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The Impact of a Counseling Techniques Course on Self-Efficacy and Stigma

Allison Crowe, Richard Lamb, Janeé Avent Harris, Loni Crumb, Syntia Santos Dietz

Abstract: Authors analyzed data from counseling trainees in a skills course to examine self-efficacy and stigma. It was hypothesized that self-efficacy would increase, self-stigma would decrease, and increased self-efficacy would decrease self-stigma in CTs. Increased self-efficacy was statistically significant, but self-efficacy changes did not predict decreased self-stigma. Increased self-efficacy was predictive of self-stigma related to help-seeking. Authors offer implications for counselor educators and counselors.

What is the public significance of this article? This study suggests that self-efficacy increases in counseling trainees across a clinical skills course, and that this self-efficacy also predicts the stigma trainees felt about seeking help for a mental health concern. Although it was expected that a skills course would help increase self-efficacy, the study suggests that increased self-efficacy does not relate to the stigma that trainees feel about mental health treatment.

Keywords: self-efficacy, self-stigma, help-seeking, mental illness, counselor trainees

Self-efficacy has long been touted as one of the most important factors influencing counselor development, with over 20 years of literature and research to support its impact (Bandura, 1989; Barden & Greene, 2015; Goreczny et al., 2015; Larson & Daniels, 1998; Midgett et al., 2016; Mullen et al., 2015). Self-efficacy, or the extent to which an individual believes they can master a particular skill (Bandura, 1989), is one component of Bandura's (1997) social cognitive theory and plays an important role in behavior performance (Parikh-Fox et al., 2020). Counselor self-efficacy describes a counselor's beliefs about their ability to provide counseling services in the future (Larson & Daniels, 1998). Because of the central role it plays in counselor development, self-efficacy of counselors has been studied longitudinally during preparation and training (Goreczny et al., 2015; Mullen et al., 2015), with it shown to increase as counselor trainees (CTs) progressed through training programs.

A particularly important component of counselor training involves clinical skill development (Swank

et al., 2012), usually first achieved in a counseling skills and techniques course that is completed before CTs begin the practicum or internship experience. Required as part of clinical training for most master's-level counseling programs, skills courses are practice-based and experiential in nature so that CTs can practice basic therapeutic skills and gain experience and confidence in using these with clients (Meyer, 2015). Self-efficacy has been studied before and after completion of a skills and techniques course (Meyer, 2015) and results demonstrated a significant improvement in self-efficacy during the academic year, suggesting that a counseling skills course can assist with increasing CTs' self-efficacy. This study, along with other counseling literature (Goreczny et al., 2015; Mullen et al., 2015), suggests the important role that self-efficacy plays for those training to be counselors. Relatedly, other counseling scholars (Barden & Green, 2015; Midgett et al., 2016) have looked at self-efficacy as it relates to skills or counseling competencies (e.g., multicultural competence, group leadership). The

current study builds on this body of literature with a look at how self-efficacy may change over the course of a techniques class, and how an increase in self-efficacy might impact other attitudes in CTs.

Another variable that has recently been explored in practicing counselors, CTs, and the general population is the attitude related to mental health concerns and help-seeking, also referred to as stigma (Crowe & Averett, 2015; Crowe et al., 2017; Crumb, Taryne, et al., 2019; Mullen & Crowe, 2017; Smith & Cashwell, 2010, 2011). Many counselor training programs suggest that CTs become clients themselves (Crowe et al., 2020) to reduce stigma, increase self-awareness, and reflect on their own mental health before practicing clinically. Self-stigma or stigma that is internalized about having a mental illness and seeking treatment when a mental health issue arises are both present in professional counselors, as counselors are not immune to the stigmas found in the general population (Crowe & Averett, 2015, Crowe et al., 2017; Mullen & Crowe, 2017; Smith & Cashwell, 2010, 2011). While this research suggests that CTs and professional counselors are not invulnerable to stigma, and that self-stigma, or the stigma that one internalizes (Vogel et al., 2006), is present in CTs, how a techniques class might impact stigma and how self-stigma might change as a result of increased self-efficacy in CTs enrolled in a counseling techniques course remain unknown.

Therefore, the current research offers a first look at changes in self-efficacy and self-stigma in CTs before and after a counseling techniques course. The following section describes the counseling literature on self-efficacy and stigma among CTs.

Counselor Self-Efficacy

Self-efficacy, or a counselor's beliefs about their ability to provide counseling services (Young, 2017) has been studied in CTs longitudinally throughout the trajectory of a counselor preparation program (Goreczny et al., 2015; Mullen et al., 2015). Mullen and colleagues (2015) assessed self-efficacy at three points in time and found that self-efficacy increased as CTs progressed in the graduate degree program. Similar results were found when Goreczny et al. (2015) studied self-efficacy in

CTs prior to entry into counselor training, at the beginning of the program, and after they had completed one semester of clinical practice. These improvements in self-efficacy make conceptual sense, as CTs gain both knowledge and skills as they progress in a program, and therefore self-efficacy naturally increases over time as these developmental changes occur.

Other counseling scholars have looked at competencies as they relate to self-efficacy and differences related to demographics among CTs. Barden and Green (2015) examined the relationship between counselor education students' multicultural counseling competence (MCC), multicultural counseling self-efficacy (MCSE), and demographic information (gender, ethnicity, and level of education). Results revealed that gender and ethnicity of CTs did not impact MCC or MCSE, although time in the training program did impact multicultural competence and knowledge (those who had been in the program longer had higher levels). In a similar investigation of CTs' self-efficacy, Midgett and colleagues (2016) explored the impact of a service-learning project on group leadership self-efficacy and multicultural competence. Before and after participating in a theater production related to oppression, power, and privilege, CTs completed a pretest and posttest measure that assessed group leadership self-efficacy, multicultural knowledge, and multicultural awareness. Results revealed a significant improvement in leadership self-efficacy and a trend toward a significant difference in multicultural knowledge, but no significant change in multicultural awareness.

Perhaps the research most closely related to the current investigation on self-efficacy in CTs is Meyer's (2015) examination of self-efficacy over the course of a semester-long counseling skills course. Participants were enrolled in a rehabilitation counseling Council on Rehabilitation Education (CORE)-accredited program and were either campus-based or distance education students. All students took the techniques course in the first year of the training program before beginning their practicum, and they took a pretest during the first class and a posttest during the last week of the semester.

Results were significant related to changes in increased self-efficacy over the semester, although there were no significant differences related to on-campus and distance education students, suggesting that how the course was delivered did not impact self-efficacy. Although this study examined self-efficacy changes as a result of a techniques course, it is important to note that there might be differences in the content of the course, as this study was conducted with a CORE-accredited program, which differs from a counseling program in regard to professional discipline. Moreover, the study sample size ($n = 39$) was small; thus, a larger sample of CTs enrolled in a Council for Accreditation of Counseling and Related Educational Programs (CACREP)-accredited program will add to the extant literature on self-efficacy changes as a result of a techniques course in CTs.

Counselor Self-Stigma

Another component of counselor training involves the notion of developing personal self-awareness before one begins clinical work with clients and students. Many counseling programs recommend that CTs become clients themselves in order to “know thyself” and examine any mental health concerns, and the stigma one has about mental health concerns (self-stigma) that may impede their ability to work therapeutically with others (Crowe et al., 2020). Although CTs may struggle with many of the same mental health concerns as those in the general population, authors (Mullen & Crowe, 2017) have uncovered stigma, or stereotype, biases and negative attitudes related to both having a mental health concern and seeking treatment for such concerns when they arise.

In the counseling literature, (Smith & Cashwell, 2010, 2011) CTs have been compared to other types of mental health professionals-in-training to see if professional identity, among other factors, might contribute to stigma. Smith and Cashwell (2010) explored attitudes of practicing counselors, social workers, psychologists, and non-mental health professionals, as well as trainees in each discipline. Their results suggested that mental health trainees and professionals had less stigma than non-mental health trainees and professionals. Those mental

health professionals who were in supervision had more positive attitudes than those who were not in supervision, suggesting the efficacy of ongoing supervision on attitudes toward mental illness. In a similar study (Smith & Cashwell, 2011) on social distance (the proximity one desires in various social situations) related to mental illness, mental health professionals and trainees desired less social distance from adults with mental illness than non-mental health professionals and trainees. Additionally, counselors and psychologists desired less social distance than social workers and non-mental health professionals, suggesting professional orientation might make a difference in desired social distance toward those with a mental illness.

Since these earlier studies, authors (Crowe & Averett, 2015) have also explored qualitatively how CTs and those who are practicing believe their training programs and postgraduation clinical experience impacted attitudes toward mental health concerns. Related to the influence of educational program, participants' perceptions varied: some believed that the program did not have an impact on their attitudes at all while others felt it assisted with increasing their knowledge about mental illness, their awareness about problems and needs, and/or their empathy and tolerance. Some believed it aided the development of a person-first, nondiagnostic perspective about mental health concerns, and/or a strengths-based perspective about mental illness, and even critically deconstructed the notion of mental illness in order to examine social powers and other influences of behavioral norms.

The most recent research (Crowe et al., 2020) on self-stigma as it impacts those in the counseling profession explored stigma related to mental health concerns, knowledge about mental health, and how these impacted stress and satisfaction among 145 practicing counselors. Findings from this research indicated that higher levels of self-stigma and negative attitudes toward help-seeking predicted greater levels of stress and less life satisfaction, while mental health knowledge did not predict stress or life satisfaction. These results suggest that stigma impacts both stress levels as well as overall satisfaction, making it worthy of further exploration among counselors and CTs.

Careful review of the counseling literature revealed no studies that examined the relationship between self-stigma and self-efficacy among CTs in terms of how levels of stigma might be impacted by increased self-efficacy during a counselor training program. Furthermore, while the current research suggests that stigma is indeed present in those within and outside the counseling and related mental health fields, still unknown is the potential impact a counseling techniques course might have on stigma and self-efficacy among CTs enrolled in a CACREP-accredited counseling program.

Purpose of the Current Study

Therefore, the current study offered a first look at changes in self-efficacy as a result of a counseling techniques course in a CACREP-accredited master's-level training program. Self-stigma about mental illness and stigma of seeking help for a mental illness were also assessed. Self-efficacy changes across a semester were tested to examine whether this impacted self-stigma. It was hypothesized that self-efficacy would increase, self-stigma would decrease, and increased self-efficacy would decrease self-stigma in CTs over the span of a counseling skills course.

Method

This study made use of multiple paper-and-pencil measures to understand specific latent constructs and their relationship to one another. The authors examined how counselor self-efficacy in CTs' predicted stigma related to mental illness in oneself and mental illness help-seeking in oneself as they matriculated through a counselor education program.

Design

Researchers in this study used a one group, pretest–posttest change score correlational design to quantify changes in counselor self-efficacy and mental health stigmas. Pretest and posttest measures occurred at the beginning and end of the following semesters: Fall 2016 ($n = 28$), Summer 2017 ($n = 11$), Fall 2017 ($n = 24$), Fall 2018 ($n = 28$), and Fall 2019 ($n = 25$), for a total of 116 participants. The use of pretest and posttest allows for within-group comparisons of attitudinal changes related to the

Table 1

Sample Characteristics

Characteristics	Number in Study
African-American	27
Latinx	3
White	81
Other	4
Male	10
Female	104
Nonbinary	1
Other	0
18–20 Years Old	2
21–22 Years Old	50
23–25 Years Old	34
26–28 Years Old	13
29 or Older	28

variables of interest. However, despite this advantage, the pretest–posttest design is prone to threats related to internal validity such as regression to the mean and sensitization (Lamb et al., 2019). To reduce sensitization associated with this design, more than 2 weeks passed between pretests and posttests, and aspects of class related to the measures were not overly emphasized. These steps helped to reduce sensitization and carryover effects (McCaleb et al., 2008).

Participants

Participants ($n = 116$) taking part in this study were chosen through a nonprobability sampling method using specific selection criteria. Selection criteria consisted of the following: (a) Year 1 students enrolled in a counselor education program; and (b) in good standing within their program. Specific demographics for the sample are shown in Table 1.

Data Collection

Data for this study were collected at the beginning of each of the four semesters. Instruments were distributed during the first week of class and students were given 20 minutes to complete questionnaires. Participants were asked not to discuss the questions or answers with one another. If students were unsure of the question, they could raise their

hand and the course instructor would assist by explaining the question. Responses and questionnaires were collected at the end of 20 minutes. Posttest responses were completed on the last day of the course using the same method. Participants could opt out at any time. The course used the same textbook, syllabus, course materials, and assignments throughout the study time. The course was taught by the first, third, and fifth authors of the current paper. Therefore, although the instructor differed depending on the semester the student was enrolled, continuity of instruction was relatively stable.

Measures

The selected instruments for this study were a measure of counselor self-efficacy related to counseling skills and techniques, a measure of stigma associated with one's own mental illness, and a measure of stigma associated with one's own seeking of mental health treatment. The total survey consisted of four sections: The first was a four-question, open-ended demographic question section. The second section was a nine-question self-efficacy measure taken from the required textbook in the course (Young, 2017). The scale uses a 10-point scale ranging from 1 (not at all confident) to 10 (very confident). High scores were consistent with higher levels of self-efficacy. Internal consistency and reliability for this measure in this study pretest is alpha equal to .84 (adequate), and posttest alpha equal to .86 (adequate). This assessment was found in the textbook used for the counseling techniques course (Young, 2017) and the present study's authors simply copied the items from the textbook to assess this in CTs. Although the assessment had not been used in previous studies, the authors chose to include it as a formal measure to investigate its potential as a formal measure of self-efficacy in CTs. The third and fourth section included two measures that assessed self-stigma — both valid and reliable instruments that are established in the literature and are described next.

SSOMI. The Self-Stigma of Mental Illness Scale (SSOMI; Tucker et al., 2013) was used to assess self-stigma of mental illness. The SSOMI is a 10-item, one-dimensional self-report measure that as-

sesses a person's internalized stigma related to having a mental illness. Respondents rated their level of agreement to 10 statements regarding mental illness on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Some sample items included "I would feel inadequate if I had a mental illness," "I would feel okay about myself if I had a mental illness" (reverse-coded), and "If I had a mental illness, I would be less satisfied with myself." Total scores were calculated by reversing items 2, 5, 7, and 9, and then summing the items. Participants' average scores were calculated by dividing the total score by the total number of items. Higher scores on the SSOMI indicated greater self-stigma toward mental illness. The SSOMI has been used in prior studies with Cronbach's alpha values ranging from .86 to .92 (Lamb et al., 2012; Tucker et al., 2013; Vogel et al., 2006). Recent use of the SSOMI suggests the scale's strong reliability ($\alpha = .93$; Mullen & Crowe, 2017). Internal consistency and reliability for this pretest measure in this study is alpha equal to .91 (adequate), and posttest alpha equal to .90 (adequate).

SSOSH. The Self-Stigma of Help-Seeking Scale (SSOSH; Vogel et al., 2006) measures stigma one places on oneself when seeking help for mental health concerns. The scale includes 10 items such as "It would make me feel inferior to ask a therapist for help." Items are rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with half of the items reverse-scored so that a higher overall score is indicative of greater self-stigma. Vogel and associates (2006) found evidence for construct validity with scores on the SSOSH having a strong negative correlation with attitudes toward counseling ($r = -.63$; $p < .001$), a moderate negative correlation with intentions to seek counseling ($r = -.38$; $p < .001$), and a strong positive correlation with public stigma for seeking help ($r = .48$; $p < .001$). In prior research, the scores on the SSOSH have demonstrated strong internal consistency with α ranging from .79–.92 (Bathje & Pryor, 2011; Vogel et al., 2013). Internal consistency and reliability for this pretest measure in this study is alpha equal to .92 (adequate), and posttest alpha equal to .92 (adequate).

Data Analysis

Results of questionnaires were standardized using Z-scores and converted to change scores to increase the researcher's ability to compare results across questionnaires. Questionnaire responses were examined via linear regression using SPSS version 25 to examine how changes in self-efficacy predicted attitudes (stigma) related to mental illness and treatment for oneself. A priori analysis of power suggested sufficient power for a .95 probability of detection of a small effect with 45 participants for the two measured timepoints. The total number of participants for this study was $n = 116$; thus, this study had enough participants to detect effects and allowed for a greater than 10% attrition rate. Analysis of missing responses was conducted using a differential item functioning, meaning items were examined between the responding and nonresponding groups to estimate differences in item functioning of the composite items using R 4.0.0.

Results

The response rate for the pretest measures was 98.3%, with 1.7% of respondents not completing the pretest. In contrast, 55.3% of respondents completed the posttest. A response rate of 50% or

greater is considered acceptable for paper-and-pencil-based surveys administered at the end of a course (Denniston et al., 2010). More importantly, despite the relatively lower response rate on the posttest, the number of respondents was sufficient to maintain statistical power for the analysis used in this study. A random sampling of the missing participants suggests that the missing responses did not significantly differ from the collected responses based upon differential item functioning effect sizes (DIF = .015). DIF effect sizes less than .1 logit are considered acceptable (Rouquette et al., 2019). Figure 1 illustrates a visual comparison of the pretest and posttest results for each of the constructs of interest. Visual examination of Figure 1 suggests an increase in self-efficacy and a decrease in both forms of self-stigma.

Examination of the changes between pretest and posttest scores illustrated a statistically significant difference between pretest and posttest results across all semesters. These results are presented in Table 2. Linear regression was used to predict outcomes related to self-stigma of mental illness and self-stigma of help-seeking from perceived counselor self-efficacy. While changes in self-efficacy across the semester illustrated significant differences between the pretest and posttest, these

Figure 1

Score Comparison of Pretest and Posttest Results for the Variables of Interest

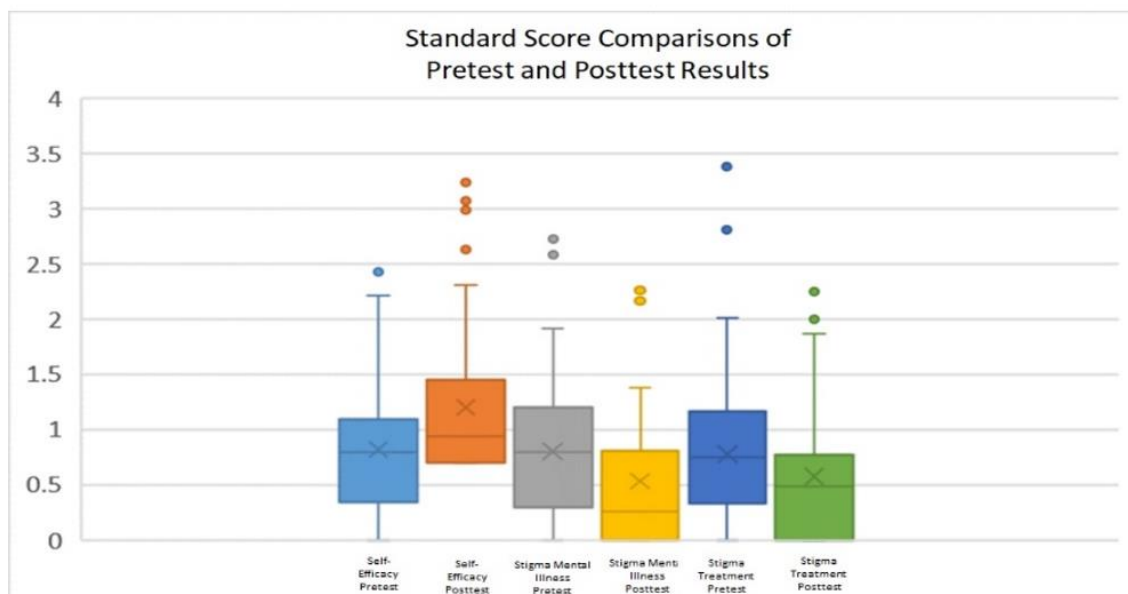


Table 2*Comparison of Pretest and Posttest Results for the Variable of Interest*

Measure	Mean Dif	SD	Lower	Upper	t	df	p	d
Self-Efficacy	4.95	7.44	6.67	3.22	5.71	73	<.001	1.33
Stigma Self (MI)	4.57	1.90	4.32	3.81	3.77	73	<.001	7.20
Stigma Self (Help-Seeking)	3.90	6.72	2.42	5.38	5.26	81	<.001	1.23

changes did not translate as predicting changes in self-stigma of having a mental illness. However, changes in self-efficacy *were* predictive of a change self-stigma related to mental health treatment-seeking with $F(1,72) = 4.21, p = .044$ with an r^2 of .089, meaning 8.9% of the variance in the changes in stigma attitude is accounted for by changes in self-efficacy. Considering the wide variability of factors affecting attitudes, accounting for 8.9% of the variance is considerable. Outcomes of the analysis illustrate that for every 1.85-point change in self-efficacy related to counseling, there was a 1-point reduction in the self-stigma for seeking mental health treatment. This suggests that self-efficacy relates to self-stigma differently — assisting with the stigma one holds about seeking treatment for a mental health concern but not appearing to impact self-stigma related to having a mental illness.

Discussion

The current study focused on the effects of a counseling skills course on self-efficacy and self-stigma related to mental illness. Study results suggested that a graduate-level counseling techniques class had the potential to positively impacted self-efficacy from pretest to posttest. This discussion section offers a summary of the current results, an analysis of how these findings align with existing literature, and an overview of new contributions to the counseling field.

Self-Efficacy and Self-Stigma in Counseling Trainees

The results of the current study indicate that learning and practicing therapeutic skills appears to improve the beliefs CTs hold about their ability to work in a variety of ways with clients. This finding is consistent with the literature that has examined

self-efficacy among CTs over the course of a counseling program (Goreczny et al., 2015; Mullen et al., 2015). In these previous studies, self-efficacy increased over time, as measured prior to entry into counselor training, at the beginning of the program, and after completion of one semester of clinical experience. The current study suggests that self-efficacy also increases during a semester-long counseling skills class. These findings are similar to those of Meyer (2015), but the current study was conducted within a CACREP-accredited program with a larger sample, thus adding to the extant literature on how self-efficacy might develop over time among graduate-level counseling students.

A course in counseling techniques also appeared to decrease both types of self-stigma — of having a mental illness and of help-seeking. Learning and practicing skills, and perhaps the self-awareness (“know thyself”) content from the course may have impacted negative beliefs about having a mental health concern and seeking treatment. This study was the first that the authors are aware of that examined a skills-based class and its impact on self-stigma among mental health professionals in training. Results are positive and suggest that self-stigma might be improved among CTs over a 15-week semester, and that a techniques course has the potential to decrease biases, assumptions, and stereotypes about mental illness and help-seeking that mental health professionals hold within themselves. It is not clear what portion of the course content might assist with decreasing this stigma, but it can be assumed that stigma did change as a result of participating in the course, which is promising.

The current study expanded on existing literature by also exploring the relationship between self-stigma and self-efficacy in CTs. Previous research has suggested that mental health professionals and

those in training reported less self-stigma as compared to other nonmental health professionals (Smith & Cashwell, 2010). This study, which focused exclusively on CTs, suggests that self-efficacy related to the two types of self-stigma in different ways. Self-efficacy improved self-stigma of seeking help; however, self-efficacy did not impact self-stigma of having a mental illness in the same way. Perhaps these results suggest that self-stigma of having a mental illness is more difficult to change and is more deeply ingrained than the self-stigma one feels about seeking mental health treatment. Another possibility could be that a techniques course has content that more closely aligns with the topic of seeking help, and therefore helps to raise awareness of the importance of seeking help as a counselor. Perhaps this normalizes it in some way that it does not for mental illness. Previous researchers have posited that these two types of self-stigmas are conceptually different (Tucker et al., 2013), although they are both stigmas that one feels toward oneself. This seems to be the case among counseling students as well, since self-efficacy impacted them differently.

As a result, it is also important to consider the potential impact of cultural identities on participants' expression(s) of self-stigma. Researchers have found that individuals from historically marginalized, oppressed, and underrepresented populations (i.e., African Americans, Latinx, residents from rural communities) tend to experience stigma related to seeking mental health services (Crowe & Kim, 2020; Crowe et al., 2020; Fripp & Carlson, 2017). This is especially important when studying counselors-in-training, as they will be working with clients in the future and their perceptions may have a significant impact on perpetuating or decreasing stigma.

Implications for Counselor Educators

Results from this study offer guidance for counselor educators to support CTs' well-being and skill development by exploring self-stigma of mental illness, self-stigma toward help-seeking, and the development of self-efficacy in a counseling techniques course. The implications discussed may help CTs provide more efficient mental health services

while in their programs as well as in their postgraduate careers. It is vital that CTs acknowledge and address any mental health concerns that may impede their ability to work therapeutically with others during and after their training programs. Thus, counselor educators should emphasize to CTs the importance of being willing to seek professional help for themselves if needed. This starts with creating a program climate that is nonjudgmental and normalizes help-seeking behaviors.

Counselor educators should also consider having open conversations from the outset of skills-based classes about the importance of seeking professional counseling services if needed. These conversations should be grounded in positive, strength-based perspectives about help-seeking rather than pathological and deficit-oriented. Instructors in skill-based courses could intentionally integrate assignments or literature in the first weeks of a course that address self-stigma and help-seeking for those in professional roles, allowing CTs to explore self-stigma and their personal attitudes toward help-seeking. Counselor educators must also be cognizant of culture-specific stigma and helping-seeking behaviors, and present literature that reflects such characteristics (Crowe & Kim, 2020). For example, help-seeking behaviors can be minimized in certain cultures or influenced by the CTs' race, ethnicity, or gender. Moreover, CTs may relate personal struggles with mental illness to being less intelligent and competent (Crumb, Crowe, et al., 2019), which may perpetuate self-stigma, stymie help-seeking, and hinder the development of self-efficacy.

Counselor educators should provide CTs with both on- and off-campus resources for mental health support to encourage help-seeking. On-campus resources may be more affordable and convenient for CTs due to their student status, while off-campus resources may offer CTs an added level of privacy. These resources should be accessible to students taking courses on campus and those in distance education.

Finally, given the results of this study, the authors propose that frequent and ongoing conversations, consultations, and formalized supervision sessions are useful to help CTs explore self-stigma and

buttress self-efficacy. As found by the authors (Crowe et al., 2020), these interactions with other mental health professionals help to explore various biases, stigma, feelings of hopelessness, and new clinical interventions. Finally, it is important that counselor educators expose CTs to an array of client populations and client concerns in counseling techniques and other skill-based courses. Such diverse exposure is important to develop CTs' self-efficacy and skills relevant to efficacious work with diverse client groups and concerns (Barden & Green, 2015; Midgett et al., 2016).

Limitations and Future Directions

This study is not without limitations. Findings were confined to counselor education master's-level students at one southeastern university in the United States. The sample size, although adequate for analysis ($n = 116$), could have been larger to allow for greater statistical power. Participants in the study were mostly white women, as is typical of counseling programs; therefore, minorities and men may not have been represented, thus limiting generalizability. All students taking the course during Fall 2016–2019 semesters were invited to participate in the study. Although most students completed the course in fall semesters, the course was also offered in a shortened summer semester format. Thus, the time between pretests and posttests was shorter during the summer session, which may have influenced students' responses. Additionally, instruments were administered by three different faculty members, during different semesters and academic years, which may have influenced the data collection process. Course assignments and activities could have impacted participants differently, and due to the small sample size, this could not be controlled for to examine each impact on CT's self-efficacy and stigma. Furthermore, the self-efficacy measure used in the study (Young, 2017) demonstrated adequate internal consistency, thus results should be interpreted with caution. Because the scale itself has not been tested before in a validation study, and there's no validity evidence supporting its accuracy as a measure of self-efficacy, researchers may consider examining its psychometric properties.

A pretest–posttest correlational design was utilized in this study. This research design is prone to threats related to internal validity, such as regression to the mean and sensitization. In order to reduce the risk of sensitization, more than 2 weeks passed between data collection, and the measures were not overly discussed in class. These steps helped to reduce sensitization and carryover effects (McCaleb et al., 2008). Additionally, although the number of respondents was enough to maintain statistical power, the response rate on the posttest was lower than on the pretest. The reliance on self-reported data is also a limitation of the study. Finally, it is possible that stigma and self-efficacy were improved because of a different course that participants completed during the semester, or a combination of courses during the time period. Nevertheless, this study provides relevant findings regarding the impact of techniques training on self-efficacy, self-stigma of seeking help, and self-stigma of having a mental illness in counseling trainees.

Findings of this study and its limitations offer opportunities for future research. Replicating the study with a larger and more diverse sample, potentially from different institutions and locations, may offer new perspectives regarding self-efficacy and self-stigma in counseling trainees. Other skills-based courses with participants at different developmental stages in the program, such as during a group counseling course, may be worth exploring, particularly regarding self-stigma, as less is known about how counselor training may impact such stigma. Researchers might also consider other quantitative research methodologies, such as true experimental designs. As it was beyond the scope of the current study, qualitative inquiries on the topic should be explored to add to the understanding of the impact of techniques training in the self-efficacy and self-stigma of counseling trainees. Finally, further examinations of self-efficacy and self-stigma of having a mental illness may be a valuable addition to the existing body of knowledge in this area, as these investigations may uncover more information about the relationship between these two variables.

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