Methods Employed in Managing Counselling Self-Efficacy Anxiety

by Eoin O'Shea & Dr. Freja Petersen

Introduction

Self-Efficacy

The concept of self-efficacy refers to "beliefs in one's capabilities to organise and execute the courses of action required to produce given attainments" (Bandura, 1997, p.3). The above author explains:

The self-assurance with which people approach and manage difficult tasks determines whether they make good or poor use of their capabilities. Insidious self-doubts can easily overrule the best of skills. (p. 35.)

Faced with an incalculable number of potentially relevant 'variables', a counsellor/psychotherapist must possess sound (though realistic) perceptions of their capabilities if they are to endure the ambiguity inherent in counselling work with 'real life' clients.

Counselling self-efficacy (CSE) is defined as "one's beliefs or judgments about her or his capabilities to effectively counsel a client in the near future" (Larson & Daniels, 1998, p. 180). CSE beliefs are seen as subjective assessments of competence in counselling; that is, individuals with strong CSE believe they are highly capable to counsel, whereas persons with low CSE do not believe they have adequate skills to perform counselling. Daniels and Larson (1998) examined 32 studies suggesting the predictive strength of CSE in its relationship to other important counsellor variables such as counsellor anxiety, counsellor performance, and the supervision environment. Barnes (2004) details some implicit assumptions of CSE theory: (a) CSE is a primary mechanism through which effective counselling occurs, (b) strong CSE beliefs result in enhanced counsellor trainee perseverance in the face of difficult tasks, and (c) counsellor trainees who experience strong CSE are better able to receive and incorporate evaluative feedback into their learning experiences than are trainees who do not possess robust CSE beliefs (Larson, 1998). Studies have found that CSE is positively related to counsellor training level and experience, counsellor self-concept (Larson et al., 1992), counsellor development (Leach, Stoltenberg, McNeill, & Eichenfield, 1997), and expectations of counselling outcomes (Sipps, Sugden, & Faiver, 1988). Furthermore, researchers have demonstrated a negative relationship between CSE and counsellor anxiety (Larson et al., 1992).

Risks to Therapists and Effects of Low Self-Efficacy:

According to Bandura (1997), a sense of efficacy can activate a broad range of biological processes that influence human health and disease. Many of

these effects arise when coping with acute or chronic stressors in our everyday lives. Stress (an emotional state generated by perceived threats and taxing demands) has been implicated as an influential contributor to many physical dysfunctions (Cohen, Evans, Stokols, & Krantz, 1986). Encountering stressors (without perceived or actual control) activates neuroendocrine, catecholamine, and opioid systems and impairs the functioning of the immune system (Shavit & Martin, 1987). The intensity and chronicity of stress is governed largely by perceived control over the demands of one's life. Both epidemiological and correlational studies have shown that lack of behavioural or perceived control over environmental demands increases our susceptibility to bacterial and viral infections, contributes to the development of physical disorders, and accelerates the rate of progression of disease (Peterson & Stunkard, 1989; Schneiderman, McCabe, & Baum, 1992; Steptoe & Appels, 1989).

The present article is the second part of a research study (O'Shea & O'Leary, 2009) which investigated the events or circumstances associated with counselling self-efficacy anxiety. The research question in that article read: "What are/have been the typical fears, anxieties, doubts regarding your perceptions of your own abilities as a counsellor since you have begun such work?" The broad inclusion of fears, anxieties, and doubts in this wording was intended to capture a wide range of relevant experiences and is also in keeping with a cognitive formulation of anxiety (Clark & Beck, 2010).

Methodology:

Participants:

Participants in this study were comprised of 70 counsellors and psychotherapists who responded to a posted questionnaire (56 female/14 male). Mean age was 54.5 years with a SD = 6.84. The oldest person was 69 with the youngest being 35. Respondents' mean number of years providing therapy was 13.8 with a SD = 5.96. Most and least experienced respondents had been providing counselling for 30 and five years respectively. There were no problematic ethical dilemmas envisioned in the study which was approved by a Research Ethics Committee at UCC.

Materials & Procedure:

The research questionnaire was posted to 300 therapists who were selected (using an online random number generator) from the Irish Association of Counselling and Psychotherapy's (IACP) members' listings of over 900 individuals. Of the 300 members, 70 completed and returned the questionnaire containing the research question, "What, if any, methods have you employed to deal with/work through fears, anxieties, or doubts regarding your abilities as a counsellor since you have begun such work? (Responses need not only include professionally-recommended methods such as supervision, etc, but can include your own personal/idiosyncratic ways of dealing with such anxiety)". Demographic items regarding age, sex, and number of years engaged in providing professional counselling/therapy were also included. These were accompanied by a stamped, self-addressed envelope for ease of response and a cover sheet detailing the purposes of the research, assurances of anonymity, etc. Following return of these questionnaires and completion of initial stages of research, a thematic analysis was conducted on the data.

Thematic Analysis:

Roulston (2001) suggested that thematic analysis is a poorly demarcated and rarely acknowledged, yet widely used qualitative analytic method within and beyond psychology. Braun and Clarke (2006) have attempted to 'fill the gap' of theory and practice relating to thematic analysis (TA) and have presented a step-by-step guide to employing TA as a data analytic method. They define TA as "a method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail" (p.79). The authors go on to delineate a step-by-step process through which a thematic analysis is conducted. These steps include: (1) Familiarising yourself with the data; (2) generating initial codes, i.e. whereby the researcher groups related words, concepts, or comments together due to an apparent similarity in meaning, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. The third of these stages also marks the point at which one examines relations between themes with a view to generating 'sub-themes' where appropriate.

Thematic Report:
"What, if any, methods have you employed to deal with/work through such fears, anxieties, or doubts? (Responses need not only include professionally-recommended methods such as supervision, etc, but can include your own personal/idiosyncratic ways of dealing with such anxiety".

Supervision:
Supervision was the most common method that respondents used to deal with self-efficacy anxieties, such prevalence matched by items positing it as the most salient or effective method, e.g. "chief method of dealing with my doubts/fears/anxieties" and "supervision would be my main resource". Responses indicated the most useful instances for respondents, i.e. in cases of suicidal risk, emotional support, personal exploration of fears, consideration of errors in practice, and assurance regarding therapeutic interventions and strategies. Unsurprisingly, "experienced", "challenging", and "competent" supervisors were preferred. Individual and group supervision was indicated, the former being more common. Supervision provided a safe, accepting, and yet at times challenging space in which to "unload and thrash out what's going on" and be "vulnerable". Frequency of attendance varied, e.g. 1-1.5 hours/week or one 4-hour group session/month. Only one respondent indicated that supervision was "way over-rated as a tool for therapist support". Respondents generally felt "relaxed" and "assured" by regular individual and group supervision.

Personal Reflection, Self-Talk and Past Work:
Reflection was helpful in relation to fears, overactive "superegos", taking adequate time before and after sessions to reflect, and honesty/integrity of examining both oneself and one's work. Possible counter-transference was considered at such times along with potential vicarious traumatisation and "stuckness" with clients. Emotional awareness offered an opportunity to process needs, consider boundaries, examine vulnerabilities, and integrate insights. One could question perceived failures in considering how things could have been done differently with a view to moving on. Self-talk included "affirmations" and "[p]ositive thinking" used to "surrender and let go of fears", e.g. "You are a trained counsellor and you have the skills and attributes necessary for the work at hand". This helped respondents to "accept [their] limits" and appreciate the "privilege" that such work represented. Focusing on past work/successes, e.g. "reminding myself of work that went well", was used to alleviate anxieties regarding self-efficacy. Respondents formed a "positive attitude based on evidence", e.g. growth in one's private practice and referrals. A specific practice mentioned in facilitating self-reflection was journal-keeping.

Continuing Professional Development (CPD):
CPD included "further education and training", "ongoing professional development/training", with specific examples including "workshops", "reading" (of articles and books, mostly – but not all – related to psychology, counselling and psychotherapy), further educational qualifications (e.g. "M.A. in Further Education"), "T.V.", "the Internet", and "constant involvement with accrediting bodies regarding standards and training". A number of items paired 'professional' with 'personal' development and this seems to indicate an overlap of the two at times. Respondents reported achieving "new insights", upgrades of knowledge, and "confirmation of knowledge" from CPD involvement. As with supervision, a number of individuals saw CPD as "essential", "influenc[ing] good practice", and "believe[d] strongly" in it.

Peer/Collegial Support:
Peer/Collegial support was distinguished from the supervision theme in that it represented a less formal, often less structured, and free support. Peer support was provided by co-workers. Most items were broadly expressed without explanatory detail, e.g. "peer/colleague support", "consultation with peers", etc. Such peer contact 'normalised' the fears and anxieties experienced through sharing with others while another found that this "helps as most have the same doubts/fears". Both individual and group involvement was suggested in responses. Some items indicated such support was engaged in at work whereas other individuals had formed groups/arrangements based on work friendships

developed over years. Group size indications were scarce but ranged from 3-6 individuals. "Fun" was also mentioned in relation to such meetings; indeed, this practice was seen as "very supportive" and fits with the findings of some (e.g. Greenglass, Burke, & Fiksenbaum, 1998) that such support can protect against burnout.

Leisure and Hobbies:

One respondent indicated the grounding function of non-counselling activities. Specific forms varied but common examples included reading (e.g. "identification" with the characters of J.R.R. Tolkien's work). Music (both listening and playing) and well as singing featured as part of this. Related also were a small number of responses indicating the use of dance – movement to music was seen by one respondent as aiding in "self-regulation". Watching films/DVDs was also mentioned along with art forms such as drawing and sculpture being seen as helpful "creative work", e.g. card-making: "a favourite hobby!". Gardening and cooking featured and these were useful in keeping some therapists "grounded", e.g. maintaining a vegetable garden and contact with "soil" and "nature" was suggested as beneficial. As one person said: "[there is a benefit] by engaging in nature; sea, mountains, animals". "Regular" massage was viewed by one respondent as "vital!" and language classes received a mention, as did acupuncture, "getting physically engaged in housework", and "maintaining an interest in current affairs".

Trust in Therapeutic Relationship and Client Responsibility:

For a number of therapists, trust in the therapeutic relationship as a significant agent of change encompassed beliefs regarding client responsibility (and also capacity) to bring about positive change. "Skills and experience" were thought to be of secondary importance by one respondent when compared to "trust [in] the power of the dynamic in an authentic encounter". "Being present and available to the client" and "acknowledging what's in the room" was emphasised as part of the "the therapeutic relationship"/"the process". This was specified at times in terms of "the core conditions" and, more specifically, "unconditional positive regard". Some could "leave go of fears and inadequacy when working by being present to the client". 'Client responsibility' could be understood in terms of greater emphasis placed on the client's role in the therapeutic process. Some respondents advised against seeing therapy in terms of 'fixing'/'healing' the client, instead "remembering that [the] client has [their] own strength and healing ability". Another question posed was "who is doing the needed work – therapist or client?" Boundaries of therapists' responsibility were viewed as facilitating unconditional positive regard for themselves – vital in modelling the very same for the client.

Spirituality and Meditative Grounding:

Spirituality, while difficult to define in explicit terms, was thought to involve practices relating to, or believed to affect, the spirit or transpersonal functioning. It sometimes, though not always, involved practices considered to be 'religious' in nature. Meditative grounding, on the other hand, consisted of practices perceived as relating to a sense of 'perspective-enhancing' or attentional 'rooting in the moment'. As meditation is often practised within the context of religious, spiritual, or transpersonal thought systems, these two terms were believed to warrant inclusion under the same theme. Prayer was mentioned as an effective method of "self-regulation" and was sometimes accompanied by the lighting of a candle. Techniques designed for relaxation as well as breathing exercises were employed by a number of respondents with relaxation tapes sometimes being used. "Meditative music" was noted as helping therapists to accept their fears. The importance of "a good sense of humour" was cited; this could be a 'black' sense of humour and might alleviate stress. Three symbolic practices included wearing specific items of clothing that held personal significance for the wearer, were specific for work, or going to another room following a session to "leave behind" material before returning to the sessional room.

Personal Therapy:

Relatively little detail regarding the specific approaches involved were included – only one respondent indicated "ecotherapy". However, descriptions as "best support", "essential", and "[the] main tool" suggest its significance to

some. One respondent implied its importance "for [their] own issues which may have been triggered" – its usefulness in combating potential counter-transference is apparent here. Another indicated the belief that therapists "can't take clients where [they] haven't gone [themselves]". Explicit indications of frequency varied, e.g. "fortnightly" and "when required"/"when issues arise". This suggests that therapists not in ongoing therapy availed of it when specific challenges occurred. More than a third of respondents were either presently in/availed of therapy when needed.

Balance of Work and Social Life:

It is reasonable to assume that other themes – such as those pertaining to Leisure and Hobbies, or Exercise, also contain items that could as easily be considered part of the aforementioned 'balance'. This theme instead included responses that explicitly referred to notions of such 'balance' and which are not deemed as suitable for inclusion in the more specific categories previously mentioned. Some responses were broad, e.g. "I maintain a good balance between work and pleasure" with others more specific, e.g. "entertaining friends", "having fun by mixing with non-therapists", and "meeting friends for coffee". Respondents indicated the importance of 'leaving work at work', e.g. having a mobile phone specifically for work purposes which was turned off after work hours. The importance of achieving this balance "could not be exaggerated". Spouses, other family members, and friends were typically mentioned with a notable exception being a generous tribute paid to a therapist's dog in helping to achieve this 'work/social life balance'.

Exercise:

Physical activity was seen by respondents as important in managing their self-efficacy anxieties and references to "exercise" were numerous. The most common form was walking. Long walks, walking with the dog, and hill-walking, along with the suggested function of "grounding", were the specific details provided in relation to this. Yoga was also mentioned frequently along with one reference to Tai Chi. Also mentioned were skiing and dance. A lone response detailing "active engagement in sports" suggested relatively little participation in competitive forms of physical exercise.

Adequate Holidays:

Responses indicated the importance of regular breaks from work, including non-specific items, e.g. "Adequate rest/holidays", and more specific items, e.g. trips to the Spanish mountains for personal therapy and fun, a yearly Zen residential silent retreat, retreats at a Christian monastery four times a year. "Active", "enjoyable", and "frequent" holidays were predictably favoured. Other forms of 'holiday' encompassed time taken from work (without necessarily 'going on holiday', as such), e.g. "Having plenty of time out", "cutting back on work", and choosing to "work a very short week" were mentioned. Suggested benefits included having "time for myself" and "avoid[ing] burnout".

Counselling-Specific Strategies:

Certain practical steps that aided in allaying anxieties regarding counselling self-efficacy were indicated. A number of these related to issues of time, e.g. being very clear with clients regarding time constraints of sessions. Respondents took some time (e.g. half an hour) between sessions to compose themselves as well as write/familiarise themselves with notes. Suicide contracts were advocated and details of the client's family/next of kin were collected also. One respondent indicated being "choosy" regarding which agencies to work with and refused to work with those perceived as "unprofessional". Another found that being in communication with a client's doctor/psychiatrist relieved anxiety. Therapist safety was also mentioned, e.g. devising practical plans when working with angry clients, not having potentially dangerous objects in the counselling room, and working only when colleagues were in the building.

Feedback and Clarification:

This theme involved open communication between therapist and client regarding the process of counselling itself and how it was proceeding. Broad items included "seeking clarification and feedback", "checking out with client do they believe if something is useful for them", stressing the "voluntary nature" of counselling along with "confidentiality and terms of contract". Termination was dealt with by encouraging the client to move on and reassuring them that the therapist would

continue to be available. Feedback was "so important" in assessing what the client needed "more of/less of". A method employed involved regularly 'checking in' with clients to assure shared goals, what the client found most useful, and clarification of specific issues such as particular instructions, arrangements, etc. Personal disclosure was sometimes employed though care in how this was undertaken was indicated.

Recognition of Limits and Referral:

This theme related to awareness of one's professional boundaries and how to deal with cases where these limits were challenged by some clients. Responses included general recognitions of one's limitations, e.g. "not always having answers is ok", "reality – knowing my limits", and "realistic expectations of my abilities as a counsellor", with self-acceptance being implicated. Discussion of referral with peers was accompanied by similar discussion with clients if they were not consistently attending. "Alternative therapies" could be explored with clients and some respondents were "selective who [they] take on", only working with issues and clients they felt "comfortable with". Seeking referral from general practitioners made their service "professional; more appropriate". Limiting amounts of work was necessary so as not to "burn out".

Discussion:

The present study's investigation of therapists' typical methods used to help deal with anxieties, doubts, and fears concerning their counselling abilities broadly matched previous research. Suggestions for further reading include those studies highlighting the importance of supervision (e.g. Borders, 2006), self-talk (e.g. Morran, 1986), continuing professional development (e.g. Bor, 2006), peer support (e.g. Barlow & Phelan, 2007), leisure and hobbies (e.g. Sowa, May, & Niles, 1994), issues pertaining to the therapeutic relationship (e.g. Skovholt, 2005), spirituality and meditative grounding (e.g. Newsome, Christopher, Dahlen, & Christopher, 2006), personal therapy (e.g. Kumari, 2011), the balance of work with social life (e.g. Bryant & Constantine, 2006), exercise (e.g. Dixon, Mauzey, & Hall, 2003), adequate holidays (e.g. Dubrow-Marshall, 2011), counselling-specific strategies (Cox, 1982), feedback and clarification (McLeod & Cooper, 2011), and recognition of limits and referral (Shiles, 2009).

Limitations of the present study include the broadness of the research question, i.e. the inclusion of fears, anxieties, and doubts. This was done to include as many elements of the cognitive formulation of anxiety as possible including experiential elements of the primary threat mode, secondary elaborative processes, and various cognitive products (Clark & Beck, 2010). However, additional research might narrow the scope of anxiety features whilst maintaining the present study's qualitative inclusiveness. Further studies employing a similar methodology but focusing on specific self-care strategies in more detail may be warranted. Nevertheless, this study is posited as further exploring a sample of the sheer breadth of strategies employed by practising therapists when managing the anxieties they experience regarding counselling abilities.

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