The Predictive Nature of Anxiety, Adult Attachment, and Counseling Experience on Counseling Self-Efficacy

by

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Abstract

The purpose of this study was to develop a model of counseling self-efficacy, including models for areas of counseling self-efficacy (i.e., helping skills, sessions management, and counseling challenges) using counseling experience, general anxiety, and adult attachment factors of attachment anxiety and attachment avoidance as predictor variables. One hundred and eleven participants' responses were analyzed to determine a model of counseling self-efficacy. Participants represented various counseling master's programs (i.e., clinical mental health counseling, school counseling, career counseling, etc.), counselor education and supervision doctoral students, and practicing counselors. Results revealed that counseling experience and general anxiety were found to significantly predict overall counseling self-efficacy, while attachment anxiety and attachment avoidance were not found to significantly predict counseling self-efficacy. A post hoc analysis to develop a model of general anxiety for the sample was conducted. Attachment anxiety significantly predicted general anxiety in the sample. Implications for increased awareness of anxiety in counselor trainees and practicing counselors is discussed.

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I once heard a parable of a man walking along a path. He came to a fence and found a turtle sitting on a fence post. The man, who believed the turtle was slow and unable to climb, knew that the turtle couldn't have possibly gotten to the top of the fence post on its own. Much like that turtle, I believe that I would never have reached this milestone without support and encouragement from many people, who all helped me get to the top of the fence post.

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CHAPTER I. INTRODUCTION

One in five Americans will experience some form of mental health disturbance during their life (Substance Abuse and Mental Health Services Administration, 2013). People who experience these disturbances in daily functioning can seek treatment to help with the symptoms that lead to negative experiences within their daily functioning. Individuals who do seek treatment can encounter many different modalities and interventions during treatment for these disturbances (Gross & Capuzzi, 2011). In any case, no matter the theoretical perspective of the counselor, treatment providers should all be focused on helping these individuals meet the goals and changes as they seek in their daily lives. This purposeful perspective of counseling described by Donald Blocker is to "enhance and facilitate human growth and to help remove those obstacles within both people and environments that impede development" (Lichtenberg & Friedlander, 2015). In turn, counselor educators should be focused on helping foster counselor trainee development so that students' future application of counseling skills leads to helping their clients to reach the potential they seek (Larson & Daniels, 2001). Furthermore, counselor self-efficacy (CSE) has been well established in counselor education research as a marker of development among counselor trainees (Larson & Daniels, 1998; Mullen, Uwamahoro, Blount, & Lambie, 2015).

Counselor education as a profession often focuses on enhancing the growth and development of trainees so that the help they give clients move their clients toward successful counseling outcomes (e.g., human growth, human development, reaching goals, etc.). CSE is one

variable suggested to lead to successful outcomes for those seeking treatment (Larson & Daniels, 1998). In fact, there is evidence that higher CSE among counseling professionals is positively correlated with successful outcomes for clients (McCarthy, 2014). Specifically, McCarthy (2014) found that the more vocational counselors believed they were able to deal with mandated and resistant clients, the more they believed they could appropriately execute microskills (e.g., paraphrasing, confrontation, etc.). Additionally, these vocational counselors' clients were able, in this study, to reach their treatment goals, which were decided upon by the clients at the beginning treatment. Due to counselor educators' focus on preparing trainees to be successful in their future practice with clients and the suggested positive correlation between CSE and desired client outcomes, CSE was part of the focus of this study.

Counseling Self-Efficacy

CSE is conceptualized by researchers through the lens of Social Cognitive Theory (SCT) developed by Albert Bandura (McCarthy, 2014). SCT is a theory of human determination to thrive through personal agency (Bandura, 2001). Bandura defined personal agency as the ability of humans to choose, and as such, SCT views human behavior from an anti-deterministic belief (Bandura, 1999). This theory also involves the belief that humans are complex and multilayered organisms who make decisions on information gathered from cognitive, behavioral, and environmental cues. According to SCT, these cues are not mutually exclusive and can create or diminish confidence when humans reach a choice point in the determination of their life paths (Bandura, 1999).

Larson and Daniels (1998) defined CSE as a counselor's belief that they can offer effective treatment to a client in the near future. This definition suggests that counselors and counselors-in-training have different levels of CSE and that their belief could change over time

or with different types of clients (Lent, Hill, & Hoffman, 2003). In fact, evidence implies that increased experience in providing counseling services leads to increased CSE (Melchert, Hays, Wiljanen, & Kolocek, 1996). Meaning, counselors-in-training may not have experience working with clients and therefore they often present with lower CSE than professionals do, since professionals have more experience working directly with clients (Melchert, et al., 1996).

Additionally, research infers that those who report lower CSE while in training programs have different behaviors when working with clients (Melchert, et al., 1996). Trainees with lower CSE, it is suggested by Larson and Daniels (1998), are less likely to take risks in their work with clients, have lower resiliency following negative experiences in treatment with clients, and avoid learning from mistakes (i.e., incorrect reflective statements, lower empathic responding, improper treatment planning, etc.). In turn, one study implied that those with higher CSE exhibited higher self-esteem, lower anxiety, and were able to problem solve more effectively (Al-Darmaki, 2004). Additionally, Lent, Hill, and Hoffman (2003) found in their research sample of trainees that participants with higher CSE demonstrated increased counseling skills due to their ability to demonstrate increased cognitive, affective, and behavioral responses to clients.

Due to researchers reporting positive effects for counselors who report higher CSE, (Larson & Daniels, 1998) CSE represents an apparent important construct for counselor educators to better understand. There has been some focus in CSE research on variables related in correlation or group difference to CSE. For example, no differences in CSE have been found between counselors in the field or counselors-in-training when categorized by gender (Daniels, 1997), graduates from programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) (Tang, Addison, Lasure-Bryant, Norman, O'Connell,

& Stewart-Sicking, 2004), or theoretical orientation (Potenza, 1990). Moreover, researchers have found only minimal positive correlations between CSE and personality (e.g., results of the *Myers-Briggs Type Indicator),* aptitude (e.g., GRE scores), achievement (e.g., undergraduate GPA), social desirability (e.g., scores on the *Social Desirability Scale)* (Larson, Suzuki, Gillespie, Potenza, Bechetal, & Toulouse, 1992), age (Alvarez, 1995; Larson, Cardwell, & Majors, 1996) and whether they have received personal counseling (Newcomb & Zinner, 1993). However, research has demonstrated moderate to strong correlation between CSE for counselors with strong professional identity as a counselor (Alveraz, 1995), higher self-concept (e.g., scores on the *Tennessee Self Concept Scale)* (Larson et al., 1992, White, 1996), and counseling experience with clients (Tang, et al, 2004). These variables, in research findings, imply a strong/moderate relationship with CSE and are all associated with internal personal aspects and personal beliefs of the individual (Larson & Daniels, 1998). Furthermore, researchers frequently report a negative correlation between CSE and anxiety (Larson et al, 1992; Larson & Daniels, 1998). Anxiety related to conducting counseling sessions (i.e., applying skills, adapting interventions, etc.) is often times described in research literature as declining over the course of a program (Stoltenberg, 2005).

This type of anxiety could best be described as state anxiety or the anxiety experienced when confronted with a specific situation (Larson & Daniels, 2001). The unique perspective of this particular study is to assess the predictive nature of general anxiety symptoms utilizing an attachment anxiety perspective. The anxiety experienced from attachment is one of a trait nature that is related to an internal perspective of the individual (Larson & Daniels, 2001). To my knowledge there is no research examining the predictive nature of CSE and general anxiety symptoms and from an attachment perspective. This study sought to understand the relationship

between general anxiety symptoms, adult attachment anxiety, and adult attachment avoidance and these variables connection and predictive nature of CSE

Anxiety and Self-Efficacy

Studies have often found a correlation between anxiety, including state and trait anxiety, to self-efficacy in many different disciplines including academia (Pajares, 1995; Haycock, McCarthy, & Skay, 1998), technology (Durndell & Haag, 2002; Sam, Othman, & Nordin, 2005), and industry (Stajkovic & Luthans, 1998).

Anxiety is defined as emotional arousal, not cognition or behavior, that can, based on the level of arousal experienced by an individual, decrease attempts to successfully overcome a perceived vulnerable situation (Bandura, Adams, and Beyer, 1977; Bandura, 1988). In fact, Bandura, et al. (1977) implied that therapeutic efforts that decreased perceived anxiety experiences, increased the self-efficacy of participants to overcome those same perceived threats. This research finding is important to this study because the anxiety experience of participants could be important to the overall predictive model of CSE, including future directed research in decreasing experiences with anxiety for counselors and counselors-in-training. In fact, anxiety has been a variable that has been studied in conjunction with CSE.

Larson and Daniels (1998) found that 23% of all published studies involving CSE included some component of anxiety. The review of the CSE literature by Larson and Daniels, included suggestions regarding counseling supervisee characteristics that counseling supervisors should be aware of. One such characteristic included the level of anxiety experience by the supervisee. These studies into experiences of anxiety in CSE imply that anxiety experienced by the counselor and counseling trainee are important to the development of CSE.

Adult Attachment

Adult attachment evolved out of the work of John Bowlby and Mary Ainsworth on attachment theory in the mid to late 1950s (Bretherton, 1992). Attachment theory is based on the belief of an evolutionary development of connection to caregivers for increased likelihood of survival (Bowlby, 1982). According to Ainsworth, Blehar, Waters, and Wall (1978), children develop different types of bonds with primary caregivers. These bonds develop from experiences with seeking proximity and safety from primary caregivers. Whether the primary caregiver meets or avoids the child's attempt for proximity creates patterns of reactions to primary caregivers, and effect how the children will form attachment bonds in future relationships (Rhodes & Simpson, 2004). In fact, attachment factors influence how individuals seek help from others and the quality of help that is given to others (Collins & Feeney, 2000). Further, those with higher attachment factors (e.g. attachment avoidance and attachment anxiety) in relationships were less effective in giving and asking for help.

Furthermore, attachment factors affect the help seeking behaviors of counselor trainees when seeking help from supervisors (Neswald-McCalip, 2001). Case examples given by Neswald-McCalip (2001) demonstrated the differences of help seeking behaviors for each adult attachment style in their work with supervisors during a semester long practicum. Trainees with more secure attachment styles were found to seek help from their supervisors more readily compared to those with preoccupied, dismissing, or fearful attachment styles (Simpson, Rholes, & Nelligan, 1992). Counselor educators should be aware that their trainees may react differently in seeking help when confronted with inevitable adversity in their development process due to their own levels of attachment anxiety and attachment avoidance.

In recent years, the focus of a better understanding of adult attachment has focused on theoretical framework and accurate measurement. Bartholomew and Horowitz (1991) argued that attachment in adulthood could be categorized into four dimensions: secure, preoccupied, dismissing, and fearful. These dimensions, often referred to as "types," are measured along two factors of anxiety and avoidance in relationships. These dimensions have been found to hold true as the two main factors encompassing attachment relationships (Levy & Davis, 1988; Brennan, Clark, & Shaver, 1998). Additionally, anxiety and avoidance in relationships are viewed, in literature, as continuous variables and should not be viewed as categorical variables of personality (Roisman, Farley, & Belsky, 2007).

Researchers argued how to accurately measure the anxiety and avoidance aspects of attachment. Brennan et al. (1998) conducted a meta-analysis of adult attachment factors for the purpose of developing an instrument that was inclusive of all current adult attachment research findings. Consistent with previous findings, Brennan et al. (1998) found that anxiety and avoidance were the two factors associated with attachment. Their aim in conducting this analysis was to organize all previous assessments and research into one "common metric for assessing adult attachment styles" (Brennan, et al., 1998, p. 67). Their instrument has since been used in the assessment of attachment across multiple studies (e.g., Davidoff, 2014; Lopez, Mitchell, & Gormley, 2002; Mamarosh, Nikityn, Moehinger, Ferraioli, Kahn, Cerkevich, Choi, & Reisch, 2003; Wei, Russell, & Zakalik, 2005).

There have been multiple studies on adult attachment with professional counselors and counselor trainees. Marmarosh et al. (2013) used path analysis to determine the relationships between CSE and the supervisory working alliance. They found a significant direct path ($r=.34$, $p<.05$) between attachment avoidance and fearful attachment and the relationship with the

supervisor. Moreover, Trusty, Ng, and Watts (2005) studied the effects of attachment anxiety and attachment avoidance on levels of empathy in counselor trainees. They found that attachment factors did have an effect in the trainees' ability to demonstrate empathy. Specifically, they found that both attachment anxiety and attachment avoidance both had effected levels of empathy with higher anxiety and lower avoidance among trainees demonstrating the highest levels of empathy.

There are also counselor educators who are applying the findings from adult attachment in work with trainees in supervision. For example, Neswald-McCalip (2001) applied attachment styles into work with trainees to help supervisors to better understand how supervisees may react to adversity in supervision. There are important implications of attachment in counselor education, attachment aspects could be an important focus of understanding counselor trainees by counselor educators.

Statement of Significance

Adult attachment characteristics and affective experiences of anxiety are aspects that counselor trainees and counselors bring into their practice. It would be of interest to counselor trainees and counselors in practice to better understand potential relationships between these variables and CSE. The process of developing as a professional counselor can be, in itself, a difficult journey for some counselor trainees. In fact research implies that counselor trainees experience difficulty in creating a professional identity (Skovholt & Rønnestad, 2003), and they can often look to counselor educators to help in their identity development process. Counselor educators should be aware of different aspects of trainee development and be prepared to discuss and educate trainees on their journey toward becoming professional counseling practitioners.

Adult attachment is one aspect for trainees that have not received enough focus in relation to development as a professional.

The process of evolving one's identity into that of a professional counselor is arduous and incorporates many different phases (Rønnestad & Skovholt, 2003). Furthermore, this process can be frightening due to the increased uncertainty represented in the profession's work with the intense, at times traumatic, experiences of clients (Skovholt & Rønnestad, 2003). Research suggests educators' interactions with trainees have an effect on trainee development (Barnes, 2004). Therefore, educators should be aware of the different characteristics associated with trainee uncertainty, including characteristics that shape CSE.

Since research suggests that CSE is important to successful outcomes for client treatment (Larson & Daniels, 1998), CSE is one aspect of trainee development that counselor educators should be aware of. Barnes (2004) outlines three specific areas that are associated with trainees and CSE. These include: (1) CSE is at the forefront in determining effective counseling outcomes, (2) CSE determines the ability of the trainee to work effectively in experiences of difficulty in training programs, and (3) trainees with higher CSE incorporate feedback and apply it more effectively into practice. Counselor educators should be very aware of the characteristics of CSE, because CSE is an important aspect of trainee development. One personal characteristic that has not been studied fully has been any relationship between attachment anxiety and attachment avoidance and CSE, including an in-depth look at different constructs of CSE.

Purpose

The purpose of this study was to determine a model of CSE with predictor variables of adult attachment anxiety, adult attachment avoidance, counseling experience, and general anxiety for counselors-in-training and practicing counselors. The findings associated with any

relationships between these three variables would be important to the work of counselor educators and supervisors in their interactions with counselors-in-training or counselors in practice, as well as for the understanding of counselor trainees' and counselors' belief in their ability to enact change processes. Any relationships of adult attachment, general anxiety, and counseling experience on CSE are discussed along with implications for counselor educators and/or supervisors in their relationship with counselor trainees and counselors.

Research Questions

The focus of this study was on identifying a relationship, if any, between CSE and attachment anxiety, attachment avoidance, and general anxiety. This study attempted to discover relationships between different areas of CSE (i.e., helping skills, session management, and counseling challenges) and each attachment factor (i.e., anxiety and avoidance), and general anxiety if any. A model of CSE with predictor variables of counseling experience, general anxiety, attachment anxiety, and attachment avoidance was developed.

1. What are the levels of general anxiety, attachment anxiety, and attachment avoidance among counselor trainees, doctoral students, and practicing counselors?
2. What are the relationships between attachment anxiety, attachment avoidance, general anxiety, counseling experience, and CSE?
3. How much variance can attachment (i.e., attachment anxiety and attachment avoidance) and general anxiety explain in a model of CSE after a confounding variable of counseling experience is accounted for?

Definition of Terms

Adult Attachment: An effect on adult relationships that carries from past experiences as children in bonds with primary caregivers (Rhodes & Simpson, 2004). Adult attachment is measured on

two dimensions of anxiety (i.e., negative belief in personal ability to contribute to relationships) and avoidance (i.e., negative belief in others ability meet the needs of a relationship) (Bartholomew & Horowitz 1991)

Anxiety: a state of anticipatory apprehension regarding perceived outcomes (Bandura, 1988)

Attachment Anxiety: "Involving a fear of interpersonal rejection or abandonment, an excessive need of approval from others, and distress when one's partner is unavailable or unresponsive" (Wei, Russell, Mallinckrodt, & Vogel, 2007, p. 188)

Attachment Avoidance: "Involving fear of dependence and interpersonal intimacy, an excessive need for self-reliance, and reluctance to self-disclose" (Wei, et al., 2007, p. 188)

Attachment Behavior: "Efforts to achieve physical or psychological contact with attachment figures" (Rhodes & Simpson, 2004, p. 3-4)

Attachment Bonds: "Emotional ties that exist between individuals and their attachment figures" (Rhodes & Simpson, 2004, p. 4)

Attachment Style: A reaction affecting behavior, cognitions, and emotions when seeking physical proximity and emotionally support from attachment figures including assumptions about the response from others when proximity and emotional closeness is sought (Rholes & Simpson, 2004).

Counselor Education Program: Any program that provides training involving the counseling areas named in the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) 2016 standards section 5: Addictions Counseling, Career Counseling, Clinical Mental Health Counseling, Rehabilitation Counseling, College Counseling and Student Affairs, Marriage, Couple, and Family Counseling, and School Counseling.

Counseling Experience: Number of months in a counselor education program and the number of months conducting face-to-face helping in a professional capacity as defined to participants as; *Talking directly with another person in a professional capacity about their problems and helping them to make choices related to their issues, this does not include giving advice to friends or family*

Counseling Self-Efficacy: "One's belief of judgments about his or her capabilities to effectively counsel a client in the near future." (Larson & Daniels, 1998, p. 180)

Counselor Trainee: Those students enrolled in a Master's counselor training (or education) program

Counselor Training: All curricular experiences in counselor education (Barnes, 2004)

Self-Efficacy: The degree to which individuals consider themselves capable of performing a particular activity. (Bandura, 1993)

Supervision: "The supportive and educative activities of the supervisor designed to improve the application or counseling theory and technique directly with clients." (Association for Counselor Education and Supervision [ACES], 2011)

CHAPTER II. REVIEW OF THE LITERATURE

Introduction

There continues to be a need for effective and efficient counselors in our society (Somashekhar & Nakashima, 2014), with the responsibility of training, assessing, and gatekeeping counselor trainees falling on counselor educators. Therefore, counselor education research is often focused on the developmental process of professional counselors. For example, Furr and Carroll (2003) found that trainees essentially develop through critical incidents that confront trainees' status quo surrounding behavioral, affective, cognitive, and personal beliefs. Furthermore, Rønnestad and Skovholt (2003) found, through their qualitative study involving 100 American counselors, that the counselor trainee development process could be summarized into six phases, from the lay helper to the senior professional. At any rate, counselor educators, whether focused on critical incidents or phases of counselor trainees, should have a way to determine successful development of counselor trainees. One way that counselor educators may chose to focus on successful trainee development could be successful movement towards treatment goals of the clients that trainees see in their work as practicum or internship students.

There are different facets that are successful in moving clients towards completion of treatment goals. However, there is no evidence that specific treatment modalities lead to change or effective treatment for clients (Messer & Wampold, 2002; Lurborsky, McCellan, Diguer, Woody, & Segilman, 1997; Grissom, 1996). In fact, the counselor themselves account for the greatest variability of what makes counseling effective for clients (Ahn & Wampold, 2001). In

their meta-analysis of research regarding the efficacy of therapeutic modalities Ahn and Wampold (2001) defined counseling modalities in their analysis as those that (a) used an established treatment, (b) described the treatment modality, (c) treatment involved the use of a manual, and (d) active ingredients were included in the article. Their analysis showed that there was no evidence to determine that the unique characteristics of the treatment modalities were responsible for the benefits of counseling

Therefore, it is of upmost importance that counselor educators' focus, to some degree, on the development of the person as a counselor and in their belief to be an effective agent of change in the lives of clients. This belief in applying skills and being able to a be a change agent is is called CSE, or a counselor's belief that they have the appropriate skills and knowledge to work effectively with clients (Larson & Daniels, 1998). Here, I will describe CSE and the impact of counselor training on CSE.

Counseling Self-Efficacy

CSE is defined as "One's belief of judgments about his or her capabilities to effectively counsel a client in the near future" (Larson & Daniels, 1998, pg. 180). Meaning, a counselor or counselor-in-training who believed in their ability to effectively conduct counseling, or specifically areas of counseling, in the future would be characterized as having high CSE. Inversely those with little belief in their abilities would have low CSE. The characteristic of self-efficacy in counseling is a well-researched topic and has been shown to have an effect on the quality of relationships and positive outcomes in treatment with professional helpers (Bradley & Fiorini, 1999). Larson and Daniels (1998, p. 56-57) stated three assumptions that are associated with CSE: (a) CSE is a primary mechanism through which effective counseling occurs; (b) strong CSE beliefs result in enhanced counselor trainee perseverance in the face of difficult

counselor tasks; and (c) counselor trainees who experience strong CSE are better able to receive and incorporate evaluative feedback into their learning experiences than are trainees who do not possess robust CSE beliefs. Although research regarding CSE is relatively new, self-efficacy has a more developed and long history of research, with an origin beginning in social cognitive theory.

Social Cognitive Theory

Albert Bandura developed SCT, which is grounded in the anti-deterministic belief of human choice. In other words, the belief that humans have the ability to make their own choices (Bandura, 1999). Bandura termed this belief agency in his description of the ability of a human to make choices, which he believed should be taken into account in research on human behavior.

Bandura (1999) argued that humans interact from within a complex and constructed environment. In fact, he directly related our ability to gain knowledge and greater understanding of our surroundings to our ability to explore and engage the society at large. Furthermore, the ability of humans to feel safe to explore from within their environments involves internal cognitive processes. These prcesses include our cognitive, affective, and behavioral reactions to internal experiencing (e.g., past experiences, intuition, input from trusted others, etc.), leading to our ability to feel safe exploring and engaging with others.

Additionally, Bandura argued that there is a link between societal engagement and an individual's ability to learn. This, in turn, impacts the behavioral patterns, affective experiences, and cognitions of humans who engage with others (Bandura, 1986). The ability of humans to make their own choices (i.e., agency) from within their own constructed worlds is self-efficacy. The focus of this study was on the application of self-efficacy to cousneling, which is referred to in literature as CSE.

Counseling Self-Efficacy

CSE encompasses the belief of the counselor in their ability to use skills and knowledge to effectively work with clients (Larson & Daniels, 1998). The study of CSE began in the 1980s including the development of scales to measure the new concept of self-efficacy in counseling (Friedlander & Snyder, 1983; Johnson, Baker, Kopala, Kiselica, 1989). Today there are many different instruments developed for the purpose of measuring CSE (Larson & Daniels, 1998). Many of the instruments involve the measure of CSE through the use of specific skills such as: microskills, counseling process, difficult client behaviors, cultural competence, and awareness of values (Newcomb & Zinner, 1993).

Research suggests that areas often associated with CSE improve over the course of a counseling program (Hall, 2009). For example, Melchart, Hays, Wiljanen, and Kolocek (1996) used a sample of 138 counseling psychology trainees to test the CSE of participants over time. Results implied that the amount of counseling experience as well as the level of training significantly predicted the level of CSE for the sample. Additionally, Barbee, Scherer, and Combs (2003) found in their study of 113 counseling trainees that counselor training level and counseling experience explained a significant amount of the variability in CSE for their sample. In a like manner, a qualitative study looked specifically at the experience of CSE development for counselors-in-training (Bischoff & Barton, 2002). The results of this study implied that counseling trainees experience fluctuations with CSE over the course of the counseling program. Participants reported that CSE was not strong during the first three months of the program, but continued to grow with increase interaction with applying counseling skills.

Additionally, vicarious experiences have been studied in relation to the development of CSE. Vicarious learning involves the direct observation of an event that is seen as threatening, in

this study delivering counseling services (Bandura, 1977). This suggests that counselors-in-training may increase CSE when watching others delivery counseling services, even if they themselves are not directly involved.

Larson, Clark, Wesley, Koraleski, Daniels, and Smith (1999) studied the differences in CSE for groups who either watched a video of counseling services being delivered or being involved directly in a role play delivering counseling services. Trainees, in this sample, who watched a videotaped counseling session increased CSE over those who participated in the role play. In fact, for those who participated in the role play the changes to CSE was not consistent with some reporting an increase in CSE while others reported a decrease. Therefore, the findings from this study suggest that watching counseling session via video tape as a form of modeling of counseling skills is more consistent when focusing solely on increasing CSE as an outcome.

Verbal persuasion is also a form of intervention focused in increasing self-efficacy. This intervention involves helping others believe they can overcome something by telling them they will be able to be successful (Bandura, 1977). Verbal persuasion can be included as an aspect during the counseling supervision process (Hall, 2009).

In fact, research implies that the process of receiving supervision can increase the CSE of counselors-in-training (Larson et al., 1992). Larson et al. found in a study of counselor trainees involved in supervision that experience in supervision, measured by semesters, has an effect on the CSE of the supervisees. Moreover, Cashwell and Dooley (2001) found counselors receiving supervision had higher CSE scores than counselors who were not in a supervision relationship. These findings would suggest that direct relationships focused on the development of the person as a professional counselor can help the individual believe in their ability to conduct counseling in the future when the feedback received in supervision is helpful (Daniels & Larson, 2001).

Two divisions of CSE. There are two specific areas of focus when operationalizing CSE (Lent, Hoffman, Hill, Treitsman, Mount, & Singley, 2006). These areas include the development of counselors' belief in their ability to "enact defined skills and routine session management tasks" (Lent et al., 2006, p. 453) known as task self-efficacy and their belief in their ability to "negotiate more challenging clinical scenarios" (Lent et al., p. 453), known as coping self-efficacy. Other studies have also defined these areas of CSE as task, coping, and session management (Lent, Hill & Hoffman, 2003). Each of these divisions, while mostly sharing more overlap than differences, can be important in measuring the exhaustive areas of experiences of counselors and counselors-in-training

Task self-efficacy was the first division of CSE found by Lent et al. (2003) in their development of the Counselor Activity Self-Efficacy Scale (CASES). This area is associated with the belief of the helper to be able to use certain skills when engaging with clients. There are four skills associated within task self-efficacy as defined by Lent, et al. These include (a) exploration skills (e.g., open ended questions, etc.); insight skills (e.g., reflective statements, etc.); action skills (e.g., conceptualizing the client case, etc.); and session management (e.g., treatment planning, etc.). These areas of CSE are all associated with the counselors' belief in their ability to enact change through the application of specific skills in typical counseling relationships.

The second division of self-efficacy identified by Lent, et al. is the area of coping self-efficacy. This area is specific to the counselors' or trainees' belief in their ability to give help when engaging with clients of specific difficulty areas. Examples of these areas may include clients who experience sexual abuse, signs of severely disturbed thinking, manipulative behaviors, etc. Additionally, Lent, et al. suggest a plausible positive relationship between task

self-efficacy and coping self-efficacy. For example, a trainee who has increased self-efficacy regarding their beliefs in being able to run a session and implement specific skills will likely feel more confident engaging with clients who are experiencing the specific difficulties noted above.

CSE Development. The trainee development process can be important to counselor educators. There are areas of trainee development that have demonstrated relationships with CSE. These areas include experience in supervision, practicum, experience hours, self-concept, and expectations of outcomes in clients (Barnes, 2004; Tang, Addison, LaSure-Bryant, Norman, O'Connell, & Stewart-Sicking, 2004). It can be beneficial to counselor educators to be aware of the level of CSE in their trainees. In fact development of trainees from a perspective of increasing CSE can increase the overall development of counselor trainees during their training time (Larson, 1998).

There is evidence to support changes in counseling self-efficacy over time. In the beginning phases of counseling development self-doubt can be prevalent in the experiences of counselors-in-training (Woodside, Oberman, Cole, & Carruth, 2007). CSE is shown to increase over the course of the trainees' experiences in the program with the addition of new skills and experience with applying skills (Melchart, Hays, Wiljanen, & Kolocek, 1996). In their study Melchart et al. (1996) developed a measure of CSE that was applied to counselors ranging in experience from beginning graduate students to seasoned professionals. They found a steady increase of CSE over time, including professional status and chronological time spent with clients. This finding is related to this study because as experience increases, CSE also increases. As the application of skills over the course of a program are applied in both a controlled classroom environment and with clients during practicum experiences trainees become more efficacious in their beliefs about their ability to deliver effective treatment. Therefore, a variable

of experience was introduced in this study due to the finding associating counseling experience with CSE.

There has been extensive research into CSE (Larson, 1998) with both counselor-trainees and counseling professionals. Due to the focus of CSE on trainee development and in the counseling profession in general, one could argue that CSE is an important aspect of the counseling profession. Furthermore, the literature into CSE has only found personalized individual aspects (e.g., anxiety, self-concept, experience) as having relationships with CSE over impersonalized individual aspects (e.g., age, ethnicity, theoretical orientation, etc.) (Larson, 1998). There is little known about the development of CSE in light of adult attachment aspects, one attachment aspect being the experience of anxiety in relationships due to a negative self-image (Bartholomew & Horowitz, 1991). In this study, I sought to expand on the lack of knowledge in this important topic in counselor education by determining the relationship and impact of attachment factors of personality and general anxiety on CSE.

General Anxiety

Anxiety is defined as a state of anticipatory apprehension regarding perceived outcomes (Bandura, 1986). Anxiety itself is also more likely to be experienced based on perceived threats as being seen as likely to have a negative outcome (Salkovskis, 1998). Bandura (1986) goes on to describe anxiety as not being a cognitive or behavioral aspect of individual experience alone by itself, but instead is an affective response to a systemic experience. The systemic experience of anxiety, argued by Bandura, involves the interconnectedness of cognitions and behaviors that can lead to an autonomic affective experience for an individual, described as anxiety. Studies have implied that the experience of anxiety is related more to the belief in control over a perceived threatening event rather than the event itself, which leads to emotional arousal

(Bandura, 1986; Gunner, 1988). The implication of perceived control over events is relative to this study since CSE is defined as ones belief in their ability to conduct counseling with a client in the near future (Larson & Daniels, 1998).

Anxiety and Counselors-In-Training. There has been a wealth of research into the experiences of anxiety among the counseling profession, especially for counselors-in-training (Bowman & Roberts, 1979; Bowman, Roberts, & Giesen, 1978; Mooney & Carlson, 1976). In fact, some research focuses solely on counselor development and anxiety (Bernard & Goodyear, 2004; Bowman, 1980; Carter, 1973). Some research focuses solely on whether the nature of counseling as a professional act brought about anxiety itself (Bowman & Roberts, 1979). In fact, there were findings that anxiety symptoms including heart rate, skin conductance (Bowman & Roberts, 1979), blood pressure, sweat index (Mooney & Carlson, 1976), and self-report (Bowman, et al., 1978) were all higher among those who were conducting or practicing counseling compared to control groups, in all studies.

Bowman and Roberts (1979) found in their study with twenty-eight master's level counseling students that anxiety as measured by self-report, heart rate, and skin conductance was higher when compared to a control group. They implied through this research that the act of counseling and developing as a professional counselor led to an increased experience of anxiety. Similar results were found by Bowman, et al. (1978) in a study with a sample of twenty master's level counseling trainees. Their participants reported significantly more anxiety following a counseling session when compared to a control group. Moreover, there are findings that imply that the experience with anxiety can be different based on the level (i.e., amount) of counseling experience given (Mooney & Carlson, 1976). Participants in this study reported higher anxiety

through self-report, blood pressure, and digital sweat index prior to conducting their first counseling session compared to conducting a counseling session at the end of the same semester.

There are also studies that relate experiences with anxiety among counselor trainees to be related to evaluation and supervision of skills (Bernard & Goodyear, 1992; Bowman, 1980; Ellis, Krengal, & Beck, 2002). For example, Dodge (1982) notes that the anxiety experienced by counselors-in-training can be related to the feedback given by supervisors and for the need to be approved by others to be seen as successful in the application of counseling skills to client cases. Additionally, Dodge implies that anxiety can also be related to the need of the trainee to be accepted with a desire to be evaluated positively by the supervisor.

Moreover, Rønnestad and Skovholt (1993) suggest that anxiety is experienced by counselors-in-training because the training process involves the trainee evaluation of their own fit for their chosen career path. Similarly, Bauman (1972) suggested the counselor-trainee anxiety in the learning process involves experiences of anxiety due to the learning process involving change which almost always involves experiences of anxiety.

A qualitative study of master's level counseling students implied that counselors-in-training have higher anxiety due to their own self-perceived beliefs in their inability to be successful in work with clients (Bischoff & Barton, 2002). This study consisted of thirty-nine master's level counseling students who were asked to reflect on their practicum experiences. Experiences of anxiety and a lack of confidence in their abilities to conduct successful counseling sessions were the most reported experiences.

Bowman (1980) explored if the common practice of audio recording, video-taping, or live supervision observations was related to the experiences of anxiety for counselors-in-training. Anxiety was measured by self-report and skin responses. Groups were set up as a control group,

counseling only, counseling with recording, and counseling with recording and follow-up supervision evaluation. Bowman implied from these findings that recording a counseling session did increase anxiety with those in the follow-up group reporting higher anxiety than all other groups.

Furthermore, Ellis, Krengel, and Beck (2002) conducted a more recent study into the experiences of anxiety for counselors-in-training being observed through electronic or live mediums. They, interestingly, instructed participants to focus on solely being empathetic to their clients over focusing on successfully preforming counseling or on being observed. Their results implied that shifting the counselor-in-trainings focus from observation did not decrease their experience with anxiety. The implication of this study is that the experience of anxiety while being trained in professional counseling, is an expected aspect of the training process. Some of these experiences with anxiety can be related to trainees' beliefs in being inexperienced, not ready to conduct counseling, and being ultimately harmful to clients (Bischoff, 1997).

Additionally, some studies have focused on the personal beliefs of experiences with anxiety of the counselor-in-training (Apter, 1984; Edwards & Hardy, 1996; Hall & Kerr, 1998). This line of reasoning would assume that similar experiences with anxiety (i.e., self-report, skin conductance, blood pressure, etc.) does not imply the same responses of trainees on conducting counseling. For example, two counselor trainees could report the same level of anxiety with similar increases in blood pressure however their ability to conduct counseling sessions may be vastly different.

Bowman et al. (1978) implied that the physical experiences of the counselor-in-training isn't essentially the only aspect related to being able to successful conduct a counseling session, but rather, it's the trainees' internal dialogue and beliefs of anxiety experiences that relates to

anxiety experiences while conducting a counseling session. They attempted to research this perspective by measuring participants' anticipatory anxiety by asking about what level of anxiety they expected and how much their anxiety level increased prior to actually conducting the counseling session. Their findings imply that the cognitions of the counselor trainee did effect experience with anxiety since participants were able to predict their level of anxiety prior to any skills being applied in an actual counseling session.

Moreover, the experiences with anxiety have been related in some studies to the counselors-in-training fear of acceptance from their clients, while also holding high expectations for themselves with little belief that they could actually be successful (Bischoff & Barton, 2002; Mooney & Carlson, 1976). The belief in being successful in a counseling relationship could be related to the definition of CSE (i.e., belief in the ability to be successful in conducting counseling in the near future) (Larson & Daniels, 1998).

Anxiety and Self-Efficacy. Albert Bandura (1986) describes in detail the relationship of anxiety to self-efficacy and in turn the concepts of anxiety's relationship to SCT. The central tendency for the arousal of anxiety is a perceived threat. A perceived threat, seen through the lens of SCT, is the level of output needed to be successful and the individual's belief in their skills to be successful. Therefore, from this perspective, external threats are ultimately subjective to each person and their own internal beliefs in the their skills, counseling skills for the purpose of this study.

Anxiety often has been found to have a negative correlational relatinoship to the development of CSE for counselors and counselors-in-training (Alveraz, 1995; Barbee, et al., 2003; Larson, et al., 1992; Larson & Daniels, 1998). However, based on their own internal beliefs about their skills when experiencing anxiety can be different for each individual (Hall,

2009). Meaning, that each individual may interpret the experiences with anxiety as being debilitating or motivating. It has in fact been suggested that a certain level of anxiety is needed to increase counselors-in-trainings' motivation to develop counseling skills and experiences that lead to increased CSE (Borders & Brown, 2005). Some, however, have found that high levels of anxiety impede development in counseling trainees (Sarason, 1960; Birk & Mahalik, 1996). Specifically, anxious individuals perform more poorly in general with less likeliness to be creative and overcome obstacles when confronted with complex tasks, such as developing a therapeutic relationship (Hall, 2009).

Daniels (1997) explored the variance of CSE among forty-five counseling and psychology graduate level student. He found that a significant amount of variability in CSE for this sample could be explained by anxiety. This finding suggests that the experiences of anxiety in counselors-in-training can be important in the development of CSE.

In summary, anxiety as experience by the counselor and counselor-in-training has many different origins and is an internal experience and can be different for each person. Anxiety can have many different aspects to it (Bandura, 1986). Therefore, the findings in literature related to the experiences of anxiety with counselors and counselors-in-training related to counselor development can be minimal (Bowman, 1980; Bowman & Roberts, 1979; Russel & Snyder, 1963). However, as counselor educators it can be helpful to know aspects of a trainee when engaging in the counselor trainee development process. Literature on CSE have often found relationships with variables that are of an individual aspect, meaning variables that are created by an internal process of the person (e.g., professional identity, anxiety, self-concept).

Interestingly, there is also literature which suggests a connection between experience of anxiety and the adult attachment system (Cassidy, Lichtenstein-Phillips, Sibrava, Thomas, &

Borkovec, 2009). Cassidy et al. conducted a study on 138 participants, some (n=69) diagnosed with generalized anxiety disorder and some with no anxiety diagnosis. Their findings imply that the experience of clinical debilitating anxiety could be significantly predicted by the attachment system of the participant. This finding could lead one to begin to logically relate the development of the adult attachment system with future debilitating life circumstances.

The attachment process is an innate behavioral system that shifts and changes over the course of a human's lifetime. There are aspects of this system that do affect the affective and relationship development patterns of individuals (Feeny & Noller, 1996). The differing reactions, which are brought about through attachment systems in adulthood, could be one aspect that is important in counselor trainee development.

Attachment Theory

Attachment theory is a wide ranging and in-depth, well-researched, theory which attempts to better understand the importance and process of connection between ourselves and others (Johnson, 2003). This focus has included many different disciplines including evolutionary biology, sociology, psychology, education, etcetera (Bretherton, 1991). I will discuss the application and aspects of this theory from a historical perspective including relevant research and application of this theory to this study.

Historical Development of Attachment Theory

The work of John Bowlby and Mary Ainsworth has been credited with the development of attachment theory. The theory was developed through a desire by Bowlby and his colleagues for an increased understanding of the importance of connection between an infant and their caregiver (Inge, 1991 & 1992). Bowlby (1982/1969) theorized that this attachment process was not only a product of years of evolution, but also had implications for our psychological well-

being. By focusing on the historical development of attachment theory an increased understanding of the development and application of the theory can be understood.

Inge Bretherton (1991 & 1992) described in detail the historical development of attachment theory through collections of correspondence between researchers, published work, and interviews of those involved in the development of the theory, including Mary Ainsworth. Bowlby's work began during his treatment of juvenile offenders, including an increased understanding of the importance of quality interactions, or lack thereof, between the juveniles and their mothers. He conversed with colleagues from evolutionary biology, sociology, psychology, biology, zoology, etcetera to piece together his observations. His work began to develop into a more evolved theory during his directorship of the department of children and parents at the Tavistock Clinic. His work continued in the development of attachment theory regarding the quality of relationships, or lack thereof, and connection to psychological wellbeing well through the late 1950s and 1960s. This time of observing and articulating a theory of attachment in humans included his introduction to a research assistant, named Mary Ainsworth, who would become an important asset to the development of attachment theory.

According to Inge (1991 & 1992), Ainsworth's focus during her graduate study was on security theory, which focused on creating a secure place for children to explore and understand their surroundings. After joining with Bowlby she continued to conduct research regarding security theory and the developed a focus on better understanding attachment behavior in infants. This included the first empirical study to better understand the attachment system in humans. Ainsworth wrote about the study in the book titled *Infancy in Uganda: Infant Care and the Growth of Love* (1967), which later informed her better-known study in Baltimore on the

attachment of children. The result of her study in Baltimore was published in a book titled *Patterns of Attachment: A Psychological Study of the Strange Situation* (1978).

The Baltimore study, known in attachment literature as the strange situation, was used to better understand the application of children's attachment behaviors to explore in situations when attachment anxiety was present (Ainsworth, et al., 1978). Ainsworth became interested in how the children reacted to the return of their mother to a playroom after the mother was absent. While focusing her application of attachment theory to children and their caregivers, including the addition of her in-home observations of the same families, she developed three types of attachment. These types that Ainsworth introduced included secure, avoidant, and ambivalent attachment.

Ainsworth et al.'s (1978) description of these distinct styles were developed through her interpretation of children's behavior at separation from primary attachment figures, interaction with a stranger, and then reunion behavior with the mother. Secure attachment included behavior consistent with high anxiety at separation, avoiding the stranger in the room, and soothing and connection upon return of the mother to the room. This was in direct contrast to the avoidant attachment style observed. Children who exhibited avoidant behavior included no anxiety at separation, interaction with the stranger, and little connection upon return of the mother to the room. The final type identified in results from Ainsworth et al.'s (1978) study was labeled as ambivalent. Ambivalent attachment behavior during the study, included high anxiety upon the mother leaving, avoidance of the stranger, and interestingly anger and avoidance once the mother returned to the room. As attachment theory became a focus of researchers, these observations, along with the work of Bowlby and others in developing the ideals associated with attachment,

led to a greater understanding of attachment theory and how the ideals put forth in attachment theory applied to a greater understanding of human behavior.

Aspects of General Attachment Theory

Early research on attachment theory was focused on understanding the development of the human protection system, in which infants are focused on protection from dangers through a connection with adult caregivers. Bowlby developed this research focus, initially from an evolutionary perspective (Inge, 1991). He theorized that the need for protection was developed in humans over time as a way of ensuring continuation of passing genetics from one generation to the next (Bowlby, 1969). A child is vulnerable to aspects in their environment that are not safe, and are in need of protection from harms to ensure survival and procreation in the future. This need, Bowlby theorized, was developed over time and helped to ensure the survival of the human race. Therefore, the attachment system and in turn the development of attachment theory began from an evolutionary biological focus, specifically in the application of ontology to the human species (Colin, 1996).

Bowlby (1973) described attachment as a system. In other words, the attachment to caregivers is one that is internally driven and derived from external cues of threatening events (Mikulincer, Shaver, & Pereg, 2003, pg. 80). For example, a child who becomes anxious due to the information they are receiving from their surroundings (e.g., strangers are present, an unknown animal is close by) will seek a closer proximity to his or her caregivers for protection. The attachment system then activates and deactivates (e.g., once the child feels safe, proximity is accomplished) given the information gained from various external sources which can trigger various emotions and cognitions (Ainsworth, 1991).

Additionally, as proposed by Ainsworth, et al. (1978), close proximity to a caregiver results in feelings of security and happiness for a child with a secure attachment to his or her caregiver, leading to increased attempts to maintain proximity. Furthermore, cognitions are involved in the attachment system as the child holds representations of the caregiver in his or her mind. This representation, known as internal working models (IWMs), includes any past experience with primary or secondary caregivers where proximity seeking behavior was either successful or unsuccessful (Bretheron, Inge & Munholland, 2008; Thompson, 2008).

Since the development of attachment theory in the 1950s and 1960s, there continues to be research that further applies the ideals of attachment theory into other areas of human experience, including attachment behavior into adulthood. Susan Johnson arguably has had a large impact on the application of attachment theory in adults, specifically in the romantic coupling of adults.

Ten tenents of attachment theory. In her book *Attachment Processes in Couple and Family Therapy*, Johnson (2003) detailed what she believes are ten tenets of attachment theory. These tenets are a compilation of current and past research that outlines what attachment theorist hold to be true regarding attachment theory and the theory's application to humans.

Johnson began with describing the first tenet of attachment as a motivating force that is intact at birth. This force, as she described, is what drives humans to interaction with each other and is a driving force for our entire lives. She continued to discuss attachment as fostering or hindering autonomy as the second tenet. This tenet holds that a secure attachment in childhood will help to foster an inner drive for exploring and ultimately autonomy in adulthood. She also emphasized that attachment in our relationships are not good or bad, but rather effective or

ineffective. The more effective we are in our attachment towards others, Johnson argued, the more we will be able to be autonomous in our relationships with others.

The third tenet of attachment theory is the ideal of attachment figures invoking a sense of calm from anxiety and stress. This calming phenomenon, engaged by proximity to attachment figures, encourages many different behaviors including exploring in children (Ainsworth, et al., 1978). The fourth tenet is a secure attachment relationship creating a sense of security. Johnson reported that a secure attachment promotes "happier, more stable, and more satisfying" (Johnson, 2003, p. 6) relationships.

Continuing, Johnson gave the fifth tenet of attachment, the activation of the attachment system through perceived threat. The activation of the attachment system causes humans to seek proximity to an attachment figure for comfort and safety. These perceived threats could be physical threats or even common societal pressures. The sixth tenet involves that lack of response to attachment attempts. An individual who seeks proximity and is denied can evolve into anger between the attachment figure and the individual when comfort is not given and the attachment system need is not satisfied. The lack of satisfaction of the attachment system can eventually lead to a breaking of the attachment bond.

The seventh tenet of attachment theory involves building and increasing the attachment bond in a relationship. Affective responsiveness to humans seeking bonding is the foundation of attachment, and is responsible for increasing feelings of attachment in any human relationship. Instances of lack of responsiveness to proximity seeking can lead to a lack of attachment bond, or can decrease proximity seeking of attachment figures by humans in a fearful experience. In contrast to building attachment, the eighth tenet involves the breaking of bonds by nonresponses or lack of response behavior leading to a decrease of comfort seeking from attachment figures.

An individual's reaction to bond breaking could be any multitude of responses on a continuum of seeking closeness, any form of closeness, to a complete lack of seeking closeness with anyone.

Finally, the last two tenets involved with attachment theory include the IWMs that are developed in infancy, brought about by the caregivers' responses to comfort seeking, and the belief that isolation from others is traumatic to any human. The use of IWMs allows humans, as we develop, to understand how to initiate and build relationships with other humans. Additionally, attachment theory proposes that a lack of connection can be traumatic and lead to difficulty in later life for those who aren't able to develop a secure attachment with caregivers in early infancy and as young children.

These ten tenets, proposed by Johnson, exhibit the overarching ideas included in attachment theory. Attachment theory was developed initially with a focus on children, specifically, those children who were deprived of nurture from caregivers (Inge, 1991/992). The theory has moved from understanding the importance of nurturing infants and children to include the attachment process throughout the lifespan of the individual.

Attachment Theory Across the Lifespan

The theory of attachment can help to increase our understanding of connection as humans develop. Across the lifespan attachment theory can be used to better understand the behavior of infants towards caregivers, toddlers towards secondary caregivers and teachers, the development of adolescents in identity, and adults in romantic partnerships. Virginia Colin (1996) wrote a book entitled *Human Attachment* that attempted to incorporate an inclusive summary of attachment theory to human development.

Colin (1996) identified four distinct phases in the development of attachment in infancy. These include, in chronological order: preattachment, attachment-in-the-making, clear-cut

attachment, and goal-corrected partnership. Each of these phases, in the development of attachment in infancy include specific characteristics and involves the development of attachment of infants with caregivers. These phases are the building blocks of IWMs (i.e., the foundation for anxiety and avoidance aspects of attachment reactions in adult relationships) which become important in future adult related relationships moving into adolescence and adulthood (Johnson, 2003).

Four phases of attachment development. The preattachment phase, as outlined by Colin (1996), is characterized by an unconscious focus on attachment including behaviors that are innately initiated by the infant towards any person, not an identified caregiver. This behavior includes holding onto objects and rooting for a food from a breast when encountering any skin-to-skin contact. In this phase there is no identification of a primary caregiver including little to no cognitive ability to identify others within the infant's field of vision.

Phase two is named attachment-in-the-making by Colin. She outlined this phase with the development of a preference by an infant to certain caregivers. This preference can be assessed through behaviors including visual tracking, increased ability to soothe to caregivers over others, reaching for caregivers, etcetera. These types of behaviors, while not proving any specific attachment does demonstrate the beginning of a development of preference for a caregiver over other individuals that the infant comes in contact with (e.g., friends, extended family, strangers, etc.).

Clear-cut attachment is the third phase described by Colin. This phase begins when an infant begins to associate with a specific caregiver. Additionally, there are specific behaviors that characterize this phase of attachment in infants. Examples of the behaviors exhibited in phase three by infants towards caregivers when seeking attachment security include: proximity seeking,

separation protest, feared loss of attachment, reciprocity, responsiveness to the attachment figure, and use of the attachment figure (West, Sheldon, & Reiffer, 1987). All to some of these behaviors are initiated when the infant feels unsafe or out of the range of protection of a primary caregiver. This phase, Colins (1996) argues, also involves a decrease in association behavior with individuals from outside of the primary caregiver. This could include people who the child is not familiar with. Once this attachment is bonded, the infant forms a belief that the caregiver (i.e., primary attachment figure) will give the infant what is needed. How the caregiver responds to the attempts of the child to seek proximity when needs arise will affect the way the child responds to not only the caregiver, but others they encounter, including their attempts to explore and understand more about their environment (Ainsworth et al., 1978). Additionally, this phase is the emergence of IWMs which affect the way adults experience attachment anxiety and attachment avoidance in future relationships (Collin, 1996).

The final phase described by Colin is goal-corrected partnership. This phase is the longest, in comparison to the first three phases, and includes the development of the child from around 7months to 4 or 5 years of age. During this range of development the infant becomes a child and is able to articulate verbally with the caregiver including object permanence, which allows the child to understand that the caregiver is still available even when out of view (Piaget, 1952). Object permanence gives some freedom for the child to begin to explore and discover their environment, even when their caregiver is not there. This new skill, also known as IWMs (Bretherton & Munholland, 2008), becomes more finite during this phase and is carried more fully by the child into adulthood, essentially becoming the adults experience with attachment anxiety and attachment avoidance in adulthood (Thompson, 2008).

Internal Working Models. As mentioned previously IWMs are associated with human expectation in relationships with others (Thompson, 2008). IWMs are grounded in past experiences of attachment behavior attempts at seeking proximity to caregivers and the response by caregivers. Experiences with caregivers and attempts at seeking comfort drive our understanding of relationships and how we interact with others including what we expect in relationships (Bretherton & Munholland, 2008). Bowlby detailed the importance of this interaction at an early age and how we as humans use IWMs in our future relationships in the second volume of his work titled *Attachment and Loss: Volume 2* (1973), stating:

> For not only young children, it is now clear, but human beings of all ages are found to be at their happiest and to be able to deploy their talents to best advantage when they are confident that, standing behind them, there are one or more trusted person who will come to their aid should difficulties arise. The person trusted provides a secure base from which his (or her) companion can operate. (p. 359)

IWMs relate differently for each different type of attachment "style" reported by Ainsworth et al. (1973). For example, a person who experienced a secure attachment will expect others to be supportive and available to them while a person who experienced an insecure attachment will expect others to be unsupportive and unavailable (Berlin, Cassidy, & Appleyard, 2008). Bowlby argued that the personal perspective from which IWMs derive effect individuals into early childhood, adolescence, and adulthood (Berlin, Cassidy, & Appleyard, 2008).

Application of Attachment Theory in Adults

The function and purpose of the attachment system in adults, as it progresses through adolescence, is different from that of the attachment system in childhood (Kirkpatrick, 1998). The purpose of the attachment system during childhood, as discussed previously, is for safety

and protection (Bowlby, 1969). The attachment system evolves and focus switches during adulthood to create bonding with other humans to ensure progression of the species (Kirkpatrick, 1998). This interpretation by Kirkpatrick is from, as Bowlby's focus was also, an evolutionary perspective. While an evolutionary perspective can limit the application of attachment theory, nevertheless, the change and progression of the attachment system over time is important to understanding the implication for adults in responses to relationships including human's belief in their ability to enact change in others.

Moving into adulthood, there is a natural shift away from a reliance on the attachment bond between the now adult child and their primary caregiver (Ainsworth, 1989). This shift can be, and usually is, focused on a romantic other to whom the individual has now shifted their attachment bond and energy. However, Ainsworth (1989) pointed out that although the attachment bond may be described as romantic it does not necessarily entail romance but rather an "affectional bond" (p. 711). Regardless, this new attachment figure does serve, to some extent, as a primary attachment figure but with new goal-directed behavior. Rather than focusing on behaviors that increase safety and survival, the new pair-bond is more focused on affection and comfort, thus most research on adult attachment relationships is focused on an affection or romantic bond.

Ainsworth (1989) identified three different levels of attachment bonds in adulthood: affectional bonds, sexual pair bonds, and friendly bonds. Affectional bonds are those bonds associated with past primary attachment figures such as a mother, father, or other caregiver. These bonds are classified differently from other bonds in adulthood due to the history of proximity seeking for survival in infancy and childhood. Second, sexual pair bonds involve a complex matrix of systems in the human species including a biological, attachment, and

caregiving aspect. All of these systems work toward the building of a relationship to ensure the biological, affective, and safety needs of the human are met. Third, the friendly bonds are those in which caregiving is a main component including a desire for closeness in all relationships deemed as attachment relationships, there is an aspect of affective regulating properties associated with the bond (Mikulincer, Shaver, & Pereg, 2003). In fact there is evidence to suggest that affect regulation as an aspect of adult attachment reactions can affect the level of empathy in which counselor trainees were able to demonstrate towards their clients (Trusty, Ng, & Watts, 2005). Therefore, any increased knowledge of attachment anxiety and attachment avoidance in counselor trainees could be important to the work of counselor educators.

Affective regulation in adulthood. The ability to regulate affective responses, especially negative experiences, is one aspect of the application of attachment that bridges the gap between infancy and early childhood and adult attachment responses (Feeney & Noller, 1996). Affect regulation is regarded as a way that people "handle negative emotion" (p. 36). This, according to Bowlby (1973), was the way that the attachment system in childhood helped to ensure survival of the species by seeking comfort when experiencing distress. This comfort seeking behavior includes adults experiencing negative emotions, and forms how adults react when negative affective experiences arise (Mikulincer, Shaver, & Pereg, 2003).

Adults who have experienced a secure attachment, or those who perceived caregivers to be available and responsive to proximity seeking, have been shown to exhibit a higher ability to regulate their emotions when faced with negative experiences and in turn, have more increased positive experiences in relationships with others (Mikulincer & Orbach, 1995; Collins & Read, 1990; Hazan & Shaver, 1987). Alternatively, the reverse is true for those who experience avoidant, anxious, and ambivalent attachment styles. Mikulincer and Orbach (1995) have found

that these individuals have more difficulty when coping with experiences that bring about negative affective responses through difficulty in negative affect control, increased anxiety, and the spreading of negative affect to third party emotions. For example, a person with an avoidant, anxious, or ambivalent attachment style, who is asked to recall a perceived negative memory will be able to recall the memory quicker, while also experiencing anxiety, which may then lead to increased feelings of anger, even if the memory is only associated with feelings of sadness, for example. It is believed that these differing behavior responses of adult individuals, are manifested from within the IWMs of adults.

The work of professional counselors and counselors-in-training can often include many negative experiences. These experiences may include such things as unsuccessful outcomes for clients, resistance from clients in their work in treatment, and external pressures to conform to funding requirements from third party payers. All of these stresses may cause those with high attachment anxiety or high attachment avoidance from their IMWs of attachment to internalize such experiences, therefore leading to negative consequences and increased activation of their attachment system. Thus, information regarding counselor trainees' attachment avoidance and attachment anxiety is of importance to counselor educators.

Internal working models in adulthood. As discussed prior, IWMs are developed through experiences of seeking and receiving, or conversely, not receiving a reaction when displaying attachment proximity seeking behaviors (Colin, 1996). In adults these models represent the carryover from childhood and effect the way that humans react to others in their life (Collins, Guichard, Ford, & Feeney, 2004). These models are different across the various attachment styles and are associated with different outcomes in relationships for individuals.

The literature is clear regarding the advantages of those who experience secure attachment patterns in their interactions with primary caregivers in infancy and early childhood. Those with more secure attachment patterns have been shown to have increased positive beliefs about themselves (Hazan & Shaver, 1987; Collins & Read, 1990). The increased positive feelings among those who exhibit more secure attachment patterns includes an individual's ability to be assertive, exhibit confidence, and higher levels of self-worth (Collings & Read, 1990). Additionally, those with anxious and avoidant attachment patterns (further described below) had higher levels of depression (Wei, Russell, & Zakalik, 2005). Wei, Russell, and Zakaliks' (2005) results also found that those with anxious attachment patterns had lower levels of social self-efficacy and in turn felt lonelier than others, leading to higher levels of depression.

IWMs in adulthood are important to the overall reaction of the individual in their relationships with others, including their overall experiences with life (Wei, et al., 2005). At times, it is falsely reported that IWMs or attachment styles are of one accord or that an individual only exhibits one attachment pattern consistently across a lifetime (Collins et al., 2004). However, attachment patterns and IWMs can differ between individuals as they interact with others in varying environments (Bartholomew, 1990). For example, a person can react differently to others due to environmental and personal differences. A person may have an IWM of a primary caregiver, for example their mother who has blonde hair, that is negative (e.g., proximity seeking was not reciprocated) leading to higher attachment anxiety or attachment avoidance. This person may react in a positive manner to a woman with brown hair, however they may experience increase anxiety when meeting a woman with blonde hair due to their IWM that their needs will not be met, for instance by their mother who has blonde hair.

Two-dimensional plane of adult attachment. The study of IWMs and the individual differences of attachment behaviors of adults in interaction and relationships with others resulted in the identification of four distinct areas of attachment behaviors (Bartholomew, 1990). These areas included (a) secure, (b) preoccupied, (c) dismissing, and (d) fearful. Bartholomew and Horowitz (1991) theorized that these distinct areas, while not exclusive to one person in every situation, are involved along two dimensions: (a) an internal model of the self, and (b) an external model of others. In other words, humans develop two distinct focuses in their attachment systems including the way we think of ourselves (internalized) and the way we believe others will react to us (externalized).

Furthermore, they conceptualized these two distinctions in attachment views as having a dichotomous continuum of being positive or negative. Internalized viewpoints of the self that are positive would include the self being "worth of love and support" (Bartholomew, 1991, p. 227). Additionally, a positive external belief would include believing that others can be trusted or, in contrast, a negative external belief would include believing that others are not available and are rejecting.

Bartholomew and Horowtiz's (1991) model of adult attachment is displayed in Figure 1. Bartholomew & Horowitz (1991) continued to postulate that the two dimensions of personal internalized factors (e.g., negative personal beliefs about the self) (i.e., thoughts of not being good enough for others) and personal externalized factors (e.g., negative personal beliefs about others) (i.e., others cannot be trusted in relationships) focuses regarding attachment relationships can also be titled as "avoidance" (i.e., externalized) and "dependence" (i.e., internalized), Later in literature the use of word dependence as described by Bartholomew and Horowitz became

titled anxiety to better describe the overall nature of the construct being focused on the internal characteristic of a low self-concept (Fraley, 2010).

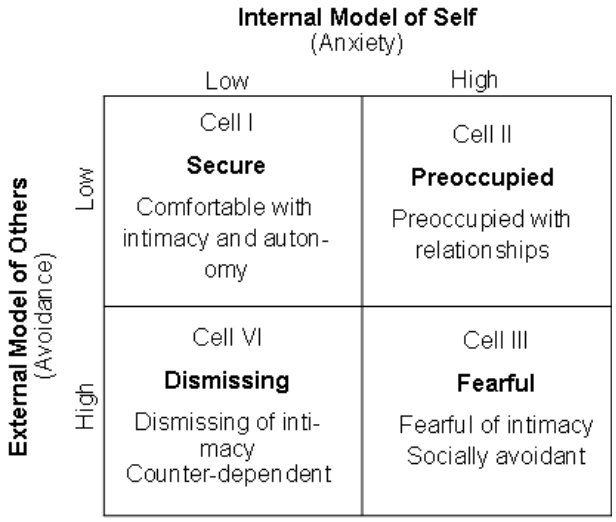

Figure 1. Two dimensional model of adult attachment. This figure demonstrates the two dimensional model of adult attachment as proposed by Bartholomew and Horowitz (1991).

Bartholomew and Horowitz (1991) detailed their model in four distinct cells, leading to four different patterns of attachment behaviors in adults. Secure attachment (low anxiety and low avoidance; cell I) involves an internal belief that the person is lovable and deserve connection while also having an external belief that others are available. Preoccupied (high anxiety and low avoidance; cell II) is associated with a negative belief of self as being lovable and deserving support while also believing that others are available. Fearful (high anxiety and high avoidance; cell III) involved those people with negative internal and external beliefs. These beliefs lead to a person who does not believe they are worth of connection and additionally, do not believe that others are available for connection. Lastly, dismissing (low anxiety and high avoidance; cell IV) are those who believe they are worthy of connection; however, these individuals have a belief that others will not be available or even reject them. Bartholomew and Horowitz (1991) involved

the early work of Hazen and Shaver (1987) when labeling their model of adult attachment. In fact, when researching their theory Bartholomew and Horowitz (1991) were able to connect their findings in adult attachment to those of Hazen and Shaver (1987).

The study by Bartholomew and Horowitz (1991) has become a foundationally accepted viewpoint of adult attachment in attachment literature (Fraley, 2010). Additionally, their study was able to show across three different measures of attachment, including an external measure, self-report measure, and an interview measure, that the four distinct areas of adult attachment were in fact closely related. This finding helped future attachment researchers in applying adult attachment in a consistent way.

Adult attachment, and the internal and external beliefs of individuals regarding their social behavior, can be of importance to the counselor development process. There has been a large focus on client attachment characteristics and what those attachments may bring to sessions, however, the focus of attachment characteristics of the counselor has not been as developed or focused on (Marmarosh, 2015). For example, Dozier, Cue, and Barnett (1994) found that attachment anxiety and attachment avoidance changed how helping professionals intervened and conceptualized client cases. However, there has been little focus on these findings in subsequent literature (Marmarosh, 2015). Therefore, a focus on attachment characteristics with focus on the helping professional is important to expand the knowledge base on attachment aspects in the helping professions.

Summary

Bandura (1999) argued that humans are able to make their own choices based on the internal representations of their own worlds, therefore the study of CSE should be viewed from an internal perspective of the counselor trainee. One internal characteristic that hasn't been

studied in relation to CSE is adult attachment. In this study I aspired to gain an understanding of the relationship between counselor trainees' attachment experience, which as discussed earlier, is an internal representation of humans' ability to explore their world and engage easily with others (Ainsworth, et al., 1978), experience of general anxiety, and a trainees beliefs of efficacy toward helping others in a professional counseling session.

The adult attachment system is theorized to adapt over the course of human development from infancy into two main areas for adults: attachment anxiety and attachment avoidance (Bartholomew & Horowitz, 1991). The attachment anxiety aspect in relationships is mostly associated with interpersonal beliefs that the person is unworthy of attention and engagement with others. Conversely, attachment avoidance in relationships is associated with the internal belief that others are not trustworthy or available for engagement in a relationship.

In this study, I sought to investigate the relationship between adult attachment aspects of participants and their levels of CSE in both task and coping efficacy including any additional understanding attachment anxiety and attachment avoidance can bring to the construct CSE. This study is important to the field of counselor development, as there has been only one study that looked at the relationship between CSE and adult attachment (Marmarosh, et al., 2003).

This study by Marmarosh, et al. (2003) was focused, first off, on any findings for relationships between adult attachment aspects and the supervisory alliance and attachment patterns between the supervisee and supervisor. Additionally, the research team conducted tests to determine the relationship between adult attachment aspects and CSE. This team found significance only in avoidance attachment and CSE. However, the focus of the study by Marmarosh, et al. foremost was the relationship with the supervisor and the supervisory working alliance, as well, the study was conducted with only 56 participants, all of who were graduate

level psychology students. While there was no significance found between other attachment types and CSE the team did report limitations in their sample size as a possibility in the lack of findings. The current study sought to increase the number of participants to a more acceptable level for studying correlational relationships, including the use of graduate level counseling students, doctoral counselor education and supervision students, and practicing counselors rather than those in a graduate level psychology program.

This study has implications for counselor training. Since programs aim to create productive and successful counselors (Tang, et al., 2004), the increased knowledge of trainees and the characteristics they bring into the classroom may be of use to counselor educators. One such aspect of trainees that they bring with them into the classroom and supervision session is the activation and reaction of their attachment system and the possibility that the aspects of their attachment system could have a relationship on their ability to efficiently develop increased CSE over time.

CHAPTER III. METHOD

Introduction

This study attempted to answer research questions related to CSE and adult attachment factors of attachment anxiety and attachment avoidance, variables that have not been researched in CSE literature. I answered research questions to determine the levels of attachment anxiety, attachment avoidance, general anxiety and CSE (i.e., helping skills, session management, and counseling challenges) among counseling trainees, counselor education and supervision doctoral students, and practicing counselors. Additionally, I determined any relationships between attachment anxiety, attachment avoidance, general anxiety, CSE (i.e., helping skills, session management, and counseling challenges), and counseling experience. Lastly I determined the additional understanding of CSE that attachment aspects (e.g., attachment anxiety and attachment avoidance) add to a predictive model of CSE. Participants (i.e., counselors-in-training, counselor education and supervision doctoral students, and practicing counselors) were asked to complete demographic questions along with instruments that measured CSE, adult attachment factors, and general anxiety. Descriptive statistics were used to determine the levels of general anxiety, CSE, attachment anxiety, and attachment avoidance among the population. A correlation analysis of all variables (i.e., general anxiety, attachment anxiety, attachment avoidance, CSE, and experience) was conducted assessing for any relationships between variables. Finally, a hierarchical multiple regression analysis was conducted to determine the

added understanding that a predictor variable of attachment (i.e., attachment avoidance and attachment anxiety) can add to CSE.

Research Questions

1. What are the levels of general anxiety, attachment anxiety, and attachment avoidance among counselor trainees, doctoral students, and practicing counselors?
2. What are the relationships between attachment anxiety, attachment avoidance, general anxiety, counseling experience, and CSE?
3. How much variance can attachment (i.e., attachment anxiety and attachment avoidance) and general anxiety explain in a model of CSE after confounding variables of experience is accounted for?

Participants

Participants for this study were counselor trainees, doctoral students, and practicing counselors. Accreditation from Council for Accreditation of Counseling and Related Educational Programs (CACREP) was not a qualification for a program to be included due to findings that this variable is not associated with CSE (Tang, Addison, Lasure-Bryant, Norman, O'Connell, & Stewart-Sicking, 2004). However, for the purpose of defining counseling programs, the areas of counseling defined by CACREP (2016) were used, including addiction counseling; career counseling; clinical mental health counseling; clinical rehabilitation counseling; college counseling and student affairs; marriage, couple, and family counseling; and school counseling. Students were eligible to participate if they were enrolled in a master's level counseling program.

Additionally, doctoral students currently enrolled in a counselor education and supervision program were included. Doctoral student participants were considered if they self-

identified as a doctoral student or candidate currently enrolled in a counselor education and supervision program.

Lastly, counseling professionals were also included. These participants were eligible for participation if they worked as professional or associate level counselor. For the purpose of identifying counselors, as with counselors-in-training, I used the list of identified counseling specializations as identified by CACREP (2016), including, addiction counseling; career counseling; clinical mental health counseling; clinical rehabilitation counseling; college counseling and student affairs; marriage, couple, and family counseling; and school counseling.

Procedures

After receiving approval from the Human Subjects Institutional Review Board (Appendix A) , I began recruitment by contacting the faculty liaison listed for each CACREP accredited master's and doctoral level program as published on the CACREP website. The program liaison was sent an email flyer (Appendix B) detailing the study and asking the program contact to forward and email flyer (Appendix C) the survey to students to complete. Additionally, I offered to send paper copies of instruments for this study including postage paid envelopes directly to faculty to disseminate to their students. These packets included paper copies of all instruments listed below and a demographics sheet. Simultaneously, I sent the same email flyer for recruitment out using the Alabama Counseling Association listserv asking that those who practice as counselors to participate.

To ensure that institutions who have counseling programs that are not accredited through CACREP, and therefore do not have contact information available on the CACREP website, were included, I divided states into regions using the Association for Counselor Education and Supervision regions as a guide (i.e., north central, north atlantic, southern, rocky mountain, and

western). I then randomly selected institutions from these regions, ensuring that the institution selected has a Masters level counseling program that is not CACREP accredited. I then contacted the program coordinators by email asking faculty to forward the email flyer to their students while also offering, should they request it, to mail paper copies with postage paid envelopes to faculty to disseminate to their students. These packets included a paper copy of all instruments listed below and a demographics form (Appendix D). Lastly, I sent an email flyer (Appendix B) to practicing counselors through counseling listservs. This allowed practicing counselors the opportunity to complete the study survey online.

It is important that the effect size and significance level is determined in the early stages of designing the quantitative study in counseling research so that a proper sample size could be determined (Onwuebuzie, 2004). As reported by Balkins and Shepris (2011), the effect size per Cohen, should correspond with the chosen significance level and be four times greater. This would indicate that a significance level of .05 would have a power limit no lower than .80. A G*Power analysis was conducted to determine appropriate sample sizes to find a medium effect size (p=0.15) result. This analysis is considering an alpha of .05 and a power of .80. The number of participants needed to conduct all statistical analyses to answer all research questions was, n=89.

Measurements

Measure of Self-Efficacy

Counselor Activity Self-Efficacy Scale (CASES). CASES (Lent, Hill, & Hoffman, 2003; see Appendix F) is a self-report measure of counseling self-efficacy (CSE). CASES was developed to refine measurement practices of perceived ability to be effective with clients Lent et al. (2003) argued that instruments of CSE prior to the CASES were riddled with

issues including assumptions of skills not present in beginning counselors, measuring values other than CSE, and were lacking measurement of higher level counseling skills. The CASES includes measurement of three dimensions of CSE: (a) helping skills, (b) session management, and (c) counseling challenges. All 41 items responses are rated on a Likert scale from 0-no confidence at all to 9-complete confidence.

The measurement of helping skills self-efficacy was conceptualized by Lent et al. (2003) and was based on the training model of Hill and O'Brian (1999). This model based training for helping across three stages labeled exploration, insight, and action. Each stage has specific areas of concentration focusing on helping within the therapeutic session. Exploration includes the ability to elicit information (i.e., reflecting feeling, asking open ended questions); insight involves creating cognitive shifts of the client's perception (i.e., using immediacy, challenging client contradictions); and action skills focuses on increasing changes in client's behavior, thought, or affect (i.e., direct guidance, specific technique application). On the CASES, respondents are instructed to "indicate how confident you are in your ability to use each of the following helping skills *effectively*, over the next week, in counseling most clients" (Lent, et al, 2003, p. 98). The subscale of helping consists of 15 items across the three stages.

Session management self-efficacy dimension is measured with 10 items, and was developed by Lent et al. (2003) based on the respondents' beliefs in their ability to apply skills in session with clients. The items in this subscale include a focus on actual common scenarios that develop from within almost any therapeutic relationship. Items include "help your client set realistic goals" and "know what to do or say next after your client talks." Respondents are instructed to "indicate how confident you are in your ability to do each of the following tasks *effectively*, over the next week, in counseling most clients" (Lent, et al., 2003, p., 98).

The last domain focuses on challenging situations for both novice and seasoned counselors. The items for this subscale were developed based on coping self-efficacy defined as, "to cope with relatively difficult scenarios requiring the ability to generate complex problem-solving behaviors" (Lent, et al., 2003, p. 98). Respondents are instructed to "indicate how confident you are in your ability to work effectively, over the next week, with each of the following client types, issues, or scenarios" (Lent, at al., 2003, p. 98). There are also further definitions for respondents on the meaning of working effectively based on each item. Working effectively is referred to as "your ability to develop successful treatment plans, to come up with polished in-session responses, to maintain your poise during difficult interactions and, ultimately, to help the client to resolve his or her issues" (Lent, et al., 2003, p. 98). Example items include work "with a client who had experienced a traumatic life event" or work with a client "who is clinically depressed." There is a total of 16 items for this subscale.

Psychometric testing of the CASES was conducted by Lent, et al. (2003) with 345 counseling students enrolled in some form of helping skills class at the undergraduate, masters, and doctoral level. The internal consistency alpha coefficient for the total score of all subscales was .97. Each subscale was also tested for internal reliability with coefficient alphas of .85 for helping skills, .94 for session management, and .94 for counseling challenges. Test-retest correlations across a two-week time frame were .75 for the total instrument. A level of at least 0.70 is recommended for use of instruments in research (Pallant, 2013).

Measure of Adult Attachment

Experiences in Close Relationship Scale-Revised form (ECR-R). ECR-R (Fraley, Waller, & Brennan, 2000; See Appendix G) is s self-report measure developed from the previous work of Brennan, Clark, and Shaver (1998). Brennan et al. (1998) developed the

experiences in close relationships scale (ECR) through factor analysis of 14 different measures of attachment given to 1100 undergraduate students. Their study resulted in the 36 items on the ECR. Indicated a two-factor approach to measuring attachment including a measure of anxiety and avoidance in close relationships.

There is consensus among researchers that attachment is best measured on a two-dimensional plane between attachment anxiety and attachment avoidance (Wei et al., 2007; Bartholomew & Horowitz, 1991; Brennan, Clark, & Shaver, 1998). The cross section of these two factors yields four areas that have been labeled by Bartholomew and Horowitz (1991) as secure, preoccupied, fearful, and dismissing. A secure attachment is resigned to those with lower levels of both attachment avoidance and attachment anxiety, a preoccupied attachment encompasses a high attachment anxiety and low attachment avoidance, a dismissing attachment involves a low attachment anxiety and a high attachment avoidance, and lastly a fearful attachment is one with high attachment anxiety and high attachment avoidance.

Fraley, Waller, and Brennan (2000) published an article, which described some measurement issues associated with the ECR and revised the response availability to participants using Item Response Theory (IRT). IRT is used to help determine the relationships between the responses of participants and the trait being measured (Van Der Linden & Hambleton, 1997). IRT analysis uses mathematical principles to determine the probability of item responses as associated with the trait being measured (Farley, Waller, & Brennan, 2000). From this perspective Fraley, Waller, and Brennan denoted that attachment measurement, as used by the ECR did not include variable items to ensure proper measuring of attachment factors for individuals who scored in the lower to middle ranges. Therefore, they conducted IRT analysis to

increase the preciseness of measurement. This analysis resulted in a revised version of the ECR, the ECR-R. This revised version includes 18 items for anxiety and avoidance, respectively.

Factors of anxiety and avoidance are measured on the ECR-R in terms of statements that are either strongly disagreed (1) or strongly agreed (7) upon by respondents. Examples of anxiety-related statements include: "I'm afraid I will lose my partner's love" and "I worry a lot about my relationships." Examples of avoidance statements include: "I tell my partner just about everything" and "I get uncomfortable when a romantic partner wants to be very close." Additionally, there are items that are reverse written. On the anxiety scale these include two items: "I rarely worry about my partner leaving me" and "I do not often worry about being abandoned." Conversely 12 items on the avoidance scale are reverse written. Some of these include: "I feel comfortable sharing my private thoughts and feelings with my partner" and "It helps to turn to my romantic partner in times of need."

There is sufficient internal consistency for both constructs measured. The anxiety items show internal consistency with a coefficient alpha at .9477 and with avoidance items internal consistency with coefficient alpha at .9344 (Sibley & Liu, 2004). Additionally, the test-retest reliability for the ECR-R at one month for each construct is .93 (anxiety) and .95 (avoidance). Furthermore, the use of the ECR-R has been determined to be appropriate for use as a measure in research of attachment factors (Wei, Russell, Mallinckrodt, & Vogel, 2007).

Measure of Counseling Experience

Research has shown that CSE is affected by the amount of counseling experience of the counselor (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992; Tang, Addison, Lasure-Bryant, Norman, O'Connell, & Stewart-Sicking, 2004). In their development of the Counseling Self Estimate Inventory (COSE), Larson et al. (1992) determined that CSE would

increase over time in conjunction with counseling experience. Therefore, experience of the counselor-in-training is one variable that was accounted for in this study.

Larson et al. (1992) operationalized experience of their participants with time (i.e., years of counseling experience). In this study, experience was included counseling clients in either a professional or academic setting (e.g., practicum or internship). Counselor trainees were asked if they have completed or are in progress completing their practicum or internship experiences, and doctoral students and counseling professionals were asked to report their experience in number of years. This data was gathered in the demographics questions section of the survey (Appendix B).

Measure of General Anxiety

Beck Anxiety Inventory (BAI). The BAI (Beck, Brown, Epstien, & Steer, 1988; See Appendix H) is a self-report measure of anxiety. There are findings to show relationships between CSE and anxiety. Most notably, there is research to suggest that lower measures of CSE are correlated with lower levels of anxiety (Al-Damarki, 2004). This finding was important to this study because, with past findings associating anxiety with CSE, the predictive attribution of anxiety to CSE helped to better understand the unique contribution that attachment (i.e, attachment anxiety and attachment avoidance) adds to the predictive equation for CSE.

I used the BAI to measure the variable of general anxiety. Beck et al (1988) initially developed the BAI due to the lack of inventories designed specifically to measure anxiety separate from depression. They used a total of 86 items to determine the best fit to measure individual anxiety. The inventory consists of 21 items with participants asked to rate their experience with each statement on a 4-point scale ranging from “not at all” to “severely-it bothered me a lot.” Statement items involve the participants’ symptoms of anxiety including:

"numbness or tingling", "fear of worst happening", and "feelings of choking." Participant responses are scored by summing responses to receive a total score. Summed scores can be associated with low anxiety (0-21), moderate anxiety (22-35), and potentially concerning levels of anxiety (36 and above). The BAI has internal consistency with an alpha level of 0.92 and test-retest reliability of 0.75 (Beck et.al., 1988).

Data Analysis

Data analysis included statistical tests to answer all research questions. The first research question was answered using descriptive statistical analysis. The second research question was answered using correlational analysis. The use of correlation was used to find a Pearson r correlation score between experience, CSE (i.e., helping skills, session management, counseling challenges), general anxiety, attachment anxiety, and attachment avoidance.

Lastly, I conducted a hierarchical multiple regression analysis to answer the third research question. This analysis determined the predictive nature of attachment (i.e., attachment anxiety and attachment avoidance), experience, and general anxiety on CSE. These predictive variables include counseling experience, which has been found as a predictor of CSE in past research (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992; Tang, Addison, Lasure-Bryant, Norman, O'Connell, & Stewart-Sicking, 2004). I additionally determined the predictive nature of general anxiety on CSE. Using hierarchical multiple regression allowed me to determine the unique explanation that each predictive variable added to the understanding of CSE. Therefore, attachment (i.e., attachment anxiety and attachment avoidance) was added last as a predictive variable of CSE to determine the unique understanding that this trait added to the understanding of CSE.

CHAPTER IV. RESULTS

The purpose of this study was to determine the unique predictive quality that adult attachment factors of attachment anxiety and attachment avoidance added to the understanding of CSE among counseling trainees and professional counselors. To conduct this research, faculty at counseling programs (both CACREP accredited and unaccredited programs) were contacted via email and asked to distribute an online survey to their students. Additionally, a request for participants among practicing counselors was sent out via professional counseling organizations' listservs (i.e., ALCA, CESNET) and among professional colleagues. The survey included demographic information and assessments for adult attachment (i.e., ECR-R), CSE (i.e., CASES), and general anxiety (i.e., BAI), and a demographic survey. This chapter focuses on the statistical analysis procedures to answer each of the following research questions:

1. What are the levels of general anxiety, attachment anxiety, and attachment avoidance among counselor trainees, doctoral students, and practicing counselors?
2. What are the relationships between attachment anxiety, attachment avoidance, general anxiety, counseling experience, and CSE?
3. How much can attachment (i.e., attachment anxiety and attachment avoidance) and general anxiety explain in a model of CSE after confounding variables of experience is accounted for?

Participants

Participants provided demographic information at the beginning of the survey. Information collected (i.e., gender, age, race/ethnicity, and degree program enrolled or completed), was used to determine a description of the sample collected, while also helping to answering research questions, specifically, the amount of experience that participants have working in a counseling relationship with others. Demographic variables used to determine experience were determined by asking for years of experience working with clients in a counseling relationship.

All 116 participants completed the demographic information (see Table 1). There were four participants who dropped out having only partially completing the CASES assessment and no other assessments. Those participants' data were removed from the study. One participant did not give information regarding years of experience. Since this variable was vital to the study this participant was removed from the study. The final analysis for this study consisted of 111 total participants.

Table 1

Demographics Description

Descriptor	Variable	Overall N (n%)
Gender	Male	13 (11.7%)
	Female	98 (88.3%)
Race/Ethnicity	Non-Hispanic, White, or European American	89 (80.1%)
	Black, Afro-Caribbean, or African American	16 (14%)

Table 1 Continued

Descriptor	Variable	Overall N (n%)
	Latino or Hispanic American	1 (1.8%)
	Native American or Alaskan Native	1 (1%)
	More than One Race or Ethnicity	3 (2.7%)
Education Level	Master's	73 (65.7%)
	Doctoral	10 (9%)
	Practicing Counselor	28 (25.3%)
Counselor Programs	Addictions Counseling	4 (3.2%)
	Career Counseling	2 (1.6%)
	Clinical Mental Health Counseling	70 (55.1%)
	Rehabilitation Counseling	7 (5.5%)
	College Counseling	2 (1.6%)
	Marriage, Couples, and Family Counseling	3 (2.4%
	School Counseling	35 (27.5%)
	Other (i.e., Community Counseling, Children's Trauma, and not identified)	4 (3.1%)

Table 1 Continued

Descriptor	Variable	Overall N (n%)
Counseling Experience	No Experience	37 (33.3%)
	Less than One Year	21 (18.9%)
	One to Two Years	19 (17.1%)
	Three to Five Years	14 (12.7%)
	More than Five Years	20 (18%)

Participants included in this study completed an assessment for CSE (i.e., CASES), adult attachment (i.e., ECR-R), and general anxiety (i.e., BAI). For the participants who missed or did not answer a particular question (e.g., the space was blank with no response) the mean for that question of all other participants was used to replace the missing response for that participant.

Reliability

Cronbach's alpha was used as a measure of internal consistency within the survey questions answered by the participants in this study to determine reliability of the assessments measuring intended variables. The measure of CSE was assessed using the CASES, consisting of three subscales measuring helping skills CSE, session management CSE, and counseling challenges CSE. Cronbach's alpha for the sample was .986 for overall CSE, .960 for helping skills, .975 for session management, and .973 for counseling challenges. Adult attachment was measured using the ECR-R which consisted of 18 items each measuring attachment anxiety and attachment avoidance. The ECR-R attachment anxiety scale had a Cronbach's alpha of .927

while the attachment avoidance scale had a reliability of .908. Lastly the BAI was used as a measure of general anxiety. The Cronbach's alpha for the BAI was .861.

Results

Research Question One

Research question one focused on the level of general anxiety, attachment anxiety, and attachment avoidance among Master's and Doctoral students and practicing counselors. The BAI and ECR-R were used to measure these variables. Participants were asked to identify if they were currently enrolled in a Master's counseling program, a Doctoral program in counselor education and supervision, or if they were practicing counselors. Descriptive statistics from the BAI and ECR_R are presented for each group in Table 2.

Table 2

Means and Standard Deviations

Assessment	Masters Students	Doctoral Students	Practicing Counselors
	M (SD)	*M (SD)*	*M (SD)*
BAI	30.82 (6.90)	30.00 (6.38)	30.53 (8.27)
ECR_R (Anxiety)	2.74 (1.15)	2.67 (.47)	2.52 (1.16)
ECR_R (Avoidance)	2.53 (.93)	2.56 (.51)	2.51 (.96)

Research Question Two

The second research question examined the correlation between the independent variables (i.e., general anxiety, attachment anxiety, attachment avoidance, and counseling experience) and dependent variables (i.e., CSE, helping skills CSE, session management CSE, and counseling challenges CSE). This analysis was used to determine the overall strength and direction of relationships between these variables. A Pearson correlation analysis was conducted comparing variables of counseling experience, general anxiety, overall CSE, helping skills CSE,

session management CSE, counseling challenges CSE, attachment avoidance, and attachment anxiety. Normed data for attachment anxiety and attachment avoidance were used to meet the assumption of a linearity among variables. This was conducted by norming score data from the ECR-R by taking each participants average score and using a logarithmic transformation of that score. This procedure helped to normalize the date since the current data was showing a non-normal positive skew. A p-value of less than .05 was required to meet statistical significance. The results of this analysis are presented in Table 3.

There were significant results in relationships between counseling experience and all areas of CSE. The analysis implies a positive relationship between experience and CSE. An increase in experience was associated with overall CSE (r_s= .625, $p < .001$), helping skills CSE (r_s = .583, $p <. 001$), session management CSE (r_s = .598, $p < .001$), and counseling challenges CSE (r_s = .601, $p < .001$). There was additionally a negative correlation association between symptoms of general anxiety and overall CSE (r_s = -.164, $p < .05$), counseling challenges CSE (r_s= -.195, $p < .05$), helping skills CSE (r_s = -.164, $p < .05$). Between overall CSE and all areas of CSE (i.e., helping skills, session management, and counseling challenges) strong correlations were found. The relationship found between overall CSE and helping skills was r_s = .952, $p < .01$, session management r_s = .950, $p < .01$, and counseling challenges r_s = .952, $p < .01$. Lastly there were positive correlation associations between general anxiety and attachment anxiety (r_s = .395, $p < .01$) and attachment avoidance (r_s = .411, $p < .01$).

Table 3

Bivariate Correlations between CSE, Anxiety, Experience, and Attachment Factors

Measure	1	2	3	4	5	6	7	8
1. CSE	_____							
2. Helping Skills	.952**	_____						
3. Session Mgmt	.950**	.902**	_____					
4. Counseling Challenges	.952**	.831**	.849**	_____				
5. Anxiety	-.164*	-.136	-.117	-.195*	_____			
6. Attach Anxiety	-.141	-.074	-.127	-.187*	.395**	_____		
7. Attach Avoidance	-0.31	.009	-..080	-.103	.411**	.631**	_____	
8. Experience	.625**	.583**	.598**	.601**	-.005	-.137	-.033	____

* Correlation is significant at the .05 level (one-tailed)
** Correlation is significant at the .01 level (one-tailed)

Research Question Three

The third research question focused on the unique relationship that predictor variables of counseling experience, general anxiety, attachment anxiety, and attachment avoidance would add to the predictive nature of overall CSE, helping skills CSE, session management CSE, and counseling challenges CSE. A hierarchical multiple regression analysis was used to answer this question. This analysis model was chosen to allow the inclusion of predictor variables in a certain pre-arranged order. Due to previous findings of relationships between CSE and counseling experience, counseling experience was added to the model first in all hierarchical multiple regression models followed by general anxiety, attachment anxiety, and attachment

avoidance. Again normed data for measures of attachment anxiety and attachment avoidance were used due to the original data being positively skewed and not passing the assumption of homoscedasticity. A logarithmic transformation of the data was performed to norm the attachment anxiety and attachment avoidance data. All assumptions were met after normalizing the attachment anxiety and attachment avoidance data, and prior to the conducting a hierarchical multiple regression analysis.

Hierarchical Multiple Regression Analysis of Overall CSE. The predictor variable of counseling experience was entered first into the multiple regression analysis followed by general anxiety followed by attachment anxiety, and attachment avoidance to determine the unique predictive nature of each variable. The final model once each predictor variable was entered was significant and is presented in Table 4. The variables of counseling experience, general anxiety, attachment anxiety, and attachment avoidance all significantly predicted overall CSE $F(4,106) = 19.061$, $p < .001$, $R^2 = .418$. However, upon further examination of each predictor variable in the analysis, the variables of attachment anxiety ($B = .304$, $SE_B = 1.046$, $\beta = .030$, $p = .772$) and attachment avoidance ($B = -.247$, $SE_B = 1.147$, $\beta = -.021$, $p = .830$) were not statistically significant to the predictive nature of overall CSE.

Table 4

Summary of Hierarchical Multiple Regression Analysis (Experience, Anxiety, Attachment)

Variable	B	SE_B	β	R^2
Intercept	4.806	.625		
Experience	.766	.092	.629**	.39**
Anxiety	-.045	.021	-.174*	.028**
Attach Anxiety	.304	1.046	.030	.000
Attach Avoid	-.247	1.147	-.021	.000

** $p < .001$; * $p < .05$

B = unstandardized regression coefficient; SE_B = Standard error of the coefficient; β = standard coefficient

Since the predictive variables of attachment anxiety and attachment avoidance are not statistically significant to the predictive model of CSE, a model of overall CSE will only include predictor variables of counseling experience and general anxiety. Specific findings for this model are shown in Table 5. The predictive model of overall CSE including the predictive variables of counseling experience and general anxiety, is also significant $F(2, 108) = 38.765$, $p < .001$, $R^2 = .418$.

Table 5

Summary of Multiple Regression Analysis (Experience and Anxiety)

Variable	B	SE_B	β	R^2
Intercept	6.113	.636		
Experience	.762	.089	.625**	.39**
Anxiety	-0.43	.019	-.167*	.028**

** $p < .0001$; * $p < .05$

B = unstandardized regression coefficient; SE_B = Standard error of the coefficient; β = standard coefficient

Furthermore, the two-predictor variables of counseling experience and general anxiety each add statistically significant understanding to the variability of overall CSE. Counseling experience explains 39% of the variance in overall CSE ($R^2 = .390$, $p < .001$) while general state anxiety adds an additional 2.8% unique explanation of variability (R^2 Change = .028, $p = .025$). Additionally, upon further examination of the full model including all predictor variables results suggest that the variables of attachment anxiety ($R^2_{change} = .000$, $p = .840$) and attachment avoidance ($R^2_{change} = .000$, $p = .830$) do not add a significant understanding to the predictive model of CSE (see Table 6).

As discussed previously, the CASES assessment is divided into three sections specific to CSE. Each subscale represents a distinct area of overall CSE. These areas are important to

overall CSE, therefore each subscale will be analyzed to determine a model of each CSE area (i.e., helping skills, session management, and counseling challenges) with predictive variables (i.e., experience, general anxiety symptoms, attachment anxiety, and attachment avoidance).

Hierarchical Multiple Regression Analysis of Helping Skills CSE. All predictive variables of counseling experience, general anxiety, attachment anxiety, and attachment avoidance were placed into a model of helping skills CSE. A hierarchical multiple regression analysis was used allowing choice of the order of variables added to the model. Counseling experience was placed first followed by, in order, general state anxiety, attachment anxiety, and attachment avoidance. The results from the hierarchical multiple regression analysis show that the model including all variables is significant $F(4, 106) = 15.223$, $p < .0001$, $R^2 = .365$. The results are shown in Table 7. However, as with the analysis of overall CSE, the variables of attachment anxiety and attachment avoidance do not show statistically significant predictive ability for helping skills CSE.

Table 6

Summary of Hierarchical Multiple Regression Analysis (Experience, Anxiety, Attachment)

Variable	B	SE_B	β	R^2
Intercept	6.288	.679		
Experience	.694	.092	.593*	.34**
Anxiety	-.042	.021	-.170*	.025**
Attach Anxiety	.560	1.050	.058	.000
Attach Avoid	.365	1.151	.032	.000

** $p < .001$; * $p < .05$

Upon further examination of the model, the only variable with statistical significance to predict helping skills CSE is counseling experience. Counseling experience as a variable is able to explain 34% of the variability in helping skills CSE, $R^2 = .340$, $p < .0001$.

Further examination of statistically significant predictor variables implies that general anxiety is significant to predicting helping skills CSE but only when attachment anxiety is also included as a predictor variable. This model data is included in Table 9. After examination of this finding the data seems to imply that general anxiety and attachment anxiety could be two unique constructs since general anxiety, in a predictive model of helping skills CSE with only counseling experience included, is not a significant predictor variable ($B = -.034$, $SE_B = .019$, $\beta = -.139$, $p = .075$).

Table 7

Summary of Hierarchical Multiple Regression Analysis with Experience, Anxiety, and Attachment Anxiety

Variable	B	SE_B	β	R^2
Intercept	6.349	.649		
Experience	.696	.091	.595**	.34**
Anxiety	-0.42	.021	-.171*	.025**
Attach Anxiety	.761	.832	.078	.000

** $p < .001$; * $p < .05$

Hierarchical Multiple Regression Analysis of Session Management CSE. All predictive variables of counseling experience, general anxiety, attachment anxiety, and attachment avoidance were added into a model of session management CSE. A hierarchical multiple regression analysis was used with counseling experience placed into the model first followed by general anxiety, attachment anxiety, and attachment avoidance. The results from the hierarchical multiple regression analysis with session management CSE as a dependent variable are similar results for the overall CSE and helping skills CSE models. The model including all predictor variables was significant $F (4, 106) = 15.868$, $p < .0001$ $R^2 = .375$. However, upon further examination not all predictor variables were significant in predicting session management

CSE. The results from this full model are displayed in Table 10. The predictor variables of general anxiety (B = -.034, SE_B = .023, β = -.125, p = .143), attachment anxiety (B = .493, SE_B = 1.165, β = .045, p = .673) and attachment avoidance (B = -.771, SE_B = .1278, β = -.060, p = .5480 are all not significant.

Table 8

Summary of Hierarchical Multiple Regression Analysis (Experience, Anxiety, Attachment)

Variable	B	SE_B	β	R^2
Intercept	6.059	.754		
Experience	.789	.102	.603**	.358**
Anxiety	-.034	.023	-.125	.014
Attach Anxiety	.493	1.165	.045	.000
Attach Avoid	-.771	1.278	-.060	.002

** p < .001;
B = unstandardized regression coefficient; SE_B = Standard error of the coefficient; β = standard coefficient

Therefore, a model that only includes counseling experience was used. The results from this analysis can be found in Table 11. This model with only counseling experience as a predictor variable is significant F(1,109) = 60.769, p < .0001, R^2 = .358.

Table 9

Summary of Hierarchical Multiple Regression Analysis (Experience)

Variable	B	SE_B	β	R^2
Intercept	4.972	.304		
Experience	.783	.100	.598**	.358**

** p < .001
B = unstandardized regression coefficient; SE_B = Standard error of the coefficient; β = standard coefficient

Further interpretation of the analysis implies that only counseling experience can statistically significantly explain 35.8 % of the variability in session management CSE while the

other predictor variables of general anxiety, attachment anxiety, and attachment avoidance do not show any significant changes. The R^2 value of counseling experience related to session management CSE is .358, $p < .0001$. The other predictor variables showed not significant understanding including general anxiety (R^2change = .014, p = .118), attachment anxiety (R^2change = .000, p = .942), and attachment avoidance (R^2change = .002, p = .548).

Hierarchical Multiple Regression Analysis of Counseling Challenges. All predictor variables of counseling experience, general anxiety, attachment anxiety, and attachment avoidance were added into a model of counseling challenges CSE. A hierarchical multiple regression analysis was used placing counseling experience first into the model followed by general anxiety, attachment anxiety, and attachment avoidance. The results from this hierarchical multiple regression analysis are shown in Table 12. In conjunction with previous results the full model of all predictive variables was significant $F(1, 106) = 15.686$, $p < .0001$, $R^2 = .375$. However, upon further examination not all variables are statistically significant as predictor variables. Only counseling experience and general anxiety are statistically significant predictor variables.

Table 10

Summary of Hierarchical Multiple Regression Analysis (Experience, Anxiety, Attachment)

Variable	B	SE_B	β	R^2
Intercept	6.039	.770		
Experience	.819	.104	.600**	.361**
Anxiety	-.054	.024	-.188*	.039**
Attach Anxiety	-.053	1.189	-.005	.000
Attach Avoid	-.492	1.304	-.037	.000

** $p < .001$; * $p < .05$

B = unstandardized regression coefficient; SE_B = Standard error of the coefficient; β = standard coefficient

Therefore, a model that only included counseling experience and general anxiety as predictor variables of counseling challenges CSE was used F (1,108) = 36.020, $p < .0001$, $R^2 = .400$. The data for this model is displayed in table 13.

Table 11

Summary of Hierarchical Multiple Regression Analysis (Experience and Anxiety)

Variable	B	SE_B	β	R^2
Intercept	5.198	.723		
Experience	.822	.102	.602**	.361**
Anxiety	-.052	.021	-.198*	.039**

** $p < .001$; * $p < .01$
B = unstandardized regression coefficient; SE_B = Standard error of the coefficient; β = standard coefficient

Further interpretation of the predictor variables implies that there are only two variables that help explain the variability in counseling challenges CSE. The results of this analysis are shown in Table 14. Only counseling experience and general anxiety are statistically significant in gaining understanding in counseling challenges scores variability. Counseling experience shows to explain 36.1% of variance ($R^2 = .361$, $p < .0001$) while general anxiety shows to explain an additional 3.9% of the variance (R^2change = .039, p = .009) in counseling challenges CSE.

Upon further examination of all findings discussed above, the statistically significant correlation between adult attachment factors of attachment anxiety and attachment avoidance with general anxiety is of interest. The correlation between general anxiety and attachment anxiety is a medium correlation (r=.395) (Pallant, 2013) and is significant at the .001 level. Therefore, an additional multiple regression analysis was conducted to determine the predictive nature of attachment factors on general anxiety in this sample. This analysis is important to help better understand the experiences with anxiety from within this sample.

Findings from the multiple regression analysis for a model of general anxiety including predictor variables of attachment anxiety, attachment avoidance, and counseling experience imply that attachment anxiety is the only predictor variable that is significant. This model includes attachment anxiety as a predictor $F(1, 109) = 22.135$, $p < .0001$, $R^2 = .169$. Information for this model of general anxiety can be found in Table 16.

Table 12

Summary of Multiple Regression Analysis Model of General Anxiety (Attachment Anxiety)

Variable	B	SE_B	β	R^2
Intercept	1.158	.071		
Attachment Anxiety	.774	.165	.411**	.169**

** p<.0001

Summary

In this section I analyzed data collected from master's level counseling students, counselor education and supervision doctoral students and practicing counselors. Variables were measured using an electronic survey including demographic questions and instruments to measure CSE (i.e., CASES), general anxiety symptoms (i.e., BAI), and adult attachment factors (i.e., ECR-R). Demographic information to describe the sample was noted. A bivariate correlational analysis was conducted to examine relationships between variables. Correlations were found between CSE and counseling experience, CSE and anxiety, attachment avoidance and anxiety, and attachment anxiety and anxiety. Additionally, several hierarchical multiple regression analyses were conducted to determine any predictive nature of independent variables to CSE and areas of CSE. Counseling experience and anxiety were significant predictors of CSE in the analysis. I conducted a post hoc multiple regression analysis of anxiety due to significant correlation between anxiety and other variables. Attachment anxiety was found to be a predictive

variable of anxiety within this sample. Additionally, an R^2 and R^2change data was gathered to help analyze how much each independent variable was able to uniquely explain the variability in CSE, helping skills CSE, session management CSE, and counseling challenges CSE. Statistically significance explanation of variability was found among this sample for a model of CSE with predictor variables of counseling experience and anxiety.

CHAPTER V. DISCUSSION

CSE is one aspect of counselor development that has been heavily researched (Larson & Daniels, 1998). The practice of counseling has many different components that can lead to successful outcomes for clients, including CSE (Barnes, 2004). Additionally, there has been research to propose that there are certain variables that are related to CSE (Larson & Daniels, 1998). Some of these variables are counseling experience (Tang et al., 2004) counselor self-concept (Larson et al., 1992) and professional counselor identity (Alveraz, 1995). All of the variables listed are types of personal concepts, meaning the variables are related to the personal experience of each individual and can be different for each person. Adult attachment is related to an internal belief about developing relationships, is developed through experiences in childhood, and is different for each person. This study was conducted to develop a model of CSE with predictor variables of counseling experience, anxiety, and adult attachment factors of attachment anxiety and attachment avoidance.

The sample for this study was representative of the counseling profession. According to the annual report of accredited counseling programs published by CACREP (2015) master's level counseling students represented the largest group in accredited programs (95%), master's students in this study represented (65.7%) of the sample. Likewise, the sample for this study included 88.3% female and 11.7% male while the CACREP 2015 annual report shows 82.25% female and 17.69% male. Lastly, racial identity was also comparative to students' racial identity reported in the CACREP 2015 annual report. The 2015 CACREP annual report shows 60.22%

white, 18.63% African American/Black, 8.39% Latino/Hispanic/Spanish American, 2.06% multiracial, and 0.61% American Indian/Native Alaskan, comparatively, the racial identity of this sample included 80.1% white, 14% African American/Black, 1.8% Latino/Hispanic/Spanish American, 2.7% multiracial, and 1% American Indian/Native Alaskan.

Upon examination of the data there are a few interesting findings. First, the levels of anxiety among all participants (i.e., Masters student, Doctoral student, and professional counselor) are, based on the instruments scoring scale (Beck, et al., 1988) a moderate level of anxiety (e.g. 22-35). This finding means that a more than low level of anxiety was experienced among all participants in this sample no matter the level of counseling training. In comparison, scores of the BAI for the normed group reported by Beck et al. (1988) were 15.88. Additionally a study of 358 undergraduate students reported a mean score of 13.1 (Creamer, Foran, & Bell, 1995). These comparisons could imply that a higher level of anxiety is experience by counseling students and practicing counselors. The use of the BAI was also important because it defined anxiety through symptoms often experienced with anxiety. The symptoms of general anxiety as measured by the BAI have not been studied yet in terms of CSE.

Additionally, there have been minimal studies that previously described the explained variability in CSE related to certain predictor variables. Melchart, et al. (1996) found significance in a multiple regression analysis of CSE as measured by the Counselor Self-Efficacy Scale (CSES) (Melchart, et al., 1996) and the Self-Efficacy Inventory (Freidlander & Snyder, 1983). Their study results were that counselor experience (i.e., level of training $F(1,35) = 66.25$, $p<.0001$ and work experience $F(2, 134) = 4\ 9.85$, $p<.0001$) could significantly predict CSE and accounted for 43% of the variance collectively. In this study, the results showed that counseling experience was the largest predictor variable ($F(1, 109) = 69.704$, $p<.0001$) of CSE explaining

39% of the variance. Also, general anxiety was found to be a statistically significance predictor of CSE while explaining an additional 2.8% of variability in CSE. Furthermore, when CSE was examined by specific area (i.e., helping skills, session management, and counseling challenges) general anxiety symptoms also were significant predictors of specific areas of CSE including helping skills and counseling challenges.

There were statistically significant correlations among variables of CSE, general anxiety, and counseling experience. There was a statistically significant negative correlation found between general anxiety and overall CSE as well as between general anxiety and counseling challenges CSE. These findings were similar to other studies into the correlation of CSE and other variables (Larson & Daniels, 1998). For example, Bodenhorn and Skaggs (2005) found a negative correlation (state anxiety $r = -.418$, $p<.05$) in their study on the development of the School Counselor Self-Efficacy Scale (SCSS). Additionally, Dillion and Worthington (2003) found a positive correlation between CSE and counseling experience in their development of the Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory (LGB-CSI).

Finally, there were no statistically significant findings in relation to adult attachment factors of attachment anxiety and attachment avoidance, and CSE either through correlation or predictive nature. However, a statistically positive correlation in the sample between attachment anxiety and attachment avoidance and general anxiety was found. An additional post hoc multiple regression analysis was conducted for a model of general anxiety. Attachment anxiety was found to be a significant predictor variable of general anxiety in the sample, explaining 16.9% of the variability in general anxiety.

Implications

Counselor educators may use the findings from this study a few different ways. First, counselor educators may decide to include a module that focuses on experiences of anxiety by counselors and counselor trainees. It is possible that discussing students' experiences with anxiety, coupled with interventions that reduce anxiety could be helpful to increase the CSE of students. Moreover, Fulton and Cashwell (2015) consider anxiety to be an important training variable. A study on empathy and compassion for clients implied that anxiety could significantly be predicted by scores of compassion and empathy in counselor trainees. Furthermore, the researchers found that anxiety had a negative predictive relationship with awareness and compassion.

Yerkes-Dodson's curve is a graphical representation of how anxiety can relate to performance through the experience of eustress (i.e., stress resulting in positive performance) and distress (i.e., stress resulting in negative performance) (Pandey & Gandhe, 2012). The curve theorized that as stress increases performance will increase until at some point the stress becomes too high for the person and performance begins to decline. In fact, the curve theorized by Yerkes Dodson has been proven in a study of statistics students (Keely, Zayac, & Correia, 2008). The researchers found when analyzing data of statistics students that over the course of the semester performance and anxiety were better suited for a curvilinear relationship rather than a linear relationship.

There appears to be a paucity of research applying the Yerkes-Dodson curve to the counselor development or to the experience of counselors in practice. This study found a significant negative relationship between general anxiety and overall CSE. Therefore, a focus on

reducing, or at the minimum increasing awareness of anxiety for counselors and counselor trainees, could be important to focus on.

Some interventions that are currently being used in counseling programs related to reducing anxiety include procedures such as mindfulness training. Mindfulness has gained attention recently as a way to increase the performance of counselors and counselors in training (Buser, Buser, Peterson, & Seraydarian, 2012; Greason & Cashwell, 2009; Lambert & Simon, 2008). Additionally, mindfulness has been suggested as a method to address anxiety among counselor trainees and counselors (Lambert & Simon, 2008; Shapiro, Brown, & Biegel, 2007). The mindfulness method of addressing anxiety focuses on the current experiencing of the participant while also addressing positive qualities of the individual (Fulton & Cashwell, 2015). Moreover, research across disciplines suggests that the practice of mindfulness can be useful to reduce anxiety (Baer, 2003; Greeson, 2009). Therefore, counselor educators could include mindfulness activities in classes, practicums and internships to help trainees reduce anxiety and possibly increase their CSE.

Second, this study found, like many other studies before it (Larson & Daniels, 2001), that counseling experience was a predictor variable of CSE. However, outside of a chronological time variable, studies have not identified specifics to define counseling experience. Therefore, it could be possible that introducing students to counseling experiences earlier could lead to increased CSE. For example, allowing students in classes that do not historically include in-vivo experiences (e.g., counseling theories, introduction to counseling, research, multicultural counseling, etc.) to apply principles from that domain area in an in-vivo experience could be helpful.

Lastly, in a post hoc analysis adult attachment anxiety was found to significantly predict the experiences of anxiety reported by the sample of counseling master's students, counselor education and supervision doctoral students, and practicing counselors. In fact, the post hoc analysis found that adult attachment anxiety explained 16.9% ($p<.0001$) of the variability of general anxiety in the sample. This finding is important because there is a paucity of research regarding connections of adult attachment aspects and CSE. The published literature on the ability to change attachment styles over time is not consistent (Scharfe, 2003). Therefore, additional research needs to be conducted on the ability of attachment reactions to change before suggestions can be made regarding the stance that counselor educators can take on applying interventions in the classroom.

Limitations

As with all research, this study has some limitations. Data collected for this study were from counseling master's students, counselor education and supervision doctoral students, and practicing counselors through self-report. Self-report responses have an inherent subjective nature that could be influenced by social desirability (Graham, McDaniel, Douglas, & Snell, 2002). All instruments for this study were collected through self-report. Additionally, this study asked those studying to be counselors and those already practicing counseling about their perception of their ability to be successful at implementing counseling skills. The mean scores for CSE of the sample was 6.80 for overall CSE, 7.19 for helping skills CSE, 6.99 for session management CSE, and 6.34 for counseling challenges CSE. In comparison, during the development of the CASES the sample (n=345) used to norm the instrument found mean scores of 6.05 for overall CSE, 6.47 for helping skills CSE, 6.39 for session management CSE, and 5.35 for counseling challenges CSE (Lent, et al., 2003). Therefore, it is possible that participants had

inflated responses. It should be noted that CSE was measured by the participants' beliefs about their ability to conduct specific skills or to deal with specific situations in counseling, not an actually ability to be successful implementing counseling skills with specific clients.

Additionally, I only contacted non-CACREP programs in six states so there is a possibility under representation of students from programs that are not CACREP accredited. There is research to show that CACREP graduates do not show any differences in CSE compared to individuals who completed a non-accredited program (Tang et al., 2004). However, some programs do not require the same number of hours as required by CACREP (i.e., some programs are 48 hours instead of 60 hours). Since there is research that implies that progression towards completion of a program is related to a higher level of CSE there is a possibility that this variable could have some effect since only actual counseling experience was measure and not the number of hours completed in a program. Since participants were not asked about accreditation of their program, there is no way to determine if participants' programs were accredited or not accredited in the sample.

Finally, the sample used in this study was collected from those who chose to participate and information sent to those who qualified to participate was not chosen at random. Also the sample is from majority (65.7%) master's level students. Therefore it is difficult to determine any comparative analysis between educational levels. Likewise there should be some hesitation when generalizing the predictability of CSE from experience, general anxiety, and adult attachment aspects to doctoral students or practicing counselors. Likewise, the sample did not include any known international students. So, the sample is not representative of any counseling master's students, counselor education and supervision doctoral students, or practicing counselors from outside of the United States.

Recommendations for Future Research

Future research should focus on gaining an increased understanding of attachment factors applied to counselor trainees and practicing counselors. Findings from this study imply that there is a relationship between general anxiety and attachment factors. In fact, with this sample, this study found that attachment anxiety was a significant predictor of general anxiety. Future studies could focus on a more in-depth understanding of the connections or predictive nature of adult attachment factors and intrapersonal variables (e.g., self-concept, professional identity, etc.).

Secondly, the mean scores from the ECR-R were somewhat lower when compared to findings from those who have completed the instrument online (n=17,000) (Fraley, 2010). The mean scores from those completing the ECR-R online for attachment anxiety is 3.56. The mean scores from this study, broken into groupings for level of training completion, is 2.74 for Master's students, 2.67 for Doctoral counselor education and supervision students, and 2.52 for practicing counselors. There is a larger gap between the mean attachment anxiety scores reported by Fraley (2010), and the findings from this study, than the gap of attachment avoidance scores in this study and those reported by Fraley (2010). Additionally, the standard deviation of attachment avoidance scores for this sample including Master's students (sd = .93), Doctoral counselor education and supervision students (sd = .51), and practicing counselors (sd = .96) is much smaller than the standard deviation of the attachment avoidance (sd = 1.19) scores reported by Fraley (2010).

It cannot be determined if there is a significant difference between the sample in this study and the sample reported by Fraley (2010). It could be possible that those who enter into counselor training programs, and in turn those who practice counseling as their careers, have different attachment styles than those in the general population. Further study could be warranted

in this area. A finding of differences in attachment styles for counselors and the general population could be associated to the recent requirement for accreditation by CACREP that counseling programs address the personal disposition of counselor trainees.

Lastly, the ECR-R (Fraley, et al., 2000) measures the self-report experiences of individuals in a romantic relationship. Sibey, Fischer, Liu (2005) reported additional validity and reliability findings for the ECR-R. They found that the ECR-R was successful in measuring the attachment experiences in romantic relationships, which differed from attachment in familial relationships, suggesting that attachment relationships have different aspects varying from relationship dynamics. There has not been a study, to date, on the unique experiences of attachment within a counseling and client relationship. No instrument could be found, to date, that specifically measures attachment from within a therapeutic relationship. Further study into this area could be warranted.

Summary

The purpose of this study was to determine the predictive nature of adult attachment factors, anxiety, and counseling experience with CSE. There were significant findings to imply that counseling experience and anxiety were predictor variables of CSE. Additionally, a post-hoc analysis of variables implied that the adult attachment factor of attachment anxiety was a significant predictor of anxiety. This finding was important because it possibly connects attachment anxiety with CSE. This study does not imply that attachment anxiety or attachment avoidance are significant predictors of CSE, however attachment anxiety shouldn't be ruled out as having no relationship to CSE. I believe that this study will lead to further studies of adult attachment factors and the implementation of counseling and the development of counseling trainees.

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Appendix A

Auburn University Institutional Review Board (IRB)

Approval Letter

DEPARTMENT OF
SPECIAL EDUCATION,
REHABILITATION, AND COUNSELING

INFORMATION LETTER for a Research Study entitled

"A Study of Adult Attachment Factors and Counseling Self-Efficacy"

You are invited to participate in a research study to determine the relationship between adult attachment factors and counseling self-efficacy. Blake Sandusky, Doctoral Candidate, under the direction of Melanie Iarussi, Chair and Assistant Professor, in the Auburn University Department of Special Education Rehabilitation and Counseling. You are invited to participate because you are a counselor in training currently enrolled in a master's level counseling program, a doctoral student in counselor education and supervision, or are a practicing counselor and are age 19 or older.

What will be involved if you participate? If you decide to participate in this research study, you will be asked to complete a survey on your experiences in relationships and self-evaluation of your counseling skills. This survey will take approximately 20 minutes or less.

Are there any risks/discomforts? There are no risks associated with participating in this study outside of *harm or discomfort ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.*

Are there any benefits to yourself or others? There are no direct benefits to you. The counseling profession may receive benefits of greater understanding of counseling self-efficacy.

Will you receive compensation for participating? There will be no compensation for participating in this study.

If you change your mind about participating, you can withdraw at any time by closing your browser window if you are completing this survey online, or by not completing the survey is you are using a paper copy. ***Due to the anonymous nature of this survey, once you submit your survey, either online or in paper form, it cannot be withdrawn because it will not be identifiable.*** Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, or the SERC Department.

Any data obtained in connection with this study will remain anonymous. Information collected through your participation may be published in a professional journal and presented at a professional meeting.

If you have any questions about this study, please contact Blake Sandusky at wbs0008@auburn.edu, or Melanie Iarussi at mmi0004@auburn.edu.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334) 844-5966 or by e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION ABOVE, YOU MUST DECIDE If YOU WANT TO PARTICIPATE IN THIS RESEACH PROJECT. IF YOU DECIDE TO PARTICIPATE, PLEASE COMPLETE THE SUSEQUENT SURVEYS OR BEGIN THE ELECTRONIC SUVEY BY CLICKING ON THE ARROW BELOW. YOU MAY PRINT A COPY OF THIS LETTER OR TEAR THIS COPY FROM THE PAPER SURVEY TO KEEP.

Blake Sandusky 12/16/2015 Investigator Date

The Auburn University Institutional Review Board has approved this document for use from December 16, 2015 to December 15, 2018. Protocol #15-518 EX 1512

Appendix B

Faculty Email Flyer

Greetings Faculty!

I am writing to request your assistance in distributing my dissertation research. Eligible participants include master's students, doctoral students, and practicing counselors. I especially need your help to invite Master's level counseling and/or Doctoral level counselor education and supervision students to participate. In this study, I will investigate adult attachment, anxiety, and counseling self-efficacy. If you are interested, we ask that you:

(A) Forward the following email to your students which will allow them to access a brief (20 minutes or less) on-line survey

OR

(B) If you prefer to distribute paper copies of the survey, please email me the approximate number of students to whom you wish to distribute the survey along with your mailing address.

After you receive the survey packets via postal mail, I ask that you distribute the packets to your students. Instructions for distributing the surveys and postage-paid return envelopes will be included. Should you decide to use paper copies in your classroom you will receive this full packet within 8-10 business days.

Also, please consider taking the survey yourself if you are a practicing counselor or forward the invitation email to practicing counselors. Thank you for your assistance in this effort. Feel free to contact us should you have any questions or comments to wbs0008@auburn.edu or mmi0004@auburn.edu.

Sincerely,
Blake Sandusky, Ed.S., LPC, LMFT
Doctoral Candidate

Melanie Iarussi, PhD
Chair and Assistant Professor

Appendix C

Student/Counselor Email Flyer

Dear Student and/or Practicing Counselor,

I am a doctoral candidate in the Department of Special Education, Rehabilitation, and Counseling at Auburn University. I would like to invite you to participate in my research study on adult attachment, anxiety, and counseling self-efficacy. You may participate if you are over the age of 19 and you identify with any of the following:

- Currently enrolled in a Masters counseling program (i.e., addiction counseling; career counseling; clinical mental health counseling; clinical rehabilitation counseling; college counseling and student affairs; marriage, couple, and family counseling; and school counseling)
- Currently enrolled in a Doctoral program in counselor education and supervision
- Currently practicing counseling and completed a counseling master's program (i.e., addiction counseling; career counseling; clinical mental health counseling; clinical rehabilitation counseling; college counseling and student affairs; marriage, couple, and family counseling; and school counseling)

Participants will be asked to complete an on-line survey that will take approximately 20 mins or less.

There are minimal risks to you. These risks do not include any additional risks that are encountered in daily life or during the performance of routine of physical or psychological examination or tests. There are no direct benefits to you. There could be some benefits to the counseling profession. All information gathered will remain anonymous and no identifying information will be gathered.

If you decide to participate an information letter will be provided prior to accessing the survey from the link below.

If you have any questions, please contact me at wbs0008@auburn.edu or my advisor, Dr. Melanie Iarussi at mmi0004@auburn.edu.

Thank you for your consideration,
Blake Sandusky, Ed.S., LPC, LMFT

https://auburn.qualtrics.com/SE/?SID=SV_bsFeuu3WbdMh1Ah

Appendix D

Demographics Survey

Please indicate your response to each question by marking the appropriate line or box accordingly.

Demographics

1. Sex:
   _____ Male
   _____ Female
   _____ Self-Identify: _____

2. Age: _____

3. Race/Ethnicity:
   _____ Non-Hispanic White or European American
   _____ Black, Afro--Caribbean, or African American
   _____ Latino or Hispanic American
   _____ East Asian or Asian American
   _____ South Asian or Indian American
   _____ Middle Eastern or Arab American
   _____ Native American or Alaskan Native
   _____ No Response
   _____ More than one race/ethnicity
   _____ Self-Identify:_____

4. Are you currently a student in a Master's counseling program (if yes skip to question 6):
   _____ Yes
   _____ No

5. Are you currently a student/candidate in a Doctoral program in counselor education and supervision (if yes skip to question 8):
   _____ Yes
   _____ No

6. Have you completed a counseling practicum:
   _____ Yes
   _____ No
   _____ Currently Enrolled

7. Have you complete a counseling internship:
   _____ Yes
   _____ No

_____ Currently enrolled

8. What type of counseling Master's program are you or were you enrolled in (choose all that apply:
   _____ Addictions Counseling
   _____ Career Counseling
   _____ Clinical Mental Health Counseling
   _____ Rehabilitation counseling
   _____ College Counseling
   _____ Student Affairs
   _____ Marriage, Couple, and Family Counseling
   _____ School Counseling
   _____ Other
   Specify Other: _____

9. How much experience do you have working with clients?
   _____ No current experience
   _____ Less than one year
   _____ One to two years
   _____ Three to five years
   _____ More than five years

Appendix E

Counselor Activity Self-Efficacy Scale (CASES)

CASES-G

General Instructions: The following questionnaire consists of three parts. Each part asks about your beliefs about your ability to perform various counselor behaviors or to deal with particular issues in counseling. We are looking for your honest, candid responses that reflect your beliefs about your current capabilities, rather than how you would like to be seen or how you might look in the future. There are no right or wrong answers to the following questions. Using a dark pen or pencil, please fill in the number that best reflects your response to each question.

Part I. Instructions: Please indicate how confident you are in your ability to use each of the following helping skills effectively, over the next week, in counseling **most** clients.

	No Confidence at all				Some Confidence					Complete Confidence
	0	1	2	3	4	5	6	7	8	9
How confident are you that you could use these general skills effectively with most clients over the next week?										
1. **Attending** (orient yourself physically toward the client).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
2. **Listening** (capture and understand the messages that clients communicate).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
3. **Restatements** (repeat or rephrase what the client has said, in a way that is succinct, concrete, and clear).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
4. **Open questions** (ask questions that help clients to clarify or explore their thoughts or feelings).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
5. **Reflection of feelings** (repeat or rephrase the client's statements with an emphasis on his or her feelings).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
6. **Self-disclosure for exploration** (reveal personal information about your history, credentials, or feelings).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
7. **Intentional silence** (use silence to allow clients to get in touch with their thoughts or feelings).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
8. **Challenges** (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
9. **Interpretations** (make statements that go beyond what the client has overtly stated and that give the client a new way of seeing his or her behavior, thoughts, or feelings).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
10. **Self-disclosures for insight** (disclose *past* experiences in which you gained some personal insight).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
11. **Immediacy** (disclose *immediate* feelings you have about the client, the therapeutic relationship, or yourself in relation to the client).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨

Part I (cont'd)

	No Confidence at all					Some Confidence				Complete Confidence
	0	1	2	3	4	5	6	7	8	9
How confident are you that you could use these general skills effectively with <u>most</u> clients over the next week?										
12. **Information-giving** (teach or provide the client with data, opinions, facts, resources, or answers to questions).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
13. **Direct guidance** (give the client suggestions, directives, or advice that imply actions for the client to take).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
14. **Role play and behavior rehearsal** (assist the client to role-play or rehearse behaviors in-session).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
15. **Homework** (develop and prescribe therapeutic assignments for clients to try out between sessions).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨

Part II. Instructions: Please indicate how confident you are in your ability to do each of the following tasks effectively, over the next week, in counseling **most** clients.

	No Confidence at all					Some Confidence				Complete Confidence
	0	1	2	3	4	5	6	7	8	9
How confident are you that you could do these specific tasks effectively with most clients over the next week?										
1. Keep sessions "on track" and focused.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
2. Respond with the best helping skill, depending on what your client needs at a given moment.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
3. Help your client to explore his or her thoughts, feelings, and actions.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
4. Help your client to talk about his or her concerns at a "deep" level.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
5. Know what to do or say next after your client talks.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
6. Help your client to set realistic counseling goals.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
7. Help your client to understand his or her thoughts, feelings, and actions.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
8. Build a clear conceptualization of your client and his or her counseling issues.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
9. Remain aware of your intentions (i.e., the purposes of your interventions) during sessions.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
10. Help your client to decide what actions to take regarding his or her problems).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨

Part III. Instructions: Please indicate how confident you are in your ability to work effectively, over the next week, with each of the following client types, issues, or scenarios. (By "work effectively," we are referring to your ability to develop successful treatment plans, to come up with polished in-session responses, to maintain your poise during difficult interactions and, ultimately, to help the client to resolve his or her issues.)

	No Confidence at all					Some Confidence				Complete Confidence
	0	1	2	3	4	5	6	7	8	9
How confident are you that you could work effectively over the next week with a client who ...										
1. ... is clinically depressed.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
2. ... has been sexually abused.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
3. ... is suicidal.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
4. ... has experienced a recent traumatic life event (e.g., physical or psychological injury or abuse).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
5. ... is extremely anxious.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
6. ... shows signs of severely disturbed thinking.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
7. ... you find sexually attractive.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
8. ... is dealing with issues that you personally find difficult to handle.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
9. ... has core values or beliefs that conflict with your own (e.g., regarding religion, gender roles).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
10. ... differs from you in a major way or ways (e.g., race, ethnicity, gender, age, social class).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
11. ... is not "psychologically-minded" or introspective.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
12. ... is sexually attracted to you.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
13. ... you have negative reactions toward (e.g., boredom, annoyance).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
14. ... is at an impasse in therapy	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
15. ... wants more from you than you are willing to give (e.g., in terms of frequency of contacts or problem-solving prescriptions).	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨
16. ... demonstrates manipulative behaviors in-session.	⓪	①	②	③	④	⑤	⑥	⑦	⑧	⑨

Appendix F

Experiences in Close Relationship-Revised (ECR-R)

Instructions: The statements below concern how you feel in emotionally intimate relationships. We are interested in how you *generally* experience relationships, not just in what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with the statement

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Disagree

1. I'm afraid that I will lose my partner's love.
2. I often worry that my partner will not want to stay with me.
3. I often worry that my partner doesn't really love me.
4. I worry that romantic partners won't care about me as much as I care about them.
5. I often wish that my partner's feelings for me were as strong as my feelings for him or her.
6. I worry a lot about my relationships.
7. When my partner is out of sight, I worry that he or she might become interested in someone else.
8. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.
9. I rarely worry about my partner leaving me.
10. My romantic partner makes me doubt myself.
11. I do not often worry about being abandoned.
12. I find that my partner(s) don't want to get as close as I would like.
13. Sometimes romantic partners change their feelings about me for no apparent reason.
14. My desire to be very close sometimes scares people away.
15. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.
16. It makes me mad that I don't get the affection and support I need from my partner.
17. I worry that I won't measure up to other people.
18. My partner only seems to notice me when I'm angry.
19. I prefer not to show a partner how I feel deep down.
20. I feel comfortable sharing my private thoughts and feelings with my partner.
21. I find it difficult to allow myself to depend on romantic partners.
22. I am very comfortable being close to romantic partners.
23. I don't feel comfortable opening up to romantic partners.
24. I prefer not to be too close to romantic partners.
25. I get uncomfortable when a romantic partner wants to be very close.
26. I find it relatively easy to get close to my partner.
27. It's not difficult for me to get close to my partner.
28. I usually discuss my problems and concerns with my partner.

29. It helps to turn to my romantic partner in times of need.
30. I tell my partner just about everything.
31. I talk things over with my partner.
32. I am nervous when partners get too close to me.
33. I feel comfortable depending on romantic partners.
34. I find it easy to depend on romantic partners.
35. It's easy for me to be affectionate with my partner.
36. My partner really understands me and my needs.

Scoring Information: The first 18 items listed below comprise the attachment-related anxiety scale. Items 19 – 36 comprise the attachment-related avoidance scale. In real research, the order in which these items are presented should be randomized. Each item is rated on a 7-point scale where 1 = strongly disagree and 7 = strongly agree. To obtain a score for attachment-related *anxiety*, please average a person's responses to items 1 – 18. However, because items 9 and 11 are "reverse keyed" (i.e., high numbers represent low anxiety rather than high anxiety), you'll need to reverse the answers to those questions before averaging the responses. (If someone answers with a "6" to item 9, you'll need to re-key it as a 2 before averaging.) To obtain a score for attachment-related *avoidance*, please average a person's responses to items 19 – 36. Items 20, 22, 26, 27, 28, 29, 30, 31, 33, 34, 35, and 36 will need to be reverse keyed before you compute this average.

Appendix G

Beck Anxiety Inventory

Instructions: Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not at all	Mildly, but it didn't bother me much	Moderately, it wasn't pleasant at times	Severely, it bothered my a lot
Numbness or tingling				
Feeling hot				
Wobbliness in legs				
Unable to relax				
Fear of worst happening				
Dizzy or lightheaded				
Hearth pounding/racing				
Unsteady				
Terrified or afraid				
Nervous				
Feeling of choking				
Hands trembling				
Shaky/unsteady				
Fear of losing control				
Difficulty in breathing				
Fear of dying				
Scared				
Indigestion				
Faint/lighthearted				
Face flushed				
Hot/cold sweats				