Self-Efficacy of Beginning Counselors to Counsel Clients in Crisis

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Abstract

Crisis situations are becoming more and more prevalent in our society today, and as a result, counselors should be aware of the overarching effects of various crisis situations and how they can affect their clients. The purpose of this study was to examine the effect of preparedness on beginning counselors' levels of self-efficacy and their perceived abilities to handle crisis interventions. A purposeful sample of master's-level counseling students, enrolled in a Crises Intervention Preparation course for Mental Health Responders, were administered the Counselor's Self-Efficacy Scale to assess their levels of self-efficacy. Findings indicated that counseling students who studied theoretical strategies for approaching various crises, assessed the realities associated with their prospective client base, and tentatively planned flexible intervention models felt confident in their abilities to make effective decisions for supporting clients during crisis situations.

Keywords

beginning counselors; crisis intervention, preparedness, self-efficacy, crisis curriculum

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Crisis situations are becoming more and more prevalent in our society today, and as a result, counselors should be aware of the overarching effects of various crises situations and how they can affect their clients. According to Flannery and Everly (2000), "a crisis occurs when a stressful life event overwhelms an individual's ability to cope effectively in the face of a perceived challenge or threat" (p. 119). Crisis situations range from major unanticipated events, such as natural disasters, physical injury, or death, to emotional crises that come with transitional stages in one's life, such as divorce, children leaving the home, pregnancy, or family and school violence (Hoff, Hallisey, & Hoff, 2009).

Counselors in all settings report "crisis" to be a primary concern for the majority of their clients who report coming into contact with high-risk situations on a daily basis (Minton & Pease-Carter, 2011; Wachter, 2006). Over the past 20 years, violent acts in schools have more than doubled (McAdams & Keener, 2008), and over the past 45 years, suicide rates have increased by 60 % worldwide (World Health Organization, 2012). Rogers, Gueulette, Abbey-Hines, Carney, and Werth (2001) reported that 71% of counselors will work with a client who has attempted suicide and McAdams and Foster (2000) reported that 23% of counselors will experience a completion of a client suicide. There are also indications that there is an alarming "increase in the number of students seeking help for serious mental health problems at campus counseling centers" (Eiser, 2011, p. 18).

Crisis events, including the Sandy Hook School shooting, Aurora theater shooting, Virginia Tech massacre, Indian Ocean tsunami of 2005, the World Trade Center terrorist attack, and Hurricanes Katrina, Rita and Ike, presented such unique challenges that traditional response plans proved to be inadequate to address them (Donahue & Tuohy, 2006; The White House,

2006; Webber & Mascari, 2010). Based on the very definition and nature of crisis, no single defined response can be prescribed for all situations (Dykeman, 2005). Even local crises with smaller impacts can require improvising of prepared response plans based on community cultural needs and norms. Research for improving responses to crises and disasters is evolving. For example, after Hurricane Katrina, the Mississippi Department of Mental Health developed a new model for providing responsive counseling services. The services offered a broader core of interventions for those impacted by the disaster (Jones, Allen, Norris, & Miller, 2009). The American Red Cross revised their regulations on who could be trained as disaster and crisis response workers (American Red Cross, 2008), and The Emergency Management Assistance Compact acknowledged the need for states to access response personnel from other states in emergency situations (Emergency Management Assistance Compact, 2009). In addition, various sources emphasize the need for pre-crisis preparation as a core element of any crisis response model (James, 2008; Jackson-Cherry & Erford, 2014; Granello, 2010). As a result, it may very well be imperative that counselors prepare to improvise, adapt, and make decisions grounded in both crisis response theory and the realities associated with responding to the immediate situation.

The 2009 Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards claim counselors need to understand both the impact of crises on people and the principles behind crisis intervention (CACREP, 2009). These standards are outlined for all clinical mental health counselors, marriage, couple and family counselors, school counselors, and student affairs and college counselors. The standards state that marriage, couple, and family therapists must be able to recognize problems such as suicide risk and domestic violence, while school counselors must both understand the school's emergency management system in times of crises as well as "be prepared to take on leadership roles in times of crisis" (Fein, Carlisle, & Issacson, 2008, p. 246). Clearly, counselors in all fields are expected to understand the principles surrounding crisis intervention and how to intervene in a crisis when necessary.

To address the escalating levels of crises in our society, counselors must be prepared to address the demands of the profession (Allen et al., 2002). For persons in crisis, community and school counselors often deliver the first line of defense and intervention; therefore, it is imperative that counselors feel prepared to perform crisis intervention with clients immediately upon graduation from a counseling graduate program (McAdams & Keener, 2008). Despite all of the overwhelming evidence that counselors need to be prepared to intervene in crisis situations, only 10.6% of school counselors reported taking a specific course involving school crisis interventions and 57% reported feeling inadequately or minimally prepared to handle crisis situations (Allen et al., 2002). Along with the reported feelings of inadequate preparation in the handling of crisis and disaster situations, there is concern for the lack of attention to crisis intervention in counselor training. Therefore, the overarching research question guiding this study was: Did counseling students' perceived sense of preparedness affect their self-efficacy to counsel clients in crisis following the completion of a crisis intervention preparation course?

Self-Efficacy and Preparedness

Self-efficacy stems from the work of Albert Bandura and his Social Cognitive Theory where human behavior is defined as an interaction of personal factors, behavior, and the environment (Bandura 1977; Bandura 1986). Theoretically, it was believed that an individual's thoughts and actions impact the relationship of the individual and their behavior. Additionally,

an individual's relational interactions draw from his or her own beliefs and cognitive competencies that have been developed and affected by the influences of their environment. Consequently, the relationship between the individual, behavior, and environment is reciprocal with each element creating change within the others (Bandura 1977; Bandura 1986). Research studies conducted in a variety of preparation programs (i.e. teaching, counseling, nursing) have concluded that a relationship exists between an individual's perceptions of his or her preparedness and his or her self-efficacy (Hoy & Spero, 2005; Leigh, 2008; Paton, 2003; Uhernik, 2008). The more prepared someone feels the greater their self-efficacy. Research findings have also identified a relationship between counselor self-efficacy and performance (Larson & Daniels, 1998). The greater the counselor's self-efficacy, the greater his or her performance will be.

Bandura (1994) defined self-efficacy "as people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives" (p. 71). Self-efficacy, one of the cognitive factors, is an individual's confidence that he or she can successfully accomplish a given task. Bandura maintains that self-efficacy beliefs are not merely "passive foretellers" of one's ability level (Bandura, 1997, p. 39), but they can also help govern and stimulate the motivation necessary to conduct the behavior. Bandura' research indicated that individuals who possessed high levels of self-confidence in their own abilities would approach difficult tasks as challenges rather than as obstacles and approach threatening situations with assurance that they can exercise control over the situation.

The relationship between self-efficacy, motivation, and performance is well documented in the literature and supports the theoretical notion that higher levels of preparedness could produce higher levels of self-efficacy (Bandura, 1994; Gist & Mitchell, 1992). According to social cognitive theory, grounded by impressive empirical research, human behavior is predictable and reciprocally influenced by both environmental and cognitive factors. For the purpose of this study, social cognitive theory served as the conceptual framework for understanding and predicting both individual and group behavior and identifying methods in which behavior can be modified or changed.

Methods

Participants

Participants consisted of a purposeful sample of master's level counseling students (n = 34) enrolled in a Crises Intervention Preparation course for Mental Health Responders that was required during their last semester in their masters Counseling program. A power analysis concluded that for a large effect size (d = .80), a significance level of .05, and a power of .80, the minimum sample size needed was only 15; providing support for the adequacy of this study's sample size (CNET, 2012).

Participants ranged in age from 24 to 48 with the majority of them being women (85.3%). Approximately 35% were Caucasian, 29.4% were Latino/Hispanic, and 26.5% were African-American. School counselors comprised 67.6%, while the remaining 32.4% were licensed counselors. Additionally, 35.3% were bilingual speakers.

Crisis Intervention Curriculum

The Crisis Intervention Preparation course for Mental Health Responders included a strong foundation in crisis and disaster response (CACREP, 2009; Webber & Mascari, 2009, 2010). Crisis intervention training textbooks were utilized to present researched concrete models for crisis intervention (Cavaiola & Colford, 2011; Jackson-Cherry & Erford, 2010; James, 2008; Webber & Mascari, 2010). The texts described proven strategies for addressing specific crises that emphasize ethical and multicultural components that must be observed during crisis response. Counseling students were introduced to a range of therapeutic tools and strategies that could be utilized based on the individual crisis situation, incorporated with new discoveries and trends, or infused with traditional practices and models (Webber & Mascari, 2010). The course examined cultural and racial biases and assumptions to train counseling students to avoid unintentional labeling, misinterpretations, and inappropriate or ineffective counseling approaches (James, 2008). Training included discussions related to more common crises including (but not limited to) child maltreatment, suicide, homicide, intimate partner/domestic violence, sexual assault, psychiatric crises such as post-traumatic stress disorder (PTSD), bereavement, school and workplace violence, natural disaster, and terrorism (Cavaiola & Colford, 2011; Jackson-Cherry & Erford, 2010; James, 2008; Webber & Mascari, 2009).

Reality preparation was included in the course instruction with suggestions that responders have a working knowledge of the unique service area as well as local cultural practices and attitudes (Allen et al., 2002). Training included a discussion of the realities associated with any crisis situation so that the counselor could facilitate a more contextual response. The course emphasized that a basic understanding of with whom and when individuals should intervene is often as important as how to intervene, as unwanted, untimely, micro-culturally inappropriate attempts to intervene can prove to have the opposite effect of their intent, and the safety of both the client and the counselor can be compromised. Course content acknowledged that when serving a highly agitated, potentially violent client population, crisis interveners need strong empathetic listening skills coupled with strategies for behavioral de-escalation and management of aggressive behavior (Brooks, 2010), such as those included in the Nonviolent Crisis Intervention Model (Crisis Prevention Institute, 1970).

After the counseling students extensively studied the theoretical strategies for approaching various crises and assessed the realities associated with their prospective client base, they tentatively planned intervention models that could potentially support their client base and the situation. These plans included some level of flexible adaption and invention on the part of the counselor as part of any pre-crisis preparation; alternate strategies that could be crafted within the context of traditional guidelines for intervention (Granello, 2010; Query, 2010).

The gathering and organizing of resources and materials that could prove to be helpful during the intervention were presented as essential elements in pre-preparation. The development of a counselor's crisis response box was introduced. Response materials were gathered and placed in a physical container that could be readily accessible for crisis response. For instance, a crisis box (Sawyer, 2005, 2006) that could prove to be supportive in the event of a death at an elementary school might include appropriate literature, creative materials for expressing grief, list of external support organizations, and personal items the counselor may need throughout the response (Sawyer & Coryat, 2009; Sawyer & Hammer, 2009). Although it was unrealistic and impractical to create response boxes for all types of crises, organizing boxes for identified crises most likely to occur seem to be both practical and empowering for the novice counselor (Sawyer

& Hammer, 2009). The crisis/disaster training curriculum also stressed the recognition of the need for counselor self-care, both during and after the crisis situation (Cavaiola & Colford, 2011; Jackson-Cherry & Erford, 2010; James, 2008; Pender & Prichard, 2009; Steele, 1999; Webber & Mascari, 2010; Yin & Kukor, 2012).

Instruments

The Counselor's Self-Efficacy Scale (CSES) was developed to measures a person's perception of his or her capability to adequately counsel clients that have or are suffering from a crises (e.g., divorce, death, suicide, rape). The CSES was derived from two sources. The first source of items came from Social Work Self-Efficacy (SWSE; Holden, Meenaghan, Anastas, & Metrey, 2002) scale. Twenty-four of the 52 items from SWSE were modified and included in the CSES. Modifications were made by converting the format of each item from a question into a statement and renaming the subscales to reflect counselors. Then, for 13 of the items used, wording was altered to include the word "crises" and/or simplified. For example, "define the client's problems in specific terms?" was modified to read as "Define the client's crises related problems in specific diagnostic terms." The remaining five items came from the review of the literature and expertise of licensed counseling practitioners.

The instrument was subjected to two rounds of validation to ensure that the questionnaire was measuring what it was intended to measure. The questionnaire was submitted to an expert panel of 10 professors teaching in graduate counseling programs at various higher education institutions to assess its content and face validity. Members of the expert panel were requested to comment on the content of the items, ordering and wording of the items, and whether items should be added and/or deleted from the survey. After the survey was revised based on their comments for improvements, a university Program Coordinator of Counseling and a measurement expert reviewed the validity of the questionnaire once more before administration.

The final version of the CSES consisted of 42-items divided into four subscales: (a) Crises Situations (13-items), (b) Basic Counseling Skills (15-items), (c) Therapeutic Response to Crisis and Post-Crisis (8-items), and (d) Unconditional Positive Regard (6-items). Participants were asked to rank their behavior on a 6-point Likert scale (0 = No Confidence at All; 5 = Complete Confidence) for each of the subscales. Composite scores can range from 0 to 210; the larger the composite score the more self-efficacious a person perceives him or herself. The Cronbach's alpha reliability coefficients for the CSES were found to be .96 for the entire instrument, .96 for Basic Counseling Skills, .97 for Therapeutic Response to Crisis and Post-Crisis, and .98 for Unconditional Positive Regard subscales.

Data Collection Procedures

On the first night of the Crises Intervention course, participants were solicited to complete the CSES. This process was repeated during the final class meeting. For both sets of surveys, an identifier was assigned to each survey to assure confidentiality. Along with the survey, each participant was provided with a cover letter stating the purpose of the study, acknowledging that participation in the study was voluntary, and that the participant identity would remain completely anonymous.

Data Analysis

      The data was imported into SPSS 20 from an Excel document for further analysis. Percentages, means, and standard deviations were calculated to assess the pre- and post-differences in participant responses in regards to counseling a client experiencing a crisis. Two-tailed paired t-tests were calculated to determine whether a statistically significant difference existed between pre- and post-self-efficacy in regards to providing basic counseling skills, therapeutic response to crisis and post-crisis, and unconditional positive regard to clients experiencing a crises. Cohen's d and the coefficient of determination (r2) were calculated to assess effect size, while Cronbach's alphas were calculated to assess the reliability of the instrument.

Results

Crisis Situations

      Participants were asked to rank pre- and post-self-efficacy concerning their perceived ability to adequately counsel clients that have or are suffering from crises, such as child abuse, death, suicide, etc. Tables 1 and 2 display the results of participants' responses. All 13 of the crises situations were covered within the curriculum of the Crises Intervention course. Prior to taking this course, the majority of the participants felt that they possessed "A Little" to a "Fair Amount of Confidence". At the completion of the semester, the majority of the participants reported that they felt "Very Much Confident" in all of the

Table 1

Pre-Scores – Crises Situations (%)

Crises Situations	No Confidence at All	A Little Confidence	A Fair Amount of Confidence	Much Confidence	Very Much Confident	Complete Confidence
1. Abandonment	2.9	20.6	**35.3**	17.6	20.6	2.9
2. Child Abuse	2.9	**29.4**	**29.4**	17.6	11.8	8.8
3. Death	8.8	**32.4**	20.6	20.6	8.8	8.8
4. Domestic Violence	8.8	17.6	**38.2**	11.8	14.7	8.8
5. Homelessness	8.8	23.5	**32.4**	14.7	5.9	14.7
6. Murder	20.6	**44.1**	17.6	5.9	8.8	2.9
7. Kidnapping	20.6	**35.3**	29.4	8.8	2.9	2.9
8. Natural Disaster	2.9	14.7	**32.4**	23.5	14.7	11.8
9. School or Workplace Violence	6.1	15.2	**36.4**	15.2	12.1	15.2
10. Sexual Assault	11.8	**41.2**	17.6	8.8	14.7	5.9
11. Self-Mutilation	5.9	26.5	**38.2**	8.8	14.7	5.9
12. Suicide	14.7	**38.2**	29.4	2.9	11.8	2.9
13. Terrorism	14.7	**38.2**	26.5	8.8	8.8	2.9

crises situations presented in the course. The smallest percent increase in self-efficacy was reported with counseling terrorism victims (19.3%), while the largest percent increase was found to be in counseling clients of a natural disaster (47.8%). These findings indicate that the knowledge and training received in the Crises Intervention course has increased participants' sense of preparedness, and thus their self-efficacy in providing clients with adequate counseling services during times of a crisis.

Table 2

Post-Scores – Crises Situations (%)

Crises Situations	No Confidence at All	A Little Confidence	A Fair Amount of Confidence	Much Confidence	Very Much Confident	Complete Confidence
1. Abandonment	0.0	3.0	12.1	30.3	**45.5**	9.1
2. Child Abuse	0.0	0.0	15.2	27.3	**45.5**	12.1
3. Death	0.0	6.1	3.0	18.2	**48.5**	24.2
4. Domestic Violence	0.0	0.0	15.6	28.1	**43.8**	12.5
5. Homelessness	0.0	3.0	12.1	33.3	**42.4**	9.1
6. Murder	3.0	18.2	24.2	21.2	**30.3**	3.0
7. Kidnapping	0.0	12.5	21.9	25.0	**37.5**	3.1
8. Natural Disaster	0.0	3.1	12.5	0.0	**62.5**	21.9
9. School or Workplace Violence	0.0	3.0	9.1	21.2	**45.5**	21.2
10. Sexual Assault	0.0	3.0	24.2	24.2	**42.4**	6.1
11. Self-Mutilation	0.0	0.0	18.2	27.3	**45.4**	9.1
12. Suicide	0.0	6.1	30.3	18.2	**36.4**	9.1
13. Terrorism	3.1	25.0	**28.1**	12.5	**28.1**	3.1

Basic Counseling Skills

The Basic Counseling Skills subscale asked participants to rank their self-efficacy on topics, such as effectively intervening with a client and/or family in crisis and collaborating with clients in crisis in setting intervention goals. Participants reported mean increases in self-efficacy greater than 1.00 in 14 out of the 15 items in this subscale. Mean increases in self-efficacy ranged from .88 to 1.82. Table 3 displays the descriptive statistics for this subscale.

To assess whether there was a statistically significant mean difference between the pre- and post self-efficacy of the basic counseling skills subscale, a two-tailed paired t-test was conducted. Findings suggested that there was a statistically significant mean difference between the pre- and post self-efficacy scores, $t(33) = -7.117$, $p < .001$, $d = 1.77$ (large effect size), $r2 = .662$. The Crises Intervention course had a large effect on the self-efficacy of the counseling students and 66.2% of the variance in those scores is attributable to the course.

Table 3

Descriptive Statistics for the Basic Counseling Skills Items

Basic Counseling Skills	Mean Pre Self-Efficacy	Standard Deviation Pre Self-Efficacy	Mean Post Self-Efficacy	Standard Deviation Post Self-Efficacy	Mean Difference
1. Initiate and sustain empathetic, culturally sensitive, non-judgmental, disciplined relationships with clients in crisis.	4.24	1.23	5.56	.66	1.32
2. Utilize knowledge to plan for intervention for client in crisis.	3.50	1.11	5.21	.77	1.71
3. Intervene effectively with individuals in crisis.	3.56	1.13	5.24	.70	1.68
4. Intervene effectively with families in crisis.	3.29	1.24	5.09	.83	1.80
5. Effectively debrief with groups impacted by crisis.	3.18	1.29	5.00	.89	1.82
6. Maintain self-awareness in practice, recognizing your own personal values and biases, and preventing or resolving their intrusion into practice.	3.94	1.28	5.38	.78	1.44
7. Critically evaluate your own practice, seeking guidance appropriately and pursuing ongoing professional development.	4.22	1.36	5.41	.74	1.19
8. Practice in accordance with the ethics and values of the profession.	4.65	1.01	5.53	.56	.88

Therapeutic Response to Crisis and Post-Crisis

The Therapeutic Response to Crisis and Post-Crisis subscale asked participants to rank their self-efficacy on topics such as helping clients explore specific skills to deal with certain problems and guiding the clients in managing their own problem behaviors. Participants reported mean increases in self-efficacy greater than 1.00 for each of the eight items in this subscale. Mean increases in self-efficacy ranged from 1.00 to 1.47. Table 4 displays the descriptive statistics for this subscale.

To assess whether there was a statistically significant mean difference between the pre- and post self-efficacy of the therapeutic response to crisis and post-crisis subscale, a two-tailed paired t-test was conducted. Findings indicated that there was a statistically significant mean difference between the pre- and post self-efficacy scores, $t(33) = -5.915$, $p < .001$, $d = 1.47$ (large effect size), $r2 = .593$. The Crises Intervention course had a large effect on the self-efficacy of the counseling students and 59.3% of the variance in those scores is attributable to the course.

Table 4

Descriptive Statistics for the Therapeutic Response to Crisis and Post-Crisis Items

Therapeutic Response to Crisis and Post-Crisis	Mean Pre Self-Efficacy	Standard Deviation Pre Self-Efficacy	Mean Post Self-Efficacy	Standard Deviation Post Self-Efficacy	Mean Difference
1. Help clients to reduce irrational ways of thinking that contribute to their problems.	3.88	1.01	5.00	.78	1.12
2. Help clients explore specific skills to deal with certain problems.	3.94	1.13	5.12	.73	1.18
3. Help clients to better understand how the consequences of their behavior affect their problems.	4.12	1.21	5.24	.70	1.12
4. Help clients explore how to manage difficult or ambiguous feelings.	3.91	1.08	5.26	.68	1.35
5. Demonstrate to clients how to express their thoughts and feelings more effectively to others.	4.00	1.04	5.29	.72	1.29
6. Help clients to practice their new problem-solving skills outside of treatment visits.	3.85	1.31	5.32	.68	1.47
7. Guide clients in managing their own problem behaviors.	4.03	1.03	5.24	.70	1.21
8. Help clients set limits for others' dysfunctional or intrusive behaviors.	4.06	1.13	5.06	.92	1.00

Unconditional Positive Regard

The Unconditional Positive Regard subscale asked the participants to rank their self-efficacy on topics, such as utilizing reflection to help clients feel understood and/or validated and providing emotional support and a safe holding environment for clients. Participants reported mean increases in self-efficacy greater than 1 for all six of the items in the subscale. Mean increases in self-efficacy ranged from 1 to 1.18. Table 5 displays the descriptive statistics for this subscale.

To assess whether there was a statistically significant mean difference between the pre- and post self-efficacy of the unconditional positive regard subscale, a two-tailed paired t-test was conducted. Findings indicated that there was a statistically significant mean difference between the pre- and post- self-efficacy scores, $t(33) = -4.996$, $p < .001$, $d = 1.24$ (large effect size), $r2 = .528$. The Crises Intervention course had a large effect on the self-efficacy of the counseling students and 52.8% of the variance in those scores is attributable to the course.

Table 5

Descriptive Statistics for the Unconditional Positive Regard Items

Unconditional Positive Regard	Mean Pre Self-Efficacy	Standard Deviation Pre Self-Efficacy	Mean Post Self-Efficacy	Standard Deviation Post Self-Efficacy	Mean Difference
1. Utilize reflection to help clients feel understood.	4.29	1.14	5.29	.91	1.00
2. Utilize reflection to help clients feel validated.	4.29	1.22	5.44	.79	1.15
3. Employ empathy to help clients feel that they can trust you.	4.50	1.24	5.68	.53	1.18
4. Provide emotional support and safe holding environment for clients.	4.50	1.18	5.56	.56	1.06
5. Help clients feel like they are safe to share emotions with you.	4.53	1.16	5.65	.54	1.12
6. Validate client successes to increase their self-confidence.	4.47	1.16	5.65	.54	1.18

Preparedness to Counsel Crises Clients

At the beginning and completion of the semester the participants were asked to provide open-ended responses to the following qualitative question: "How do you feel about your capabilities to successfully support a client in crises?" Before the course started, participants felt that they either did not possess the required knowledge and/or skills (38.9%) necessary to be an effective counselor for a client in a crisis situation or they believed that they possessed enough confidence because of the knowledge acquired in the previous two and a half years in the master's counseling program (38.9%), personal experiences in their own lives and/or lives of family/friends (16.7%), or already had professional experience in the counseling field (5.6%). At the completion of the semester, 100.0% of the participants reported having the confidence necessary to counsel a client who has experienced a crisis situation due to the knowledge and training they received during the Crises Intervention course. Not surprising, the post-responses reflected much more confident counseling students, even for those who were self-efficacious in their abilities from the beginning of the semester.

Discussion

The results of this study suggested that a relationship exists between having a sense of preparedness and the perceived self-efficacy of beginning counselors regarding their ability to effectively handle crises interventions. These findings are aligned with the previous research (CACREP, 2009; Cavaiola & Colford, 2011; Granello, 2010; Jackson-Cherry & Erford, 2014; Query, 2010; Webber & Mascari, 2009, 2010), which support the need for beginning counselors to participate in designated, organized coursework in crisis intervention theory and practice. Throughout the university's counseling program, all counseling students were introduced to a wide range of issues that could potentially become crises situations. The crisis intervention course was offered at the end of the 48-hour program, concurrent with the last semester of internship. Data collected prior to the beginning of the course indicated counseling students felt they had some level of proficiency in addressing crises situations.

However, after the counseling students were exposed to concrete theoretical models, opportunities for extensive discussion and role play, encouragement to use flexibility and informed judgment in selecting appropriate strategies to address culturally and community specific crises, and time devoted to discuss the "Hows" and "What Ifs" of crisis intervention, the counseling students were significantly more confident in their ability to support clients during times of crisis. The pre/post instruments administered in this study provided strong evidence that the crises intervention course significantly impacted the confidence levels of the counselors who participated in the course.

One implication of these findings for counselor preparation is that self-efficacy may be a critical variable in the perceived sense of preparedness felt by beginning counselors faced with crises situations. Coursework and professional development efforts should make every effort to embed opportunities for experiences that will improve the confidence levels of their participants. Better preparation will ensure that beginning counselors enter their client environments secure in their beliefs that they are able to handle crises situations. Future research should examine the impact of the crisis curriculum on not only the perceived preparedness of the beginning counselors, but also on their own personal experiences as they encounter clients during crisis situations in the field. Additional studies that explore other factors that could influence the perceived sense of preparedness and self-efficacy of beginning counselors could positively impact the design and development of effective counselor training program and professional development initiatives.

Conclusion

The term "crisis" can be defined in conjunction using the Chinese symbols for danger and opportunity, but can also be defined using the Greek word kinetin meaning "to decide" (Cavaiola & Colford, 2011). Counselors must be prepared to address the demands of the profession (Allen et al., 2002) by making decisions about how to best support their clients. Although most crises such as domestic violence, divorce, sudden death, rape, or assault could be described as universal across cultures (Dykeman, 2005), even local crises can require counselors to improvise and make decisions about prepared response plans based on the nature of the crisis as well as the community's needs and norms.. Counseling students who studied a variety of theoretical strategies for approaching various crises, assessed the realities associated with their prospective client base, and tentatively planned flexible intervention models that could potentially best

support their client base felt confident in their abilities to make effective decisions and take appropriate steps to support clients during crisis situations. The content presented in this crisis training curriculum enhanced the student's self-efficacy related to appropriately responding to client needs during crisis situations.

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