialty in program and personal counseling and helpfulness. Regarding specialty in program 91.2% (n = 83) among clinical mental health students reported undergoing personal counseling, 62.2% (n = 23), school counseling students reported utilizing personal counseling, while all participants in the marriage and family counseling programs reported using personal counseling (100%, n = 6) and student affairs (100%, n = 4) reported partaking in personal counseling. There were 53.8% (n = 7) participants in programs labelled other who also reported using personal counseling. In relation to specialty in program and personal counseling helpfulness, 88.1% (n = 74) among clinical mental health students reported that being helpful, 88% (n = 22) among school counseling students reported it being helpful, 83.3% (n = 5) of marriage and family counseling students reported it being helpful, 75% of student affairs (n = 3), and 100% (n = 7) other category reported counseling was helpful.

**Research Question 3**

As a result of examining the two questions above, we were able to investigate the internal validity of the measure. We found that the CASES

subdomains was as follows: exploration (.89), insight (.87), action (.87), session management (.96), client distress (.93) and relationship conflict (.94). The CASES total scale produced a total Cronbach's alpha coefficient of .97 was found for the CASES total scale. These coefficients are almost identical to the results of Lent et al. (2003).

### **Additional Findings**

Next we examined additional demographic information, including year in program, ranging from one to four years, and its relationship to the three subscales. Since the study was focused more on clinical mental health and school counseling, the total number of participants used for the analysis was 139. The other specialty categories were too low to include. The means, sample sizes, and standard deviations for the comparisons of clinical mental health and school counselors are presented in Table 2. There were statistically significant differences between year one and all other years. As evident by the mean scores, an increase in the perception of performance on each subscale score occurred over the four years.

**TABLE 2**

#### **Year in Program versus Self-Efficacy Subscales**

Year in Program	Helping Skills	Session Management	Counseling Challenges
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Year 1	Mean	5.52*	5.18*	5.00*
	N	36	36	36
	Std.D	1.31	1.56	1.52
Year 2	Mean	6.26	6.48	5.79
	N	51	51	51
	Std.D	1.29	1.43	1.51
Year 3	Mean	6.65	6.79	6.44
	N	39	39	39
	Std.D	1.30	1.28	1.22
Year 4	Mean	6.45	6.44	6.11
	N	13	13	13
	Std.D	1.198	1.21	1.39
Total	Mean	6.195	6.23	5.797
	N	139	139	139
	Std.D	1.35	1.53	1.51

\*  $p < .05$

Finally, an independent samples *t*-test was used to analyze differences between students in clinical mental health and those in school counseling regarding their scores on the three subscales. There were 91 clinical mental health counselors and 37 school counselors. There were no statistical differences found, but the school counselors rated their confidence in helping skills slightly higher (6.47) than clinical mental health counselors (6.05), their session management skills higher (6.53 vs. 6.07), and their confidence in counseling challenges slightly lower (5.57) than did the clinical mental health counselors (5.83).

## Discussion



This study explored differences in reported levels of self-efficacy in counselors-in-training, utilizing the decision to seek personal counseling as a possible contributing factor. The results suggest the possibility of differences related to personal counseling, year in program, and overall program of study. The study confirmed the internal validity of the CASES measure and suggest its use in future studies related to counselors-in-training education. The internal validity coefficients were almost identical to the Lent et al. (2003) values. It appears as though the subscales and subdomains measure what they purport to measure and it would be plausible to use this measure in future studies related to counselor's self-efficacy.

At a more practical level, the findings indicate that a majority of the participants participate in counseling (81%) and rated their experiences as helpful (88%). These results echo previous studies, for instance, Norcross and Guy (2005) who reported that 75% of mental health professionals in all fields sought personal counseling. Also, Bryne and Shufelt (2014) reported 61% of counselors-in-training surveyed reported having received counseling services with a majority being in the mental health counseling specialty. Fouad, Hains, and Davis (1990) reported that 65% of counselors-in-training sought prior counseling. In addition, Fouad et al., (1990) reported that 85% of those who reported receiving counseling felt it was helpful, very similar to this study's results (88%).

The majority of counselors-in-training in all specialties indicated value in counseling and its helpfulness. This reflects CACREP's value for mandating counselor education programs to provide "information to students in the program about personal counseling services provided by professionals other than counselor education program faculty and students" (CACREP, 2016, p. 5). This current focus on personal wellness for students in counselor education programs is reflected in the high percentage of respondents who reported seeking personal counseling, and the 87.5% of respondents who indicated that they regularly engage in some form of self-care.

A key significant finding was that students who received counseling reported higher levels on the subscale counseling challenges skills compared to those who did not report receiving counseling. This difference remains across variables such as year in program and demographic factors. In the context of clinical significance, the means for all subscales of the CASES were slightly higher for those who received personal counseling than those who did not.

In considering these differences, the counseling skills, concepts, and scenarios examined in each of these subscales may prove significant. The subscale, counseling challenges skills, is constructed of clinical and ethical scenarios that are considered more "advanced" for students, typically encountered and navigated in the latter part of their education and beginning career. For example, questions such as "shows signs of severely disturbed thinking" or "were you ever sexually abused"

require a high level of maturity and experience. That there would be no significant difference between those who sought personal counseling and those who did not with regard to the helping skills subscale, comprised of more “basic” skills and concepts, and a significant difference with regard to more “advanced” skills may speak to the possibility of important learning experiences, or perspective, gained through the experience of being a client.

As might be expected, students in their 1st year of the program scored lower on all three subscales of CASES than students later on in their program. This suggests that over time counselors-in-training gain confidence in their skills and counseling ability, possibly through greater exposure and through the experiences in counseling skills and practicum and internship coursework that takes place throughout their program. Perhaps, in the early years of training, counseling educators could focus on the need to emphasize skills and theoretical models to increase focus, perception, and confidence in skill levels early in the program.

Although there were no significant differences between school counselors and clinical mental health counselors on the CASES subscales, interestingly school counselors perceived their confidence in helping skills, and session management slightly higher than clinical mental health counselors. However, clinical mental health counselors perceived their counseling challenges skills slightly higher than school counselors. There are philosophical and curricula training differences between school counselors and clinical mental health counselors. Although not

alarming, the differences between reported levels of self-efficacy with school counseling and mental health counselors-in-training as found in this study is an interesting finding that warrants further investigation.

### **Future Research**

There are many areas that could be examined for future research from this study. Further research could examine whether the differences in CASES responses related to personal counseling are due to the structure, curriculum, and overall culture of the counselor education program where the respondent is studying. Examining specifics related to the program, taking into consideration the differences noted above regarding years of training versus advanced skill development, could find key program factors related to increases in decisions to seek personal counseling among counselors-in-training. In addition, cultural factors including the attitudes towards personal counseling expressed by faculty both in department literature and in classroom experiences should be examined.

The differences in CASES subscales responses in all three areas, between those who sought counseling and those who did not, could also be examined in greater detail. As detailed above, the difference in reported self-efficacy as it exists in the counseling challenges skills subscale, and the lack thereof in the helping skills subscale, invites exploration into just what experiences inherent in personal

counseling might account for it. A qualitative study, focused on the experience of personal counseling by counselors-in-training and its impact on their development, sense of perspective, and perception of competence as a counselor, could give insight into learning experiences that contribute to greater self-efficacy. Similar to previous studies regarding “critical incidents” (Furr & Carol, 2003; Howard et al., 2006), the critical learning experiences related to self-efficacy and/or the choice to seek personal counseling could be explored. It may be possible, then, to examine ways these learning experiences could be replicated, simulated, or otherwise introduced into counselor education so that those who choose not to seek personal counseling can still benefit.

Although not a part of the study, some intriguing results emerged from the analysis of the data warranting additional inquiry. For example, research on how years in program and its impact on scores of the three CASES subscales could give insight into the development of self-efficacy over time. Moreover, future studies can expand on differences, suggested by our data, between counselors-in-training in clinical mental health counseling and those in school counseling regarding their scores on the three CASES subscales. An examination here could focus on philosophical or other differences in programs that may result in greater self-efficacy.

Finally, the second research question was addressed with regard to the perception of personal counseling as being helpful or not. Future study could

examine the reasons counselors-in-training choose not to seek personal counseling. This reasoning, and possible differences that could exist at various points in the program, between disciplines, or related to other factors could aid counselor educators in promoting the experience as a valuable self-care and learning experience.

### **Limitations**

A major limitation of this study is that the number of counselors-in-training who actually had the opportunity to complete the survey is unknown, thus, the response rate is unknown. This limits the external validity of the study. In addition, 30 of the responses received were not included in the data set due to a failure to complete all of the questions.

The respondents of the study were primarily female, Caucasian, and clinical mental health counseling students. Due to the anonymity of the survey, it was not possible to determine if these demographics were representative of the programs that responded to the survey, or of counselor programs in general due to the lack of national demographic information. Overall generalizability of these results may be weaker regarding gender, diversity, and students in other types of counseling programs such as student affairs, and marriage and family therapy.

**Conclusion**

This study explored differences in reported levels of self-efficacy in counselors-in-training, utilizing the decision to seek personal counseling as a possible contributing factor. The results suggest the possibility of differences related to personal counseling, year in program, and overall program of study. Future research may focus on many of the areas illustrated in this study could assist counselor educators either in deciding how to promote personal counseling to students, or how to incorporate similar benefits into classroom experiences.

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