

# Counselor Self-Efficacy, Mindfulness, and Self-Compassion among Counselor Trainees

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## Research Article

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# Abstract

There has been emerging research and theoretical evidence supporting mindfulness as a skill for enhancing clinical skills for mental health clinicians (Christopher et al., 2011; Greason & Cashwell, 2009). However, mindfulness as it relates to key developmental aspects of clinical training has yet to be fully explored. This study examined the relationship between mindfulness and counselor self-efficacy, with self-compassion as a proposed mediator among 213 mental health providers-in-training. Regression analysis supported the hypothesis that mindfulness is a significant predictor of counselor self-efficacy. However, a mediation analysis indicated that self-compassion was not a mediator of the relationship. Results provide incentive for the implementation of mindfulness interventions in clinical training programs.

## Introduction

When psychologists in training begin to see clients, they are expected to apply the skills they have been taught in session with their clients. Due to this lack of experience, these trainees often have yet to internalize the beliefs and confidence associated with counselor self-efficacy. At the earliest stages of psychologist development, trainees are often highly anxious as they begin to work with clients and apply the skills they have learned. Though representing a natural feature of psychologist development, this nonetheless may create significant difficulties for beginning trainees, and can impede their professional development. The variables that accompany trainee anxiety, such as doubt, rumination and self-criticism, can create barriers in developing counselor self-efficacy beliefs regarding their ability to effectively meet the needs of clients. Thus, it is of significant importance to encourage trainees to develop methods that serve to simultaneously decrease their counseling-related anxieties and facilitate the internalization of positive beliefs regarding their clinical abilities. One potential way to foster increased counselor self-efficacy among trainees is to include training of mindfulness into counselor training programs. The authors of this article hypothesized that mindfulness training serves to increase self-compassion and could act as a way to enhance counselor self-efficacy.

### Counselor Self-Efficacy

Counselor self-efficacy has been defined by Larson and Daniels (1998) “as one’s beliefs or judgments about one’s capabilities to effectively counsel a client in the near future” (p.221). This definition refers to a counselor’s beliefs about their capability in providing effective counseling. Drawing from Bandura’s social cognitive theory (Bandura, 1986), Larson and Daniels (1998) highlight that counselor self-efficacy involves the integration and application of learned cognitive, social, and behavioral clinical skills as well as one’s perceived ability to use these skills purposely and effectively with clients. Previous studies have shown counselor self-efficacy to significantly correlate with clinician’s performance and anxiety level (Friedlander, Keller, Peca-Baker, & Olk, 1986; Kopala, 1987). Counselor self-efficacy can impact clinical task effectiveness, consequently hindering or enhancing development as a neophyte psychologist. Even though the trainee may have cultivated a strong skill-set, or is in the process of developing their skills,

having low counselor self-efficacy can hinder their development and can elicit accompanying feelings of inadequacy and incompetence.

## **Mindfulness and Counselor Development**

The seminal definition of mindfulness, developed by John Kabat-Zinn is “paying attention, in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn, 1994, p. 6). Mindfulness is a term derived from the Buddhist scripts of a Pali-language, from a word *Sati* meaning, ‘to remember’ with a type of consciousness that signifies being mindfully present (Brown et al., 2007). The Western applications use mindfulness primarily as a self-regulation tool (Keng, Smoski, & Robins, 2011).

***Mindfulness as a state, trait, and skill.*** There has also been support for the conceptual definition of mindfulness to be derived using a number of forms: trait, state, or skill (Bishop et al., 2004; Ritchie & Bryant, 2012; Brown & Ryan, 2003). A mindful state can be induced by mindful practice and is temporary (Ritchie & Bryant, 2012). A trait is an inherent characteristic that one possesses that predisposes one to act in a particular way in their environment. Baer et al.’s (2006) research demonstrated five distinct skills of mindfulness: observing, describing, non-reacting, non-judging, and acting with awareness.

The term mindfulness, as used in this study, is defined as trait that can be cultivated as a skill (Germer, Siegel, & Fulton, 2005; Stanley et al., 2006). There has been emerging research and theoretical evidence supporting mindfulness as a skill to enhance clinical skills for trainees (Christopher et al., 2011; Greason & Cashwell, 2009). The outcomes of mindfulness practice have included reports of improved counseling skills, increased counselor self-efficacy, and greater self-compassion (Baer, Lykinsh, & Peters, 2012; Greason & Cashwell, 2009).

## **Self-Compassion and Counselor Development**

A growing body of literature has emerged in the last decade, indicating self-compassion is a trait that can be fostered with practice (Neff & Germer, 2013). In Western psychology, self-compassion has been described as a way of relating to oneself, in a manner that does not involve evaluations of self-worth, particularly when one is experiencing psychological stress (Neff, 2003b). Suffering can be described as perceiving oneself as inadequate or as a reaction to an external stressor. This definition has been articulated by Neff (2003a) who is recognized in self-compassion research for her efforts in constructing and validating a widely used self-compassion scale. Neff (2003b) conceptualizes self-compassion as having three components: Self-kindness, common-humanity, and mindfulness. *Self-kindness* involves acting in a warm, non-judgmental way to ourselves when suffering, feeling inadequate, or experiencing failure. *Common-humanity* refers to the recognition that suffering is experienced by all humans, and that increased connectedness with others can mitigate feelings of isolation and loneliness. *Mindfulness* refers to the manner in which one experiences a distressing event. It involves not suppressing or exaggerating emotional experiences, but to acknowledge and experience them in a balanced manner without getting ‘swept away’ by the distressing emotion. Research suggests an inverse relationship between trait self-compassion and psychopathology, thought suppression, rumination, and self-criticism (Neff et al., 2007;

Williams, Stark, & Foster, 2008), as well as a positive relationship with positive outcomes: happiness, positive affect, exploration, optimism (Neff et al., 2007), social connectedness (Safran, 1998), mindfulness, and wellbeing (Neff & Germer, 2013; Birnie, Speca, & Carlson, 2010).

## **Self-Compassion, Mindfulness, and Counselor Self-Efficacy**

There exist few studies examining self-compassion, mindfulness, and counselor self-efficacy together. Kane (2010) used a grounded theory method to explore the relationship between these variables in a sample consisting of eight experienced-clinicians who were advanced mindfulness practitioners. Kane theorized that mindfulness and self-compassion were causally related. Mindfulness facilitated self-compassion by increasing awareness, non-reactivity, and non-judgment, whereas self-compassion fostered the development of mindfulness by its nonjudgmental quality (Kane, 2010). These variables were determined as having a potential to enhance counselor self-efficacy, but the relationship between these three variables was not explored in depth. Due to Kane's unique population of participants: experienced professionals who were also seasoned mindfulness practitioners, applicability of results for clinical training cannot be made as trainees are determined to be at different developmental levels than experienced professionals. Moreover, one's developmental level is likely to influence one's levels of mindfulness, self-compassion, and counselor self-efficacy.

### ***Purpose for This Study***

To date, there are very few studies that have examined clinical trainees' levels of self-compassion and mindfulness with counselor self-efficacy. The purpose of this exploratory study was to address an important gap in counseling psychology education research by investigating the relationships between mindfulness, self-compassion, and counselor self-efficacy in psychologists-in-training. Specifically, the researchers examined the relationship between mindfulness, self-compassion, and counselor self-efficacy, within a path model that specifies a relationship between mindfulness and counselor self-efficacy that is mediated by self-compassion. It is hoped this study can provide a greater understanding of the role of self-compassion and mindfulness in predicting counselor self-efficacy.

## **Methods**

### ***Participants***

The participants were 213 graduate students from counseling/clinical related programs. The participants in the current study consisted of 173 women (81%), 39 men (18%), and 1 individual who identified as other (.4%). They ranged in age from 21 to 58 with a mean age of 28.15 and a standard deviation of 5.50 years. The majority of the participants self-identified as Heterosexual, 183 (85.9%), with 16 (7.5%) as Bisexual, 7 (3.3%) as Queer, 5 (2.3%) as Lesbian/Gay and 2 (.9%) as Other. Participants included 173 self-identified Caucasian/White (81%), 10 Asian American/Pacific Islander (5%), 9 Hispanic/Latino (4%), 7 African American/Black, 5 (2.3%) American Indian/First Nations, and 9 (4.2%) as Other. Out of the

participants who identified as Other, 5(2.3%) identified as Multi or Biracial, 1 (.5%) as South Asian, 1 (.5%) as Jewish, 1 (.5%) as Indian, and 1(.5%) as Alaskan Native.

Of the total sample, 71% of the participants were in a doctoral program (n=152), while nearly 30% were completing a Masters degree (n=61). Of these programs, 42% (n=90) identified as coming from Clinical programs, while Counseling Psychology accounted for 30% (n=65) of the participants. The other 14% (n=30) came from a variety of counseling related programs.

## **Instruments**

### ***Five Facet Mindfulness Questionnaire (FFMQ) (Baer et al., 2006)***

The FFMQ 39-item scale is based on a factor analytic study that explored items from five independently developed mindfulness scales (Baer et al., 2006). Results from the study revealed five facets; *observing, describing, acting with awareness, non-judging of inner experience, and non-reactivity to inner experience* (Baer et al., 2006). Responses to the items are given on a five-point Likert-type scale (1 = never or very rarely true, 5 = very often or always true). Higher overall FFMQ scores are associated with higher self-reported levels of mindfulness. Lower scores indicate the person may often have difficulty with paying attention or/and have a tendency to judge themselves. In the current study the FFMQ demonstrated strong reliability,  $\alpha = .90$ . The participant mean for the FFMQ was 3.42, SD = .38.

### ***Self-Compassion Scale (SCS) (Neff, 2003a)***

SCS is the most widely used scale for self-compassion and is a 26-item self-report measure comprised of six subscales: *self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-Identification*. A five-point likert-type scale is used ranging from 1 (almost never) to 5 (almost always). Total scores were calculated by computing the mean of the scores, with a possible range of 1-5, higher scores indicating higher levels of self-compassion. In the current study the SCS demonstrated strong reliability ( $\alpha = .95$ ). Mean participant scores of SCS were 3.23, SD = .73. Both of these analyses were similar to previous participant data in past research (Neff, 2003a).

### ***Counselor Self-Efficacy Scale (CSES) (Melchert, Hays, Wiljanen, & Kolocek, 1996)***

This 20-item CSES scale was created to measure clinicians' knowledge and competencies with their therapy clients. It consists of 20 items with a five-point Likert-type response scale ranging from 'agree strongly' to 'disagree strongly'. The range of possible scores is 1-5, with higher scores indicating higher levels of counselor self-efficacy, and lower scores indicating the contrary. CSES participant scores had an overall mean of 3.85, SD = .46. In the current study the CSES demonstrated strong reliability ( $\alpha = .87$ ).

## **Procedure**

Survey data was collected through online solicitation. Surveys were distributed to training directors of graduate counseling psychology and related programs with requests to forward the survey to students

who had been or were currently seeing therapy clients. Participation was voluntary and anonymous. Only graduate students who had clinical experience were recruited for the study. Completion time of the online survey averaged 15-20 minutes.

## Data Analyses

During the initial stages of data analyses, scores were totaled for the FFMQ, SCS, and CSES. The demographic questions were coded and rated based on participant characteristics such as: gender, education, and race/ethnicity. Independent samples T-tests were run to examine differences in scale scores based on gender and type of graduate program (masters vs doctoral). Descriptive statistics were completed to summarize the demographic characteristics of participants. The main analyses consisted of completing Pearson correlations between scale scores, as well as conducting a mediation analysis, to examine the strength of the variables of mindfulness and self-compassion, on the outcome variable of counselor self-efficacy. A Sobel test was conducted to examine the significance of the mediating variable.

## Results

No significant gender differences were found for the CSES or the SCS. However, there was a significant gender difference with the FFMQ  $t(211) = -.57, p < .05$ . (Male mean = 3.56, SD = .34; Female mean = 3.38, SD = .39). No significant differences were found between masters and doctoral level trainees on the SCS and the FFMQ. Scores on the CSE were found to significantly differ between Masters and Doctoral students,  $t(211) = -2.27, p < .05$ , with doctoral student reporting higher levels of CSE (masters trainees mean=3.73, SD=.45; doctoral trainees=3.89, SD=.46).

A preliminary examination of the bivariate relationships between mean scores of the FFMQ, the SCS, and the CSES was examined. As hypothesized, Pearson product-moment correlations between the variables were all moderately to very strongly significant at  $p < .01$ . These results suggest that one who has high levels of counselor self-efficacy are also likely to report higher levels of mindfulness. Similarly, students with high levels of self-compassion are also likely to report higher levels of mindfulness (see Table 1).

Table 1

*Three Scale Pearson Product-Moment Correlations (N=213)*

	M	SD	FFMQ	SCS	CSES
FFMQ	3.42	.38	—		
SCS	3.23	.73	.72*	—	
CSES	3.85	.46	.40*	.37*	—
* $p < .01$ (2-tailed); FFMQ=Five Facet Mindfulness Questionnaire; SCS = Self-Compassion Scale; CSES = Counselor Self-Efficacy Scale					

A regression mediation analysis was completed to examine how the predictor variables individually predicted the outcome variable of counselor self-efficacy. The model hypothesized that mindfulness would be a significant predictor of counselor self-efficacy when self-compassion acts a mediator. The indirect effect of mindfulness on counselor self-efficacy, through the mediator of self-compassion was also computed. Standardized regression weights for the total, direct, and indirect paths are presented in Table 2 as are the *Adjusted R2* values.

Table 2

*Path analysis of the Mediating Role of Self-Compassion*

Variable	Adj.R2	Stand $\beta$	S.E.	<i>t</i>
Direct effect of mindfulness on mediator (a path)	.52	1.36	.09	15.06**
Direct Effect of mediator on CSE (b path)	.17	.11	.06	1.87
Total Effect of mindfulness on CSE (c path)	.16	.48	.08	6.38**
Direct Effect of mindfulness on CSE (C' path)	.17	.34	.11	3.11*
* $p < .01$ , ** $p < .001$ (2-tailed)				
CSE = Counselor Self-Efficacy; S.E. = Standard Error				

Mindfulness scores were hypothesized to predict counselor self-efficacy scores. Results for this hypothesis were significant, indicating that the mindfulness significantly predicted counselor self-efficacy in the absence of the mediator variable,  $\beta = .48$ ,  $t(211) = 6.38$ ,  $p < .001$ . Of the total variance, 16% of the counselor self-efficacy variance can be accounted for by mindfulness,  $F(1,211) = 40.71$ ,  $p < .001$ .

In exploring the direct effect of mindfulness on self-compassion, 52% of the variance found in self-compassion was accounted for by mindfulness,  $F(1, 211) = 226.64$ ,  $p < .001$ . This step was significant,  $\beta = 1.36$ ,  $t(211) = 15.06$ ,  $p < .001$ , indicating mindfulness as a predictor of self-compassion.

Self-compassion was predicted to act as a significant partial mediator in the relationship of mindfulness and counselor self-efficacy. Specifically, higher levels of self-compassion were predicted to strengthen the relationship between mindfulness and counselor self-efficacy. However, the results showed that self-compassion was not a significant mediating variable on the dependent variable,  $\beta = .11$ ,  $t(210) = 1.87$ ,  $p = .06$ . For counselor self-efficacy, 17% of the variance of the mean of can be accounted for by self-compassion ( $F = 226.64$ ,  $p < .001$ ).

The overall model was not a fit because the direct effect of self-compassion on counselor self-efficacy was not significant (see figure 1). In order to further confirm the findings, the product of the ab coefficients for the mediated path was completed which indicated that the mediated effects were non-significant,  $a \times b = .15$ . The Sobel test was also completed which indicated non-significance, Sobel = 1.86, S.E. = .08,  $p = .06$ .

## Discussion

This study contributes to the counseling and clinical training literature by exploring factors that influence counselor self-efficacy. Although self-compassion was not supported as a mediating variable, mindfulness did significantly predict counselor self-efficacy. Given that the levels of counselor self-efficacy can impact a trainee's performance and stress levels (Friedlander et al., 1986; Kopala, 1987), which can directly affect therapeutic relationships and client outcomes, an examination of various factors that hinder or enhance counselor self-efficacy is imperative in clinical training research. The study replicates findings of previous correlational research (Birnie, Speca, & Carlson, 2010; Greason & Cashwell, 2009; Kane, 2010). Results demonstrated significant positive relationships between all the examined variables. The strongest correlational relationship was found between mindfulness and self-compassion.

The significant predictive relationship found between mindfulness and counselor self-efficacy is consistent with another empirical study (Greason & Cashwell, 2009). This relationship indicates that those who are more mindful are also more likely to feel competent when working with clients and believe that they have the appropriate judgment to know when to utilize various counseling skills with their clients. Mindfulness facets such as the ability to be 'non-reactive' and 'non-judgmental' can be useful skills that can assist in maintaining focus when working with clients. Additionally, other mindfulness facets such as the ability to 'act with awareness' and to be 'observant' are applicable clinical skills that may help clinicians-in-training increase their concentration and intentionality in client sessions. Finally,



people with high levels of the 'describing' facet report that they are able to easily describe their thoughts and feelings. This skill would also translate well to feeling competent when describing or interpreting aspects of client's phenomenological experiences.

The present study also found that those participants who were more mindful in their everyday experience are also more likely to be compassionate towards themselves. This corroborates past research that has established the connection between mindfulness and self-compassion (Shapiro et al., 2007). These findings suggest that mindfulness may be an important tool for cultivating self-compassion in trainees and compassion for clients, and could serve as a buffer that can protect from clinician burnout (Kane, 2010).

In examining self-compassion as a potential mediator in the relationship of counselor self-efficacy and mindfulness, the statistical non-significant findings demonstrate the hypothesis was not supported. Given the past support for the importance of self-compassion for counselor self-efficacy (McCollum & Gerhart, 2010), and the strong link between mindfulness and self-compassion, this finding was somewhat surprising. However, the strong correlation between self-compassion and mindfulness suggests that there may be a somewhat conceptual overlap between the two variables. Although FFMQ and SCS have distinct scales, similarities between subscales may have influenced mediation findings. Another reason for the non-significant findings could be associated with using the Sobel test, which explores the significance of the mediation effect. Although the Sobel test is more accurate than other tests in calculating indirect mediation effects (MacKinnon et al., 2002), a large sample is required to detect significant effects. Given that the  $p$  value was very close to .05 ( $p = .06$ ), it is possible that with an increased sample, a mediation effect would have been detected.

The significant relationship found between mindfulness scores and mindfulness practice in this study provides evidence indicating that people who practice mindfulness are likely to report less reactivity and judgment as well as report they are more observant, aware, and have a better ability to describe their internal and external experiences compared to non-practicing participants. These results indicate mindful practice may impact state levels of mindfulness and provide support for the utility of mindfulness in clinical training.

## Limitations Of The Current Study

The first limitation is in regards to the correlational survey design utilized for the current study. Due to the correlational design, causal inferences cannot be made with the current study. Future research utilizing experimental design may explore the causal relationships between these variables.

The lack of heterogeneity in the demographic background of the participants is another limitation. Given that approximately 80% of the participants identified as White, heterosexual, and female, the study's findings may not be generalizable to the greater population of mental health clinicians.

Although self-compassion was significantly correlated with mindfulness and counselor self-efficacy, no mediating relationship was found. This indicates that although self-compassion is strongly correlated with mindfulness, there may be other mediators that account for the predictive relationship between mindfulness and counselor self-efficacy. A possible interpretation for the lack of significance with the self-compassion mediator is the relatively small sample size of this study for a path-analysis. Further replication of this study is warranted with a larger sample size. Despite the aforementioned limitations of the present study, the findings have important implications for counselor and psychology educators.

## **Training Implications**

In this study, the results indicate mindfulness to be predictive of counselor self-efficacy. This finding suggests supervisors and educators may utilize mindfulness interventions to cultivate counselor self-efficacy. Research on clinical training methods is scant with regards to methods that improve trainee skills. Support for trainee benefits after short-term mindfulness interventions indicate that implementing mindful practice into existing psychology training practices could be time-efficient and cost-effective (Buser et al., 2012; Dunn et al., 2013). Implementing mindfulness interventions for psychologists in training could serve as a useful strategy in developing competency and to manage developmentally normal anxiety for trainees.

## **Recommendations For Future Research**

In addition to addressing the limitations of the present research, future studies should explore the usefulness of self-compassion in psychology and counselor education training. Future investigations regarding self-compassion as a training tool with this population will need to demonstrate that self-compassion is predictive of counselor self-efficacy prior to implementing self-compassion training, and to consider the use of behavioral measures, in addition to self-report scales. In order to determine the utility of mindfulness training, it is recommended that future research use mindfulness intervention studies with a control group, and another group focused on non-mindfulness interventions, to determine whether mindfulness interventions are more useful than other interventions for trainee development. Intervention research could aid in determining how much or how little mindfulness training can affect counselor self-efficacy and skill.

Analyzing subscales of mindfulness and self-compassion is another recommended area to explore. The present study examined the total score of these variables. Past research studying mindfulness and self-compassion provided information on subscale findings. It is possible that collapsing across domains could obscure the effects that these subscale scores could have in relation to counselor self-efficacy. In order to identify the unique effects of each distinct subscale score, a more detailed analysis of these variables is recommended. Additionally, past studies have indicated that mindfulness facets can operate in contrasting ways (Baer et al., 2006; Ortnner et al. 2007), which could suggest that some facets may be more beneficial to cultivate for counselor self-efficacy than other facets. Overall, this study advances our

knowledge of counselor development by showing that mindfulness training could be considered as a useful intervention in psychology training.

## **Declarations**

### **Ethics Approval and consent to participate**

This University of North Dakota (UND) Institutional Review Board approved this study protocol. All study procedures were carried out in accordance with the policies and procedures of the UND Institutional Review Board and the UND office of Research Compliance and Ethics. All participants provided informed consent prior to their participation in the study.

### **Consent for publication**

Not applicable.

### **Competing interests**

The authors declare that they have no competing interests.

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Not Applicable

### **Authors' contributions**

Both authors shared in responsibilities related to the study conception, design, and data collection. Data analysis and interpretation of results was conducted primarily by Sinéad Unsworth. Final Manuscript preparation was done primarily by John McCullagh.

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### **Availability of data and materials**

All data generated or analyzed during this study are included in this published article as a supplementary file.

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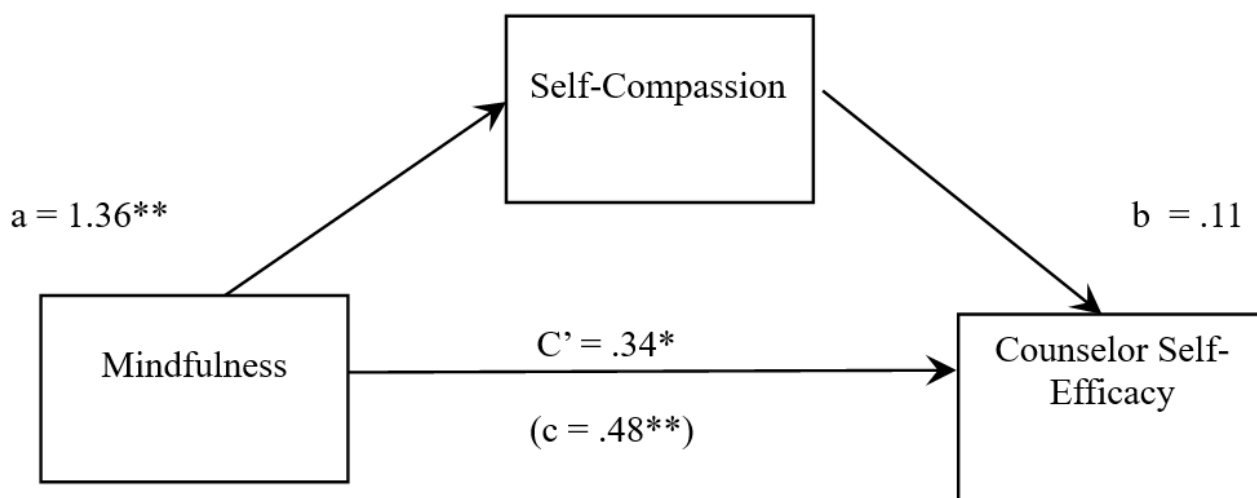
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## Figures




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\*  $p < .01$ , \*\*  $p < .001$  (2-tailed)

**Figure 1**

Path Coefficients for Mindfulness, Self-Compassion, and Counselor Self-Efficacy Mediation Analysis.

## Supplementary Files

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