Are you ready for this?
Graduates self-perceived self-efficacy and readiness for a career in counseling

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Acknowledgments
Student Researchers & Trustworthiness

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Hello!

Lynn University’s Clinical Mental Health Counseling Program

- Recently received 8-year CACREP accreditation
- Preliminary process for enhancing the assessment of graduates
- Inform program modifications and development

Learning Objectives

- Explore a method for engaging with and interviewing graduates about their self-perceived preparation for professional counseling.
- Review areas of self-perceived 1) strengths and 2) challenges in confidence and competence among graduate participants.
- Discuss how to integrate results into program evaluation and development.
Our program design

Brief overview...

“Case conceptualization is the most important counseling competency for beginning counselors.”

Aaron Beck, 2012
Scaffolding

Case Conceptualization

- Diagnostic Formulation: 5 courses
- Clinical Formulation: 7 courses
- Cultural Formulation: 6 courses
- Treatment Formulation: 6 courses

Sperry & Sperry, 2012
Counseling trainees experience a developmental process that begins in graduate training and continues through their career lifespan (Gibson, Dooley, Kelchner, Moss, & Vacchio, 2012; Granello, 2010). Aspects of this development examined in the current study include self-efficacy (confidence) and readiness (competence).

Importance of assessing both educational and experiential training experiences. When discussing the training of clinicians, Stedman et al. (2005) explained, “Because internship is crucial to clinical preparation, its teaching structure needs to be well understood” (p. 3).

Barnes (2004) summarized self-efficacy research and discovered that it is related to how trainees perceive training and supervision-related interventions. She explained these findings also indicate that self-efficacy levels can be used to evaluate effectiveness of training and supervision. Thus, self-efficacy may be a tool for both understanding and evaluating a student’s process.
LITERATURE REVIEW

The social cognitive model of counselor training (SCMCT) was developed to explain the impact of self-efficacy on counselor development. Larson (1998) explained the purpose of the SCMCT:

- SCT (social cognitive theory) focuses on the self-referent thought that mediates the transformation between knowing what to do and executing the action. The intent of SCMCT is to examine the interrelationship of the causal determinants of the transformation between the knowledge we impart to the trainee and the resultant actions by the counselors. (p. 220)

Larson et al. (1992) found that higher self-efficacy scores correlated with higher self-esteem and effective execution of therapeutic microskills in counseling students who participated in a mock interview.

Why Counselor Activity Self-Efficacy Scale (CASES; Lent, Hill, Hoffman 2003) and O*Net Career Readiness Scale

- CASES fit for current practicing counselors; used in studies with practicing post-graduate counselors (Scarborough, 2005)
- O*Net scales used across disciplines for psychometric properties, particularly in I/O psychology literature (Cooper, 2019)

METHODS

To explore graduates’ level of self-perceived self-efficacy (confidence) and career readiness (competence) for the counseling profession

- Recruited graduates across 5 years of the program via email and social media correspondence (alumni Facebook page)
- Voluntarily participated in 1) survey and 2) follow-up, semi-structured interview
- Exploratory mean comparisons and cluster analyses conducted as initial step in understanding self-efficacy (CASES) and career readiness (O*Net) ratings
- Phenomenological analysis via theme coding from open-ended written survey questions & semi-structured interviews
Aims of Mixed Methods

Mean Comparisons & Cluster Analysis
- In what domains do graduates feel most confident and competent?
- In what domains do graduates lack confidence and competence?

Phenomenological Exploration
- How did your educational experience best prepare you for professional counseling?
- How did your educational experience not adequately prepare you?

Written questions also measured how on-the-job training and life experiences but results are not reported in this study.

Quantitative Results

Participant Aggregate Data
- CASES survey response rate 31.5% (n=27)
- Open-ended career readiness questionnaire response rate 81.5% (n=22), interviews gathered for pilot analysis 54.5% (n=12)

Table 1

<table>
<thead>
<tr>
<th>Year</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>38.5% (n=10)</td>
</tr>
<tr>
<td>2017</td>
<td>23.1% (n=6)</td>
</tr>
<tr>
<td>2018</td>
<td>3.8% (n=2)</td>
</tr>
<tr>
<td>2019</td>
<td>15.3% (n=4)</td>
</tr>
</tbody>
</table>

Note: 19% of respondents did not identify year of graduation
# Quantitative Results

### Table 2

**Counseling Activities Self-Efficacy Scale Descriptive Statistics**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>27</td>
<td>4.54</td>
<td>9.00</td>
<td>7.56</td>
<td>1.08</td>
</tr>
<tr>
<td><strong>Helping Skills</strong></td>
<td>27</td>
<td>3.87</td>
<td>9.00</td>
<td>7.65</td>
<td>1.12</td>
</tr>
<tr>
<td><strong>Session Structure</strong></td>
<td>27</td>
<td>4.70</td>
<td>9.00</td>
<td>7.67*</td>
<td>1.14</td>
</tr>
<tr>
<td><strong>Client Challenges</strong></td>
<td>27</td>
<td>4.75</td>
<td>9.00</td>
<td>7.41</td>
<td>1.19</td>
</tr>
</tbody>
</table>

### Table 3

**O*Net Career Readiness Descriptive Statistics**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td>23</td>
<td>1.00</td>
<td>5.00</td>
<td>1.70</td>
<td>.88</td>
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<tr>
<td><strong>Work Experience</strong></td>
<td>23</td>
<td>1.00</td>
<td>5.00</td>
<td>1.78</td>
<td>1.17</td>
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<tr>
<td><strong>On-the-job Training</strong></td>
<td>20</td>
<td>1.00</td>
<td>5.00</td>
<td>1.85</td>
<td>1.35</td>
</tr>
<tr>
<td><strong>Life Experiences</strong></td>
<td>21</td>
<td>1.00</td>
<td>5.00</td>
<td>1.52*</td>
<td>.75</td>
</tr>
</tbody>
</table>

*Note: Lower mean scores reflect participant strongly agreeing that the domain being measured prepared them for their current career.*
**Quantitative Results**

**Cluster Analysis**

<table>
<thead>
<tr>
<th>Cluster</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>READINESS</td>
<td>2.55</td>
<td>1.52</td>
</tr>
<tr>
<td>CASESTotal</td>
<td>5.88</td>
<td>7.94</td>
</tr>
</tbody>
</table>

*Note: Low readiness scores indicate higher levels of competence, high CASES scores indicate higher levels of confidence.*

**Qualitative Validity Procedures**

- Data triangulation
- Researcher triangulation
- Coding & theme identification
- Researcher cross-check & review
Results of Coding

Qualitative Data Collection

Open-ended survey questions (22)

Strengths (10-11)

Deficits (5-6)

Interview transcripts (12)

Strengths (10)

Deficits (11)

Final Themes: Six Strengths Categories

Case Conceptualization
Assessment, diagnostic formulation, treatment planning, understanding diversity issues

Clinical Skills Knowledge & Practice
Microskills, rapport building, opportunities to role-play and have professors model therapy scenarios

Variety of Modalities
Different theoretical orientations, individual & group counseling, CBT, person-centered, MI

Self-awareness
Shifts in attitude towards self and others, personal counseling, self-exploration and discovery.

Writing & Clinical Documentation
Note-taking, use of technical language, praise and promotion based on writing skills

Professor Expertise & Supervisor Support
Varied faculty supervision, direct and honest feedback, passion, consultation with professors and clinicians at sites
Final Themes: Five Challenges Categories

Navigating the System
Case management, community resources, insurance reimbursement process, utilization review.

Trauma
Little learning targeted in trauma-informed care, grief and loss, sexual abuse.

Earlier Experiential Learning
Didactic heavy early on, hands-on learning experiences highly valued but less available

Counseling Children
Only opportunities were in P/I experience, case studies focused on adults, course work focused on adults

Practicum & Internship Experiences
More programmatic support for site problems, supervisor ethical issues, limited clinical populations in some cases

Take-Aways from the Interviews:
- Feedback-informed program changes from informal sources
  - Trauma (Community Counseling)
  - Family, Couples, Children seminar
  - Curricular changes forthcoming (3)
- Continued efforts for the future
  - Collaborate consistently with sites and supervisors (5)
  - Incorporate coursework that includes community resources and system navigation (1)
  - Microskills & relationship-oriented EPBs during Intro course (2)
  - Certifications in First Aid Mental Health & CPT incorporated (4)
"Compared to some of the other people that I was working with, I felt that my notes were really strong. And that I was able to formulate the notes and the case conceptualization overall a lot stronger than some of the other newer therapists that I was working with... I got a lot of positive feedback from the utilization review about my notes."

"I loved it and I took so much from it. And I think a lot of that goes to the passion of the professors and each one of you brings a different passion to the field and what your personal desires explore and different approaches, I really appreciated that."

"I've definitely learned a lot since the program and working with different groups of people, and kind of having to check my own stuff. Which I think might be helpful to also explore a little bit more in the program."

Discussion: What are your programs doing that we can learn from?

- Do you have a procedure for measuring strengths and limitations about the educational experience for pre or post-grads?
- What measures or instruments are you utilizing to measure confidence & competence among students or with graduates?
Thanks!
Any questions?
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