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Emotional Intelligence and Self-Perceptions of Counseling Competency in Counselors in Training

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Abstract

The purpose of this quantitative study was to assess the relationship between Emotional Intelligence (EI) and counseling competency. Results indicated that CIT status was positively correlated with counseling skills and therapeutic conditions. Results further showed that CITs with higher EI had a higher self-perception of all components of counseling competency.

Keywords

counseling competency, emotional intelligence, counseling skills, counseling dispositions, counselors in training

Typically, counselors-in-training (CITs) provide direct services to clients in a therapeutic setting as part of their field experience course sequence. Prior to this experience, they have completed the necessary curriculum course work in preparation for their work with clients. While counselor degree programs and regulatory boards such as the Council for Accreditation of Counseling and Related Educational Programs (CACREP) have implemented curriculum standardization, student success in coursework has not guaranteed their success in their clinical experience. Some students demonstrate a gap in competency (Dixon-Saxon & Buckley, 2020). Researchers have attributed emotional intelligence (EI) with various implications in the counseling profession (Ali, 2017; Martin et al., 2004), yet they have not directly assessed the relationship between EI and counseling competency.

Salovey and Mayer (1990) defined EI as the ability to successfully identify and account for one's own emotions and the emotions of other people. They explain that EI falls within four sub-categories, including perception of emotions, managing own emotions, managing others' emotions, and utilization of emotions. Others have recognized EI as essential to managing relationships, which is a fundamental component of counseling (Mayer et al., 2004; Mayer et al., 2008; Salovey & Mayer, 1990). EI is instrumental in helping others sense what they feel, which is critical to counseling (Austin et al., 2004). EI is also useful in critical thinking and knowledge application, which is critical in the role of a counselor (Mayer et al., 2008). Jan et al. (2017) found EI to be helpful in managing feelings such as anxiety, even in students' academic performance. When assessing counseling competency, knowledge retention and effective application should be considered. If EI is significant in human relationships, given the relational nature of counseling, we sought to explore EI as a relevant factor in explaining counseling competency in CITs.

Dixon-Saxon and Buckley (2020) reviewed student outcomes and counseling competency as these factors relate to ethical and legal practice, knowledge retention via assessments, and multicultural competency. Counselor educators have been intentional in designing experiential learning and incorporating counseling skills and behavior assessments, but more is needed when assessing effective practice regarding counseling competency (Dixon-Saxon & Buckley, 2020; Lambie et al., 2017). Counselor educators would benefit from knowing what factors can best facilitate development in counseling competency. This knowledge could help them better support students with overcoming challenges in their transition into clinical work via effective assessments and training of a critical skill such as EI (Lambie et al., 2018).

Purpose of the Study

In this study, we explored CITs' EI to determine if it is related to counseling competency and, thereby, relevant for integration within the counselor education framework. There is a gap in the scholarly literature regarding the relationship between EI and counseling competency. Therefore, we explored the relationship between EI and self-perception of counseling competency through the following research questions: (RQ1) Is there a statistically significant relationship between the four subscales of EI as measured by the SSEIT, and the self-perception of counseling skills and therapeutic conditions, as measured by the CCS-R after controlling for counseling experience and among CITs? (RQ2) Is there a statistically significant relationship between the four subscales of EI, as measured by the SSEIT, and the self-perception of counseling dispositions and behaviors, as measured by the CCS-R after controlling for counseling experience among CITs? EI was measured by the Schutte Self-Report Emotional Intelligence Test (SSEIT; Schutte et al., 1998), and CITs' counseling competency was measured as a self-perception via the Counseling Competency Scale-Revised (CCS-R; Lambie et al., 2015). To account for the progress between

starting a counseling degree program and finalizing requirements for license or certification as an independent practitioner, we controlled for counseling status measured by identifying whether CITs were enrolled in content coursework, practicing in a field experience site near the end of their program, or working in a postgraduate, prelicensure setting.

Method

Participants

The participants for this study included counselors in training (CITs), including CACREP and non-CACREP trainees in their content coursework or field experience, and postgraduates working on completing requirements to apply for an independent license. We used purposive and snowball sampling to recruit participants using online professional networking platforms, including two CESNET listservs; ACA Connect; a large online university's student participant pool; and professional social media platforms such as LinkedIn, Facebook, and Instagram counseling pages. We estimated the needed sample size of 74 participants using G*Power to conduct an a priori power analysis with an α error probability of 0.05, power (1- β error probability) for computation at 0.95. (Frankfort-Nachmias & Leon-Guerrero, 2018). We received 100 responses with 78 complete responses.

Of the 78 participants, the majority were female (n = 67, 85.9%), which is congruent with the significant population of counselors that identify as female in the counseling field (U.S. Census Bureau, 2019). Most of the participants identified themselves in the 25 to 34 age range (n = 45, 57.7%). See Table 1.

Table 1

Frequency Distribution of Respondents by Age

Age	*N*	%

18–24	11	14.1
25–34	45	57.7
35–44	11	14.1
45–54	8	10.3
55–64	3	3.8
65+	0	0.0
Total	78	100.0

The sample included 39.7% (n = 31) of the participants identifying as Hispanic (n = 31, 39.7%) and 38.5% (n = 30) identifying as White. Over half of the participants (n = 53, 67.9%) were postgraduates working toward licensure, (n = 16, 20.5%) were in their field experience courses, and (n = 9, 11.5%) were taking content courses. See Table 2.

Table 2

Frequency Distribution of Respondents by CIT Counseling Experience

CIT Status	*n*	%
CIT- Post Graduation, Prelicensure (3)	53	67.9
CIT- Field Experience (Including Practicum, Internship I & II) (2)	16	20.5
CIT- In Content Courses (1)	9	11.5
Total	78	100.0

Procedure

This study was approved by our university's institutional review board. In the online invitations to participate, we disclosed the study's purpose, explained the inclusion criteria for participation, provided informed consent, and provided a link to the survey for participation. We utilized SurveyMonkey, a password-protected web-based survey platform (SurveyMonkey, 2021), to conduct the survey. When participants clicked the survey link, they arrived at the main landing page with an informed consent document. If they did not provide consent, the survey closed with a message thanking them for their time. If they provided consent, they were presented with items determining if they met the inclusion criteria for CITs. If the inclusion criteria was met, participants were directed to complete the survey instruments.

Measures

Demographic Questionnaire

A demographic questionnaire was used to collect basic unidentifiable information such as gender, age, ethnicity, and native language. Additionally, since CIT status served as the control

variable, participants self-identified their CIT status, including being either in their content coursework, field experience, or postgraduate, prelicensure work experience.

Schutte Self-Report Emotional Intelligence Test (SSEIT)

The SSEIT is a comprehensive evaluation of EI comprised of a 33-item self-report questionnaire using a 5-point Likert-type scale with item responses ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) with four subscales (Schutte et al., 1998) that reflect an individual's ability to identify and manage their own emotions and work constructively with others. The SSEIT incorporates an inclusive understanding of Salovey and Mayer's EI theory and assesses EI's practicality in a person's performance by assessing this trait intelligence (Salovey & Mayer, 1990; Mayer et al., 2004; Schutte et al., 2009). This robust approach encompasses intrapersonal and interpersonal fundamental elements (Schutte et al., 2009). The four subscales of the SSEIT include Perception of Emotion, Managing Own Emotions, Managing Others' Emotions, and the Utilization of Emotion (Schutte et al., 2009). We summed the items for each sub-factor with higher scores indicating higher levels of EI (Schutte et al., 2009). Professionals use the SSEIT in a wide variety of practical applications including counseling, counselor education, leadership development, executive coaching, professional selection, and career development (Austin et al., 2004; Rozell et al., 2006; Schutte et al., 2002; Wing et al., 2006).

Schutte et al. (1998) confirmed a two-week test and re-test reliability for the SSEIT with an adult population. Scores from the SSEIT related to greater awareness and clarity of emotions and the ability to express them (Schutte et al., 1998). Scores on the SSEIT correlated with the EQ-I, equating to r = .43 (Schutte et al., 2009). Bastian et al. (2005) reported that the SSEIT correlated with emotional attentiveness, clarity, and repair. Carmelli and Josman (2006) found higher SSEIT scores related to better performance in supervisors with a scale alpha of .90, a mean score of

122.43, and an *SD* of 12.21. Ogińska-Bulik (2005) found that EI helped professionals manage work-related stress.

Counseling Competencies Scale-Revised (CCS-R)

Self-perception of counseling competency of CITs is the dependent/outcome variable for this design. Counseling competency is comprehensive to signify the various aspects of counseling and represents attributes needed to be an effective counselor, including the proficient understanding of ethical, legal, and moral guidelines, the standardization of clinical knowledge retention, and effectiveness in clinical application. The most recognized understanding of counseling competency has branched off to include counseling skills and the ability to create therapeutic conditions and display the professional behaviors and dispositions necessary to create and maintain an effective therapeutic alliance while upholding the clients' safety (Lambie et al., 2018). The Counseling Competencies Scale-Revised is a psychometric instrument developed by Dr. Glenn Lambie in response to the grave responsibility that counselor educators and supervisors have in ensuring that competent and ethical counselors enter the field of counseling. Counseling students' dispositions and professional behaviors can hinder their practical application of the learned skills posing potential threats to the clients they serve and ultimately violating the ACA Code of Ethics to 'not harm' (ACA, 2014). While counselor educators and supervisors may be aware of potential behaviors or disposition concerns, the lack of a formal assessment has created significant challenges for educators to uphold their ethical and legal obligation to serve as gatekeepers and protect the public (Lambie et al., 2018).

Lambie et al. (2018) refined and validated a revised version of the counseling competency scale. Lambie et al. identified a two-factor instrument that concisely and efficiently measures counseling competency with 23-items that explains 61.5% of the variance. Factor 1 includes 11

items assessing counseling skills and therapeutic conditions. Factor 2 includes 12 items assessing counseling dispositions and behaviors. Item responses range from 1 (*harmful*), 2 (*below expectations/insufficient/unacceptable*), 3 (*near expectations/developing towards competencies*), 4 (*meets expectations/demonstrates competencies*), and 5 (*exceeds expectations/demonstrates competencies*). Lambie et al.'s (2018) findings yielded significant interrater reliability with counseling skills and therapeutic conditions, .91; counseling dispositions and behaviors, .56; and the total CCS-R score, .84 when assessed by a supervisor. Internal consistency reliability yielded counseling skills and therapeutic conditions .94; counseling dispositions and behaviors, .94; and the total CCS-R, .96.

Counselor educators use the CCS-R as an ongoing assessment to provide tangible feedback to students, maximize strengths, and identify deficiencies in counseling skills and professional counseling dispositions. (Lambie et al., 2018). For this study, we obtained permission from Dr. Schutte to utilize the SSEIT and from Dr. Lambie to conduct the CCS-R as a self-assessment to measure participant self-perception of counseling competency.

Data Analysis

We chose to use hierarchical multiple regression so that we could evaluate these variables separately and collectively while controlling for the covariate (Laerd Statistics, 2015). To assess both research questions, we wanted to be able to evaluate the relationship between CIT Status and each of the dependent variables, the two factors for counseling competency, before adding the four factors for EI. This way, we could evaluate the change in variation, if any, explained by EI after controlling for the participants' progression through counseling training.

To be sure the assumptions of hierarchical regression analysis were met, we assessed linearity between the IVs and DVs by using partial regression plots and a plot of studentized

residuals against the predicted values. Residuals were independent, as assessed by a Durbin-Watson statistic of 2.055. There was homoscedasticity as demonstrated by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity as no IVs had correlations greater than 0.7 in the correlations table. All of the cases had standardized residuals less than ± 3. All Cook's distance values were less than 1. Finally, the assumption for normality was met as assessed by the P-plot. All leverage values were less than 0.2 other than in two cases. Because the influence was not strong, and all other assumptions were met, we retained those two cases in data analysis (Laerd Statistics, 2015).

Results

With the first RQ, we sought to learn if there was a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of the first factor for counseling competency, Counseling Skills and Therapeutic Conditions, as measured by the CCS-R after controlling for counseling experience among CITs.

In our first step of the hierarchical regression analysis, we found a statistically significant relationship between CIT Status and the first factor of counseling competency, R^2 = .089, F (1,76) = 7.407, p= .008, adjusted R^2 = .077, which suggests that CIT status accounts for 8.9% of the variation. Next, we included the four EI factors with CIT status and found that the full model improved the prediction of self-perception of the first counseling competency factor above CIT status alone, R^2 = .200, F (5, 72) = 3.610, p = .006; adjusted R^2 = .145. The change in R^2 from the first model to the second model was .112 and was a statistically significant increase (p = .049).

Our analysis for the second RQ was structured the same as the analysis for the first RQ. Again, we wanted to determine whether there was a statistically significant relationship between

the four subscales of EI and the self-perception of the second factor for counseling competency, Counseling Dispositions and Behaviors, after controlling for counseling experience and among CITs.

We computed the relationship between CIT Status and the second factor for counseling competency. The relationship was not statistically significant, R^2 = .015, F (1,76) = 1.121, p= .293, adjusted R^2 = .002. Then we added the four subscales of EI to the model, and the relationship was statistically significant, R^2 = .208, F (4, 72) = 3.785, p = .003; adjusted R^2 = .153. For RQ2. Adding the four EI variables to the model added 19.4% to the variance (p = .003), which was a statistically significant change in R^2. The individual beta weights for the second model revealed that the variable managing own emotions (IV 3) was the only variable independently that showed a statistically significant relationship. It was positively related to the second counseling competency factor (B = .401, p = .002).

Discussion

Researchers have recognized EI and its implications in many forms for relationships and professions, specifically counseling (Ali, 2017; Martin et al., 2004; Schutte et al., 2002). However, there is scant research on the relationship between EI and counseling competency. To fill this gap, we explored the relationship between EI and self-perception of counseling competency while controlling for the counseling experience level of CITs.

The first research question investigated whether a relationship existed between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of the first counseling competency factor for counseling skills and therapeutic conditions, as measured by the CCS-R, after controlling for counseling experience and among CITs. The model demonstrated a

statistically significant relationship and positive correlation between the cumulative SSEIT sub scores and self-perception of counseling skills. CIT status was significant, with higher levels of experience corresponding to increased self-perception of counseling skills and therapeutic conditions (CCS-R Part 1). Therefore, as CITs progressed in their experience, moving from content coursework to their field experience to postgraduation, their self-perception of counseling skills and therapeutic conditions also progressed.

The second research question investigated whether a relationship existed between the four subscales of EI and the self-perception of the second counseling competency factor for counseling dispositions and behaviors, as measured by the CCS-R, after controlling for counseling experience among CITs. The full model demonstrated a statistically significant relationship and positive correlation between the cumulative SSEIT sub scores and counseling dispositions and behaviors self-perception. In addition to the collective statistical significance of EI, the subfactor of EI, managing own emotions, was statistically significant to counseling dispositions and behaviors. This reveals a statistically significant positive correlation between managing own emotions and CCSR-2, counseling dispositions and behaviors.

The results from this research confirm the importance of EI for CITs' self-perception of counseling competency and hold the potential for further implications towards EI as a factor in predicting observed counseling competency. Researchers have indicated that EI is an essential attribute in navigating relationships effectively (Mayer et al., 2004, 2008; Salovey & Mayer, 1990). The therapeutic relationship is an integral component in the counseling field and can include CIT's disposition and behaviors in the counseling setting (Lambie et al., 2018). CITs' lack of awareness of their own emotions can hinder developing empathy, trust, and rapport, which is necessary for the therapeutic alliance (Gutierrez et al., 2017).

Implications for Counselor Education

While EI is not the sole answer to student developmental needs, it is a continued relevant attribute that researchers have recognized extensively in the counseling field (Gutierrez et al., 2017; Martin et al., 2004; Mayer et al., 2004; Parrish, 2015; Pearson & Weinberg, 2017). We have found evidence of support for these findings in our research study. Since EI is relevant to counseling competency amongst many other merited roles, such as creating, managing, and utilizing effective relationships, incorporating the development of EI within the counseling curriculum could be a targeted intervention for counseling students. Therefore, counselor educators and students may benefit from integrating EI assessment and training within the course curriculum. EI is a significant trait that can also be developed over time (Ali, 2017; Jan et al., 2017; Martin et al., 2004; Mayer et al., 2008), and students who struggle with counseling skills or dispositions/behaviors may benefit from specified training where support may otherwise be lacking. Furthermore, with such assessments in place, ongoing assessment and support focused on CIT development is conducive to helping students develop an empathetic outlook for clients' experiences with ongoing evaluations. Such assessments could potentially help CITs create greater insights into client experience and, in turn, their own emotions.

EI integration within the counseling education framework could entail robust training and assessments and be progressive to integrate students' EI when providing direct feedback regarding their competency and counseling skills. The positive correlation between EI scores and counseling competency scores in this current study indicates a significant relationship and a core trait that could be helpful to develop within counseling students. Therefore, EI can be a tool for training and development to better prepare them for their sessions and develop emotional maturity in receiving clinical feedback and support. For instance, EI assessments could be integrated during the

commencement of coursework and then again at the beginning and throughout field experience. Integrating EI during content courses can allow for assessment and support around development. Recommendations for this include early assessment of EI to establish a baseline for students in an effort of transparency for development opportunities and to assess evolvement over the normative course progression.

Additional resources and specified interventions for EI development can address a developmental gap that some CITs exhibit in their counseling experience. With consideration of EI as a relevant attribute to counseling and counselor education, the intention would be to integrate EI development in a non-shaming manner within the counseling course curriculum. Various universities integrate labs for counseling students who require additional support, including but not limited to writing skills labs, counseling skills labs, and professional dispositions labs (ACA, 2014; Walden University, 2021). Therefore, EI-specified training labs can further support students who display EI issues. Additionally, EI could also be a curriculum topic integrated when discussing multiculturalism, ethics, and biases when preparing students for their face-to-face work with clients.

Students requiring additional support could have an EI development plan and be paired with students who are further along in their program and with designated faculty for regularly scheduled meetings. EI interventions can range from integration of online certifications for the development of EI to role-playing forms of communications, thought patterns, active listening skills, emotional processing, and even integration of rational emotive behavioral therapy (Ali, 2017; Köppe et al., 2019; Mao et al., 2021). Counselor educators can also develop assignments for further processing where students can identify their emotions in real-time, map them, and follow up for processing. Such interventions create a specified approach for students who may otherwise

struggle to transition to their clinical experience. This level of support lends itself to upholding gatekeeping and adding additional resources for CIT success and competency. Ultimately, these training opportunities may have a positive trickle-down effect; enhanced support creates greater development, and greater development lends itself to increased competency, ultimately impacting the public whom CITs will serve.

Limitations

The findings of our study must be interpreted with caution due to existing limitations. One limitation is the absence of the determination of causation. We sought to determine the relationship between predictor variables and the DVs, which is not indicative of causation but rather a relationship (Laerd Statistics, 2015). Therefore, insights gained from this study provide insight into the linear relationship between EI and self-perception of counseling competency but may not reveal the underlying cause of competency. Furthermore, we did our due diligence to control for covariates such as CIT counseling status, but we did not include other variables that may have a causal effect upon the development of counselor competence.

Additionally, we administered the two instruments used in this study, the SSEIT and the CCS-R, as self-assessments. The SSEIT is a self-evaluation of EI with built-in reverse scoring to account for some level of self-bias (Schutte et al., 1998). The CCS-R is a comprehensive evaluation designed to be scored by a counseling educator or supervisor that has observed the characteristics measured by the instrument (CCS-R; Lambie et al., 2015). Previous research supported the implementation of the CCS-R as a self-evaluation; however, this changed the measurement from CITs' counseling competency to their self-perception of counseling competency (Swank et al., 2012). Considering that both instruments were self-assessments, future researchers may devise a

way to assess EI and counseling competency through a supervising clinician/faculty lens to compare self-perception versus observed characteristics of the CITs.

Finally, convenience sampling was used to recruit participants. Our sample primarily comprised of CITs who were postgraduates and prelicensure and not in their content coursework or field experience. This can present some limitations in generalizability as the sample is relatively small and non-probabilistic. A larger and more representative sampling procedure may provide more robust findings.

Future Research

Further research could include exploring EI along with partnered universities where a representative sample could be obtained. The self-perception scores could be compared against the supervisor or counseling educators' assessment of their skills as part of the assessment plans of the degree programs. Additional EI research could also explore the emerging online education platform and face-to-face learning to determine if there is any significant difference in CITs' ability to demonstrate the necessary competencies. Other research opportunities can also specifically assess how EI training integration within the counseling framework impacts EI scores in CITs to determine if training equates to a significant shift in EI scores. Comparative analysis of EI between race/ethnicity, socio-economic status, and other demographics could be instrumental in the counselor education field to help support an inclusive and eclectic counseling education environment. Finally, future research could further assess counseling competency to determine if the two subcomponents of CCSR, Part 1: Counseling Skills and Therapeutic Conditions and Part 2: Counseling Dispositions and Behaviors, are correlated and if there are differences in scoring based on CIT self-reports vs. reported observations of faculty and/or supervisors.

Conclusion

The field of counseling is a unique profession that provides support, healing, and change for various populations, particularly those considered protected persons. With such grave responsibility, it is of the utmost importance that counselor educators uphold their role in developing future generations of counseling professionals who meet the minimum standards of counseling competence and ethical practice. As societal and existential understandings of the world around us continue to change, counselor educators and supervisors must ensure that CITs can meet the diverse needs of such a critical professional role. Our ultimate goal is to support our counseling students and ensure competency by teaching them skills and the necessary professional attitudes and behaviors for professional counseling. However, competency encompasses much more than understanding therapeutic modalities and interventions. We must expect that CITs are prepared to create the necessary rapport and therapeutic environments and alliances for their clients' wellness (Lambie et al., 2018). To ensure this is consistently met, educators and supervisors must have the necessary resources to assess their students' development and provide tangible support/training with actionable goals. For this reason, the statistical evidence between EI and self-perception of counseling competency is noteworthy, making the integration of EI concepts within counselor education critical.

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