

THE INVESTIGATION OF COUNSELING SELF-EFFICACY
LEVELS OF COUNSELOR TRAINEES

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ABSTRACT

THE INVESTIGATION OF COUNSELING SELF-EFFICACY LEVELS OF COUNSELOR TRAINEES

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The purpose of this study was to investigate predictive value of life satisfaction, academic achievement, number of clients, number of counseling sessions, and satisfaction level of supervision both in terms of quality and quantity in determining counselor trainees' counseling self-efficacy levels.

The sample of this study was the 470 voluntary senior counselor trainees (335 females, 135 males) enrolled in Department of Guidance and Counseling at eleven universities in Turkey. Participants were administered a demographic data form, the Satisfaction with Life Scale, the Counselor Self-Estimate Inventory and the Counselor Activity Self-Efficacy Scales. In the context of this study, the Counselor Activity Self-Efficacy Scales were translated to Turkish, validity and reliability studies were conducted. Additionally, reliability studies of the other scales used for the sample of the present study were conducted. Data analysis was carried out by Stepwise Multiple Regression Analysis.

Results of the study indicated that life satisfaction, number of counseling sessions and satisfaction with quality of supervision explained 13% of the total variance of counseling self-efficacy scores of the counselor trainees. Life satisfaction

was found as the most important predictor of counseling self-efficacy, explaining 8.2 % of the total variance. On the other hand, academic achievement, number of clients and satisfaction with quantity of supervision were not found to be significant predictors of counseling self-efficacy.

Keywords: Counseling Self-Efficacy, Life Satisfaction, Academic Achievement, Satisfaction with Supervision, Experience.

ÖZ

PSİKOLOJİK DANIŞMAN ADAYLARININ PSİKOLOJİK DANIŞMA ÖZ-YETERLİK ALGILARININ İNCELENMESİ

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Yüksek Lisans, Eğitim Bilimleri Bölümü

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Bu çalışmanın amacı yaşam doyumu, akademik başarı, danışan sayısı, psikolojik danışma oturumu sayısı, ve nitelik ve nicelik yönünden süpervizyondan duyulan memnuniyet düzeyinin, psikolojik danışman adaylarının psikolojik danışma öz-yeterlik düzeylerini ne derece yordadığını araştırmaktır.

Araştırmanın örneklemini Türkiye’deki 11 üniversitenin Rehberlik ve Psikolojik Danışmanlık Lisans Programı dördüncü sınıfında eğitim gören 470 (335 kız, 135 erkek) psikolojik danışman adayını oluşturmuştur. Demografik bilgi anketi, Yaşam Doyum Ölçeği, Psikolojik Danışma Beceri Ölçeği, Psikolojik Danışma Öz-yeterlik Ölçeği katılımcılar tarafından doldurulmuştur. Bu araştırma kapsamında Psikolojik Danışma Öz-yeterlik Ölçeği Türkçe’ye çevrilmiş, geçerlik ve güvenirlik çalışmaları yapılmıştır. Buna ek olarak, araştırmada kullanılan diğer ölçeklerin güvenirlik çalışmaları yapılmıştır. Araştırma verileri Aşamalı Doğrusal Regresyon Analizi yöntemi ile analiz edilmiştir.

Araştırmanın sonuçları yaşam doyumu, psikolojik danışma oturumu sayısı ve süpervizyonun niteliğinden duyulan memnuniyet düzeyinin, psikolojik danışman adaylarının psikolojik danışma öz-yeterlik puanlarının %13’ünü açıkladığını

göstermiştir. Yaşam doyumunun psikolojik danışma öz-yeterliğinin en önemli yordayıcısı olduğu ve toplam varyansın %8.2'sini açıkladığı görülmüştür. Öte yandan, akademik başarı, danışan sayısı ve süpervizyonun niceliğinden duyulan memnuniyet düzeyinin psikolojik danışma öz-yeterliğini yordamadığı sonucuna varılmıştır.

Anahtar Kelimeler: Psikolojik Danışma Öz-yeterliği, Yaşam Doyumu, Akademik Başarı, Süpervizyon Memnuniyeti, Deneyim.

To My Mother & Father

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CHAPTER I

INTRODUCTION

1.1. Background to the study

Since counseling appeared on the scene as a helping profession, the factors that lead to an effective counseling process have been a popular research topic. Today, the effectiveness of counseling in treating a variety of psychological problems has already been proved (Lambert & Ogles, 2004). Therefore, the factors which influence the effectiveness of counseling have been receiving the interest of counselor educators and researchers.

Certainly, numerous factors are associated with the effectiveness of the counseling process. Literature suggests that these prominent factors may group under four headings. These are: Counselor characteristics (Beutler, 1997; Rowe, Murphy, & Csipkes, 1975), client characteristics (Murray, 2004), specific treatment approaches and techniques (Kehle, 2008; Tantillo, 2004), and the relationship between client and counselor (Beyebach & Carranza, 1997; Jordan, 2003).

Although each of these factors contributes to the success of the counseling process, the role of the counselor as a person also plays an important role in the success of the counseling process. Also counselor characteristics have a vital role for counselor training programs for choosing potential counselor candidates and for helping them to gain the necessary qualifications (Beutler, 1997; Cash & Munger, 1966).

For that reason, the counseling profession has been engaged in efforts to understand and promote the characteristics of an effective counselor (Beutler et al., 2004; Corey, Corey, & Callanan, 2003; Hackney & Cormier, 2005).

Beutler et al. (2004) examined counselor characteristics under four headings. These are observable traits, observable states, inferred traits, and inferred states. Observable traits include counselor's age, sex, and ethnicity. Empirical investigations revealed little evidence for the effect of observable traits on counseling outcome and dropout (Crane, Wood, Law, & Schaalje, 2004; Sterling, Gottheil, Weinstein, & Serota, 1998) Other counselor variables are observable states such as amount of training, professional discipline, experience, skills, competence, and psychotherapy style (Beutler et al., 2004). Although there are confounding results about the relationship between observable states and counseling outcome, meta-analytic studies revealed that especially the amount of training, friendly psychotherapist style and counseling skills were associated with a good outcome (Beyebach & Carranza, 1997; Luborsky, McLennan, Diguier, Woody, & Seligman, 1997; Svartberg & Stiles, 1994). Also, inferred traits such as personality, coping patterns, life satisfaction, emotional well-being, values, and beliefs are generally associated with successful outcome (Conte, Plutchik, Picard, & Karasu, 1991; Rowe et al., 1975). Lastly, inferred states such as theoretical orientation and therapeutic relationship are some of the important factors which are mostly related to successful outcome (Beutler et al., 2004).

Despite the fact that the previous studies revealed conflicting results about the role of counselor characteristics in a successful counseling process, still it is a

concern among researchers. Especially, for counselor educators, it is very crucial to discover the counselor characteristics that might be necessary both to learn and to practice effective counseling and they are needed to train efficacious counselors with the best training models (Eriksen & McAuliffe, 2006; Larson, 1998).

Counselors can be well-educated; can learn interviewing skills, counseling theories etc., but they can still be ineffective counselors. As an example of inferred trait, self-confidence about being an effective counselor is as important as being well educated. Because if a counselor does not feel confident about his/her ability to counsel, his/her beliefs may likely influence the way he/she behaves and his/her performance while working with a client (Cormier & Nurius, 2003).

In this context, Bandura (1986) claimed that for successful performance knowledge, operations and skills are not sufficient. He mentioned that people's judgements about their capabilities and their self-perceptions of efficacy affect their motivation and behaviors. These self-referent thoughts are defined as perceived self-efficacy beliefs. Self-efficacy is "people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances. It is concerned not with the skills one has but with judgments of what one can do with whatever skills one possesses (Bandura, 1986, p. 391). Self-efficacy in some measure determines choice of people's actions, their desires to engage in an activity, their effort and persistence while doing this activity (Bandura, 1986).

The term self-efficacy is a remarkable concept for many researchers from different fields such as sports (Barling & Abel, 1983; McAuley & Gill, 1983), language (Wong, 2005), computer (Agarwal, Sambamurthy, & Stair, 2000), career

(Lent & Hackett, 1987; Turner & Lapan, 2002), medical, (Parle, Maguire & Heaven, 1997) and soon. Likewise, counselor educators and researchers paid great attention to the term of perceived self efficacy and its reflections to the counseling profession (Al-Darmaki, 2004; Barbee, 1999; Bentley, 2007; Cashwell, 2001; Daniels & Larson, 2001; Hall, 2009; Larson & Daniels, 1998; Lent, Hackett, & Brown, 1998; Strauser, 1995).

Counseling self-efficacy is defined as a counselor's judgments of their capabilities to successfully counsel a client or their expectations for success in a counseling situation in the near future (Larson et al., 1992). A counselor with higher counseling self-efficacy beliefs tends to have constructive thoughts about him or herself as a counselor, experiences anxiety at the optimum level, sets realistic goals and becomes persistent to achieve these goals (Larson, 1998).

Even though counselor trainees have the same theoretical education and get the same training, some of them are more anxious and less sure of themselves as a counselor. What are the differences between trainees with higher counseling self-efficacy beliefs and with lower counseling self-efficacy beliefs?

The bulk of the literature suggests that there are several factors that may be related to the level of counseling self-efficacy. Counselor personality (Özgün, 2007), self-esteem (Dunnewold, 1982), life satisfaction (Curry, 2007; Jang, 2009; Woods, 2009) experience (Kocarek, 2001; Ward, 2001), supervision (Cashwell & Dooley, 2001), satisfaction with supervision (Fernando & Hulse-Killacky, 2005; Ladany, Ellis, & Friedlander, 1999), outcome expectancies (Sipps, Sugden, & Faiver, 1988), trait and state anxiety (Daniels & Larson, 2001; Hall, 2009), self-evaluations

(Johnson, 1985), supervisory style (Robinson, 2001), supervisory working alliance (Humedian, 2002), developmental level (Coykendall, 1993), and empathy (Bentley, 2007) are some of the factors which are related to counseling self-efficacy in different degrees.

It is clear that training effective counselors is the primary goal of counselor education programs. For that reason, personal and educational factors that may be controlled by the counselor educators during the training program come into prominence.

Hackney and Cormier (2005) emphasized the importance of having good psychological health as a counselor and its contributions to the success of counseling. Counselors' own evaluations of their life, in other words satisfaction with their lives, appear to be a fundamental part of their effectiveness as a counselor (Jang, 2009; May & O'Donovan, 2007). Life satisfaction refers to a cognitive judgmental process and contains a person's evaluation of the quality of his/her life (Diener, Emmons, Larsen, and Griffin, 1985). The literature indicated that counselors who are stressed or impaired may not be able to offer effective counseling services to their clients and most of the studies concluded a significant relationship between successful outcomes of counseling, counselor wellness and life satisfaction (Beutler et al., 2004; Lawson, 2007; Young & Lambie, 2007). Also, the American Counseling Association's (ACA; 2005) states, "Counselors are alert to the signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others" (ACA Ethical Standard, C.2. g). For above-mentioned reasons, a higher level of life

satisfaction is a sign of good psychological health and is an essential predictor of a successful outcome (Beutler et al., 2004).

Additionally, the bulk of the literature suggests that there is a significant association between life satisfaction and self-efficacy (Hampton, 2000; Lent et al., 2005; Strobel, Tumasjan, & Spörrle, 2011). Despite some contradictory results (Curry, 2007), it is taught that the level of life satisfaction may be the predictor of level of counseling self-efficacy among counselor trainees; and assessing and promoting life satisfaction levels of counselor trainees may improve their counseling self-efficacy and their effectiveness. Training programs may work to promote levels of life satisfaction to prepare effective counselors entering the field (Curry, 2007; Lent et al., 2005; Sherman & Thelen, 1998; Woods, 2009).

Review of the recent literature pointed out that also there is a need for identifying the role of some educational factors such as academic achievement, the amount of counseling related experiences during the training (number of clients and counseling sessions), and satisfaction level of supervision both in terms of quality and quantity in predicting the counseling self-efficacy levels of counselor trainees.

One of these educational factors is academic achievement. The role of self-efficacy on performance accomplishments and level of persistence on a task is clearly expressed by Bandura (1977; 1997). In this account, the role of self-efficacy in vocational behavior and academic settings has created interests among researchers (Hackett & Betz, 1981; Lent, Brown, & Larkin, 1984; Lent, Brown, & Larkin, 1986). In parallel with social cognitive theory, majority of the studies concluded that self-

efficacy is related to persistence on educational tasks, success in education, and career choices (Hackett & Betz, 1981; Lent et al., 1984; 1986).

By expanding Social Cognitive Theory into counseling training, the relationship between counseling self-efficacy, academic achievement and persistence is still the subject of curiosity among researchers. Social Cognitive Model of Counselor Training (SCMCT) claimed that feeling confident about the counseling process provides motivation to counselor trainees for making more effort and struggling with obstacles (Larson, 1998). From the perspective of SCMCT, it is expected that counselor trainees with a higher level of academic achievement are more likely to have a higher level of counseling self-efficacy. However, a limited number of studies have examined the relationship between counseling self-efficacy and academic achievement.

Supervision during the counseling training is underlined by researchers as one of the educational factors that influence counseling self-efficacy levels of counselor trainees (Barnes, 2004; Cashwell & Dooley, 2001; Fernando & Hulse-Killacky, 2005). It is clear that clinical supervision is a fundamental factor for acquiring counseling skills, learning counseling theories and making progress as a counselor. Also, supervision helps students to learn how to choose the best counseling skills, theories and interventions while they are working with a particular client.

Supervisors play a critical role in making counselor trainees aware of their responsibilities, their self-reflections about their reactions to clients and their strengths and weaknesses as a counselor (Bernard & Goodyear, 2004; Borders, 2009). From the perspective of Social Cognitive Theory, supervision is a kind of

social persuasion provided by the supervisor and for that reason it may be a source of counseling self-efficacy.

In the literature, some studies focused on the impact of receiving clinical supervision versus receiving no supervision on the counseling self efficacy (e.g. Cashwell & Dooley, 2001) and some focused on the counselor trainees' satisfaction with supervision (eg. Fernando & Hulse-Killacky, 2005; Ward, 2001). The effects of supervision on the counseling self-efficacy levels of counselor trainees may change from person to person in regard to the theoretical background of the supervisor, personal style of the supervisor, expectations of the counselor etc. For that reason, asking counselor trainees' satisfaction about received supervision seems more meaningful.

Another important educational factor that is related to counseling self efficacy is the amount of counseling related experiences during the counseling training. According to Bandura (1997) mastery experiences are the strongest source of self-efficacy. In counselor education, successful sessions with clients are the experiences that contribute to the level of counseling self-efficacy of trainees (Larson, 1998).

It is known that only a few counselor trainees have the opportunity to conduct counseling sessions with real clients in Turkey. The number of conducted sessions and clients changes from university to university in Turkey (Özyürek, 2009; 2010). Whereas, previous studies validated that counseling related experience is a stronger predictor of high level of counseling self-efficacy (Kocarek, 2001; Melchert, Hays, Wiljanen & Kolocek, 1996; Tang et al., 2004). For the above-mentioned reasons, in this study the role of the number of clients and the number of counseling sessions

with these clients in predicting counseling self-efficacy levels of counselor trainees are examined.

In summary, the main aim of counselor education programs is to train effective counselors. For this purpose, in order to help counselor trainees build counseling self-efficacy as well as gain required knowledge and skills, it is essential to understand what contributes to counseling self-efficacy. Specifically, if counselor educators learn more about predictors of counseling self-efficacy, they can organize educational settings and help counselor trainees to be more efficient and successful counselors.

1.2. Purpose of the Study

The purpose of the present study is to investigate the role of life satisfaction, academic achievement, number of clients, number of counseling sessions with the clients, satisfaction level of supervision both in terms of quality and quantity in predicting the perceived counseling self efficacy among counselor trainees.

1.3. Research Question

The research question that guides this study is as follows: To what extent do life satisfaction, academic achievement, number of clients, number of counseling sessions with the clients, satisfaction level of supervision both in terms of quality and quantity predict the counseling self efficacy scores of counselor trainees?

1.4. Significance of the Study

The main aim of the counselor education programs is to train counselor trainees who are proficient in their knowledge and skills, also feel sure of themselves as a counselor after their graduation. Especially most of the newly graduate counselors feel themselves inadequate in using their skills and making effective counseling sessions. On the other hand, it is estimated that a low level of self-efficacy could cause ineffective service to clients, early burnout to counselors and departure from the field. Exploring counselor trainees' self perceptions about their capabilities and the related factors with these perceptions before they enter the profession may provide a framework for counselor educators and new self-efficacy focused training programs to be developed to graduate more confident and competent counselors (Perlman, 1985).

Additionally, as a result of current study, some factors that predict the counseling self-efficacy levels of counselor trainees will be revealed. If personal and educational factors such as life satisfaction, number of clients, number of conducted counseling sessions with the clients and satisfaction level of supervision both in terms of quality and quantity have a stronger predictive power for level of counseling self-efficacy, counseling programs will be arranged for educating more efficient counselors.

Although counseling self-efficacy has a vital role in providing effective counseling services, the research about counseling self-efficacy are very limited in Turkey. Only a few studies about school counselors' counseling self-efficacy beliefs are available. Especially instruments which are designed to measure counseling self-

efficacy are inadequate in Turkey. Within the context of this research, a counseling self-efficacy instrument is adapted from English to Turkish culture. The Turkish version of this scale may pave the way for future counseling self-efficacy studies. Also, it is hoped that this study may encourage other researchers to investigate the other predictors of counseling self-efficacy in Turkey.

1.5. Definition of Terms

The terms that were used throughout this study can be defined as follows:

Self-efficacy: “The conviction that one can successfully execute the behavior required to produce the outcomes” (Bandura, 1977, p.193).

Counseling: “Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (American Counseling Association, 2010).

Counseling self-efficacy: One’s judgements about one’s capabilities to effectively counsel a client in the near future (Larson et al., 1992).

Client: A person who is being helped via counseling (Egan, 1998, p.6).

Counseling session: “A face-to-face verbal exchange in which the counselor is requesting information or expression from the client” (Whiston, 2008, p. 243).

Life satisfaction: A cognitive judgmental process and contains a person's evaluation of the quality of his/her life (Diener, Emmons, Larsen, & Griffin, 1985).

Academic Achievement: The attainment of knowledge, competencies, and higher-level status, as may be reflected in grades, degrees, and other forms of certification or public acknowledgment (Collins & O'Brien, 2003, p. 4).

Supervision: "Supervision is an intervention that is provided by a senior member of a profession to a junior member or members of that same profession" (Bernard & Goodyear, 2004, p. 8).

Satisfaction with Supervision: *Satisfaction with Supervision:* The counselor trainee's judgments about current supervision and his or her supervisor's perceived qualities and perceived performance and the level of comfort when expressing their own ideas in supervision (Holloway & Wampold, 1984, as cited in Ladany, 1992).

CHAPTER II

REVIEW OF LITERATURE

This chapter covers the theoretical framework of self-efficacy, counseling self-efficacy and the studies about counseling self-efficacy, life satisfaction, academic achievement, supervision and counseling related experiences.

2.1. Self-Efficacy

The term self-efficacy was first proposed by Bandura (1977), and it is the core component of Social Cognitive Theory. According to Social Cognitive Theory “People are both products and producers of their environment” (Bandura, 1989, p. 4). They are not the passive creatures who only respond to the stimuli. Human behavior is influenced by environment and environment is influenced by human behavior (Bandura, 1997; 2001).

From the Social Cognitive Theory’s perspective, both internal and external factors have influence on human behavior and are shaped by the interaction between personal, behavioral and environmental determinants (Bandura, 1977). The interactions between internal personal factors (cognitive, affective and biological), behavior and environment are called triadic reciprocal determinism in Social Cognitive Theory (Bandura, 1977; 1997).

Individuals’ behaviors are affected by external events via cognitive processes. Rather than the events, subjective perceptions of the individual are important. The way the external events are perceived by a person is the key point for the level of

influence on the person and their choices in the future. Also, if people think an external factor affects their behavior, they can make some changes in their environment. The strength of these three factors can change from time to time, and person to person (Bandura, 1997).

Correspondingly, perceived self-efficacy is defined as “people’s judgments of their capabilities to organize and execute courses of action required to produce given attainments” (Bandura, 1986; p. 391). Self-efficacy has influence on goal setting, choice of behavior, self-motivation, performance, effort and persistence (Bandura, 1977; 1982; Bandura & Adams, 1977; Bandura, Adams, & Beyer, 1977). People are willing to undertake activities which they feel themselves more capable to do. On the contrary, if they believe that the task exceeds their capabilities, they will avoid doing it. The judgments of efficacy determine the level of effort the individuals make and how long they resist when they are faced with obstacles. The stronger the perceived self efficacy, the higher personal goals, the more efforts to achieve these goals and the more resistance to the difficulties. Therefore, these beliefs lead to a successful performance (Bandura, 1982; 1986; 1997).

Self-efficacy interposes the relationship between knowledge and action but it is not the only determinant of behavior. Knowledge and skills are preconditions of motivation. If a person has some doubts about his skills and knowledge, it is difficult for him to feel confident about the task and to make an effort to achieve it (Bandura, 1977). It can be said that the level of self-efficacy affects the changes in motivation and behavior (Bandura, 1982). For that reason, for a successful performance, both the skills and self-efficacy are necessary.

Self efficacy is mostly confused with other similar concepts such as outcome expectations, self-concept, self-confidence, and self-esteem. Conceptual differentiation between these constructs is important. Self-efficacy and outcome expectations are related but different concepts in Social Cognitive Theory. An outcome expectation is defined as “a person’s estimate that a given behavior will lead to certain outcomes” (Bandura, 1977, p.193) whereas self-efficacy refers to a self-judgment about personal capacity in a specific task. If a person focuses on the performance, it is related to self-efficacy beliefs but if a person focuses on the consequences of the performance it is related to outcome expectancies (Figure 1.1).

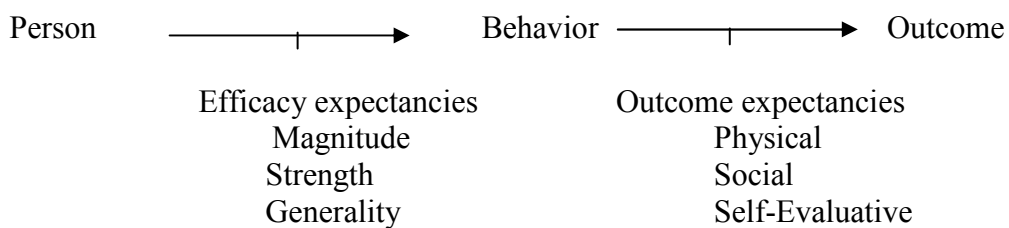


Figure.1.1 Self-Efficacy and Outcome Expectations
Source: Bandura, 1977, p.193

Self-concept is people’s attitudes toward themselves and it includes general perceptions of competence and the feelings of self-worth. Contrary, self-efficacy is a judgment of the confidence that one has in a specific task and situation (Bandura, 1997; Pajares, 1996).

While differentiating self efficacy from self-confidence, Bandura (1997) stated that confidence refers to strength of belief but it is not specific to a situation. It refers to a general confidence of an individual about himself. On the other hand, self-

efficacy has a domain specific nature and it will differ from task to task and situation to situation.

Another similar concept, self-esteem defined as a “person’s judgment of self-worth” (Bandura, 1997; p.11). Self-esteem refers to a global construct that is reflecting affective evaluation of the self; however perceived self-efficacy refers judgments of personal capability in a given activity. People may judge themselves inefficacious for a particular activity without suffering diminishment of self-esteem (Gist & Mitchell, 1992).

Efficacy expectations have three dimensions that have important performance implications: magnitude, generality, and strength. Magnitude refers to difficulty of a particular task that a person believes he or she can perform. Individual’s efficacy expectations may be limited to the simpler tasks or they may have a stronger sense of efficacy about their ability to do difficult tasks. The generality refers to transferring a task specific efficacy expectation to other areas. In other words, people may feel themselves efficacious on a specific task or in a variety of situations. Strength of self-efficacy refers to the level of an individual’s efficacy beliefs about mastering a task. The expectation of self-efficacy may be weak and easily eliminated or may be stronger and persistent (Bandura, 1977; Stajkovic & Luthans, 1998).

Self-efficacy expectations are based on four principal sources of information: performance accomplishments, vicarious experiences, verbal persuasion, and physiological states or emotional arousal. (Bandura, 1997).

Performance accomplishments are the most powerful source of self-efficacy because it is based on real life experiences. While successes enhance the level of

self-efficacy, failures-especially at the very beginning of the events- decrease the level of self-efficacy. If a person develops a strong sense of efficacy once, failures cannot have an enormous effect on his/her self-efficacy beliefs. The time and the frequencies of failures are important determinants of developing a strong expectation of efficacy. Additionally, if strong self-efficacy expectations are developed through successful performances, it is likely to generalize to the other situations (Bandura, 1977; 1982; 1986; 1997; Bandura et al., 1977).

The second principal source of information is vicarious experience, which is defined as seeing or visualizing others when they perform an activity. At the time people observe someone who has similar characteristics to them achieve a given task; they tend to believe that they are able to achieve or to make progress in this task. Self-efficacy expectations are especially sensitive to vicarious information if a person is uncertain about his/her capabilities or has little direct prior experiences (Bandura, 1977; 1997).

The less effective source of self-efficacy is verbal persuasion. It is widely used to convince people of their capabilities about a specific task. This encouragement is more effective if it is realistic and met with a successful performance (Bandura, 1977; 1986).

The last of the sources is physiological state or emotional arousal. People apply their physiological and emotional situations in judging their capabilities. Tension, anxiety, fear are the signals of inefficacy for many people. Also fatigue, pain or aches may emerge as indicants of incapability. Therefore, people generally expect to be successful when they feel relaxed (Bandura, 1986).

In summary, self-efficacy theory is a comprehensive theory and self-efficacy is an important determinant of a successful performance, choices and efforts. For that reason, self-efficacy has been applied to many fields. One of these fields is counseling education. Within the last decade, researchers have begun examining the affects of self-efficacy construct on counselor development and performance. The concept of counseling self-efficacy is discussed in the following session.

2.2. Counseling Self-Efficacy

In the early 80's researchers began to give their attention to counseling self-efficacy and the factors that contribute to counseling self-efficacy (Dunnewold, 1982; Johnson, 1985; Kopala, 1987; Sipps et al., 1988). It is pointed out that to be an effective counselor both skills and confidence are required. Since counselor education includes both skills training and initial counseling practices, studies conducted on counseling self-efficacy has focused exclusively on counselor trainees (Larson, 1998; Larson & Daniels, 1998).

Counseling self-efficacy is defined as a counselor's beliefs about his/her capabilities to effectively execute counseling sessions with a specific client in the near future (Larson et al., 1992). Effectively execute counseling session means to effectively perform helping skills, manage session task, and cope with challenging clients and cases (Larson & Daniels, 1998; Lent, Hill, & Hoffman, 2003). In other words, counseling self-efficacy is a transformer between knowing what to do and performing the action and also it is seen as a primary determinant of effective counseling (Larson, 1998).

Larson (1998) expanded Bandura's Social Cognitive Theory to counselor training and presented the Social Cognitive Model of Counseling Training. Social Cognitive Model of Counseling Training emphasized the importance of counselors' self-referent thoughts as much as their skills and responses. According to the theory, counseling self-efficacy beliefs are mediators between knowing what to do and executing the action, they also would be seen as a primary causal determinant of effective counseling.

In the Social Cognitive Model of Counseling Training, counselor trainees' personal agency factors, training environment and his/her performances are interrelated. Counselor's personal agency and training environment (counseling sessions and supervision environment) influence his or her actions in a counseling session and supervision. Also, counseling performance shapes counselor trainees' training environment and their perception of personal agency. In parallel with Bandura's Social Cognitive Theory, the interaction between these three concepts is called as triadic reciprocal causation in Social Cognitive Model of Counselor Training (Larson, 1998).

According to Larson (1998), counseling self-efficacy beliefs can be affected by four sources of self-efficacy: mastery, modeling, social persuasion, and affective arousal. Mastery experiences include successfully working with clients. Failures at the beginning of the counseling career may affect the career choices, commitment, and persistence while facing obstacles. Modeling refers to observing oneself, another real person or a videotaped model perform the target behavior. Candidate who views one's successful counseling sessions may think that s/he can succeed too. It

especially occurs when model has similar characteristics with the person. Social persuasion, the third piece of efficacy information, includes the supervisor's feedback, support and encouragement. Because supervisors are seen as experts and trusted persons by students, their feedback may be more persuasive and effective on counselor's self-efficacy beliefs. The last source of efficacy, affective arousal, includes the anxiety, fear, or excitement while seeing clients (Larson, 1998). It can be clearly seen that counselor training includes all of these four factors. For this reason, building a strong sense of efficacy mainly depends on training process.

According to social cognitive theory, self-efficacy is a determinant of a successful performance. Despite the fact that many studies in various fields revealed a link between self-efficacy and performance, studies investigating the relationship between counseling self-efficacy and counselor performance have revealed mixed results (eg. Johnson, 1985; Johnson, Baker, Kopala, Kiselica, & Thompson, 1989; Kocarek, 2001; Larson et al., 1992; Ridgway & Sharpley, 1990).

A considerable number of studies concluded that the relationship between counselor self-efficacy and counselor performance is negative or questionable. One of the earliest investigations that examined the relationship between counseling self-efficacy and counselor performance was conducted by Johnson (1985). Johnson (1985) compared the effect of self-observation and self-modeling video feedback methods on counselor trainees' anxiety, recall, self-evaluations, and counseling performance. An unpublished self-efficacy scale and Self-Efficacy Inventory were administered to 17 counselor trainees; and the Counselor Evaluation Rating Scales was used to measure counseling performance. As a result, the Pearson product-

moment correlations between counseling self-efficacy and counselor performance ranged from $-.39$ to $.84$. These findings suggest that the relationship between counseling self-efficacy and counselor performance may be affected by individual variations.

In another study, Johnson et al., (1989) were interested in the relationship between counseling self-efficacy and counselor performance over an eight week period among 50 master's degree counselor trainees. Counselor trainees were assigned to low self-efficacy and high self-efficacy groups and later these two groups divided into counseling and no-counseling groups. Counseling groups received counseling from doctoral students during the study and these two groups were compared regarding levels of counseling self-efficacy and performance. According to the results of the study, both the low and high self-efficacy groups improved in self-efficacy throughout the training. However, the relationship between post-training ratings of self-efficacy and counselor performance was insignificant. It suggests that the level of counseling self-efficacy is not related to the success of a performance. As an additional result, client experience as a client did not affect the level of counseling self-efficacy.

Ridgway and Sharpley (1990) investigated the role of five variables, cognitive empathy, affective empathy, communicative empathy, purpose-in-life and self-efficacy, on counseling effectiveness among 45 counselor trainees. Results indicated that self-efficacy was not a significant predictor of counseling effectiveness.

In another study that examined counselor self-efficacy and counselor performance, Watson (1992) investigated the role of counseling self-efficacy and amount of training on counselor performance among clergy and counseling students. Firstly, the 60 participants completed the Counselor Self-Efficacy Scale and then they participated in a 20 minute videotaped interview. Counselor performance was measured with the Challenging Skills Rating Form, and the Responding Proficiency Index. According to results of step-wise regression, the type of student and counselor related coursework were found as the best predictors of counselor performance. However, counseling related experiences and counseling self-efficacy was not found to be predictors of counselor performance.

Sharpley and Ridgway (1993) also examined the relationship between counseling self-efficacy and counselor performance. Thirty one counselor trainees participated in the study and measurements of self-efficacy were taken before, during and after the skills training program by an instrument developed by researchers. Counselor trainees were asked to indicate their expected grade (fail, pass, credit, distinction, and high distinction) and indicate their confidence on a 100-point probability scale (not at all confident to completely confident). Counselor performance was assessed via videotaped analogue interview. Results indicated that only the level of confidence from the second grade estimate significantly predicted counseling skills and the relationship was negative. That means, counselor trainees who are least confident in their grade midway through the skills training program had higher scores on measure of counselor performance. This finding has led to

questioning of usefulness of counseling self-efficacy as a predictor of counseling performance.

In a similar vein, Heppner, Multon, Gysberg, Ellis and Zook (1998) examined the role of counseling self-efficacy on career counseling process and outcome based on the client process outcomes among 24 counselor trainees. Results indicated that client scores on various career outcome measures (eg., Career Decision Profile) significantly improved from pre-test to post-test. On the other hand, no apparent relationship was found between counseling self-efficacy and client process variables, suggesting a more complex relationship between counseling self-efficacy and the career counseling process and outcome.

Although some of the studies revealed negative and doubtful results, a substantial number of studies supported the finding of Social Cognitive Theory and concluded that there is a positive and significant relationship between counseling self-efficacy and counselor performance.

For example, Munson, Zoerink, and Stadulis (1986, as cited in Iannelli, 2000), conducted a study investigating the effects of a training that focused on developing sense of self-efficacy and competence in basic attending and responding skills among 48 therapeutic recreation students. Forty eight trainees randomly assigned to three groups: Microskills, mental practice and control. Results showed that both microskills and mental health groups were superior to control group on interpersonal skills efficacy and these groups also significantly were more competent on performing attending and responding skills.

In a very similar study, Munson, Stadulis, and Munson (1986, as cited in Iannelli, 2000) were interested in testing the effects of an intervention which is designed to train therapeutic recreation students regarding the decision-making counseling skills. Sixty three counselor candidates were assigned to either a microskills group, mental practice group or control group. Results revealed that trainees in microskills group and mental practice group scored higher than did a control group on counseling self-efficacy and counselor performance. Also a positive relationship was found between counseling self-efficacy and counselor performance.

Beverage (1989) also investigated the relationship between counseling self-efficacy and counselor performance from the supervisors' perspective. An unpublished instrument was used for assessing counselor self-efficacy and the Counselor Evaluation Rating Scales was used for assessing counselor performance. Results revealed that there is a positive significant relationship between counselor self-efficacy and counselor performance.

In another study, Larson et al., (1992) examined the role of counseling self-efficacy and anxiety as predictors of counseling performance among 26 graduate students. Counselor Self-Estimate Inventory (COSE) and State Trait Anxiety Scale (STAI) were completed by students before and after a 15-min mock interview. Counselor performance was measured by the Behavioral Rating Form (BRF). Two graduate students observed the videotaped interviews and then completed the BRF. The results indicated that counseling self efficacy and anxiety were significant predictors of counselor performance.

Likewise, in another study that was conducted with 184 counselors and psychologists, the Structural Equation Modeling was used to examine the relationship between counselor self-efficacy and counselor performance (Iannelli, 2000). Two different instruments, the Counselor Self-Estimate Inventory and the Counseling Self-Efficacy Scale were used to measure counseling self-efficacy. Counselor performance was assessed by both supervisors using the Counselor Evaluation Rating Scales and counselor trainees using the newly developed self-rating instrument. As a result, the structural model with counselor trainees' self-ratings of performance revealed a good model fit. Besides, moderate support was found for the model with supervisors' ratings of counselor performance.

In her dissertation, among other hypotheses, Kocarek (2001) examined the relationship between counseling self-efficacy and counselor performance. Sample consisted of 117 counselor trainees and 82 supervisors and counselor performance examined from the supervisors' perspective using the Counselor Evaluation Rating Scales. The Counseling Self- Estimate Inventory (COSE) was used as a measure of counselor self-efficacy. Findings revealed that counseling self-efficacy, anxiety, developmental level, number of courses and amount of counseling experience together predicted counselor performance.

Consistently, Hanson (2006), among other variables of interest, examined the relationship between counseling self-efficacy and counselor performance. Fifty eight counselor trainees completed the Counselor Activity Self-Efficacy Scales and counselor performance evaluated by supervisors using the Counselor Evaluation

Rating Scales. Results indicated that counselor self-efficacy is positively related to counselor performance.

The reasons of contradictory results were discussed by researchers. Small sample sizes and various measures used to assess the same or similar constructs seem prominent issues that affect the result of studies. Despite the conflicting results, the bulk of the literature suggests that the sense of counseling efficacy has an influence on counseling performance. Accordingly, factors influencing the counseling self-efficacy beliefs of counselor trainees have come into prominence.

2.3. Factors Influencing Counseling Self-Efficacy

Larson and Daniels (1998) reviewed 32 studies which were conducted between 1983 and 1998 and they identified factors that contribute to development and enhancement of counseling self efficacy. Larson and Daniels (1998) found that counseling self-efficacy slightly related to stable counselor characteristics such as personality, age, gender, receiving supervision, etc. On the other hand a stronger relationship was found between counseling self-efficacy and self-reflective variables such as outcome expectations, anxiety, and self-evaluation. Additionally, counselor's counseling and supervision environments were found to be related to their beliefs of counseling efficacy. Larson and Daniels (1998) pointed out that perceived social environment, supervisory style, supervisory working alliance and rapport are related to counseling self-efficacy expectations.

In another study, Bischoff, Barton, Thober and Hawley (2002) conducted a qualitative study with 39 counselor trainees. The purpose of the study was to identify

the external events and experiences impacting the development of confidence during the initial contacts with clients. Thirty-nine master's degree counselor trainees were asked about their clinical development during 12-month practicum via telephone interviews. As a result, events and experiences impacting the development of clinical self-confidence grouped under four headings. These were supervision, contact with clients, contact with peers, and personal life stress.

It is clear that development and enhancement of counseling self-efficacy is affected by many personal and educational factors. Neither educational factors (eg. contact with clients, supervisory relationship, supervisor style, satisfaction with supervision) nor personal life conditions alone are sufficient to explain the differences in counselor trainees' level of counseling self-efficacy. On this account, further investigations are needed about the role of educational and personal factors in counseling self-efficacy among counselor trainees.

2.3.1. Counseling Self-Efficacy and Life Satisfaction

A variety of factors can have an impact on the success of counseling and counselor characteristics are the important ones of these factors. Due to the nature of the counseling profession, counselors face many challenges such as stress, impairment and burnout during their career. Beutler, Machado, and Neufeldt (1994) indicated that a high level of emotional well-being and a low level of distress were correlated with successful outcome. Therefore, counselors' satisfaction with their own lives and their levels of emotional well-being is seemed to be important for them to be resilient and confident when they are faced with challenges.

Life satisfaction refers to the global cognitive judgmental process of one's life. How satisfied people are with their present lives is based on a comparison with a standard which each individual sets for him or herself (Diener et al., 1985). In other words, life satisfaction is based on the degree of harmony with individuals' present lives and their needs and wants (Demerouti, Bakker, Nachreiner, & Schaufeli, 2000).

Although there was limited empirical evidence to support the relationship between life satisfaction and counseling self-efficacy, theory suggests a significant relationship. Bandura (1986) stated that individuals with high self-efficacy were more able to cope with stress while individuals with higher self-efficacy experience greater stress, depression and anxiety. It suggests that counselors who are satisfied with their lives and who have managed to cope with their own life stress may have higher sense of counseling efficacy.

Lent et al. (2005) presented two studies to explore the relation of social-cognitive variables to overall life satisfaction and satisfaction in specific life domains among psychology students. The social cognitive factors included perceived self-efficacy, outcome expectations, goal progress and importance. Findings showed that overall life satisfaction is related to satisfaction with academic behavior and social life. It suggested that overall life satisfaction is related to satisfaction with various life domains such as academic and social life. Additionally, academic self-efficacy were found as a predictor of higher domain satisfaction and contributed to the prediction of life satisfaction.

Consistently, Sherman and Thelen (1998) investigated the relationship between life events, satisfaction with life and work, distress and impairment among

522 psychologists. A list with 14 major life events, a list of 18 work factors and the Satisfaction with Life Scale (SWLS; Diener et al., 1985) were completed by participants. Additionally, participants reported the amount of distress and impairment for each life event if they have experienced it. Results showed that psychologists' levels of life satisfaction and work satisfaction are lower when dealing with stressful life events. In addition to these, psychologists who feel themselves less satisfied with life and work tend to have more canceled, late and missed counseling sessions. Briefly, results of this study suggest that lack of life satisfaction may result in ineffectiveness for counselors.

O'Sullivan (2010) designed a study to investigate the relationship among hope, eustress, self-efficacy and life satisfaction among 118 undergraduate students. O'Sullivan hypothesized that eustress, hope and self-efficacy will be positively correlated with life satisfaction and self-efficacy will be the strongest predictor of life satisfaction. These hypotheses are partially supported. Results showed that eustress, hope and self-efficacy accounted for 22.1% of the variance of life satisfaction and hope was found as the most important predictor of life satisfaction. Surprisingly, self-efficacy was not found to be a predictor of life satisfaction among college students.

In her dissertation, among other hypotheses, Coykendall (1993) hypothesized that counselors who experienced a high number of stressful life events may have lower self-efficacy scores than counselors who faced with less stressful life events. For that purpose, 50 counselor trainees completed the Life Experiences Survey and the Counseling Self-Efficacy Scale and results were not in support of the hypothesis.

No significant correlation has been found between counseling self-efficacy and negative or positive life events. It can be concluded that there are no significant differences between counselor trainees reporting higher levels of stress and reporting lower levels of stress in terms of counseling self-efficacy.

In a similar vein, Jang (2009) worked with Korean counselors to explore the relationship between personal wellness and clients' perceptions of counseling effectiveness. The Five Factor Wellness Inventory - Korean Version was used to assess wellness; Interpersonal Reactivity Index was used to assess levels of empathy; the Counselor Rating Form – Short, the Session Evaluation Questionnaire, and the Working Alliance Inventory – Client Form were used to assess counseling effectiveness. Results indicated that there were no significant relationship between Korean counselors' personal wellness scores and clients' ratings of counseling effectiveness.

Consistently, Curry (2007) investigated whether there is a relationship between counselor self-efficacy and wellness among counselor trainees. For this purpose, 94 counselor trainees completed the Counseling Self-Efficacy Scale, and the Five Factor Wellness Inventory Results of hierarchical multiple regression indicated no significant relationship between counseling self-efficacy and overall wellness among counselor trainees.

In conclusion, a majority of the studies, with some exceptions, concluded that wellness and life satisfaction were not related to a level of self-efficacy among counselor trainees. Nevertheless, it is clear that further investigation about the relationship between life satisfaction and counseling self-efficacy is needed.

2.3.2. Counseling Self-Efficacy and Academic Achievement

In an academic setting, the relationship between self-efficacy and academic achievement has been widely investigated. Hackett and Betz (1981) have extended the self-efficacy theory to vocational behavior and they claimed that self-efficacy expectations may have influences on academic achievement, persistence in academic issues, perceived career options and career decisions. This hypothesis has been examined in a variety of academic settings, especially in the areas of science and mathematics (Lent et al., 1984; Brown, Lent & Larkin, 1989; Multon, Brown, and Lent, 1991).

In one study, Lent et al. (1984) investigated the relationship among self-efficacy, academic achievement and persistence among science and engineering students. Forty-two students enrolled in a 10-week career-planning course and completed self-efficacy instruments at the beginning of the course, at the end of the course and 2 months after the course. Academic achievement assessed thorough the Preliminary Scholastic Aptitude Test scores, high school ranks, college grades; persistence in major assessed by number of quarters completed in the college of technology. Results showed that participants with a higher level of self-efficacy generally achieved higher grades and persisted longer in technical majors. Additionally, self-efficacy for educational requirements significantly related to Preliminary Scholastic Aptitude Test scores and high school academic achievement. Lent et al. (1984) drew attention to the need for replication studies with other types of academic majors.

Another study was conducted by Lent et al. (1986) to explore the relationship between self-efficacy, academic achievement, persistence and perceived career options. For that purpose, 105 science and engineering students participated in a career planning course for 10 weeks. Instruments were applied twice, at the beginning and at the end of the course. This study revealed significant differences between high and low self-efficacy groups with respect to their grade point average and their persistence and range of perceived career options in technical/scientific fields. These findings are consistent with Bandura's theory and previous studies (Hackett & Betz, 1981; Lent et al., 1984).

In a very similar study, Brown et al. (1989), aimed to assess whether self-efficacy is a moderator between scholastic aptitude and academic achievement using the same sample with Lent et al. (1986). Two different self-efficacy instruments were used: (a) self-efficacy for educational requirements (ER-S) and (b) self-efficacy for academic milestones (AM-S). Results indicated that there was a strong direct relationship between AM-S scores and academic achievement. Furthermore, self-efficacy was found to be a moderator of scholastic aptitude- academic achievement/persistence relationships. This study provided support for the link between self-efficacy and academic achievement.

Multon et al. (1991) identified 38 studies to explore the relationship between self-efficacy and academic achievement during the period of 1977-1988. Results of meta-analysis revealed a significant positive effect size of $r = .38$. Students' self-efficacy beliefs accounted for approximately 14% of the variance in their academic achievement. Addition to this, the overall effect size of .34 was found between self-

efficacy and persistence, indicating that self-efficacy accounted for 12% of the variance in students' persistence.

In another study, Lane and Lane (2001) examined the role of self-efficacy in predicting academic achievement among post-graduate students. A newly developed self-efficacy questionnaire was completed by 76 students. Academic achievement was assessed using grade point average (GPA) scores. Regression results showed that the level of self-efficacy beliefs predicted 11.5% of academic achievement variance.

When the relevant literature was reviewed, only a few studies were found examining the relationship between self-efficacy and academic achievement among counselor trainees. One of these studies, Larson et al. (1992), examined the relationship between counseling self-efficacy and GPA for discriminant validity of Counselor Self-Estimate Inventory (COSE). The correlations of COSE total score and five factor scores with the GPA were small. Larson et al. (1992) suggested that small sample size ($n = 26$) and restricted range of the GPA measure might be the reason for small correlations.

In another study, although academic achievement was not the main interest, Al-Darmaki (2005) found a correlation of $r = .06$ between the COSE total score and GPA among 113 counselor trainees. Similarly, the correlation between the subscales of COSE and GPA were very small. These findings suggested that there is no relationship between counseling self-efficacy and academic achievement among counselor trainees in the United Arab Emirates.

In a study conducted in Turkey, Yiyit (2001) aimed to develop a scale to measure school counseling self-efficacy levels of school counselors. In the context of this research, the relationship between Grade Point Average (GPA) scores and levels of school counseling self-efficacy is investigated among 248 school counselors. As a result, significant differences were found between school counselors with low and high GPA scores. It suggests that school counselors with high GPA scores reported significantly higher levels of school counseling self-efficacy.

The self-efficacy literature regarding academic achievement concluded that there was a link between the level of self-efficacy and academic achievement. However, only a few studies examining the relationship between academic achievement and counseling self-efficacy were found. While there appears to be a link between self-efficacy and academic achievement in theory and in literature, more studies need to be conducted that demonstrate this connection in the counseling field.

2.3.3. Counseling Self-Efficacy and Supervision

Supervision plays a vital role in counselor trainees' counseling skills and competencies development (Beutler et al., 2004; Lambert & Ogles, 2004). As a matter of fact, Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2009) emphasized the importance and requirements of supervision in "Council for Accreditation of Counseling and Related Educational Programs Standards". Detailed regulations about supervision requirements were made by Council for Accreditation of Counseling and Related Educational Programs

Standards (2009) including education and competencies of supervisors, the number of students per supervisor, practicum and internship hours, etc.

Bernard and Goodyear (2004) defined supervision as “an intervention that is provided by a senior member of a profession to a junior member or members of that same profession” (pp.8). The aim of counselor supervision is to develop efficacious counselors by increasing their level of competency and self-efficacy. Also, supervision is a critical component of the Social Cognitive Model of Counselor Training. Supervision includes major sources of counseling self-efficacy such as modeling and social persuasion. Besides, supervision increases the chance of conducting successful counseling sessions (Larson, 1998).

In one study, Cashwell and Dooley (2001) examined the impact of receiving clinical supervision on the counseling self efficacy among 33 counselors and a significant difference is found between counselors receiving clinical supervision and counselors not receiving clinical supervision in respect to their level of CSE. Results showed that receiving supervision is related to higher levels of counselor self-efficacy.

In another study, Whittaker (2004) conducted a meta-analysis to investigate the role of supervision on counselor trainees’ anxiety and counseling self-efficacy. Ten studies met the criteria for the meta-analysis and according to result supervision had a medium effect on counselor trainees’ anxiety. Also, supervision was found to have a large effect on counselor trainees’ counseling self-efficacy. These findings demonstrated the role of supervision in increasing the level of counseling self-efficacy during counselor training.

Although several studies have investigated links between received supervision and counseling self-efficacy, few have investigated the link between amount of supervision and counseling self-efficacy. For example the study conducted by Larson et al. (1992) to examine the relationship between amount of supervision and counseling self-efficacy. The amount of supervision was divided into four categories as no supervision, 1 to 3 semesters, 4 to 6 semesters, and 7 to 17 semesters. Results showed that participants who had received 1 to 3 semesters, 4 to 6 semesters and 7 to 17 semesters of supervision reported significantly higher levels of counseling self-efficacy than did the counselor trainees who had not received supervision.

Similarly, Constantine (2001) investigated the role of multicultural counseling training and multicultural supervision on counselor trainees' perceived multicultural counseling self-efficacy in a sample of 94 trainees. Results revealed that prior multicultural counseling training and an average percentage of time spent in supervision were positively related to multicultural counseling self-efficacy of counseling trainees. These findings suggest that more time spent in supervision is related to a higher level of counseling self-efficacy.

In another study, one of the research questions of Harris (2007) was whether or not a relationship between the amount of counseling supervision and counseling self-efficacy existed. For that purpose, fifty-nine beginning and advanced master's level counseling trainees were asked about the number of hours of supervision they had received and they were also asked to complete the Counselor Activity Self-Efficacy Scales. The results of the Pearson correlation revealed that the amount of

counseling supervision received was not related to counselor trainees' scores on the CASES. With regard to three subscales of CASES, only a significant relationship was found between amount of supervision and the Session Management Self-Efficacy subscale. This suggests that there was a link between the amount of counseling supervision received and perceived ability to manage counseling sessions effectively. On the other hand, the amount of prior supervision received was not related to Helping Skills Self-Efficacy and Counseling Challenges Self-Efficacy.

Among the studies that have examined the link between supervision and counseling self-efficacy, most have explored specific components of supervision and their contributions to counseling self-efficacy. These were supervisory working alliance, supervisor style, supervision methods, conflict and role ambiguity and satisfaction with supervision.

For example, in a study Humedian (2002) examined the relationship among supervisory working alliance, social influence, experience and counseling self-efficacy. Seventy-eight counselor trainees participated in the study and results of regression analysis showed that supervisory working alliance, experience level and social influence accounted for respectively 22%, 13% and 6% of variance in counseling self-efficacy. However, according to additional results, satisfaction with supervision was not correlated with counseling self-efficacy.

In another study, Hanson (2006) aimed to investigate the relationship between elements of supervision and counseling self-efficacy and whether counseling self-efficacy mediates the relationship between elements of supervision and counselor performance. Elements of supervision include different constructs

such as supervisory working alliance, supervisory style, conflict and role ambiguity, and counselor trainees' evaluations regarding to supervision. Results revealed that elements of supervision predicted counselor self-efficacy. Supervisory working alliance predicted 31% of variance in the total score and was found as the most important predictor of counseling self-efficacy. Also counseling self-efficacy partially mediated the relationship between elements of supervision and counseling self-efficacy. Only interpersonally sensitive supervisory style, role conflict and role ambiguity, and the supervisory working alliance were related to counselor performance through their relationship with counseling self-efficacy.

Another variable that has received considerable attention in the counseling self-efficacy literature is satisfaction with supervision. Satisfaction with supervision refers to counselor trainee's judgments about current supervision and his or her supervisor's behavior and perceived performance (Holloway & Wampold, 1984, as cited in Ladany, 1992). It is hypothesized that satisfaction with supervision is related to supervisory working alliance and supervisees' motivation to work and achieve various goals in the counseling process.

In the Social Cognitive Model of Counselor Training (Larson, 1998) a great emphasis is placed on subjective judgments of counselor trainees. The assumption of the Social Cognitive Model of Counselor Training (Larson, 1998) is that the higher level of satisfaction with supervisor and supervision may increase the level of counseling self-efficacy through modeling and social persuasion because counselor trainees tend to be influenced by their supervisor when they believe in and are satisfied with their supervisor. Therefore, various studies have been conducted to test

this hypothesis (Fernando & Hulse-Killacky, 2005; Humedian, 2002; Ladany et al., 1999; Ward, 2001).

In one study, Ladany et al. (1999) examined the relationships among counselor trainees' perceptions of the supervisory working alliance, their satisfaction with supervision and their counseling self-efficacy. One hundred and seven counselor trainees participated in the study and results showed that supervisory working alliance did not predict changes in counseling self-efficacy. Also, no significant relationship was found between satisfaction with supervision and counseling self-efficacy.

In another dissertation, one of Ward's (2001) aims was investigating the relationship between levels of satisfaction with supervision and counseling self-efficacy among counselor trainees who were enrolled in an internship course. Results of correlation analysis revealed a significant positive correlation between satisfaction with supervision and counseling self-efficacy. It suggests that an increase in the level of satisfaction with supervision also increases the level of counseling self-efficacy among intern counselor trainees.

Fernando and Hulse-Killacky (2005) hypothesized that counselor trainees' level of satisfaction with supervision is related to perceived counseling self-efficacy. Eighty-two master's degree counselor trainees participated in the study and the Counselor Self-Estimate Inventory and the Supervisory Satisfaction Questionnaire were used to assess counseling self-efficacy and satisfaction with supervision, respectively. Results indicated no significant relationship between satisfaction with supervision and counseling self-efficacy.

In another study, Reese et al. (2009) hypothesized that receiving feedback about a client's progress in counseling may increase the level of satisfaction with supervision and level of counseling self-efficacy. For that purpose, twenty-eight counselor trainees were assigned to feedback and no-feedback groups. The feedback group received feedback about their client's progress during an academic year in supervision process and the no-feedback group did not. Results showed that although counseling self-efficacy levels of trainees in both conditions had increased at the end of the year, no significant differences were found between feedback and no-feedback conditions in regards to their level of satisfaction with supervision and counseling self-efficacy. In addition to this, satisfaction with supervision level did not correlate highly with counseling self-efficacy levels of counselor trainees.

Briefly, the theory and the literature proposed that supervision is an important contributor to the level of counseling self-efficacy. However, more investigation is needed especially in regards to satisfaction with supervision and its role in counseling self-efficacy among counselor trainees.

2.3.4. Counseling Self-Efficacy and Experience

Bandura (1997) proposed that mastery experiences are the most influential source of efficacy. Bandura et al. (1977) designed a study to examine the effect of mastery experiences and vicarious experiences on personal self-efficacy. Participants were 33 people who have chronic snake phobias and they were assigned to three groups: Mastery experiences, vicarious experiences, and no treatment. Results

revealed that participants who were in the master-based treatment group significantly produced higher, stronger and more generalized personal self-efficacy.

According to Larson (1998) mastery experiences includes successfully seeing clients during counseling training. From the perspective of the Social Cognitive Model of Counselor Training, the effectiveness of counseling sessions is important as well as the amount of experiences. At the beginning of the training, counselor trainees are supposed to be successful in building relationship with clients and using microskills appropriately during the sessions. However, the studies examining the role of experiences in counseling self-efficacy generally focused on the amount of experiences (Barbee, Scherer, & Combs, 2003; Coykendall, 1993; Harris, 2007; Sheu & Lent, 2007).

In one study, Melchert et al. (1996) investigated the role of level of training and amount of clinical experience in predicting the counseling self-efficacy of 138 counselor trainees. Results of multiple regression analysis revealed that counselor trainees' level of training and amount of clinical experience together accounted for 43% of the variance. The amount of clinical experience alone accounted for 14 % of the variance.

In another study, Leach, Stoltenberg, McNeill and Eichenfield (1997), examined the relationship among trainee developmental level, client type (e.g., depressed or sexually abused) and counseling experiences with these clients and counseling self-efficacy. One hundred and forty-two master's level and doctoral-level counselor trainees completed a demographic information form, Counseling Self-Estimate Inventory, and Supervisee Levels Questionnaire-Revised (SLSQ-R).

Results showed that counselor trainees with greater client experiences fell into second level on the SLQ-R and students in this group had higher counseling self-efficacy than less experienced groups. Researchers emphasized that asking the number of clients seen previously is more meaningful way of assessing experience than asking the amount of years worked.

Ward (2001), among other hypotheses, examined how hours of supervision and hours of client sessions affect the counselor trainees' perceived counseling self-efficacy. The results of correlation analysis revealed a significant positive relationship between hours of supervision, hours of client sessions and counseling self-efficacy.

Barbee et al. (2003) conducted a study with 113 pre-practicum counseling students to examine the role of service learning, counseling course work and counseling related work experience on counseling self-efficacy and anxiety. The counselor Self-Efficacy Scale was used to assess counseling self-efficacy and the State-Trait Anxiety Inventory was used to assess counselor trainees' anxiety. According to results, a significant difference in counseling self-efficacy was found between counselor trainees who engage in service-learning and those who do not engage in service learning. Also counseling self-efficacy was found to be negatively correlated with anxiety. In addition to this, students who have more counseling related work experiences tend to have stronger sense of counseling self-efficacy. This result is consistent with Bandura's Self- Efficacy Theory (1986) which suggests that direct mastery experiences in a particular task influence the self-efficacy beliefs.

Consistently, Coykendall (1993) in addition to previously mentioned hypotheses examined the relationship between counseling self-efficacy and the number of counseling sessions among counselor trainees. As expected, a positive relationship was found between the number of counseling sessions and counseling self-efficacy. This suggests that in order to increase the level of counseling self-efficacy, the more counseling sessions are needed.

In another study, Tang et al. (2004) investigated whether prior work experiences, counseling related courses, and number of internship hours are related to counseling self-efficacy. The Self-Efficacy Inventory and a demographic questionnaire were administered to 116 counselor trainees. Results revealed the strongest relationship between counseling related course work and counseling self-efficacy. Additionally, internship hours and counseling related work experiences were found to be related with counseling self-efficacy.

Coşgun and Ilgar (2004), aimed at investigating the role of Guidance and Counseling Experiences in elementary and secondary schools on the perceptions of counseling self-efficacy among 59 counselor trainees. Perceived counseling self-efficacy was measured by a 20-item scale which is developed by the researchers. Results showed that there were significant differences between pre-test and posttest scores in counseling self-efficacy. Counseling self-efficacy levels of trainees were significantly increased after the Guidance and Counseling Experiences.

Harris (2007) aimed to identify the factors that were related to higher levels of counseling self-efficacy among counselor trainees. A demographic questionnaire was used to gather information about independent variables the amount of received

counseling supervision, the level of counseling education (beginner or advanced), and the amount of prior counseling related experiences. The Counselor Activity Self-Efficacy Scales (CASES) (Lent et al., 2003) was used to measure the level of counseling self-efficacy. Results revealed no significant difference in perceived counseling self-efficacy between beginning and advanced counselor trainees. Also, the results showed that there was a positive significant correlation between the amount of prior clinical supervision and the Session Management Self-Efficacy Subscale. In addition, higher amount of counseling related experience was positively related to scores on the Counseling Self-Efficacy subscale and the CASES total score.

In another study, Sheu and Lent (2007) were interested in developing a multicultural counseling self-efficacy scale designed to assess the counselors' perceived counseling efficacy in providing individual counseling to racially diverse clients. It was found that direct contact hours with racial diverse clients were positively correlated with multicultural counseling self-efficacy.

In summary, a majority of the studies pointed out that to train more self-confident counselors, more course work, more internship hours and more counseling related work experiences are needed.

In conclusion, literature clearly indicates that counseling self-efficacy is related with counselor performance (Beverage, 1989; Hanson, 2006; Iannelli, 2000; Kocarek, 2001; Larson et al., 1992). However, the factors associated with counseling self-efficacy are still not clearly identified. Results of the previous studies suggest that personal and educational factors are related to counseling self-efficacy among

counselor trainees. Personal life satisfaction, supervision and counseling related experiences seem to be the most prominent factors in predicting the level of counseling self-efficacy.

CHAPTER III

METHOD

This chapter presents methodological details of the study. The design of the study, sample, data collection procedures and instruments, and data analysis procedures are explained respectively.

3.1. Design of the study

The purpose of the present study was to investigate the role of life satisfaction, academic achievement, number of clients, number of counseling sessions with the clients, satisfaction level of supervision both in terms of quantity and quality in predicting perceived counseling self-efficacy among counselor trainees. This study was a correlational research since the relationship between life satisfaction, academic achievement, number of clients, number of counseling sessions with the clients, satisfaction level of supervision both in terms of quantity and perceived counseling self-efficacy were examined. Correlational research aims to identify relationships among variables without manipulating variables (Fraenkel & Wallen, 2005).

The Demographic Data Form, Counselor Activity Self-Efficacy Scales (Lent et al., 2003), Counselor Self-Estimate Inventory (Gençdoğan & Özpolat, 2007), and Satisfaction with Life Inventory (Köker, 1991) were used to collect data. Counselor Activity Self-Efficacy Scales were translated into Turkish. All the scales were administered in Turkish versions.

3.2. Participants

The data for the present study was collected from undergraduate students enrolled in the Department of Guidance and Counseling at eleven universities during spring semester of 2009-2010 academic year. Participants were selected considering two criteria. One of them was to be a senior counselor trainee and the other was to be completed practicum hours. The underlying reasons of these criteria are based on Larson's Social Cognitive Model of Counselor training. According to Larson (1998) development of counseling self-efficacy depends on sources of self-efficacy. The three important sources of counseling self-efficacy are counseling experiences, vicarious learning and social persuasion. In Turkey, only senior counselor trainees have a chance to conduct counseling sessions with clients (mastery experiences) and to receive group supervision about their counseling performance (vicarious learning and social persuasion) as sources of counseling self-efficacy. For mentioned reasons senior students who enrolled in the department of Guidance and Counseling were selected as participants. There were thirty-five Guidance and Counseling Departments in Turkey in the 2009-2010 academic year. Of these universities, only twenty of them had senior students in the Guidance and Counseling program. Eleven universities were chosen among twenty universities according to their practicum semester (Ankara University, Boğaziçi University, Çukurova University, Ege University, Dokuz Eylül University, Gazi University, Hacettepe University, Karadeniz Technical University, Ondokuz Mayıs University, Selçuk University and Uludağ University) and 470 counselor trainees participated in this study. Out of 470,

335 of the participants were female (71%) and 135 of the participants were male (29%).

3.3. Data Collection Procedures

Permission was obtained from the Research Ethics Committee of the Middle East Technical University. The necessary permission for administration of the instruments was taken from the instructors of each class. The purpose of the study was explained to all participants. The participants were ensured confidentiality and were asked to be honest when responding to the instruments. The instruments were administered to counselor trainees during class hours. The administration process took nearly 30 minutes for each session.

3.4. Data Collection Instruments

In this study, the following instruments were used to collect data from counselor trainees: Demographic Data Form, Counselor Activity Self-Efficacy Scales (CASES), Counselor Self-Estimate Inventory (COSE), and Satisfaction with Life Inventory (SWLS).

3.4.1. Demographic Data Form

The Demographic Data Form developed by the researcher for the purpose of gathering information about the participants' gender, the university they attend, GPA's, the number of clients seen by counselor trainee, the number of sessions

conducted by counselor trainee, level of satisfaction with quantity of received supervision and quality of received supervision (see in the Appendix A).

3.4.2. Counselor Activity Self-Efficacy Scales

The Counselor Activity Self-Efficacy Scales (CASES; Lent et al., 2003) assesses participant's levels of counseling self-efficacy in three aspects: performing general helping skills, managing the counseling process, and handling challenging counseling situations.

The CASES consists of 3 subscales with 41 items. The first subscale of the study, helping skill self-efficacy, includes 15 helping skills, and it is divided into three factors: Exploration Skills (five items), Insight Skills (six items), and Action Skills (four items). The second subscale, session management self-efficacy, consists of 10 items about perceived capabilities to effectively manage the counseling sessions. The third subscale, the counseling challenges self-efficacy, consists of 2 factors represented by 16 items. Relationship conflicts items (10 items) includes conflicts and tensions between the counselor and client, and clients distress items (6 items) includes difficult problems such as working with a client who is suicidal or has been sexually abused. The scale asks counselors to rate 41 items on a 10-point scale (0 = *no confidence*, 9 = *complete confidence*) in terms of their perceived confidence in their abilities to perform various tasks with most clients in the next week. The possible maximum score that can be obtained from the scale is 369 and the minimum is 0. Higher score indicates higher perceptions of counseling self-efficacy.

The overall Cronbach alpha coefficient for the original form of the CASES was .97, and the Cronbach alpha coefficients for subscales ranged from .79 to .94 (Lent et al., 2003).

The validity estimates of CASES total scale were positively ($r = .76$) correlated to the Counselor Self-Estimate Inventory (COSE) total scale (Larson et al., 1992), and also large correlations between similar subscales were observed (e.g., for COSE Process and CASES session Management, $r = .67$). The correlations between the CASES and Social Desirability Scale suggested that the CASES scales were not affected by social desirability bias.

The CASES was translated to the Turkish language by the researcher in this study. The details about adaptation process of CASES are given below.

3.4.2.1. The Turkish Version of CASES

In the present study, the following necessary steps were implemented during the adaptation process.

Firstly, the necessary permission was obtained by Lent, who is one of the authors of the original CASES. Then, translation study of the CASES was carried out. The original form of the CASES was translated into Turkish by three counselors who are fluent in English and have an adequate knowledge in the area of counseling. Secondly, the three translated versions of CASES and its original version were given to three academicians (who have a doctoral degree in the area of Guidance and Counseling) to choose the best fitting translation for each item. Thirdly, a Turkish translation of CASES was formed and it was reviewed by three different

academicians at the Guidance and Counseling Department in terms of the content and clarity of the items. Lastly, the final version of CASES was reviewed by a Turkish language teacher to assess the appropriateness of the grammatical structure of the items to Turkish language, and the Turkish version of CASES was finalized (see in the Appendix B).

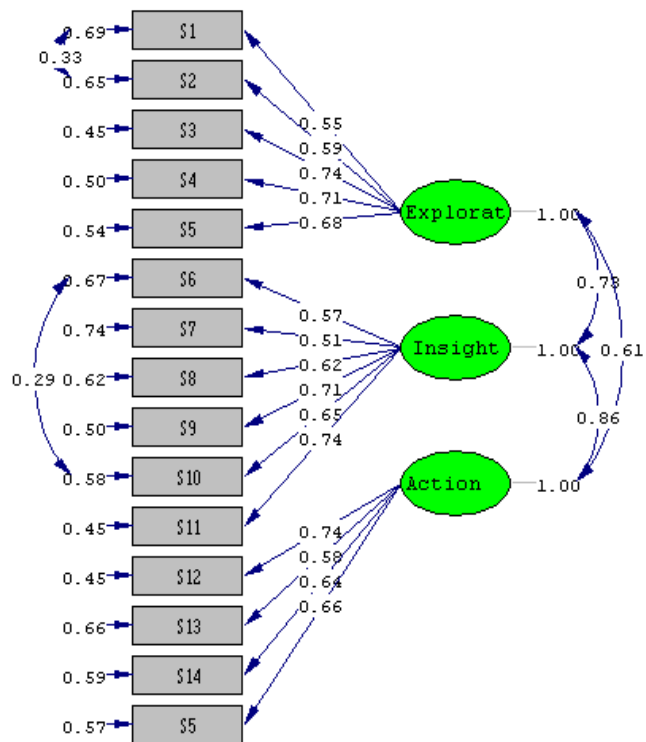
3.4.2.2. Validity and Reliability of Turkish Version of the CASES

The psychometric properties of Turkish version of CASES were re-examined with the research sample of the present study. Prior to factor analysis, a missing value analysis was conducted with the data set consisting of 470 cases. Twenty three participants were excluded from the analysis because of the missing values.

Confirmatory factor analysis (CFA) was conducted by using the Lisrel 8.72 (Jöreskog & Sörbom, 2005) to examine the construct validity of the Turkish version of the CASES. Maximum likelihood and covariance matrices were analyzed as the estimation method to test the original factor structure of the CASES. Each part of CASES was subjected to a confirmatory factor analysis separately. Assessment of model fit based on multiple criteria; these were chi-square statistics, Goodness of Fit Index (GFI), Comparative fit index (CFI), Adjusted Goodness of Fit Index (AGFI), and root mean square error of approximation (RMSEA) were examined. For a good model fit, the ratio χ^2/df between 2 and 3 is indicative of a acceptable data-model fit. A GFI, CFI and AGFI of .90 reflects an acceptable level of fit, although values of .95 or greater are good fit. A RMSEA and S-RMR of .05 is indicative of a good fit,

but values up to .08 are acceptable (Schermelleh-Engel, Moosbrugger, & Müller, 2003; Thompson, 2000; Şimşek, 2007).

The model for the Helping Skill Self-Efficacy subscale consisted of three first-order latent variables representing three subscales, with each variable having 5 (exploration skills), 6 (insight skills) and 4 (action skills) indicators. As a result of first analysis, fit statistics were unacceptable ($\chi^2/df = 4.49$, $p < .000$, RMSEA = 0.088, S-RMR = 0.055, GFI = 0.90, AGFI = .0.86, CFI = 0.96). An examination of the modification indices revealed two correlated measurement errors (between Skill 1 and Skill 2; Skill 6 and Skill 10). Measurement errors between Skill 1 and Skill 2; Skill 6 and Skill 10 were allowed to be correlated to improve the model. After modification process, results demonstrated a satisfactory fit to data ($\chi^2/df = 2.16$, $p < .000$, RMSEA = 0.051, S-RMR = 0.038, GFI = 0.95, AGFI = 0.93, CFI = 0.98). Also, t values of all items were found to be significant. The path diagram of the CFA model for Helping Skill Self Efficacy is shown in Figure 3.1.

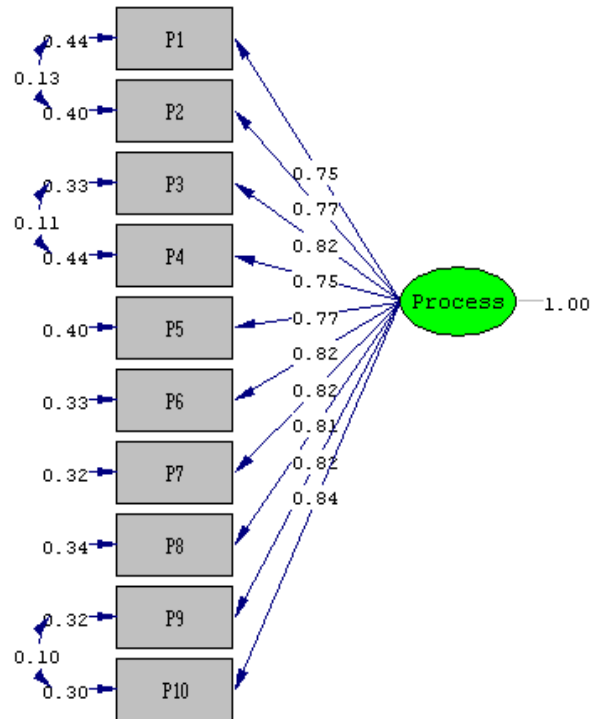


Chi-Square=183.89, df=85, P-value=0.00000, RMSEA=0.051

Figure 3.1 The Path Diagram of the CFA Model for Helping Skill Self Efficacy

The model for the Session Management Self-Efficacy subscale consisted of one first-order latent variable representing all 10-item indicators. As a result of first analysis, it is concluded that the model should be modified to fit the data better ($\chi^2/df = 6.74, p < .000, RMSEA = 0.113, S-RMR = 0.034, GFI = 0.90, AGFI = .0.85, CFI = 0.98$). An examination of the modification indices revealed three correlated measurement errors (between Process 1 and Process 2, Process 3 and Process 4 and Process 9 and Process 10). Measurement errors between these items were allowed to be correlated to improve the model. After modification process, hypothesized model represented a good fit to the data, with all fit indices indicating an acceptable fit (χ^2

/ $df = 3.56$, $p < .000$, $RMSEA = 0.076$, $S-RMR = 0.026$, $GFI = 0.95$, $AGFI = .0.92$, $CFI = 0.99$). Also, t values of all items were found to be significant. The path diagram of the CFA model for Session Management Self-Efficacy is shown in Figure 3.2.



Chi-Square=113.93, $df=32$, $P\text{-value}=0.00000$, $RMSEA=0.076$

Figure 3.2 The Path Diagram of the CFA Model for Session Management Self-Efficacy

The model for the Counseling Challenges Self-Efficacy subscale consisted of two first-order latent variables representing two subscales, with each variable having 10 (relationship conflicts), and 6 (client distress) indicators. Result of CFA indicated that hypothesized model does not fit the data well ($\chi^2 / df = 5.98$, $p < .000$, $RMSEA =$

0.106, S-RMR = 0.059, GFI =0.85, AGFI = .0.81, CFI= 0.95). An examination of the modification indices revealed three correlated measurement errors (between Challenge 2 and Challenge 5, Challenge 7 and Challenge 12 and Challenge 9 and Challenge 10). Measurement errors between these items were allowed to be correlated to improve the model. After modification process, hypothesized model represented a good fit to the data, with all fit indices indicating an acceptable fit ($\chi^2 / df = 3.34, p < .000, RMSEA = 0.072, S-RMR = 0.045, GFI = 0.91, AGFI = .0.88, CFI = 0.98$). Also, t values of all items were found to be significant. The path diagram of the CFA model for Counseling Challenges Self-Efficacy is shown in Figure 3.3.

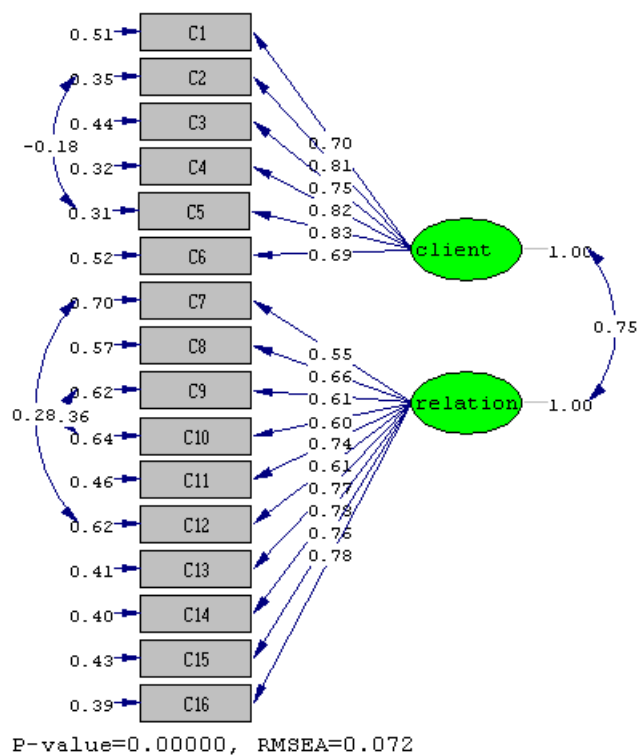


Figure 3.3 The Path Diagram of the CFA Model for Counseling Challenges Self-Efficacy

The hypothesized models were tested separately for three parts of CASES and these models were evaluated and modified until the model-data fit was attained. Factor loading (λ_i) and squared correlation (R^2) which is calculated for each observed variable is given in Table 3.1.

Table 3.1 Factor Loadings and Squared Multiple Correlations for Subscales of CASES

Subscale	Item	λ_i	R^2
Exploration	S1	.55	.31
	S2	.59	.35
	S3	.74	.55
	S4	.71	.50
	S5	.68	.46
Insight	S6	.57	.33
	S7	.51	.26
	S8	.62	.38
	S9	.71	.50
	S10	.65	.42
Action	S11	.74	.55
	S12	.74	.55
	S13	.58	.34
	S14	.64	.41
	S15	.66	.43
Process	P1	.75	.55
	P2	.77	.60
	P3	.82	.70
	P4	.75	.59
	P5	.77	.60
	P6	.82	.66
	P7	.82	.68

Table 3.1 (Continued) Factor Loadings and Squared Multiple Correlations for Subscales of CASES

Subscale	Item	λ_i	R^2
	P8	.81	.66
	P9	.82	.67
	P10	.84	.69
Client Distress	C1	.70	.51
	C2	.81	.58
	C3	.75	.57
	C4	.82	.68
	C5	.83	.62
	C6	.69	.50
	C7	.55	.33
	C8	.66	.43
	C9	.61	.38
	C10	.60	.35
Relationship Conflicts	C11	.74	.54
	C12	.61	.41
	C13	.77	.58
	C14	.78	.59
	C15	.76	.57
	C16	.78	.61

As an additional evaluative step, a second-order factor analysis was conducted on the data to ensure that all three subscales of CASES loaded on the construct of Counseling Self-Efficacy. Results showed that all items of Helping Skill Self-Efficacy, Session Management Self-Efficacy and Counseling Challenges Self-Efficacy items loaded on Counseling Self-Efficacy at $p < .001$. As can be seen from Table 3.2 all the given indices reflect an acceptable model fit (Schermelleh-Engel et al., 2003; Şimşek, 2007).

Table 3.2 Goodness of Fit Indices of the Second-Order Confirmatory Factor Analysis

χ^2/df	RMSEA	S-RMR	GFI	AGFI	CFI
3.30	0.072	0.053	0.98	0.98	1.00

In sum, the results of confirmatory factor analyses provided further support for the construct validity of the CASES' subscales.

To assess convergent validity of the CASES, the pattern of correlations between the CASES and Counselor Self-Estimate Inventory (Larson et al., 1992) were compared. Examining the CASES and COSE correlations, moderate correlation was observed between the CASES' total scale score and COSE's total scores ($r = .64$). As can be seen from Table 3.3 the correlations between subscales with similar content of CASES and COSE were moderate to high (e.g., for COSE Managing Counseling Process and CASES Process Management, $r = .47$; for COSE Analytic Skills and CASES Exploration Skills, $r = .56$). These findings provided evidence supporting the convergent validity of the CASES.

Table 3.3 Correlations of the Counselor-Activity Self-Efficacy Scales (CASES) to the Criterion Variables

CASES	COSE Scale					
	Basic Therapeutic Skills	Analytic Skills	Difficult Clients	Become Neuter in Counseling Process	Managing Counseling Process	COSE total
Exploration Skills	.47**	.56**	.27**	.16**	.37**	.50**
Insight Skills	.42**	.53**	.23**	0.13	.29**	.42**
Action Skills	.39**	.46**	.21**	-.48	.28**	.37**
Session Management	.59**	.71**	.37**	.13**	.47**	.62**
Client Distress	.50**	.56**	.36**	.10**	.37**	.52**
Relationship Conflict	.42**	.50**	.37**	.13**	.37**	.48**
CASES total	.60**	.72**	.41**	.12**	.47**	.635**

* $p < .05$.

** $p < .01$.

Internal consistency of the CASES was calculated through the Cronbach Alpha (α) and the McDonald Omega (ω) estimation. The reliability coefficient alpha was .96 for the overall scale, .88 for Helping Skill Self-Efficacy, .95 for Session Management Self-Efficacy, and .93 for Counseling Challenges Self-Efficacy. Cronbach Alpha (α) coefficients for each of the subscales ranged from .75 to .93 (See Table 3.4)

Similarly, the reliability coefficient McDonald Omega (ω) for the overall scale was .98 and internal consistency estimates for each of the three factors were .92 for Helping Skill Self-Efficacy, .95 for Session Management Self-Efficacy, and .95 for Counseling Challenges Self-Efficacy. McDonald Omega (ω) coefficients for each

of the subscales ranged from .75 to .90 (See Table 3.4). Results indicated that CASES had satisfactory support for internal consistency.

Table 3.4 McDonald Omega (ω) and Cronbach Alpha (α) coefficients for CASES

Factors	Subscales	ω	α
Helping Skill Self-Efficacy		.92	.88
	Exploration Skills	.79	.81
	Insight Skills	.80	.81
	Actions Skills	.75	.75
Session Management Self-Efficacy		.95	.95
Counseling Challenges Self-Efficacy		.95	.93
	Relationship Conflicts	.90	.90
	Clients Distress	.90	.89

After re-examining the psychometric properties of Turkish version of CASES, the minimum and maximum scores that can be obtained from the total scale ranges from 0 to 369, for Helping Skill Self-Efficacy 0 to 135, for Session Management Self-Efficacy 0 to 90, and for Counseling Challenges Self-Efficacy 0 to 144.

3.4.3. Counselor Self-Estimate Inventory

COSE (Larson et al., 1992) consists of 37 items designed to measure counselor self-efficacy levels of counselor trainees. Items were negatively and

positively worded and participants respond to statements using a 6 point Likert type scales ranging from strongly disagree to strongly agree. The total score ranges from 37 to 222 and a higher score indicates a higher level of counselor self-efficacy. Five factors were identified for COSE: Microskills (12 items), Process (10 items), Difficult Client Behaviors (7 items), Cultural Competence (4 items) and Awareness of Values (4 items). The internal consistency for the total score of COSE was found .93 and for the five subscales internal consistency were reported as follows: $\alpha = .88$ for Microskills; $\alpha = .87$ for Process; $\alpha = .80$ for Difficult Client Behaviors; $\alpha = .78$ for Cultural Competence; and $\alpha = .62$ for Awareness of Values (Larson et al., 1992).

In the present study the Turkish version of the COSE was used (Appendix C). Adaptation study of COSE was carried out by Gençdoğan and Özpolat (2007). The internal consistency coefficient of Turkish version of COSE was .92 for the total scale. The COSE was found to correlate significantly with the Communication Skills Scale ($r = .45$). In the Turkish version of COSE, results of exploratory factor analysis revealed that COSE had a five factor structure that explained .45 percent of the total variance. Although both the original and the Turkish forms of the scale consist of 5 sub-scales, Turkish form did not represent the same factor structure with the original form. The Turkish form of the COSE consists of these five factors: Basic Therapeutic Skills (15 items), Analytic Skills (7 items), Difficult Clients (6 items), Becoming Neuter in Counseling Process (5 items), and Managing the Counseling Process (4 items).

In this study COSE was used to assess the convergent validity of CASES. The reliability coefficient alpha was .90 for the overall scale, .84 for Basic

Therapeutic Skills, .84 for Analytic Skills, .67 for Difficult Clients, .61 for Becoming Neuter in Counseling Process and .41 for Managing the Counseling Process.

3.4.4. Satisfaction with Life Scale (SWLS)

The Satisfaction with Life Scale is a self-administered scale originally developed by Diener et al. (1985). The SWLS measures life satisfaction as a cognitive-judgmental process using a multi-item scale. The scale consists of five statements with a seven-point Likert scale ranging from strongly disagree to strongly agree and a higher score indicates a higher level of satisfaction with life. The correlation coefficient of the original survey is .82 and the Cronbach alpha is .87 (Diener et al, 1985). The SWLS which was translated into Turkish by Köker (1991) and the internal consistency coefficient was .78 and test-retest reliability over three weeks was found .71 for the Turkish participants (Appendix D). In the present study the Cronbach alpha was found as .86.

3.5. Data Analysis

Prior to the analysis of the data, reliability studies of the scales were conducted. Internal consistency was assessed using Cronbach alpha and McDonalds Omega for CASES and Cronbach alpha for other instruments.

Secondly, descriptive statistics were used to describe the basic features of the participants. Additionally, to investigate the role of the grade point average (GPA), life satisfaction, number of clients, number of conducted counseling sessions, and satisfaction with supervision according to quantity and quality in predicting

counselor trainees' self-efficacy levels stepwise multiple regression analysis were conducted. The data were analyzed with Statistical Package for Social Sciences (SPSS 15.0).

3.6. Limitations of the Study

Some limitations of the study should be mentioned while interpreting the results.

Firstly, life satisfaction, academic achievement, number of clients, number of counseling sessions with the clients, and satisfaction level of supervision both in terms of quality and quantity were investigated as predictors of counseling self-efficacy. Yet, other possible factors, which may affect the counseling self-efficacy level, were not taken into consideration.

Secondly, in this study a convenient sample was used, which places some restrictions on the generalizability of the findings (Fraenkel & Wallen, 2005).

Finally, information in the demographic data form, life satisfaction and counseling self-efficacy levels of the students were assessed by all self-report scales. The limitations of self-report measures should be taken into consideration.

CHAPTER IV

RESULTS

The results of the statistical analyses are presented in this chapter. This chapter includes two main sections. In the first section, descriptive studies of the dependent and independent variables for the participant are given. In the second section, the results of the stepwise multiple regression analysis applied to investigate predictive effect of academic achievement, number of clients, number of conducted counseling sessions with the clients, satisfaction level of supervision both in terms of quality and quantity and life satisfaction on counseling self-efficacy levels are reported.

4.1. Descriptive Statistics

Minimum, maximum scores, means and standard deviations of the independent and dependent variables for the counselor trainees are presented in Table 4.1.

Table 4.1 Minimum, Maximum Scores, Means and Standard Deviations of the Independent and Dependent Variables for the Participants

Variables	n	Possible Range	Min.	Max.	Mean	SD
Dependent Variable						
Counseling Self-Efficacy	470	0-369	115	343	236.11	44.35
Independent Variables						
Academic Achievement (GPA)	468	0.00-4.00	1.78	3.93	2.99	.40
Number of Clients	469		0	12	2.15	1.56
Number of Counseling Sessions	469		0	33	8.60	6.22
Satisfaction with Quantity of the Supervision	470	0-5	0	5	2.72	1.42
Satisfaction with Quality of the Supervision	470	0-5	0	5	2.78	1.42
Life Satisfaction	470	5-35	6	35	24.97	5.37

4.2. Bivariate Correlation Matrices of the Variables

The correlation coefficients of the scores of the independent variables and counselign self-efficacy as the dependent variable were given in the Table 4.2.

The correlations among variables changed from $-.022$ to $.594$. Table 4.2. shows that most of the correlations among predictors were low and no extreme correlation was observed.

Table 4.2 Correlation Coefficients of the Scores of the Independent Variables and CSE Scores of the Participants

Variables	1	2	3	4	5	6	7
CSE	1						
GPA	-.022	1					
Number of clients	.156**	-.027	1				
Number of counseling sessions	.184**	.019	.594**	1			
Satisfaction with quantity of supervision	.167**	.093*	.096*	.261**	1		
Satisfaction with quality of supervision	.190**	-.063	.101*	.255**	.582**	1	
Satisfaction with Life	.283**	.042	.031	.002	.059	.056	1

***p < .01, two-tailed. *p < .05, two-tailed.*

4.3. Stepwise Multiple Regression Analysis

In the present study, Stepwise Regression analysis was conducted to predict the effect of the independent variables, which are academic achievement, number of clients, number of conducted counseling sessions with the clients, satisfaction level of supervision both in terms of quality and quantity and life satisfaction on dependent variable, counseling self-efficacy.

Stepwise Regression analysis was preferred in the present study. Because in stepwise multiple regression, the independent variables are entered according to their statistical contribution in explaining the variance in the dependent variable and independent variables that do not provide additional prediction to the independent variables in the equation are already eliminated. Stepwise regression is designed to

find the set of predictors that are most effective in predicting the dependent variable (Tabachnick & Fidell, 2007).

Before conducting the analysis, major assumptions of the multiple regression analysis were checked. The main assumptions underlying regression analyses are normality, linearity, multicollinearity, independence of residuals, and homoscedasticity.

Normal distribution of data was tested by Kolmogorov Smirnov test, skewness and kurtosis values, histograms, stem-and-leaf plots. Kolmogorov-Smirnov test was not significant ($p > .05$) and skewness and kurtosis values were close to zero which provided an evidence for normality (Tabachnick & Fidell, 2007). Moreover, visual inspection of histograms, and stem-and-leaf plots indicated no great deviations from normality. Therefore, it was concluded that counseling self-efficacy scores are normally distributed.

In order to check multicollinearity, variance inflation factor (VIF) and tolerance values were checked. With the criteria of tolerance should not be more than .10 and VIF should be less than 10, multicollinearity was not detected for the present data (Field, 2005). Table 4.3 presented the tolerance and VIF values in order to check multicollinearity assumption. Findings indicated that the assumption was satisfied.

Table 4.3 Tolerance and VIF Values of GPA, Number of Clients, Number of Counseling Sessions, Satisfaction with Quantity and Quality of Supervision and Life Satisfaction Variables for Multicollinearity Assumption

Variables	Tolerance	VIF
GPA	.984	1.017
Number of clients	.638	1.568
Number of counseling sessions	.597	1.675
Satisfaction with quantity of supervision	.269	3.718
Satisfaction with quality of supervision	.272	3.682
Satisfaction with Life	.992	1.008

The assumption of linearity presumes a linear relationship among the independent variables and dependent variable (Tabachnick & Fidell, 2007). “If nonlinearity is present, the overall shape of the scatter plot is curved instead of rectangular” (Tabachnick & Fidell, 2007, p.138). According to scatter plot on Figure 4.1 which is not curved, linear relationship was assumed not to be violated.

Independence of residuals assumption detected from Durbin-Watson value. This assumption requires that the residuals do not follow a pattern from case to case. According to Durbin-Watson Critical Values Table, a value of 1.77 indicates that there is no autocorrelation (Alpar, 1997). Therefore, the assumption of independence of residuals was not violated.

The assumption of homoscedasticity was checked by residual scatter plot of CSE. The homoscedasticity is that standard deviations of errors of prediction are equal for all predicted DV scores (Tabachnick & Fidell, 2007). Heteroscedasticity is usually shown by a cluster of points that is wider as the values for the predicted DV

get larger (Tabachnick & Fidell, 2001). As can be seen on Figure 4.1, the assumption of homoscedasticity was satisfied.

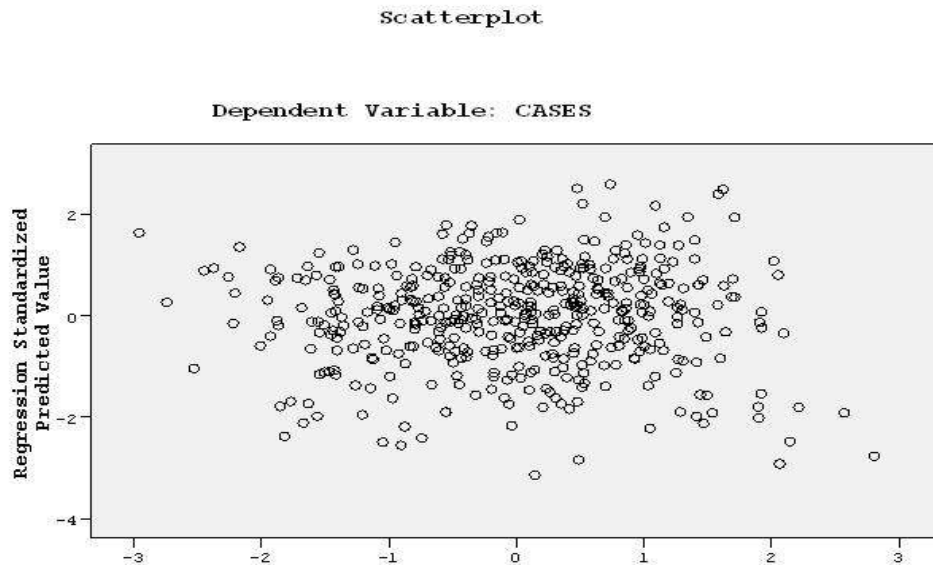


Figure 4.1 Scatter Plot of the Residuals of Overall Counseling Self-Efficacy

Since the assumptions were provided, the contributions of independent variables on dependent variable were examined. Table 4.4 and 4.5 show findings of stepwise regression analysis for overall counseling self-efficacy.

Table 4.4 R, R Square Change and Adjusted R Square Predicting the CASES Scores

Variable (n = 466)	R	R Square	Adjusted R Square	R Square Change	F Change	df 1	df 2	Sig F Change
SWLS	.236	.082	.080	.082	41.398	1	464	.000
Number of counseling sessions	.338	.114	.110	.032	16.936	1	463	.000
Satisfaction with Quality of Supervision	.361	.130	.125	.016	8.498	1	462	.004

As shown in Table 4.3, the Satisfaction with Life Scale scores, number of conducted counseling sessions, and Satisfaction with quality of supervision appeared as significant predictors, explaining approximately 13 % of the total variance of the CASES scores of the counselor trainees.

Table 4.5 B, Beta's Correlations and Significance Level Predicting the CASES Scores

Variables	B	Std.Error	Beta	t	Significance
(Constant)	177.489	9.338		19.007	.000
SWLS	2.352	.366	.286	6.434	.000
(Constant)	166.592	9.556		17.433	.000
SWLS	2.348	.359	.286	6.531	.000
Number of counseling sessions	1.279	.311	.180	4.116	.000
(Constant)	158.840	9.845		16.133	.000
SWLS	2.288	.357	.278	6.404	.000
Number of counseling sessions	1.043	.319	.147	3.272	.001
Satisfaction with quality of supervision	4.071	1.395	.131	2.915	.004

The first variable entered into the equation was the Satisfaction with Life Scale score. The regression equation with the SWLS score was significant, $R^2 = .08$, adjusted $R^2 = .08$, $F_{(1, 464)} = 41.40$, $p < .001$. This variable alone accounted for the 8.2% of the variance.

Number of conducted counseling sessions entered into the equation as the second variable. The regression equation with number of conducted counseling sessions was also significant, $R^2 = .11$, adjusted $R^2 = .11$, $F_{(1, 463)} = 16.937$, $p < .001$. Number of conducted counseling sessions accounted for an additional 3.2 % of the variance.

The last variable entered into the equation was satisfaction with quality of supervision. The regression equation with satisfaction with quality of supervision was also significant, $R^2 = .13$, adjusted $R^2 = .13$, $F_{(1, 462)} = 8.498$, $p < .05$. This variable alone accounted for an additional 1.6 % proportion of the total variance.

In sum, stepwise multiple regression analysis demonstrated that Satisfaction with Life, Number of conducted counseling sessions, satisfaction with quality of supervision appeared as significant predictors explaining 13 percent of the total variance of the CASES scores of the counselor trainees. It can be concluded that the effect size is moderate (Cohen, 1988). On the other hand, GPA, number of clients and satisfaction with quantity of supervision has not appeared as significant predictors of counseling self-efficacy for the participants.

CHAPTER V

DISCUSSION

This chapter includes the discussion of the results, their implications and the recommendations for practice and future research.

5.1. Discussion

The purpose of the study was to investigate the role of life satisfaction, academic achievement, number of clients, number of counseling sessions with the clients, and satisfaction level of supervision both in terms of quality and quantity in predicting the perceived counseling self-efficacy among counselor trainees. A stepwise multiple regression analysis was employed to examine the role of predictor variables upon counselor self-efficacy scores of the counselor trainees. The results of stepwise multiple regression analysis showed that life satisfaction, number of conducted counseling sessions, and satisfaction with quality of the supervision accounted for 13% of the variance in counseling self-efficacy scores. On the other hand, academic achievement, number of clients and satisfaction with quantity of supervision were not found as significant predictors of counseling self-efficacy.

The first variable entered into the regression equation was the life satisfaction levels of counselor trainees that predicted the counseling self-efficacy scores. This variable accounted for 8.2% of the total variance. This result showed that as the counselor trainees' life satisfaction levels increase, their counseling self-efficacy levels also increase. In other words, counselor trainees who are satisfied with their own lives are more confident about their counseling behaviors. This result was also

consistent with the Bandura's Social Cognitive Theory and some other studies' findings (Bandura, 1986; Lent et al., 2005; Sherman & Thelen, 1998). According to Bandura (1986) a higher level of self-efficacy facilitates coping well with stress and increases the level of satisfaction with life by decreasing the level of anxiety and depression. Also, Lent et al. (2005) found that overall life satisfaction was related to satisfaction in specific life domains and there was a relationship between a higher level of self-efficacy and life satisfaction. Additionally, in parallel with the results of this study, Sherman and Thelen (1998) pointed out that psychologists who were less satisfied with their lives were also less satisfied with their work and experienced impairment.

On the other hand, some studies revealed that satisfaction with life was not associated with counseling self-efficacy (Coykendall, 1993; Curry, 2007). For example, Coykendall (1993) investigated the relationship between the number of stressful life events and the counseling self-efficacy levels of counselor trainees and found no significant relationship. However in this study, stressful life events experienced within three months were asked to the participants. Limited time and listed stressful life events may not be sufficient to differentiate counselor trainees' scores.

In a similar vein, Curry (2007) examined the relationship between counseling self-efficacy and wellness among counselor trainees. Results of this study revealed no significant relationship between counseling self-efficacy and wellness. Using different wellness and counseling self-efficacy scales and the differences in organization of studies may be the reason for conflicting results.

The second variable entered into the equation was number of conducted counseling sessions that accounted for the 3.2% variance of the counseling self-efficacy scores of the counselor trainees. This finding showed that, beside life satisfaction, the number of conducted sessions in training plays an important role in predicting counseling self-efficacy scores. This result supported the hypothesis of Bandura's Social Cognitive Theory (1997). Also, a majority of the studies in the literature were parallel with this finding (Coşgun & Ilgar, 2004; Coykendall, 1993; Harris, 2007; Melchert et al., 1996; Sheu & Lent, 2007; Tang et al., 2004).

For example, Melchert et al. (1996) found that counselor trainees' amount of clinical experience was an important variable in predicting the level of counseling self-efficacy. Also, in his dissertation Ward (2001) revealed a positive significant relationship between hours of client session and counseling self-efficacy. In another study, Barbee et al. (2003) showed that more counseling related work experiences were related to a stronger sense of counseling self-efficacy among counselor trainees.

Similarly, the findings of Coykendall (1993) provide a support for the result of this study. Coykendall (1993) revealed that a positive relationship between the number of counseling sessions and counseling self-efficacy. Also, in their study Tang et al. (2004) found similar results. According to their results, the number of internship hours and counseling related work experiences were found to be related with counseling self-efficacy.

Additionally, a study conducted in Turkey provides support for the finding of this study (Coşgun & Ilgar, 2004). Coşgun and Ilgar (2004) found that guidance and counseling experiences during the training process increased the level of counseling

self-efficacy. Similarly, in another study Harris (2007) found that prior counseling related experiences was positively related to counseling self-efficacy levels of counselor trainees. Moreover, findings of Sheu and Lent's study (2007) showed that direct contact hours with racially diverse clients were positively correlated with multicultural counseling self-efficacy.

In summary, it can be concluded that a great number of studies support the relationship between counseling related experiences and counseling self-efficacy. However, in this study counseling experiences were assessed through the number of counseling sessions and the number of clients seen during the counseling training. Surprisingly, the number of clients was not found to be a significant predictor of counseling self-efficacy. The limited number of clients that were seen by counselor trainees might be one of the reasons for this finding. Because of limited time and supervision opportunities, counselor trainees only get the opportunity to counsel with a small number of clients. For example, in this study it can be seen that the number of client seen by trainees ranged from 0 to 12 and mode was 2. This number may not be sufficient to differentiate counselor trainees' experience levels.

The last variable entered into the equation was satisfaction with the quality of supervision. This variable accounted for 1.6 % of the variance for counseling self-efficacy. It means that the more satisfaction with the quality of supervision, the higher the levels of counseling self efficacy. However, satisfaction with the quantity of supervision did not predict the level of counseling self-efficacy.

When relevant literature is reviewed, it can be clearly seen that most of the studies provide support for the role of supervision in predicting counseling self-

efficacy among counselor trainees (Cashwell and Dooley, 2001; Whittaker, 2004; Larson et al., 1992; Constantine, 2001).

Cashwell and Dooley (2001) investigated the role of receiving supervision on counseling self-efficacy and found a significant difference between counseling self-efficacy scores of counselors receiving clinical supervision and counselors not receiving clinical supervision. Similarly, Whittaker (2004) pointed out that supervision was positively related to counseling self-efficacy.

In relevant literature, it is seen that studies generally have focused on counseling self-efficacy and amount of received supervision. There were few studies focusing on satisfaction with supervision and counseling self-efficacy (Fernando & Hulse-Killacky, 2005; Humedian, 2002; Ladany et al., 1999; Ward, 2001). Only one of them (Ward, 2001) revealed a significant positive relationship between satisfaction with supervision and counseling self-efficacy. Ladany et al. (1999) found no significant relationship between satisfaction with supervision and counseling self-efficacy. Similarly, Fernando and Hulse-Killacky (2005) found no significant relationship between satisfaction with supervision and counseling self-efficacy.

Nevertheless, none of these studies has assessed satisfaction with supervision in terms of quality and quantity. Conflicting results may arise from confusion about the “satisfaction with supervision” concept. Satisfaction with supervision may include satisfaction with the amount of supervision, satisfaction with supervisor, supervisory working alliance and style of the supervisor. Also, it may include the satisfaction with supervision environment such as the number of counselor trainees participating in group supervision, and satisfaction with technical opportunities, etc.

In this study only two different components of supervision, satisfaction with quality and quantity of supervision, were handled. Results suggested that satisfaction with quality of supervision is related to counseling self-efficacy, but satisfaction with quantity of supervision is not related to counseling self-efficacy among counselor trainees.

According to the result of this study, academic achievement was not found to be a significant predictor of counseling self-efficacy among counselor trainees. Results of some studies supported this result (Larson et al., 1992; Al-Darmaki, 2005). For example, Larson et al. (1992) examined the relationship between counseling self-efficacy and academic achievement and found very small correlations between the two variables. Larson et al. (1992) suggested that a small sample size restricted the range of the GPA and it may be the reason for small correlations. Similarly, Al-Darmaki (2005) found no significant relationship between academic achievement and counseling self-efficacy levels of counselor trainees. Only results of Yiyit's (2001) study found a significant relationship between general academic achievement and school counseling self-efficacy levels of school counselors. This result may arise from different characteristics of the participants, because Yiyit (2001) studied with school counselors. Briefly, the finding of this present study is consistent with the bulk of the literature and suggests no relationship between academic achievement and counseling self-efficacy among counselor trainees.

5.2. Implications for Counseling Education

The findings of this present study have important implications for counselor education. Results of the present study revealed that counselor trainees' level of life satisfaction was a significant predictor of counseling self-efficacy. This finding highlights the importance of counselor characteristics for counseling self-efficacy which suggests that counselor trainees' satisfaction with their lives and other inferred traits are important factors in counseling education. Therefore, counselor educators should pay attention to issues related to counselor trainees' own lives. Also there should be counseling opportunities for counselor trainees and they should get professional help when needed. It is clear that good psychological health is necessary to be a confident and effective counselor.

One of the important findings obtained from this present study revealed that the number of conducted counseling sessions was a significant predictor of counseling self-efficacy. It means that adequate amounts of counseling experience with clients facilitate the development of counseling self-efficacy. Accordingly, counselor education programs should include more training hours and counselor trainees should be required to conduct more counseling sessions with clients during training. In Turkey, individual counseling practices are limited to one semester. However, the results of the present study showed that individual counseling practices should last over at least two semesters.

The findings of the present study revealed that satisfaction with the quantity of supervision was a significant predictor of counseling self-efficacy. It suggests that counselor trainees tend to be more confident about their counseling abilities when

they are satisfied with the supervision received. Therefore, counselor educators should provide counselor trainees with more opportunities to receive feedback about their counseling abilities. Also, counselor supervisors should consider the ways in which they satisfy their trainees. For example supervisors could get feedback about the supervision process and try to develop their supervision abilities. Also supervisors, could be supportive with beginning counselor trainees and could provide positive feedback. Positive feedback and support will allow counselor trainees to reduce anxiety and develop a strong sense of counseling self-efficacy.

To sum up, both personal and educational factors should be considered during the process of developing counseling self-efficacy. Rehabilitative and preventive counseling services should be provided to counselor candidates during training. Also, educational opportunities such as the amount of counseling experiences and counseling supervision should be increased and they should be constantly reviewed.

5.3. Recommendations for Future Research

The findings of the present study provide a number of recommendations for future research. First of all, only life satisfaction as a personal trait was examined in the present study. Several other personal characteristics such as counselor personality, self-concept, and wellness may also be important factors that should be investigated.

The results of the present study showed that counseling related experiences and satisfaction with quality of supervision predicted the counseling self-efficacy levels of counselor trainees. Findings of this study support the need for further

investigation of the educational factors leading to higher level of counselor self-efficacy among counselor trainees.

In the present study two sources of counseling self-efficacy, mastery experiences and social persuasion, were examined. Future studies could be conducted to explore the influence of vicarious experiences and physiological factors on counseling self-efficacy.

Furthermore, two different measurements of counseling self-efficacy may be recommended to assess the influence of factors. The first measurement may be done before participants begin training and the second measurement should take place when the participants complete their training. Using this method, the development process of counseling self-efficacy could be more accurately identified and significant differences among counselor trainees would be more clearly evident.

Future studies should also focus on obtaining a larger sample size. Also, factors that lead to a strong sense of counseling self-efficacy should be investigated while working with different sample groups (eg. school counselors, master's level counselor trainees). Counseling self-efficacy studies with different and larger samples may yield different results.

A qualitative study would also be beneficial for determining the factors related to counseling self-efficacy. Through a qualitative study, factors that may not be addressed on questionnaires can be identified.

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APPENDICES

APPENDIX A

DEMOGRAPHIC DATA FORM

(DEMOGRAFİK BİLGİ FORMU)

Sevgili Katılımcı,

Bu çalışmanın amacı üniversitelerin rehberlik ve psikolojik danışmanlık son sınıf öğrencilerinin psikolojik danışma özyeterlik düzeylerini etkileyen çeşitli faktörleri araştırmaktır. Çalışmada sizden istenilen verilen form ve ölçeklere ilişkin yönergeleri dikkatle okumanız ve soruların ya da ifadelerin karşısında yer alan boşluklara uygun cevapları yazmanız veya numaralandırılmış dairelerden durumunuza en uygun olan rakamı işaretleyerek belirtmenizdir.

Sorulara vereceğiniz **tüm yanıtlar sadece araştırmanın amacına yönelik olarak kullanılacak ve gizli tutulacaktır.** Bu nedenle formlara **lütfen isminizi yazmayınız.**

Verilen yanıtlar, çalışmanın amacına ulaşması açısından büyük önem taşıyacağından lütfen tüm soruları boş bırakmadan içtenlikle yanıtlayınız.

Bu çalışma için ayıracağınız zaman ve katkılarınızdan dolayı şimdiden teşekkür ederim.

Burcu PAMUKÇU

Orta Doğu Teknik Üniversitesi

Rehberlik ve Psikolojik Danışma ABD

1. Cinsiyetiniz: Kadın () Erkek ()
2. Bu döneme kadarki genel akademik ortalamanız:
3. Eğitiminiz süresince kaç farklı danışanla psikolojik danışma oturumları gerçekleştirdiniz?.....
4. Eğitiminiz süresince danışanınız/danışanlarınızla toplam kaç psikolojik danışma oturumu gerçekleştirdiniz?.....

5. Uygulamalarınız süresince aldığınız süpervizyonu nicelik (sayı) açısından ne ölçüde yeterli buluyorsunuz?

Hiç						Çok	
Yeterli						Yeterli	
Değil						Değil	
↑						↑	
0	1	2	3	4	5		

6. Uygulamalarınız süresince aldığınız süpervizyonu niteliği açısından ne ölçüde yeterli buluyorsunuz?

Hiç						Çok	
Yeterli						Yeterli	
Değil						Değil	
↑						↑	
0	1	2	3	4	5		

Belirtmek istediğiniz başka bir şey varsa lütfen belirtiniz.

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APPENDIX B

COUNSELOR ACTIVITY SELF-EFFICACY SCALES

(PSİKOLOJİK DANIŞMA ÖZ-YETERLİK ÖLÇEĞİ)

Genel Yönerge: Bu ölçek üç bölümden oluşmaktadır. Her bölüm çeşitli psikolojik danışman davranışlarını sergilemekteki veya psikolojik danışma sürecine özgü sorunlarla baş edebilmedeki becerilerinizle ilgili inançlarınız hakkında ifadeler içermektedir. Sizden nasıl görünmek istediğiniz veya gelecekte nasıl görünebileceğinizden çok şu andaki yeteneklerinize dair inancınızı yansıtan içten cevaplar beklenmektedir. Aşağıdaki ifadelerin doğru ya da yanlış cevapları yoktur. Lütfen her madde için cevabınızı en iyi yansıtan rakamı işaretleyiniz.

Bölüm I. Yönerge: Gelecek hafta boyunca yürüteceğiniz psikolojik danışma oturumlarında danışanlarınızın çoğu ile, aşağıda verilen genel yardım becerilerini ne derece etkili bir şekilde kullanacağınıza olan güveninizi belirtiniz.

		Hiç Güvenmiyorum			Biraz Güveniyorum				Tam Olarak Güveniyorum		
		↑				↑				↑	
1	Dikkati verme (fiziksel olarak danışana yönelme)	0	1	2	3	4	5	6	7	8	9
2	Dinleme (danışanların iletmiş mesajları kavrama ve anlama)	0	1	2	3	4	5	6	7	8	9
3	Yeniden ifadelendirme (danışanın söylediğini kısa-öz, somut ve açık bir biçimde tekrar etme veya başka bir şekilde ifade etme)	0	1	2	3	4	5	6	7	8	9
4	Açık uçlu sorular (danışanlara duygularını veya düşüncelerini netleştirmelerine veya keşfetmelerine yardımcı olacak sorular sorma)	0	1	2	3	4	5	6	7	8	9
5	Duygu yansıtma (danışanın ifadelerini duygularına vurgu yaparak tekrar etme veya başka bir şekilde ifade etme)	0	1	2	3	4	5	6	7	8	9
6	Keşif için kendini açma (geçmişiniz, yetkinliğiniz veya duygularınız ile ilgili kişisel bilgilerinizi açma)	0	1	2	3	4	5	6	7	8	9
7	Amaçlı sessizlik (danışanların duygu ve düşünceleriyle baş başa kalmalarını sağlamak için sessizlikten yararlanma)	0	1	2	3	4	5	6	7	8	9

8	Meydan okuma (danışanın farkında olmadığı, değiştirmeye isteksiz olduğu veya değiştiremediği tutarsızlıklarına, çelişkilerine, savunmalarına veya akılcı olmayan inançlarına dikkat çekme)	0	1	2	3	4	5	6	7	8	9
9	Yorumlama (danışanın açıkça ifade ettiklerinin ötesine geçen ve danışana duygu, düşünce ve davranışlarını, görmede yeni bir bakış açısı sunan açıklamalar yapma)	0	1	2	3	4	5	6	7	8	9
10	İçgörü için kendini açma (kişisel içgörü kazandığınız geçmiş yaşantılarınızı açma)	0	1	2	3	4	5	6	7	8	9
11	Anıdalık (danışan ve terapötik ilişki hakkındaki veya sizin danışanla ilgili sahip olduğunuz o an ki duyguları açma)	0	1	2	3	4	5	6	7	8	9
12	Bilgi verme (danışana bilgi verme; görüşler, gerçekler, kaynaklar sunma veya danışanın sorularına cevap verme)	0	1	2	3	4	5	6	7	8	9
13	Yönlendirme (Danışana eyleme geçmesini ima eden öneri, öğüt ve yönerge sunma)	0	1	2	3	4	5	6	7	8	9
14	Rol oynama ve davranışın prova edilmesi (danışanın oturumda rol oynamasına veya davranışları prova etmesine yardım etme)	0	1	2	3	4	5	6	7	8	9
15	Ev ödevi (danışana bir sonraki oturuma kadar denemesi için terapötik ev ödevleri geliştirmek ve vermek)	0	1	2	3	4	5	6	7	8	9

Bölüm II. Yönerge: Gelecek hafta boyunca yürüteceğiniz psikolojik danışma oturumlarında danışanlarınızın çoğu ile, aşağıda verilen belirli görevleri ne derece etkili bir şekilde yapabileceğinize ilişkin güveninizi belirtiniz.

		Hiç Güvenmiyorum			Biraz Güveniyorum			Tam Olarak Güveniyorum			
		0	1	2	3	4	5	6	7	8	9
1	Oturumları “olması gereken şekilde” ve odağı kaybetmeden sürdürme.	0	1	2	3	4	5	6	7	8	9
2	Danışanınızın o an neye ihtiyacı olduğuna bağlı olarak en uygun yardım becerisini kullanarak tepki verme.	0	1	2	3	4	5	6	7	8	9
3	Danışanınızın duygularını, düşüncelerini ve davranışlarını keşfetmesine yardım etme.	0	1	2	3	4	5	6	7	8	9
4	Danışanınızın sorunları hakkında derinlemesine konuşmasına yardım etme.	0	1	2	3	4	5	6	7	8	9
5	Danışanınızın anlattıklarından sonra ne yapılması veya ne söylenmesi gerektiğini bilme.	0	1	2	3	4	5	6	7	8	9
6	Danışanınıza gerçekçi psikolojik danışma amaçları oluşturmasında yardım etme.	0	1	2	3	4	5	6	7	8	9
7	Danışanınızın, duygularını, düşüncelerini ve davranışlarını anlamasına yardım etme.	0	1	2	3	4	5	6	7	8	9

8	Danışmanınız ve psikolojik danışmaya getirdiği konularla ilgili net bir kavramlaştırma yapma.	0	1	2	3	4	5	6	7	8	9
9	Oturumlar sırasında amaçlarınızın (örneğin müdahalelerinizin amaçları) farkında olma.	0	1	2	3	4	5	6	7	8	9
10	Danışmanınıza sorularına ilişkin ne tür adımlar atması gerektiğine karar vermesi için yardım etme.	0	1	2	3	4	5	6	7	8	9

Bölüm III. Yönerge: Gelecek hafta boyunca yürüteceğiniz psikolojik danışma oturumlarında aşağıdaki özelliklere sahip bir danışanla, ne derece etkili bir şekilde çalışabileceğinize olan güveninizi belirtiniz. (“Etkili bir şekilde çalışma” ile başarılı tedavi planları geliştirme, etkili tepkiler ortaya koyma, zor etkileşimler süresince tutumunuzu sürdürme ve sonuç olarak danışanın sorunlarını çözmesine yardımcı olma yeteneğiniz kastedilmektedir.)

		Hiç Güvenmiyorum			Biraz Güveniyorum				Tam Olarak Güveniyorum		
		↑			↑				↑		
1	Klinik olarak depresyonda olan	0	1	2	3	4	5	6	7	8	9
2	Cinsel tacize uğramış	0	1	2	3	4	5	6	7	8	9
3	İntihar etmeyi düşünen	0	1	2	3	4	5	6	7	8	9
4	Yakın zamanda travmatik bir yaşantı geçirmiş olan (örn., fiziksel ya da psikolojik incinme veya istismar)	0	1	2	3	4	5	6	7	8	9
5	Aşırı derecede kaygılı	0	1	2	3	4	5	6	7	8	9
6	Ciddi ölçüde düşünce bozukluğu belirtileri gösteren	0	1	2	3	4	5	6	7	8	9
7	Cinsel olarak çekici bulduğunuz	0	1	2	3	4	5	6	7	8	9
8	Kişisel olarak baş etmekte zorlandığımız sorunlarla mücadele eden	0	1	2	3	4	5	6	7	8	9
9	Sizinkilerle çatışan temel değerler veya inançlara sahip olan (örn. din, cinsiyet rolleri ile ilgili)	0	1	2	3	4	5	6	7	8	9
10	Sizden önemli şekillerde farklılık gösteren (örn. ırk, etnik köken, cinsiyet, yaş, sosyal sınıf)	0	1	2	3	4	5	6	7	8	9
11	Kendi duygu ve düşüncelerini incelemeye veya kendi hakkında düşünmeye eğilimli olmayan	0	1	2	3	4	5	6	7	8	9
12	Cinsel olarak sizi çekici bulan	0	1	2	3	4	5	6	7	8	9
13	Olumsuz tepkilerinizin olduğu (örn. sıkılma, kızgınlık)	0	1	2	3	4	5	6	7	8	9

14	İyileşme kaydedemeyen	0	1	2	3	4	5	6	7	8	9
15	Vermeye istekli olduğunuzdan daha fazlasını sizden isteyen (örn. görüşmelerin sıklığı veya problem çözme reçeteleri istemesi yönünden)	0	1	2	3	4	5	6	7	8	9
16	Oturumlarda manipülatif (yönlendirici) davranışlar gösteren	0	1	2	3	4	5	6	7	8	9

APPENDIX C

COUNSELOR SELF-ESTIMATE INVENTORY

(PSİKOLOJİK DANIŞMA BECERİ ÖLÇEĞİ)

YÖNERGE: Bu bir sınav değildir. Soruların doğru veya yanlış cevapları yoktur. Bu daha ziyade bir danışmanlık kuruluşunda danışma hizmeti verirken nasıl davranacağınızı düşündüğünüzü değerlendirmeyi hedef edinen bir envanterdir. Bir danışman olarak nasıl davranacağınızı doğru bir biçimde değerlendirebilmemiz için lütfen sorulara mümkün olduğu kadar dürüst yanıtlar veriniz. Her bir durumda nasıl bir performans sergilemeyi umduğunuzu değil, şu anda bir danışman olarak nasıl bir performans sergileyeceğinizi gerçekçi bir biçimde yansıtan cevaplar veriniz.

Aşağıda 37 yargı listelenmiştir. Yargıları okuduktan sonra aşağıdaki seçenekleri kullanarak her birine ne ölçüde katıldığınızı belirtiniz.

- 1= Kesinlikle katılmıyorum 4= Kısmen katılıyorum
2= Katılmıyorum 5= Katılıyorum
3= Kısmen katılmıyorum 6= Kesinlikle katılıyorum

LÜTFEN cevabınıza uygun olan rakamı işaretleyiniz.

	Kesinlikle katılmıyorum			Kesinlikle katılıyorum		
	↑					↑
1. Duyguları yansıtma, aktif dinleme, açıklama ve inceleme gibi teknikleri kullanırken açık ve net olacağımdan eminim.	①	②	③	④	⑤	⑥
2. Büyük olasılıkla danışma esnasında kendi değerlerimi danışanıma empoze edebilirim.	①	②	③	④	⑤	⑥
3. Danışmaları, beklenilmeyen ve nazik olmayan bir tarzda olmamak kaydıyla, zamanında sonlandıracağıma inanıyorum.	①	②	③	④	⑤	⑥
4. Danışanıma kendi ifadelerinin ışığında, uygun bir şekilde yaklaşacağıma eminim. (Örneğin; sorularım gereksiz ve detaylara yönelik olmayıp anlamlı olacaktır.)	①	②	③	④	⑤	⑥
5. Yorum ve yüzleştirme tepkilerimin açık ve net olacağımdan eminim.	①	②	③	④	⑤	⑥

6. İfade biçiminin duygu aktarımı ve açıklık bakımından eksik olduğu ve bazen karmaşık ve anlaşılması güç olduğu yönünde endişelerim var.	①	②	③	④	⑤	⑥
7. Danışanıma onun değerlerini, inançlarını vb. yargılamadan tepki veremeyeceğimi düşünüyorum.	①	②	③	④	⑤	⑥
8. Danışanıma makul bir zaman içerisinde (ne danışanımın sözünü keserek, ne de çok uzun bir süre bekleyerek) karşılık verebileceğime inanıyorum.	①	②	③	④	⑤	⑥
9. Bazen verdiğim tepkilerin, örneğin duyguları yansıtmama, yorumlama vb. uygun olmadığına ilişkin endişelerim var.	①	②	③	④	⑤	⑥
10. Vereceğim tepkilerin içerik olarak danışanın ifadelerine uygun olacağına ve onlarla çelişkili olmayacağına eminim.	①	②	③	④	⑤	⑥
11. İşimin uzmanı olarak görünüp danışanımın güvenini kazanacağıma eminim.	①	②	③	④	⑤	⑥
12. Yorum ve yüzleştirme tepkilerimin danışanı hemen etkileyecek kadar etkili olacağına eminim.	①	②	③	④	⑤	⑥
13. Özel hayatımdaki çelişkileri çözdüğüme ve bunların benim danışmanlık becerilerime etki etmeyeceğine eminim.	①	②	③	④	⑤	⑥
14. Yorum ve yüzleştirme tepkilerimin içerik olarak danışanın anlattıklarıyla uygun olacağını ve onlarla çelişmeyeceğini düşünüyorum.	①	②	③	④	⑤	⑥
15. Etkili bir danışmanlık yapabilmek için yeterli temel bilgiye sahip olduğumu düşünüyorum.	①	②	③	④	⑤	⑥
16. Danışanın güvenini ve aktif katılımını sağlamak için gerekli olan dikkati ve enerjiyi sürdürürebilirim.	①	②	③	④	⑤	⑥
17. Yorumlarımla ve yüzleştirmelerimle açık ve anlaşılır olduğumdan eminim.	①	②	③	④	⑤	⑥
18. Bir danışmanlık ilişkisinde vereceğim yanıtları veya tepkilerimi önceden tasarlamaksızın, kendimi doğal bir biçimde ifade edebileceğimden emin değilim.	①	②	③	④	⑤	⑥
19. Danışanın vücut dilini anlayabileceğim ve davranışlarından anlamlar çıkarabileceğim konusunda tereddütlerim var.	①	②	③	④	⑤	⑥
20. Ne zaman açık uçlu, ne zaman kapalı uçlu sorular kullanacağımı bildiğimden ve bu soruların gereksiz değil, danışanın sorunlarıyla ilgili olduğundan eminim.	①	②	③	④	⑤	⑥
21. Danışan sorunlarıyla ilgili tespitlerim arzu ettiğim ölçüde doğru olmaabilir.	①	②	③	④	⑤	⑥
22. Terapi sırasında danışanı uygun bir şekilde yüzleştirip konuşmasını sağlayabileceğimden emin değilim.	①	②	③	④	⑤	⑥
23. Duyguları yansıtmama, aktif dinleme, açıklama ve inceleme gibi tepkilerimin danışanın onayını hemen kazanmayarak etkili olamayacağından korkuyorum.	①	②	③	④	⑤	⑥
24. Danışanların sahip olabileceği farklı sorunlarla baş edebilecek kadar geniş bir teknik bilgiye sahip olduğumu düşünmüyorum.	①	②	③	④	⑤	⑥

25. Yeteneklerime dayanarak, danışmanlık esnasında meydana gelebilecek intihar, alkolizm, taciz vb. kriz durumlarıyla başa çıkabilecek kadar uzman olduğuma inanıyorum.	①	②	③	④	⑤	⑥
26. Belirlenen hedeflere yönelik çalışmak için motive olmamış görünen danışanlarla çalışmak beni rahatsız eder.	①	②	③	④	⑤	⑥
27. Danışma esnasında düşüncelerini ifade etmeyen danışanlarla ilgilenirken güçlük çekebilirim.	①	②	③	④	⑤	⑥
28. Kendini ifade edemeyen ve kararsız danışanlarla nasıl baş edileceğinden emin değilim.	①	②	③	④	⑤	⑥
29. Farklı kültürlerden gelen danışanlarla ilgilenirken, danışma esnasında kültürel farklılıkların üstesinden gelebileceğime eminim.	①	②	③	④	⑤	⑥
30. Farklı sosyal gruplardan gelen danışanlar için iyi bir danışman olurum.	①	②	③	④	⑤	⑥
31. Yorum ve yüzleştirme tepkilerimin bazen danışanların problemlerine yardımcı olacak şekilde özel tanımlamalar ve açıklamalar olmayabileceğinden endişeliyim.	①	②	③	④	⑤	⑥
32. Danışanımın problemlerini anlayacağıma eminim.	①	②	③	④	⑤	⑥
33. Danışanın çözüme ulaşabilmesi için somut hedefleri belirlemeye nasıl yönlendirebileceğimden emin değilim.	①	②	③	④	⑤	⑥
34. Danışanımın değişmeye hazır ve kararlı olduğunu belirleyebileceğime eminim.	①	②	③	④	⑤	⑥
35. Danışanıma tavsiyede bulunabileceğimi düşünüyorum.	①	②	③	④	⑤	⑥
36. Farklı kültürlerden gelen danışanlarla çalışırken olaylara onların bakış açısından yaklaşmakta zorlanabilirim.	①	②	③	④	⑤	⑥
37. Sosyo-ekonomik statüsü benden düşük biriyle etkili bir ilişki kuramayacağımdan korkuyorum.	①	②	③	④	⑤	⑥

APPENDIX D

SATISFACTION WITH LIFE SCALE

(YAŞAM DOYUMU ÖLÇEĞİ)

Aşağıda verilen ifadeleri dikkatlice okuyunuz. Verilen ifadeye ne kadar katıldığınızı, ilgili cümlelerin yanındaki derecelendirmeden size uygun olanı işaretleyerek belirtiniz.

[1= Bu ifade bana kesinlikle uygun değil] [7= Bu ifade bana tümüyle uygun]

1	Yaşamım birçok açıdan idealimdekine yakın.	1	2	3	4	5	6	7
2	Yaşam koşullarım mükemmel.	1	2	3	4	5	6	7
3	Yaşamımdan memnunum.	1	2	3	4	5	6	7
4	Şu ana kadar, yaşamdan istediğim önemli şeyleri elde ettim.	1	2	3	4	5	6	7
5	Eğer yaşamımı yeni baştan yaşayabilsem, hemen hemen hiçbir şeyi değiştirmezdim.	1	2	3	4	5	6	7