

“Thrown in Cold Turkey”: Perceived Preparedness and Self-Efficacy in Counseling Trainees
Transitioning to the Application of Theory in a Practicum or Internship

Monique Alicia Starling

Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Approved by:

Richard L. Green, Ed.D., Committee Chair

Robyn Simmons, Ed.D., Committee Member

Abstract

The purpose of this transcendental, phenomenological study was to describe master's-level counseling trainees' (MLCTs) perceived preparedness to treat real clients *before* transitioning to their practicum or internship experience. Adult learning theory and self-efficacy development theory guided this study. The research questions were (a) How do master-level counseling trainees describe their experience of perceived preparedness to real clients *before* transitioning to their practicum or internship experience? (b) How do study participants describe the influence that the counseling program curriculum, including structure and practicum timing, had on their readiness to transition to practicum or internship? (c) How do study participants describe the influence that clinical supervision had on their readiness to transition to practicum or internship? (d) How did study participants perceive their experiences with anxiety, apprehension, or dread *before* transitioning to practicum or internship? What do they feel would have decreased any of these perceived distresses? Data collection methods included semi-structured interviews, cognitive representations, and reflective journaling. Data was analyzed using Moustakas' (1994) modified version of the Van Kaam method- horizontalization, reduction, clustering, theme development, validation, and textural and structural descriptions for the meaning of experiences. Four main themes emerged through data analysis: (a) external factors were a major source of *increased* confidence or preparedness, (b) lack of engagement was a major factor for *decreased* confidence or preparedness, (c) a perceived disconnect between course content and how to apply the knowledge while conducting counseling sessions, and (d) overall feelings of anxiety and apprehension were present.

Keywords: practicum, internship, self-efficacy, counseling trainee, perceived preparedness

Dedication

I dedicate this work, first and foremost, to my Lord and Savior, Jesus Christ. I forever commit the work of my hands to You and Your purposes for me in The Kingdom of God. Thank you for supernatural provision of strength and endurance every step of the way. Through every trial, hurdle, and temptation to quit, you have empowered me through your living Word by reassuring me, “My grace is sufficient for you, for power is perfected in weakness” (2 Corinthians 12: 9, New American Standard Bible). You have never failed to pour out your comfort and unending grace to see Your will accomplished in my life. I stand fully assured in the truth of your words, “I am the vine, you are the branches; he who abides in Me and I in him, he bears much fruit, for apart from Me you can do nothing” (John 15:5). It is my prayer and life’s commitment that the name of Jesus would be magnified in all that I do. No matter how high or far God takes me, I will always be at the feet of Jesus.

I also dedicate this work to my wonderful husband, Dr. Fredric Russell Starling Jr. I would not have made it through the highs and lows without an amazing man of God like you encouraging me every step of the way! There are not enough words to describe how grateful I am for your unending support. Thank you for your persistent prayers. Thank you for your continued comfort through the long nights and many tears. But most of all, thank you for continuing to see me the way God sees me. You’ve never lost faith in what God spoke over me and put inside of me, even when I had challenges believing it myself. For that kind of selfless love and sacrifice, I am forever grateful. I look forward to all that God has in store for us and how He is going to partner with us to build His Kingdom for His glory. I love you dearly.

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While all honor and glory belong to God for this completed work, I would be remiss if I did not acknowledge my dissertation chair, Dr. Richard Green. Thank you for providing gracious guidance while still stretching me and calling out the best in me as a researcher and a student. Working under your leadership has been a privilege and truly an answer to prayer. From developing my topic all the way to project completion, your encouragement was instrumental in my motivation and growth throughout the entire journey. Your firm yet kind approach made tackling the intimidating less intimidating. Thank you. I am truly grateful.

I would also like to thank the many friends and family members who have continued to cheer me on and celebrate every milestone along the way. Your encouragement means so much! I also want to express a special gratitude to the pastors, leaders, and mentors who stood with me in faith over the past several years. Thank you for covering me and Fred in your prayers. Thank you for bearing witness to the call of God on our lives. But most importantly, thank you for always encouraging us to follow the leading of the Holy Spirit in everything we do. We are truly grateful for your ongoing love and support.

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Chapter One: Introduction

Overview

The practicum-internship component of counselor education programs is one where students begin to integrate theory and clinical practice through hands-on experience. Practicum-internship trainees are providing real clinical care to real clients for the very first time. Although they are under the guidance of a qualified supervisor, the practicum-internship experience encourages the transition from their identity as mere students to that of budding professionals (Brady, 2021; Clarke, 2022; Dispenza et al., 2022). At such a critical transition stage, it is troubling that the literature speaks very little about counseling trainee perceptions of confidence, self-efficacy, and overall readiness to begin treating clients *before* entering their practicum-internship experience. This present study aims to add to the existing body of literature by detailing the perceived preparedness of master-level counseling trainees (MLCTs) before transitioning from solely academic coursework to hands-on treatment of real clients in a practicum or internship.

Chapter One begins with an introduction to the historical, social, and theoretical background for research on counseling trainee preparedness. A brief history is provided about the governing bodies' perspectives on counselor education and how theories guiding this study align with effective counseling trainee development. This study and Chapter One emphasize pre-practicum and pre-internship student experiences *before* the start of their hands-on work. Chapter One also provides the researcher's situation to self, describes the problem statement, and details the purpose of the present study. Chapter One concludes with a narrative of the study's significance, followed by the research questions and definition of terms used throughout the study.

Background

Research on counseling trainee preparedness and self-efficacy is a relatively new quest. Formal training programs for mental health clinicians were not enacted in the United States until the 1950s, and governing bodies designed to regulate practitioners and education were not developed until the 1980s (American Counseling Association, 2014; CACREP, 2023). It is no mystery that most research studies reflecting counseling trainee preparedness are 21st-century pursuits. To best prepare student clinicians, it is vital to understand the short yet bold history of the counseling profession and education.

Historical Background

Considered one of the newest professions in psychological services, mental health counseling has only received professional distinction and credibility as recent as the 1980s- Virginia being the very first state in the US to offer licensure and credentialing for their counselors (Olson et al., 2018). While World War II and the Great Depression marked the beginning of increased recognition for mental health counselors, it was not until 1958 that the National Defense Education Act implemented funding for formal counseling institution development (Jolly, 2009). Formal training programs were introduced, but it was another three decades before any comprehensive training standards were established. (CACREP, 2023). This much-needed addition marked the beginning of regulatory institutions.

The introduction of The Council for Accreditation of Counseling and Related Educational Programs (CACREP) in 1981 also sparked research interest in student perceptions of effective training methods. Many researchers of the late 1980s, 1990s, and early 2000s explored influencing phenomena such as the impact of clinical supervision on student clinician readiness

(Efstation et al., 1990; Loganbill et al., 1982; Ronnestad & Skovholt, 1993; Worthington, 1987) and self-efficacy of the counseling trainees (Larson & Daniels, 1998; Stedman et al., 2002; Thompson, 2004). Malouf et al. (1983) specifically explored the phenomena of *preservice preparation* as a preventative measure against client harm by psychology student interns. Although this study was practicum and internship site-specific in evaluating trainee preparedness, its findings still served as an excellent precursor to later studies evaluating trainee readiness according to national standards.

Social Background

The governing bodies of the counseling field eloquently outline the role that master's level programs play in ensuring high-quality education for their students. According to CACREP standards, the practicum and internship experiences are used to develop diagnostic and intervention-based skills, increase familiarity with conducting a therapy session, and develop professional identity (Bobby, 2013; CACREP, 2023). Some of the intervention-based skills and therapy session essentials are building a therapeutic alliance, conducting a biopsychosocial assessment, diagnosing mental and behavioral health conditions, treatment planning, and implementing appropriate clinical interventions. The preceding list of mental health counseling skills has been identified as crucial to effective clinical mental and behavioral health treatment (Bobby, 2013; Cline et al., 2022; Hammonds & Schwarze, 2019; Saki & Sahin, 2021). CACREP (2023) and the ACA (2014) also urge counselor education programs to provide trainees with more than *just* theoretical information and orientation to the field. These programs should also provide career advising, self-growth experiences, and opportunities to address personal concerns to adhere to national standards (American Counseling Association, 2014). The American Counseling Association (ACA) Code of Ethics section F.8 clearly states that the primary ethical

responsibility of *any* clinician is to “Respect the dignity and promote the welfare of clients” (American Counseling Association, 2014, p. 4). Practicum trainees, internship trainees, and licensed professionals are ultimately held to the same standard of promoting client welfare and *doing no harm*; however, harm is inevitable if no standardized measure of preparedness or research literature overtly reports trainee perceptions of confidence and self-efficacy *before* they begin treating real clients. These equal expectations of ethical client care should inspire professionals in counselor education and researchers alike to explore pre-practicum and internship trainee perceptions of preparedness urgently. This study looks to add to the existing body of research and fill this particular gap in the literature on counseling trainee preparedness. This present study will describe MLCT’s perceived experiences for hands-on work *before* they begin treating real clients.

Theoretical Background

This section provides a thorough yet concise overview of the theories guiding this study. Knowles’ adult learning theory and Bandura’s self-efficacy development theory were used as the guiding theoretical framework for this study.

Adult Learning Theory

Malcolm Knowles (1978) is one of the early writers of adult learning theory. Adult learning theory stems from a blend of the experiential learning model and andragogy. According to this learning model, the adult learner is far more effective with personal involvement, some degree of autonomy, self-initiation, and an immediate need for application (Merriam, 2008; Sogunro, 2015). The underpinning theory of andragogy also expounds upon the core value of direct experience and reveals the following four principles: (a) adults need to know why they need to learn something, (b) adults need to learn experientially, (c) adults approach learning as

problem-solving, and (d) adults learn best when the topic is of immediate value (Henschke, 2011; Knowles, 1978). One of the unique needs of the adult learner is the proximity between the acquisition of information and the application of the information. If there is a large gap between knowledge acquisition and practical application, there is likely to be a lapse in information retention or loss of interest in material relevance (Knowles, 1978; McLeod, 2022). Adult learning theory is an appropriate framework for assessing counseling trainee readiness due to the differing perspectives and experiences counseling trainees bring on their academic and professional journeys. Master's level counseling programs have also interwoven hands-on experiences into the structure and curriculum via practicum and internship experiences.

Self-Efficacy Development Theory

There have been numerous research studies and field analyses of what develops self-efficacy and perceived competence in counseling trainees (Mason et al., 2022; Morrison & Lent, 2018; Mulvaney, 2020; Pechek, 2018; Popa-Velea et al., 2021; Saki & Sahin, 2021; Suddeath et al., 2020; Vannatta & Steen, 2019; Vincenzes et al., 2023). In general, self-efficacy can be defined as one's belief in their ability to succeed in a specific matter (Bandura, 1977). This confidence and perception of self-efficacy are contingent on the belief about the ability to execute a task and the caliber and excellence at which the task is completed (Bandura, 1977). For the counseling trainee, it can be considered the student's ability to manage and navigate a counseling session, understand their role as a counselor, and deliver appropriate interventions and helping skills to their clients (Lent et al., 2009). Bandura (1977) identified four primary influences on someone's perception of self-efficacy: (a) social persuasion, (b) outcomes of personal performance or accomplishment, (c) vicarious learning, and (d) physiological and affective experiences. Bandura's concept of self-efficacy for a counseling trainee may reflect a

student's belief about the type of clients they may be capable of helping that would result in praise or affirmation from a supervisor. Self-efficacy for the counseling trainee impacts their performance in an educational setting and directly impacts counseling outcomes in clinical settings. While self-efficacy is certainly not the only component of counseling-trainee readiness, it is a significant contributor to one's inhibitions, anxieties, and perceived readiness to perform clinical tasks (Ikonomopoulos et al., 2016). This study looks to expand upon current understandings of self-efficacy and explore enhancing factors specifically for pre-practicum and internship counseling trainees.

Situation to Self

My motivation in conducting this study is to shed light on the unspoken needs of master's-level counseling trainees that are being *thrown in cold turkey* to their practicum and internship experiences. As a mental health counselor in Florida, I vividly remember my long journey to acquiring full licensure. Completing my master's program and logging 1,500 hours of face-to-face psychotherapy post-graduation took nearly five years. Despite taking foundational courses, engaging in mock sessions with my peers, and learning early diagnostic terminology, there was a resounding sense, individually and amongst my peers, of feeling unprepared to see real clients as we prepared to transition to our practicum and internships. Being required to treat severe mental health needs, addictions, and even experiences of severe trauma left me feeling wildly unprepared to provide clients with the proper care I knew my clients needed.

MLCTs often report site experiences with high stress, severe trauma, or client substance abuse (Warren & Schwarze, 2017). These trainees often provide *reduced-rate* mental and behavioral health care to individuals and families with restricted access to treatment from a more experienced or fully licensed professional (Saki & Sahin, 2021; Warren & Schwarze, 2017).

Unfortunately, these feelings of inadequacy are pervasive among practicum and internship trainees. “What do I say?”, “What do I do next?”, “I am afraid to do the wrong thing.” are some of the most common narratives penned throughout these traineeships (Binkley & Leibert, 2015; Gallo et al., 2019; Hammonds & Schwarze, 2019; Saki & Sahin, 2021). Due to the critical nature of their work, it is imperative that research is available to reflect counseling trainees' perceptions of preparedness before they begin their hands-on work. Unaddressed needs for increasing confidence as practicum-internship students may also lead to perpetual feelings of low self-efficacy and insecurity as graduated and licensed clinicians later. This study aims to fill a critical research gap in mental health counselor education.

This study's structure will be epistemological because it aims to acquire knowledge via student self-reports of preparedness. The classic epistemological question is, “How do we know what we claim to know?” (Finkel et al., 2015). Through analysis of lived experiences, this epistemological approach can be used to analyze counselor education programs and improve best practices broadly. In essence, this study’s underlying philosophical approach desires to explore the following question: How do we know what best prepares a pre-practicum or internship student unless we ask them?

The guiding theory of this study aligns with post-positivism, in which perceptions of reality are subjective according to an individual’s experiences and other shaping experiences. While the post-positivism philosophy suggests that there is one reality, the person who perceives this reality shapes the meaning of this reality or truth (Panhwar, 2017). A participatory paradigm of research will also be utilized as the research participants *share* in expanding knowledge for counselor education research on student preparedness (DeLyser & Sui, 2014). Study participants

and I, as the researcher, will take a collaborative stance on expanding existing literature for professionals in counselor education to glean from.

My biblical worldview also shapes the underlying philosophical assumptions of this study. The eleventh chapter in the book of Proverbs states, “Where there is no guidance the people fall, but in the abundance of counselors there is victory” (Proverbs 11:12, New American Standard Bible). This verse is typically referenced from an individual’s pursuit of wisdom concerning personal matters. It also serves as an excellent guide for my work as a researcher to make no individual assumptions but to seek the perspectives and experiences of others to determine best practices for growth in serving the students represented by this study. “Every fact is to be confirmed by the testimony of two or three witnesses” (2 Corinthians 13:1, New American Standard Bible). This biblical truth will also serve as a guide while using thematic analysis methods for analyzing study findings (Lochmiller, 2021). This study aims to fill this gap in the literature and have professionals in counselor education glean from the lived experiences of MLCTs and their perceived preparedness to treat real clients *before* beginning their practicum-internship experiences.

Problem Statement

The problem is a lack of qualitative research about MLCTs' perceived preparedness *before* transitioning to their practicum or internship experiences. Many studies have been conducted on the value of clinical supervision and creative teaching methods for increasing counseling trainee preparedness (Cline et al., 2022; Gleason & Hays, 2019; McGhee et al., 2019; McLeod, 2022; Meola et al., 2022; Miller & Topple, 2020; Pietrantoni et al., 2019; Prikhidko et al., 2020). Researchers have still neglected to explore the impact of these components on student readiness *before* beginning their work with real clients. While research has also been conducted on student

experiences with treating critical needs such as suicidal ideation, disabilities, addiction, and multicultural concerns (Binkley & Leibert, 2015; Blueford et al., 2022; Deroche et al., 2020; Feather & Carlson, 2019; Gallo et al., 2019; Golubovic et al., 2021; Gonzalez, 2020), there is still a shortage of research focused on such student confidence and self-efficacy, *prior* to being thrown into upholding ethical standards of such critical client care.

There is even a wealth of qualitative research on perceived preparedness for student trainees to treat actual clients in other clinical fields, such as nursing, dentistry, and medicine. (Ali et al., 2018; Bina et al., 2022; Zahnd et al., 2020; Walker et al., 2013; Zhang et al., 2022) Due to the critical nature of their work, researchers in other healthcare professions have taken the initiative to not only provide retrospective empirical data on student readiness but to gather data about readiness *before* treating actual clients. Their empirical data was then used to develop methodical systems for effectively training student clinicians. It is of great concern that there is still little to no research in the field of mental health counseling that provides direct perspectives from MLCTs on what would reduce their anxiety and increase perceived preparedness *before* treating real clients in a practicum or internship setting.

Purpose Statement

The purpose of this qualitative, phenomenological study was to describe master's-level counseling trainees' (MLCTs) perceived preparedness to treat real clients *before* transitioning to their practicum or internship experience. At this stage in the research, an MLCT was defined as a pre-practicum or pre-internship student enrolled in a master's level CACREP-accredited counseling program. Perceived preparedness is defined as the MLCT's self-confidence and self-efficacy to successfully conduct therapy sessions and effectively treat real clients. Treating real clients (TRP) is defined as the incorporation of theoretical knowledge while independently

performing the following clinical tasks: building a therapeutic alliance, conducting a biopsychosocial assessment, diagnosing mental and behavioral health conditions, treatment planning, and implementing appropriate clinical interventions. The preceding list of clinical tasks has been identified as crucial to effective clinical mental and behavioral health treatment (Bobby, 2013; Cline et al., 2022; Hammonds & Schwarze, 2019; Saki & Sahin, 2021). The theories guiding this study are (a) adult learning theory, in which it is conjectured that the adult learner will be far more effective if there is personal involvement and proximal time between knowledge acquisition and application (Knowles, 1978; Merriam, 2008; Sogunro, 2015); and (b) self-efficacy development theory, which represents one's belief in their ability to succeed in a specific matter (Bandura, 1977).

Significance of the Study

Many recent studies have displayed how vital the practicum and internship experiences are in effectively developing student clinical aptitude and professional identity (Ali et al., 2018; Baltrinic et al., 2021; Brady, 2021; Clarke, 2022; Dispenza et al., 2022; McLeod, 2022; Zahnd et al., 2020). Unique supervision methodologies have also raised recent interest in counseling research, as well as their impact on student confidence and readiness for clinical practice (Gokhan & Atik, 2019; Johnson & Lawrence, 2022; Koçyigit, 2022; Pollard-Kosidowski et al., 2021). Qualitative researchers found peer group supervision to be a constructive and instructive space needed to recalibrate trainees with unrealistically inflated or depleted perceptions of self-efficacy (Gokhan & Atik, 2019). These researchers also found the peer element to add fun and enjoyment, which can be linked to increased information retention and future application. (Gokhan & Atik, 2019). These findings also align with recent research studies on creative teaching methods that have found students to report greater confidence and knowledge retention

when instruction methods involved collaboration and evoked joyful, emotional investment (McGhee et al., 2019). This empirical data can be used by professionals in counselor education to enhance student interest and information retention creatively, yet research still neglects to address the value of such factors *prior* to the start of treating real clients.

Counseling researchers have also explored the impact of modern instructional modalities and technological mediums on counseling trainee preparedness (Bradley et al., 2017; Haddock et al., 2020; Mulvaney, 2020; Pechek, 2018). A recent qualitative study specifically explored the impact of online learning on counseling trainees' self-efficacy. Pechek (2018) found that the learning modality and age of the counseling trainees were not significant predictors of counseling trainee self-efficacy. The greatest determining factor for self-efficacy was the sheer amount of experience and client exposure they had (Pechek, 2018). That study may impact broad perceptions of effective counseling program structure, but the findings did not speak to the unique impact of online learning or student readiness *before* their hands-on work with clients.

This present study is significant because of its potential to expand and merge separate bodies of research literature on adult learning theory and self-efficacy development theory, as they directly pertain to pre-practicum and pre-internship counseling trainees. This study is also significant because its findings can enhance national standards for the governing bodies of the mental health counseling field. CACREP and the ACA provide guidelines for excellence in master's level counseling programs; however, they do not prescribe specific teaching and training methods. In other words- they prescribed the *what* but not the *how*. Clear reports on lived experiences of what would increase pre-practicum and pre-internship student preparedness could be a guiding compass for leaders in counselor education programs. Counseling program faculty and clinical supervisors across the nation could use the findings of this study to revamp

their training methods for MLCTs in the early stages of counseling programs. There is a scarcity of modern, qualitative research providing the direct perspectives of pre-practicum counseling trainees and their preparedness to begin their hands-on clinical experiences. Practicum and internship experiences are designed to provide students with enriching hands-on experiences with real clients (Ikonomopoulos et al., 2016). Programs simply requiring students to participate in an internship do not validate or reassure the presence of adequate training (Suddeath et al., 2020). This present study aims to fill this vital gap in counseling research and provide these students with a voice on what would truly help them feel adequately trained to begin treating real clients.

Research Questions

Qualitative, phenomenological research studies have a guiding theoretical purpose of providing direct reports of participants' lived experiences (Bernard, 2002; Gallagher, 2022; Reich, 2021). The following research questions will be explored to support these theoretical principles and best-provide pre-practicum and internship students with the opportunity to share their experiences.

Research Question 1: How do master-level counseling trainees describe their experience of perceived preparedness *before* transitioning to their practicum or internship experience?

According to Moran (2002), leading phenomenologists Husserl and Brentano adopted the principle of *intentionality* as one of the founding principles of phenomenological research. Intentionality is the underlying principle that proposes that all acts and experiential practices are related to some object, and consequently, all perceptions have meaning (Moran, 2002). Phenomenologists suggest proposing open-ended questions to study participants in order to elicit the most comprehensive responses. The researcher would thus be doing due diligence to gather

as many experiences and their subsequent meanings as possible. To best understand pre-practicum and internship student preparedness phenomena, this direct yet open-ended question would align well with the phenomenological purpose of the entire study (Witzenmann & Wagemann, 2022). Using thematic analysis afterward would illuminate plausible themes and common threads or repeated points of contention.

Research Question 2: How do study participants describe the influence that the counseling program curriculum, including structure and practicum timing, had on their readiness to transition to practicum or internship?

According to the principles of Knowles' (1978) adult learning theory, the content of what is being taught to adult learners and the proximity between the time of information gained and skills application significantly impact the quality of information retention (Henschke, 2011). It is imperative that study participants are provided with open-ended questions that yield the opportunity to discuss the influence of these factors on their overall readiness and perceived preparedness.

Research Question 3: How do study participants describe the influence that clinical supervision had on their readiness to transition to practicum or internship?

The literature strongly supports the notion that the supervisory relationship heavily impacts the development of counseling trainees' counseling skills, self-efficacy, and professional identity (Coker & Schooler, 2012; Morrison & Lent, 2018; Preston et al., 2021; Wilder et al., 2022). Providing counseling trainees with the opportunity to reflect and provide information regarding the influence of this factor on their clinical skills and confidence development will shed light on this relationship.

Research Question 4: How did study participants perceive their experiences with anxiety, apprehension, or dread *before* transitioning to practicum or internship? What do they feel would have decreased any of these perceived distresses?

According to Bandura's research on self-efficacy development, one of the primary contributing factors to someone's perception of confidence in their ability to execute tasks successfully includes their physiological and affective experiences (Bandura, 1977). Some physiological experiences may include sensations of dread, anxiety, or perceived inadequacy to accomplish tasks successfully. When students doubt themselves, their ability to absorb information or execute skills practice due to redirected attention from academics to worry about poor performance is directly impeded (Bandura, 1993). Studies conducted on the neurological impacts of test and performance anxiety have shown that this source of distress can directly impede memory storage and information recall from regions of the brain controlling memory, such as the hippocampus, the amygdala, and the neo-cortex (Minihan et al., 2021). This question will allow participants to address the presence or absence of any physiological or emotional discomfort during their lived experiences.

Definitions

The following terms are related to this study and are defined for clarity below. Some of these terms are related to the study's broad constructs and theoretical framework, while others are terminology unique to this study.

1. *Master's Level Counseling Trainee (MLCT)*- a pre-practicum or pre-internship graduate student enrolled in a master's-level CACREP-accredited counseling program.
2. *CACREP Accredited*- the Council for Accreditation of Counseling and Related Educational Programs (CACREP) (2023) has approved the content and quality of the

educational program according to national standards set by the profession. This recognition assures students of the program's professionalism, stability, and credibility to provide the appropriate knowledge and skills needed for their profession (CACREP, 2023).

3. *Practicum*- MLCTs are exposed to their first hands-on training experience. Over the course of two academic semesters, MLCTs complete 40 hours of direct service with actual clients that contribute to developing their counseling skills. These students must also have weekly interaction with supervisors that should average one hour per week (CACREP, 2023).
4. *Internship*- after completing the practicum, MLCTs complete 240 clock hours of direct service. These students also must have weekly interaction with supervisors for one hour per week and participate in 1.5 hours of group supervision every week facilitated by a counselor education program faculty (CACREP, 2023).
5. *Perceived preparedness*- the MLCT's self-confidence or self-efficacy to successfully conduct therapy sessions and effectively treat real clients (Bandura, 1977; Lent et al., 2009).
6. *Site* - the counseling agency, clinic, hospital, or any other setting where an MLCT provides counseling treatment to real clients (CACREP, 2023; Saki & Sahin, 2021; Warren & Schwarze, 2017).
7. *Treating real clients*- the incorporation of theoretical knowledge while independently performing the following clinical tasks: building a therapeutic alliance, conducting a biopsychosocial assessment, diagnosing mental and behavioral health conditions,

treatment planning, and implementing appropriate clinical interventions (Bobby, 2013; Cline et al., 2022; Hammonds & Schwarze, 2019; Saki & Sahin, 2021).

Summary

Chapter One began with an introduction to the field of research on counseling trainee preparedness to begin treating clients and engaging in clinical practice. Social and historical background on counseling trainee preparedness and self-efficacy was provided. The introduction of CACREP regulations in 1981 sparked the beginning of research interest in student perceptions of effective training. A brief overview of adult learning theory and self-efficacy development theory was provided as the guiding theoretical framework for this study. The situation to self was also highlighted. I was a former MLCT who experienced anxiety and insecurity about applying my theoretical knowledge in treating real clients. The problem statement highlights the lack of qualitative research about the lived experiences of counseling trainees' perceived preparedness *before* transitioning to their practicum or internship. The purpose of this qualitative, phenomenological study was to describe these lived experiences of MLCTs and their perceived preparedness to treat real clients before entering their practicum or internship experience. Considering these two factors, this study is significant because its findings could expand counselor education literature by providing educators with lived experiences from trainees to glean from as they enhance best practices while adhering to national standards for the counseling field. This present study aims to fill this vital gap in counseling research and provide these students with a voice on what would help them feel adequately trained to begin treating real clients. Finally, research questions were discussed and served as a guide for MLCTs to comprehensively describe their lived experiences.

Chapter Two: Literature Review

Overview

This chapter begins with a description of the theoretical framework that guides this study. Since the purpose of this transcendental, phenomenological study is to describe master 's-level counseling trainees' (MLCTs) perceived preparedness to treat real clients *before* transitioning to their practicum or internship experience. Knowles' adult learning theory and Bandura's self-efficacy development theory were used. The theoretical framework is followed by a review of the literature concerning counselor education practices and contributing factors to overall MLCT preparedness. The following review of the literature provides an overview of the history and development of the mental health counseling field and the profession's governing bodies. The literature revealed the significant influence these governing bodies have on the development of education and training practices. The review also highlights several themes that emerged in the literature. Primary themes reflected the impact of counselor education methods on student self-efficacy, including curriculum development and instruction methods, hands-on experience via practicum and internships, and clinical supervision. Other themes reviewed in the literature include the influence that peer supervision, self-care practices, and online learning have on counseling trainee self-efficacy and perceived preparedness. This review of the literature sheds light on a particular gap in counseling research. Qualitative studies have yet to describe the lived experiences of counseling trainees concerning their direct perspectives of preparedness or self-efficacy *before* beginning their practicum or internship experiences. These direct perspectives will fill a gap in the literature that professionals in counselor education can glean from to enhance best practices for training novice clinicians.

Theoretical Framework

Knowles' adult learning theory and Bandura's self-efficacy development theory were used as the guiding theoretical framework for this study. In short, Knowles' Adult Learning Theory accentuates the core value of experiential learning with the need for personal significance and proximity between knowledge acquisition and application opportunities. This conclusion suggests that adults need to understand the personal relevance of what they are learning and be given many occasions to convert this knowledge into skills application or problem-solving to acquire and retain information effectively. Self-efficacy development theory suggests that social, psychological, and physiological factors can enhance one's belief in one's ability to succeed in a specific matter. A lack of self-efficacy development can significantly impact one's ability to execute new or challenging tasks. The underlying themes of these two theories, in tandem with one another, suggest that the proper placement, timing, and preparation for hands-on learning is imperative for adults to see optimal information retention and expertise development. These two theories are an excellent framework for this qualitative study on graduate-level student preparation. The purpose of this transcendental, phenomenological study is to describe master 's-level counseling trainees' (MLCTs) perceived preparedness to treat real clients before transitioning to their practicum or internship experience.

Adult Learning Theory

Malcolm Knowles' adult learning theory (ALT) stems from a blend of andragogy and the experiential learning model (Henschke, 2011; Knowles, 1978). The defining attributes of this blended theory include acknowledging the adult learner as self-directed and autonomous while instructors merely facilitate the learning process. The andragogy component of ALT's foundation highlights four principles: (a) adults need to know why they are learning something, (b) adults

need to learn experientially, (c) adults approach learning as problem-solving, and (d) adults learn best when the topic is of immediate value (Henschke, 2011; Knowles, 1978). The experiential learning component of ALT's foundation acknowledges the idiosyncratic nature and influence of individual perceptions and experiences in adult learners. Knowledge acquisition with the *intent to apply it* takes place through critical thinking and problem-solving in relevant settings (Knowles, 1978; Maudsley & Strivens, 2000). "Experience is the richest source for adult learning" (Knowles, 1978, p.120). Following the concrete experiences of an adult learner should also be opportunities for "reflective observation, abstract conceptualization, and active experimentation" (Maudsley & Strivens, 2000, p. 539). Knowles (1978) suggests that to attain these components for optimal learning outcomes, educators should strongly consider the inclusion of forums and discussion-based curricula. These opportunities for interpersonal-exchange permit shared rationale from instructors about content inclusion, which also enhances learning outcomes (Henschke, 2011; Kiely et al., 2004; Knowles, 1978; Merriam, 2008). "Students like to discuss what they know about a problem or issue and ask questions for clarification to deepen understanding" (Sogunro, 2015, p.30). Adult learning is a form of self-investment. They are embarking on a journey of self-discovery and developing themselves as an emerging expert. Any *demotivating* or *anxiety-provoking* elements, such as teacher-centered instruction or traditional grade school seating arrangements- facing the teacher's desk in rows- can significantly impede this process of developing expertise and professional identity (Henschke, 2011; Kiely et al., 2004; Knowles, 1978; Sogunro, 2015).

Elevated motivation is a construct that enhances and sustains effective learning by decreasing anxiety, increasing creativity, and promoting a free flow of communication between co-learners as well as between learners and their instructors (Kiely et al., 2004; Sogunro, 2015).

Sogunro (2015) conducted a mixed-methods study on motivating factors for over 200 adult learners. Of the eight motivating factors identified through his study, *quality curriculum, relevance and pragmatism, interactive classrooms, timely feedback, and self-directedness* were agreed upon as highly motivating by over 90% of the participants (Sogunro, 2015). These findings richly support the underlying principles of ALT and substantiate its relevance to this study's focus on MLCT perceptions of self-efficacy and preparedness.

It is imperative that adult educators also recognize the unique, neurobiological nature of the adult learning phenomenon. This neurobiological lens implies that information retention is “strengthened by emotive, sensory, and kinesthetic experiences” (Merriam, 2008, p.96). The body that *feels* is the body that is emotionally invested. Emotional investment reveals information relevance to the learner and predicts greater retention (Maudsley & Strivens, 2000; Knowles, 1978; Merriam, 2008). Adult learning involves a mind-body connection that is starkly different from children and adolescents. The affective and intellectual components of adult learning are neurologically connected to the learner's library of life experiences. This *catalog of experiences* may be absent in the amateur mind of a youth (Kiely, 2004; Merriam, 2008). The diverse pool of life experiences in an adult classroom can inspire instructors to facilitate high engagement while increasing information retention and self-efficacy development.

Adult Learning Theory and Healthcare Trainees

In graduate-level healthcare education, well-rounded training typically entails theoretical coursework, application of theory through hands-on client treatment, clinical supervision, professional development, and continual assessment throughout the program duration (Baltrinic, 2021; Mukhalalati & Taylor, 2019). All preceding factors are deeply rooted in the principles of ALT. They are highly interactive, rich in skill application, and relevant to the current needs of

proper client care. These interwoven elements are designed to prepare novice practitioners for clinical work with clients and increase professional self-efficacy (Baltrinic, 2021). The thoughtful application of ALT in healthcare education is vital. Many studies have been conducted on healthcare education practices that overtly or inadvertently reflect the influence of ALT on clinical trainee preparedness and self-efficacy (Abrams et al., 2022; Ali et al., 2018; Bina et al., 2022; McCarthy et al., 2022; Mukhalalati & Taylor, 2019; Ommering et al., 2021; Pechek, 2018; Popa-Velea et al., 2021; Walker et al., 2013; Zahnd et al., 2020; Zhang et al., 2022). Critical analysis of ALT's implications for MLCTs implies a potential benefit of a shorter time span between learning foundational knowledge and applying counseling skills throughout the program. A large gap between knowledge acquisition and practical application is likely to produce a lapse in retention or loss of interest in material relevance (McLeod, 2022). Implications of ALT for pre-practicum and internship counseling trainees need more attention in the research literature. This study looks to fill that gap.

Self-Efficacy Development Theory

Albert Bandura (1977) has broadly defined self-efficacy as one's belief in their ability to succeed in a specific matter. This perception of self-efficacy is not only contingent upon confidence about personal ability to execute a task but also the *caliber* at which the task will be completed (Bandura, 1977). Bandura's concept of self-efficacy for a mental health counseling trainee may reflect a student's belief about the *type* of clients they may be capable of helping that would result in praise or affirmation from a supervisor (Dispenza et al., 2022; Ikonopoulou et al., 2016; Lent et al., 2016; Morrison & Lent, 2018). According to Bandura's (1977) research, the four primary influences on someone's perception of self-efficacy are (a) social persuasion, (b) outcomes of personal performance or accomplishment, (c) vicarious learning, and (d)

physiological and affective experiences. These social and physiological experiences are centered around an individual's ability to cope with stressful sensations as they endure the learning process or make progress toward an identified goal. Between the identification of a self-relevant goal and its achievement are interposed cognitive and behavioral challenges with which the individual must cope (Schwarzer, 2014). "Personal goal setting is influenced by self-appraisal of capabilities" (Bandura, 1993, p. 118).

Research has shown that the adult learner is frequently experiencing competing demands of family life, employment schedules, financial strain, and other outside pressures, making them more prone to anxiety, distress, and challenges with retention and concentration (Henschke, 2011; Kiely et al., 2004; Merriam, 2008; Sogunro, 2015). This anxiety can be experienced as any conscious or autonomic sensation of fear ranked on a subjective scale of intensity that may lead to external presentations of anxiety, such as noticeable dread, procrastination, or activity withdrawal (Schwarzer, 2014). In fact, self-efficacy development is so intertwined with neurological distress that clinical trials for phobia recovery were one of the first phenomena to which self-efficacy theory was applied (Bandura, 1993; Schwarzer, 2014).

Someone with *lower* self-efficacy may experience higher anxiety while navigating their learning experience. Someone with *higher* self-efficacy may have a reduced perception of the emotional threat of failure (Schwarzer, 2014). These individuals are not easily flustered by challenges and have a "highly resilient sense of personal efficacy" (Bandura, 1993, p. 121). They have trained themselves to perceive failure as a natural part of the learning process (Bandura, 1993; Henschke, 2011; Kiely et al., 2004). These individuals are more likely to navigate the waters of adult education healthily.

Self-Efficacy Development Theory and Healthcare Trainees

There is a growing body of literature on contributing factors for increased self-efficacy and perceived preparedness in healthcare trainees across many fields. Research reveals a strong, positive correlation between higher self-efficacy and peer support, repeated use of medical skills, and faculty connection for these graduate-level trainees (Abrams et al., 2022; Ali et al., 2018; Bina et al., 2022; McCarthy et al., 2022; McGaghie et al., 2010; Ommering et al., 2021; Stedman et al., 2002; Walker et al., 2013; Zahnd et al., 2020). The literature also revealed a positive correlation between high self-efficacy and decreased burnout rates for medical students (Abrams et al., 2022; Ali et al., 2018; Popa-Velea et al., 2021; Zahnd et al., 2020). One of the greatest predictors of high self-efficacy for nursing, medical, and dental trainees was, in fact, clinical skill repetition (Ali et al., 2018; Ericsson et al., 1993; McCarthy et al., 2022; Zhang et al., 2022). Ali et al. (2018) conducted a qualitative study to explore dental students' perceived preparedness to execute complex clinical skills (e.g., tooth extractions). Approximately 82% of student participants described feelings of readiness, elevated confidence, and high self-efficacy (Ali et al., 2018). They attributed their confidence to program mandates for completing at least *one hundred* extractions before graduating (Ali et al., 2018). High self-efficacy also presented a positive correlation with decreased burnout rates for medical students (Abrams et al., 2022; Ali et al., 2018; Popa-Velea et al., 2021; Zahnd et al., 2020). The literature is rich with information about self-efficacy for medical trainees. There are *also* numerous studies on self-efficacy for counseling trainees; however, these studies relate to counseling trainee readiness as it pertains to their work throughout their entire program or as graduated clinicians (Chatters & Liu, 2020; Cline et al., 2022; Cureton et al., 2020; Deroche et al., 2020; Dispenza et al., 2022; Haktanir et al., 2022; Hurst & Prescott, 2022; Johnson, 2020; Lannin et al., 2019; Lent et al., 2009; Mason et

al., 2022). There remains a vital gap in the literature on counseling trainees' perceptions of self-efficacy development *before* they begin treating real clients as practicum or internship students. This study aims to expand the literature on Knowle's ALT and Bandura's self-efficacy development theory while filling this vital gap in counselor education literature.

Current healthcare education literature supports a blend of principles rooted in ALT and self-efficacy development theory that guide this study. Professionals in counselor education can utilize findings from this study to expand current patterns of instruction and assessment as they pertain to ALT while increasing counseling trainees' perceived preparedness *before* their clinical semesters.

Related Literature

When considering the existing literature, the problem relevant to this study is a lack of qualitative research providing direct reports of MLCTs' perceived preparedness *before* transitioning to their practicum or internship experiences. Counseling literature does allude to practicum and internship student readiness concerning specific client populations or those with high-risk symptomology (Cureton et al., 2021; Golubovic et al., 2021; Deroche et al., 2020; Feather & Carlson, 2019; Felter et al., 2022); nonetheless, the literature neglects to include direct trainee perspectives on their perceived adequacy to tackle these high-risk cases *prior* to treating real clients. The bulk of counseling literature focuses on the implications of effective versus ineffective components of counselor education, which includes theoretical coursework, practicum-internship experiences, clinical supervision, and peer support (Banks & Diambra, 2019; Binkley & Leibert, 2015; Chatters & Liu, 2020; Cline et al., 2022; Mullen et al., 2015; Pietrantoni et al., 2019; Suddeath et al., 2020; Vincenzes, 2023). Research typically reflects the influence of these components as they pertain to graduation readiness, trainee experiences

throughout their program, or retrospectively *after* completing their practicum or internships (Banks & Diambra, 2019; Binkley & Leibert, 2015; Chatters & Liu, 2020; Gallo & Hays, 2019; Sawyer et al., 2013). This general focus of the current literature highlights the significance of this study to provide greater emphasis on counseling trainee readiness *before* they begin treating real clients in their practicum or internships.

The following review of the literature provides a historical glance at the development of the mental health counseling profession, as well as the influence of the profession's governing bodies on education and training practices. The review also highlights several themes that emerged while examining counselor education research. These themes include effective versus ineffective education methods and their influence on counseling trainee self-efficacy. These primary components include theoretical coursework, practicum internship experiences, and clinical supervision (American Counseling Association, 2014, CACREP, 2023). The review also highlights the influence of peer support, self-care practices, and the modern influence of online learning as they relate to self-efficacy and perceived preparedness. The research literature on the psychology of expertise and specialized skill development is also examined. Counseling literature should reflect direct perspectives from counseling trainees on what would help them feel adequately prepared *before* treating real clients. This present study aims to fill this vital gap.

Historical Glance at Mental Health Counseling

Mental health counseling trainees of this generation ought to be prepared for some of the most intensive needs in mental health care that Western society has ever seen. According to the Centers for Disease Control and Prevention (CDC), more than one in five adults in the United States currently live with mental illness (Center for Disease Control and Prevention, 2023). Whether the source of mental illness is from an adverse childhood experience, neurochemical

imbalances, feelings of loneliness and isolation, or navigating chronic medical conditions, the impact of mental health in the United States is at unprecedented rates (Center for Disease Control and Prevention, 2023). Following the COVID-19 global pandemic, there has also been a surge in cases of anxiety, domestic violence, and resultant emotional trauma experienced by many (Center for Disease Control and Prevention, 2023). The National Institute of Health (NIH) (2021) published a recent study reporting that approximately 50% of surveyed Americans reported *recent* symptoms of anxiety or depression. A large portion of those same participants reported having these mental health needs as untreated (NIH, 2023). There has never been a more *crucial* time to re-evaluate the training practices and equipping of our nation's mental health providers. To best prepare counseling trainees, it is vital to understand the short yet bold history of the counseling profession and education.

The mental health counseling profession emerged primarily as vocational guidance during the Industrial Revolution and social reform movements of the 1800s (Field, 2017; Jones, 2023). During the early 1900s, Clifford Beers established our nation's very first mental health clinic and was noted as one of America's first advocates for prompt treatment of mental illness (Beers, 1917). Beers (1917) strongly advocated for humane treatment of those suffering from mental illness and desired decriminalization of those afflicted with mental illness. These individuals "need hospital treatment- not custody in jails and almshouses" (Beers, 1917, p.407). While Beers is frequently thought of as the leader of our nation's first mental health movement, Carl Rogers developed the early foundations of *psychotherapy* as we know it in the 1940s. Rogers was the very first clinician to promote a client-centered approach to treatment (Kirschenbaum & Jourdan, 2005). For the very first time, clinicians and clients engaged as partners in the healing process and shared responsibility for therapeutic outcomes (Rogers,

1958). He developed a core philosophy that a person could transform his or her life in a positive manner by establishing an accepting relationship with a therapist. Rogers also supported the ideology that someone's healing progressed on a *continuum* of seven stages and should not be compartmentalized (Rogers, 1958). Mental health clinicians and researchers of the 1990s expounded upon Rogers' *continuum* ideology to also include a continuum lens on what *type* of people would benefit from counseling services (Smith & Robinson, 1995). This continuum outlook advocated for the notion that someone does not need to be *sick* to improve or benefit from mental health counseling services but notes that everyone falls somewhere on a spectrum of mental well-being at any given point in time and could improve their quality of life through counseling (Field, 2017; Smith & Robinson, 1995). A wider spectrum of treatment modalities-ranging from preventative measures to severe mental health diagnosis and intervention-warranted more research about counseling trainee preparedness to adequately care for diverse client populations.

The 1990s marked an era of significant expansion in counseling research for clinicians and trainees alike. Woodard and Lin (1999) provided one of our nation's first experimental studies used to develop and examine the effectiveness of a *pre-practicum* course for counseling trainees before beginning their practicum-internship experiences. Woodard and Lin (1999) noted that the pre-practicum experience bridges the gap between course work and hands-on work, while providing socialization into the role of a counselor. Borders (1990), Woodard & Lin (1999), and Thompson (2004) led studies that explored the phenomena of the pre-practicum and internship students' abilities to assimilate new data into their present schemata, uphold ethical standards in client care, and develop their professional identity. Findings from these studies highlighted the dichotomized readiness for counseling trainees and their medical student

counterparts. Pre-internship counseling students proved to have less adequate exposure to psychological assessments compared to their psychology-based medical school colleagues (Stedman et al., 2002; Thompson, 2004). While pre-practicum and pre-internship student readiness gained research attention in the 1990s, this current study aims to fill the research gap in *current* research on what enhances or inhibits counseling trainee perceived preparedness before their practicum-internship experience. It is vital that the literature speaks to the influence of modern technology (i.e., online learning, virtual supervision, etc.), current supervision approaches, current curriculum, and other factors on counseling trainee readiness.

Governing Bodies of the Profession and Education

Considered one of the newest professions in psychological services, mental health counseling has only received professional distinction and credibility as recently as the 1980s (Olson et al., 2018). Virginia was the very first state in the US to offer licensure and credentialing for mental health counselors (Olson et al., 2018). The Council for Accreditation of Counseling and Related Educational Programs (CACREP) was developed in 1981 and implemented the first national training standards for the mental health counseling profession. According to the American Counseling Association (ACA) Code of Ethics section F.8, counselor education programs are to provide trainees with more than *just* information and orientation to the field. To uphold ethical standards, these programs are to provide students with career advising, self-growth experiences, and opportunities to address any personal concerns students may have (American Counseling Association, 2014). The ACA also requires all counselors to develop counseling plans that offer a reasonable promise of success, provide treatment within their scope of practice, and exercise cultural sensitivity (American Counseling Association, 2014; CACREP, 2023). Providing a comprehensive learning environment also facilitates the growth of the

counseling trainees to uphold the primary responsibility of a clinician: “Respect the dignity and promote the welfare of clients” (American Counseling Association, 2014, p.). Analysis of these ACA standards of promoting welfare ought to lead professionals in counselor education to acknowledge the equal value of clients being seen by counseling students as those seen by graduated clinicians. Counseling trainees entering their practicum or internship are held to the same standard ethically for treatment as their more experienced colleagues. Research ought to reflect direct perspectives on what would help these trainees feel confident to execute treatment in an ethical manner *before* beginning their hands-on work.

Counselor Education Methods and Self-Efficacy Development

CACREP accredited master’s-level counseling programs in the U.S. are required to include theoretical coursework, application of theory through clinical skills in a practicum and internship, clinical supervision, professional development, and continual assessment throughout the program duration (CACREP, 2023; Saki & Sahin, 2021). These programs typically span over the course of 2.5 to 4 years, depending on enrollment status as a part-time or full-time student (American Counseling Association, 2014; CACREP, 2023). The following clinical activities have been identified as being crucial to effectively treat clients as a mental health counselor-building a therapeutic alliance, conducting a biopsychosocial assessment, diagnosing mental and behavioral health conditions, treatment planning, and implementing appropriate clinical interventions (American Counseling Association, 2014; Bobby, 2013; Cline et al., 2022; Hammonds & Schwarze, 2019; Saki & Sahin, 2021). These activities are also often the focus of foundational counseling courses in master ’s-level counseling courses (American Counseling Association, 2014; CACREP, 2023; Saki & Sahin, 2021). While CACREP provides guidelines for achieving excellence in counseling programs, they do not prescribe specific methods for

teaching. In other words, they prescribed the *what* but not the *how*. The flexibility of meeting CACREP standards has led researchers to explore effective versus ineffective education methods, as well as the ideal balance between theoretical knowledge and clinical skills application for trainee development.

The learning process in counselor training can often be challenging and anxiety-producing (Barnes, 2004; Bohecker & Doughty Horn, 2016; Brady, 2021; Clarke, 2022; Flasch et al., 2016). A lot of counseling trainee anxiety about conducting real counseling sessions is the fear of being inadequate to treat or intervene for severe client needs (Basma & Chen, 2022; Springer et al., 2020, Meola et al., 2020; Mullen & Lent, 2018). A common fear of the inexperienced counselor is not knowing what to say or expressing fear about possibly harming clients (Banks & Diambra, 2019; Binkley & Leibert, 2015; Blueford et al., 2022; Flasch et al., 2016; Springer et al., 2020). If these anxieties are left unregulated, trainees may lean on unhealthy methods of self-protection that include denial, rationalization, or intellectualization (Barnes, 2004). Counseling literature speaks largely to the complexities of developing competence as a counselor; however, it is largely silent about the specific skills trainees need to develop the competence they desire (Akçabozan-Kayabol et al., 2022; Cline et al., 2022; Gallo et al., 2019; McLeod, 2022 Vincenzes et al., 2023).

Many researchers suggest that frequent practice and modeling of counseling skills yield the most effective clinical skills no matter the stage of training (Hammonds & Schwarze, 2019; Mason et al., 2022; McGaghie et al., 2010; McLeod, 2022; Rousmaniere, 2017). Researchers who have studied the psychology of expertise development refer to this method as deliberate practice theory. Deliberate practice is a philosophy of learning and method of mastery development that leads trainees to apply the following principles: repetitive practice, observation of practice,

expert feedback from a supervisor or professor, verbalized reflection on the practice, and active assessment practice (Coughlan et al., 2014; McGaghie et al., 2010; McLeod, 2022; Owen et al., 2019; Rousmaniere, 2017). For the counseling trainee, deliberate practice may include repeated trials in conducting a biopsychosocial assessment, diagnosing mental and behavioral health conditions, or executing a specific intervention rooted in their counseling theory of choice (McLeod, 2022). The decision about specific skills to rehearse would be based on self-perceived and supervisor-reported gaps in competence (McLeod, 2022; McGaghie et al., 2010). According to the literature- repetition of skills is key to increased confidence - specifically, skills trainees perceive themselves to be weak in (Akçabozan-Kayabol et al., 2022; Coughlan et al., 2014; McLeod, 2022; McGaghie et al., 2010). Just as a violinist, an athlete, or any other skilled specialist requires drills for skill mastery, a similar philosophy of thought could be applied to the novice counseling clinician.

Another evidence-based modality of counselor education is simulation-based learning. In simulation-based learning, trainees interact with standardized clients in well-designed scenarios that trainees are likely to encounter during their practicum, internship, or professional practice later (McGaghie et al., 2010; Zhang et al., 2022). Simulation-based learning provides trainees with opportunities to incorporate the use of deliberate practice (Kourgiantakis et al., 2019; McGaghie et al., 2010; Zhang et al., 2022). Kourgiantakis et al. (2019) conducted a study on the efficacy of implementing simulation-based learning and found that 98% of the counseling student participants reported improvement in their confidence and competence to perform specific counseling skills. It was also noted that the use of trained actors in simulations provided a more authentic experience than peer role-plays (Kourgiantakis et al., 2019). While peer role-plays are commonly used during coursework before practicum-internship experiences,

Kourgiantakis et al. (2019) suggest that peer role-plays may unintentionally provide a means of escape for trainees if they begin to experience discomfort or anxiety.

Another creative teaching method of the modern classroom that impacts counseling trainee self-efficacy is video modeling. “Watching an expert demonstrating a technique helped them to better comprehend the use of the technique (Akçabozan-Kayabol et al., 2022, p.8294). Video simulation helps trainees visualize theoretical knowledge, reduces anxiety, and can serve as an excellent supplement to hands-on skill application (Akçabozan-Kayabol et al., 2022; Banks & Diambra, 2019; Flasch et al., 2016; Larson et al., 1999). Critical analysis of the literature suggests that professionals in counselor education who intentionally design their programs to include self-directed learning, repeated skills practice, self-evaluation, and training on how to overcome triggers for anxiety may lead to better learning outcomes.

Preston et al. (2020) conducted a qualitative study to explore what influenced student perceptions of high-quality counselor education programs. The research suggests that when programs can (a) facilitate opportunities for supportive faculty and peer support, (b) create a clear mission that faculty are committed to, (c) establish a diverse learning community, and (d) assist students in developing a professional identity, there is high engagement and students that reflect clinical and educational competence (Binkley & Leibert, 2015; Flasch et al., 2016; Preston et al., 2020). This issue of student engagement has led researchers to explore the impact of creative or *non-traditional* teaching methods on counseling trainee information acquisition and retention. Creative counseling training may involve game-based, music-based, or playful activities that promote (a) shaping past experiences, (b) student engagement, (c) non-formulary learning, and (d) risk-taking (McGhee et al., 2019; Pietrantonio et al., 2019). These non-traditional methods proved to be more effective in increasing engagement, collaboration, enthusiasm for the

profession, and desire for skill sharpening in students (McGhee et al., 2019; Pietrantonio et al., 2019; Iarussi et al., 2019; Karahan et al., 2022). Empirical data supports that game-based or playful learning also improves information retention, assimilation, and skills application for counseling students (Knowles, 1978; Maudsley & Strivens, 2000; Merriam, 2008; Pietrantonio et al., 2019). Critical assessment of creative teaching methods and game-based learning supports underlying principles of ALT- high interaction and emotional investment.

Emotional investment may also emerge with a sense of higher purpose, client relatability, and relevance to the individual learner (Basma & Chen, 2022; Hurts & Prescott, 2022; Knowles, 1978; Merriam, 2008). Hurst and Prescott (2022) conducted a qualitative study on the influence of personal meaning and its impact on increased motivation and self-efficacy for counseling students. Study findings suggest that a sense of occupational calling and proper work-life balance can lead to increased happiness and a greater sense of self-efficacy (Hurst & Prescott, 2022). Counseling trainees who treat clients whom they perceive as relatable, culturally compatible, or having gone through similar life trials are also more likely to attribute greater purpose, higher emotional investment, and feelings of self-efficacy in their work (Basma & Chen, 2022; Hurst & Prescott, 2022). Professionals in counselor education could glean from these studies and configure ways to discuss or allude to trainees' sense of calling or purpose for improved academic outcomes and self-efficacy.

Another non-traditional education method found in the literature is the use of oral assessments. The oral assessment proved to be a more effective means of assessing the breadth of someone's understanding, critical thinking, and clinical integration beyond memorization and recollection than typical final project formats (Hammonds & Schwarze, 2019; Turner & Davila-

Ross, 2015). Hammonds and Schwarze (2019) suggest that pre-practicum education should incorporate oral assessments that cover the following information.

- (a) Providing students with a roadmap for how to move from the collection of client data to interpretation of these data through the process of conceptualization; (b) creating a framework for structured verbal demonstration of global skill sets such as critical thinking and clinical reasoning, as they are relevant to the application of counseling, and; (c) providing real-time or immediate feedback. (p.545)

Current research speaks largely about effective and ineffective counselor education methods, yet it speaks very little about expansion upon former self-efficacy development models unique to counseling trainees.

Barnes (2004) and Stoltenberg and Delworth (1987) have created models of self-efficacy development for counseling trainees. Stoltenberg and Delworth (1987) developed a counselors-in-training developmental model (CTD) that was focused on a progression-based model of self-efficacy development for counseling trainees. His three primary stages of counselor development were (a) full dependence on instructors, (b) trial and turbulence, and (c) growth. Barnes' (2004) counselor self-efficacy enhancement approach emphasizes mastery experiences, vicarious learning, verbal persuasion, and perceptions of psychological states (e.g., humility, anxiety) for trainees to increase their perceptions of self-efficacy. Throughout a mini-practicum experience that took place before entering their true practicum semester, trainees were provided with repeated opportunities to master counseling skills and watch counseling behaviors or skills be modeled (Barnes, 2004). "Modeling that is clear, purposeful, and moderately difficult is very important for enhancing self-efficacy in counseling trainees" (Barnes, 2004, p. 56). Verbal persuasion or feedback communicating trainee progress in areas of strength and areas needing

growth significantly impacts counseling self-efficacy (Abrams et al., 2022; Bandura, 1977; Barnes, 2004; Gokhan & Atik, 2019). It is excellent to see that counseling researchers of the past explored best practices for facilitating self-efficacy development in counseling trainees early in their programs. Current counseling research does not reflect a new model for assessing and increasing self-efficacy and perceived preparedness for counseling trainees before their practicum internship experiences. Educators and researchers can utilize the direct perspectives from MLCTs on what would improve their perceived preparedness to expand upon pre-existing models for counseling trainee self-efficacy development. This study aims to provide data that will contribute to filling this gap in the literature.

Counseling Trainee Areas of Greatest Need

The literature suggests that it is likely for practicum and internship students to encounter suicidal clients, those with trauma, addiction, disabilities, or those with pre-existing severe mental health diagnoses (Binkley & Leibert, 2015; Blueford et al., 2022; Cureton et al., 2020; Deroche et al., 2020). Research findings also reflect a lack of clear preparation for trainees to work with these high-risk populations (Binkley & Leibert, 2015). Novice counselors also often struggle with tolerating client silence or high levels of dysregulation, creating their severe discomfort and frequently vocalized areas of help needed (Bardhoshi & Erford, 2022). Due to perceived inadequacies, novice counseling trainees often lean on personal experience or their elementary skills of active listening as their primary intervention method while treating these vulnerable populations (Blueford et al., 2022; Bardhoshi & Erford, 2022; Binkley & Leibert, 2015; Cureton, 2020; Walker et al., 2013). Blueford et al. (2022) conducted a study exploring counselor readiness to treat severely grieving clients, and two primary resources emerged regarding counselor treatment approaches- “The counselor’s personal losses and the counselor’s

perception of death and grief” (p.2416). Critical analysis of this theme in the literature should implore educators to equip counseling trainees with thorough preparation for these high-risk clients as early and as often as possible (Bardhoshi and Erford, 2022; Binkley & Leibert, 2015; Blueford et al., 2022; Chatters & Liu, 2020; Cureton et al., 2020). These findings also suggest that if professionals feel ill-equipped, it is likely that counseling trainees would have low perceived preparedness before beginning their work with real clients in their practicum-internship experiences. Perceived preparedness develops over time with the intentional expansion of skill mastery (Blueford et al., 2022; Walker et al., 2013). In addition to confidence, other work readiness skills include social intelligence, the ability to communicate with a wide range of people, teamwork, managing interpersonal conflict, proactive seeking of support, and proficiency in clinical terminology that grow as graduate healthcare students train in real-world settings (Blueford et al., 2022; Lindo et al., 2019; Walker et al., 2013). An area of weakness in counseling literature is a lack of research that reflects the preceding work readiness skills and other counseling responsibilities such as note-taking, ethical documentation, and time management- and their impact on self-efficacy development (Gallo et al., 2019; Ray et al., 2019; Saki & Sahin, 202; Vincenzes et al., 2023). While all counselor-trainees may not directly treat suicidal or severely grieving clients, greater systemic regulation of early onset training would help strengthen pre-practicum and internship trainee self-efficacy to work with these vulnerable populations.

Another area of weakness frequently noted for counseling trainees in the literature has been the ability to self-regulate and maintain non-reactivity (Basma & Chen, 2022; Bohecker & Carter, 2022; Doughty Horn, 2016; Gleason & Hays, 2019). Non-reactivity can be thought of as one’s ability to allow thoughts and feelings to come and go without being caught up in or carried

away by them (Bohecker & Doughty Horn, 2016) This is a skill that also takes time and practice to master. The ability to strategically control attention during a counseling session is fundamental to creating a comfortable atmosphere while effectively assessing and treating client needs.

Recent literature supports the inclusion of mindfulness into counselor education for this reason (Bohecker & Doughty Horn, 2016; Carter et al., 2022; Lannin et al., 2019) Literature supports not only the value of better neurocognitive functioning for counselors themselves but also having that great depth of understanding for their clients as well. Russo et al. (2021) conducted a study on the influence of neuroscience-based training and counselor self-efficacy. The empirical findings suggest that counseling trainees with competency in neuroscience-based training were likely to express greater confidence in their ability to effectively treat their clients. This does not “medicalize” their practice; however, it does provide a greater depth of understanding of the rationale behind different counseling interventions (Russo et al., 2021, p.85). Professionals in counselor education could glean from these findings to reinforce the value and need for a greater understanding of clinical intervention choices. These research findings also support the principles of ALT that guide this current study. Knowing the reason why a counseling skill or intervention is used is vital for its effective implementation for adult counseling trainees (Basma & Chen, 2022; Knowles, 1979; Russo et al., 2021). Greater understanding leads to greater confidence. Greater confidence could yield greater clinical self-efficacy (Russo et al., 2021). To understand the most potent instruction methods, it is important that professionals in counselor education understand the areas of greatest need for counseling trainees as well as the influence of counseling program components such as practicum, internship, and clinical supervision on trainee perceptions of self-efficacy.

Practicum-Internship Experiences and Self-Efficacy

The primary purpose of the practicum-internship process is to provide the application of theory and develop counseling skills under supervision (American Counseling Association, 2014). During the practicum, students are expected to clock forty hours of direct clinical services with actual clients and to have individual or triadic interactions with a supervisor weekly (CACREP, 2023). Upon completing a practicum experience, counseling trainees then transition to their internship experience, where they are required to log two-hundred-and-forty hours of direct client service in one semester (CACREP, 2023). Counseling trainees take on the schedule and workload of a full-time counselor at their agency of choice while still enrolled in their master's program (CACREP, 2023; Saki & Sahin, 2021). By the time a counseling trainee has completed a master's level program, they should have clocked a minimum of 280 client care hours (CACREP, 2023).

Beginning a practicum or internship can be a time of great excitement for counseling trainees as well as great anxiety (Lannin et al., 2019; Saki & Sahin, 2021). In many master's level programs, students may begin their practicum work as soon as the *second semester* of their program (CACREP, 2023). With very little formal training at the beginning of their hands-on work, practicum and internship agencies will employ trainees without pay to utilize basic helping skills, such as listening and providing emotional support (Baltrinic et al., 2021; Binkley & Leibert, 2015; Hammonds & Schwarze, 2019; Ikonopoulou et al., 2016; Lannin et al., 2019). "The use of student helpers is a potentially attractive option for mental health agencies serving at-risk populations, especially in times of tight budgets" (Lannin et al., 2019, p. 14). Such a quick onset of providing clinical care to real clients requires vigilant attention and preparation by

educators to ensure that trainees perceive themselves as equipped to provide hands-on treatment for real clients.

In graduate-level clinical training, age is a widely *anticipated* predictor of increased professional self-efficacy, yet research provides empirical data that suggests little to no correlation between age and increased self-efficacy (Mullen et al., 2015; Pechek, 2018; Walker et al., 2013). Several studies conducted in this area identify the primary influencing factor for self-efficacy to be the number of logged hours of direct client contact (Ali et al., 2018; Mullen et al., 2015; Pechek, 2018; Walker et al., 2013). A critical analysis of these findings highlights the need for quality acquisition of theoretical knowledge and impartation via hands-on experiences. While work environment and multicultural factors may play a role in counseling self-efficacy (Gamze & Yondem, 2022; Oh et al., 2019), it suggests that a well-trained clinician of any specialty or clinical focus cannot increase self-efficacy without both (Ali et al., 2018; Mullen et al., 2015; Pechek, 2018; Walker et al., 2013). The simple presence of practicum and internship clinical hours does not necessarily ensure quality skill-building is taking place. Practicum and internship opportunities often lack intentionality and consistency in training methods (Lambie et al., 2022; Lannin et al., 2019; Larson & Daniels, 1998; Pechek, 2018; Suddeath et al., 2020). Without clear guidance on the type of clients that trainees will work with, how supervision sessions are conducted, or monitoring trainee satisfaction, monitoring MLCT self-efficacy may be a challenging feat.

Saki and Sahin (2021) conducted a qualitative study in which their findings suggested that counseling trainees who just completed their practicum would prefer clients- with “mild problems, whose field of problems are known by a counselor, having similar problems with counselor, open to change or being willing to solve problems.” (Saki & Sahin, 2021, p.119).

“Having a similar problem with the client was perceived as an advantage for some trainees in terms of understanding and helping the client better. However, some trainees were hesitant about how to help their clients with the problems that they cannot solve in their own lives” (p.119). These findings suggest that practicum-internship trainees are gaining *real* client exposure yet may be gaining *false* confidence in their clinical skills due to heavy reliance on personal experience. These skills may be helpful in building therapeutic alliance-which is of heavy focus in pre-practicum coursework-but do not properly equip trainees to perform more critical skills, such as adequately diagnosing mental health conditions and applying therapeutic interventions. It is imperative that master’s level counseling programs adequately prepare counseling trainees *before* the beginning of their internships to ensure these trainees absorb the most out of the clinical experience and supervision elements of their practicum.

Clinical Supervision and Self-Efficacy

Counseling literature strongly supports the fact that the supervisory relationship heavily impacts the development of counseling trainee clinical skills, self-efficacy, and professional identity (American Counseling Association, 2014; Bernard & Goodyear, 2014; Coker & Schooler, 2012; Loganbill & Delworth, 1982; Morrison & Lent, 2018). Direct skills mastery in tandem with triadic supervision provides the greatest increase in practicum-internship student self-confidence in conceptualizing client cases and providing effective treatment (Baltrinic, 2021; Burns, 2023; Cline et al., 2022; Ikonopoulou et al., 2016). MLCTs join their respective programs with different learning styles and personal experiences, which may shape their interactions with supervisors and their overall engagement with the supervision process. The very act of being new to the counselor education process may hinder an MLCT's understanding of what they should seek in a supervision relationship (Baltrinic, 2021; Ladany et al., 2012;

Schoonover, 2022; Wilder et al., 2022). Ladany et al. (2012) conducted a study exploring the inconsistencies between reports of *effective* supervision and the presence of very *ineffective* supervisory behaviors. Some of these behaviors included supervision occurring on a less than weekly basis, no evaluative feedback, or direct observation of the supervisee's counseling sessions (Ladany et al., 2012). Critical analysis of these findings suggests that counseling trainees may not know how to discern ineffective versus effective supervision or self-report their dissatisfaction if present. A novice counseling trainee is also a rookie to the supervision process and should have adequate preparation *before* the onset of the practicum internship to develop healthy expectations of their supervision relationship to ensure the most wholesome clinical experience (Baltrinic, 2021; Burns, 2023; Kalkbrenner & Neukrug, 2019; Koçyigit, 2022; Ladany et al., 2022; Ray et al., 2019).

Subtleties and clinical nuances of acute or chronic mental health conditions require close intervention from supervisors. Banks & Diambra (2019) conducted a study on counseling trainee preparedness to clinically detect and intervene for suicidal clients showed a common limitation among novice counselors still in training. Participants were often unable to detect subtle symptoms or behavioral dysregulations such as sleep deprivation, agitation, mood swings, or substance abuse (Banks & Diambra, 2019). Deliberate training and proximity to supervisor support were the greatest mitigating factors for increasing participant confidence to treat these high-risk clients discerning appropriate interventions. While all counseling trainees may not encounter a suicidal client during a practicum or internship, it is likely that they will encounter such a population in their professional practice upon graduation (Banks & Diambra, 2019; Binkley & Leibert, 2015; Cureton et al., 2020; Gallo et al., 2019). Counseling literature is rich with data on the role of supervisors in trainee development; however, much of that supervisory

relationship is focused on the values and ethics of the counseling field and ways of being a therapist (Coker & Schooler, 2012; Morrison & Lent, 2018), rather than modeling or exemplifying what they might do in unique clinical cases. Direct observation and feedback via on-site supervision for practicum-internship trainees is critical to expertise development (Efstation et al., 1990; Kourgiantakis et al., 2019; McConnell et al., 2020; Morrison & Lent, 2018; Rousmaniere, 2017; Wilder et al., 2022). When the supervisory working alliance is strong, participants are more likely to see their supervisors as believing in their own clinical skills and thus report higher self-efficacy (Baltrinic et al., 2021; Morrison & Lent, 2018). Conducting counseling sessions requires relational depth as a foundational element, and therefore, relational depth should be integral to supervision practices (Ray et al., 2019). Metacognition and emotional support that is found in the clinical supervision process should overlay healthy trainee development and readiness to navigate clinical difficulties (Efstation et al., 1990; Lamar et al., 2019; Prikhidko et al., 2020; Springer et al., 2020; Waalkes et al., 2021).

Literature displays that even doctoral counseling students report established trust and support from supervisors as a leading predictor of self-efficacy and decreased levels of burnout. (Bardhoshi & Um, 2021; Gamze & Yondem, 2022; Lamar et al., 2019; Montgomery & Mei Tang, 2021). Studies on counseling trainee preparedness from multicultural perspectives also demonstrated a similar theme of expressed desire for more support from supervisors and other clinical staff (Chun et al., 2020; Dorn-Medeiros et al., 2020; Ju et al., 2020; Prikhidko et al., 2020;). High contact with supervisors and frequent support from faculty is essential for trainee development (Gleason & Hayes, 2019; Hays et al., 2019). Better wellness, satisfaction, and student retention are found when supervisors are highly involved with student practices in the classroom and outside of the classroom (Baltrinic, 2021; Cline et al., 2022; Gleason & Hayes,

2019; Gutierrez et al., 2017). Morrison and Lent (2018) noted that it may be helpful for future studies to examine the crossover or exclusivity of client-specific and general self-efficacy, along with implications for their supervisory relationship. Recognizing limits and seeking supervisor support is necessary for beginning any new clinical role and should be instilled in counseling trainees *before* beginning clinical work. This research study is going to explore the gap in the literature about general self-efficacy for pre-practicum and internship trainees.

Peer Support and Student Self-Efficacy

Studies have produced empirical data that shows that peer support serves as a low-cost means to engage in clinical collaborations and nurture the expansion of clinical skills for trainees of many healthcare specialties (Abrams et al., 2022; Gokhan & Atik, 2019; Popa-Velea et al., 2021; Zahnd et al., 2020). Some of the specific ways counseling peer group supervision strengthened these students include expanding to work on a variety of cases, taking an active role, normalizing any distressful client interactions, and increasing self-esteem (Bohecker & Doughty Horn, 2016; Gokhan & Atik, 2019; Johnson & Lawrence, 2022; Mulvaney, 2020). Observing recorded sessions, using critical training, and reflecting on others' performances increases confidence in their ability to execute similar skills moving forward (Flasch et al., 2016; Kourgiantakis et al., 2019; McGaghie et al., 2010). The more specific the feedback, the more valuable for increased perception of competency and clinical preparedness (Abrams et al., 2022; Cline et al., 2022; Cureton et al., 2021; Kourgiantakis et al., 2019; Roy, 2022).

Gokhan and Atik (2019) suggest that the peer element adds an element of fun and enjoyment that can be linked to increased information retention and future application. Learning is more solidified when cognitively associated with a strong, collaborative emotional experience (Gokhan & Atik, 2019; Ommering et al., 2021; Sogunro, 2015). This constructive and instructive

peer support space may recalibrate trainees with unrealistically inflated or depleted perceptions of self-efficacy due to other external or situational factors (Gokhan & Atik, 2019). Counseling trainees who are enrolled in U.S. programs but are physically located internationally also reported the presence of global cohort support to be incredibly helpful in attaining clinical confidence (Basma & Chen, 2022; Chun et al., 2020; Gonzalez et al., 2020; Lertora et al., 2020; Vincenzes et al., 2023). The act of providing peer feedback requires sufficient preparation. For counseling trainees, peer feedback can be considered equally valuable as instructor feedback (Vincenzes et al., 2023). Exposure to the clinical work of others helps the process of developing their own skill set. Research still neglects to report the impact of receiving peer feedback as it pertains directly to pre-practicum or internship experiences.

Self-Care and Self-Efficacy

The sheer stress of being in a master's level counseling program may lead to anxieties and other external sources of pressure, hindering the trainee's capacity to perceive themselves as competent or prepared to treat clients effectively (Carter et al., 2022; Gleason & Hays, 2019). Characteristics such as flexibility, time management, and developed resilience help healthcare graduate students to sustain the pressures of new clinical work (Walker et al., 2013). Low resilience, low optimism, and high perceived stress lead to poor academic performance (Popa-Velea et al., 2021). Counseling self-efficacy from practicum-internship trainees is also associated with physiologic stress. Heightened diastolic blood pressure revealed a positive correlation with lower self-efficacy (Lannin et al., 2019). Because physiologic responses are largely beyond conscious control, they increase confidence in the idea that counseling self-efficacy predicts physiologic stress for individuals expecting to provide supportive help.

Self-care practices such as mindfulness activities, progressive muscle relaxation, and didactic breathing can be used as self-regulative measures in and out of the classroom (Chatters & Liu, 2020). These self-care practices help counseling trainees become more aware of their bodies, their feelings, and learn ways to self-soothe and relax (Carter et al., 2022; Chatters & Liu, 2020; Gleason & Hays, 2019). These are also effective methods of soothing to avoid vicarious trauma through listening to recounts of their clients' traumatic experiences (Chatters & Liu, 2020). Other means of self-care, such as individual therapy or increased supervision, are noted in the literature to mitigate the heightened stress levels (Carter et al., 2022). The literature suggests that the intentional incorporation of self-care and wellness practices into foundational counselor education courses can lead to increased physiological stress reduction and increased perceptions of self-efficacy and readiness to treat clients (Chatters & Liu, 2020; Henschke, 2011; Kiely et al., 2004). Chatters and Liu (2020) suggest that professionals in counselor education create assignments for students to develop their own wellness plans at the beginning of the semester and present an end-of-semester reflection on their personal benefits. "Counselor educators can also assign students to interview licensed professional counselors in the community to learn about how professionals implement self-care strategies and deal with the stress and difficult emotions when working with clients" (Chatters & Liu, 2020, p.16). Incorporating self-care practices throughout practicum and internship experiences may assist educators in monitoring and mitigating symptoms of burnout and increase trainee perceptions of self-efficacy and preparedness to treat real clients.

Influence of Online Learning

One of the greatest shifts over the past ten years in education literature has been the impact of online learning for graduate students of all specialties, including MLCTs. According to

the National Center for Education Statistics (NCES), in the fall semester of 2020, seventy-one percent of all postbaccalaureate students were enrolled in at least one distance education course (NCES, 2021). This places approximately 1.6 million master's level and doctoral students as full e-learners (NCES, 2021). Graduate programs have seen a significant increase in both partial and fully online program enrollment (Allum & Oklahoma, 2015; Hussar & Bailey, 2019). With such a high surge in the presence of web-based learning, it is imperative that education researchers examine and update graduate program development plans to ensure adult learners are engaged and fully developed in their specialized skills.

Students with higher levels of self-regulation skills and intrinsic sources of motivation are more likely to perform better academically on virtual platforms (Amos et al., 2022; Bradley et al., 2017; Haddock et al., 2020; Olivier, 2016; Soffer & Cohen, 2019). Bradley et al. (2017) conducted a qualitative study on the relationship between self-efficacy and success in online learning platforms. The findings suggest that online instructors ought to be aware of environmental differences between in-person and online learning platforms and overtly address issues of self-efficacy, self-regulation, and high connection with all students. "Recognizing the signs of low self-efficacy and working to increase self-efficacy is vital in any classroom setting" (Bradley et al., 2017, p. 527), suggesting that even greater attention must be given to the online learner. Since March 2020, the COVID-19 global pandemic shifted many master's-level counseling programs to have a large online component of their programs, if not entirely transformed, to a virtual platform.

The success of the counseling student now requires adaptability and high proficiency as distance learners (Amos et al., 2022; Coker & Schooler, 2012; Haddock et al., 2020; Mulvaney, 2020; Vincenzes, 2023). Many graduate counseling programs across the nation were faced with

the difficult question of whether clinical skills could be effectively developed and reinforced on virtual platforms. Vincenzen (2023) conducted a study to assess the efficacy of an online skills development course for counselor education students. These online skills training included intake assessments, treatment planning, and treatment conclusion procedures (Vincenzen, 2023).

Faculty supervision was also provided throughout the experience. Study results showed that counseling trainee participants reported increased confidence in providing homework, selecting treatment interventions, understanding the rationale behind intervention choice, and case conceptualization for their volunteer clients. These findings demonstrated the power of honing in on technology to be used as a catalyst for increasing counselor self-efficacy in working with challenging clients.

According to CACREP (2023) education standards, counseling trainees may begin providing real clinical care to clients less than six months after beginning their program; therefore, it is imperative that greater creativity, intentionality, and skills repetition be used to increase confidence and self-efficacy in trainees. High engagement with course content, peers, and staff yields adult online academic success (Bradley, 2017; Mulvaney, 2020; Soffer & Cohen, 2019). Mulvaney (2020) discovered that ongoing advisement also mitigated the potential impact of multi-media overload (Mulvaney, 2020). The literature suggests that while the modality of imparting information is digital in nature, core principles of connection, high engagement, and self-discipline remain the same and appear to be vital for adult student success and self-efficacy development (Bradley et al., 2017; Mulvaney, 2020; Soffer & Cohen, 2019). In-person support sessions are a valuable asset to the e-learner (Amos et al., 2022; Olivier, 2016; Soffer & Cohen, 2019). These in-person support sessions provided students with opportunities to engage in sample exam questions and permitted the practice of skills and knowledge in the presence of

staff who were available to answer questions (Amos et al., 2022; Olivier, 2016). According to Olivier (2016), participants who attended an in-person writing or examination support session displayed significantly higher scores on their written online assignments and exams than their peers who did not attend in-person support sessions. Face-to-face contact with peers and faculty can have a statistically significant impact on online students at higher education institutions (Bradley et al., 2017; Haddock et al., 2020; Olivier, 2016). It is imperative that professionals in counselor education consider the modern influence of online learning as it pertains to trainee readiness for treating real clients.

Summary

The purpose of this transcendental, phenomenological study is to describe master's-level counseling trainees' (MLCTs) perceived preparedness to treat real clients *before* transitioning to their practicum or internship experience. The theoretical framework for this study relies on a blend of Knowles' adult learning theory and Bandura's self-efficacy development theory. Knowles' adult learning theory suggests that adults need to understand the personal relevance of what they are learning and be given many occasions to convert this knowledge into skills application. Self-efficacy development theory suggests that one's belief in their ability to succeed in a specific matter can be enhanced by social, psychological, and physiological factors.

There are documented benefits to using creative teaching modalities to increase adult counseling trainee engagement and subsequently increase their retention and likelihood of successful application. Novice counseling trainees often relay anxiety about working with high-risk populations, vocalize a lack of clear preparation, and experience resultant discomfort and perceived inadequacy. The quality of practicum and internship experiences, clinical supervision, and peer support are all components of counselor education that heavily influence the

development and reinforcement of a counseling trainee's self-efficacy. The sheer stress of being a master's level counseling trainee and other sources of pressure may lead to anxieties, and self-care practices, such as mindfulness activities, can help counseling trainees become more aware of their bodies and their feelings. This greater measure of self-regulation yields a greater connection to clients and, ultimately, more confidence in effectively providing treatment.

Finally, the success of the counseling student now requires adaptability and high proficiency as distance learners yielding new factors that both create and mitigate sources of anxiety. There is very little qualitative research describing the lived experiences of counseling trainees concerning their perceived preparedness or self-efficacy *before* beginning their practicum or internship experiences. This study aims to fill this vital gap in the literature by expanding data from which leaders in counselor education can draw on to expand their development of self-efficacy development training for pre-practicum and internship trainees.

Chapter Three: Methods

Overview

This chapter begins with a brief overview of the research design, qualitative phenomenology. The research study design supports and is a guide for the research questions also listed in this chapter. These research questions were designed to provide data concerning the lived experiences of counseling trainees before their practicum-internship experiences. Following the list of research questions is a description of the setting and participants of the study. The study's procedures and the researcher's role regarding the study and all participants are described. Data collection methods, a protocol for analysis, and techniques for the trustworthiness of the study are detailed in this chapter as well.

Design

The design of a research study serves as an essential guide for the execution of methodologies and for accomplishing research goals. For this study, a qualitative approach was chosen as an appropriate method, and more specifically, this study was a transcendental phenomenology.

Qualitative Research Design

This design was qualitative because the purpose of the study was to describe the lived experiences of MLCTs and their perceived preparedness to transition to their practicum or internship experiences. The primary purpose of a qualitative research study is to gain an understanding and provide insight into people's experiences (Aspers & Corte, 2019; Denny & Weckesser, 2019). Qualitative research is purposed to consider *why* individuals think or behave in a particular manner and make space for study participant voices to be heard (Denny & Weckesser, 2019). Brett Sutton (1993) was a researcher of the late 20th century who explored

why theoretical assumptions were infrequently reported in qualitative research findings despite their central role in successful or unsuccessful methodologies and subsequent reports of findings. Sutton (1993) acknowledged that four underlying themes serve as anchors in qualitative studies: (a) *contextualization*, (b) *understanding*, (c) *pluralism*, and (d) *expression*. The first anchor implies that researchers ought to value the validity of reported experiences without undermining the contextual components that give these experiences meaning (Sutton, 1993). To manage the complexity of qualitative findings, the second anchor suggests that a theoretical base must guide researchers to acquire a depth of understanding while being open to findings that may fall into unanticipated theoretical frameworks (Sutton, 1993). The pillar of *pluralism* tends to be more accepting of ambiguity in findings. It helps avoid premature closure of ideas and overly simplistic lines of correlation or causation depicted by a study (Sutton, 1993). Qualitative researchers utilize *expression* to report results but avoid presenting conclusions. These researchers are to present narrative realizations and descriptions, not proof (Sutton, 1993). According to current and previous researchers in the field of qualitative studies, a qualitative format for this study was best suited for participants to thoroughly describe their lived experiences and perspectives related to this study's research questions (Aspers & Corte, 2019; Denny & Weckesser, 2019; Reich, 2021; Sutton, 1993). This qualitative study was designed to describe participants' experiences and perceptions of preparedness within the context of their current experiences as MLCTs.

It is also vital that researchers have a firm grasp of what qualitative research *is not*. Study findings in qualitative research are *not* quantifiable. (Denny & Weckesser, 2019; Yilmaz, 2013). Misplaced assessment methods, such as tracking word frequencies in interview responses or assigning variables to make generalized claims, are unsuitable qualitative research practices

(Denny & Weckesser, 2019; Yilmaz, 2013). Without the presence of quantitative variables and the proper statistical analysis of said variables, qualitative findings should not be a substitute for quantitative studies (Denny & Weckesser, 2019). While qualitative study findings should not be generalized, they may provide insight useful for researchers focused on other populations, or professionals looking to improve their understanding of a particular phenomenon.

Phenomenology

A phenomenological approach to qualitative studies aims to describe or interpret the meaning of revealed themes and phenomena without attempting to resolve them via experiment or intervention (Gallagher, 2022; Sloan & Bowe, 2014; Van Manen, 2017). While phenomenology is a methodology in itself, there is a philosophy behind its development. Descriptive and interpretive phenomenology are two primary yet different perspectives that shape phenomenological methodologies (Sloan & Bowe, 2014). Studies employing an interpretive phenomenology may integrate the researcher's voice as they attempt to properly convey the participant's responses within the context of the study (Sloan & Bowe, 2014; Van Manen, 2017). Hermeneutic phenomenology falls under the umbrella of an interpretive phenomenological methodology. Hermeneutical phenomenology allows the researcher to experience the phenomenon under study alongside research participants (Sloan & Bowe, 2014). This hand-in-hand experience between the researcher and participants was designed to expand the researcher's ability to bring interview responses to life and provide a greater understanding of the phenomenon (Sloan & Bowe, 2014). Some researchers claim that it is not feasible to truly understand a phenomenon without being immersed in the context through which it is being experienced (Laverty, 2003; Sloan & Bowe, 2014).

Others argue that objective observation- without judgment, pretense, or biases- provides the best research climate for telling the narrative of study participant experiences. Descriptive phenomenology picks up this *outside lens* on providing the participant's lived experiences and telling their stories. Transcendental phenomenology is a descriptive phenomenology because the "observer could transcend the phenomena and meaning being investigated to take a global view of the essences discovered" (Sloan & Bowe, 2014, p.1294). To take on this perspective is to understand that objectivism is needed to make space for various human experiences no matter the context (Smith et al., 2009). Specifically for this study, transcendental phenomenology will be used to describe the lived experiences of MLCTs before beginning their practicum-internship experience. The lived experiences of MLCTs were provided without interpretation. This approach required me to abstain from including my experiences, biases, and preconceived notions as a former MLCT. I barricaded and excluded my former experiences of feeling insecure or lacking the confidence to begin counseling real clients in my former practicum -internship experiences. Telling participants' stories without these biases will also provide an unpolluted depiction of their experiences of perceived preparedness to begin their hands-on work with real clients.

Rationale

Practicum and internship experiences are designed to provide counseling trainees with enriching hands-on experiences where they treat real clients for the first time (Ikonomopoulos et al., 2016). This study aims to describe the lived experiences of MLCTs *before* the beginning of their practicum-internship experiences. Thus, a transcendental phenomenological design was the most suitable for this study which aims to share participant experiences without interpretation (Gallagher, 2022; Sloan & Bowe, 2014; Van Manen, 2017). There is a vital gap in research

providing direct reports of perceived preparedness from MLCTs *before* entering their practicum-internship experiences.

Binkley and Leibert (2015) conducted a quantitative study on pre-practicum counseling trainee readiness. This study focused on these trainees' perceptions of readiness to work with suicidal clients. Study participants received a survey entitled "Counseling Students' Perceived Preparation for Suicide Counseling," where data was gathered regarding their self-efficacy in working with suicidal clients. Binkley and Leibert acknowledged the value of future researchers exploring trainee confidence in treating high-risk clients along with information about clinical skills and knowledge. While high and low confidence levels were reported among study participants, the details of what skills they felt competent in, and the quantity or quality of these prior experiences were unknown.

Many other studies utilized instruments and mixed-method approaches to explore counseling trainee self-efficacy (Banks & Diambra, 2019; Carter et al., 2022; Coker & Schooler, 2012; Dispenza et al., 2022; Ikonopoulou et al., 2016). Many of these study findings relayed the impact of counseling program components such as clinical supervision, teaching methods, and practicum-internship experiences as they pertained to *graduation* readiness. The quantitative instruments used in some of these studies included the "Counselor Activity Self-Efficacy Scale" (Ikonopoulou et al., 2016), the "Perceived Stress Scale" (PSS-10) (Carter et al., 2022), and the "Supervisory Working Alliance Inventory" (SWAI) (Coker & Schooler, 2012). While these instruments provide a streamlined means of gathering broad estimations of perceived competence and support, a common missing thread is the rationale or *details* regarding answers given (Carter et al., 2022; Coker & Schooler, 2012). This phenomenological, qualitative study aims to fill two gaps seen in the literature. The transcendental, phenomenological design will

allow participants to *detail* their experiences as pre-practicum or internship trainees before treating real clients.

Research Questions

The following questions guided the procedures of this study:

1. How do master-level counseling trainees describe their experience of perceived preparedness *before* transitioning to their practicum or internship experience?
2. How do study participants describe the influence that the counseling program curriculum, including structure and practicum timing, had on their readiness to transition to practicum or internship?
3. How do study participants describe the influence that clinical supervision had on their readiness to transition to practicum or internship?
4. How did study participants perceive their experiences with anxiety, apprehension, or dread *before* transitioning to practicum or internship? What do they feel would have decreased any of these perceived distresses?

Setting

As technology continues to advance, so have qualitative research settings and data collection methods. Current literature speaks to the numerous benefits of using a virtual setting and videoconferencing platforms to conduct qualitative studies. Videoconferencing software allows researchers and participants to access audio and video imaging in real-time from their *preferred* platform of a computer, mobile phone, or tablet (Gray et al., 2020). Advantages for researchers may include personal safety, cost-effectiveness, and secure data generation and storage (Cater, 2011; Deakin & Wakefield, 2013; Irani, 2019). Study participants report the benefits of increased comfortability to speak about personal experiences or vulnerable topics in a

location of their choice. Participants are also free to exit an interview anytime (Gray et al., 2020; Irani, 2019). This convenience has also been noted as a significant factor for increased motivation for participating in research studies altogether (Irani, 2019; Seitz, 2016). Historically, telephone or internet modalities for conducting semi-structured interviews increased participant reluctance (Deakin & Wakefield, 2013; Gray et al., 2020). Since the COVID-19 pandemic created a surge in social media and videoconferencing use, qualitative researchers have seen a significant decrease in reluctance to use online platforms for research participation (Gray et al., 2020). Notably, young adult participants have shown a significant increase in willingness to participate in research studies if involvement is merely *one click of a link* away (Gray et al., 2020). Since this study aims to describe the lived experiences of graduate students, it was anticipated that many participants will fall under the demographic demarcation as young adults.

Simultaneous audio and video recording of the researcher and the participant gives the study a feeling similar to an in-person setting. Observing participant nonverbals and body language is crucial to understanding the nuances of participant responses (Seitz, 2016). Videoconferencing not only allows for the *observation* of verbal and nonverbal data, but nonverbals are *recorded* and saved for reference of meaning by the researcher at a later time (Irani, 2019; Seitz, 2016). This advantage would be lost if sole reliance was placed on the researcher's memory-recollection of body language and facial expression subtleties. Recordings and transcription of interviews via videoconferencing platforms permit digital encryption and password-protected access. These security safeguards are vital to ensure that data is not left in a *vulnerable* state (Gray et al., 2020; McCrae & Murray, 2008). Increased participation in virtual research settings and easy access to videoconferencing platforms led me to seek out participants

from institutions with diverse student bodies and familiarity with virtual learning and interaction platforms. Purposeful sampling was conducted from the institutions described below.

The University of South Florida (USF) has approximately 50,000 students dispersed amongst three campuses across Florida's Tampa Bay Area. This large student body represents nationalities from over 146 countries (University of South Florida, 2022). In the 2021- 2022 academic school year, USF had a graduate population of 9,493 students, with nearly 57% of those students enrolled as full-time graduate students. The graduate student body at USF represents a very diverse population that would be excellent to have study participants sampled from. USF's Rehabilitation and Mental Health Counseling Program (RMHC) is CACREP accredited and is under the graduate-level umbrella of the College of Behavioral and Community Sciences. As of 2022, there were 1,022 graduate students enrolled in the College of Behavioral and Community Sciences Department. Participants for this study were enrolled in USF's RMHC program and were within one semester of the beginning of their practicum or internship semester. The incredible diversity of potential backgrounds and lived experiences as MLCTs make USF an excellent institution to sample study participants.

Liberty University (LU) has more than 130,000 students enrolled in over 700 unique programs of study (Liberty University, 2023). The student body at LU represents all 50 U.S. states and more than 70 countries with their residential and online student populations (46% male and 54% female) (Liberty University, 2023). LU has one of the nation's largest online education platforms with over 600 online programs and has been "pioneering online and distance education since 1985" (Liberty University, 2023, Liberty University's Online Programs). Master's level counseling programs at LU are under the umbrella of the School of Behavioral Sciences. These counselor education programs are CACREP accredited and reflect residential and online

education platforms. The immense diversity of the student body and educational platforms at Liberty (online and in-person) provided an excellent pool of potential study participants that would relay their diverse academic and professional lived experiences. Since this qualitative, phenomenological study aimed to describe MLCTs' perceived preparedness *before* transitioning to their practicum or internship experience in two CACREP-accredited university programs, USF and LU were chosen as first-rate institutions to sample participants. Both institutions provided great potential for diverse academic and professional backgrounds from participants as they relayed their lived experiences.

For this study, all participants were interviewed via videoconferencing platforms to ensure uniformity in data recording and collection methods. The uniformity of instruments for data collection can contribute to the overall trustworthiness and replicability of the study (Irani, 2019; Oliffe et al., 2021; Saarijärvi & Bratt, 2021). All digital recordings and interview transcriptions were stored and password-protected. To minimize distractions and maintain uniformity in my environment as the researcher, all interviews took place in the privacy of my home office. Participants were also encouraged to choose a private location (Gray et al., 2020). This minimized distractions and permitted optimal surroundings for emotional safety and transparency about their lived experiences.

Participants

The participants for this study were master's-level counseling trainees (MLCTs) preparing to transition to their practicum or internship semester. For this study, an MLCT is defined as a pre-practicum or pre-internship graduate student enrolled in a master's-level CACREP-accredited counselor education program. Participants from USF and LU reflect a broad spectrum

of student demographics, online and in-person learning formats, and two states from which trainees will seek employment and licensure upon graduation.

This study consisted of 10-15 MLCT participants. Empirical data on qualitative studies informs researchers that achieving data saturation occurs at approximately 10 interviews (Saunders et al., 2018). Thematic data saturation refers to the place in data gathering and analysis where there are no new emerging themes (Houghton et al., 2013; O'Reilly & Parker, 2012). While literature speaks to the value of 10 interviews in attaining saturation, studies also display possible inconsistencies in determining true saturation (Houghton et al., 2013; O'Reilly & Parker, 2012; Saunders et al., 2018); therefore, an additional 5 participants was recruited to gather the most comprehensive reflection of the participants' experiences.

Purposeful sampling was utilized to recruit study participants that meet the specific criteria stated above. Study participants were recruited via email for voluntary participation in the study. One of the benefits of using purposeful sampling is selecting individuals that are particularly knowledgeable about a particular experience or phenomenon of interest. In addition to knowledge and experience, participants recruited via purposeful sampling often relay a greater willingness to participate and can share their experiences more precisely and expressively, benefiting the overall quality of data produced (Bernard, 2002; Cresswell & Plano-Clark, 2011). The core purpose of a phenomenological qualitative study was to describe and offer detail concerning participant experiences. This intent made purposeful sampling a highly suitable recruitment method for this study. Reports of these lived experiences may be valuable assets for educators and program developers looking to increase student preparedness at every stage of counselor education progression. Participants preparing to transition to their practicum or internship would relay experiences that better reflect MLCT pressing concerns and needs

compared to their graduated or more experienced colleagues providing distant recollections. Literature speaks to improved recall accuracy with closer proximity between an event's occurrence and the time of detailed recollection of that specific experience (Blank, 2017; Thakral et al., 2017). I anticipated that study participants currently awaiting their practicum or internship would best report lived experiences and reflect the most potent data for this study.

Procedures

Institutional Review Board (IRB) approval from Liberty University and the University of South Florida was obtained before data collection (Appendix). Participants were also asked to identify how far along they are in the master's counseling program (i.e., if they are within one semester of their practicum, internship, or graduation). Other demographic information was gathered at the beginning of the interview process. Semi-structured interviews were conducted to gather the most thorough report on MLCTs' perceived preparedness to begin treating real clients in their practicum or internship. As is common to phenomenological research, open-ended questions were the preferred methodology for gathering information about participant experience (Gallagher, 2022; Reich, 2021). Face-to-face interviews were conducted via online teleconferencing platforms to gather data on participants' lived experiences. Regardless of participant preferences, travel restrictions, or any other limitations, all interviews were conducted via online teleconferencing to maintain homogeneity in data collection and transcription methods. Homogeneity in the use of instruments or data collection methods can contribute to overall trustworthiness, transferability, and reduction of extenuating factors that may shape participant responses (Irani, 2019; Oliffe et al., 2021; Saarijärvi & Bratt, 2021). The recording feature on the videoconferencing platforms was used to accurately record participant responses and provide a precise means to ensure interview transcription and analysis accuracy. The

literature has acknowledged this measure of transcription accuracy as one benefit of video-conferenced interviews over in-person interviews (Oliffe et al., 2021; Saarijärvi & Bratt, 2021).

Data was obtained from semi-structured interviews, cognitive representations, and reflective journaling. The findings were transcribed verbatim and analyzed using the thematic analysis method. The data was analyzed using a modified version of the Van Kaam method (Moustakas, 1994). The thematic analysis consisted of six stages: (a) getting familiar with the research data by repeatedly reading them, (b) creating the initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) preparing a report of data findings (Lochmiller, 2021; Moustakas, 1994). In this context, data arising from the experiences of the participants' perceptions and educational experiences were analyzed, codes were generated, and themes were identified from the codes. After multiple re-readings of the transcripts, data directly addressing the research questions was coded and became the themes and subthemes of the study findings. Periodic peer review of the data was used to ensure credibility. Epoche, bracketing of my personal experiences and perspectives, was used throughout the data collection process to reduce researcher biases (Bednall, 2006). Epoche was also applied throughout the analysis of study findings as well.

The Researcher's Role

I currently work full-time in a healthy and growing private practice as a licensed mental health counselor (LMHC) in the state of Florida. Some of my clinical areas of specialty include trauma, grief, spiritual counseling, and family work. With the joy and responsibility of treating an average of twenty-five clients per week, I am constantly seeking ways to learn and grow in my skills and aptitude as a clinician. To date, I still attend trainings and elective clinical supervision at least twice a month. As I find myself excited and encouraged to use new tools for

assessing, diagnosing, and treating my clients, I also find myself equally discouraged as I reflect on how helpful earlier exposure to these tools would have been during my years as an MLCT. I speak with my fellow licensed mental health counselors, and there is a resounding agreement about feeling frustrated by receiving a lot of theoretical knowledge as a counseling trainee without experiencing the confidence and self-efficacy needed to begin treating real clients as a practicum or internship student. A part of my motivation in conducting this study is to shed light on the unspoken needs of MLCTs being *thrown in cold turkey* to their practicum and internship experiences.

My current work as a licensed mental health counselor has healthily prepared me for comfortable and effective communication with study participants. My *former* experiences as an MLCT directed development of the research questions that guide this study. The interview questions that will be used to elicit this information will reflect *what I wish someone had asked me years ago*. My experiences as a former MLCT sparked this study; however, I will work to use Epoche and bracket my personal experiences and biases continually. This will effectively minimize their impact on participant interview responses, data collection, and analysis procedures (Sloan & Bowe, 2014). My role as a qualitative researcher in this transcendental phenomenological study is to be an outside observer (Sloan & Bowe, 2014). Participants with whom I have no relationship or history will be selected from the University of South Florida and Liberty University.

Data Collection

The data collection modalities for this transcendental qualitative, phenomenological study were semi-structured interviews, cognitive representations, and reflective journaling. All 10-15 MLCT participants were asked exploratory questions to elicit their lived experiences, as guided by the overarching research questions for this study. All methods are explained below, and their significance in contributing to this study's trustworthiness.

Semi-Structured Interviews

Semi-structured interviews were conducted about counseling trainees' perceived preparedness to treat real clients by performing. Participants were asked open-ended questions that may allude to their confidence in performing the following tasks: building a therapeutic alliance, conducting a biopsychosocial assessment, diagnosing mental and behavioral health conditions, treatment planning, and implementing appropriate clinical interventions. The preceding list of clinical activities has been identified as vital to effectively treating clients as a mental health counselor (ACA, 2016; Bobby, 2013; Cline et al., 2022; Hammonds & Schwarze, 2019; Saki & Sahin, 2021). Semi-structured interviews were anticipated to take approximately 50 minutes to complete. The recording feature on the videoconferencing platforms documented participant responses and permitted accurate transcription later. A sample interview transcript will be found in the Appendix.

Introduction Questions

1. What made you decide to pursue a career in counseling?
2. What does a normal work/academic week look like for you?
3. What kind of challenges have you faced so far in your time as a counseling student?
4. How would you describe your overall satisfaction with your counseling program so far?

Clinical Skills Questions

Participants answered the following scaling questions and then provided an explanation for their numerical answers. (On a scale of 0-10) (0= no confidence; 10= extremely confident)

1. How ready do you feel to begin conducting counseling sessions?
2. How ready do you feel to connect with clients /build a therapeutic alliance?
3. How prepared do you feel to conduct a biopsychosocial assessment?
4. How ready do you feel to provide clients with a mental health or behavioral health diagnosis?
5. How would you describe your readiness to develop a treatment plan for a client?
6. How prepared do you feel to implement an appropriate clinical intervention?

Overall Readiness Questions

1. What is your understanding of expectations for you as a practicum/ internship student?
2. What are your thoughts on the impact of your curriculum so far on your readiness to conduct counseling sessions?
3. What are your thoughts on the impact of your supervisor/ instructors on your readiness to conduct counseling sessions?
4. What other factors, such as faith or outside support, do you believe have contributed to your readiness to conduct counseling sessions?
5. Is there anything else that you would like to share about what would help you feel better prepared to begin treating clients as a practicum/ internship student?

The *Introduction Questions* were asked to build rapport with the study participants. It was a suitable protocol for conducting a phenomenological interview to begin with social conversation or for the researcher to create an atmosphere in which participants feel comfortable to respond honestly and comprehensively (Moustakas, 1994). These questions also provided an

open-ended format for the MLCT participants to reveal their interests, external life pressures, overall counseling program satisfaction, and other circumstances that gave contextual information for their responses during the remainder of the interview.

The *Clinical Skills Questions* and *Overall Readiness Questions* are open-ended inquiries (Gallagher, 2022; Moustakas, 1994; Reich, 2021) designed to allow participants to share their lived experiences in a detailed manner without frequent interruption or guidance. These questions were reviewed and approved by the Liberty University IRB and the University of South Florida IRB. No pilot study was conducted to refine or adjust the interview questions. Clarification and guidance were provided to the participants as needed to increase understanding.

Cognitive Representations

Study participants were asked to draw a visual representation of their experience or emotions regarding preparedness to transition to their practicum or internship semester. Phenomenologically oriented researchers have cited drawings, or visual representations of thought, as a successful method for allowing participants to express the subtleties, complexities, and intensity of their experiences (Attard et al., 2017; Boden & Eatough, 2014). Participants were also asked to write a description to capture the meaning behind their drawings adequately. Participants showed their drawings on camera and were permitted to provide any verbal descriptions they liked.

Reflective Journaling

Upon completing the semi-structured interview, participants immediately received a follow-up email containing a journal prompt. Participants were asked to submit their written responses via email within 48 hours of interview completion and receipt of the email. This allowed for proximity between their interview experience and secondary reflection related to the

phenomena this study explores (Blank, 2017; Thakral et al., 2017). Reflective journaling creates a multidimensional, narrative component of qualitative data that reflects participant voices in a manner that may not be represented by interview-style prompts and interactions (Bashan & Holsblat, 2017). Participants who typically experience nerves or anxiety in an interview may feel more relaxed and less restricted in a journaling-style development of their answers. Thus, the reflective journaling prompt must reflect the research study's core phenomenon (Bashan & Holsblat, 2017). For this study, the reflective journaling prompt provided a case study that allows participants to assess their preparedness to treat a sample client. Participants were asked to answer all components of the journal prompt. No length requirements or restrictions were placed upon their responses. This journal prompt provided the following fictional client demographic information and two follow-up questions.

Fictional Client Demographic Information.

The client is a 15-year-old male with a history of self-harm and one previous suicide attempt. He self-reports the following information: (a) He is not currently using substances but has a former history of alcohol and tobacco use. (b) He occasionally has feelings of depression but “keeps his mind off of it by spending time with friends after school and on the weekends.” (c) He is resistant to being in counseling but comes to please his parents.

Reflective Questions

- How confident would you feel conducting counseling sessions with this client during your practicum or internship? (On a scale of 0-10)
(0= no confidence; 10= extremely confident)

Please provide a brief explanation for your numerical answer.

- How confident would you feel developing a treatment plan for this client during your practicum or internship? (On a scale of 0-10)
(0= no confidence; 10= extremely confident)
- Please provide a brief explanation for your numerical answer.
- What would help increase your confidence level to treat this client between now and the start of your practicum or internship?

These questions are designed to provide an open-ended means for participants to identify and articulate any resources, information, skills, or support that would increase their perceived preparedness to treat this high-risk client. The rationale for including *high-risk* client symptomology is related to the elevated frequency of practicum and internship trainees encountering clients with severe mental and emotional needs (Chatters & Liu, 2020; Saki & Sahin, 2021; Warren & Schwarze, 2017). MLCTs often report site experiences with high stress, severe trauma, or client substance abuse (Warren & Schwarze, 2017). Research shows that counseling trainees are often intimidated to treat or feel unprepared to treat high-risk clients (Binkley & Leibert, 2015; Gallo et al., 2019; Hammonds & Schwarze, 2019). Reflective journaling enhances the richness of study data by adding a third dimension of clarity and participant perspective (Creswell & Miller, 2000). Their perceived preparedness to treat real clients *before* entering their practicum or internship was the core phenomenon of this study. Allowing pre-practicum or internship MLCTs to reflect on a hypothetical client in a reflective journaling format was an excellent barometer for gathering data about their preparedness to enter their practicum-internship experience.

Data Analysis

The data was analyzed using a modified version of the Van Kaam method (Hycner, 1985; Moustakas, 1994). After the recording and transcription of all participant interviews is complete, the following steps were taken:

1. “Listing and Preliminary Grouping” (Moustakas, 1994, p. 120). This process is referred to as horizontalization (Moustakas, 1994). Practical execution entailed making a list of everything expressed that is relevant to the participant’s experience.
2. “Reduction and Elimination to Determine Invariant Constituents” (Moustakas, 1994, p. 120). This process entailed exploring if expressions contain a moment of experience that is necessary and sufficient for understanding and if it can be extracted and labeled. Overlapping and repetitive expressions were removed, and the remaining were considered invariant constituents of the participant’s experience (Moustakas, 1994).
3. “Clustering and Thematizing the Invariant Constituents” (Moustakas, 1994, p. 121) - Related invariant constituents were categorized into a thematic label.
4. Final Identification and Validation of Themes (Moustakas, 1994, p. 121) – The clustered and thematized invariant constituents became the core themes of the participant’s experience. Invariant constituents were only used if expressed explicitly in the complete transcript (Moustakas, 1994).
5. “Individual Textural Description” (Moustakas, 1994, p. 121) – Verbatim examples from the transcribed interview were used.
6. “Individual Structural Description” (Moustakas, 1994, p. 121)

7. Construct Description (Moustakas, 1994, p. 121)- Overall meanings and essence of the experience were given. This overall meaning was given after incorporating the invariant constituents and themes.

Trustworthiness

The trustworthiness of a qualitative study can also be referred to as the *rigor* of the study (Connelly, 2016). This rigor refers to the degree of confidence readers can have in the data, interpretation, and methods used to ensure the high quality of a study's findings (Connelly, 2016; Leung, 2015). While qualitative researchers agree that there is great value in establishing trustworthiness, there are still differing perspectives in the current literature on what indeed constitutes trustworthiness (Leung, 2015). Qualitative researchers may increase the overall trustworthiness of their study if a plan of action to ensure trustworthiness is articulated- including their plans to record specific dates and times of actions taken (Amankwaa, 2016). For this study, trustworthiness was divided into four categories- credibility, dependability, transferability, and confirmability- and expanded upon below.

Credibility

The credibility of a qualitative study is arguably the most essential criterion for establishing trustworthiness (Amankwaa, 2016; Leung, 2015; Williams & Morrow, 2009). The data collection and analysis methods should demonstrate congruence and entail parallel procedures with other studies grounded in similar qualitative theories. The credibility of a qualitative study is analogous to the internal validity of a quantitative study (Connelly, 2016). Techniques frequently used to establish credibility include prolonged engagement with

participants, persistent observation, member checking, and reflective journaling (Connelly, 2016; Leung, 2015). For this study, the following methods were used: Epoche, triangulation, and member checks.

Epoche

According to Moustakas (1994), Epoche is the process in which the researchers “set aside our prejudgments, biases, and preconceived ideas about things” (p. 85). This process, also known as *bracketing*, does not refer to eliminating or ignoring pre-existing knowledge; however, it does acknowledge the researcher's proactive decision to lay those things aside to ensure the credible collection of qualitative data. The practical execution of bracketing in this study included keeping a journal of my thoughts and feelings throughout the process of conducting the study (Connelly, 2016; Leung, 2015).

Triangulation

Using multiple data collection methods creates findings in three different formats that substantiate one another (Amankwaa, 2016; Creswell & Miller, 2000; Lincoln & Guba, 1985). Triangulation also examines the consistency within the different sources. It allows the researcher to check the presence of selective perceptions from participants or shed light on any potential oversights in the analysis process (Amankwaa, 2016; Williams & Morrow, 2009). The goal is to create a rich and comprehensive account of the data. For this study, semi-structured interviews, cognitive representations, and reflective journaling were used.

Member Checks

Study participants were asked to read and verify the transcripts of their interview responses to ensure that the proper meaning and intent were captured. This method of increasing credibility was formatted with the understanding that researchers may unintentionally construct alternate realities and interpretations as the interview transcription process takes place (Davis, 1992; Lincoln & Guba, 1985). To buffer any constructed realities, member checking provided a protocol for having participants verify an accurate, external depiction of their internal experiences. At the end of their interview, participants were informed that transcripts will be emailed. Responses with any edits or adjustments were requested to be returned within 72 hours of receiving their transcript.

Dependability

Another sub-category of trustworthiness is dependability. This refers to the stability of the data over time and throughout the conditions of the study (Leung, 2015). Peer debriefing and process logs were used to ensure dependability in this study.

Peer Debriefing

The lens necessary to establish dependability needs to be someone external to the study (Creswell & Miller, 2000). This method of establishing and maintaining dependability was best suited over the entire course of the study. Practical execution of peer debriefing may include “written feedback” or “serving as a sounding board” as a researcher’s ideas develop and data collection unfolds (Creswell & Miller, 2000, p.129). Colleagues and professors were asked to provide unbiased views of this study’s methodology for trustworthy data collection and analysis.

Process Logs

One procedure for ensuring dependability includes the maintenance of an audit trail or process logs. In these process logs, the researcher takes note of all activities that happen during the study and decisions about aspects of the study (Connelly, 2016; Creswell & Miller, 2000). These logs help to bring clarity and build the overall trustworthiness of the study. This study's transcript logs included notes of my personal observations and reflections throughout data collection and transcript analysis.

Transferability and Confirmability

The extent to which study findings are useful to other persons in other settings is the essence of transferability (Connelly, 2016). The degree to which methods and findings can be repeated is the essence of confirmability (Connelly, 2016). Combining these two factors strongly contributes to the overall trustworthiness of the study. Providing highly descriptive detail about the study's setting, participants, and other contextual factors provides readers with the right to determine how applicable study findings are to their personal experiences. This heightened detail also allows readers to determine if the procedures can be replicated within their personal context or circumstance (Connelly, 2016; Creswell & Miller, 2000; Lochmiller, 2021). Some healthy practices to ensure confirmability are for researchers to keep a log of differing methodological memos and to have these memos reviewed by another colleague (Connelly, 2016). In detailed transcription, it is imperative to stay focused on the study participants and their stories to clarify that participant experiences are unique to themselves (Connelly, 2016). A clear description of the study's methodology and findings was given to ensure the transferability and confirmability of this study.

Clear Articulation of Methods and Data

A detailed and robust description of this study's methods, theoretical framework, and findings provides readers with *feelings* that they have experienced or may experience the phenomena being studied (Creswell & Miller, 2000). Qualitative researchers must “provide a constructivist perspective to contextualize” the people being studied (Creswell & Miller, 2000, p. 129). Providing as much detail as possible requires a significant increase in micro-descriptions of participant interactions and other contextual factors that make replicating the study feasible. These vivid descriptions “help the readers understand that the account is credible” (Creswell & Miller, 2000, p. 129). These rich descriptions also further the reader's ability to determine if the applicability of this study's findings is relevant to their setting or context. While exact duplication of methods and findings is rare, experienced researchers may be able to validate the rigorous methodology, data collection methods, and analysis (Creswell & Miller, 2000; Davis, 1992). Comprehensive descriptions were used to detail every aspect of this study.

Ethical Considerations

Before conducting this study, one of the primary ethical considerations was the security and privacy of study participants. Each study participant was provided with a pseudonym, and other demographics were revealed only at the minimum level necessary to gather pertinent information relevant to interview responses. While the names of two academic institutions have been revealed for this study, there was no identifying information regarding which institution each participant is affiliated with. All recordings of interviews and transcripts were password-protected and saved to a flash drive and an external hard drive for up to five years after the final date of publication for this study. While there is no national standard for the length of data

storage, studies with *critical* or highly sensitive data (i.e., child abuse or forensic information) may warrant immediate disposal after study completion (McCrae & Murray, 2008). Due to the lack of clinical intervention or *non-critical* data, five years is sufficient to retain data for any necessary audit or further analysis (McCrae & Murray, 2008). To ensure high fidelity in the retention and protection of interview recordings, transcripts, and participant information, two storage methods were used in case the primary storage device was misplaced or lost. Any hard copies of transcripts or other documents produced with participant information were kept in a locked location. All data transcription and analysis took place in the privacy of my home office. If any work of data analysis takes place in a public work location (library, coffee shop, etc.), a magnetic screen protector was used to ensure privacy and maintain the confidentiality of all participants' information.

At the onset of interviews, study participants were informed that they could take breaks from the interview at any time necessary to ensure their overall comfort (Deakin & Wakefield, 2013; Gray et al., 2020). The opt-out information was provided in writing on the consent form and verbally during the semi-structured interviews. Due to the lack of critical or highly sensitive information being addressed, it was not anticipated that participants will be triggered to experience discomfort that would lead to exiting the interview process.

Summary

Chapter Three provided an overview of this research study's design and the rationale for its use that aligns with the existing qualitative research literature. This study was designed to be a transcendental phenomenology that will describe the lived experiences of MLCTs *before* transitioning to their practicum or internship experiences. This study consisted of 10-15 MLCT participants. For this study, an MLCT is defined as a student enrolled in one of the two identified

CA-CREP-accredited master's counseling programs. My role as a qualitative researcher in this transcendental phenomenological study was to be an outside observer (Sloan & Bowe, 2014). Utilizing Epoche to maintain awareness of my biases and experiences helped minimize their impact on data collection and analysis.

Upon IRB approval from both institutions, data was collected via semi-structured interviews, then analyzed using Moustakas' (1994) modified version of the Van Kaam method. A synopsis of this method included identifying invariant constituents, clustering and thematizing them, then using textural and structural descriptions to synthesize the meaning and essence of participant experiences (Moustakas, 1994). Trustworthiness of the study findings was assured, and ethical considerations was taken to ensure participants feel comfortable and free to describe their lived experiences truthfully.

Chapter Four: Findings

Overview

The purpose of this qualitative, phenomenological study was to describe master's-level counseling trainees' (MLCTs) perceived preparedness to treat real clients *before* transitioning to their practicum or internship experience. Chapter Four begins by describing the participants and their experiences in their master's- level counseling program thus far. Data was collected using semi-structured interviews, cognitive representations, and reflective journaling. The findings were transcribed verbatim and analyzed using the thematic analysis method. The research questions guiding this study were (a) How do master-level counseling trainees describe their experience of perceived preparedness to real clients *before* transitioning to their practicum or internship experience? (b) How do study participants describe the influence that the counseling program curriculum, including structure and practicum timing, had on their readiness to transition to practicum or internship? (c) How do study participants describe the influence that clinical supervision had on their readiness to transition to practicum or internship? (d) How did study participants perceive their experiences with anxiety, apprehension, or dread *before* transitioning to practicum or internship? What do they feel would have decreased any of these perceived distresses?

Participants

A total of 15 participants took part in this study and shared their lived experiences as master's-level counseling trainees (MLCTs). Participants detailed different components of their perceived preparedness to treat real clients before starting their practicum or internship. Each participant confirmed that they were one to two semesters away from beginning their hands-on work as a practicum or internship student. Due to the outcomes of purposeful sampling, all 15

willing and qualified MLCT participants came from Liberty University. All 15 participants also primarily identified themselves as *online students*. Many participants had engaged in at least one in-person intensive course, which enabled them to practice clinical skills and receive real-time feedback in person. This blend of in-person and online experiences as an MLCT reflects the experiences of many MLCTs nationwide today (Bradley et al., 2017). Each of the 15 participants is listed in Table 1 below and briefly introduced. Since all participants were enrolled at the same academic institution, specific age, race, and ethnicity demographic information has been withheld to ensure heightened identity protection. The following demographic information has been provided: a pseudonym, participant age range according to decade, their current distance from beginning their practicum or internship, and their current or previous work experience.

Table 1

MLCT Participant Demographics

Pseudonym	Age Range	Beginning of Practicum/ Internship	Previous or Current Work
Kyle	40s	5 months away - Practicum	Military, Law Enforcement
Stacey	30s	Less than 1 month away- Practicum	Education
Brianna	40s	Less than 1 month away- Practicum	Business
Wendy	40s	Less than 1 month away- Practicum	Business
Randy	50s	5 months away - Practicum	Law Enforcement
Greg	30s	Less than 1 month away- Internship	Education
Claire	30s	Less than 1 month away- Practicum	Healthcare
Sasha	30s	Less than 1 month away- Practicum	Communications
Tiffany	40s	5 months away - Practicum	Law Enforcement
Abigail	50s	8 months away - Practicum	Military

Jeanine	40s	Less than 1 month away- Practicum	Social Work
Chris	30s	5 months away - Practicum	Education
Lauren	40s	Less than 1 month away- Practicum	Education
Courtney	40s	Less than 1 month away- Practicum	Social Work
Blake	30s	Less than 1 month away- Practicum	Military, Law Enforcement

Kyle- Five Months Away from Practicum

Kyle's love for the field of mental health extends from his extensive work in the military and law enforcement. His first-hand exposure to the impact of substance abuse and family troubles has led him to a deeper understanding of the roots of these pervasive societal issues. Kyle is a father and a husband who is well acquainted with juggling a full-time work schedule and student responsibilities. His personal victory over mental health challenges has also strengthened his desire to give back as a future mental health counselor. He also referenced his former experience with a hands-on law enforcement Field Training Officer (FTO), as a parallel for what he would desire from a clinical supervisor. "I think I'd want a professor or somebody to take me into the training before I start seeing people because I don't want to hurt anybody. I don't want to screw anybody up even more. I don't want somebody to have to go to a counselor because of their counselor" (Interview with Kyle, December 2023).

Stacey – Less Than One Month Away from Practicum

Stacey was one of the younger participants in the study. She has a passion for "helping people become better versions of themselves..." (Interview with Stacey, December 2023). As a working mom of four young children, Stacey is also well-acquainted with juggling multiple life roles while managing graduate student responsibilities. When sharing her lived experiences as an

MLCT, she expressed enjoyment of the curriculum but was also very bold about her desire for improvement. “I almost wish there was a pre-practicum class to help understand” (Interview with Stacey, December 2023) While sharing her anticipatory thoughts about practicum, she also stated, “I could swim, but I can also sink, and I don't want to sink at my client's expense” (Interview with Stacey, December 2023).

Brianna – Less Than One Month Away from Practicum

After a 20-year career running a family-owned business, Brianna made the decision to return to school in search of a career that would provide greater fulfillment by helping others in a more impactful way. Brianna noted, “I just kept thinking, there's got to be more. I don't want to wake up at 90 and have regrets” (Interview with Brianna, December 2023). Brianna is also a mom of four and self-identifies as a “high-achieving, very driven, recovering perfectionist” (Interview with Brianna, December 2023). Due to these innate qualities, much of Brianna’s confidence to begin treating real clients stems from her skills in independent research for any information or tools needed along the way. While sharing her anticipatory thoughts about practicum, she stated, “I know more what I expect of myself than what's expected of me” (Interview with Brianna, December 2023).

Wendy – Less Than One Month Away from Practicum

Wendy was also a participant who made a major career change by choosing to pursue her education as an MLCT. For decades, she worked as a businesswoman. Despite this experience as a working woman, Wendy has found managing a full-time course load while caring for two kids to be challenging but also an enjoyable adventure for her. When reflecting on her satisfaction with her master’s program, she exclaimed, “I love it! I would rate it at a ten honestly!... One of my favorite things is being able to practice. Having that 505 intensive...we actually got to *do* it.

That feedback has been great. I feel like that helps prepare me to go into real life” (Interview with Wendy, December 2023). In reflecting upon her current perceived preparedness to begin treating clients, she noted, “Do I know enough to do it justice where I'm not going to get ripped apart? I don't know. I just really want to be doing the right thing for the client, and I don't want to be stuck in a position where they need something that I couldn't provide. I just really want to be ready to help them” (Interview with Wendy, December 2023).

Randy – Five Months Away from Practicum

Randy is grateful for his time as an MLCT and has enjoyed the program's content and structure. He noted Liberty's program as “more conducive to a working adult's schedule than other universities” (Interview with Randy, December 2023). He also mentioned, “There is some trepidation though, as I think about practicum and balancing life, and making time for my two kids” (Interview with Randy, December 2023). Randy's law enforcement role has familiarized him with counselor interns. He strongly desires a greater connection between counseling trainees and their site supervisors. “They have interns that provide service here in the different bureaus. And there's a complete disconnect. There's little to no oversight. It's like, ‘Hey, you're an intern, [now] go.’ So, for me, I think that it's really important finding the right supervisor because if not, I don't know what I don't know” (Interview with Randy, December 2023). Randy shared that he sees it as an honor and a privilege to impact people's lives as a counselor and looks forward to the application and integration of knowledge learned thus far.

Greg – Less Than One Month Away from Internship

Greg has a passion for working with youth and desires to apply his future knowledge and skills as a counselor to assist this population. “Working with adolescents, that's my heart” (Interview with Greg, December 2023). His interest in this field began during his undergraduate

studies in Psychology. Greg is a first-generation college student and the only member of his family to pursue an advanced degree. Being a first has been a major source of motivation for Greg and inspiration to persevere. He stated, “After mom passed away, I thought: 'Why not?'" (Interview with Greg, December 2023). Greg noted that his pre-established relationship with his supervisor at his practicum site, the school where he is also employed, will continue to build his confidence in providing treatment to real clients as an intern.

Claire – Less Than One Month Away from Practicum

Claire grew up in an environment where she was surrounded by family members who worked in mental health. Although they served in many different capacities, this familiarity drew her to mental health from an early age. She stated, “The vibe that I've been surrounded with my whole entire life [was] somehow giving in some way” (Interview with Claire, December 2023). While she still pursued other interim work in healthcare, she expressed excitement about conducting future counseling sessions and building therapeutic connections with clients. “I'm excited. [I am] more so ready to hear what the clients have to say, I guess just [hearing] their different stories. There's probably a lot to expect, a lot more than I'm even recognizing now... So, I'm excited but nervous” (Interview with Claire, December 2023).

Sasha – Less Than One Month Away from Practicum

Sasha also grew up around a family member who worked in the field of mental health. She noted, "The role of a counselor is in my nature" (Interview with Sasha, December 2023). While she has technical training in the field of communications and supporting athletes, she was drawn back to the field of mental health to provide even greater support in her role as a future mental health counselor. Sasha is confident in the support from her on-site supervisors as she transitions to having her own clients as a practicum student. She is grateful for her proximity in

her work as an administrator at a local counseling facility. As she reflected on her preparedness to begin practicum, she stated, “I feel prepared and unprepared. I feel relaxed, excited, but also nervous. I'm eager, a little confused, open, and thoughtful. I think I feel a bunch of mixed emotions” (Interview with Sasha, December 2023).

Tiffany - Five Months Away from Practicum

Tiffany is another study participant with extensive experience in law enforcement. Working part-time has made her focus on academics a lot more manageable and enjoyable. She stated, “I would say I’ve really enjoyed all the curriculum that I've gone through.... I find it all very interesting what I'm learning, but as far as preparing me or feeling ready to actually conduct a session... [I don’t know]” (Interview with Tiffany, December 2023). While her years in law enforcement have created great familiarity with communication, her greatest desire was stated as follows, “I still don't feel like [the curriculum] gave a lot of direction as to where you would take a session” (Interview with Tiffany, December 2023).

Abigail- Eight Months Away from Practicum

Abigail is one of this study’s participants who has gleaned a lot of confidence and inspiration from personal experiences in counseling as a client. Since Abigail is not currently working, she has devoted herself fully to her learning as an MLCT. She repeatedly expressed her love for school and her role as a student, “I'm just absolutely loving being in school. I mean, I just love being in school. I love learning. It's my happy place” (Interview with Abigail, December 2023). Due to her passion for learning, she was also unapologetic about expressing her added desires from her counselor education program. She stated, “Before the skills class that I just took, there hasn't been anything that was directly applicable. Learning how to talk to people is definitely applicable. The other stuff, it's theoretical... it’s just theoretical and ‘gee

whiz' information" (Interview with Abigail, December 2023). Her bold perspectives come from her innate nature as an avid learner. Abigail is excited to begin her hands-on work with clients in the near future.

Jeanine – Less Than One Month Away from Practicum

Jeanine is another participant in this study who gleaned a lot from years of experiencing therapy as a client herself and for her children. Like Abigail, Jeanine is not currently working another job and delights in the freedom of fully devoting herself to her studies as an MLCT. When she is not doing schoolwork, she supports her oldest son with autism. Jeanine spent many of her professional years dabbling in social work and advocacy work for the autism community. This abundance of first-hand exposure has catapulted Jeanine's motivation and inspiration to work as a future mental health counselor. Jeanine was able to articulate what she would desire more of as a student, "Being in a cohort and moving from class to class together, and again, practicing skills in person, I think that would've gone a long way to helping me feel more ready" (Interview with Jeanine, December 2023).

Chris - Five Months Away from Practicum

Chris is another study participant with family members in the counseling profession. Despite this direct exposure, he was not initially drawn to pursue his education as an MLCT. Chris stated, "[Counseling] wasn't my first choice when I went to school. I was going to do computer science, and I was going to do business, and [then] I realized my love and care for other people. I didn't feel like it was in the right place in those other career fields" (Interview with Chris, December 2023). Chris works full-time in education and describes the balance of work and his academics as "overwhelming." Chris was very open in sharing that he valued the information being taught in his master's program but also detailed a lot of frustration. Chris

articulated, “It seems that...you kind of just go in and hope for the best, and you're going to do pretty much all of your learning when you get there. I think a part of that is okay, but I think... we're going to be working with real people with real problems that need real help. I would appreciate it if I felt more prepared” (Interview with Chris, December 2023).

Lauren – Less Than One Month Away from Practicum

Lauren is another study participant who has experience in the field of education. In addition to her “desire to understand more fully what [students] were going through,” Lauren also witnessed her daughter’s significant healing with the help of a mental health counselor (Interview with Lauren, December 2023). This first-hand exposure to family healing was a major catalyst in her desire to pursue a new career as a mental health counselor. Managing multiple life roles has been a motivator for Lauren but also a source of pressure and stress. Lauren stated, “I feel like my life situations have helped me have a little more compassion going into counseling. However, the skills are completely different” (Interview with Lauren, December 2023). Lauren has thoroughly enjoyed the curriculum provided and is very excited to apply this knowledge in her new role as a developing counselor.

Courtney – Less Than One Month Away from Practicum

Courtney is another study participant whose passion and interest in becoming a mental health counselor stemmed from family experiences in therapy; however, she had very mixed perspectives. Courtney’s son had a phenomenal experience in counseling, while her daughter had a “terrible experience” (Interview with Courtney, December 2023). She stated, “I just feel like I had to be that voice. I just really had this strong impression that I needed to help save people” (Interview with Courtney, December 2023). As a mother and a student, Courtney summarized her challenges in the following manner, “How do I still meet these deadlines and still meet the

needs of those around me?" (Interview with Courtney, December 2023). Courtney is an excellent student who favors thorough preparation and a high caliber of resultant performance. Courtney's anticipatory and humored thoughts about practicum were, "What am I doing? I'm crazy. I'm not ready. I need another two years" (Interview with Courtney, December 2023). Despite her confidence and sharp academic aptitude, she has experienced a mix of joy and apprehension her journey as an MLCT so far.

Blake – Less Than One Month Away from Practicum

Blake is another participant in the study who has experienced many avenues of exposure to the field of mental health. Military experience, time in law enforcement, and his own healing as a counseling client have given him high motivation and excitement to help others as a future counselor. As a husband and a father, he is also well-acquainted with the pressures of juggling schoolwork and many other life roles. Blake stated, "It gets overwhelming for me. I'm learning more about myself. I feel like my world is clashing amongst everyone else while I'm trying to study. It's like my brain is always going, too. I'm overanalyzing everything. I'm thinking of developmental issues, I'm thinking of diagnostic issues, I'm thinking of all the things that I'm learning in real-time" (Interview with Blake, December 2023). Blake is highly motivated to apply his newfound clinical knowledge and begin the hands-on work of treating real clients in practicum. When reflecting on his satisfaction with the program so far, Blake stated, "On a scale of one to ten, I'll probably give it a ten. Normally, I don't give out tens, but I only say that because I've learned so much about myself. It's unreal. It's amazing" (Interview with Blake, December 2023).

Results

The Results section includes details regarding the steps taken to develop themes that came from data gathered via semi-structured interviews, cognitive representations, and reflective journaling. Themes and subthemes that emerged are listed and were used to provide context for answers to the guiding research questions of this study. These identified themes and answers to the research questions illuminated valuable information about the perceived preparedness of MLCTs before transitioning to their practicum or internship.

Theme Development

Participant responses that were gathered from semi-structured interviews, cognitive representations, and reflective journals were assessed for commonly used words, phrases, ideas, and emotional expressions. These parallel ideas and expressions were gathered, organized, and placed together according to similarity in a process known as “reduction and elimination” (Moustakas, 1994, p.120). The main themes formulated in this process were substantiated by the complete record of data collected (Moustakas, 1994). Themes and subthemes are expounded upon below.

Main Themes

Since the purpose of this transcendental phenomenological study was to describe the lived experiences of MLCTs, it was imperative that the organized data reflect four main themes that emerged from *all* participant responses. All participants conveyed the following four themes: (a) external factors were a major source of *increased* confidence or preparedness, (b) lack of engagement was a major factor for *decreased* confidence or preparedness, (c) a perceived disconnect between course content and how to apply the knowledge while conducting counseling sessions, and (d) overall feelings of anxiety and apprehension present.

Theme Number One

The first theme - external factors were a major source of *increased* confidence or preparedness – revealed that participants frequently gained confidence from resources outside of the program curriculum or instruction. A frequent source was exposure to the counseling field prior to entering their master’s program. One repeated avenue of exposure came from participants receiving their *own* counseling as a client. One of the participants, Jeanine, reflected on her readiness to begin practicum by stating, “I have a really good therapist who is a supervisor herself, so she's helped me work through a lot of this anxiety and coping with uncertainty. And so that has been really, really helpful.” (Interview with Jeanine, December 2023) Another participant, Abigail, had so much of her confidence come from her own counseling that she even articulated blurred lines when reflecting on her greatest sources of confidence, “It's hard to delineate between what I've learned in my own personal therapy and what I've learned in school.” (Interview with Abigail, December 2023) Being a recipient of clinical treatment has boosted their confidence to mirror those skills as counseling trainees. Brianna also stated, "My personal counselor is phenomenal, and we've spent a lot of time in session this year talking about counseling skills, talking about how you *do* things...She's just been so instrumental in really asking about the program” (Interview with Brianna, December 2023). A second avenue of exposure to the counseling field and increased confidence came by way of proximity to family members who worked as counselors. Sasha directly shared confidence in her innate abilities to help with clinical skills when she stated, “My mom is a social worker...the role of a counselor is in my nature” (Interview with Sasha, December 2023).

Another participant, Claire, had family exposure and multiple avenues of exposure to counseling that increased her overall confidence to begin treating real clients. Claire stated, “I feel like I'm

really good with talking to other people, and I see my grandmother, my mom, and I'm in therapy too. So, I feel comfortable with how the process works. But [with] that all out of perspective, I don't know if I would be as ready if those things weren't in my life” (Interview with Claire, December 2023).

Another major source of confidence was previous career or work experience in another helping profession. This source of confidence- external to program curriculum or instruction- revealed that many participants depend on other career training for confidence in their abilities to execute clinical skills as an MLCT. Most participants reported former or current careers in law enforcement, teaching, the military, social work, or other healthcare-affiliated positions. Participants noted that the training from these other professions gave them a natural confidence and excitement to care for clients, engage in dialogue, and exercise interpersonal skills. Courtney stated, "I do a lot of interventions in my own life...I did crisis work in my other job. I've learned that you have to know your person and be able to read their cues to know what type of intervention is really going to work and what is not” (Interview with Courtney, December 2023). When Tiffany reflected on her career in law enforcement she stated, “I feel like I have a lot of experience with dealing with people in mental crisis and that kind of stuff. So, it's not really the talking aspect of it [that I’m concerned about]; I think it's more about, what direction do I take this session in?” (Interview with Tiffany, December 2023). Another participant, Lauren, reflected on her career skills in the reflective journal: “While I feel fairly confident with this particular scenario, it should be noted that my self-assurance with conducting counseling sessions with this client is primarily a result of my experience of working with [similar] students...If I were to isolate my confidence with this scenario based exclusively on the counseling education I have had to date, it would be significantly lower...” (Lauren’s Reflective

Journal, December 2023). The data from this study is rich, with many other participants crediting current or former helping professional skills with their increased preparedness to execute a broad spectrum of counseling clinical tasks. A very strong theme throughout all means of data collection was that external factors were a major source of *increased* confidence or preparedness for the study participants.

Theme Number Two

The second theme- lack of engagement was a major factor for *decreased* confidence or preparedness -revealed a resounding sentiment of anxiety about hands-on work if participants perceived inadequate engagement from professors. This theme was seen and saturated in the following subthemes: (a) more hands-on practice desired and feedback on skills demonstrated [practice], and (b) a strong desire for personal insight or modeling from the professor's own clinical experiences [professional insight].

Subtheme Number One. The first subtheme- more hands-on practice desired and feedback on skills demonstrated - reflected participants' repeated and highly vocalized desire for more skills practice, observed trial sessions, and application of theoretical knowledge *before* treating their own clients. For participants who had obtained hands-on practice, it was referred to as a pivotal point of increased confidence; its absence was referred to as a major source of discouragement and reduced confidence. Jeanine clearly stated, "The only thing I haven't been satisfied with [in this program] is that it's not in person, and there haven't been opportunities to practice skills with other students other than the intensives. I would've liked more of that" (Interview with Jeanine, December 2023). Participants without in-person practice from an intensive course expressed lower perceptions of self-efficacy in their clinical skills. Stacey stated, "While I've had these classes, I've not done it on a real person. I think about nurses or

dental hygienists, that they [get to] practice cleaning teeth. I want to practice on patients before I'm just unleashed into a practicum and needing to take on real patients. I've done it in theory...there's not been the ability to put it into practice” (Interview with Stacey, December 2023). When reflecting on the impact of feedback, Courtney noted, “The feedback and everything that you got was really helpful. I think it really prepared me... I really wish there were more visual interactions with the professors with my intensive” (Interview with Courtney, December 2023). All other participants noted feelings of discouragement or insecurity due to a lack of engagement or mentorship in at least one portion of their interview responses, visual representations, or reflective journals. Stacey expressed and summarized a sentiment shared by many participants when she stated, “I'm more of a person that needs to do and not just see” (Interview with Stacey, December 2023).

Subtheme Number Two. The second subtheme – a strong desire for personal insight or modeling from the professor’s clinical experiences- reflected participants’ limited but highly valued access to direct feedback from professors. Participants who reported higher levels of confidence in executing clinical skills or increased self-efficacy also noted direct encouragement, reassurance, or skills feedback provided by professors. Abigail noted, “I've been moderately disappointed with the amount of interaction between the students and the professors. There's been hardly any.... *Skills* (class title) was such a breath of fresh air because you actually got to talk to the professor, and you got to hear their opinions, and you got to ask them questions, and they answered you immediately!” (Interview with Abigail, December 2023). Peer engagement was noted as helpful but not regarded as highly as professor feedback and encouragement. Due to increased proximity to professor feedback, many participants expressed high value in their in-

person intensive courses. Courtney stated, “I really thought the intensives were the most beneficial in really understanding what it was really going to look like and what was expected. The feedback and everything that you got was really helpful. I think it really prepared me” (Interview with Courtney, December 2023). “My two best *by far* best experiences were the two intensives I did on campus... I wish, even in the online program, that we had optional class discussions; maybe instead of a discussion board, you could hop on for a class discussion and actually talk through some things... Going to the intensives, [I felt] I'm not alone. I'm not in a vacuum” (Interview with Brianna, December 2023). When Claire reflected on her needs, she stated, “I would like more examples of what the session is really going to feel like from the therapist's perspective, too. If somebody was struggling with wanting to get divorced or maybe there was an issue with suicide...those are the things that I want to know from a therapist perspective, like the best way to go about it” (Interview with Claire, December 2023). When reflecting on the value of professor input, Kyle stated, “I still want somebody to hold my hand going through it all. I'm not ready to take the life jacket off. I know I got to swim, and I know eventually it's going to be me in charge of guiding... I will be ready. Just not yet” (Interview with Kyle, December 2023).

Theme Number Three

The third theme- a perceived disconnect between course content and application for conducting counseling sessions- displayed the participants' value of the coursework but a misunderstanding of how to apply the information in a clinical setting. Chris vocalized these thoughts when he stated, “I do think I have learned a lot from the counseling program thus far, and I do feel really happy about it; however, ... Sometimes I don't know if the assignments that we're being given helped me grow in my learning or helped me become a better counselor or

future counselor. Sometimes I feel like they're a little unnecessary” (Interview with Chris, December 2023). Courtney noted, “In the introductory counseling classes, I feel like they kind of throw the book at you and say, here you go. And then the next few classes start making sense of what you've been reading and what you were taught” (Interview with Courtney, December 2023). Many participants voiced the value of theoretical knowledge but noted feeling frustrated with not knowing how individual courses integrated into a seamless foundation for clinical readiness. Randy strongly shared, “So I think information's good, right? This is all content material that we need to know, completely agree with that. But now, how do we integrate that so we're bringing it all together? (Interview with Randy, December 2023). The disconnect between course content and application in a clinical setting also seemed linked to the first theme of needing to rely on previous work skills to treat clients as an MLCT.

Theme Number Four

The fourth theme - overall feelings of anxiety and apprehension present- frequently showed up in participant descriptions of visual representations of emotional experiences as an MLCT. This theme of anxiety and apprehension was present throughout all forms of collected data, but the following captions were given by several participants: “The oh my mount!”, “Blindly walking with God,” “Total and utter panic!” and “I can’t read a bookstore or library on my own.” These emotionally charged titles reflected these participants’ underlying feelings of insecurity, anxiety, and apprehension as they have currently walked through the program and as they anticipated the start of their practicums. Common themes of the visual representations were journeys through forests, climbing mountains, or the calm and chaos of ocean waves. The following words were also used to describe their emotional experiences, “nerve-wracking, doubt, confusion, unsure, inadequate, heavy sometimes, can I do this?” Amidst these words of pain and

uncertainty, many participants also included words and phrases such as “excitement, hopeful, I want to help, searching for clarity, and growth.” As Stacey reflected on her readiness to connect with clients, she expressed some nerves in stating, “I’ve got all the bones to build it and to create that secure environment, but I think my foremost concern is safety and security for the client. If I go in and I’m a *nervous wreck* because I don’t know what I’m doing because I’ve not had that experience... (Interview with Stacey, December 2023). When expressing her thoughts about building therapeutic connections with clients, Jeanine stated, “I feel like this is something that, with practice, I’ll be good at, but initially, I feel like I’m going to be kind of stiff because I’ll be kind of anxious and uncomfortable” (Interview with Jeanine, December 2023). All participants expressed a degree of anxiety and feeling unprepared in some measure when it comes to beginning their hands-on work as practicum or internship students. While anxiety and apprehension are common for novice counselors transitioning to their practicum or internship (Lannin et al., 2019; Saki & Sahin, 2021), the participants of this study detailed their lived experiences of factors that have increased their confidence and those that have led to decreased confidence. These factors and expressed desires were well-summarized in the four main themes discussed above. Table 2 below presents many repeated words and phrases from which themes and subthemes were developed.

Table 2*Repeated Words and Phrases from Data Analysis*

Repeated words/ phrases	Researcher developed codes	Associated themes/ subthemes
Lack of engagement	EG	Engagement
Desired more feedback	FB	Practice, Professional Insight
I would like more supervision on that.	SUP	Professional Insight
I've enjoyed the program overall...	ENJ	Enjoyed Learning
I've learned a lot...	LA	Enjoyed Learning
I feel unprepared	UNP	Overall feelings of anxiety
Not confident	NC	Overall feelings of anxiety
Isolated	I	Engagement
Learning in a vacuum	VAC	Engagement
I've had experience...	EXP	Exposure
In my own counseling...	COUNS	Exposure
Want more in-person interaction	INT	Engagement
I don't know what I'm doing	IDK	Professional Insight, Disconnect
Wish I had a better understanding	BU	Disconnect
The intensives were helpful.	INT	Engagement, Enjoyed Learning
"What do I actually do?"	WDID	Professional Insight
How do I do this?	HDID	Professional Insight
Overwhelmed	OV	Overall feelings of anxiety
Need more practice	NP	Practice

Table 2 Continued

Inconsistency from classes	IC	Disconnect
Anxious	ANX	Overall feelings of anxiety
That was really good	RG	Exposure

Research Question Responses

The purpose of this qualitative, phenomenological study was to describe master's-level counseling trainees' (MLCTs) perceived preparedness to treat real clients *before* transitioning to their practicum or internship experience. The research questions that guided this study were intended to guide the development of interview questions and other forms of data collection that would allow study participants to detail their lived experiences in a comprehensive manner. As they shared these experiences via interviews, illustrated their emotional experiences through visual representations, and wrote about their preparedness in a reflective journal the presenting themes supported and answered the guiding research questions. Each question is expounded upon with supporting themes below.

Research Question One: How do master-level counseling trainees describe their experience of perceived preparedness to real clients before transitioning to their practicum or internship experience?

This question is the broadest of all four research questions in this study and was used to develop interview questions that would lead participants to share as expansively as they desired. Phenomenologists suggest proposing open-ended questions to study participants to elicit the most comprehensive responses (Witzenmann & Wagemann, 2022). Answers to research question number one reflected all four themes discovered in data analysis. Each interview was begun by

asking participants a few introductory questions about their background, reasons behind their pursuit of education in mental health, challenges they've faced, as well as their overall satisfaction with the program thus far. These initial questions were intended to increase participant comfort and set them at ease during the interview process. The introduction was quickly followed by a broad question about their overall readiness to begin conducting counseling sessions with real clients. In reflecting on their readiness, participants were welcome to provide a scaling answer and then provide an explanation for their numerical answer. (On a scale of 0-10; 0= no confidence; 10= extremely confident). It was found that providing a scaling answer before providing an open-ended explanation helped participants find their bearings of perceived confidence. The elaboration illustrated their understanding in a greater measure. It was also noted that less verbose participants favored being able to articulate their perceived confidence levels in a concise, numerical manner.

Theme Number One

The first theme- external factors were a major source of increased confidence or preparedness- substantiated the first research question. Participants who were *excited* and *very prepared* to begin helping others seemed to be strongly motivated to provide others with a similar healing experience that they encountered in therapy themselves. When reflecting on his overall readiness to begin conducting counseling sessions, Blake stated, "I've spent some time in law enforcement, so I always found a career helping people. But through my own personal mental health issues, I sought therapy for my mental health I was like, man, I think I can do this, and I want to do it!" (Interview with Blake, December 2023). Blake further exclaimed, "I feel extremely ready. I'm ready. I just want to jump in and get started! Just to initiate the conversation and meet with the clients. I'm a ten" (Interview with Blake, December 2023).

Brianna also shared a markedly high level of overall confidence to begin conducting counseling sessions. She stated, “I feel ready to create safe spaces and to listen and to ask good questions... There's things I know that I don't know, but I keep reassuring myself that when you start something new that's normal, it takes a while to be comfortable with it” (Interview with Brianna, December 2023). As stated prior, Brianna described herself as “high achieving” and “very driven,” and able to articulate of much confidence coming from counseling skills learned and discussed with her personal therapist (Interview with Brianna, December 2023). These two participants, with markedly high confidence levels, could easily articulate much of their confidence as stemming from outside of their counselor education program itself.

Most participants reflected a *moderate* level of confidence when reflecting on their overall preparedness to begin conducting counseling sessions. Jeanine ranked her preparedness as a “five out of ten” and provided the following summary of her feelings: “I want to say a five because part of me feels very ready and another part of me doesn't feel ready at all... Sometimes I get those moments of panic, [and think] I don't know what to do. I'm going to get with a client, and I don't know what to say. And then I'll have moments where I'm like, I'm looking forward to this. This is really exciting!” (Interview with Jeanine, December 2023). Chris ranked his overall readiness as a six out of ten and stated, “I think the six is because I feel confident [that] I am a person who loves other people and can talk to other people, and that's great. ... The reason it's not higher is that I don't really know if I were to sit down tomorrow with somebody and say, ‘Hey, I'm going to counsel you,’ I don't know how I would approach it necessarily. I worry that I don't feel anyone would perceive me as a legitimate counselor” (Interview with Chris, December 2023). Most other participants echoed a similar sentiment of mixed feelings on their overall preparedness to begin treating real clients.

To provide participants with even further opportunity to describe their perceived preparedness for treating real clients, they were asked a series of questions that reflected different *components* of what may be expected of them as practicum or internship students. These questions reflected the following clinical skills: building a therapeutic alliance, conducting a biopsychosocial assessment, diagnosing mental and behavioral health conditions, treatment planning, and implementing appropriate clinical interventions.

Of all the clinical skills discussed, participants were *most* confident in their natural abilities to build a therapeutic alliance. Chris stated, “With the exception of some maybe more legitimate or technical counseling skills, I think I have an ability and understanding of how to connect with other people pretty well, help build trust, and rapport, and I think that's based on work experience and life experience.” (Interview with Chris, December 2023). Sasha described her confidence in building a therapeutic alliance by stating, “I think that that's probably one of my biggest strengths is establishing a connection with someone. I could probably talk to a brick wall and become best friends with them. That's definitely one of my strengths!” (Interview with Sasha, December 2023). Courtney and Abigail also directly referenced previous work training while describing their strong preparedness to connect with clients. Courtney stated, “I've had past experiences working with clients, doing the interviews, and creating rapport with them” (Interview with Courtney, December 2023). Abigail noted, “I've gotten feedback that I'm very warm and inviting and very engaging in my counseling sessions. Being in the military, I've dealt with a lot of different personalities, and so I think I'm adaptable” (Interview with Abigail, December 2023). The data from this study is saturated with participants' lived experiences that answer question number one, with the support of theme number one. MLCTs seem to frequently

attribute perceived preparedness for connecting with real clients to factors outside of the program curriculum, instruction, and experiences.

Theme Two, Subtheme One

The first subtheme- more hands-on practice is desired, and feedback on skills demonstrated- really supported participants' broad perceptions of preparedness. While building connections and therapeutic alliances seemed to be a *natural* skill that many felt confident in, it was very apparent that perceived preparedness in clinical skills was much lower. This lower confidence in their ability to execute the clinical role of a counselor concerned many participants, and more practice was desired. Greg shared his low perceived preparedness to complete an assessment in his upcoming internship by stating, "I've never actually done an assessment... I would think that there needs to be more repetition, practicing doing" (Interview with Greg, December 2023). When reflecting on his readiness to conduct an assessment, Blake also stated, "I feel a little skeptical. I've only been doing it off of scenarios, so in real-time, I'm not sure if I would actually struggle or not" (Interview with Blake, December 2023). Many participants vocalized low perceptions of readiness to diagnose or develop a treatment plan for clients. They expressed some familiarity with diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM) but felt underprepared to conceptualize client needs and develop a therapeutic plan. When reflecting on her readiness to diagnose, Lauren said, "If you were asking for my opinion, I could give you an opinion, but a formal diagnosis, [even] if I was given the assessment instruments, [still] maybe a two [out of ten]?" (Interview with Lauren, December 2023). Even when higher confidence was present for executing more challenging clinical skills, the confidence was *still* sourced from previous career training. Blake expressed a high perception of readiness to diagnose and attributed it to his previous work in law

enforcement, “I felt like the [diagnostic] course that I took was very thorough, and my professor was nitpicking stuff, but I equate [being ready] to my past history of being a cop where I used to have to apply the laws to arrest somebody or do a citation or something like that” (Interview with Blake, December 2023). Brianna shared, “I got my lowest grade of the program on a diagnosing quiz. There was just not enough feedback for me to understand why I missed the target. So that was pretty frustrating” (Interview with Brianna, December 2023). When reflecting on her trepidation to implement appropriate clinical skills or interventions, Tiffany also shared a response in support of this subtheme as well. “I feel like I have ideas, but as far as actually doing it, I don't have I've never actually really practiced implementing that kind of stuff. I think there's just nerves about it; I've never actually done it.” (Interview with Tiffany, December 2023). All of these participant responses conveyed a strong desire for practice and supporting feedback on the outcomes in order to feel more prepared. These desires align with the underlying principles of personal performance or accomplishment from self-efficacy development theory (Bandura, 1977). Confidence and perception of self-efficacy are contingent on the belief about the ability to execute a task and the caliber and excellence at which the task is completed. Many other participants conveyed a resounding sentiment of desire for more practice and appropriate feedback, with hopes that their perceived preparedness to begin treating real clients would increase.

Research Question Two: How do study participants describe the influence that the counseling program curriculum, including structure and practicum timing, had on their readiness to transition to practicum or internship?

This research question most strongly reflected participant responses to their broad reflection of their overall preparedness to begin conducting counseling sessions as well as their

responses to the following interview question: “What are your thoughts on the impact of your curriculum so far on your readiness to conduct counseling sessions?” The third theme that emerged during data analysis brought a lot of clarity to the lived experiences shared and this guiding question.

Theme Number Three

The third theme – a perceived disconnect between course content and application for conducting counseling sessions- represented many participants’ perspectives on their program curriculum. While coursework *was* frequently referred to as enjoyable and interesting foundational information, the coursework was *not* frequently referenced as the primary source of their perceived preparedness to begin treating real clients. Chris plainly stated, “I don't feel like the classes I've taken have really done a lot to prepare me to interact with a client and counsel with them” (Interview with Chris, December 2023). As Jeanine anticipates the start of her practicum in less than one month, she stated, “Until this month, I didn't see the connection between what I was learning and what I'd be doing in practicum” (Interview with Jeanine, December 2023). Many vocalized a blend of appreciation for the content itself amidst feelings of frustration on how to integrate and apply the information as trainees. When discussing her perception of the program curriculum, Stacey stated, “The foundation is there, but again, I don't feel like there's enough practice that could lead me to feel comfortable and confident with a client” (Interview with Stacey, December 2023). While discussing her thoughts on the program content and timing, Brianna stated, “I love the curriculum. I think overall it's really good! I think *Theories* needs to be broken into two classes or be a whole semester eight weeks to cover all the theories and absorb that information. It’s just not enough” (Interview with Brianna, December 2023). When describing the influence of the curriculum on her perceived readiness, Claire stated

“On the courses alone? Not as ready.” She further expounded, “I like the psychopathology class in the sense that I learned a lot about the DSM-5 and the diagnosis that I would be using in those sessions. But I know that that's not really the main thing that you'll be doing 24/7” (Interview with Claire, December 2023). As Chris anticipates starting his practicum after one more semester of coursework, he stated, “I think there are specific classes that are really leagues better than others in terms of helping me prepare to be an actual counselor. But in my experience so far, I would say there's fewer classes that have legitimately helped me to grasp what I'll actually be doing as a counselor ...compared to the amount of classes that haven't” (Interview with Chris, December 2023). This vocalized hunger for application and deeper understanding aligns well with principles of the deliberate practice philosophy of learning. This method of mastery development leads trainees to apply the following principles: repetitive practice, observation of practice, expert feedback from a supervisor or professor, verbalized reflection on the practice, and active assessment practice (Coughlan et al., 2014; McGaghie et al., 2010; McLeod, 2022; Owen et al., 2019; Rousmaniere, 2017). For the counseling trainee, deliberate practice may include repeated trials in conducting a biopsychosocial assessment, diagnosing mental and behavioral health conditions, or executing specific interventions (McLeod, 2022). Randy stated, “Once I'm stepping into a setting in practicum, I am going to be taking these aspects from the different classes with me... I think the classes need to build on [each other]. Otherwise, it gets lost. You retain what, 10, 15% of information? So, if I've taken five classes, how are we integrating and applying?” (Interview with Randy, December 2023). Participants conveyed a pattern of identifying the information as valuable and pleasant to learn, blended with frustration about effective absorption and application.

Research Question Three: How do study participants describe the influence that clinical supervision had on their readiness to transition to practicum or internship?

Feedback and connection with professors were a major catalyst for increased confidence, while the lack of clinical feedback from a professor or supervisor was a major influence for decreased confidence. Clinical feedback, modeling, direction, and encouragement are pivotal in the development of confidence of any training clinician (American Counseling Association, 2014; Coker & Schooler, 2012). Many participants experienced very little engagement from a professor or supervisor, resulting in little to no influence on their current levels of readiness. While many had not experienced significant influence from a professor before beginning their practicum or internship, proximity and influence from professors was highly craved.

A few participants had profound positive interactions and relationships with professors that shaped their perception of readiness to begin, even if their overall self-efficacy levels were low. Stacey articulated this positive impact by sharing, “I think I've had two instructors that have been paramount to me even wanting to start my practicum versus wait...it's the intensives, those two intensive classes, and the instructors have been quite paramount to what I feel is my education, but also the wisdom and the knowledge that they've shared. And it's not even just grace, but the confidence that they instill in their students” (Interview with Stacey, December 2023). Stacey’s response aligns with counseling literature that strongly supports the fact that the supervisory relationship heavily impacts the development of counseling trainee self-efficacy and professional identity (American Counseling Association, 2014; Bernard & Goodyear, 2014; Coker & Schooler, 2012) Stacey’s lived experiences provide an excellent example of someone who stepped into her practicum earlier than anticipated due to the encouragement and support of a professor, even with lower self-efficacy in her clinical skills. Claire was another participant

who was profoundly impacted by a professor. She stated, “During the intensives, I think I had the best professors. They were so easygoing, and they made you feel comfortable. ... the professors were so genuine, and they were there to say, ‘You are allowed to mess up.’ ...And that made me feel more comfortable with knowing I'm not going to be perfect every day. I'm going to mess up. This is new for me; this is a new field; I think they made me probably feel more comfortable with everything” (Interview with Claire, December 2023). Claire was another participant who reported low to moderate levels of self-confidence in executing clinical skills but was still able to identify and appreciate the positive influence of a professor.

Theme Number Two, Subtheme Two

The second sub-theme- a strong desire for personal insight or modeling from the professor’s clinical experiences- displayed how valuable professor insight is for the developing counseling trainee. While a few participants had very positive experiences with professor input, many had a mixed experience of appreciating their instruction while craving more direct feedback from professors’ clinical experiences. Lauren stated, “I feel like they've done a great job on teaching the materials of the course. One thing that I would have liked to have had more of is instructors sharing their personal insight... I sometimes think that personal insight is what you *can't* find in a textbook and maybe what you're not necessarily going to find, just freely [have] available out in the industry” (Interview with Lauren, December 2023). Abigail also expressed, “I chose the weekly class as opposed to the intensive...I did that purposefully because I wanted that weekly interaction, but I was kind of surprised that I expected to get feedback from the professors every week on our video sessions, and we didn't! If they had given me feedback at the moment, I would've then been able to extrapolate that and apply it to the next week and the next week” (Interview with Abigail, December 2023). Chris shared, There's been multiple classes

where I don't get any feedback or suggestions on how to do better or how to apply this, and that's frustrating because you can only learn so much out of a book or writing, I think until somebody who's an expert or has experience in counseling gives you some direction, I just don't think there's that much room to improve. On the flip side of that, I think I have had some professors who have done the opposite of that, and it has been really helpful when there's feedback given and especially when that feedback applies directly to the counseling setting...I really appreciate that because that is something that I'm going to retain and will be helpful down the road”

(Interview with Chris, December 2023). Abigail stated, “I think most of us want to know *how* you do it. What does this *look like*? The interaction piece is crucial because, otherwise, we're working in a vacuum. So, to be able to interact with other professors and learn how *they* do things; we can take it or leave it, but it's still information. It still helps form us” (Interview with Abigail, December 2023). Many shared this similar sentiment of appreciating professor instruction, feeling underwhelmed by the small volume of feedback, but greatly treasuring the little they did receive.

A few participants expressed strong feelings of isolation, with a much stronger expression of their desire for insight and feedback. Courtney shared I really haven't had much interaction with them ... even with the intensive, I think that it was just a little advice here and there. I was hoping for more feedback than what I got” (Interview with Courtney, December 2023). Courtney is an example of a participant who received low interaction and support from professors yet still expressed high levels of overall confidence to begin her practicum due to previous work experience and her academic aptitude to “gather information” as needed (Interview with Courtney, December 2023). After positively reflecting on one phone interaction he had with a professor, Greg stated, “I know there are professors that are doing that for students, but I also

know there are ones who are just posting the assignments and moving on. Whenever we do those surveys, I always put, 'More interaction!'" (Interview with Greg, December 2023). Kyle shared a similar sentiment, "There's not a whole lot of interaction with the professors. Not a lot of face-to-face so far. I mean, professors have been fine in recording the video presentations... but they don't get in and truly teach and share experiences initially" (Interview with Kyle, December 2023). Greg and Kyle shared responses that are supported by the literature on the needs for higher engagement between professors and students in an online platform. Bradley et al. (2017) found online instructors ought to be aware of environmental differences between in-person and online learning platforms and overtly address issues of self-efficacy, self-regulation, and high connection with all students. Much of Abigail's painful online experiences included unanswered questions, "Are we doing this right? What could I have done better in this session that I can then take with me? It would've been more beneficial to get [feedback] every single week because that's the meat and potatoes. That's where the rubber meets the road" (Interview with Abigail, December 2023).

A few participants had such a strong desire for more interaction that they suggested program additions to meet their needs and those of their peers. Courtney and Stacey expressed the desire for additional pre-practicum training. Courtney expressed, "I really wish they would do an introductory intensive of one-on-one counseling, and then, later on, do another after you've had all the classes before you start practicum...Let's really see how well you really are doing... then you present it in a forum with your professor and other students and really get all that feedback. I know they do that through practicum and internship, but I *really* wish they would do one more intensive where you really got to apply everything so that you went out with an understanding of what you really needed to work on" (Interview with Courtney, December

2023). Stacey expressed her desire for this additional pre-practicum training as “Having a lab environment where you come in, and you practice with someone... not just with a peer because you have a relationship with that person outside and you're talking about assignments, and so it's not a strict client-therapist dynamic” (Interview with Stacey, December 2023)

The high value and appreciation for professor feedback when present and the measure of the disappointment expressed in its absence alluded to how valuable the role of a professor or clinical supervisor can be on MLCT's perceived preparedness to begin treating real clients.

Research Question Four: How did study participants perceive their experiences with anxiety, apprehension, or dread before transitioning to practicum or internship? What do they feel would have decreased any of these perceived distresses?

Research question number four was strongly supported by theme number four. As stated previously, theme number four was prominent throughout participant interviews as well as the descriptions of the visual representations. These visual representations gave participants an opportunity to illustrate and describe their emotional experiences as MLCTs so far, and as they anticipate their upcoming practicum or internships. Many feelings of dread or anxiety were also detailed in participant reflective journals. Feelings of being “stressed, overwhelmed, anxious, unprepared” also presented as participants shared their weekly routines and how they navigate the graduate workload of an MLCT with their other life responsibilities.

Theme Number Four

The fourth theme- overall feelings of anxiety and apprehension present- was saturated throughout all participant experiences but strongly supported the fourth research question. When participants reflected in the journals on their perceived preparedness to work with a teenage client who presented with suicidal thoughts, much apprehension was present in their responses.

Claire expressed feeling “Nervous” about working with depression or suicidality (Claire Reflective Journal, December 2023). Others stated feeling “not ready” to work with this fictitious client and even stated, “I wouldn’t know where to start” (Chris Reflective Journal, December 2023; Stacey Reflective Journal, December 2023). In Jeanine’s reflective journal, she expressed what would help alleviate her feelings of insecurity and pressure in treating the sample client. She expressed, “This is where I think in-person learning is better because I could work with peers to practice counseling clients with specific issues. It would give me practice in a low-pressure environment with an instructor present so I would be more prepared to counsel an actual client who is depending on me to be competent” (Jeanine Reflective Journal, December 2023). Many others expressed similar feelings of insecurity and low confidence to begin treating the sample client from the reflective journaling prompt. Most participants expressed that more training, exposure to sample or trial sessions, and more in-depth instruction would alleviate some of their anxiety. These Participant responses are reflected in current literature as well. Research reflects a lack of clear preparation for counseling trainees to work with high-risk populations (Binkley & Leibert, 2015), while the literature also suggests that it is *likely* for practicum and internship students to encounter suicidal clients or those with trauma (Binkley & Leibert, 2015; Blueford et al., 2022; Cureton et al., 2020; Deroche et al., 2020). Kyle expressed his anxieties by stating, “While I’m supposed to be listening, my ADHD is just going crazy” (Kyle Visual Representation, December 2023). As Chris described his visual representation, he expressed the following feelings, “There’s all these things that are a part of the practicum, and I think I don’t have the knowledge or ability to do every single piece of it without somebody else or some kind of resource” (Chris Visual Representation, December 2023).

Novice counselors also often struggle with tolerating high levels of client dysregulation, creating severe discomfort and frequently vocalized areas of need (Bardhoshi & Erford, 2022). These novice clinicians express a longing for more face-to-face interaction, ongoing practice, and regular feedback from professors.

Summary

Chapter Four began with a description of the study's participants. There were 15 master's- level counseling trainees (MLCTs) that participated in this study. All 15 participants attend Liberty University and confirmed that they were one to two semesters from beginning their practicum or internship. All participants had previous or current work experience in a helping profession. Participant ages ranged from their 30s to their 50s, with the modal age range being in their 40s.

Participants shared their lived experiences through semi-structured interviews, visual representations, and reflective journaling. Analysis of the data revealed four main themes: (a) external factors were a major source of *increased* confidence or preparedness, (b) lack of engagement was a major factor for *decreased* confidence or preparedness, (c) a perceived disconnect between course content and how to apply the knowledge while conducting counseling sessions, and (d) overall feelings of anxiety and apprehension present. From the second theme emerged two subthemes, which were (a) more hands-on practice desired and feedback on skills demonstrated, and (b) a strong desire for personal insight or modeling from the professor's own clinical experiences. Chapter Four concluded with a narrative that described participants' experiences as they pertained to the study's guiding research questions. Each research question was supported with themes from data analysis and substantiated with participant quotes. Themes and participant quotes were also linked back to the current literature as well.

Theme number one detailed that most participants who expressed higher perceived preparedness were heavily supported by factors outside of the master's- level counseling program curriculum or faculty support itself. Participants who vocalized higher confidence levels to execute different clinical tasks shared qualities of higher self-efficacy, academic discipline, high exposure to the counseling field, and self-perceived resourcefulness to conduct independent research and find information that may not have been provided in their classes.

Theme number two- lack of engagement was a major factor for *decreased* confidence or preparedness- had two subthemes that also supported research questions one and three. Whether the degree of confidence present was low, moderate, or high, the data analysis revealed that perceived preparedness came from a summation of subthemes one and two: more hands-on practice and feedback.

Theme number three supported research question two. Many participants vocalized a blend of appreciation for the counseling curriculum itself amidst feelings of frustration on how to integrate and apply the information as trainees.

Theme number four aligned closely with research question number four in highlighting the resounding theme of overall anxiety, apprehension, and feeling alone in figuring out how to navigate their upcoming practicum or internship. Visual representation captions such as "Oh my mount" and "Total and utter panic" clearly highlighted the emotional state of MLCTs as they anticipate the start of treating real clients in their practicum or internship. Other words like "chaos, doubt, confusion, unsure, inadequate, feeling on my own" were used to illustrate many participant experiences.

Chapter Five: Conclusion

Overview

The purpose of this qualitative, phenomenological study was to describe master's-level counseling trainees' (MLCTs) perceived preparedness to treat real clients *before* transitioning to their practicum or internship experience. The problem was a lack of qualitative research about MLCTs' perceived preparedness *before* transitioning to their practicum or internship experiences. This study was designed to be a transcendental phenomenology that allowed MLCT participants to describe their lived experiences *before* transitioning to their practicum or internship. This research study's design and the rationale for its use aligned with the existing qualitative research literature. The following research questions guided the procedures of this study:

1. How do master-level counseling trainees describe their experience of perceived preparedness *before* transitioning to their practicum or internship experience?
2. How do study participants describe the influence that the counseling program curriculum, including structure and practicum timing, had on their readiness to transition to practicum or internship?
3. How do study participants describe the influence that clinical supervision had on their readiness to transition to practicum or internship?
4. How did study participants perceive their experiences with anxiety, apprehension, or dread *before* transitioning to practicum or internship? What do they feel would have decreased any of these perceived distresses?

This chapter begins with a summary of findings from the data analysis. Following the summary of findings is a discussion of the theoretical framework and the relevant literature. The implications of this study are also discussed from atheoretical, empirical, and practical

perspectives. The study's limitations and delimitations are described. Lastly, recommendations for future research are discussed.

Summary of Findings

Data analysis revealed four main themes related to the lived experiences of master's-level counseling trainees (MLCTs) that participated in this study. The four main themes were (a) external factors were a major source of *increased* confidence or preparedness, (b) lack of engagement was a major factor for *decreased* confidence or preparedness, (c) a perceived disconnect between course content and how to apply the knowledge while conducting counseling sessions, and (d) overall feelings of anxiety and apprehension present. The second theme - lack of engagement was a major factor for *decreased* confidence or preparedness- developed into two subthemes that revealed different kinds of engagement that were missing from participant experiences. The two subthemes were (a) more hands-on practice desired and feedback on skills demonstrated, and (b) a strong desire for personal insight or modeling from the professor's own clinical experiences. These four themes, and relevant subthemes, were used to highlight the study's findings in a manner that answered the main research questions guiding this study.

The purpose of the first research question was to provide MLCT participants the opportunity to broadly share details about their lived experiences that influence their perceived preparedness to begin treating real clients during their practicum or internship. Data analysis revealed that the first main theme, and the first subtheme profoundly supported and answered this first research question. When asked broadly, participants often expressed excitement and a moderate level of preparedness to begin hands-on work with real clients. Although these were present, the confidence was very frequently attributed to the things outside of the counselor education program curriculum or instruction. Data analysis highlighted that some of the most

frequent external sources of confidence were prior training from a current or previous career, previous exposure to counseling as a client themselves, or natural communication and interpersonal skills. While participants expressed a moderate measure of confidence, the most frequent cause of decreased confidence came from a lack of engagement. Participants longed to engage in hands-on practice paired with the prompt feedback from professors.

The second research question was primarily supported by the third theme- a perceived disconnect between course content and application for conducting counseling sessions. Although many participants initially expressed excitement about the knowledge learned in their courses, there was a vocalized frustration concerning how to integrate and apply the information as trainees. Very few participants had concerns about the timing of their practicum or internship. Regardless of how far they had progressed through the program, knowing how to properly transition from acquiring knowledge to effectively applying it was a gap that needed to be filled for most participants.

The third research question asked participants to reflect and share their perspectives on the influence of a clinical supervisor or professor on their perceived preparedness to begin treating real clients in practicum or internship. The second subtheme of theme number two powerfully addressed many participant experiences. There was a strong desire for personal insight or modeling from their professors' clinical experiences. Data analysis, in relation to this subtheme, highlighted how valuable the role of a professor or supervisor is for MLCTs. When present, professor feedback and personal insight was *highly* appreciated. When absent, the measure of disappointment or lack of confidence was severe. These findings profoundly displayed how valuable the role of a professor or supervisor can be on MLCT perceived preparedness to begin treating real clients.

The fourth research question sought to assess MLCT participants' experiences with anxiety, dread, or apprehension and what they believed would help alleviate those experiences. Overall, it was very clear that *all* participants were experiencing a moderate to high level of anxiety and insecurity about beginning their hands-on work treating real clients. These thoughts and feelings were reflected in their semi-structured interviews, their visual representations, and their reflective journaling. While some anticipatory nerves or insecurity are normal for a pre-practicum or pre-internship trainee, the severity was notably high. Feelings of anxiety were exceptionally high as participants described their visual representations and reflective journals. While discussing their feelings of distress, most participants articulated what they needed to feel more confident going into their practicum or internships. Largely, their greatest desires were more practice and more guidance. These two simple yet profound findings align well with the theoretical framework of this study.

Discussion

The theoretical framework for this study relied on Knowles' adult learning theory and Bandura's self-efficacy development theory. Knowles' (1978) adult learning theory supports the notion that the adult learner is far more effective with personal involvement, some degree of autonomy, self-initiation, and an immediate need for application. Adult learning theory stems from a blend of the experiential learning model and andragogy (Knowles, 1978). Bandura's self-efficacy development theory highlights confidence and perception of self-efficacy as being contingent upon ability to execute a task and the caliber and excellence at which the task is completed (Bandura, 1977). For the counseling trainee, self-efficacy can reflect the student's ability to manage and navigate a counseling session, understand their role as a counselor, and deliver appropriate interventions and helping skills to their clients (Lent et al., 2009). The

literature highlights several factors that increase self-efficacy and perceived preparedness for master's-level counseling trainees. The findings of this study support these themes as well. This section includes a discussion of the study's findings as they relate to the theoretical framework and related literature concerning perceived preparedness for master's-level counseling trainees.

Discussion of Findings in Relation to the Theoretical Framework

The foundation of Knowles' adult learning theory highlights four principles: (a) adults need to know why they are learning something, (b) adults need to learn experientially, (c) adults approach learning as problem-solving, and (d) adults learn best when the topic is of immediate value (Henschke, 2011; Knowles, 1978). Knowles clearly stated, "Experience is the richest source for adult learning" (Knowles, 1978, p.120). Participants in this study confirmed the irreplaceable value of hands-on practice for increased confidence and development of expertise. Participants extolled how valuable their in-person intensive courses were, giving them the opportunity to *do* what they have learned about theoretically. These findings in the data strongly supported Knowles' adult learning theory. Empirical literature also suggests that a large gap between knowledge acquisition and practical application is likely to produce a lapse in retention (McLeod, 2022). Many participants who had the opportunity to practice skills in person and receive feedback in real time regarded those experiences as some of *the most valuable* involvements of their entire time in the program.

Knowles (1978) also suggested that instructors include forums and discussion-based curricula to optimize learning outcomes for their adult students. These discussions permit shared rationale from instructors about why specific content is included (Henschke, 2011; Kiely et al., 2004; Knowles, 1978; Merriam, 2008). Participants shared how strongly they craved face-to-face

engagement from their professors. Face-to-face engagement, modeling, and personal insight were critical elements of increased participant preparedness. The absence of this engagement led to discouragement and weakened confidence. These experiences strongly aligned with Knowles' adult learning theory. Effective graduate-level education is highly interactive, rich in skill application, and relevant to the current needs of proper client care (Baltrinic, 2021; Mukhalalati & Taylor, 2019). These interwoven elements are designed to prepare novice practitioners for clinical work with clients and increase professional self-efficacy (Baltrinic, 2021). The findings of this study and adult learning theory imply that increased hands-on application, increased modeling from professors, and immediate feedback on learned skills *throughout* the entire program would increase MLCT preparedness before transitioning to their practicum or internships.

The other theory that framed this study and was supported by its findings was Bandura's self-efficacy development theory. According to Bandura (1977), the four primary influences on someone's perception of self-efficacy are (a) social persuasion, (b) outcomes of personal performance or accomplishment, (c) vicarious learning, and (d) physiological and affective experiences. Bandura's concept of self-efficacy for a mental health counseling trainee may reflect a student's belief about the *type* of clients they may be capable of helping (Dispenza et al., 2022; Ikonopoulou et al., 2016; Lent et al., 2016; Morrison & Lent, 2018). Participants in this study strongly expressed their desire for more vicarious learning via modeling and feedback from professors' *personal* clinical experiences. Many participants expressed wanting to know *how* to apply the theoretical information or what the trajectory of a counseling session should look like. Most participants voiced strong desperation for opportunities to *do* what they've learned or hear from instructors about what *they do* as clinical professionals before treating their

own clients. These findings corroborated Bandura's thoughts about two major influences on perceived self-efficacy: outcomes of personal performance and vicarious learning.

According to Bandura (1977), the social experiences of the adult learner are also centered around an individual's ability to cope with stressful sensations as they endure the learning process or make progress toward an identified goal. Someone with lower self-efficacy may experience higher anxiety while navigating their learning experience. Someone with higher self-efficacy may have a reduced perception of anxiety (Bandura, 1977). These individuals with high self-efficacy are not easily flustered by challenges and have high resilience (Bandura, 1993). They have trained themselves to perceive failure as a natural part of the learning process and are not threatened by the painful emotions that come from the ups and downs of education (Bandura, 1993; Henschke, 2011; Kiely et al., 2004). While most participants vocalized high anxiety about starting their practicum, there were a few who perceived themselves as having high confidence. These participants with higher confidence also identified themselves as being high-achieving and driven individuals. These participant self-descriptions aligned with Bandura's theory of self-efficacy development. The study's findings, considering Bandura's theory, could imply that greater intentionality from instructors to bolster students' self-efficacy could be a more worthy investment of class time rather than focusing largely on historical or theoretical information. The findings of this study, as they pertain to the theoretical framework, may imply that increased hands-on application, more modeling from professors, and immediate feedback on skills *throughout* the entire program would increase preparedness to begin treating real clients.

Discussion of Findings in Relation to the Empirical Literature

Data analysis revealed four main themes that were alluded to in existing literature. Some themes were strongly supported by current research, while others shed light on unaddressed areas of current literature. The four main themes identified through data analysis were (a) external factors were a major source of *increased* confidence or preparedness, (b) lack of engagement was a major factor for *decreased* confidence or preparedness, (c) a perceived disconnect between course content and how to apply the knowledge while conducting counseling sessions, and (d) overall feelings of anxiety and apprehension present. While all four themes were largely supported by existing literature, the first theme presented an unexpected yet uniform element throughout all participant responses.

Theme Number One

Many master's- level counseling trainees (MLCTs) are forced to call on personal experiences, natural communication skills, personality attributes, or prior exposure as a major source of confidence to begin treating real clients. In this study's findings, one repeated source of exposure and increased confidence came from clinical skills observed as they received their *own* counseling as a client or journeyed through healing from personal mental health issues. Several participants in this study mentioned that it was difficult to distinguish if their sources of higher confidence had come from enrollment in their counselor education courses or if skills were imparted through their personal counselors. These study findings are in line with those of Blueford et al. (2022), who conducted a study exploring counselor readiness to treat severely grieving clients. This study found that two primary resources revealed in counselor treatment approaches included the counselors' personal losses and individual perceptions of death and grief

(Blueford et al., 2022). This frequent reliance on personal experiences was also referenced by Saki and Sahin (2021). They conducted a qualitative study in which their findings suggested that counseling trainees prefer clients with mild problems or those who have similar problems or experiences as they do (Saki & Sahin, 2021). Counseling trainees who treat clients whom they perceive as relatable or have gone through similar life trials are more likely to report higher emotional investment and feelings of self-efficacy in their work (Basma & Chen, 2022; Hurst & Prescott, 2022). The findings of this study were richly supported by current empirical literature that highlighted novice counseling clinicians' use of prior exposure to the counseling field as a major source of confidence and perceived preparedness.

Secondly, it was noted that MLCT participants who reported having a high level of general academic aptitude and determination reported greater levels of confidence in their ability to execute clinical skills. All MLCT participants in this study were identified as primarily online students. Current literature is rich with the implications of online learning for master's- level counseling trainees. Several researchers noted that counseling trainees with higher levels of self-regulation skills and intrinsic sources of motivation are more likely to perform better academically on virtual platforms (Amos et al., 2022; Haddock et al., 2020; Olivier, 2016). Participants in this study who reported higher perceived preparedness vocalized self-assurance in their abilities to seek answers and find information as needed, even if they did not receive adequate guidance or instruction from a professor. These participants self-identified as being high-achieving and very driven. Bradley et al. (2017) also conducted a qualitative study on the relationship between self-efficacy and success in online learning platforms. The results of this study also supported the notion that higher levels of self-efficacy are more common in successful online learners. The existing literature and findings from this study seem to reveal that minimal

face-to-face interaction will come with online learning platforms; thus, online students are resorting to developing self-efficacy from other avenues.

A major source of heightened confidence or perceived preparedness from the MLCT participants was previous or current work experience in another helping profession. When reflecting on their perceived preparedness to treat a sample client in the reflective journals, many participants expressed very low confidence levels. The few participants who vocalized higher confidence made it *very* clear that their greatest source of confidence was prior or current work experience helping people with similar demographic information or clinical symptomology. There is a lack of qualitative research or empirical literature that reflects the percentages of MLCTs who have experience in other helping professions, as well as what other types of career training help to equip pre-practicum and pre-internship trainees. These study findings revealed a new and unique gap in the existing literature. Researchers in the field of counselor education could use the findings from this study to adjust teaching methods to intentionally increase pre-practicum MLCT self-efficacy. The primary source of skills mastery and perceived preparedness to begin treating real clients ought to be directly from the master's-level counselor education program in which the trainee is currently enrolled.

Theme Number Two

The second theme identified in the data analysis was substantially supported and thoroughly explained by two subthemes: (a) more hands-on practice desired and feedback on skills demonstrated, and (b) a strong desire for personal insight or modeling from the professor's own clinical experiences. Counseling literature is rich with studies that support the desires of these MLCT participants. Numerous researchers found that the most effective means to prepare

novice counseling clinicians includes frequent practice and modeling of counseling skills (Hammonds & Schwarze, 2019; Mason et al., 2022; McGaghie et al., 2010; McLeod, 2022; Rousmaniere, 2017). No matter the stage of training, hands-on practice and skill demonstrations from a trained professional are extremely valuable and nonpareil elements of counseling skill development. Verbal feedback communicating trainee progress in areas of strength and areas needing growth significantly impacts counseling self-efficacy (Abrams et al., 2022; Gokhan & Atik, 2019). The longing of so many MLCT participants in this study was to have more feedback and face-to-face interaction with their professors. Participants who were able to attend in-person intensives were eager to share how valuable in-person interaction and engagement were for their increased preparedness to begin their practicum or internship. This was in line with findings from Olivier (2016), who conducted a study on the impact of contact sessions and discussion forums for distance learners. Olivier (2016) found that participants who attended an in-person session displayed significantly higher scores on their written online assignments and exams than their peers who did not attend in-person support sessions. Empirical literature shows that face-to-face contact with peers and faculty can have a statistically significant impact on online students at higher education institutions (Bradley et al., 2017; Haddock et al., 2020; Olivier, 2016). The presence of in-person practice and feedback were major determinants of whether participants perceived themselves as adequately or inadequately prepared. Banks and Diambra (2019) also uncovered in their research findings that deliberate training and proximity to supervisor support were the greatest mitigating factors for increasing participant confidence in treating clients and discerning appropriate interventions.

These findings are also significantly supported by empirical research that has been conducted on deliberate practice theory. Deliberate practice is a philosophy of learning and

method of skill mastery that leads trainees in any field to apply the following principles: repetitive practice, observation of practice, expert feedback from a supervisor, verbalized reflection on the practice, and active assessment practice (Coughlan et al., 2014; McGaghie et al., 2010; McLeod, 2022; Owen et al., 2019; Rousmaniere, 2017). The empirical literature suggests that deliberate practice for the counseling trainee may include repeated trials in advanced skills, such as conducting an intake assessment, diagnosing, or executing interventions from their counseling theory of choice (McLeod, 2022). The literature also highlights the idea that repetition is key to increasing skill competence- specifically, skills trainees perceive themselves to be weak (Akçabozan-Kayabol et al., 2022; Coughlan et al., 2014; McLeod, 2022; McGaghie et al., 2010). The decision about specific skills to rehearse would be based on self-perceived and supervisor-reported gaps in proficiency (McLeod, 2022; McGaghie et al., 2010). The literature makes it clear that deliberate practice ought to be used for the development of mastery in skills that are not innate to the clinical trainee and unique to their new field of expertise. Many participants from this study vocalized high confidence in their natural abilities to talk with clients and build rapport but also vocalized discomfort and apprehension about applying clinical skills. Practice, feedback, and intentional modeling are pivotal elements in MLCT's perceived preparedness to begin treating real clients in a practicum or internship.

Theme Number Three

Many study participants expressed a perceived disconnect between the theoretical information they were learning in their counselor education courses and how to apply this information in the context of conducting an actual counseling session. Many researchers in counselor education have found that practicum and internship opportunities often lack consistency in training methods (Lambie et al., 2022; Lannin et al., 2019; Larson & Daniels,

1998; Pechek, 2018; Suddeath et al., 2020). Findings from this study also suggest a lack of consistency in pre-practicum and pre-internship preparation as well. Without clear guidance on the type of clients that trainees will work with, how supervision sessions are conducted, or uniform methods for monitoring trainee satisfaction and progress, monitoring MLCT self-efficacy can be a challenging feat.

Many participants vocalized a strong desire for greater integration of coursework and a deeper understanding of the content learned in all pre-practicum courses. Existing literature suggests that counseling trainees who understand the rationale behind why interventions are needed and implemented express greater confidence in their abilities to execute clinical skills. “Students like to discuss what they know about a problem or issue and ask questions for clarification to deepen understanding” (Sogunro, 2015, p.30). Adult learning is a form of self-investment. These trainees are embarking on a journey of self-discovery as emerging experts. Russo et al. (2021) conducted a study on the influence of neuroscience-based training and counselor self-efficacy. The empirical findings suggest that counseling trainees with competency in neuroscience-based training were likely to express greater confidence in their ability to effectively treat their clients. This neuroscience-based training provided a deeper understanding of the rationale behind different counseling interventions used (Russo et al., 2021). This depth of understanding can result in greater feelings of mastery and preparedness. This desire for more application and continuity aligns with research findings from a study conducted on the efficacy of implementing simulation-based learning from counseling trainees (Kourgiantakis et al., 2019). These researchers found that 98% of the counseling student participants reported improvement in their confidence and competence to perform specific counseling skills after taking part in regular application and simulation skills practice.

Data analysis from this study also revealed that several study participants expressed a desire to practice with people outside of their cohort to diversify their experience and find varied methods for applying theoretical knowledge. While peer role-plays may be commonly used during coursework before practicum-internship experiences, Kourgiantakis et al. (2019) also suggested that peer role-plays may unintentionally provide a means of escape for trainees if they experience discomfort or uncertainty. It was noted that the use of trained actors in simulations provided a more authentic experience than peer role-plays (Kourgiantakis et al., 2019). The governing bodies of the counseling field, CACREP and the ACA, provide guidelines for excellence in master's level counseling programs; however, they do not prescribe specific teaching and training methods. They prescribed the *what* but not the *how*. Greater consistency and uniformity in *how* pre-practicum MLCTs are trained and exposed to skills training could significantly increase perceived preparedness to begin treating real clients in their practicum-internship experiences.

Theme Number Four

Study participants expressed overall feelings of anxiety and apprehension about beginning their practicum or internship experiences. Counselor education literature highlights that the learning process in counselor training can often be challenging and anxiety-producing (Barnes, 2004; Bohecker & Doughty Horn, 2016; Brady, 2021; Clarke, 2022; Flasch et al., 2016). While it is normal for MLCTs to have some measure of nerves or excitement about practicum or their overall learning experience (Barnes, 2004; Bohecker & Doughty Horn, 2016; Brady, 2021; Clarke, 2022; Flasch et al., 2016), many participants of this study felt *very* unprepared and anxious about executing clinical skills required of a practicum or internship trainee. Many also felt unaware of what would be expected of them as practicum trainees.

Counseling trainees' fears about conducting real counseling sessions are often rooted in being inadequate to treat or intervene for severe client needs (Basma & Chen, 2022; Springer et al., 2020; Meola et al., 2020; Mullen & Lent, 2018). Participants in this study expressed very low confidence in their abilities to treat a sample client who was struggling with depression and suicidal thoughts. These findings strongly corroborate what the current literature states about the typical emotional experiences of MLCTs. Bardhoshi and Erford (2022) found in their empirical study that novice counselors often struggle with navigating high levels of dysregulation. This challenge to help clients with more severe symptomology leads to intense trainee discomfort and stunted growth through their training process (Bardhoshi & Erford, 2022). Practicum and internship trainees often provide *reduced-rate* mental and behavioral health care to individuals and families with limited access to treatment from more experienced or fully licensed professionals (Saki & Sahin, 2021; Warren & Schwarze, 2017). While it is reasonable to expect that novice clinicians may have apprehension about treating high-risk clients, it is imperative that adequate practice and preparation take place. According to the literature MLCTs often report site experiences with high stress, severe trauma, or even more intense needs like addiction and substance abuse (Saki & Sahin, 2021; Warren & Schwarze, 2017).

While existing literature supports the notion that MLCTs frequently experience anxiety and apprehension, the same body of research highlights several factors that help mitigate anxiety and increase perceived preparedness. Kristin Barnes (2004) developed a counselor self-efficacy enhancement approach that emphasized mastery experiences, vicarious learning, verbal feedback, and perceptions of psychological states (e.g. anxiety) for trainees to increase their perceptions of self-efficacy and preparedness. Throughout a mini-practicum experience *before* entering their true practicum semester, trainees were provided with repeated opportunities to

master counseling skills and watch counseling behaviors or skills be modeled (Barnes, 2004). “Modeling that is clear, purposeful, and moderately difficult is very important for enhancing self-efficacy in counseling trainees” (Barnes, 2004, p. 56). *Current* counseling research does not reflect a new model for assessing and increasing self-efficacy and perceived preparedness for trainees before their practicum internship experiences. There is ample pre-existing empirical data, as well as findings from this study, that can be used by educators and leaders in the field of counselor education to support higher perceived preparedness in MLCTs *before* they begin treating real clients in their practice or internship.

Implications

Based on the findings of this study, there are implications for pre-practicum and pre-internship counseling trainees, as well as educators and researchers in the field of counselor education. These implications are theoretical, empirical, and practical in nature and can be used to promote higher levels of perceived preparedness in MLCTs *before* they begin treating real clients in their practicum or internship.

Theoretical

Malcolm Knowles (1978) suggests that one of the unique needs of the adult learner is the proximity between the acquisition of information and the application of the information. Application with immediacy is key. If there is a large gap between knowledge acquisition and practical application, there is likely to be a lapse in information retention (Knowles, 1978). Bandura (1977) also identified some of the primary influences on self-efficacy and preparedness to include outcomes of personal performance, vicarious learning, and affective experiences.

This study highlighted a unique source of confidence in participants- previous or current work experience in another helping profession. Drawing from principles of adult learning theory and self-efficacy development theory, counselor educators can encourage students to lean into any expertise or prior career training and encourage trainees to harness it in their entry-level skills, such as engaging in dialogue with clients and building rapport. Educators can also directly explore any clinical skills that trainees have been exposed to through their own experience as clients. Encouraging trainees to expand upon these skills used in their daily work or exposure to counseling treatment can reinforce the value of proximity between knowledge learned and effective application. This may also allow educators to reappropriate class time and fashion courses in a way that places greater emphasis on repeated skills practice and feedback for increased mastery. Lastly, focusing on trainee abilities to regulate emotional distress can improve perceived preparedness *before* treating real clients in practicum or internship. These theoretical implications align with adult learning theory and self-efficacy development theory principles and can significantly enhance pre-practicum and pre-internship trainee preparation methods. The findings from this study also expand the existing literature about adult learning theory and self-efficacy development theory in the field of counselor education. This study provides a theoretical lens on the lived experiences of MLCTs and can be used to create more uniformity in teaching methods for master's level counselor education programs across the country.

Empirical

The bulk of the existing counselor education literature focuses on master's level counseling trainee (MLCT) preparation methods as they pertain to graduation readiness. The impact of practicum, internship, and clinical supervision throughout the duration of their

graduate programs is heavily focused on. The development and use of unique teaching methods for MLCT preparedness are also emphasized in the existing literature. There is a major gap in qualitative research about MLCTs' perceived preparedness *before* beginning their practicum or internship experiences. This study contributed to filling that gap in the literature.

New empirical themes emerged from this study's findings that had not been emphasized in the literature before. The first main theme highlighted that pre-practicum and pre-internship MLCTs often look to prior or current career training in other helping professions as a major source of confidence to begin treating real clients. Their innate abilities, personal exposure to counseling, and broad perceptions of self-efficacy also gave participants a greater perception of preparedness to begin treating real clients. If researchers gleaned from these participant experiences, continued exploration of factors that effectively develop novice counselor skills could result in enhanced teaching methods. The ACA and CACREP provide wonderful guidelines for what is expected for counseling program excellence, but more studies like this can produce findings for educators to configure the specificities of current modalities and improve early training methods.

Practical

From a practical standpoint, researchers and leaders should increase opportunities for face-to-face interaction and verbal feedback, no matter if the counseling trainees identify as online or in-person students. Based on participant responses, execution of this desire could include a required pre-practicum lab environment for skills practice in self-perceived areas of weakness. Some participants even suggested replacing typed discussion boards, with required face-to-face group discussion about sample cases or skills. The findings from this study further

substantiate these ideas by adding a specific qualifier: the most *valuable* modeling and feedback for a counseling trainee comes directly from professors. While peer feedback has been noted in the literature as helpful (Gokhan & Atik, 2019; Vincenzes et al., 2023) instructors should not shy away from providing trainees with their personal experiences in clinical settings and showing trainees *how* they do the work of a professional counselor. This can help to alleviate the anxiety that many MLCTs experience of not knowing *what* to say or *how* to do clinical skills (Banks & Diambra, 2019; Binkley & Leibert, 2015; Blueford et al., 2022; Flasch et al., 2016; Springer et al., 2020). Instructors ought to provide as many tools as possible, tools that are theoretically sound, neurobiologically based, and based on professional hands-on experience. As adult learners, counseling trainees can decide what tools and examples they will apply and personalize in their future work and which they will leave behind.

Delimitations and Limitations

The Delimitations section below explains design decisions that were made that defined the boundaries of the study. The Limitations section describes identified potential weaknesses of the study outside of my control due to the concentrated focus of the study.

Delimitations

The purpose of this transcendental, phenomenological study was to describe master's-level counseling trainees' (MLCTs) perceived preparedness to treat real clients *before* transitioning to their practicum or internship experience. For this reason, several boundaries were placed to focus on the subject of the study. Participants were limited to those over the age of 18. Purposeful sampling took place from Liberty University (LU) and the University of South Florida (USF). The rationale behind choosing these two institutions was the immense diversity of the student body and familiarity with multiple educational platforms (online and in-person). Both

institutions also had a strong research presence and high promotion of research involvement. It was anticipated that these two universities would provide an excellent pool of potential study participants who would relay their diverse academic and professional lived experiences as MLCTs.

The unique gap in the literature that this study intended to fill was a lack of qualitative research about MLCT's perceived preparedness to treat real clients *before* beginning their practicum or internship. Participation was limited to include MLCTs who were one or two semesters away from the beginning of their practicum or internship. This boundary was set in place to increase the relevance of participant feelings and experiences as they anticipated the start of their hands-on clinical work in the very near future. It was anticipated that lived experiences shared by individuals within these boundaries would produce the most effective and potent data, rather than experiences shared by professionals in hindsight or distant recollections given by seasoned clinicians.

Literature displays that the primary purpose of qualitative research is to gain an understanding and provide insight into people's experiences (Aspers & Corte, 2019; Denny & Weckesser, 2019). Qualitative research considers *why* individuals think or behave in a particular manner and make space for study participant voices to be heard (Denny & Weckesser, 2019). This study design was qualitative because the intent was to describe the lived experiences of MLCTs.

Limitations

There are several possible limitations to this study based on its design, participant demographics, sample size, and overall focus. The first possible limitation is based on the study's phenomenological design. Due to the design, it may be difficult to duplicate, and consequently,

results are not generalizable. The sample size of 15 participants can be considered small, although it meets general phenomenological criteria due to data saturation being achieved at approximately 10 participants. An additional 5 participants were recruited to account for any discrepancies in what is considered true saturation in a phenomenological design.

The second limitation of this study comes from participant demographic information. All 15 participants were enrolled at Liberty University. While sampling was attempted from LU and USF, only MLCTs from Liberty University reached out with interest to participate in the study. All willing and qualified participants belonging to one university was an interesting outcome. It also raised a question about what qualities of an institution lead its students to have a greater willingness to participate in research studies. While this question could lead to further exploration and even additional research studies, it still serves as a limitation in this study and may further restrict the generalizability of this study's findings.

A third limitation is that all 15 participants of this study reported former or current career experience in a helping profession or exposure to counseling through their own experiences as a therapy client. While this information revealed an unexpected theme during data analysis, it is a potential limitation and serves as another factor for limited generalizability. The experiences of these participants may not be applicable to other MLCTs without prior exposure to professional helping skills.

A fourth limitation is that all 15 participants self-identified as online students, which may have influenced their experiences in a way that may not apply to other MLCTs who identify as in-person students. While many of these 15 participants reported in-person learning experiences that were incorporated into their online program, their experiences can still be differentiated from primarily in-person students.

A fifth limitation of this study is innate due to my own history as a former master's-level counseling trainee who had personal experiences related to the phenomenon being explored. While I intentionally implemented Epoche and bracketed my personal experiences, there is the inherent possibility of some of that unintentional bias influencing the description of study findings. While measures were taken to ensure trustworthiness, all biases may not have been eliminated.

Recommendations for Future Research

One of the unintentional results of the recruitment process was that all 15 participants identified themselves as online students. With an increased volume of MLCTs enrolled in online programs every year, there is an increased demand for higher learning and academic aptitude in virtual platforms (Amos et al., 2022; Coker & Schooler, 2012; Haddock et al., 2020; Mulvaney, 2020; Vincenzes, 2023). Future research or comparative analysis of perceived preparedness from online MLCTs versus in-person MLCTs *before* practicum or internship would be an excellent follow-up study.

As stated previously, many participants had previous or current professional experience in another helping profession. Future quantitative research to explore the *measure* of influence prior career training has on clinical readiness for novice counselors would be a great addition to counselor education literature. Leaders in the field of counselor education would be better equipped to capitalize on trainee innate abilities and prior training, increasing their time to focus on skills training, modeling, and providing feedback. A quantitative study may also provide more replicable findings for improving counselor education programs.

While there is outdated research that exists about exploring and implementing pre-practicum hands-on training (Barnes, 2004), there is a need for more empirical data to further

develop an updated pre-practicum experience for counseling trainees looking to build their counseling skills mastery. Counseling literature speaks largely to the complexities of developing competence as a counselor; however, it is largely silent about the specific skills trainees need to develop the competence they desire (Akçabozan-Kayabol et al., 2022; Barnes, 2004; Cline et al., 2022; Gallo et al., 2019; McLeod, 2022 Vincenzes et al., 2023). Findings from this current study and future comparative studies could be used by counseling educators to develop and implement an effective, replicable, and uniform pre-practicum experience.

Since inconsistency was a theme identified in this study's findings, further research and empirical data in the following areas could be beneficial to leaders in the field of counselor education: (a) consistent and replicable curriculum design, (b) uniformity in expectations of supervisors and supervisees across state lines, (c) consistency in methods for fostering online and in-person connections, and (d) uniform expectations of professor modeling. Qualitative and quantitative studies in these areas could eventually lead to a more optimal academic environment for pre-practicum and pre-internship counseling trainees to thrive.

Summary

The purpose of this transcendental, phenomenological study was to describe master 's-level counseling trainees' (MLCTs) perceived preparedness to treat real clients *before* transitioning to their practicum or internship experience. Although many researchers have explored the impact of practicum, internship, clinical supervision, and creative teaching methods on MLCT preparedness, many have explored this phenomenon in reference to graduation readiness. This current study provided MLCTs the opportunity to share their experiences and perceived preparedness to begin treating real clients *before* the start of their practicum or

internship. This study's findings added to the existing body of research and filled that particular gap in the literature.

One of the most notable findings of this study was the first main theme identified during data analysis. The current study's data revealed that pre-practicum and pre-internship trainees frequently lean on factors outside of their program curriculum, instruction, and support for confidence in their abilities to begin doing clinical work. This current study's data suggests that one of the strongest external sources of perceived preparedness is prior training received from current or former careers in other helping professions. This highlighted an unexpected gap in the literature pertaining to pre-practicum trainee preparedness. The other prominent source of confidence was exposure to clinical skills by receiving their own counseling as a client. While these forms of exposure to helping skills can be valuable in sparking desire or interest in the field of mental health, this study found that MLCTs were frustrated by the need to lean on external factors for preparedness after completing several foundational counselor education courses they were required to take. The literature suggests that the practicum and internship experiences are designed to be a source of practice and hands-on experience (ACA, 2014; Baltrinic et al., 2021; Binkley & Leibert, 2015; CACREP, 2023; Hammonds & Schwarze, 2019; Ikonomopoulos et al., 2016; Lannin et al., 2019); however, this study's findings showed that ongoing practice, proximal feedback, and modeling *prior* to practicum are needed to be *able* to absorb the benefits of a practicum or internship experience.

The governing bodies of the mental health counseling field ultimately hold practicum trainees, internship trainees, recent graduates, and licensed professionals alike to the *same* ethical standard of promoting client welfare and doing no harm (ACA, 2014; CACREP, 2023). These equal expectations of ethical care should inspire leaders in counselor education to ensure that

MLCTs feel adequately prepared and confident to begin their practicum internship experience. Practicum-internship trainees are providing *real* treatment to *real* clients for the very first time.

While illustrating her experience in the program and anticipation of her practicum, Stacey stated, “There's a forest fire you have to walk through, and you feel alone doing so... You're halfway through feeling pretty good, and then you're doing well in classes, and you realize, ‘Oh, a practicum is starting!’ I have no idea what I'm doing other than the basics of reflecting and paraphrasing” (Interview with Stacey, December 2023). This direct yet humorous expression of feeling unprepared reflected most participants' experiences. Many participants shared the overall sentiment that practicum and internship are adventures they look forward to but are aware of the anxieties that come with them. All participants expressed a desire for increased and ongoing support and additional practice to mitigate these feelings of apprehension and unpreparedness.

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Appendix A: IRB Approval/ Exemption Letter

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

November 15, 2023

Monique Starling
Richard Green

Re: IRB Exemption - IRB-FY23-24-656 "Thrown in Cold Turkey": Perceived Preparedness and Self-Efficacy in Counseling Trainees Transitioning to the Application of Theory in a Practicum or Internship

Dear Monique Starling, Richard Green,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your information sheet and final versions of your study documents can also be found on the same page under the Attachments tab.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix B: Consent Form

Consent

Title of the Project: “Thrown in Cold Turkey”: Perceived Preparedness and Self-Efficacy in Counseling Trainees Transitioning to the Application of Theory in a Practicum or Internship.

Principal Investigator: Monique Starling, Doctoral Candidate, School of Behavioral Sciences, Department of Community Care and Counseling, Liberty University

You are invited to participate in a research study. To participate, you must be enrolled in a CACREP-accredited master 's-level counselor education program at Liberty University or the University of South Florida. You must also be preparing to transition to your practicum or internship (within one or two semesters). Taking part in this research project is voluntary. Please take time to read this entire form and ask questions before deciding whether to participate in this research.

Background Information:

The purpose of the study is to understand and describe the lived experiences of master 's-level counseling trainees' perceived preparedness to treat real clients *before* transitioning to their practicum or internship experiences.

If you agree to be in this study, I will ask you to do the following:

1. Participate in a one-on-one interview via Zoom teleconferencing platform. This interview will consist of several questions related to your experiences and perceptions of preparedness to treat real clients before transitioning to your practicum or internship. Interviews will be recorded (Video and audio) and transcribed for analysis. - Approximate time to complete: forty-five (45) minutes.
2. Create a cognitive representation (descriptive drawing with explanation) of your emotions and/or experience related to readiness to treat real clients before transitioning to your practicum or internship. This will occur at the end of the interview and will be included in the video and audio recording. - Approximate time to complete: five (5) minutes.
3. Complete a reflective journal. Upon completing the interview, you will immediately receive a follow-up email containing a journal prompt. The reflective journaling prompt will provide a case study and follow-up question that allows you to assess your preparedness to treat a fictional sample client. -Approximate time to complete: thirty (30) minutes.
4. You will receive a copy of your interview transcript via email and be allowed to give feedback and make adjustments to ensure an accurate depiction of your experiences. Responses with any edits or adjustments will be requested to be returned within 72 hours of receiving your transcript. - Approximate time to complete: thirty (30) minutes.
5. Total participation in all activities would be approximately two to three (2-3) hours.

Benefits of Being in the Study:

Participants should not expect to receive a direct benefit from taking part in this study. Instead, the primary benefit of participation is helping future generations of pre-practicum and pre-internship counseling trainees by sharing your lived experiences. Faculty and clinical supervisors in counselor education nationwide can glean from your experiences as they explore ways to better equip and increase confidence in trainees *before* they begin their hands-on work treating real clients.

Risks of Being in the Study:

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. You will be asked questions requiring you to share your feelings and experiences as you anticipate treating real clients in your practicum or internship experience. Answering these questions may cause feelings of emotional or psychological discomfort. At any point during the interview, you may opt to end your participation in the study.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm yourself or others, I will be required to report it to the appropriate authorities.

Confidentiality:

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- The researcher will conduct the online interviews in a location where others cannot overhear the conversation easily. The researcher will also encourage participants to engage in the online interviews in a location where others cannot overhear the conversation easily.
- All interview transcripts will be stored and password-locked in two locations: a flash drive and an external hard drive. After five years, all electronic records will be deleted and/or all hardcopy records will be shredded.
- Any hard copies of transcripts or other documents produced with participant information will be kept in a locked location.
- All digital recordings and data will be stored and password-locked in two locations: a flash drive and an external hard drive. After five years, all electronic records will be deleted. The researcher is the only person who will have access to these recordings.

Compensation:

- All participants who complete the interview will be entered in a drawing for a \$100 Amazon gift card.
- You will not receive direct payment for participation or be directly compensated in any other way.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision to participate will not affect your current or future relations with Liberty University or the University of South Florida. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study:

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

The researcher conducting this study is Monique Alicia Starling. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at

████████████████████ ██████████. You may also contact the researcher's faculty sponsor, Dr. Richard Green, at ██████████

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Statement of Consent:

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record/video-record me as part of my participation in this study.

Participant Name

Participant Signature & Date

Appendix C: Participant Recruitment Letter

Dear Counselor Education Student:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to understand and describe the lived experiences of master 's-level counseling trainees' perceived preparedness to treat real clients before transitioning to their practicum or internship experiences. It is also to understand how counseling trainees experience anxiety, apprehension, or dread before transitioning to their practicum or internship. This study also aims to understand the influence of clinical supervision, program curriculum, and program structure on perceived readiness to transition to a practicum or internship.

If you are currently enrolled in a CACREP-accredited, master's-level counselor education program at Liberty University (LU) or the University of South Florida (USF) and preparing to transition to your practicum or internship (within one or two semesters), I invite you to participate in my study.

If you are willing to participate, you will be asked to complete the following activities: participate in a one-on-one interview with me online via Zoom (45 minutes) and conclude the interview by completing a cognitive representation- drawing that represents your experience and/or emotions (5 minutes). After interview completion, you will be asked to respond to a reflective journaling case study prompt that will be provided via email (30 minutes). You will also receive a copy of your interview transcript via email and be allowed to give feedback and make adjustments to ensure an accurate depiction of your experiences (30 minutes). Responses with any edits or adjustments will be requested to be returned within 72 hours of receiving your transcript. It should take two to three hours over a seven-day period to complete the procedures listed above. Your name and/or other identifying information will be requested for this study, but the information will not be disclosed.

To participate, please email [REDACTED] to inform me that you would like to participate in the study. I will send you a consent form via email. The consent document contains additional information about my research. Please complete the consent form, sign it, and return it to me as an attachment via email. Once I have received the signed consent form, I will send you an email containing a link for scheduling available interview dates and times and a direct link to my teleconferencing meeting room.

Everyone who completes an interview will be entered in a drawing for a \$100 Amazon gift card.

Sincerely,

*Monique A. Starling
Doctoral Candidate*

[REDACTED]

Appendix D: Sample Interview Excerpt

Clinical Skills Question 1

Interviewer:

How ready do you feel to begin conducting counseling sessions? Zero to ten?

Participant:

That's a hard one. I want to say a five because part of me feels very ready, and another part of me doesn't feel ready at all. So, it depends on how, almost depends on my mood in the way I am thinking about it. Sometimes, I get those moments of panic; I don't know what to do. I'm going to get with a client and I don't know what to say. And then I'll have moments where I'm like, I'm looking forward to this. This is really exciting. I think of myself as more comfortable with it.

Clinical Skills Question 2

Interviewer:

How ready do you feel to build a therapeutic alliance with clients or connect with clients? Zero to ten?

Participant:

A six. I feel like this is something that, with practice, I'll be good at, but initially, I feel like I'm going to be kind of stiff because I'll be kind of anxious and uncomfortable.

Interviewer:

Maybe a little nerves?

Participant:

Yeah.

Clinical Skills Question 3

Interviewer:

Next one, zero to 10. How prepared do you feel to conduct a bio-psychosocial assessment or an intake assessment?

Participant:

Seven. I just recently had the class before substance abuse was the assessment class. I had a hard time in that class because I was so anxious, but I didn't do it as an intensive; I did it just as a regular class. So we had, what's it called? We met as a group and did the interviews that way I learned a lot about what goes into the questions you ask, and I was just at a training for my practicum. And when we covered that section, I felt really comfortable with it because I guess it was familiar and I had put a lot of energy into learning about the different sections that you, different things you talk about with the person.

Clinical Skills Question 4

Interviewer:

I have a couple more. Is that okay? Zero to 10. How ready do you feel to provide a mental or behavioral health diagnosis if needed?

Participant:

A three. I think this is something I'll eventually be good at, too, but I definitely don't feel ready to have. I've been realizing what a big responsibility that is, and I don't feel ready to have that responsibility fully on my shoulders yet.

Clinical Skills Question 5**Interviewer:**

How confident or ready do you feel to develop a treatment plan with a client or develop treatment goals? Zero to ten?

Participant:

I'd say that's a five two because it's kind of been, I mean, I had a class working on this, so it's not a complete unknown and I've worked on goals with my kids. We homeschooled too. I've worked on goals. Yeah. So yeah, it's not unfamiliar, but doing it in this context is what's unfamiliar, so there's kind of a learning curve there.

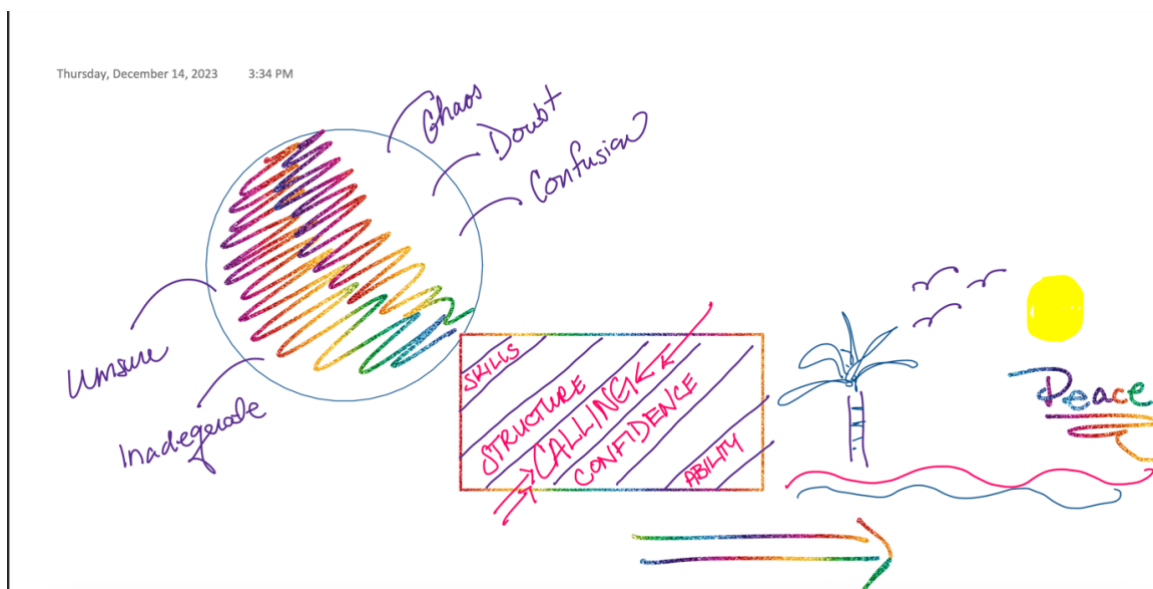
Clinical Skills Question 6**Interviewer:**

Then the last one that I have for you in this section is, how prepared do you feel to determine and implement an appropriate intervention or a specific coping skill really implementing an intervention with a client? Zero to 10?

Participant:

I feel like a two because I am not familiar with specific interventions other than mindfulness and grounding. So I don't feel like I have enough knowledge myself.

Appendix E: Sample Cognitive Representations



Appendix F: Sample Reflective Journaling Response

Reflective Journaling Prompt

Monique A. Starling

Doctoral Candidate

School of Behavioral Sciences

Fictional Client Demographic Information.

The client is a 15-year-old male with a history of self-harm and one previous suicide attempt. He self-reports the following information: (a) He is not currently using substances but has a former history of alcohol and tobacco use. (b) He occasionally has feelings of depression but “keeps his mind off of it by spending time with friends after school and on the weekends.” (c) He is resistant to being in counseling but comes to please his parents.

Reflective Questions

- **How confident would you feel conducting counseling sessions with this client during your practicum or internship? (On a scale of 0-10)**

(0= no confidence; 10= extremely confident)

Please provide a brief explanation for your numerical answer.

Participant response: 8. *While I feel fairly confident with this particular scenario, it should be noted that my self-assurance with conducting counseling sessions with this client is primarily a result of my experience of working with student with emotional disabilities as a high special education teacher. My experience of working with adolescent students, school psychologists and their families has provided me an intrinsic confidence with this specific scenario that I would not expect to transition into counseling*

clients with other mental health challenges. If I were to isolate my confidence with this scenario based exclusively on the counseling education I have had to date, it would be significantly lower in the range of one to three.

- **How confident would you feel developing a treatment plan for this client during your practicum or internship? (On a scale of 0-10)**

(0= no confidence; 10= extremely confident)

Please provide a brief explanation for your numerical answer.

Participant response: 4. *An element that is critical to my confidence regarding this scenario is being able to participate in the role of counselor as part of a treatment team rather than being single handedly responsible for this. While my role as a counselor is a critical element, I believe it is essential to involve other professionals in the treatment planning for my confidence to increase regarding this responsibility. In other words, my confidence increases if the services I could provide him are part of an umbrella of services he may need to include psychopharmacology and diagnosis/assessments from a clinical psychologist.*

- **What would help increase your confidence level to treat this client between now and the start of your practicum or internship?**

Participant Response: *Regarding increasing my confidence level, I would feel more confident in my role as a counselor contributing to the treatment plan if I had been able to practice a specific counseling theory. For example, practicing cognitive behavior therapy would be useful , due to the vast amount of empirical evidence supporting its*

effectiveness. It would seem appropriate to include another intensive classes, rather than only focusing on counseling skills. Additionally, I believe it would have benefitted me to participate in a mock simulation from intake to termination of services given specific client problem stories, rather than counseling classmates who are in a healthy mental health status. Also, I do not yet feel that I been trained on case conceptualization, which seems like an essential element when being asked treatment plans. While we learn about ACA code of ethics and bracketing our thoughts to prevent harm to the client, it seems haphazard to not include training on the steps and resources needed to devise effective treatment planning.