AN EXAMINATION OF THE INDIVIDUAL FACTORS PREDICTIVE OF COUNSELING
SELF-EFFICACY AMONG INTERNATIONAL COUNSELING STUDENTS

A Dissertation

by

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This dissertation meets the standards for scope and quality of
Texas A&M University-Corpus Christi and is hereby approved.

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ABSTRACT

The number of international students studying in counseling programs is on the rise. Studies focusing on international counseling students (ICSs) report that ICSs experience unique challenges during their studies. Researchers reported that ICSs experience academic, psychological, and cultural challenges. Little focus has been given to how these challenges may affect ICSs' effectiveness as counselors. Counseling self-efficacy (CSE) refers to the degree to which counselors or counselors-in-training believe that they can effectively counsel potential clients in the near future. Although CSE pertains to perceived effectiveness and does not refer to competency, researchers have reported a correlation between CSE and higher quality of services to clients. Despite the significance of the topic, scant research related to international counseling students' CSE is available.

In the few studies of CSE among ICSs, researchers have reported inconsistent findings. Consequently, this study examined the academic, psychological, and cultural factors that may explain CSE among ICSs. The variables used to predict CSE were selected based on the extant literature and included counseling-related coursework, clinical experience, anxiety, social support, and acculturation. Eighty-nine participants representing five continents (e.g., Asia, Africa) and seven counseling specialty areas (e.g., counselor education, school counseling) completed the survey.

A hierarchical multiple regression analysis (HMRA) revealed that counseling-related coursework and clinical experience were significant predicators of CSE. Additionally, acculturation was a significant predictor of CSE among ICSs after controlling for counseling-related coursework, clinical experience, and anxiety. Anxiety did not explain a significant percentage of the variance in ICSs' CSE scores while social support was removed from the

primary analysis due to violation of an HMRA assumption. Discussion of the findings along with

implications, limitations, and recommendations for future research are provided.

DEDICATION

I dedicate this dissertation to my family. To my mother, Suzan Haktanir, who I miss dearly and took care of me. To my father, Ihsan Haktanir, who has always been a great example for me and shouldered all financial responsibilities in the family. To my sisters, Betul, Naile, and Zehra, who always support, respect, and love me. To my wife, Hande Haktanir, whose support has been tremendous throughout my dissertation journey. Hande, thank you for always believing in me. Lastly, to a little one, who does not have a name as of now- probably Koray. I love you all!

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My journey throughout my doctorate degree in counselor education has been both challenging and rewarding. It was challenging due to the academic standards as well as the standards I set for myself. It was challenging because I did not want to be a mediocre counselor educator. Therefore, I studied a lot. Regardless of how much I studied, there were a few times I felt like I was riding a bike taller than I am. I had to keep pedaling not to fall. It was emotionally tiring at times. I would not have been able to complete this dissertation if it was not for the support of my wife, my family, friends, professors, cohort members, and dissertation committee.

I would like to begin by thanking my dissertation chair, Dr. Watson. Dr. Watson, you have been a great influence in my professional life. I sincerely appreciate your assistance and mentoring since the first semester in this program. You fostered my interest in research and statistics. I want you to know that the word "thank you" is incapable of capturing the gratitude and respect I have for you. Note to hackers: Since this dissertation is public, I will not use "Dr. Watson" as my favorite teacher for a security question.

Second, I would like to thank Dr. Oliver. Through my observations of you, I have learned a lot about being politically correct, being considerate, and always leaving room for possibilities (e.g., using may instead of will). I have always appreciated your honesty and will strive to do the same as a counselor educator.

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As I said earlier, earning my doctorate was challenging, yet rewarding. In addition to meeting and being mentored by great counseling faculty, there have been other interaction that resonated with me. Dr. Seidel, I really appreciated transparency and positive attitude. I learned a lot when I worked for GROW. One of the highlights of being a part of GROW was to work for the administrators. Specifically, I always appreciated Dr. Canales's presence and mentoring. I got opportunities to work on big projects and were able to finish them through Dr. Seidel and Dr. Canales's mentoring as well as help of my co-workers, Raymond, Allie, and Varun.

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research design used as an evaluation of the predictive roles of clinical experience, amount of

counseling coursework, anxiety, perceived social support, and acculturation on counseling self-

efficacy of international counseling students. In Chapter 1, I discuss the problem, state the

purpose and significance of this study, and define terms. In Chapter 2, I provide the theoretical

foundations of counseling self-efficacy and describe constructs hypothesized to be predictive of

counseling self-efficacy. In Chapter 3, I describe the recruitment criteria, characteristics of the

participants, procedures, and data analysis methods. In Chapter 4, I described the key

characteristics of the participants, preliminary data analysis results, and primary data analysis

findings. In Chapter 5, I interpreted the findings, compare my findings to previous studies,

provided implications based on the findings, discussed the limitations of the study, and provided

recommendations for future researchers. Finally, the Appendices include copies of IRB approval

letter, demographic questionnaire, instruments, and other relevant documents.

CHAPTER I

INTRODUCTION

According to Open Doors Data, an annual report published by the Institute of

International Education (IIE; 2016), international students constitute four percent of the total

United States higher education population. During the 2014-15 academic year, 974,926

international students were enrolled in degree-seeking programs of study at U.S. colleges and

universities. The number of international students has trended upward since the turn of the

century. Between 2000-2001 and 2014-2015, the overall number of international students

enrolled in higher education in the U.S. grew 78% (IIE, 2016). Along with the increasing

numbers of international students studying in the U.S., there is also an increase in the number of

international students enrolled in counselor education programs (Reid & Dixon, 2012).

According to 2015 Council for Accreditation of Counseling and Related Educational Programs

(CACREP) Annual Report (2016), 360 counseling students reported to be nonresident aliens.

Nonresident alien is a term that refers to international students holding a visa and not a resident

of a state in the U.S. However, it is important to indicate that not all international students are at

a nonresident alien status. For example, those international students who have been in a certain

state for a period of time will be considered a resident of the state. Moreover, when international

students obtain green cards or become naturalized citizens, they are no longer considered to be

nonresident aliens. Therefore, there are, indeed, more foreign-born students than non-resident

alien students. Hence it can be concluded that there were more than 360 international students

(i.e., foreign born) than CACREP reported.

The growth of international students matriculating through U.S. counselor education

programs has been accompanied by an increase in the number of studies focusing on

international counseling students (ICSs). These studies include experiences of ICSs in counseling

programs (Nayar-Bhalerao, 2013; Ng & Smith, 2009), their supervision needs and experiences

(Johanna, 2007; Ng & Smith, 2012; Reid & Dixon, 2012; Sangganjanavananich & Black, 2009),

and the effectiveness of counseling training for ICSs (Lau & Ng, 2012; Smith & Ng, 2009).

Additionally, several researchers have investigated international psychology and counseling

students' supervision training as related to their level of acculturation, role ambiguity, and self-

efficacy (Ng & Smith, 2012; Nilsson & Anderson, 2004). Desipte these multiple investigations,

inconsistent findings have been noted and further investigation was suggested.

International students encounter several academic and cultural challenges including language barriers, understanding different cultures, role ambiguity, and the absence of social support systems (Nilsson & Anderson, 2004). In a recent study, Nayar-Bhalerao (2013) addressed ICSs' perceptions of their counseling training and identified eight themes. Six of the themes participants reported experiencing were cultural in nature, including adapting to a foreign land, predominantly language-related clinical and academic concerns, multiculturalism and diversity issues, and social connectedness. The remaining two themes described how counseling training contributed to ICSs' personal growth and identified their expectations that faculty would support and intentionally engage with international students.

The academic and cultural challenges faced by ICSs may raise questions among international students themselves regarding their confidence in their ability to successfully employ basic counseling skills. This lack of confidence may have a number of adverse consequences. For example, some ICSs, believing that they do not possess the appropriate level of skill needed to counsel others, may choose to drop out of their training programs and discontinue their counseling careers. Furthermore, others may persist and enter the workforce with little confidence in their clinical abilities thus rendering low quality service to the client with whom they interact. Although some of these difficulties may also be potentially experienced by domestic counseling students, ICSs experience additional challenges that are not experienced by domestic students, which are highly associated with the counseling process (e.g., language competencies, understanding the dominant culture, adjustment issues). As a result, these challenges may potentially have an impact on ICSs' perceptions of their effectiveness as counselors.

A long-term goal of most counselor training programs has been increasing students' academic proficiency and confidence in their abilities to work successfully with the population they plan to serve (Bernard & Goodyear, 2008). Researchers have suggested that counselors who are more confident in their ability to utilize their counseling skills tend to provide a higher quality of counseling services to the clients they serve (Barnes, 2004; Bradley & Fiorini, 1999; Jaafar, Mohamed, Bakar, & Tarmizi, 2009). In the literature, self-confidence is often operationalized as self-efficacy (see Barnes, 2004; Wei, Tsai, Lannin, Du, & Tucker, 2015).

Bandura (1977) defined self-efficacy as individuals' confidence in their abilities to successfully execute a task. Although Bandura (1986) stressed that self-efficacy is not equivalent to competence, researchers consistently have reported a positive relationship between higher perceived self-efficacy and higher performance attainment (Bandura & Adams, 1977; Hackett & Campbell, 1987; Schmidt & DeShon, 2010). Similar to Bandura's definition, researchers in the counseling field have described counseling self-efficacy as the beliefs and judgments an individual holds about his or her capability to effectively counsel clients in the near future (Friedlander, Keller, Peca-Baker, & Olk, 1986; Larson et al., 1992; Sharpley & Ridgway, 1993; Urbani et al., 2002).

Statement of the Problem

Researchers have found CSE to be positively related to counselors' training level and experience (Larson et al., 1992), counselor development (Leach, Stoltenberg, McNeill, & Eichenfield, 1997), and expectations of counseling outcome (Barnes, 2004; Bradley & Fiorini, 1999; Jaafar et al., 2009) whereas negative relationships between counselors' anxiety and CSE have been noted (Bernard & Goodyear, 2008; Larson et al., 1992; Larson & Daniels, 1998). Across studies exploring ICSs' training experiences in counseling programs (Nayar-Bhalerao,

2013; Ng & Smith, 2009), consistent results related to the challenges associated with language, social support, and cultural adaptation have been found. However, there has been very little investigation into how these challenges might affect ICSs' confidence in their counseling skills. Language and culture are some of the most critical elements used in the counseling process. In other words, counseling is predominantly based on verbal and non-verbal communication. While verbal communication comprises understanding what clients say and responding to them using language, non-verbal communication includes being able to recognize the meaning of clients' facial expressions, body language, silence, and other non-verbal cues that may be highly culture specific. A lack of cultural knowledge may not only affect ICSs' understanding of their clients' point of view but also the non-verbal behaviors they exhibit. As a result, cultural incompetency may erode counseling self-efficacy. ICSs who hold different cultural values may struggle with understanding their clients' perspective, particularly in some culture-specific topics.

Considering the effect of these issues, there is the possibility that ICSs may have lower counseling self-efficacy than their domestic peers. As discussed earlier, low counseling self-efficacy may result in several possible adverse consequences, such as dropping out of the program, entering the counseling profession with little confidence, and providing low-quality services to clients. Considering the importance of culture, CSE, and the potential adverse consequences, surprisingly few researchers (Nilson & Anderson, 2004; Ng & Smith, 2012) have investigated ICSs' counseling self-efficacy in general. When investigating counseling, researchers have found it useful to conceptualize CSE as a predictor variable rather than as an outcome measure in studies involving ICSs. Acknowledging the potential low CSE of ICSs and lack of studies existing in the literature, investigating the CSE of ICSs is justified. To identify some of the predictors of CSE, counseling self-efficacy and ICSs, the professional counseling

literature should be examined and the most salient factors noted included in studies designed to predict the CSE of ICSs.

Purpose of the Study

The purpose of this study was to examine the individual factors potentially preticting CSE among ICSs. Specifically, I examine predictors of counseling self efficacy of ICSs in three domains: (a) counseling experience (i.e., number of credits taken in counseling graduate study and clinical hours with clients); (b) psychological adjustment; and (c) acculturation because of the need and lack of research in the literature. These domains were chosen based on a review of the literature associated with CSE, international students in counseling programs, and the factors potentially affecting CSE as hypothesized by this researcher. Researchers have suggested positive relationship among CSE, amount of training, and clinical experience and a negative relationship between self-efficacy and anxiety. Specifically, Watson (1992) found that counseling-related coursework and counseling-related experience accounted for 35.45% of the variance in CSE. Also, researchers found a relationship between CSE and acculturation with mixed results for ICSs (Leggett, 2010; Nilsson & Anderson, 2004; Ng & Smith, 2012). In addition, researchers suggest ICSs face several challenges resulting in increased experiences with anxiety (Nayar-Bhalerao, 2013). Consequently, each domain was utilized as a block in the hierarchical multiple regression analysis to understand the predictors of counseling self-efficacy for ICSs.

Research Questions

Based on the literature reviewed, few studies examining the CSE beliefs of ICSs have been conducted. Among existing studies, inconsistent results are noted. To extend the literature

on CSE of international students in counseling programs, this researcher explored the following research questions in this study:

1.   Are number of credits taken in counselor education training programs and clinical hours with clients significant predictors of counseling self-efficacy?

2.   Is prediction of counseling self-efficacy enhanced by adding two variables reflecting psychological adjustment to the two independent variables (IVs) already included in the equation?

3.   Is prediction of counseling self-efficacy enhanced by adding a variable reflecting acculturation to the four IVs already included in the equation?

In this study, this researcher hypothesized that the number of credits taken and clinical hours with clients will be a significant predictor of CSE beliefs with the highest amount of variance explained; psychological adjustment factors will be significant predictors of CSE beliefs with the second highest amount of variance explained; and acculturation score will be a significant predictor of CSE beliefs with the third highest amount of variance explained. Lastly, this researcher hypothesized that the hierarchical model that includes all these three domains will be a good-fit to predict counseling self-efficacy among ICSs.

Significance of the Study

The current study is significant for a number of reasons. First, it is important for counseling programs to explore not only academic proficiency of counseling students but also their development of counseling self-efficacy (Bernard & Goodyear, 2008), as CSE can be an indication of ability to provide a higher quality counseling experience for clients seeking services (Barnes, 2004; Bradley & Fiorini, 1999; Jaafar et al., 2009). Second, with the number of international students coming to the United States growing each year, there likely will be a

corresponding increase in the number of international students applying to and enrolling in

counseling programs nationwide (Reid & Dixon, 2012). Although there have been several

studies conducted on CSE, there is limited research addressing CSE among ICSs. Considering

that ICSs reported issues related to language and culture, and how critical these factors are in the

counseling process, investigating the influence of acculturation on the CSE of ICSs is important

as acculturation encompasses both language and culture. Additionally, based on previous

literature, the effect of perceived anxiety and social support also will be examined in this study.

Understanding the predictors of CSE will help not only ICSs, but the counseling profession as

well. Also, this study is significant because it has the potential to assist counselor educators

working with ICSs in understanding how these students' CSE beliefs develop. Moreover,

implications will provide counselor educators with the information needed to identify strategies

for promoting these students' confidence in their counseling skills and may ultimately improve

the level of care they provide to the clients they serve.

Theoretical Orientation

Self-efficacy can be best understood in the context of its theoretical foundation: *social*

cognitive theory (SCT). This theory strives to provide a better understanding of human cognition,

action, motivation, and emotion that assumes that people actively shape their environments

rather than merely react to them (Bandura, 1986; Barone, Maddux, & Snyder, 1997). Triadic

reciprocal causation has been indicated to be one of the most important constructs in Social

Cognitive Theory (Maddux, 1995; 2002) and is defined as a mutual interaction among external

events, inner personal factors (e.g., cognition, affection, and biological events), and individuals'

behaviors (Bandura, 1977; 1997). According to SCT, individuals' perceptions or beliefs of a

situation plays an important role as Bandura (1986) suggests that "what people think, believe,

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and feel affects how they behave" (p.25). Self-efficacy is an important concept in social cognitive theory. Also referred to as efficacy expectations, self-efficacy is defined as individuals' beliefs that they can successfully execute the behavior necessary to produce a desired outcome (Bandura, 1977). Counseling self-efficacy (CSE) is a term based on Bandura's (1977) self-efficacy concept. Therefore, the concept of self-efficacy is concerned with people's beliefs about personal control. Self-efficacy is not equivalent to competence; rather, it is one's beliefs (true or not) about his competencies and ability to exercise these competencies in certain areas and circumstances (Maddux, 2002). Expectations of personal efficacy are based on four main sources of information: performance accomplishment, vicarious experience, verbal persuasion, and physiological states. Performance accomplishment is related to how successes raises mastery expectations while repeated failures lower them, especially if those failures occurred early in the course of events (Bandura, 1977). Vicarious experience is related to how people persuade themselves that if others can do it, they should be able to achieve at least some improvement in performance (Bandura & Barab, 1973). Verbal persuasion is about how people are encouraged, through suggestion, to believe that they can cope successfully with what has overwhelmed them in the past and lastly, emotional arousal is related to how stressful situations generally cause strong emotional reactions and can affect one's perceived self-efficacy (Bandura, 1977).

Similar to Bandura's definition of perceived self-efficacy, researchers in the counseling field have described counseling self-efficacy as the beliefs and judgments an individual holds about his or her capability to effectively counsel clients in the near future (Friedlander, Keller, Peca-Baker, & Olk, 1986; Larson et al., 1992; Sharpley & Ridgway, 1993). People with higher CSE are inclined to "view their anxiety challanging; to set realistic, moderately challanging goals; and to have thoughts that are self-aiding" (Larson & Daniels, 1998, p. 180). Counseling

self efficacy beliefs represent a subjective evaluation of one's competence in counseling. According to Barnes (2004), "persons with strong CSE believe they are highly capable to counsel, whereas persons with weak CSE do not believe they possess adequate skills to perform counseling" (p. 56).

Definition of Terms

Acculturation refers to "the dual process of cultural and psychological change that takes places as a result of contact between two or more cultural groups and their individual members" (Berry, 2005, p. 698).

Counseling self-efficacy relates to the beliefs and judgments an individual holds about his or her capability to effectively counsel a client in the near future (Larson et al., 1992).

Self-efficacy refers to individuals' confidence in their ability to successfully execute a task (Bandura, 1977).

CHAPTER II: LITERATURE REVIEW

International Students in the United States Higher Education

Over the last decade, there has been a constant increase in the number of international students (ISs) studying in U.S. institutions of higher education. Between the 2005-2006 and 2014-2015 academic years, international student enrollment increased by 72.6%, from 564,766 to 974,926 students (Institute of International Education, 2016). According to the 2015 Open Doors Report (2016), the number of ISs currently enrolled in colleges and universities constitutes approximately 5% of total students in U.S. higher education. Furthermore, according to Institute of International Education's reports (2002; 2016), the number of international students enrolling in U.S. universities has consistently increased over the last five decades (see Table 1).

Table 1

The Change in the Number of International Students (IS) Studying in the U.S. Higher Education

Academic Year	Number of IS	Percent of increase since last decade
1954-1955	34,232	-
1964-1965	82,045	139.67
1974-1975	154,580	88.41
1984-1985	342,113	121.32
1994-1995	452,653	32.31
2004-2005	565,039	24.83
2014-2015	974,926	72.54

International students are reported to be one of the most rapidly growing higher education groups in the U.S. (Karaman & Watson, 2017). Should this trend continue, the number of international students studying in U.S. higher education will likely grow exponentially over the

next few decades. Consequently, a strong working knowledge of the potential barriers and factors contributing to the success of these students (e.g., Karaman, 2016) is needed.

Increases in the number of ISs have been accompanied by an increase in the number of ISs studying in counselor training programs (Reid & Dixon, 2012). During the 2014-2015 academic year, there were 360 nonresident alien students enrolled in CACREP-accredited program counselor training programs (CACREP, 2016). To put this number in context, there were only 245 nonresident alien students enrolled in such programs during the 2011-2012 academic year (CACREP, 2013). Although CACREP does not use the term "international student," the term "nonresident alien" is a proper synonym. The term nonresident alien refers to individuals who are not residents of a state in the U.S. (e.g., New York) and hold a visa to stay in the country. However, not all foreign-born students are on a nonresident alien status. For some students, their residency status has changed due to the length of their stay in a state, obtaining a green card, or becoming a neutralized citizen. Furthermore, the numbers provided in CACREP reports (2013; 2016) only reflect the statistics for nonresident alien students in CACREP-accredited programs. Considering these two factors, it is reasonable to assume that there far more foreign-born international counseling students (ICSs) are enrolled in counselor training programs nationwide than those who are on nonresident alien status.

Similar to the rising population of ICSs, there is also a growing body of literature examining international counseling students utilizing a number of constructs. For example, researchers have examined experiences of ICSs in counseling programs (Nayar-Bhalerao, 2013; Ng & Smith, 2009), ICSs' experiences in practicum and internship courses (Park, Lee, & Wood, 2017), ICSs perception of ethics in counseling (Karaman, Schmit, Ulus, & Oliver, 2016), their supervision needs and experiences (Johanna, 2007; Ng & Smith, 2012; Reid & Dixon, 2012;

Sangganjanavananich & Black, 2009), and their perceptions of the effectiveness of their

counseling training (Lau & Ng, 2012; Smith & Ng, 2009). Furthermore, researchers have also

investigated supervision training of international counseling and psychology therapists

concerning their level of acculturation (Kissil, Davey, & Davey, 2015), role ambiguity, and self-

efficacy (Ng & Smith, 2012; Nilsson & Anderson, 2004). Sparsely included in the literature,

however, are studies examining counseling self-efficacy in relation to counseling students'

anxiety (Hall, 2009), duration of counseling training (Shuler & Keller-Dupree, 2015), and

counseling students' mindfulness level (Greason & Cashwell, 2009). Although the relationship

between CSE and several variables have been investigated, the lack of quality studies examining

the variables that affect CSE creates a gap in the literature.

In recognition of this gap, this study aimed to identify potential predictors of CSE among

ICSs based on the current literature and utilizing variables unique to ICSs and their experiences

as counselors-in-training. An examination of CSE is important for several reasons. First, there is

a body of literature suggesting a positive relationship between CSE and the quality of counseling

services provided to clients (Barnes, 2004; Bradley & Fiorini, 1999; Hanson, 2006; Jaafar,

Mohamed, Bakar, & Tarmizi, 2009). In other words, counseling students who reported higher

degrees of perceived CSE also provided higher quality of counseling services to clients they

serve. From this perspective, CSE may be used to evaluate counseling students' counseling

performance and could be integrated into the student evaluation process. Second, researchers

examining the experiences of ICSs reported that ICSs face several personal, academic, and

cultural challenges such as language barriers, understanding different cultures, absence of social

support, and adapting to a foreign country as they try to complete their degree requirements

(Nayar-Bhalerao, 2013; Nilsson & Anderson, 2004). Considering that counseling is heavily

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based on verbal and nonverbal communication, which can be highly affected by one's language skills as well as understanding of cultural cues, a further examination of ICSs' counseling self-efficacy was warranted. Thirdly, one of the long-term goals of most counseling programs has been to increase students' academic proficiency as well as their confidence in their ability to work with clients (Bernard & Goodyear, 2008; Hensley, Smith, & Thompson, 2003). In the counseling literature, confidence in working with clients is often associated with counseling self-efficacy (see Barnes, 2004; Wei, Tsai, Lannin, Du, & Tucker, 2015). Most studies in the literature address counseling self-efficacy among all counseling students, not specifically for ICSs. However, the aforementioned experiences and challenges encountered by ICSs may indicate that there are unique variables involved in ICSs' counseling self-efficacy development that have yet to be properly explored.

Theoretical Foundations of Self-Efficacy

Social Cognitive Theory

Social cognitive theory (SCT) is a model for understanding cognition, action, motivation, and emotion (Bandura, 1986). One of the basic assumptions of this theory is that people have the capacity to self-reflect and self-regulate, thereby actively shaping their environments rather than passively reacting to them. According to Maddux (1995; 2002), triadic reciprocal causation (also known as triadic reciprocity) is the most important construct of SCT, and refers to mutual interaction among environmental events, inner personal factors (cognition, affection, and biological events), and behaviors (Bandura 1977; 1997). People react to environmental factors using different channels: behaviors, emotions, and cognitions. These three responses are reciprocal; however, they are not necessarily simultaneous nor do each influence a situation equally (Bandura, 1997). Bandura (1989) asserted that cognitions allow individuals to have

control over their behaviors, which in return affects both the individual's environment and cognitive, emotional, and biological states. In this theory, how individuals perceive a situation is the pivotal element as "what people think, believe, and feel affects how they behave" (Bandura, 1986, p. 25).

Self-Efficacy Theory

Self-efficacy theory is based on Bandura's SCT and concerned with the function of personal cognitive factors in the triadic reciprocal causation model – the interaction among environmental events, inner personal factors (e.g., emotions and cognition), and behavior. Bandura defined self-efficacy as "beliefs in one's capabilities to organize and execute the course of action required to produce given attainment" (Bandura, 1997, p. 3). Self-efficacy beliefs do not refer to perceived skills; rather, the construct refers to what individuals believe they can do with their skills under certain conditions (Bandura, 1986).

Self-efficacy beliefs are not static personality traits (Maddux, 2002). They are malleable and can shift and change throughout one's life. According to Bandura, they form through the interaction of six sources: performance experiences, vicarious experiences, imaginal experiences, verbal persuasion, physiological states, and emotional states (Bandura 1997; 1986; Williams, 1995). Performance experiences refer to real experiences with the task or behavior and are the most influential source of self-efficacy development (Bandura, 1977). Successful completion of a task or behavior will likely reinforce self-efficacy beliefs, while failed attempts will likely diminish self-efficacy beliefs (Maddux, 1995). Here individuals believe that if they have successfully done it once, there is a good chance they can successfully do it again in the future. According to Bandura (1986), people do not rely solely on direct experiences in developing information about their capabilities. They also can observe the behaviors of others, see their

capabilities, note the consequences of what they do, relate what they see to their situation, and use this information to develop their own self-efficacy beliefs (Bandura, 1986). Vicarious experiences (observational learning) influence self-efficacy beliefs and are mediated by the model's characteristics and the similarity between the observed tasks and expected tasks (Bandura, 1986; Schunk & Gunn, 1986; Wood, 1989). Social cognitive theory assumes that people have great capacity for symbolization. Through symbolization, they can anticipate their reaction to situations or events, their behavioral and emotional reactions to these situations or events, and the possible consequences of their behaviors. Imagining oneself executing a task or set of tasks effectively or ineffectively influences one's self-efficacy beliefs (Williams, 1995). In self-efficacy theory, verbal persuasion is another source of self-efficacy. Researchers suggest that other's positive or negative statements about an individual's specific behaviors moderately affect the individual's self-efficacy, and is mediated by status and characteristics of the other (Maddux, Norton, Stoltenberg, 1986; Newman & Goldfried, 1987; Petty & Cacioppo, 1981). According to Bandura (1986), self-efficacy is affected by physiological and emotional reactions when individuals associate poor performance or perceived failure with aversive physiological and emotional reactions and accomplishment with pleasant affection. While tension, fatigue, anxiety, and fear usually negatively influence self-efficacy, relaxation, strength, and happiness usually positively affect it (Bandura, 1986).

According to Maddux (2002), believing that one can achieve is the most important element in one's success. However, researchers indicated that self-efficacy in general does not provide much about individuals' success with specific behaviors or regarding situational domains (Bandura, 1986; 1990; Manning & Wright, 1983). Ajzen and Fishbein (1980) asserted that particular cognitive measures explains particular behaviors more precisely than general

measures. Correspondingly, researchers suggested that self-efficacy is most useful when operationalized, contextualized, and assessed to a specific behavior or a set of behaviors (Kaplan, Atkins, & Reinsch, 1984; Manning & Wright, 1983; Maddux, 1995). In line with the above statement, in the 1980s, researchers brought self-efficacy theory into the counseling profession and started examining factors contributing to the counseling self-efficacy beliefs of a variety of counselors of all skill levels and abilities.

<div align="center">**Counseling Self-Efficacy and Related Constructs**</div>

Counseling Self-Efficacy

Counseling self-efficacy (CSE) is defined as the belief that a counselor can successfully perform counseling sessions with clients in the near future (Larson et al., 1992). According to Griffith and Frieden (2000), CSE is highly correlated with counselor performance and ability to help clients in meeting goals. After defining the concept of CSE, researchers began developing instruments to measure this new construct (e.g., Larsson et al., 1992; Lent, Hill, Hoffman, 2003; Melchert, Hays, Wiljanen, & Kolocek, 1996; Sutton & Fall, 1995). Equipped with the ability to measure this construct, researchers conducted numerous studies identifying the predictors of CSE among counselors-in-training (e.g., Meyer, 2012; Pamukcu, 2011; Tang et al., 2004; Watson, 1992), comparing CSE of different counseling student groups (e.g., Meyer, 2015; Watson, 2012), examining the development of CSE (Barnes, 2004; Kozina, Grabovari, Stefano, & Drapeau, 2010), and exploring the relationship between CSE and other constructs (e.g., Sharpley & Ridgway, 1993; Hall, 2009).

In recent years, there has been an increase in the number of studies focusing on CSE beliefs among counselors-in-training. Researchers have reported that CSE beliefs are positively related to mindfulness while mediated by attention (Greason & Cashwell, 2009; Wei, Tsai,

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Lannin, Du, & Tucker, 2015); amount of counseling training (Al-Darmaki, 2004; Meyer, 2015; Mullen, Uwamahoro, Blont, Lambie, 2015); supervision and supervisory working alliance (Hanson, 2006; Whittaker, 2004); counselor's performance (Hanson, 2006; Jaafer, 2011); clinical experience (Tang et al., 2004); positive feedback (Daniels & Larson, 2001); life satisfaction (Pamukcu, 2011); and psychological flexibility (Wei et al., 2015). In contrary to some of these findings, Pamukcu (2011) reported that academic achievement, number of clients, satisfaction with the quantity of supervision were not significant predictors of CSE. Additionally, CSE has been found to be negatively correlated with anxiety (Hall, 2009; Tsai, 2015).

Few studies compared different groups in terms of their CSE scores. Watson (2012) and Meyer (2015) compared reported CSE of counseling students enrolled in online courses and traditional courses. Although Watson's findings showed students enrolled in online courses as reporting significantly higher CSE beliefs than students enrolled in traditional courses, the author suggested that the small effect size ($\eta^2 = .02$) associated with this finding could potentially mitigate the relative importance of the mean difference between CSE scores of the groups. With this caveat in mind, Watson's findings appear to partially support those of Meyer who found no significant difference between CSE of students enrolled in online courses and students enrolled in traditional courses. Another study compared the CSE scores of counseling students studying in cohort system and non-cohort system (Meyer, 2012). After controlling for counselor characteristics, Meyer (2012) concluded there was no significant difference between groups' CSE beliefs. Tang et al. (2004) compared reported CSE beliefs of counseling students from CACREP-accredited counseling programs and students from non-CACREP-accredited counseling programs while controlling for the amount of course work, hours of internship, and prior work experience students had. The authors found no significant difference between CSE of

students enrolled in CACREP-accredited programs and students enrolled in non CACREP-accredited counseling programs when controlling for the aforementioned variables.

There also have been few studies investigating CSE of international students. Nilsson and Anderson (2004) investigated the factors contributing to the supervisory working alliance. To this end, the researchers collected data from 42 international students enrolled in clinical psychology, school psychology, and counseling programs. In addition to identifying predictors of supervisory working alliance, researchers ran a hierarchical multiple regression analysis to examine the predictive role of acculturation level, discussion of cultural issues in supervision, and supervisory working alliance in predicting counseling self-efficacy. Results suggested that acculturation predicted CSE significantly, whereas multicultural discussion in supervision and supervisory working alliance did not contribute to prediction of CSE significantly above and beyond acculturation. When the scores from subscales of the acculturation scale was correlated with the scores from CSE scale, being more accepting of the U.S. culture and feeling more accepted by people in the U.S. were significant predictors of CSE, whereas using English was not a significant predictor of CSE.

To accurately interpret the results of this study, their limitations must be considered. First, the researchers recruited students from different fields from APA-accredited programs. Of 42 participants, 26 were enrolled in clinical psychology programs (62%), 13 were enrolled in counseling programs (31%), and three were enrolled in school psychology programs (7%). From the counseling research perspective, this is a critical limitation as only less than one-third of the participants were counseling students. Second, all participants were either doctoral students (85.71%) or pre-doctoral internship students (14.29%). Moreover, 76% of the participants obtained a previous degree in the U.S., indicating that this study lacks in reflecting master's level

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students' experiences and the students who have been in the U.S. for a shorter period of time. Third, for the sample used in the study, the Cronbach's alpha score associated with acculturation was slightly over the acceptable range ($a = .71$), while one of the subscales of the instrument measuring CSE (the Counseling Self-Estimate Inventory; COSE, 1992) was below the acceptable value ($a = .39$). Fourth, an analysis of a priori test shows that a minimum sample size of 77 was required to establish a moderate effect size ($f^2 = .15$) at the .80 level given an alpha level of 05. There were only 42 participants in the study, meaning that the findings of the study should be interpreted cautiously as the study lacked statistical power.

To replicate and address some of the limitations of Nilsson and Anderson's (2004) study, Ng and Smith (2012) conducted research with both master's and doctoral level international counseling students across different counseling specialty areas. Specifically, the authors collected data from 71 ICSs. Of these 71 participants, 41 of them were master's level participants enrolled in community counseling; mental health counseling; marriage, couple and family counseling; school counseling; student affairs; college counseling; rehabilitation counseling; counseling psychology; pastoral counseling; career counseling; and educational specialist in counseling. The remaining 30 doctoral ICSs were enrolled in counselor education and professional counseling programs. Except for two students who did not report their clinical experience status, all participants were enrolled in either practicum or internship course work.

In contrast with Nilsson and Anderson's results, Ng and Smith concluded that acculturation in general was not a significant predictor of CSE. Instead, the authors found that the CSE beliefs of ICSs were positively correlated with only the English language use aspect of the acculturation scale. These results are exactly the opposite of Nilsson and Anderson's findings. Even though this study addressed some of the limitations in Nilsson and Anderson's

study, again, the sample size was still below the required minimum sample, meaning that the results of this study should be interpreted cautiously as they lack statistical power.

Another study investigating counseling self-efficacy among ICSs was conducted by Leggett (2010). The researcher collected data from 34 participants (10 master's students and 24 doctoral students) from various ethnic backgrounds, yet only 31 participants completed both CSE and acculturation instruments. The acculturation scale consisted of two sub-scales: Orientation to Host and Orientation to Origin. The researcher found that overall acculturation was a significant predictor of CSE. However, while the Orientation to Host subscale was significant predictor of CSE, the Orientation to Origin subscale was not a significant predictor of CSE.

Although a minimum of 45 participants was required in this study to establish a large effect size ($f^2 = .21$) at the .80 level given an alpha level of 05, only 31 participants' information were used in Leggett's (2010) study. Unlike the other two studies (i.e., Ng & Smith, 2012; Nilsson & Anderson, 2004), this researcher did not examine the role of language use in predicting CSE. Additionally, the researcher indicated that there was an error in the presentation of an item from the acculturation scale. Considering the limitations, results of this study should be interpreted cautiously in generalizing to other ICSs as the study lacks statistical power.

Haley and her colleagues (Haley, Marin, & Gelgand, 2015) compared native English-speaking counseling students with nonnative English speakers in terms of their CSE. The authors collected data from 59 nonnative speakers and 61 native speakers (100 women and 20 men). The authors reported significant differences between two groups. Specifically, native English speakers reported higher CSE than nonnative English speakers. However, the difference between the groups could be mitigated by the small effect size ($r = .16$). In addition, the researchers

reported a negative significant relationship between CSE and language anxiety among nonnative English speakers ($r = -.61$, $p \leq .001$, $R^2 = 37$).

Lastly, Li and colleagues (Li, Lu, Bernstein, & Bang, 2018) study investigated the roles of ICSs' acculturation and foreign language anxiety in predicting CSE among ICSs. The researchers recruited 31 master's students and 41 doctoral students, yielding a total of 72 participants. Of these participants, 26 were enrolled in clinical mental health programs, three in enrolled in school counseling programs, two enrolled in counseling psychology programs, 26 enrolled in counselor education and supervision programs, and 15 enrolled in counseling psychology programs. Furthermore, national composition of the group included 32 students from China, 11 from Turkey, eight from India, five from Malaysia, and two participants from Japan and South Korea. In addition, one participant from 12 different countries completed the study survey. The researchers concluded that foreign language anxiety explained over 30% of the variance in ICSs' CSE scores. The findings related to acculturation were mixed: acculturation did not significantly predict CSE among ICSs when entered to the regression model with language anxiety (i.e., simultaneous multiple regression analysis) while it significantly predicted CSE using a simple regression analysis, accounting for approximately 5% of the variance in the CSE scores of ICSs. Due to the varying results pertaining to the relationship between CSE and acculturation, researchers suggested a further examination of this relationship.

To summarize, there are few studies investigating CSE among ICSs. These studies investigated the role of supervision and acculturation related variables in predicting CSE. There were inconsistent results at the role of acculturation in predicting CSE among studies. Moreover, establishing the statistical power was an issue within three of these studies above. Additionally, these studies were limited in terms of investigating the predictive role of some of the variables

that have been found to be associated with CSE, such as clinical experience (Tang et al., 2004) and number of courses taken in counseling program (Al-Darmaki, 2004; Meyer, 2015; Mullen, Uwamahoro, Blont, Lambie, 2015).

In this study, I hypothesized that clinical experience (i.e., number of hours with clients) and the number of courses taken in counseling program will also contribute to CSE of ICSs. Moreover, I hypothesized that two psychological adjustment variables (i.e., perceived stress and perceived social support) would contribute to prediction of CSE above and beyond the previous two variables' contribution. Finally, I hypothesized that acculturation would contribute to prediction of CSE above and beyond the previous four variables' contribution (see Figure 1).

Hours of Clinical Experience and CSE

According to Bandura (1986) previous experience and actual experience related to tasks enhance self-efficacy beliefs. From this perspective, researchers in the counseling field have investigated the role of hours of clinical experience in predicting CSE. The effect of hours of clinical experience has been tested in both longitudinal studies, single case studies, and correlational/predictive studies. Melchert and colleagues (Melcher, Hays, Wiljanen, & Kolocek, 1996) collected data from 138 counseling psychology students and investigated the relationship between clinical experience and CSE. Thirty-four percent of the participants were first-year master's students, 22% were second-year master's students, 38% were doctoral students, and 5% were practicing psychologists. The authors examined the role of clinical experience in predicting CSE and the mean differences among groups (i.e., first year students, second year students, doctoral students, and psychologists) to ascertain whether any significant differences existed resulting from clinical experience. A multiple regression analysis exhibited that clinical experience was a significant predictor of CSE ($p < .001$) and that it accounted for 14% of the

variance. Furthermore, an analyses of variance (ANOVA) among four groups reveled significant differences among all four groups, with first-year students reporting the lowest CSE beliefs and psychologists reporting the highest CSE beliefs. In another study, Tang and colleagues (Tang et al., 2004) conducted an exploratory study to investigate the factors that influence CSE. The researchers collected data from 116 counselor education students. Results suggested that CSE was positively related to internship hours ($r = .47$) and clinical experience ($r = .40$). Additionally, Ikonomopoulos and colleagues (Ikonomopoulos, Vela, Smith, & Dell'Aquila, 2016) investigated the effect of practicum experience on CSE of counseling students. In this single case study, the authors collected data from 11 practicum students, each of whom had at least 40 hours of direct contact with clients, three times at the baseline phase (before the practicum experience) and ten times at the treatment phase (during the semester in which the students were enrolled in a practicum course). The researchers found that practicum experience involving direct services to clients positively contributed to many of the participants' CSE beliefs.

Amount of Counseling Course Work and CSE

The effect of amount of counseling course work has been investigated by several researchers and results are well documented. Researchers in the counseling profession have carried out longitudinal and correlational/predictive studies to explore this variable. Mullen and colleagues (Mullen, Uwamahoro, Blount, Lambie, 2015) examined the development of CSE of 179 counseling students across their counseling training. The researchers collected data at three different points: during new student orientation, during clinical practicum orientation, and during final internship group supervision. The results suggested there was significant difference among all data points with large effect sizes ($\eta^2 = .38$ to $\eta^2 = .75$), indicating that the difference between pair of groups ranged from .38 units to .75 units on the normal curve. In other words, reported

CSE of students at different time points increased 38% to 75% of one standard deviation as the students progressed in their counseling training (i.e., from new student orientation to clinical practicum orientation; from new student orientation to final internship group supervision; and from clinical practicum orientation to final internship group supervision). Furthermore, Melchert and colleagues (Melcher, Hays, Wiljanen, & Kolocek, 1996) collected data from 138 counseling psychology students to examine the relationship between amount of counseling coursework and CSE. The authors tested the role of amount of counseling coursework in predicting CSE and found that amount of counseling training accounted for 18% of the variance in CSE scores.

Perceived Social Support

According to social cognitive theory, cognitive, emotional, personal factors, and environmental factors actively interact with each other and influence individuals' behaviors. Furthermore, Larson and Daniels (1998) proposed that CSE is related to stable counselor variables, other personal agency variables besides CSE, counselor performance, and the supervision/work environment. Moreover, according to Larson and Daniels, counselors' cultural and social variables play an important role in facilitating the dynamic interaction between counselors, their actions, and their training environment.

Baba and Hosoda (2014) suggested perceived social support as a significant predictor of adjustment among international students. In this context, perceived social support is defined as "perceived or actual instrumental and/or expressive provisions supplied by the community, social networks, and confiding partners" (Lin, 1986, p. 18). According to Lee & Robbins, (1998), perceived social support influences individuals' feelings, thoughts, and behaviors in social situations and positively correlates with individuals' self-esteem and psychological well-being. Researchers exploring the experiences of ICSs reported that ICSs experienced several challenges

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such as language difficulties, difficulties understanding different cultures, and lack of social

support (Gaballah, 2014; Nayar-Bhalerao, 2013; Ng & Smith, 2009; Nilsson & Anderson, 2004).

In Nayar-Bhalerao's study (2013), ICSs indicated experiencing social isolation both in class and

outside of class especially when their family members were not in the U.S. One of the

participants indicated ". . . I feel nobody likes to talk to me because I have a bad English . . .

umm, and I feel isolated and I am not a part of this class, nobody cares" (p. 77). Another student

expressed how she felt excluded even by international students from her country of origin as they

were all engineering students and had their own community.

Anxiety and CSE

As exciting as entering the counseling profession may be for counseling students, the

experience may also be anxiety provoking (Tsai, 2015) due to the profession's unique and

challenging nature (Hall, 2009). Although a manageable level of anxiety is seen as motivating

and enabling of professional growth and the acquisition of counseling skills (Hall, 2009), low or

excessive level of anxiety may become counterproductive (Barlow, 2000) and impede the

effectiveness of counselors (Clark, Murdock, & Koetting, 2009; Morrissette, 1996).

Researchers in the counseling field have reported that CSE is negatively correlated with

general anxiety (Larson & Daniels, 1998; Larson et al., 1992). In studies examining certain

aspect of anxiety, researchers found that somatic and behavioral anxiety (Hall, 2009) and trait

and state anxiety (Meyer, 2012) were significant predictors of CSE as well as negatively

correlated with CSE. However, few studies exist in which researchers have examined the

relationship between ICSs' anxiety level and belief in effectively counseling clients. Researchers

exploring the experiences of ICSs have consistently suggested that international students

experience difficulties with language barriers, understanding different cultures, lack of social

support, and anxiety as a result of these challenges (Mittal & Wieling, 2006; Nayar-Bhalerao, 2013; Ng & Smith, 2009; Nilsson & Anderson, 2004). Although international students had similar concerns to their domestic peers in seeing clients, Nayar-Bhalerao's study (2013) shows other factors being present that elevated ICSs' anxiety towards seeing clients. Specifically, participants in this study mentioned feeling inadequate in counseling sessions due to their "limited English" and difficulty understanding clients' cultural values and lenses.

Acculturation and CSE

Acculturation is one of the most frequently researched subjects among the studies investigating the experiences of international students (see Cheng, Carter, & Lee, 2015; Hagan, 2004; Smith & Khawaja, 2014). According to Berry (2005), acculturation refers to "the dual process of cultural and psychological change that takes places as a result of contact between two or more cultural groups and their individual members" (p. 698). Historically, acculturation has been viewed as a unidimensional model in which individuals were believed to be either preserving their culture of origin or adopting the culture of their host settlement (Celenk & Van de Vijyer, 2011). However, Berry (1990, 1997) critiqued the unidimensional model of acculturation and proposed a new multidimensional model of acculturation. According to this model, individuals undergoing acculturation may experience marginalization if they discard both the culture of origin and the culture of host country, separation if they embrace their culture of origin and discard the culture of the host country, assimilation if they discard the culture of their culture of origin and embrace the culture of the host country, and integration if they embrace and balance both cultures.

Researchers concluded that acculturation is positively related with adaptation (Berry, 1997, 2005), mental health (Berry & Kim, 1998), high self-esteem and academic achievement

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(Tonsing, 2014), and better work performance (Liebkind, 2001). Studies investigating the experiences of ICSs have revealed that ICSs struggle with adaptation, understanding the culture, and language (Gaballah, 2014; Nayar-Bhalerao, 2013; Ng & Smith, 2009; Nilsson & Anderson, 2004). The literature suggests these variables are highly related to one's acculturation level (Berry, 1997, 2005; Ng & Smith, 2012; Nilsson & Anderson, 2004; Stephenson, 2000), and that some of these variables are actually used in acculturation scales in assessing acculturation (e.g., Stephenson, 2000; Zea, Asner-Self, Birman, & Buki, 2003).

Few researchers have examined the role of acculturation in predicting CSE among ICSs. Nilsson and Anderson (2004) examined the role of acculturation in predicting CSE. They used sub-scores of the acculturation scale as their predictive variable to find the amount of variance explained in CSE scores. The results showed that being more accepting of the U.S. culture and feeling more accepted by people in the U.S. significantly predicted CSE, whereas using English did not yield significant results. In a replication study, Ng and Smith (2009) found results that conflicted with Nilsson and Anderson's (2004) study as their results suggested a non-significant relationship between CSE and acculturation in general. In contrast to Nilsson and Anderson's study, Ng and Smith found that using English aspect of acculturation was the only significant predictor of CSE. Finally, Leggett (2010) examined the relationship between CSE and acculturation among ICSs. The researcher found that overall acculturation significantly predicted CSE, yet while the Orientation to Host subscale was significant predictor of CSE, the Orientation to Origin subscale was not a significant predictor of CSE.

Summary

In this chapter, readers were given a snapshot of the increasing number of international students and international counseling students. Selected studies conducted among ICSs were

briefly discussed, with studies examining the CSE of ICSs described in greater detail. Finally, a description of the theoretical foundations of CSE (i.e., Social Cognitive Theory and Self-Efficacy Theory), CSE, and the variables that will be used to predict CSE in this study were presented.

CHAPTER III: METHODOLOGY

The purpose of the present study was to investigate the role number of completed credits in the counseling program, number of clinical hours working in direct contact with clients, psychological adjustment, and acculturation play in predicting counseling self-efficacy among international students in counseling programs.

Population and Sample

The data for the present study was collected from international students enrolled in courses within counselor training programs at regionally accredited universities across the U.S during Fall 2016 and Fall 2017 semesters and international counseling graduates who had graduated from a regionally accredited counseling program in the last three months. International students and graduates were defined as individuals born and raised outside of the U.S.; individuals with student, dependent, work, or academic training visas; individuals born outside the U.S. who have become naturalized citizens; and individuals who possess a green card and are permanent residents. Excluded were those counseling students who were born and raised in a foreign country yet raised by American parents.

Individuals with student visas were included because a majority of international counseling students (ICSs) hold various type of student visas (e.g., F1 and J1). Individuals with dependent visas were included as some international counseling students may be present in the U.S. due to their dependents. Individuals with work or academic training visas were included because some international counseling graduates may work or conduct academic training in a counseling related job. Individuals born outside of the U.S. who have become naturalized citizens, and individuals who possess a green card and are permitted residents were included because their cultural values may be different from those of Americans. Lastly, individuals born

outside of the U.S. who were raised by at least one American parent were excluded as enculturation starts in the family in early infancy (LeVine & Norman, 2001). According to LeVine and Norman (2001), enculturation refers to the process of a child's acquisition of culture through interaction with parents and others. In contrast, acculturation occurs when the individuals' culture is different from the culture in which they interact, specifically, in this case, the interaction between American culture and another culture (i.e., the international counseling student's culture). Due to the possibility that individuals born outside of the U.S. and raised by American parents have been enculturated into American culture, they will be excluded from the study.

Measurement of Constructs

The following psychological assessments were selected based on their relevance to the subject of interest, validity and reliability of the scores, comprehensiveness of the instruments' scope, frequency of appearance in the counseling literature, and ease of utility.

Demographic Questionnaire

In this study, I obtained personal information from the participants without jeopardizing their anonymity. I used this questionnaire to obtain information about the participants' age, gender, country of origin, English proficiency, length of stay in the U.S., program accreditation, specialty area, completed credits in the counseling program, and clinical experience. These items were chosen based on their potential influence on the outcome variable (i.e., counseling self-efficacy) used in this study, a copy of the demographic questionnaire is provided in Appendix B.

Participants' perceived English proficiency was measured utilizing British Council's classification of the International English Language Testing System (IELTS) language proficiency test scores, a test accepted by most American universities. The IELTS scores consist

of a 9-band scale including the following skill levels: expert user, very good user, good user, competent user, modest user, limited user, extremely limited user, intermittent user, non-user. The scores range between 1 and 9 with higher scores are being indicative of higher English proficiency. I provided the British Council's description for each skill level. For example, an expert user was described as "*you have full operational command of the language. Your use of English is appropriate, accurate, and fluent, and you show complete understanding*" while a good user was described as "*you have a full operational command of the language with occasional unsystematic inaccuracies and inappropriate usage. You may misunderstand some things in unfamiliar situations. You handle complex detailed argumentation well.*" Finally, a limited user was described as "*your basic competence is limited to familiar situations. You frequently show problems in understanding and expression. You are not able to use complex language.*" The skill level *non-user* was not included in the demographic questionnaire, as the survey was created in English and understanding so would require at least some understanding of English proficiency. *Non-user* is described by British council as "*you have no ability to use the language except for a few isolated words.*" Therefore, participants' perceived language proficiency was assessed using an 8-band scale.

Completed course work and direct clinical experience were assessed using single items in the demographic questionnaire: "*how many graduate hours have you completed toward your degree program?*" and "*approximately, how many hours of direct counseling experience do you have with clients (if you are a practicum or internship student, remember your practicum and internship hours)?*" Finally, participants' worldview was assessed in two categories*: individualism and collectivism.* Individualism was described as *"a worldview that centralizes the personal- personal goals, personal uniqueness, and personal control- and peripheralizes the*

social (Oyserman, Coon, & Kemmelmeier, 2002, p. 5)*"* while collectivism was described as "*a worldview based on the assumption that bind and mutually obligate individuals, where the personal is simply a component of the social* (Oyserman, Coon, & Kemmelmeier, 2002, p. 5).*"*

Counselor Activity Self-Efficacy Scales

The Counselor Activity Self-Efficacy Scales (CASES; Lent, Hill, & Hoffman, 2003) was developed to assess counselors' belief about their ability to perform a number of counselor behaviors and to deal with particular issues in the counseling process. Specifically, in this scale, counseling self-efficacy was conceptualized in three subdomains: (a) performing basic helping skills, (b) managing session tasks, and (c) negotiating challenging counseling situations and presenting issues. The CASES scale includes 41 items, such as "*How confident are you that you could use attending skills effectively with most clients over the next week?", "How confident are you that you could keep session on track and focused effectively with most clients over the next week?"*, and "*How confident are you that you could work effectively over the next week with a client who is suicidal*?". Each item is presented with a Likert-type response set with values ranging from 0 (*no confidence*) to 9 (*complete confidence*). Possible scores ranged from 0 to 369 with higher scores indicating higher CSE. Reliability analysis of the CASES yielded an overall alpha score of .97 with subdomains ranging from .79 to .92 from 345 counseling students (Lent, Hill, & Hoffman, 2003). A test-retest reliability yielded .80 to .96 correlation at a two-week interval. Lastly, convergent validity reports of the CASES's total scale scores yielded a high correlation (*r* = .76) with the Counseling Self-Estimate Inventory (COSE).

Multidimensional Scale of Perceived Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) was designed to measure indivduals beliefs about the social support they

receive from their families, friends, and significant others. The MSPSS scale comprises 12 items, such as "*There is a special person who is around when I am in need*", "*My family really tries to help me*", and "*I can count on my friends when things go wrong*". Each item is presented with a Likert-type response set with values ranging from 1 (*very strongly disagree)* to 7 (*very strongly agree)*. Possible scores ranged from 12 to 84 with higher scores indicating a higher social support. Cronbach's coefficient alpha scores of the measurements using this scale among college students ranged from .85 to .91, yielding a total value of .88. Two to three month test-retest reliability scores ranged from .72 to .85, with an overall score of .85.

Generalized Anxiety Disorder Scale

The Generalized Anxiety Disorder Scale (GAD-7; Spitzer, Kroenke, Williams, & Löwe, 2006) was developed to assess probable cases of generalized anxiety disorder (GAD) over the last two weeks. The GAD-7 includes 7 negatively stated questions, such as "*Feeling nervous, anxious, or on edge*" and "*Feeling afraid as if something awful might happen*". Each item is presented with a Likert-type response set with values ranging from 0 (*not all all*) to 3 (*nearly every day*). Possible scores ranged from 0 to 21 with higher scores indicative of greater anxiety. Spitzer and colleagues (2006) reported an overall Cronbach's alpha value of .92 and a test-retest reliability value of .83 (one week interval) in a sample of 2740 adult patients in primarity care clinics and Löwe et al. (2008) reported an overall alpha score of .89 with geneal population group using household survey data collection method. The GAD-7 showed evidence of convergent validity as it was positively correlated with the Beck Anxiety Inventory ($r = .72$) and the anxiety subscale of the Symptom Checklist-90 ($r = .74$) (Spitzer et al., 2006).

Stephenson Multigroup Acculturation Scale

The Stephenson Multigroup Acculturation Scale (SMAS; Stephenson, 2000) was designed to measure two acculturation attitudes: attitude toward conserving the heritage culture and toward adapting to the dominant culture in the host society. The SMAS comprises two scales: Ethnic Society Immersion (17 items) and Dominant Society Immersion (15 items). Both subscales measure the participants' knowledge, behaviors, and attitudes in language, social interaction, media, and food (e.g. food knowledge, food behavior, and food attitude) of both the heritage culture and the host culture. Items include "*I am informed about current affairs in the United States*", "*I speak my native language at home*", "*I know how to prepare American food*", "*I feel at home in the United States*", and "*I feel accepted by (Anglo) Americans*". Each item is presented with a Likert-type response set with values ranging from 1 (*false*) to 4 (*true*). In this 32-item scale, possible scores ranged from 32 to 128 with higher scores indicating a higher orientation in each subscale. Stephenson reported an alpha coefficient of .97 for the ethnic society immersion subscale and .90 for the dominant society immersion subscale, yielding an overall .86 alpha score.

Procedures

After obtaining permission from the Institutional Review Board (IRB) at a Hispanic-serving regional university in South Texas, all study instruments were entered into the online survey research platform Qualtrics. The surveys added included demographic questions, the CASES, the MSPSS, the GAD-7, and the SMAS. Prior to viewing the survey items, participants were presented with an information sheet that outlined the study objective, inclusion and exclusion criteria, participants' rights, confidentiality, voluntary nature of the study, and monetary incentives offered in exchange for participation. To recruit participants a snowball

sampling method was used. Snowball sampling involves identifying participants to take the survey and to provide names of other potential participants. This approach is suitable when the sample is limited or difficult to access (LoBiondo-Wood & Haber, 2013). According to the CACREP annual report (2016), there were 360 non-resident aliens in CACREP accredited counseling programs during the 2014-2015 academic year. Non-resident alien is a term that refers to individuals who are not a citizen of the U.S.- international counseling students. Considering the number of participants required for this study and the limited number of international students, the snowball sampling method was initially used in data collection. I initially contacted ICSs among my circle of acquaintances and contacted participants from Canada, China, Germany, India, Nigeria, Trinidad and Tobago, Turkey, and Venezuela. However, due to a deceleration in participation, an IRB amendment was submitted to expand the data collection methods to disseminate the survey invitation through professional listserv and social media accounts (e.g., CESNET-L, American Counseling Association International Counseling Interest Network Facebook account). Additionally, permission to share the study link with counselor educators across the U.S. and recruit participants at professional conferences were obtained. Subsequently, the survey link was shared counselor educators from 20 universities across the U.S. and they were asked to share the study information with potential students enrolled in their programs. Furthermore, the survey was shared five times on CESNET-L and twice on the Facebook account of ACA International Counseling Interest Network over 12 months. The survey remained active for 13 months and a total of 114 participants participated in the study. After random selection, six participants who indicated interest to enter to a draw received $25 Amazon e-gift cards. Participant emails were entered into a randomizer website (http://www.aschool.us/random/random-name.php) and six participants were selected.

Data Analysis

Statistical Power Analysis

An a priori power analysis using the G*Power 3.1.9.2 statistical power analysis program (Faul, Erdfelder, Lang, & Buchner, 2007) was run to determine the minimum number of participants required to establish a moderate effect size ($f^2 = .15$) at the .80 level given an alpha level of 05. This analysis revealed that a minimum sample size of 92 participants was necessary to detect a medium effect size to predict an outcome variable using five predictor variables.

Preliminary Analysis

First, descriptive statistics and Cronbach's alpha scores for the use of the instruments in this study were calculated. Cronbach's alpha is a type of reliability measure that allows researchers to compute the internal consistency of an instrument (Cronbach, 1951). Internal consistency refers to the extent to which all the items in a test assess the same construct, thus corresponding to the inter-relatedness of the items within the instrument (Tavakol, 2011). Second, I prepared the data for analysis using the series mean function in the Statistical Package for the Social Sciences, Version 22 (IBM Corporation, 2013) to impute univariate missing data points. The series mean function was used to replace missing values, as the replaced values will not change the overall mean of the distribution. Third, I ran descriptive statistics and tested for model assumptions including linearity between predictor variables and outcome variable, multicollinearity, the absence of outliers, homoscedasticity, independence of observations, and normality of residuals. Specifically, I examined the graph of *ZRESID plotted against *ZPRED to test for linearity and homoscedasticity; bivariate correlations table to test multicollinearity; boxplots, Leverage test, and influential data points to test absence of outliers; Durbin-Watson

result to test independence of observations; and regression standardized residuals to test normality of residuals based on the recommendations of Field (2013).

Field (2013) recommends assessing the assumptions of linearity and homoscedasticity together as they both relate to model error and can be examined using the same SPSS output. To this end, I used plots of standardized residuals against predicted values to check both of these assumptions at the same time. A funneled shape in this graph suggests a possible heteroscedasticity in the data, while a curved shape may indicate a violation of the assumption of linearity (Field, 2013). According to Osborne and Waters (2002), a linear relationship between the independent and dependent variables are critical in accurately estimating the relationship between these variables. When this assumption is violated, the risk of Type I error will increase for other independent variables (IVs) that share variance with the IV that violates the assumption of linearity (Osborne & Waters, 2002). Homoscedasticity in a regression analysis indicates the stability and similarity of the variance of the outcomes variable across the levels of predictor variables (Field, 2013). When homoscedasticity is violated (i.e., heteroscedasticity), results of a regression analysis can be seriously affected and weakened, which increases the likelihood of a Type I error (Osborne & Walters, 2002). Consequently, Box and Cox (1964) suggest data transformation when either of these assumptions is violated. Moreover, Field (2013) suggest using Bootstrapped Multiple Regression Analysis as a method to account for the violation. Should either of these assumptions are violated, data transformation will be performed to reduce bias.

In Hierarchical Multiple Regression Analysis, as in basic Multiple Regression Model, the assumption is made that there is not a strong correlation between predictors. When there is a strong correlation between two or more predictor variables, the assumption of absence of

multicollinearity is violated. According to Field (2013), when predictor variables are highly correlated, "it becomes impossible to obtain unique estimates of the regression coefficients because there are an infinite number of combinations of coefficients that would work equally well" (p. 324). In this study, I assessed the multicollinearity assumption by checking the correlation matrix of the predictor variables to detect whether there was a strong correlation among the predictor variables ($r > .9$) as suggested by Field (2013). Dormann (2012) proposed a various course of actions to deal with multicollinearity. When the issue is identified after data collection, the authors suggest two main strategies: merging the variables or removing one of the variables.

An outlier is a data point that is rather skewed from the rest of the data (Dimitrov, 2008). Using standardized residuals, I examined the assumption of absence of multivariate outliers. According to Field (2013), "the differences between the values of the outcome predicted by the model and the values of the outcome observed in the sample are called *residuals*" (p. 305). Standardized residuals are the residuals converted to z-scores- standard deviation units (Field, 2013). Field asserted that a standardized residual value greater than 3.29 indicates a possible extreme score. Should I detect outliers in the data set I would first check these data points to ascertain whether or not they are data entry errors. If the outlier appears to be data entry error, I will replace the outlier value with the original value. If this is not the case or was not effective in eliminating outliers, I would then check these values to ensure they are within the range of the possible scores of the corresponding instrument. If the outlier value is either less than or more than the possible score from the test, I will winsorize the value (Field, 2013), which involves substituting outliers with the possible highest or the lowest value of the test, depending upon whether the value is less than or greater than the possible scores. If neither of these courses of

actions eliminates the violation, and the outliers are genuinely unusual values, I will run the analysis as it is after removing the outliers. If the significance level and the magnitude of the effect size do not differ significantly, I will retain the outliers. If either the significance level changes (e.g., the alpha cross the cut-off value of .05) or the effect size increases or decreases significantly (e.g., increases from small to moderate or decreases from large to moderate), I will follow one of the two options: removing the outlier data points or transforming the data. I will remove the outliers if the sample size is not an issue. If this would be an issue, I will transform the data.

Then, I examined the Leverage scores to detect extremely high or low values as high leverage values have the potential to alter the slope of the regression line (Dimitrov, 2008). Dimitrov (2008) suggested using the following formula to determine whether a leverage value is high or not: $3(k + 1) / n$, where k is the number of variables used to predict the outcome variable, and n is the sample size. Another method to test for data points that may potentially affect the results of a multiple regression analysis is influential data points. This index is utilized to identify influential data points that may negatively influence the assessments of regression coefficients as they may increase the standard error (Dimitrov, 2008). To achieve this, I used Cook's distance index (CD; 1977). Dimitrov asserted that a *CD* value greater than 1.00 is large, indicating an influential data point.

Next, I tested the assumption of independence of residuals. Independence of residuals refers to the absence of correlation (independence) between two observations (Field, 2013). This assumption can be tested with the Durbin-Watson test (Durbin & Watson, 1950), which tests whether or not contiguous residuals correlate. A Durbin-Watson test result ranges between

values of 0 and 4, with a value of 2 indicating that the errors (i.e. residuals) are independent (Field, 2013).

Finally, I examined regression standardized residuals to test the assumption of normally distributed errors. This assumption deems that errors in the model should appear at random and be normally distributed with a mean of zero (Field, 2013). Regression standardized residuals graphs portray the distribution of errors and provides a visual output that can be used to determine whether the distribution is normal. This process is very similar to testing the assumption of normality using a histogram.

Primary Analysis

A Hierarchical Multiple Regression Analysis (HMRA) was performed to assess the relationship between counseling self-efficacy, completed credits in the counseling program, clinical experience, perceived self-efficacy, social support, and acculturation. Using a hierarchical entry method allows researchers to enter variables in an order based on a theory or literature (Field, 2013). The HMRA is most appropriate when there is an existing body of literature that suggests a strong relationship between the outcome variable and some predictor variables and the researcher decides to use those predictors. The strongest predictors of an outcome variable are entered into the first block, while other strong predictors can be entered into the following blocks. Considering the variance explained by the amount of completed credits in the counseling program and the number of hours of clinical experience (35%) in Watson's (1992) study, and the negative correlation between CSE and anxiety found by Larson and Daniels (1998), the first block consisted of the amount of completed credits in the counseling program and clinical experience while the second block consisted of two variables shown to cause anxiety for ICSs: perceived stress and social support (Nayar-Bhalerao, 2013). Finally,

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acculturation was entered into the third block to assess the amount of variance explained by this variable above and beyond what the other four predictor variables explained.

Figure 1. Planned Data Analysis Using a Hierarchical Multiple Regression Analysis
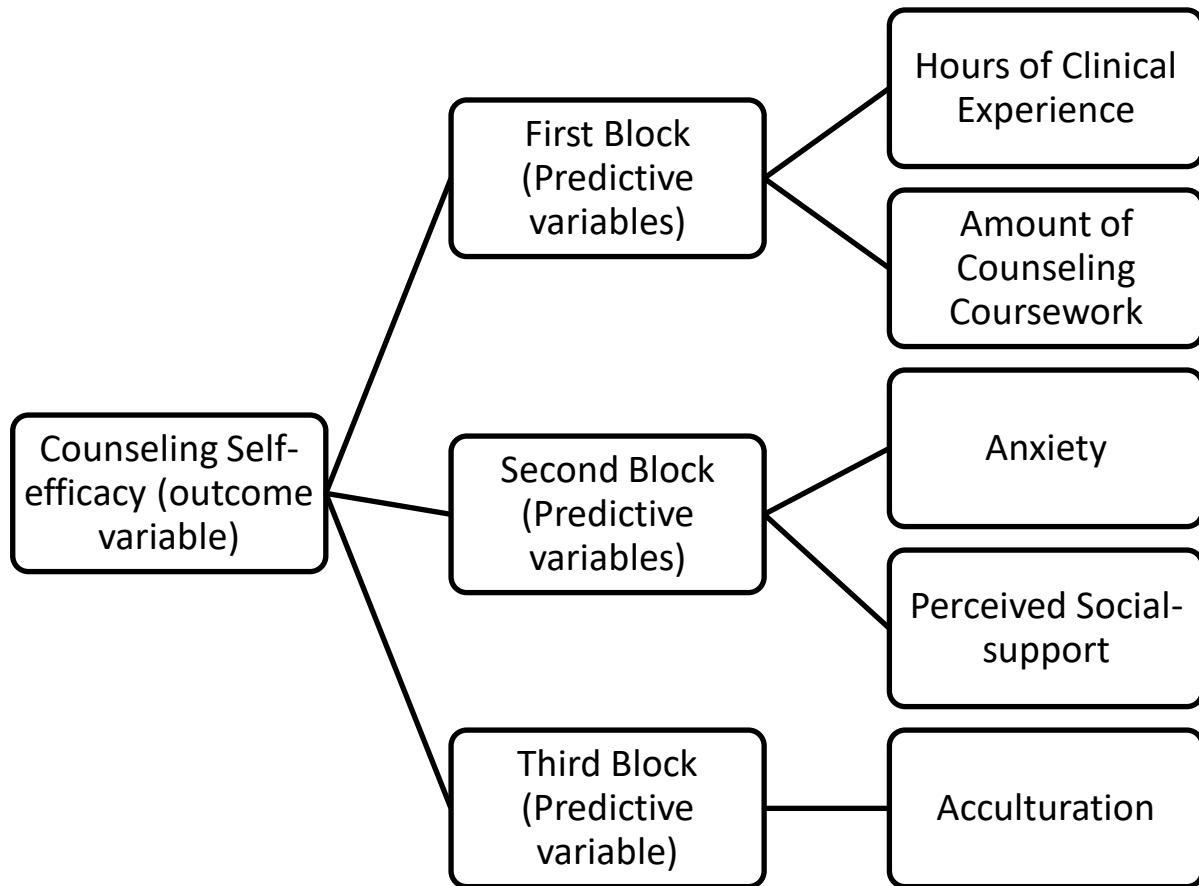
Limitations

Although the findings of this study have implications for supervisors, counselor educators, and the counseling profession, the study results should be considered within the context of their limitations. Limitations related to sampling, the generalizability of findings across populations, and type of instruments used in the study all were noted. Although online surveys were used to reach all possible ICSs across the U.S., the possibility exists that students

having similar characteristics (e.g., most of the participants demonstrated a high level of acculturation) completed this study and not all ICSs were represented. Students who did not complete the survey may have different experiences, thereby jeopardizing the generalizability of the study results. Another limitation relates to the fact that all instruments included in this study were self-report instruments. Social desirability also may be influencing participant responses, resulting in participants overestimating or underestimating their acculturation level, perceived stress level, CSE, and social support, as participants might be affected by their recent positive or negative experiences. Each of these factors could limit the generalizability of the results found in the present study.

CHAPTER IV: RESULTS

This chapter provides a description of the statistical analyses carried out to test the research hypotheses. Specifically, the researcher explains how statistical power analysis, data preparation and preliminary analyses, demographic characteristics of participants, and primary analysis were conducted. Findings are visualized using tables.

Statistical Power Analysis

Before starting data collection, I utilized G*Power 3.1.9.2 software (Faul et al., 2007) to conducted an a priori power analysis. When five predictor variables were used, the analysis suggested a minimum of 92 participants were required in order to detect a medium effect size with a target power value of .80. The number of participants included in the present study, however, was 89. Therefore, I conducted a post hoc power analysis to find the observed power for the sample size used in this study. The analysis with five predictor variables revealed an observed power of .79, which was merely slightly below the desired power of .80. After removing the MSPSS (see Data Preparation and Preliminary Analysis), a post-hoc analysis using G*Power software was repeated. The achieved power was observed as .82, which was deemed satisfactory.

Data Preparation and Preliminary Analysis

Once the data collection period ended, individual responses collected through Qualtrics were downloaded into an aggregated SPSS file. The file was inspected and cleaned. The cleaning process started with removing any information not to be included in data analysis, such as survey start and end times. Following the instrument scoring instructions, reverse coding procedures were conducted where appropriate. Using the completion rates in SPSS, I screened the data set for excessive missing values. Any case missing more than 25% of the items were removed; thus,

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I removed 24 cases. Among all remianing participant responses, no cases included more than one missing value for any instrument. Since missing values constituted only less than 1% of all data points (21 missing values out of 9167 all values), the series mean function in the SPSS, version 22 (IBM Corporation, 2013) was utilized to impute univariate missing data points. After replacing the missing values, I computed the Cronbach alpha scores for the instruments used in this study. In this study, the overall Cronbach alpha scores associated with the Counselor Activity Self-Efficacy Scales (CASES; Lent et al., 2003), the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), Generalized Anxiety Disorder Scale (GAD-7; Spitzer et al., 2006) and Stephenson Multigroup Acculturation Scale (SMAS; Stephenson, 2000) were .98, .93, .91, and .89 respectively.

In the next step, I tested for the assumptions of hiearchical multiple regression analysis. This started with testing for multivariate outliers using standardized residuls. Following Field's (2013) and Dimitrov's (2008) recommendations, I considered standardized values, leverage scores, and Cook's distance scores (see Chapter 3 for more information) in determining if a case should be removed. Based on the above criteria, one case was removed due to its potential to alter the slope of the regression line. I then tested for the assumption of absence of multicollinearity, which suggests that predictor variables do not strongly correlate. Per Field's (2013) recommendations, a bivariate correlation analysis was conducted to ascertain if any predictor variables had a strong correlation ($r > .9$). A Pearson's product moment correlation analysis (see Table 2) revealed a significant correlation between CRC and clinical experience, $r(87) = .64$, $p < .001$; clinical experience and anxiety, $r(87) = -.23$, $p = .03$; anxiety and acculturation, $r(87) = -.27$, $p = .01$; and anxiety and PSS, $r(87) = -.32$, $p = .002$. *No* strong

correlation ($r > .9$) between predictor variables were observed; thus I concluded that this asumption was met.

Table 2

Summary of Pearson's Product-Moment Correlations between all Variables

Variables	1	2	3	4	5	6
1. Counseling Self-Efficacy (CSE)	-					
2. Counseling-Related Coursework (CRC)	.50*	-				
3. Clinical Experience (CE)	.57*	.64*	-			
4. Anxiety	-.27*	-.07	-.23*	-		
5. Perceived Social Support (PSS)	.17	.11	.08	-.32*	-	
6. Acculturation	.37*	.06	.10	-.27*	-.01	-

Next I inspected the graph of *ZRESID plotted against *ZPRED and partial regression plots to determine whether the assumptions of linearity and homoscedasticity was met, violation of which may result in Type I error. These plots, as well as bivariate correlation results, demonstrated that Multidimensional Scale of Perceived Social Support (MSPSS) violated the assumptions of linearity and homoscedasticity with a funneled and non-linear partial regression plot. Also, bivariate correlation between CSE and perceived social support revelaed a

nonsignificant result, $r = .17$, $p = .12$. Moreover, clinical experience in hours violated the assumption of homoscedasticity with a funneling graph. As Box and Cox (1964) suggested, I transformed both variables using Log10, since both variables demonstrated strong postively skewed shapes. After the transformation, clinical hours no longer violated the assumption of homoscedasticty (i.e., no more funneling) whereas the MSPSS still did not meet the assumption, as partial regression plot associated with the MSPSS still demonstrated a non-linear and funneled shape. I run the analysis with and without the PSS values and the difference between the final models was less than 1%; thus I did not include PSS in the primary analysis. The next assumption tested was independence of residuals. A Durbin-Watson test was conducted in SPSS to ascertain whether or not this assumption was met. A Durbin-Watson test values range between 0 and 4, with a value of 2 being indicative of independence of residuals. For this study, a Durbin-Watson score of 1.92 was obtained; therefore, this assumption was met. Finally, I reviewed the regression standardized residuals histogram to determine whether or not the assumption of normally distributed errors were met. The residuals were scattered between -3 and +3 standard deviations and were predominantly clustered between -1 and +1 standard deviations. Therefore, this assumption was met.

Demographic Characteristics of Participants

A total of 114 participants participated in the study. 24 cases were removed due to excessive missing data points and one case was removed, as it violated the assumption of homoscedasticity. A total of 89 participants were included in data analysis. Descriptive statistics (see Table 3) demonstrated that the final sample included 71 women (%79.80) and 18 men (%20.20). The participants reprenseted 34 countries and five continents, including Africa, Asia, Europe, North America, and South America. Participants were predominantly enrolled in a

counselor education (supervision) ($n = 33$; 37.08%) or school counseling program ($n = 23$; 25.84%) followed by clinical mental health counseling ($n = 21$; 23.60%), marriage and family counseling, ($n = 4$; 4.51%), counseling psychology ($n = 3$; 3.37%), college counseling and student services ($n = 2$; 2.25%), addictions counseling ($n = 2$; 2.25%), and pastoral counseling ($n = 1$; 1.12%). More than 75% of the participants identified as either Asian (38.20%) or non-Hispanic White/Caucasion (37.08%). 11 participants identified as African American or Black (12.36%) while 10 participants identified as Hispanic (11.24%) and one as biracial (1.12%). Approximately 47% of the participants were from Turkey ($n = 18$), China ($n = 9$), South Korea ($n = 8$), and India ($n = 7$). The mean age for the participants was 31.51 ($SD = 6.87$) ranging from 21 to 53 years. Sixty participants (67%) rated their English proficiency as having a full operational command of the language with with or without unsystematic inaccuracies while 22 participants (24.70%) believed that, generally, they can handle complex language (i.e., English) well and understand detailed reasoning with occasional inaccuracies, inappropriate usage, and misunderstandings. Six participants (6.70%) reported the ability to understand fairly complex language (i.e., English), particularly in familiar situations or in their field of study while one participant (1.1%) reported having difficulty understanding and expressing complex language (i.e., English). In addition, 28 participants (31.50%) identified with an individualistic worldview, which is defined as "a worldview that centralizes the personal- personal goals, personal uniqueness, and personal goals- and peripheralizes the social (Oyserman, Coon, & Kemmelmeier, 2002, p. 5)" while 61 participants (68.50%) identified as collectivist, which is defined as "a worldview based on the assumption that bind and mutually obligate individuals, where the personal is simply a component of the social." Eighty-two participants (92.10%) were enrolled in CACREP-accredited programs, two participants (2.20%) were enrolled in APA-

accredited programs, while one participant was enrolled in a CORE-accredited program. Four

participants (4.50%) reported of being unsure of the accreditation status of their programs.

Lastly, the average length of stay in the U.S. was 87.65 months (*SD* = 84.94) ranging from five

months to 39 years and 2 months.

Table 3

Descriptive Statistics for International Counseling Students

Characteristics	*M*	SD	Range	*n*	% Total Sample
Age	31.51	6.87	21-53		
Number of years in the U.S. (by month)	87.65	84.94	5-470		
Gender					
Men				18	20.20
Women				71	79.80
Ethnicity/Race					
Asian				34	38.20
African American or Black				11	12.36
Biracial				1	1.12
Hispanic				10	11.24
Non-Hispanic Whites/Caucasians				33	37.08
Specialty Area					
Addictions Counseling				2	2.25
Clinical Mental Health Counseling				21	23.60
College Counseling and Student Services				2	2.25
Counseling Psychology				3	3.37
Counselor Education				33	37.08
Family and Marriage Counseling				4	4.5
Pastoral Counseling				1	1.12
School Counseling				23	25.84
Perceived English Proficiency					

Expert User	33	37.10
Very Good User	27	30.03
Good User	22	24.70
Competent User	4	4.50
Modest User	2	2.20
Limited User	1	1.10
Worldview		
Individualism	28	31.50
Collectivism	61	68.50
Program Accreditation		
CACREP	82	92.10
APA	2	2.20
CORE	1	1.10
Not Sure	4	4.50

Primary Analysis

A hierarchical multiple regression analysis was conducted to examine the role of counseling-related coursework (CRC), clinical experience, anxiety, and acculturation (predictor variables) in predicting counseling self-efficacy (CSE) (criterion variable), the results of which are provided in Table 4. The first block included CRC and clinical experience. The second block consisted of anxiety (the MSPSS was not included in the primary analysis, as it violated the linearity and homoscedascity assumptions) while acculturation was entered in the third block (see Figure 2).

Figure 2. Conducted Data Analysis Using a Hierarchical Multiple Regression Analysis
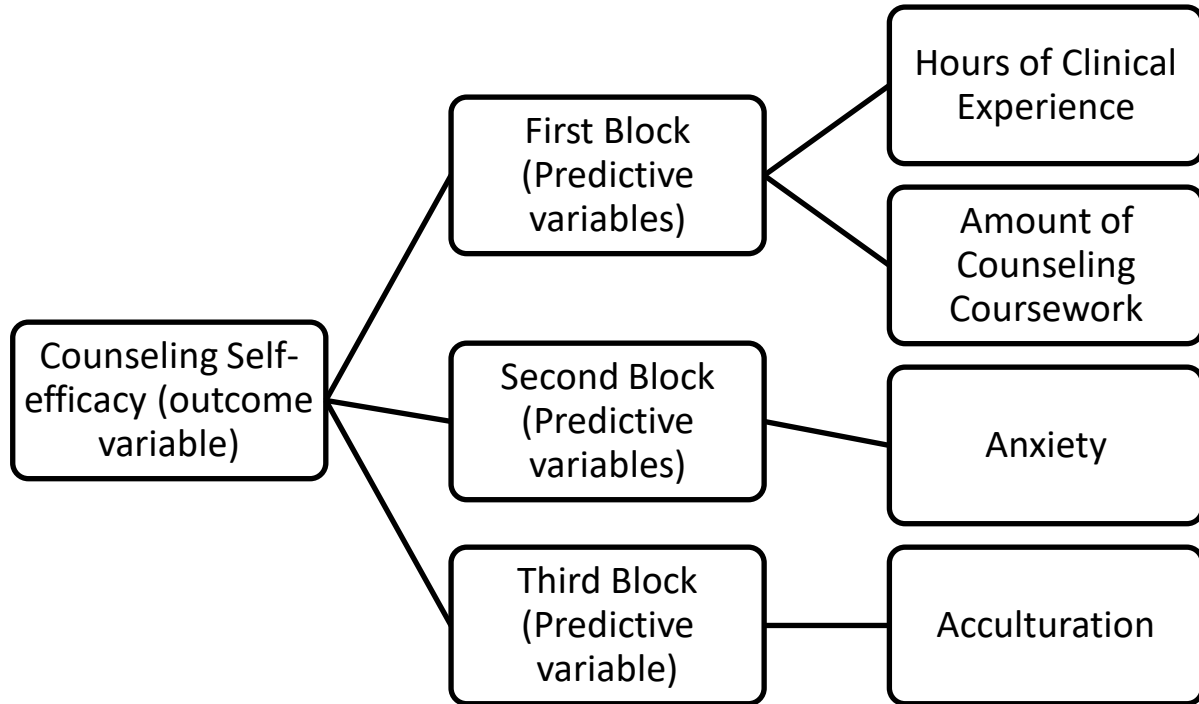
The final model, which included all four variables, was statistically significant with the set of predictor variables explaining 46% of the variance in counseling self-efficacy among the participants, $R^2 = .46$, $F(4,84) = 17.56$, $p < .001$ (adjusted $R^2 = .44$). This R^2 value corresponds to a large effect size (Field, 2013). The first model that included clinical experience and CRC was statistically significant and both variables were positively correlated with CSE, $\Delta R^2 = .36$, $\Delta F(2,86) = 23.80$, $\Delta p < .001$. This effect size suggests approximately 36% of the variation in counseling self-efficacy scores was due to the linear combination of clinical experience and CRC. Anxiety, while controlling for CE and CRP, did not significantly predict CSE, $\Delta R^2 = .03$, $\Delta F(1,85) = 3.63$, $\Delta p = .06$. The third model, which tested the role of acculturation in predicting

CSE above and beyond the first two models (i.e., controlling for CE, CRC, and anxiety) was significant and explained an additional 8% of the variance in CSE among the participants, $\Delta R^2 = .08$, $\Delta F(1,84) = 12.21$, $\Delta p < .001$.

Table 4

Summary of Hierarchical Multiple Regression Analyses

Variable	B	$SE\ B$	β	t	F	ΔR^2	R^2
Model 1					23.80	.36	.36
CRC	.45	.22	.23	2.05			
CE	23.94	6.38	.42	3.75			
Model 2					17.56	.03	.38
CRC	.49	.22	.25	2.28			
CE	20.91	6.48	.37	3.23			
Anxiety	-2.21	1.16	-.17	-1.90			
Model 3					17.96	.08	.46
CRC	.47	.20	.25	2.34			
CE	20.53	6.10	.36	3.37			
Anxiety	-1.21	1.13	-.09	-1.07			
Acculturation	1.29	.37	.29	3.50			

Note: Counseling Self-Efficacy (DV)

Summary

The data set including 114 cases was inspected and 24 cases were removed due to excessive missing values. After conducting reserve coding, when appropriate, missing values

were replaced using the series mean function in SPSS. After testing for the assumptions of hierarchical multiple regression analysis, one case was removed due to violating the assumption of multivariate outliers, and the MSPSS was removed due to violating linearity and homoscedasticity assumptions. With four predictor variables, the achieved power was .82, which was satisfactory. A three-step hierarchical multiple regression analysis was run to examine the roles of CRC, clinical experience, anxiety, and acculturation in predicting CSE among ICSs. Model 3, which included all predictor variables, significantly explained 46% of the variance in CSE scores among ICSs. The coefficients table demonstrated that CRC, clinical experience, and acculturation significantly predicted ICSs' CSE, whereas anxiety did not explain a significant percentage of the variance.

CHAPTER V: DISCUSSION

The purpose of chapter V is to discuss the findings provided in chapter IV. This chapter starts with a summary of the study, followed by an interpretation of the findings, and then implications for international counseling students (ICSs), counseling faculty advisors, and counselor educators. Limitations of the study as well as future research recommendations concerning counseling self-efficacy (CSE) among ICSs are discussed.

Summary of the Study

Counseling self-efficacy is defined as the degree to which individuals believe they can successfully provide counseling services to potential clients in the future (Larson & Daniels, 1988). Researchers have reported a positive relationship between counseling self-efficacy and higher quality of services to clients as well as assisting clients in attaining counseling goals (Barnes, 2004; Griffith & Frieden, 2000; Jaafar et al., 2009). Furthermore, researchers have suggested an increase in counseling students' CSE scores as they complete more counseling-related coursework (CRC) and obtain more clinical experience (e.g., Mullen et al., 2015; Tang et al., 2004; Watson, 1992). Although researchers have explored several factors explaining CSE among counseling students, few studies have focused on CSE among ICSs, with inconsistent results reported. The purpose of this study was to examine the role of counseling-related course work (CRC), counseling experience (CE), anxiety, perceived social support, and acculturation in predicting counseling self-efficacy (CSE) for international counseling students (ICSs). To test our hypotheses, I invited ICSs across the U.S. to participate in the study. The survey used to collect data included a demographics questionnaire, the Counselor Activity Self-Efficacy Scales (Lent et al., 2003), Generalized Anxiety Disorder Scale (Spitzer et al., 2006), Multidimentional Scale of Perceived Social Support Assessment (Zimet et al., 1990), and the Stephenson

Multigroup Acculturation Scale (Stephenson, 2000). I analyzed data from 89 participants representing five continents: Africa, Asia, Europe, North America, and South America.

Discussion of Findings

In studies conducted among counseling students (i.e., no differentiation between domestic and international students), researchers have suggested that CRC and CE account for the highest variance in CSE scores. Our findings have revealed that CRC and CE significantly predicted CSE among ICSs, accounting for a combined 36% of the variance in CSE. This study confirms the previous finding in the literature and suggests that participants reporting greater CRC and CE generally have higher CSE. In addition, researchers examining the relationship between CSE and anxiety reported significant negative relationships between these constructs. When accounting for CRC and CE, our results revealed anxiety did not significantly explain CSE. However, a bivariate correlation computed between CSE and anxiety demonstrated a significant negative correlation. In other words, despite a significant correlation, the unique contribution of anxiety scores in predicting CSE scores were negligible after accounting for participants' CRC and CE. The inconsistent results pertaining to anxiety may be due to the fact that I used an anxiety disorder scale (i.e., GAD-7) to assess participants' anxiety. It is possible that some participants experienced lower levels of anxiety, yet the GAD-7 failed to gauge them due to its' disorder focus.

This study's results revealed that participants' CSE and social support scores did not correlate; therefore, social support was not included in subsequent data analyses. Finally, scant research has been conducted as to whether acculturation predicts CSE, with researchers reporting inconsistent results regarding the predictive role of acculturation (see Leggett, 2010; Li, Lu, Bernstein, & Bang, 2018; Ng & Smith, 2009) and suggesting further examination of the

relationship between CSE and acculturation. The findings of the current study related to acculturation revealed it to be a significant predictor of CSE among ICSs while accounting for CRC, CE, and anxiety scores. This finding contradicts Ng and Smith's (2009) conclusions while supporting Leggett's (2010) findings.

Collectively, I found that participants who took more courses in counseling programs, had more direct counseling experience, and noted higher acculturation level tended to report higher counseling self-efficacy. However, participants' anxiety scores did not follow a pattern in explaining their CSE. These findings partially supported our hypotheses. As I hypothesized, CRC, CE, and acculturation significantly predicted ICSs' CSE scores. Contradictory to our expectations, anxiety scores did not explain a significant portion of the variance after controlling for CRC nor did CE and social support correlate with CSE. Implications for these findings are discussed in the implications section.

The descriptive statistics revealed that participants represented 34 different countries and that approximately 75% of the participants were either Asian or non-Hispanic White. Participants' places of origin ($n = 34$) demonstrated diversity. However, participants' ethnic and racial diversity lacked diversity. This may be explained by the demographics of international students studying in the U.S., development of the counseling profession in different countries, and the initial sampling method utilized in data collection. Specifically, Chinese, Indian, and South Korean students constituted the top three places of origin of international students and accounted for 55.2% of all international students enrolled in American higher education during 2016-2017 academic year (IIE, 2017). In this study, Chinese, Indian, and South Korean students composed 27% of the participants. Additionally, 20% of the participants were from Turkey. The fact that Chinese, Indian, and Turkish students were well-represented in this study may be due to

the initial sampling method, as this method relies on initially contacted participants to pass along the information to other potential participants. I initially contacted ICSs from Canada, China, Germany, India, Nigeria, Trinidad and Tobago, Turkey, and Venezuela, and these participants might have pass along the information to ICSs from their country of origin. Furthermore, counseling is perceived differently in some countries and its development may not reflect the current status of the counseling profession in the U.S. For example, the World Health Organization (2002) reported that approximately 80% of Africa population rely on traditional physical and psychological healing methods. Moreover, an examination of the status of counseling around the world (Hohenshil, Amundson, & Niles, 2013) revealed that the development of the counseling profession is at different status in different countries. For example, counseling as a profession is yet to be recognized at some countries while counseling is understood differently in other countries. Consequently, it is possible that individuals from countries where counseling is perceived differently may not seek a counseling degree in the U.S.; thus, underrepresented in this study. In contrast, counseling is an emerging or well-established discipline in some countries, including China, India, South Korea, and Turkey (Jain & Sandhu, 2013; Lee & Yang, 2013; Lim & Lim, 2013; Owen & Guneri, 2013). It is possible that individuals from countries in which counseling is emerging or has emerged are more likely to seek a counseling degree in the U.S. Consequently, individuals from those countries might have been well-represented.

Implications

The results of this study highlight the significance of academic and cultural factors in explaining CSE among ICSs. As counseling programs continue to attract students from diverse cultural backgrounds, more attention to the factors explaining these students' CSE is warranted.

Similar to the findings related to the CSE of counseling students, findings of this study revealed that counseling-related coursework and clinical experience explained the highest variance in CSE scores among ICSs. These findings may be of interest to ICSs, advisors, and counselor educators. International counseling students believing to possess lower CSE may consider taking as much CRC as possible before starting their practicum and internship courses. Correspondingly, counseling faculty advisors or counselor educators may encourage ICSs reporting lower CSE to take as many CRC as possible before beginning their clinical work with clients. In addition, counselor educators and instructors can incorporate more experiential activities in their counseling classes, allowing students to practice the skills they learn in a structured learning environment. This may simulate a counseling-like experience and potentially foster not only ICSs' but also domestic counseling students' CSE.

A higher level of acculturation involves integrating culture of origin with dominant culture. It is worth noting that the U.S. is the fourth largest country in the world (Central Intelligence Agency, n.d.), and consists of numerous cultural groups. I acknowledge that some of these cultural groups may possess cultural beliefs and values that are dramatically different from the dominant culture in the U.S. However, through direct and indirect experiences (e.g., exposure to the media, social interaction with individuals from other cultures) it would be reasonable to assume that many individuals born and raised in the U.S. understand the fundamental values and beliefs of the dominant culture. Again, this does not mean they must share the same values and beliefs with those from the dominant culture. On the contrary, students with lower acculturation levels may have limited knowledge concerning the dominant culture. For example, some ICSs who are not sufficiently exposed to the dominant culture in the U.S. may not be familiar with various elements of the culture (e.g., New Year's Day and other major holidays) which are

usually commonly understood to individuals born and raised in the U.S. In multicultural counseling courses, usually, cultural groups are addressed separately and little emphasize is given to commonalities across cultural groups in the U.S. Although these commonalties may not address the entire values, beliefs, and behaviors associated with the dominant culture, they may help ICSs to understand some important values, beliefs, and behaviors associated with the dominant culture. Therefore, in addition to discussion about different cultures, I encourage counselor educators teaching multicultural counseling courses to facilitate discussions related to the dominant culture in the U.S, especially if ICSs are present in the classroom. The instructors may use prompts, such as "What are some common themes across cultures in the U.S.?" or "If you visited a foreign country and were asked the U.S. culture, how would you describe it?" Multicultural competencies are highly emphasized in the field of counseling (Hays & Mcleod, 2018). However, even some of the most widely-used multicultural counseling books are written with American students in mind. International counseling students learn some of the key characteristics of a variety of cultural groups, often including their own culture, yet little information is provided related to the common motives in the dominant culture in the U.S. In other words, different parts (i.e., cultural groups) constituting the U.S. demographics are discussed, yet limited emphasize is given to the whole. Therefore, scholars authors of multicultural counseling books may consider adding a chapter pertaining to common motives across the U.S. cultures, which may help ICSs to understand the dominant culture.

Another component of acculturation is the use of dominant language; thus, higher English proficiency is strongly associated with higher acculturation. Counseling faculty advisors and counselor educators can encourage ICSs to assume an active role on campus and become involved in different student organizations of their interests. Many universities in the U.S.

support student organizations, such as graduate student organizations and international student organizations. In addition, many counseling programs host student organizations for counseling students, including Chi Sigma Iota. The engagement in student groups may help ICSs to obtain more opportunities to practice English with their peers. Furthermore, many counseling programs require an English proficiency test score of international students whose native language is not English, such as the Test of English as a Foreign Language (TOEFL) and the International English Language Testing System (IELTS). These exams assess test takers' academic writing, academic reading, speaking, and understanding (i.e., listening) skills. Frequently, however, the minimum English proficiency requirement is the same score across many disciplines at a university. For example, a TOEFL score of 79 or IELTS score of 6.5 is typically required for most graduate programs by many universities. While these scores may be sufficient in some disciplines in which verbal communication is not a priority, they may fall short for the programs wherein verbal communication is pivotal. Considering the importance of verbal communication in the field of counseling, counseling faculty may consider increasing the English proficiency exam requirement.

Furthermore, considering the findings in the extant literature and current study, faculty members can encourage students to establish counseling skill organizations on their campuses in which counseling students can role-play counseling-like scenarios under the supervision of a faculty advisor of the organization. When ICSs are involved, this experience may foster cultural interaction among domestic and international students, which can increase counseling students' CSE as well as multicultural competencies. This opportunity also will afford more opportunities for ICSs to practice English.

Limitations

As with any research endeavor, a number of noteworthy limitations to this study exist. I discussed the limitations existed in the current study to allow readers to decide whether or not they could utilize the findings. The limitations discussed here are threefold: limitations related to the research design used, generalizability of the findings, and the instruments used.

First, the use of a hierarchical multiple regression analysis (HMRA) is a limitation of this study. HMRA is one of the major types of multiple regression analysis that allows researchers to test the role of the independent variables to predict the dependent variable. HMRA is a cross-sectional study design. Cross-sectional study designs fail to examine the influence of time on the variables assessed (Caruana, Roman, Hernández-Sánchez, & Solli, 2015). Moreover, the findings of cross-sectional studies cannot be utilized to infer causality. When a positive relationship between the outcome variable and predictor variables is observed, an increase in the outcome variable can be expected when the predictor variables enhance, yet a change cannot be guaranteed. Another limitation of using a HMRA is that a predictor variable entered after the first block will only demonstrate significant relationship when it explains the variance in the outcome variable after accounting for all the predictor variables entered in the preceding blocks. This study revealed that anxiety scores did not significantly predict CSE after accounting for CRC and CE. Moreover, while 46% of the variance in the CSE scores among ICSs were explained using four predictor variables, a significant percentage of unexplained variance still exists in the CSE scores.

A second limitation relates to the generalizability of the findings. International counseling students, counseling faculty advisors, and counselor educators should be aware of the ethnic composition of the study and consider the findings in the context of the study. International

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students represented in this study were predominantly Asian and non-Hispanic White/Caucasian students (75.28% together), which may not reflect the experiences of other ICSs. In the current study, some ethnic and racial groups were underrepresented. For instance, only one biracial participant responded to the survey (1.12%). Despite my efforts to reach out to participants across the U.S., a snowballing sampling was initially used. Participants who were directly contacted by the researcher were asked to pass along the information to other potential participants. One potential problem with this method is that individuals who are not a member of a group or inactive members may be excluded, as the participants play a role in the dissemination of the study. An international counseling student who does not know other international counseling students may not have been aware of this study, especially if the student does not subscribe to CESNET-L or other social platforms mentioned in the data collection process. Consequently, the findings of this study may not be applicable to all ICSs; thus, results should be generalized with caution to a target group.

A third limitation relates to the instruments used in data collection. All the instruments utilized in data collection relied on self-report. Despite their common use in counseling research, self-report instruments are susceptible to influence of a variety of participant-related factors including social desirability and recent experiences. Due to the nature of self-report instruments, all measures used in the current study measure how individuals' view themselves in a given area. For example, when individuals were asked questions pertaining to their CSE, anxiety, social support, and acculturation, the answers reflect their perception of themselves in the aforementioned areas, which may or may not reflect their true scores. When there may be a gap between true scores and perceived scores, social desirability may be one of the factors. Social desirability in the current study is especially relevant given that data collection was initiated with

a snowball sampling method. When I contacted potential participants, participants might have been concerned about being identified through some of the items in the demographic questionnaire, such as gender, ethnicity/race, and program of study. This concern might have influenced some of the participants' answers. Another reason why there may be a gap between true scores and perceived scores may be due to recent experiences. Counselor self-efficacy, anxiety, and acculturation may easily be affected by individuals' recent experiences. For instance, ICSs who have had recent negative experiences with clients may report lower CSE scores than they would do otherwise. A final limitation of this study relates to the operational definition of acculturation. In the U.S., acculturation is viewed as acquiring European American or Anglo-American values (Giordano & McGoldrick, 1996; Hays & Erford, 2018) and the acculturation scale used in this study, the Stephenson Multigroup Acculturation Scale, was not an exception. Nonetheless, the findings of this study provide promising results pertaining to the factors explaining CSE among ICSs and can be of help to ICSs, counseling faculty advisors, and counselor educators.

Recommendations for Future Research

Due to the present study's limitations, further research to better understand CSE among ICSs is warranted. Future researchers interested in examining CSE among ICSs can focus on building upon the findings and addressing the limitations of this study. As discussed earlier, I conducted a cross-sectional analysis, which fails to assess the influence of time on the variables. As this research include variables that will vary over time (e.g., CRC, clinical experience, acculturation) researchers can conduct longitudinal studies investigating the relationship between CSE and counseling-related coursework (CRC) and clinical experience among ICSs. Longitudinal studies would allow researchers to gauge the relationship between CSE and

predictor variables over time. This may be achieved by monitoring ICSs' CSE throughout their programs and paying close attention to the change before and after courses in which ICSs gain clinical experience. Furthermore, future research is needed to investigate the role of anxiety in predicting CSE among ICSs, as a bivariate correlation was evident, yet a significant percentage of the variance in CSE scores were not explained after controlling for CRC and clinical experience. Future researchers can explore both direct and indirect relationship between anxiety and CSE, such as using a pathway analysis. Additionally, I started the study using a snowball sampling method, which relies on initially contacted individuals to pass along the information to other potential participants. One of the limitations of the snowball sampling method is the risk of failure to recruit individuals isolated from main groups. I recommend using another sampling method to investigate the relationship between CSE and perceived social support, as this risk may create an additional extraneous variable.

Another consideration for future researchers is to test the role of other variables in explaining CSE among ICSs. Although this study explained a significant variance in ICSs' CSE, there is still a large percentage of unexplained variance (approximately 54%). Due to the need to recruit more participants with every added predictor variable, I started this study with only five predictor variables. Based on the literature on international counseling students, I decided to include the predictor variables used in the current study. Future researchers should review the extant literature pertaining to CSE among counseling students and test similar variables with ICSs, such as supervisory alliance. I limited this study with the predictor variables used because of the need for more participants with every added predictor. Additionally, researchers should investigate CSE of ICSs with a larger sample that is heterogeneously distributed so that the sample is more representative of the population. Also, researchers can test the relationship

between ICSs' characteristics and CSE, such as gender and length of stay in the U.S. Finally, considering the limitations of the current study, replication studies are warranted.

Conclusions

This study investigated the predictive relationship between CSE and five academic, psychological, and cultural variables: counseling-related coursework (CRC), clinical experience, anxiety, perceived social support, and acculturation. Social support did not correlate with CSE; thus, was not included in data analysis due to the violation of the linearity assumption. When CRC, clinical experience, anxiety, and acculturation were included in the regression model, 36% of the variance was explained in CSE scores among ICSs. This study significantly contributes to the counseling literature in a variety of ways. First, previous studies examined CSE among ICSs paid little attention to counseling-related coursework and clinical experience, both of which have been reported to be strong predictors of CSE among counseling students. Second, researchers have reported inconsistent results pertaining to the relationship between acculturation and CSE. Findings of the present study suggest acculturation is a significant predictor of CSE after controlling for CRC and clinical experience. Third, this study provides implications for ICSs, counselor faculty advisors, and counselor educators. The implications include not only general guidelines but also specific suggestions.

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APPENDICES

Appendix A: IRB Approval Letter, Information Sheet, and Participation Request E-Mail

OFFICE OF RESEARCH COMPLIANCE
Division of Research, Commercialization and Outreach

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TEXAS A&M UNIVERSITY
CORPUS CHRISTI

Human Subjects Protection Program	
Institutional Review Board	

APPROVAL DATE:	September 16, 2016
TO:	Mr. Abdulkadir Haktanir
CC:	Dr. Joshua Watson, Dr. Marvarene Oliver, Dr. Michelle Hollenbaugh
FROM:	Office of Research Compliance Institutional Review Board
SUBJECT:	Initial Approval
Protocol Number:	#89-16
Title:	An Examination of the Individual Factors Predictive of Counseling Self-Efficacy among International Counseling Students (ICSs)
Review Category:	Qualifies for Exemption

Approval determination was based on the following Code of Federal Regulations:

Eligible for Exemption (45 CFR 46.101)

- -

Criteria for exemption has been met (45 CFR 46.101) - The criteria for exemption listed in 45 CFR 46.101 have been met (or if previously met, have not changed).

- -

(2)Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of

criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Provisions:	
Comments:	The TAMUCC Human Subjects Protections Program has implemented a post-approval monitoring program. All protocols are subject to selection for post-approval monitoring.

This research project has been granted the above exemption. As Principal Investigator, you assume the following
responsibilities:

1. Informed Consent: Information must be presented to enable persons to voluntarily decide whether or not to
   participate in the research project unless otherwise waived.
2. Amendments: Changes to the protocol must be requested by submitting an Amendment Application to the Research Compliance Office for review. The Amendment must be approved before being implemented.
3. Completion Report: Upon completion of the research project (including data analysis and final written papers),
   a Completion Report must be submitted to the Research Compliance Office.
4. Records Retention: All research related records must be retained for three years beyond the completion date of
   the study in a secure location. At a minimum these documents include: the research protocol, all questionnaires, survey instruments, interview questions and/or data collection instruments associated with this research protocol, recruiting or advertising materials, any consent forms or information sheets given to participants, all correspondence to or from the IRB or Office of Research Compliance, and any other pertinent documents.
5. Adverse Events: Adverse events must be reported to the Research Compliance Office immediately.
6. Post-approval monitoring: Requested materials for post-approval monitoring must be provided by dates requested.

INFORMATION SHEET

An Examination of the Individual Factors Predictive of Counseling Self-Efficacy among

International Counseling Students

Introduction

The purpose of this form is to provide you with information that may affect your decision

as to whether or not to participate in this research study. By filling out this survey questionnaire

you are consenting to participate in the study. By participating in this study, you are also

certifying that you are 18 years of age or older. Please do not fill out the survey if you do not

consent to participate in the study.

You have been asked to participate in a research project investigating the individual

experiences of international counseling students or recent counseling graduates. The purpose of

this study is to investigate the factors affecting counseling self-efficacy among international

students/graduates. You were selected to be a possible participant because you are an

international student or a recent counseling graduate studying/studied in a counseling program in

the U.S. This study is being conducted by researchers at Texas A&M University- Corpus Christi.

What will I be asked to do?

If you agree to participate in this study, you will be asked to fill out a survey that includes

5 Sets of questions related to your demographic information, counseling self-efficacy, anxiety,

social support, and acculturation. Overall, there are 103 questions, and the entire process will

take you about 20-40 minutes to complete, depending on your rate of response.

What are the risks involved in this study?

The risks associated in this study are minimal, and are not considered to be greater than

risks ordinarily encountered in daily life.

What are the possible benefits of this study?

Although there is no tangible compensation offered to those individuals who participate in the study, they will benefit from their participation. Participants will have an opportunity to think about their counseling self-efficacy, acculturation level, and social support. The results of this study will provide significant information for counselor educators toward increasing ICSs counseling self-efficacy. This information may not only indirectly impact the participants but also ICSs who did not participate in the study and future ICSs.

Do I have to participate?

No. Your participation is voluntary. You may decide not to participate or to withdraw your participation at any time without penalty to your current or future relations with your institution.

Who will know about my participation in this research study?

This study is anonyms. Your responses will be combined with the responses of tens of other students. No information that could directly identify you as a participant in this study will be included in any sort of report that might be published. Furthermore, research records will be stored securely and only Abdulkadir Haktanir and Joshua Watson, Ph.D., will have access to the records.

Whom do I contact with questions about the research?

If you have questions regarding this study, you may contact Abdulkadir Haktanir at 1-330-990-9328 or by e-mail ahaktanir@islander.tamucc.edu as well as Dr. Joshua Watson at 361-825-2739 or by email at Joshua.watson@tamucc.edu.

Whom do I contact about my rights as a research participant?

This research study has been reviewed by the Research Compliance Office and/or the Institutional Review Board at Texas A&M University-Corpus Christi. For research-related problems or questions regarding your rights as a research participant, you can contact Caroline Lutz, Research Compliance Officer, at (361) 825-2497 or by caroline.lutz@tamucc.edu.

Participation Request E-Mail

Dear [first and last name],

My name is Abdulkadir Haktanir, and I am a doctoral student in the Department of Counseling and Educational Psychology at Texas A&M University- Corpus Christi. This email is to invite you to participate in my study entitled "An Examination of the Individual Factors Predictive of Counseling Self-Efficacy among International Counseling Students". To be eligible to participate, you must be an international student enrolled in course(s) within counselor training programs at regionally accredited universities across the U.S during summer or fall 2016 semesters or an international counseling graduate who has graduated from a counseling program in the last three months. International students and graduates, for this study, are defined as individuals born and raised outside of the U.S.; individuals with the student, dependent, work, or academic training visas; individuals born outside the U.S. who have become naturalized citizens; and individuals who possess a green card and are permanent residents. Excluded are those who were counseling students who were born and raised in a foreign country yet raised by American parents.

The purpose of this study is to examine the predictors of counseling self-efficacy among international students. This survey will take 20-40 minutes to complete (depending on your rate of response), and your participation is voluntary. You may decide not to participate or to withdraw your participation at any time without your current or future relations with your university being affected. At the end of the survey, you will be asked whether you would like to enter a draw for winning one of the six $25 Amazon gift cards.

The risks associated in this study are minimal, and are not considered to be greater than risks ordinarily encountered in daily life. Your information will be kept anonyms. No identifiers linking you to this study will be included in any report that might be published. Should you have any questions, please do not hesitate to contact me at 330-990-9328 or by kadirhaktanir@gmail.com.

In this study, I will use **snowballing sampling method**, which relies on the participants' passing the survey link to other potential participants. I would really appreciate it if you would be willing to pass along this email to your friends and/or family members who may also be interested in learning about this research study. You are under no obligation to share this information and whether or not you share this information will neither affect your relationship with anyone nor your institute.

If you are interested in participating, please click the link provided below to access the survey.

……………….

Thank you for your consideration.

Sincerely

Abdulkadir Haktanir

Appendix B: Demographic Form

Demographic Questionnaire

Age: ……………………….

Gender: ………Female ………….. Male ………. LGBTQIA

Country of Origin: …………………… **Ethnicity:** ………………………………

English Proficiency: Please mark the option that defines your English language proficiency the
most.

…….. **Expert user:** You have a full operational command of the language. Your use of English
is appropriate, accurate and fluent, and you show complete understanding

……… **Very good user:** You have a fully operational command of the language with only
occasional unsystematic inaccuracies and inappropriate usage. You may misunderstand
some things in unfamiliar situations. You handle complex detailed argumentation well.

……… **Good user:** You have an operational command of the language, though with occasional
inaccuracies, inappropriate usage and misunderstandings in some situations. Generally,
you handle complex language well and understand detailed reasoning.

……... **Competent user:** Generally, you have an effective command of the language despite
some inaccuracies, inappropriate usage and misunderstandings. You can use and
understand fairly complex language, particularly in familiar situations.

……… **Modest user**: You have a partial command of the language, and cope with overall
meaning in most situations, although you are likely to make many mistakes. You should
be able to handle basic communication in your own field.

…….. **Limited user:** Your basic competence is limited to familiar situations. You frequently

show problems in understanding and expression. You are not able to use complex

language.

……… **Extremely limited user:** You convey and understand only general meaning in very

familiar situations. There are frequently breakdowns in communication.

………. **Intermittent user:** You have great difficulty understanding spoken and written English.

………. Cannot understand the text above (British Council).

How long have you been in the U.S?   …………..year(s) and ………………….month(s)

What is the accreditation status of the program where you do your graduate study?

…….. CACREP,   ……… APA,   ……… AAMFT,   ……….CORE,   …… Not sure

What is your specialty area?

a. Addictions Counseling   c. Clinical Mental Health   e. Rehabilitation Counseling

Counseling

b. School Counseling   d. Marriage and Family   f. Counseling Psychology

Counseling

g. Counselor Education

h. Other (please indicate it here) …………………………………………………

How many graduate hours have you completed toward your degree program? ………

Approximately, how many hours of direct counseling experience do you have with clients (if you are a practicum or internship student, remember your practicum and internship hours)?   ……………………………………….

Which of the following worldviews applies to you the most?

………. Individualism: A worldview that centralizes the personal- personal goals, personal uniqueness, and personal goals- and peripheralizes the social.

……….. Collectivism: A worldview based on the assumption that bind and mutually obligate individuals, where the personal is simply a component of the social.

Counselor Activity Self-Efficacy Scales

(Lent, Hill, Hoffman, 2003)

General Instructions: The following questionnaire consists of three parts. Each part asks about your beliefs about your ability to perform various counselor behaviors or to deal with particular issues in counseling. Please provide your honest, candid responses that reflect your beliefs about your current capabilities, rather than how you would like to be seen or how you might look in the future. There are no right or wrong answers to the following questions. Using a dark pen or pencil, please circle the number that best reflects your response to each question.

Part I.

Instructions: Please indicate how confident you are in your ability to use each of the following helping skills effectively, over the next week, in counseling most clients.

No Confidence				Some Confidence			Complete Confidence			
0	1	2	3	4	5	6	7	8	9	

How confident are you that you could use these general skills effectively with most clients over the next week?

1. Attending (orient yourself physically toward the client)   0 1 2 3 4 5 6 7 8 9

2. Listening (capture and understand the messages that clients communicate).   0 1 2 3 4 5 6 7 8 9

3. Restatements (repeat or rephrase what the client has said, in a way that is succinct, concrete, and clear).   0 1 2 3 4 5 6 7 8 9

4. Open questions (ask questions that help clients to clarify or explore their thoughts or feelings).   0 1 2 3 4 5 6 7 8 9

5. Reflection of feelings (repeat or rephrase the client's statements with an emphasis on his or her feelings).   0 1 2 3 4 5 6 7 8 9

6. Self-disclosure for exploration (reveal personal information about your history, credentials, or feelings).   0 1 2 3 4 5 6 7 8 9

7. Intentional silence (use silence to allow clients to get in touch with their thoughts or feelings).   0 1 2 3 4 5 6 7 8 9

8. Challenges (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change).   0 1 2 3 4 5 6 7 8 9

9. Interpretations (make statements that go beyond what the client has overtly stated and that give the client a new way of seeing his or her behavior, thoughts, or feelings).   0 1 2 3 4 5 6 7 8 9

10. Self-disclosures for insight (disclose past experiences   0 1 2 3 4 5 6 7 8 9
in which you gained some personal insight).

11. Immediacy (disclose immediate feelings you have about
the client, the therapeutic relationship, or yourself in relation to   0 1 2 3 4 5 6 7 8 9
the client).

12. Information-giving (teach or provide the client with data,   0 1 2 3 4 5 6 7 8 9
opinions, facts, resources, or answers to questions).

13. Direct guidance (give the client suggestions, directives,   0 1 2 3 4 5 6 7 8 9
or advice that imply actions for the client to take).

14. Role-play and behavior rehearsal (assist the client to   0 1 2 3 4 5 6 7 8 9
role-play or rehearse behaviors in-session).

15. Homework (develop and prescribe therapeutic   0 1 2 3 4 5 6 7 8 9
assignments for clients to try out between sessions).

Part II.

Instructions: Please indicate how confident you are in your ability to do each of the following tasks effectively, over the next week, in counseling most clients.

No Confidence				Some Confidence				Complete Confidence		
	0	1	2	3	4	5	6	7	8	9

How confident are you that you could do these specific tasks effectively with most clients over the next week?

1.   Keep sessions "on track" and focused.   0 1 2 3 4 5 6 7 8 9

2.   Respond with the best helping skill, depending on what your client needs at a given moment.   0 1 2 3 4 5 6 7 8 9

3.   Help your client to explore his or her thoughts, feelings, and actions.   0 1 2 3 4 5 6 7 8 9

4.   Help your client to talk about his or her concerns at a "deep" level.   0 1 2 3 4 5 6 7 8 9

5.   Know what to do or say next after your client talks.   0 1 2 3 4 5 6 7 8 9

6.   Help your client set realistic counseling goals.   0 1 2 3 4 5 6 7 8 9

7.   Help your client to understand his or her thoughts, feelings, and actions.   0 1 2 3 4 5 6 7 8 9

8.   Build a clear conceptualization of your client and his or her counseling issues.   0 1 2 3 4 5 6 7 8 9

9.   Remain aware of your intentions (i.e., the purposes of your interventions) during sessions.   0 1 2 3 4 5 6 7 8 9

10. Help your client to decide what actions to take regarding his or her problems.   0 1 2 3 4 5 6 7 8 9

Part III.

Instructions: Please indicate how confident you are in your ability to work effectively, over the next week with each of the following client types, issues, or scenarios (By "work effectively," I am referring to your ability to develop successful treatment plans, to come up with polished in-session responses, to maintain your poise during difficult interactions, and, ultimately, to help the client resolve his or her issues.)

No Confidence				Some Confidence			Complete Confidence			
0	1	2	3	4	5	6	7	8	9	

How confident are you that you could work effectively over the next week with a client who…

1. is clinically depressed.

0 1 2 3 4 5 6 7 8 9

2. has been sexually abused.

0 1 2 3 4 5 6 7 8 9

3. is suicidal.

0 1 2 3 4 5 6 7 8 9

4. has experienced a recent traumatic life event (e.g., physical or psychological injury or abuse).

0 1 2 3 4 5 6 7 8 9

5. is extremely anxious.

0 1 2 3 4 5 6 7 8 9

6. shows signs of severely disturbed thinking.

0 1 2 3 4 5 6 7 8 9

7. you find sexually attractive.

0 1 2 3 4 5 6 7 8 9

8. is dealing with issues that you personally find difficult to handle.

0 1 2 3 4 5 6 7 8 9

9. has core values or beliefs that conflict with your own (e.g., regarding religion, gender roles).

0 1 2 3 4 5 6 7 8 9

10. differs from you in a major way or ways (e.g., race, ethnicity, gender, age, social economic status).

0 1 2 3 4 5 6 7 8 9

11. is not "psychologically-minded" or introspective.

0 1 2 3 4 5 6 7 8 9

12. is sexually attracted to you.

0 1 2 3 4 5 6 7 8 9

13. you have negative reactions toward (e.g., boredom, annoyance).

0 1 2 3 4 5 6 7 8 9

14. is at an impasse in therapy.

0 1 2 3 4 5 6 7 8 9

15. wants more from you than you are willing to give (e.g., in terms of frequency of contacts or problem-solving prescriptions).

0 1 2 3 4 5 6 7 8 9

16. demonstrates manipulative behaviors in-session.

0 1 2 3 4 5 6 7 8 9

Multidimensional Scale of Perceived Social Support

(Zimet, Dahlem, Zimet & Farley, 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you Very Strongly Disagree
Circle the "2" if you
Strongly Disagree Circle
the "3" if you Mildly
Disagree Circle the "4" if
you are Neutral
Circle the "5" if you Mildly Agree
Circle the "6" if you Strongly Agree
Circle the "7" if you Very Strongly Agree

1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2.	There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
3.	My family really tries to help me.	1	2	3	4	5	6	7
4.	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6.	My friends really try to help me.	1	2	3	4	5	6	7
7.	I can count on my friends when things go	1	2	3	4	5	6	7
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11.	My family is willing to help me make	1	2	3	4	5	6	7
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7

The items tended to divide into factor groups relating to the source of the social support, namely family
(Fam), friends (Fri) or significant other (SO).

Stephenson Multigroup Acculturation Scale (SMAS)

Below are a number of statements that evaluate changes that occur when people interact with others of different cultures or ethnic groups. For questions that refer to "COUNTRY OF ORIGIN" or "NATIVE COUNTRY," please refer to the country from which your family originally came. For questions referring to "NATIVE LANGUAGE," please refer to the language spoken where your family originally came.

Circle the answer that best matches your response to each statement

False, Partly false, Partly true, True

	1	2	3	4
	False	Partly False	Partly True	True
1. I understand English, but I'm not fluent in English.	1	2	3	4
2. I am informed about current affairs in the United States.	1	2	3	4
3. I speak my native language with my friends and acquaintances from my country of origin.	1	2	3	4
4. I have never learned to speak the language of my native country.	1	2	3	4
5. I feel totally comfortable with (Anglo) American people.	1	2	3	4
6. I eat traditional foods from my native culture.	1	2	3	4
7. I have many (Anglo) American acquaintances.	1	2	3	4
8. I feel comfortable speaking my native language.	1	2	3	4
9. 1 am informed about current affairs in my native country.	1	2	3	4
10. I know how to read and write in my native language.	1	2	3	4
11. I feel at home in the United States.	1	2	3	4
12. I attend social functions with people from my native country.	1	2	3	4

13. I feel accepted by (Anglo) Americans.	1	2	3	4
14. I speak my native language at home.	1	2	3	4
15. I regularly read magazines of my ethnic group.	1	2	3	4
16. I know how to speak my native language.	1	2	3	4
17. I know how to prepare (Anglo) American foods.	1	2	3	4
18. I am familiar with the history of my native country.	1	2	3	4
19. I regularly read an American newspaper.	1	2	3	4
20. I like to listen to music of my ethnic group.	1	2	3	4
21. I like to speak my native language.	1	2	3	4
22. I feel comfortable speaking English.	1	2	3	4
23. I speak English at home.	1	2	3	4
24. I speak my native language with my spouse or partner.	1	2	3	4
25. When I pray, I use my native language.	1	2	3	4
26. I attend social functions with (Anglo) American people.	1	2	3	4
27. I think in my native language.	1	2	3	4
28. I stay in close contact with family members and relatives in my native country.	1	2	3	4
29. I am familiar with important people in American history.	1	2	3	4
30. I think in English.	1	2	3	4
31. I speak English with my spouse or partner.	1	2	3	4
32. I like to eat American foods.	1	2	3	4

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3