Counselor Trainees' Development of Self-Efficacy in an Online Skills Course

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Abstract

COVID-19 significantly changed the parameters and imaginations of those in higher education. Face-to-face courses swiftly transitioned to completely remote learning; though, that came with many anxieties in relation to students' competency levels in practicing counseling skills. The results of this study found that students' self-efficacy significantly increased after participating in an online skills course. A total of 39 graduate-level clinical mental health counseling students completed both the pre and post-test questionnaires, and findings showed that completing the online skills-based course was important in improving self-perception of increasing one's skills, $t(38)$ = -5.088, p < .000.

Keywords

self-efficacy, counselor-in-training, online, skills

Author's Notes

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After COVID-19 swept the world in March 2020, many counseling programs were forced to move their education programs online, at least temporarily. This resulted in many programs with looming questions pertaining to distance education as well as the lasting impacts that this will have on their students' skills and knowledge. While content courses may have been less challenging to be taught remotely, skills courses were still a foreign concept. Early research examined concerns regarding the effectiveness of skills-based courses offered online (Wantz et. al., 2003); however, as online programs increased, this became less of a concern. More recently, research emphasized online training and counselor trainee's perceived self-efficacy (Meyer, 2015; Roth et al., 2019). In the current study, we investigated self-efficacy of counseling students enrolled in a skills-based course to examine areas of concern and strengths that can be incorporated into the development of curriculums for skills-based online counseling courses.

Self-Efficacy

One of the most widely accepted precursors to a practitioner's competency is their self-efficacy (Kozina et al., 2010). Self-efficacy is the degree to which an individual considers themselves capable when performing in a particular activity or working to achieve a certain goal (Bandura, 1977). In other words, self-efficacy is an individual's belief in their abilities to not only complete a task or goal but also how well they can do it. Bandura (1997) found that an individual's self-efficacy can be altered through four primary sources: (a) personal performance accomplishments, (b) vicarious learning, (c) social persuasion, and (d) physiological and affective states. These four factors can have a positive or negative influence on an individual's self-efficacy.

When applying Bandura's concept of self-efficacy to the academic setting, it refers to a student's belief in their ability to not only accomplish, but also succeed on an academic related task (Bandura, 1989). For example, this may be a student's belief in their ability to not only

complete a presentation in class, but to do so in a manner that will earn them a high grade. When a student experiences success in completing an assignment or academic task, they are more likely to develop positive beliefs about their own abilities. However, if the student has to overcome obstacles to accomplish the assignment or task, they may develop even more self-confidence due to preserving when activities were difficult.

A student's self-efficacy can be altered through vicarious learning and social persuasion. Vicarious learning occurs when an individual observes others complete a similar task (Bandura, 1962). The more similar the individual is to the person who they are observing, the more likely that their self-efficacy will increase and they will be successful. Vicarious learning may occur in a classroom when students observe their peers. Social persuasion can also influence a student's self-efficacy. The more genuine and realistic the encouragement is from an instructor, the more likely the student will believe they can successfully complete the task. If the persuasion seems disingenuous, the individual may not develop self-confidence in their abilities.

Finally, self-efficacy can be impacted by one's physiological and affective states. Often, individuals rely on their physiological and emotional conditions to judge their capabilities. If the student experiences a physiological response like tension or physical stress related to a task, their self-confidence may be negatively impacted. Alternatively, if they experience positive feelings towards a task, they are more likely to feel confident in their abilities (Bandura, 1962).

Counseling Self-Efficacy

Self-efficacy remains a central construct of counselor competency (Barnes, 2004). It is the therapist's belief or judgment about their ability to effectively counsel a client in the future (Larson & Daniels, 1998). Self-efficacy can be influenced by a variety of precursors to include: previous positive experiences, observing others effectively demonstrate counseling skills, positive feedback

and encouragement from instructors and supervisors, and by effectively managing their physiological and affective states (Bandura, 1997). Furthermore, studies found that individuals who have more counseling experience have higher levels of self-efficacy (Pechek, 2018; Barbee et al., 2003).

If counselor self-efficacy is an influential component to one's competency, it behooves counselor education programs to explore this topic in more depth as well as identify strategies to increase counselors'-in-training (CIT's) self-efficacy. When applied to counselor education, self-efficacy is a CIT's confidence to effectively manage a session, navigate their role as the counselor, deliver appropriate helping skills to a client (Lent et al., 2009), and properly utilize clinical supervision (Bernard & Goodyear, 2014). Specific strategies that impact the CIT's self-efficacy point to the importance of frequent supervision (Barnes, 2004; Pamukcu, 2011), along with a positive supervisory working alliance (Hanson, 2006). Furthermore, Watson (2012) found that students with higher levels of self-efficacy experienced less anxiety; therefore, it can be suggested that working with students to identify, process, and work through any physiological or emotional responses to being in the counseling session may help increase their self-efficacy.

Online Learning

Since many of the strategies that increase self-efficacy are most likely supported in counseling skills courses, programs must look at how these courses are taught. Traditionally, many counselor educators believed that skills courses should not be taught online. Due to the fact that the profession relies on relationship-building skills as a key curricular component of the academic training, it was believed that these courses needed to be face-to-face (Murphy et al., 2008). Even though literature from related disciplines did not find a difference between face-to-face and online learning (Stark Education Partnership, 2015), the stigma remained. A major turning point was

when COVID-19 swept across the world and counselor education programs were forced to teach all of their courses, including skills, online. While there was a lot of research supporting asynchronous modalities for online learning, there was a paucity of research to support teaching skills courses online.

Advancements in Technology & Skill Development

While the abrupt transition in 2020 to online learning posed its own challenges for many counselor education programs, advancements in technology allowed for the transition occur. Additionally, technological advancements have assisted CIT's developing counseling skills, as well as a means to serve future clients through telehealth services. As such, advancements in technology have dramatically shifted the focus of online counselor education programs and will likely continue to impact the way CIT's development necessary skills to be effective counselors. Snow and Coker (2020) suggest that the way future counseling students learn and serve clients will become critical skillsets for future counseling in the 21st century.

Advancements in technology will continue to play a vital role in counselor education, especially for programs that prove to be flexible and innovative. While programs like Google Hangout and Zoom have seen a dramatic increase in counselor education programs since the onset of COVID-19, more programs are accessing newer and more technologically advanced programs to enhance their skills based curriculum. One of the more innovative technologies in online skills courses includes artificial intelligence (AI). AI was first introduced in the 1950's but took over a half century to grow in popularity (Haenlein & Kaplan, 2019). While AI technology is more of a part of today's world through commercials, social media, and marketing, it is increasingly finding its way into counselor education program as predicted by Riva and Vincelli in 2001. Virtual Reality (VR) is another recent advancement in technology that is gaining popularity in online skills

courses. When used in online skills courses, VR can create a heightened sense of reality that surpasses that of typical role plays and demonstrations (Coker et al., 2021). However, the cost associated with software like AI and VR may exceed that of many counselor education programs. Perhaps with time, the costs associated with these types of software may become more readily available and therefore more affordable. Until that occurs, it is imperative that counselor education programs incorporate best practices in their current online skills courses with the technology they are currently using.

Best Practices in Online Counselor Education

Despite the advancements in technology and the substantial increase in online counselor education programs over the last decade, the research on the effectiveness of online counselor education programs remain limited (ACES, 2016). While research remains limited, the Association of Counselor Education and Supervision (ACES) provides best practices in online counselor education programs. However, it is important to note that no clear guidance is given in how to teach online skills courses. First, ACES recommends that online instruction include an awareness of the counseling student's roles and responsibilities, while also delivering course content in a way that is both meaningful and relevant for the student (ACES, 2016). Additionally, having an instructor who is an active participant in the course, provides timely feedback, and clear expectations for assignments are related to best practices of online educators (Dixon, 2010; Edwards et al., 2011).

Researchers also found that instructors who include learning activities that promote student interaction and a sense of community in the online setting are exemplary online teaching approaches (Lee, 2008; Cole & Kritzer, 2017). Moreover, Fominykh et al. (2015, 2018) stated that reflective learning, experiential learning, role playing, and performance capturing are impactful

pedagogies within the counseling field. Reflective learning allows students to acquire the experience (behaviors, ideas, and feelings), understand the reflective process (returning to experience, attending to feelings, and reevaluated the experience) and review the outcomes (understand new perspectives on experience, change in behavior, readiness for application, commitment to action; Fominykh et al., 2018). When considering the impact of role-playing, Craciun (2010) found that diverse dialogue skills were acquired, which allows students to gain a wealth of information from these direct learning experiences (Morozov et al., 2012). When students are engaged in the material, they are more successful in college and in life (Dutta, 2018).

Despite the abundance of research showing that direct experience and/or role-playing activities increase self-efficacy of CITs, evaluating skills-based courses in a distance-education program would allow for an assessment on its effectiveness in increasing self-efficacy of CITs. As such, it would be imperative for online counselor educators to immerse themselves in the online experience with their students and to exhibit high levels of engagement. In addition, counselor educators must be aware of best practices not only in online teaching, but also in how to increase counseling students' self-efficacy during these particular courses. While many theoretical approaches exist, one theory in particular lends itself to working with adult learners in the online setting. In addition, there is overlap between Bandura's concepts of self-efficacy and the Adult Learning Theory.

Theoretical Approach

Adult Learning Theory

While there are many lenses to view counselor development through, Adult Learning Theory not only has its application with today's adult learners but can also be applied in multiple educational settings. Adult Learning Theory can be applied to either traditional brick-and-mortar

programs or to 100% online counselor education programs. The theory includes several key concepts. First, Adult Learning Theory suggests that adult learners need to be invested and to take responsibility for their learning (Knowles, 1980). As such, it is important for counselor educators to consider not only the course content of their classes, but to also allow for their students to be active participants in the learning process. In addition to creating a learning environment where adult learners can be both invested and take responsibility for their learning, educators must inform students of the purpose of their learning and the application of the material. To help encourage adult learners, course material should be problem-centered and incorporate experiential learning (Knowles, 1980). Furthermore, research points to the importance that adult learners need to be invested and find meaning in what they are learning (Frey & Alman, 2003).

While it is clear that Malcolm Knowles' theory is of great benefit to educators and adult learners (Merriam et al., 2007), its application to online counselor education programs needs further attention. Specifically, counselor educators may consider how they are applying Knowle's concepts in skills courses, which could in turn impact the CIT's self-efficacy. Due to the paucity of research on self-efficacy for CITs learning skills via a remote modality, the current study aimed to examine the influence of an online counseling practice model on the self-efficacy of CITs enrolled in 100% online counseling skills courses. The primary question of interest was: Does technology-assisted counseling experiences in an online skills course impact a CIT's self-efficacy?

Method

Participants

Students enrolled in a counseling skills course at an online Clinical Mental Health Counseling (CMHC) graduate program were recruited to participate in this study. Students enrolled in the counseling skills course for both Fall 2019 and Fall 2020 semesters (4 sections

total) were recruited to participate in the study. A total of 39 students completed both the pre-test and post-test questionnaires. The average age of the student sample was 31.69 ($SD = 10.23$). The sample consisted of the following racial identities: 64.10% White (n = 26), 7.69% Black or African American (n = 3), 2.56% American Indiana or Alaskan Native (n = 1), and 9 did not indicate their racial identities. Reported gender of the sample included 64.10% (n = 25) identifying as female, 15.38% (n=6) identifying as male, and 20.51% (n=8) did not provide a response.

Measure

Participants' self-efficacy was measured with the Counselor Activity Self-Efficacy Scales (CASES; Lent et al., 2003). This scale was developed to measure three different areas in relation to one's self-efficacy: performing helping skills, managing the counseling process, and handling challenging situations. The subdomain, Helping Skill Self-Efficacy, consisted of 15 items that focused on behavioral descriptions of basic counseling skills (i.e., attending, intentional silence, reflection of feelings, etc.). The second subdomain, Session Management Self-Efficacy, consisted of 10 items that focused on one's perceived ability to manage the counseling session and process (i.e., "Keep session 'on track' and focused." "Help your client to set realistic counseling goals." "Help your client to explore his or her thoughts, feelings, and actions."). The final subdomain, Counseling Challenges Self-Efficacy, consisted of 16 items that focused on one's perceived ability to effectively work with different client types, issues or scenarios (i.e., "… is clinically depressed." "...has been sexually abused" or "…demonstrates manipulative behaviors in session."). For all domains, participants rated their confidence levels on the same 10-point Likert scale (0 = No confidence at all, 9 = complete confidence). Internal consistency for the CASES total scale was .97 with individual domains ranging from .79-.94 (Lent et al., 2003).

Procedures

Following institutional review board approval for a full review, CITs were recruited from a university in the North Central Region of Pennsylvania. Students enrolled in the advanced counseling skills course were recruited to ensure that all CITs had the same level of educational background within the program. In addition, it assured that all students received education on telemental health practices as this was included in the advanced counseling skills course. In order to recruit participants, an electronic announcement was provided in the advanced skills online course. Within the announcement, a hyperlink was included and directed volunteers to the informed consent. If they agreed to participate, they clicked on the "NEXT" button signifying consent. At that point, the students created a username (to be used for data comparison), completed demographic questions, and completed the pre-CASES. No additional information was collected to protect participant anonymity.

During the first week of class, faculty supervisors simultaneously recruited undergraduate students to be volunteer clients. Counseling faculty reached out to colleagues who taught in the social work and recreation management programs (as they were in the same department or college as the counseling program) asking if they would be willing to send out the recruitment email to their classes. The email consisted of information on the purpose of gaining undergraduate volunteers (i.e., to help the CITs gain experience providing counseling), the process of the counseling sessions (session length, use of technology for sessions, and estimated total number of sessions), and the preferred topics for counseling sessions (i.e., developmental issues or concerns). Since there was a parameter on the number of sessions, preferred topics (self-care, developmental issues, transitional issues, etc.) were provided to decrease the potential of significant deep-rooted issues to surface without sufficient time to address them. By providing this information in an email

to the undergraduate students, they were able to make an informed decision to volunteer. Undergraduate students who were interested in volunteering, clicked on the hyperlink within the email announcement, which took them to a survey to add their name and contact information. This information was used solely for faculty to partner volunteers with a CIT and to provide the CITs with the contact information of their volunteer.

Once there were enough undergraduate student volunteers, faculty supervisors randomly partnered the CITs with a volunteer. After receiving the name and contact information of their volunteer, CITs emailed them to set up an initial phone call. During the initial phone call, the CIT gained information on preliminary concerns that the volunteer wanted to address in their counseling sessions, shared what the experience would look like, and informed the volunteer that the CIT would be sending them an informed consent to read, sign, and return to the CIT prior to their initial intake session. Listed on the informed consent were specific procedures and limitations related to telemental health counseling (to include asking for the volunteer's emergency contacts and phone numbers).

After the CIT received the signed informed consent, an initial intake session was scheduled. All counseling sessions occurred via Zoom; therefore, the CIT emailed the volunteer a Zoom link and password to access their counseling sessions. During the intake session, the CIT reviewed the informed consent and asked the volunteer if they had any questions. After the review, the CIT completed a biopsychosocial with the volunteer and collaborated on initial counseling goals. At the end of the session, the CIT scheduled the following working session. Some students' schedules allowed for weekly sessions whereas other schedules only allotted for bi-weekly sessions. CITs conducted either three or four working sessions, followed by a termination session. During the termination session, the treatment plan, to include progress on counseling goals and objectives,

was reviewed and the CIT made any necessary referrals to the counseling center for additional services. At the conclusion of the semester, CITs were asked to complete the post-CASES using their same username they created for the pre-CASES.

Faculty supervision was an essential component to this process. Faculty agreed to be available via phone between 8am-8pm, Monday – Friday in the event of any crisis situation. CITs were encouraged to hold counseling sessions between those hours but if that was not possible, they were to inform the faculty supervisor prior to the session so that the faculty member could be available if necessary. In addition to completing the telemental health sessions, CITs participated in various activities and completed assignments throughout their semester. For example, they attended group supervision bi-weekly with their faculty supervisor. They completed progress notes after each counseling session, which were submitted to the faculty supervisor within 48 hours of the counseling session. CITs submitted two video tapes of entire counseling sessions for faculty feedback and showed video clips during group supervision for further faculty and peer feedback. Finally, the CIT created a treatment plan and submitted it to the faculty supervisor.

Data Analysis

A t-test for dependent groups was performed to determine if students enrolled in a Clinical Mental Health Counseling (CMHC) program perceived their counseling skills to improve after completing a graduate-level counseling skills course. Prior to examining which items were significant, a Bonferroni correction was applied to avoid possible spurious positives (Howell, 2013). The alpha level of .05 was divided by 41, and the new p-value level was .0012.

Results

All items in the pre-test questionnaire were totaled and compared to the average of the items on the post-test questionnaire. The results from the pre-test ($M = 487.64$, $SD = 79.11$) and

post-test ($M = 499.37$, $SD = 81.01$) skills questionnaire indicate that the experience was important in improving self-perception of increasing one's skill, $t(38) = -5.088$, $p < .000$. A t-test for dependent groups was also performed to compare pre-test and post-test scores on each item of the questionnaire. As shown in Table 1, results showed significant perceived improvement in attending, listening, and challenging discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is willing or unable to change.

Table 1

Results of paired-samples t-test for attending, listening, challenging discrepancy skills, interventions, and case conceptualization

Variable	M	t	SD	Sig.	d
Attending					
Pre-test	80.90	-3.560	16.82	.001	-0.57
Post-test	90.49				
Listening					
Pre-test	77.00	-3.448	16.53	.001	-0.55
Post-test	86.13				
Challenging Discrepancies					
Pre-test	63.87	-4.462	20.24	.000	-0.71
Post-test	78.87				
Homework					
Pre-test	76.90	-4.231	17.97	.000	-0.68
Post-test	89.08				
Information-Giving					
Pre-test	76.21	-3.561	18.71	.001	-0.57
Post-test	86.87				
Case Conceptualization					
Pre-test	68.41	-5.694	17.58	.000	-0.91
Post-test	84.44				
Awareness of Intentions (intervention-selection)					
Pre-test	73.38	-4.502	16.40	.000	-0.72
Post-test	85.21				

Best Helping Skills Selection					
Pre-test	68.38	-4.30	17.91	.001	-0.56
Post-test	78.49				

Findings related to students' confidence in providing homework, information, selecting the best helping skills, awareness of how intentions influence intervention selection, and case conceptualization were significantly higher in the post-test scores, as shown in Table 1. Improvement in goal setting, exploring, and understanding thoughts/affect/actions, and setting realistic counseling goals and deciding actions significantly improved (see Table 3).

Table 2
Results of paired-samples t-test for goal setting, exploring and understanding thoughts/affect/ actions, and setting realistic counseling goals and deciding actions.

Variable	*M*	*t*	*SD*	*Sig.*	*d*
Explore thoughts/affect/actions					
Pre-test	73.80	-4.745	15.32	.000	-0.76
Post-test	89.08				
Discuss Concerns – Deep level					
Pre-test	68.82	-4.365	18.20	.000	-0.70
Post-test	81.54				
Realistic Counseling Goals					
Pre-test	74.46	-4.356	15.22	.000	-0.70
Post-test	85.08				
Deciding Actions					
Pre-test	71.38	-4.137	16.49	.000	-0.66
Post-test	82.31				
Understand thoughts/affect/actions					
Pre-test	71.78	-4.449	15.79	.000	-0.71
Post-test	83.03				

Student scores on the post-test questionnaire showed significant improvement in their confidence related to providing counseling to clients who were clinically depressed, sexually abused, suicidal, experienced a traumatic life event, were extremely anxious, had severely disturbed thinking, and showed manipulative behaviors. Findings also showed improvement in confidence related to how to handle difficult issues, how to continue in the counseling session when there was an impasse in therapy, and setting boundaries when clients wanted more than the student was willing to give (e.g., in terms of frequency of contacts or problem-solving prescriptions). Table 3 displays the mean, standard deviation, t-statistic, significance level, and effect size for these variables.

Table 3

Results of paired-samples t-test for comfort in working with clients with different psychological barriers and managing counseling session.

Variable	*M*	*t*	*SD*	*Sig.*	*d*
Clinically Depressed					
Pre-test	70.15	-4.887	15.79	.000	-0.78
Post-test	82.51				
Sexually Abused					
Pre-test	62.79	-4.964	19.52	.000	-0.79
Post-test	78.31				
Suicidal					
Pre-test	65.67	-5.342	17.02	.000	-0.86
Post-test	80.23				
Traumatic Life Event					
Pre-test	65.97	-5.621	16.18	.000	-0.90
Post-test	80.54				
Extremely Anxious					
Pre-test	73.85	-4.514	17.28	.000	-0.72
Post-test	86.33				
Severely Disturbed Thinking					
Pre-test	55.18	-4.734	21.27	.000	-0.76

Post-test	71.31				
Issues Difficult to Handle					
Pre-test	70.79	-4.081	16.32	.000	-0.65
Post-test	81.46				
Impasse in Therapy					
Pre-test	63.13	-4.080	21.39	.000	-0.65
Post-test	77.10				
Boundary Setting					
Pre-test	65.40	-4.847	19.86	.000	-0.70
Post-test	80.77				
Manipulative Behaviors					
Pre-test	62.31	-3.817	20.39	.000	-0.61
Post-test	74.77				

Means, standard deviations, and paired sample t tests of the CASES scores at the beginning (1st week) and end (15th week) of the semester in which the students were enrolled in the advanced counseling skills course are presented in Table 1.

Discussion

The initial research question was: Does technology-assisted counseling experiences in an online skills course impact a CIT's self-efficacy? Based on the results, the experience of providing counseling to undergraduate students via Zoom significantly increased the CIT's self-efficacy. Students perceived their basic listening skills as well as their case conceptualization skills to significantly increase following their experiential learning opportunity. Finally, their confidence significantly increased in working with potentially challenging clients. Since self-efficacy is an important factor in counselor competency (Barnes, 2004), students' who are more confident in their skills may be more prepared when they enter practicum and internship.

These findings support Coker et al. (2021) in that a heightened sense of reality that surpasses that of typical role-plays is vital to the student learning experience. Furthermore,

reflective learning, experiential learning, role playing, and performance allow students to acquire the experience (behaviors, ideas, and feelings), understand the reflective process (returning to experience, attending to feelings, and re-evaluating the experience), and review the outcomes while understanding new perspectives on experience, change in behavior, readiness for application, and commitment to action (Fominykh et al., 2015, 2018).

The current study findings can also help bolster Knowles' Adult Learning Theory by expanding the research to online learning. For counselor educators, it is important to identify innovative strategies to teach skills online as well as promote relevant and meaningful experiential learning opportunities (ACES, 2016). Traditional teaching methods for counseling skills courses involve students role-playing with their peers. While this may be comforting to students as they initially learn the skills, perhaps it is not problem-focused, as recommended by Knowles (1980), to increase their confidence in working with real clients. Typically, peers try to be easier on each other and support one another's learning. These efforts may be helpful at the beginning of their developmental journey; however, it is not "real-life." By collaborating with other programs across the campus, counselor educators could provide their students with "real world" experiences in a more controlled environment. It can be viewed as a stepping stone in their educational learning: 1. Practicing with peers during basic counseling skills, 2. Practicing with students outside of their program during advancing counseling skills, and 3. Practicing their skills at a community agency during practicum and internship.

In addition to expanding the application of Adult Learning Theory to online students, the results can help balance the original stigma and disbelief regarding online learning (Murphy et al., 2008). Counseling skills courses can be effectively taught face-to-face and online. Even though the foundation of counseling focuses on one's ability to relate to another human being, this can be

effectively done through technology. By providing students the education and supervised practice with telemental health services, students can competently apply the skills and feel confident in their abilities to provide counseling services.

Implications

Learning to practice counseling skills online can be embedded in counselor education programs at the forefront. Many online counseling programs initially require students to physically attend residencies to practice their counseling skills. While there are advantages to this format, it is also a burden and deterrent for some students who want to enter the counseling field. The financial restraints as well as other personal and professional responsibilities make it challenging for students to attend residencies. By infusing experiential opportunities into online counseling skills courses, residencies can be eliminated. In turn, more students may be interested in attending the program thus increasing program enrollment.

It is extremely important to note that teaching counseling skills online takes additional thought, planning, and education in order for it to be done ethically and competently. CACREP (2016) requires programs to teach students about the impacts of technology on the practice of the mental health counseling profession but one small discussion on this is not near enough for students to be competent in practicing this skillset. As society continues to maximize the use of online technologies in providing counseling services, this skillset needs to be embedded throughout the curriculum and discussed at length to ensure competent and ethical practice.

Given the significant shift from face-to-face to 100% remote learning, additional research needs to expand on online counselor education practices. It is plausible that remote education is going to continue even after COVID-19; therefore, it is important for counselor educators to provide quality research on CIT self-efficacy and competency as it relates to learning online.

Researchers could further assess different strategies for teaching skills courses online and compare students' self-efficacy for each teaching method. By assessing different innovative modalities for teaching skills online, programs can disseminate their findings and support each other's professional development on remote education. This ultimately impacts the students' competency and the welfare of their future clients (ACA, 2014).

Research could also focus on correlations between teaching models and employment rates of alumni. If confidence can be established prior to students entering their fieldwork, it may decrease the sharp learning curve that many students experience during practicum and internship. In turn, this could expand their learning opportunities during this critical phase of their educational program. If community agencies receive students who are already confident and competent during practicum and internship, they may be more likely to hire them post-graduation. Since CACREP programs are required to collect employment rates annually, this teaching model may be a strategy for programs to further explore.

Limitations

While this research supports students' self-efficacy in an online skills course, there are validity and reliability limitations. One of the limitations is with the sampling. The size of the study was rather small (n=39) and primarily involved volunteers from the helping profession (i.e., undergraduate social work students). With a small sample and volunteers who may share common characteristics, it may limit the generalizability of the results. In addition, this research relied on self-report, which could have skewed the results due to presentation bias. Participants may have rated themselves as more confident on the self-report than they actually feel in reality when working with a client. There also may be confounding variables that may have impacted results. For example, some CITs may have more experience in the mental health field, which could have

impacted their initial self-efficacy (Pechek, 2018; Barbee et al., 2003). If they were already confident in their abilities, then the results would not show a significant change. A final limitation involves the lack of a control group. The program in this study was 100% online; therefore, future research could consider comparing online and face-to-face instruction to determine if similar self-efficacy scores exist.

Conclusion

When COVID-19 forced therapists and educators to practice and teach fully remote, it changed the lens through which experiences, relationships, and learning can take place. It transformed possibility into reality. Furthermore, it pushed educators and practitioners to step outside of their comfort levels in order to continue their programs and services. The results of the current research further support the notion that online skills courses can increase CITs' self-efficacy. These results may strengthen educators' interests and desire to offer 100% online counseling programs. In turn, it may increase accessibility for people throughout the world to participate in highly distinctive educational programs without ever leaving their own communities.

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