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The Development of Speech-Language Pathologists' Counseling Self-Efficacy

Abstract

The purpose of this investigation was to understand, from the perspective of speech-language pathologists (SLPs), what factors contribute to the essential structure of the experience of SLPs with low perceived counseling self-efficacy (CSE), the factors that contribute to the essential structure of the experience of SLPs with high perceived CSE, and how SLPs can transition from lower to higher perceived CSE. Ten female speech-language pathologists participated in interviews to discuss their counseling experiences and the development of their personal SLP CSE. The interviews were divided into 982 meaning units. The meaning units were categorized to determine the recurring themes contributing to the essential structure of low and high SLP CSE and to determine how the transition from low to high CSE occurs. Four recurring themes associated with low CSE were identified, including: (a) lack of knowledge, (b) lack of experience, (c) lack of feedback from others, and (d) personal attributes. Seven recurring themes associated with high CSE were identified, including: (a) experience, (b) situation-specific confidence, (c) experiences of success, (d) life experiences, (e) observation of others, (f) feedback from others, and (g) personal attributes. Four themes associated with perceived needs and resources for continued CSE growth were identified, including: (a) further counseling training, (b) feedback from others, (c) experience, and (d) self-reflection. Further, it was found that internal locus of control was associated with higher levels of CSE.

Keywords

Counseling, self-efficacy

Authors

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Counseling as a Part of the SLP Scope of Practice

The American Speech Language Hearing Association (ASHA) provides a Scope of Practice for speech-language pathologists (SLPs) including relevant procedures, actions, and processes necessary for appropriate practice. Counseling is included within the scope of practice as an important component of clinical responsibility in the field of speech-language pathology. Specifically, ASHA (2016) delineates eight domains of service delivery for SLPs within the “Scope of Practice in Speech-Language Pathology”: collaboration, counseling, prevention and wellness, screening, assessment, treatment, modalities, technology and instrumentation, and population and systems. According to Luterman (2006), individuals with communication disorders along with their families/caregivers present with a variety of complex emotional reactions to their diagnoses. SLPs are called to provide support and assistance in an interactive manner to their patients who face these challenging emotions and difficult life situations in order to form realistic goals to pursue an overall more fulfilling quality of life (Flasher & Fogle, 2012; Tellis & Barone, 2018). For SLPs, counseling is not an optional aspect of service delivery to be provided on occasion. It is a necessary provision for individuals of all ages and disorder types seen by the SLP. Currently in the field of speech-language pathology, little is known about what makes one SLP a better or more competent counselor than the next. The degree to which a clinician feels prepared to provide counseling could be dependent upon several constructs: training, experience, counselor self-efficacy, and locus of control. The purpose of this study was to determine factors that contribute to SLPs’ levels of perceived counseling self-efficacy to provide information on ways to increase their confidence when providing counseling to patients.

Counseling Skill Acquisition. Given that counseling is a domain of service delivery for SLPs, it is important to discuss how counseling skills are acquired. Counseling training for SLPs usually comes in the form of graduate coursework, clinical practicum, continuing education, and self-study. ASHA’s Preferred Practice Patterns for the Profession of Speech-Language Pathology” states that counseling should be “conducted by appropriately credentialed and trained speech-language pathologists” (p. 22). It is the ethical responsibility of SLPs to pursue sufficient education necessary to provide the highest quality of services to clients. Scheuerle (1992) established that adequate education and training allows clinicians to view counseling as more than simply instructing and giving advice. Having sufficient training and experience also contributes to the competence and confidence one feels when performing counseling.

Formal Counseling Training. Formal counseling training is an area that is believed to increase counseling confidence for SLPs. Despite this, there is a definite lack of adequate formal counseling training for members of the field. Much of the insufficient training is likely due to the absence of available counseling coursework within SLP training programs. Doud et al. (2020) performed an updated systematic survey on communication sciences and disorders programs to determine the current availability of counseling courses. They discovered that the number of programs offering a dedicated counseling course (within or outside the department) had dropped from 76% to 59%. Due to this lack of sufficient counseling training and experience provided for students, SLPs can have lower levels of confidence related to their counseling abilities as a result (Millar et al., 2010). Many clinicians in the field are dissatisfied or concerned with their level of competence related to counseling; lack of training and experience in this area is likely responsible for these feelings of concern and/or dissatisfaction (Culpepper et al., 1994).

Experience. Counseling experience comes in many forms for SLPs and can be obtained within graduate training programs in the form of clinical practicum experience, post-graduate experience within the clinical fellowship (CF), and post-licensure. Experience, like training, is thought to be a key factor in the development of clinician counseling confidence. In a study on SLPs in their CF year, Zipoli and Kennedy (2005) found that clinicians more frequently used clinical experience to inform their practice than opinions of colleagues, research articles, or clinical practice guidelines. There are also implications for clinician effectiveness when a clinician has more experience. According to Schum (1986) the ability to be a truly impressive clinician, distinguish between patients' thoughts and feelings, have the knowledge on how to educate clients about their disorder, and facilitate client independence is more often seen with more experienced clinicians. These findings suggest that clinicians are more effective at counseling when they have more experience with it.

Self-Efficacy. Self-efficacy is a construct that is believed to influence clinician confidence and competence when performing counseling. Albert Bandura (1977) originally defined self-efficacy as an individual's belief in his or her capability to successfully execute the behaviors necessary to produce specific performance achievements. According to Bandura's (1977) self-efficacy theory, a person has self-efficacy expectations and outcome expectancies. Self-efficacy expectations are the convictions that one can produce outcomes with success, and these expectations have the most influence on whether a person chooses to engage in a given behavior (Bandura, 1977). Outcome expectancies are a person's estimates that a certain behavior will lead to specific outcomes and are dependent primarily on self-efficacy expectations (Bandura, 1986).

Sources of Influence. According to Bandura's (1977) self-efficacy theory, feelings of self-efficacy are developed based on four sources of influence, including: performance accomplishments, vicarious experience, verbal persuasion, and physiological states. Performance accomplishments come in the form of mastery experiences (Bandura, 1986). Mastery experiences result from experiences of successful performance and are influenced by one's cumulative efforts at a task (Bandura, 1977). The next source of self-efficacy is vicarious experience. Bandura (1977) found that seeing another person similar to oneself succeed at a task increases observers' beliefs that they too are capable of the efforts necessary to succeed at that task. Verbal feedback influences self-efficacy when one receives encouragement or discouragement regarding their ability to perform (Zimmerman, 2000). Lastly, physiological states refer to a person's emotional, physical, and psychological wellbeing which affects self-efficacy at a given time (Bandura, 1977).

Counseling Self-Efficacy. A corollary of self-efficacy that has been studied in the field of speech-language pathology is counseling self-efficacy (CSE; Victorino & Hinkle, 2019). CSE is a discipline-specific form of self-efficacy that was first described by Larson et al. (1992) as the belief counselors hold about their capability to carry out behaviors that lead to positive clinical outcomes. This measure of self-efficacy has impacts on clinical outcomes and experiences for both the patient and clinician. Clinicians with high CSE have been shown to provide more effective counseling instruction and show greater persistence when faced with adversity or difficult cases (Lent et al., 2006, 2009). Although there is currently a lack of research on the impact of SLP CSE, a measure entitled the Counselor Activity Self-Efficacy Scales (CASES) was developed by Lent et al. (2003) as a means to that end, providing a way to gauge the level of self-efficacy a clinician experiences

related to counseling. This scale was originally created to assess students' CSE but was recently adapted into the CASES for SLPs by Victorino and Hinkle (2019).

Locus of Control. Locus of control is a construct that is believed to affect clinicians by influencing feelings of control over behaviors and outcomes. Locus of control was first defined by Rotter (1966) as “the degree to which the individual perceives that a reward follows from, or is contingent upon, his own behavior or attributes versus the degree to which he feels the reward is controlled by forces outside of himself and may occur independently of his own actions” (p. 1). When a person has internal locus of control, they believe that an outcome occurred as a result of their effort or capability; when a person has external locus of control, they believe that the outcome occurred by chance, luck, or the control of others (Beretvas et al., 2008). Rotter (1966) developed a validated 29-item scale which is commonly used to determine degrees of internality and externality. This scale, entitled the Locus of Control Scale, measures the degree to which a person believes that events result from their own actions or from factors beyond their control (Rotter, 1966).

Purpose

ASHA recognizes counseling as a fundamental aspect of service delivery and an ethical responsibility for SLPs. It is therefore important for SLPs to determine how to become effective, competent counselors. Counseling self-efficacy (CSE) is a construct that has been shown to influence clinicians. Although there has been research on the effect of self-efficacy and the influence of locus of control on clinicians in the related fields of psychotherapy and healthcare, there is a lack of research pertaining specifically to SLP CSE in the field of communication disorders. The information provided by this study will serve to identify ways that SLPs can go about increasing their counseling confidence to become overall more competent counselors, able to provide sufficient counseling services for patients experiencing the difficulties and life struggles that often come alongside communication disorders.

This phenomenological study aimed to address the gaps in the research pertaining to this area by describing in detail the underlying factors that contribute to a SLP's experience of perceived CSE. The present study aimed to answer the following questions:

1. What is the essential structure of the experience of a SLP with greater perceived CSE?
2. What is the essential structure of the experience of a SLP with lower perceived CSE?
3. How can a SLP transition from lower perceived CSE to greater perceived CSE?

Methods

Research Participants. To participate in the study, participants had to be individuals who had graduated from a graduate-level speech-language pathology program, were over the age of 19, and not currently receiving any treatment for a mental health disorder. Anyone receiving current treatment for a mental health disorder was excluded from the study because their current personal experiences with treatment might influence their perception of counseling. The participants were diverse in their age, primary clinical setting, and therapy experiences to represent a broader range of experiences (Patton, 2015).

Ten SLPs were included as participants in the study, all of whom were women and had obtained, at minimum, a master's degree from a graduate-level speech-language pathology program. The participants had varying degrees of experience in a variety of settings. They ranged in age from 26 to 63 years of age ($M = 41.5$, $SD = 37$) and had an average of 12.35 years of experience ($SD = 9.160$). Every participant had experience treating patients with comorbidities. The majority of the participants ($n = 8$) were White, one was Asian, and one was of Aruban descent and therefore had no assigned race or ethnicity. Four of the ten total participants presented with low CSE at the time of the interviews, and the remaining six reported experiencing high CSE, based on their verbal report of their level of counseling confidence on a 100-point counseling confidence scale. Therefore, both high and low CSE participants were represented as participants in this study. Table 1 provides a summary of the demographic data of each participant.

Table 1*Demographic Information*

Pseudonym	Gender	Race	Ethnicity	Age	Years of Experience	Primary Clinical Setting
Genevieve	F	White	Not Hispanic or Latino	43	18	Day Rehabilitation*
Chiara	F	White	Not Hispanic or Latino	31	2	Skilled Nursing Facility*
Clara Praat	F	Other	Other	35	10	Skilled Nursing Facility
Riley Taylor	F	White	Not Hispanic or Latino	29	6	School*
Uma Lake	F	White	Not Hispanic or Latino	63	32	University*
TKLM	F	Asian	Not Hispanic or Latino	58	21	Inpatient Hospital*
Lucille	F	White	Not Hispanic or Latino	32	8	School*
Evelyn Rose	F	White	Not Hispanic or Latino	40	8	School
Rebecca	F	White	Not Hispanic or Latino	58	17.5	University*
Ellen	F	White	Not Hispanic or Latino	26	<1	Early Intervention

Note. * Indicates participants worked in more than one clinical setting.

Recruitment. Initial approval from the Auburn University Institutional Review Board (IRB) was received before the study began. The participants were recruited for this study through several methods. Flyers that included a description of the study and an invitation to scan a QR code leading to the project participation website were posted to investigators' Facebook pages and relevant SLP Facebook groups. Additionally, a post including the flyer, social media script, and an invitation to

participate were made on the ASHA Communities website. The invitation to participate was also spread by word of mouth.

Following their initial contact with the principal investigator (PI), participants were sent the information letter, a Code ID form, and a link to a Qualtrics survey including a copy of the information letter, details of the study, a brief demographic questionnaire, and the Counselor Activity Self-Efficacy Scale for Speech-Language Pathologists (CASES for SLPs) via email. Participants were also asked to complete a survey containing the Locus of Control Scale (Rotter, 1966) and provide their ethnicity. They were given the opportunity to provide a pseudonym for the purposes of the study within the survey. Once the Qualtrics survey and Code ID form were completed, a Zoom interview time was established within two weeks of the survey completion, at the convenience of the participant.

Interview. All the interviews for this study were conducted by either a graduate researcher or an undergraduate researcher. Each interview took place over Zoom in a private location where participant responses could not be overheard. The Zoom interview waiting room feature was enabled to ensure that there were no interruptions or others joining the meeting by accident. Additionally, each participant was sent a personalized link to each Zoom meeting which was associated with that meeting time only and not with any of the researchers' private Zoom rooms or recurrent meetings. Participants were asked to complete the interview in a private space to protect their privacy and ensure conversations were not overheard. The participants were all given the same series of open-ended interview questions predetermined by the researchers. Participants were asked at the beginning of each interview how they would rate their counseling confidence on a 100-point counseling confidence scale. A self-rating of 50 or above identified them as a high CSE participant, while a self-rating of below 50 identified them as a low CSE participant. Each interview was around one hour in length. The narrative responses of the participants were collected for subsequent analysis by recording the audio and video of the interviews over Zoom.

Analyses. The first survey completed by participants was the CASES for SLPs. This survey is an adapted version of the original CASES designed by Lent and colleagues (2003) which examines SLP students' and practicing clinicians' levels of CSE. The survey includes a total of 35 questions and is divided into five subscales: Emotional Support Skills, Session Management Skills, Helping Skills - Insight, Helping Skills - Exploration, and Helping Skills - Action. Respondents are asked to rate their feelings of confidence for each question on a 5-point scale ranging from 1-5. Scores of 1-5 can be interpreted as follows: (1) the participant is not at all confident, (2) a little confident, (3) somewhat confident, (4) very confident, (5) totally confident (Victorino & Hinkle, 2019). If a respondent is not familiar with the concept addressed by a question, they are instructed to select a zero on the scale. For the purpose of this study, if a participant selected a zero indicating unfamiliarity with a certain counseling construct, this question was omitted in the calculation of their final score. To obtain the final score, the selected numbers for each question are added and then divided by the total number of questions to obtain an average. Thus, if an individual is familiar with all counseling constructs, the minimum score to be obtained is 1. The maximum possible score is a 5. The adapted subscales and the overall CASES scale identified strong internal consistency and significant statistical intercorrelations, indicating good reliability (Victorino & Hinkle, 2019). The construct validity of the scale was also determined to be strong (Victorino &

Hinkle, 2019). Therefore, it was determined in this study that the CASES for SLPs was effective for the use of gauging SLP CSE.

The second survey sent to participants was the Rotter's (1966) 29-item Locus of Control Scale to measure the participants' levels of internal/external locus of control. This scale measures the degree to which a person believes that outcomes result from their own actions or from factors outside of their control (Rotter, 1966). Estimates of internal consistency for the scale ranged from 0.69 to 0.73 with test-retest reliability estimated to be 0.72 (Rotter, 1966). Good construct validity for the scale was demonstrated based on its effectiveness at predicting individuals' behavioral attempts to control their environment, their motivation to achieve success, and their resistance to subtle hostility (Rotter, 1966). Out of the 29 total items, six items are neutral and have no effect on the resulting final score. A total score of nine or above indicates external locus of control and a score of less than nine indicates internal locus of control.

The spoken responses of the participants were transcribed verbatim and were used as the main source of data for this study. Participants' responses were included if the participant (a) had been able to provide rich descriptions of the phenomenon, (b) had been able to adequately communicate their experiences with the phenomenon, (c) had been willing to fully share their experiences about the phenomenon, and (d) had a history of employing counseling methods in the speech-language pathology setting. All participant responses met these criteria; therefore, none had to be excluded from the final analysis. Each interview was coded with the pseudonym chosen by the participant. Using the Microsoft Word platform, the researchers independently broke each utterance into units of meaning. After performing this task separately, the two researchers came together to compare the number of agreements/disagreements contained in their division of the interviews and derived a percent reliability based on areas of agreement. A consensus was met for all areas of disagreement, so that the final set of meaning units were agreed upon by all members of the research team. The meaning units were then entered into the NVivo 11 Pro software (QSR International, 2015) in order to further organize the data into a hierarchy of categories.

Credibility. It was the aim of this qualitative study to perform the research in as unbiased a manner as is possible. However, the nature of qualitative research does not allow the researcher to completely remove their biases from a study. At the start of the study, the PI, a SLP graduate student, and a SLP undergraduate student were involved in participant recruitment and data collection. The undergraduate student then took over the process under the direction of the PI upon beginning graduate school. This student has an undergraduate degree in Speech, Language, and Hearing Sciences and a minor in Counseling. Both students were trained in the process of coding the meaning units by the PI. In the present study, credibility was addressed by integrating the following procedures:

1. Each interview was recorded with high quality audio and video over the Zoom platform and transcribed verbatim prior to analysis.
2. Investigator triangulation was incorporated in order to integrate multiple viewpoints. This was accomplished when the two student investigators coded the meaning units separately, and then met together to compare. The PI's perception was sought out when the meaning units could not be agreed upon.

Results

Quantitative Data Analysis. All ten participants completed the CASES for SLPs through the initial online survey. Total scores on the scale ranged from 2.34 to 4.29. Total scores for both the overall score and for each subscale on this measure can range from 1 (lowest level of CSE) to 5 (highest level of CSE). The scores indicated that the participants had the highest levels of CSE regarding their helping exploration skills and the lowest levels of CSE regarding their emotional support skills. Participants who verbally reported low counseling confidence on the 100-point counseling confidence scale in their interview received a total score of 3.31 or below, indicating that they ranged from somewhat confident to a little confident in their counseling skills. Participants who reported high counseling confidence on the 100-point counseling confidence scale received a total score of 3.63 or above, indicating that they ranged from somewhat to totally confident in their counseling skills. In general, the scores on the measure aligned with participants' verbal report of their level of CSE when asked to rate themselves on the 100-point counseling confidence scale. Table 2 provides a summary of the participants' verbal self-report of CSE and locus of control level, their CASES for SLPs total scores and subscale scores, and their Locus of Control Scale scores. The participants were listed from lowest to highest level of CSE based on their verbal self-rating within the table.

Nine participants agreed to complete the Locus of Control of Behavior Scale survey, and one participant expressed that she did not feel comfortable completing the survey due to the wording of the questions. All ten participants provided a self-report of their level of internal/external control. A positive relationship between participants' self-rating of internal/external locus of control and their score on the Locus of Control Scale was not observed. Scores on the Locus of Control Scale ranged from 7 to 19, with a mean of 12.8 ($SD = 4.39$). These scores indicated that participants primarily had more external locus of control. Based on visual inspection of the scale scores, all participants with lower perceived CSE presented with higher scores on the scale ($n = 4$), indicating more external locus of control. However, these low CSE participants self-reported that they possessed more internal locus of control. Half of the participants ($n = 3$) were observed to have external control based on the results of the scale, while the remaining participants with high confidence who provided a response to the locus of control scale ($n = 2$) were observed to have internal control based on score visualization. These results indicated that external locus of control was an indicator of low CSE, while a pattern of control for high CSE participants could not be visualized. A summary of scores on the Locus of Control Scale for the participants can be found in Table 2.

Table 2*Participants' CSE self-rating, CASES for SLPs Total Scores and Subscores, and Locus of Control Scale Total Scores*

Participant	CSE Self-Rating	CASES for SLPs Total Score	Emotional Support Skills	Helping Skills: Action	Helping Skills: Exploration	Helping Skills: Insight	Session Management Skills	LOC Self-Rating	LOC Scale Score
Genevieve	30/100	2.34	1.63	3.25	3.0	1.5	3.17	Internal	17
Chiara	30/100	2.6	2.0	2.75	3.4	2.0	3.5	Internal	18
Clara Praat	30/100	3.31	2.83	4.25	3.4	3.0	3.67	Internal/External	15
Riley Taylor	40/100	2.76	2.43	3.25	2.8	2.0	3.33	Internal	19
Uma Lake	75/100	3.85	3.5	4.75	3.8	4.4	3.5	Internal/External	NR
TKLM	75/100	4.29	3.63	4.5	5.0	4.33	4.5	Internal	11
Lucille	75/100	2.97	2.0	3.0	4.0	3.17	3.17	External	9
Evelyn Rose	80/100	3.34	2.63	3.5	3.6	3.17	4.0	Internal	7
Rebecca	85/100	3.63	3.5	3.75	4.0	3.17	3.67	External	12
Ellen	87/100	3.63	3.86	3.3	4.2	5.0	3.17	External	7
M (SD)		3.27 (.575)	2.8 (.749)	3.63 (.632)	3.72 (.601)	3.17 (1.085)	3.57 (.402)		

Qualitative Data Analysis. Six of the ten participants indicated that they had high perceived CSE while the remaining four indicated low perceived CSE. The interviews of these ten participants were broken down into 982 meaning units by two researchers, with the assistance of the PI when a disagreement occurred and a solution could not be decided upon. The overall reliability established between the investigators over the course of triangulation was 83.17%, indicating good reliability. Reliability ranged between 73.39% and 92.63%, with greater consensus achieved over time. In three instances, the reliability fell below 80%. Following the determination of meaning units, themes contributing to both high CSE, low CSE, and perceived needs and resources for continued CSE growth were then identified. These themes were considered significant if at least three participants contributed to them. Each theme will be discussed by overall category in the following sections. A summary of the overall themes endorsed as having an impact on CSE is provided in Table 3.

Table 3

Recurring themes identified as contributing to low and high confidence levels

High Confidence	Low Confidence	Perceived Needs and Resources for Continued Growth
Experience (<i>n</i> = 6)	Lack of Experience (<i>n</i> = 4)	Experience (<i>n</i> = 6)
Situation-Specific Confidence (<i>n</i> = 6)	Lack of Feedback from Others (<i>n</i> = 3)	Feedback from Others (<i>n</i> = 3)
Experiences of Success (<i>n</i> = 5)	Personal Attributes (<i>n</i> = 3)	Further Counseling Training (<i>n</i> = 9)
Life Experiences (<i>n</i> = 6)	Lack of Knowledge (<i>n</i> = 4)	Self-Reflection (<i>n</i> = 3)
Feedback from Others (<i>n</i> = 6)		
Personal Attributes (<i>n</i> = 3)		
Observation of Others (<i>n</i> = 6)		

High Confidence. Participants with high CSE indicated that their possession of various types of counseling experiences, such as general counseling experience, situation-specific experience, experiences of success and failure, and life experiences over the course of their career had led to an increase from low to high confidence in their lives. Counseling training and observation of other professionals were also topics discussed as influencing the high CSE participants. Additionally, the clinicians with high CSE indicated that the clinical responsibility to serve patients was more powerful for them than any feelings of deterrence they might feel in emotionally arousing cases. The following sections delve deeper into the themes identified as contributing to the confidence level of high CSE participants.

Experience. Individuals with high CSE often endorsed a form of experience as contributing to their current level of CSE (*n* = 6). Experience was reported to impact participants’ feelings of

familiarity, comfort, and confidence with counseling. This factor was identified as both a high confidence attribute and a transitional attribute causing the increase of CSE. Evelyn Rose, a participant with high CSE, identified past experience with performing counseling as being the most influential variable on her current level of CSE. She stated: "...if I have experienced whatever they are needing counseling about or have had some experience with it that helps." With acquired experience, confidence was found to increase over time for each participant. Lucille described how her confidence increased with experience over the course of her career: "I think it's gotten better the longer I've been doing it."

Several subcategories of experience were discussed by high CSE participants, including situation-specific confidence, experiences of success, experiences of failure, and life experiences. Three participants described how the experience of performing counseling impacted their CSE, and three identified subcategories of experience as having more influence.

Situation-Specific Confidence. Confidence does not appear to transcend all situations; a single therapist can feel very confident in one situation and have lower confidence in others. Individuals with higher CSE indicated that increased experience with people of a certain population or in a certain setting led to greater confidence in similar future situations ($n = 6$). Even participants with the highest reported levels of CSE reported lowered levels of confidence in situations in which they had less experience. For example, TKLM reported experiencing high confidence in all types of clinical settings except for the neonatal intensive care unit (NICU). She attributed this lower level of confidence to a lack of experience in this area. Although she reported that her confidence would be lower, she described how she would have to find her way:

"I've never worked in the NICU so I wouldn't feel so confident about NICU because I didn't have a good a sizeable experience. I worked in a special care nursery once, that's about it so if somebody throws me into a NICU then I would feel totally lost. Not lost but-like I would have to find my way."

Experiences of Success. Having successful experiences was credited by many participants as being an important way to increase their counseling confidence. Successes served as positive reinforcement and bolstered the confidence of participants. Each participant indicated that success either contributed to higher confidence ($n = 5$) or had a neutral effect on confidence ($n = 1$). Success with the added reinforcement of positive feedback from others and seeing progress with clients were two influential factors of success specified.

Uma Lake described how confidence and success often go hand in hand, with each serving to increase the other: "When I am feeling more confidence I think both I'm more successful and more confident when I feel like they're working hand-in-hand." Evelyn Rose described how success increased her resolve and encouraged her to continue to provide the best quality of care for clients:

"It both just kind of strengthens my own personal resolve of caring for people both personally and professionally and my own personal belief that people are very valuable and that life is valuable. I want to practice that in my profession too by treating people of all cognitive abilities and all abilities, period, the same."

Experiences of Failure. Participants with high CSE most often indicated that experiencing failures had a neutral effect on their confidence. They saw failures as an opportunity to explore areas they

could improve clinically, reach out to other professionals for assistance, or attributed the failures to the fact that some clients will be easier to get along with than others. TKLM described her feelings of failure when she said: "...sometimes there are patients that you don't feel like you know you did well with. There's always a handful of them that made me explore deeper where I need to improve, but not lose confidence." Evelyn Rose described how she takes lessons from clinical failures to use for the next time she is in a similar situation in order to improve her performance at the next available opportunity:

"There have been times when I've said something or not said something in a counseling situation and later I've thought, 'Oh man I should have said it that way.' I mean for sure I always keep a firm professional hat on as far as how I'm talking with my students and counseling them, but [there were] just things I could have put in a better phrase or something, so I just tuck it away for the next time."

Life Experiences. Participants' personal life experiences were reported to be one of the most significant contributors to their level of CSE. Life experiences were discussed by every participant with high CSE ($n = 6$) as having provided them with a high level of confidence. In many cases, participants had the prior personal experience of receiving counseling, which impacted their views on and approach to performing counseling. Several participants provided insight on how their experience dealing with difficult life situations, such as abuse, death of a loved one, or divorce, shaped their perspective on how to effectively counsel others. Lucille described the impact of her life experience and how it shaped her perspective:

"I was physically and emotionally abused as a child and so that has always been something I carry with me everywhere I go. That lens is how I see kids and I guess that's why I don't find what others describe as challenging cases as challenging. I see it as a way someone can really see you and that's what I love about speech you know, giving someone a voice when there's a lot going on that probably makes them feel pretty powerless."

Life experiences were more often identified as being involved in increasing CSE than formal training for participants with high CSE. Life experiences served as a well to draw from when providing counseling to others and worked to help participants become better and more confident counselors. Going through these difficult life situations often gave the participants perspective on what their clients might be going through. When working with the pediatric population, several participants reported that having the experience of being a parent themselves was highly impactful on how they counseled other parents. Rebecca described how life experiences provided a certain perspective on clients' life circumstances which formal training was incapable of providing in her situation: "I think a counseling course could provide some basic tools, but I really do believe just with some time and dealing with life in general is what's going to be as beneficial for a counseling scenario."

Feedback from Others. Feedback from others was another theme endorsed by all the participants with high CSE as being a key factor in the development of their confidence level ($n = 6$), with one participant reporting that feedback was the most influential variable in her experience. Feedback from patients, supervisors, other professionals, or from significant others in participants' lives were all identified as significant in helping them to identify areas of strength and weakness. Participants described how feedback made them aware of their strengths in areas they had not been aware of before. Positive feedback from patients was most often discussed. Feedback was also identified as

a way to increase CSE. TKLM shared how feedback from a previous client revealed her counseling competence to herself. She stated: "...and [it's] interesting last year I had a patient who just retired from social work, and she wrote me an appreciation letter and she wrote that I'm a natural counselor, so I think that tells it." Rebecca described how she realized, based on the feedback from a professional from another discipline, that her counseling method was successful and that she had made a positive impact on the client:

"There was an OT student doing a practicum and we all worked together so I was explaining some things to the OT student and just the OT clinician said, 'You have a really good way of explaining things,' so that I guess would be some feedback that let me know, 'Okay you're doing this, you have related and you are positively impacting your students and then maybe some of your families.'"

Personal Attributes. When the participants with high CSE were asked whether they were motivated or deterred by emotionally arousing cases, they indicated that they felt the clinical responsibility to serve the client regardless of their feelings of motivation or deterrence ($n = 3$). TKLM described how, despite her feelings, she felt the responsibility to do everything in her power to help the patient and their family in emotionally arousing circumstances:

"I'm not motivated but then I'm not deterred. If this is what the patient has then I have the responsibility to help this patient or the family out. I think it's my responsibility to seek guidance or find resources on how I can best guide or help the patient and the family."

One participant described how, as her career progressed, she learned not to let the emotional cases affect her to a substantial degree because it is impossible to solve every client's problems. She found that setting boundaries was a necessary step in maintaining the capacity within herself to serve her clients well. Rebecca stated:

"When I was a bit younger, I took more stuff home so to speak from an emotional standpoint. I'm probably better now at somewhat compartmentalizing. And I do think I love my clients and I do think I am empathetic and provide services, but I have learned to set somewhat of a boundary and that I can't solve all their problems, I can't fix everything, and I can't change some decisions and choices they've made."

Observation of Others. Another theme that emerged throughout the interviews was observation of other professionals ($n = 4$). Observing other professionals when counseling, whether other SLPs or professionals from another discipline, was often identified as a factor influencing participants' high levels of counseling confidence. Participants often took it upon themselves to seek out opportunities to observe individuals with different perspectives on counseling than their own. A participant described how the firsthand experience of seeing how people counseled her directly impacted her approach to counseling others. Several participants detailed their experience with interprofessional team meetings and how the learning provided through this experience increased their confidence in their own counseling practice. Uma Lake described how learning from others is not optional; in order to achieve the goal of being a high-quality counselor, SLPs should look to others:

"That's essential, it's wonderful, and I go to every conference I can to see videos of other people doing things and learn from that. And as I said, [receiving] counseling has helped me be a better counselor by seeing somebody else in action."

Interdisciplinary team meetings provided an opportunity for Lucille to learn by watching other professionals while also taking part in treatment alongside them. She described this as having a positive impact on her counseling confidence:

“...three days a week we do our interdisciplinary assessment teams, IDATs, and we have a behavioral pediatrician, psychologist, a behavioral health worker, social worker, OT, and me, there’s always six people either watching you or participating. So it’s anxiety-producing, but it’s also nice that what I observe and what I say is either supported, acknowledged, or not.”

Low Confidence. The four participants with low reported CSE shared the factors they believed had contributed to their lower levels of confidence. These participants most often discussed lacking certain constructs that they thought would lead to higher levels of CSE if they were to obtain them. The themes identified throughout the interviews of low confidence participants which were associated with having an influence over their lower levels of CSE were as follows: lack of knowledge on how to counsel, lack of experience, lack of support, lack of feedback from others, and personal attributes. The low confidence participants also identified strategies they utilized to compensate for their low levels of CSE in their careers.

Lack of Experience. Participants with low CSE identified experience as a factor contributing to their CSE ($n = 4$). Half of the participants ($n = 2$) with low CSE even singled out experience as the most impactful variable on their level of counseling confidence. Genevieve provided insight on how experience influenced her personally when she stated:

“[Experience] would be the driving factor. Do I have experience to pull from, what happened in those experiences, and is there more information I need to know, is there anything I would do differently? I would say it’s the driving factor.”

Participants discussed the topic of situation-specific confidence and how, often, they felt greater confidence in some situations than others. Participants reported that the more experience they had with a situation, the more confident they felt in it. With more practice in a given situation, such as giving parents news of a difficult diagnosis, they tended to feel more confident and competent. Riley Taylor articulated how experience in a certain situation provided her with tools to use when she was placed in a similar situation in the future. She stated:

“If I have more experience and I have more tools at my disposal of how to do it, then it’s like an emotional scene in a play or something and if I’ve rehearsed this a lot, then I know I can get through it. But if it’s kind of an improv situation and an emotional situation comes up, then [my confidence] definitely will be heavily impacted.”

Experience also brought some participants an awareness of deficits in counseling ability and areas they needed to improve on. This awareness provided fuel for self-reflection that participants could use to improve their performance. Life experiences, such as the experience of raising a child who participated in counseling, were also identified as areas that helped participants develop counseling confidence and identify a need for further development in their counseling skills ($n = 2$).

Lack of Feedback from Others. For participants with low confidence, feedback from others, including other professionals, clients, and caregivers, was endorsed as a theme contributing to their level of counseling confidence ($n = 3$). The participants described how they depended on observing

other professionals in order to maintain confidence, and without the other professionals they felt less confident. Clara Praat described how feedback from other professionals impacted her confidence:

“We do a lot more joint sessions now with other OTs, PTs, and special instructors. And I think we do kind of grab a little bit of each person’s kind of questions or how they deal with situations, and we put it in a basket and use it for our own sessions. I do use some of the questions that my colleagues ask, or I can see how some of my colleagues would ask a parent a question the way I would ask them.”

Chiara described how her confidence had dropped after graduate school because she no longer received feedback from a supervisor. “Maybe this is just a matter of experience, but I felt a lot more confident in these situations during grad school than I do now because I was getting the feedback and able to change it.” Not receiving feedback in their current setting was seen as contributing to lower confidence. It was shared that in an ideal situation, feedback would be provided following grad school in order to help heighten confidence in performing not only counseling, but the overall role of a SLP. Two participants with low CSE reported that being the sole SLP in their workplace took a toll on their confidence level because they did not have other SLPs to rely on in times of uncertainty.

Personal Attributes. Participants with low CSE most often reported being deterred by emotionally arousing cases ($n = 3$). Several participants shared that although they felt the urge to avoid stressful situations, they had no choice but to respond and take action in them. The feeling of the need to help clients despite the intimidating nature of a given situation was described as a motivator despite the experience of uneasiness. Clara Praat described how emotional situations in which counseling was required were more difficult than those in which she was required to treat strictly speech-related issues. She stated:

“I don’t want to go into the lion’s cage, but it happens. I can’t say I’m not going to see this family because they have a lot of issues. You know, like I can’t say that. I prefer situations where I didn’t have to do a lot of counseling, it’s just more speech stuff. Those are my happy, easy families. But that’s not real life.”

The topic of anxiety was often discussed by participants in the low confidence category as a contributor to feelings of low confidence ($n = 3$). Anxiety was identified as a personal attribute which often interfered with participants’ ability to counsel to the best of their ability. Chiara described the nature of the breakdowns she experienced in moments of stress:

“I feel like anxiety for me feels like my heart rate goes up and I want to run away from the situation. I think that my ability to explain things well goes down in those moments because of the anxiety, so I’m not really able to articulate myself very well, which isn’t helpful. And then that makes more anxiety so it’s kind of cyclical.”

Overall, the SLPs with low CSE tended to experience feelings of avoidance and anxiety when faced with stressful or anxiety-inducing situations which impacted their performance and their overall belief in their ability to perform well.

Lack of Knowledge. All participants with low perceived CSE associated a lack of knowledge on the topic of counseling with their low confidence level ($n = 4$). Having more information on

counseling was reported to lead directly to having more confidence, and vice versa ($n = 4$). This lack of knowledge was described as a gap in terms of knowledge and skills related to counseling that was often attributed to the absence of adequate training pre-certification. Clara Praat shared her personal experience of feeling that her counseling knowledge was inadequate in many situations post-graduate school: “There were many sessions where I left thinking, ‘That could have gone 100% better if I had a counseling degree.’” The realm of counseling within the field of speech-language pathology proved to be more significant and intertwined with the role of the SLP than several participants realized when they first entered the field. When asked what the biggest contributing factor to her level of counseling confidence was, Chiara responded, “The lack of education that I have about what counseling is and what it looks like is probably the biggest contributing factor.”

Strategies for Coping with Low Confidence Level. Three participants with low perceived CSE endorsed strategies that they utilized in their jobs to deal with their lower confidence levels ($n = 3$). One strategy reported to be effective was being fully prepared, even to the extent of being overprepared for a session or counseling situation. Clara Praat spoke on her experience with preparation when she stated,

“It is easier when I come into a situation knowing, ‘Okay, this might happen so I need to prepare myself on what I can tell these people or these family members,’ but when things happen right then and there, I never know what to say.”

Seeking research articles, EBP, and asking questions were the specific tools cited by participants that provided them with knowledge to support their counseling skills. Genevieve illustrated how asking questions helped her in counseling situations when she stated:

“I think asking questions, like getting at the heart of something is difficult. I feel like oftentimes families or patients talk about surface issues but not really the topic, so for instance, I worked with a family, their daughter had Down Syndrome and the mom was really concerned. Every session it was like, ‘I want her to be able to answer questions,’ and, ‘I want her to be able to start conversations,’ and stuff like that. But the more I worked with the family and the more the mom shared, I feel like she was really more concerned about like her daughter’s safety, so things like that came out more once I knew them a little bit better. I feel like in retrospect if I had been able to ask better questions, or maybe it’s a listening component, maybe I could’ve gotten at that faster instead of spending time focused on a topic. I feel like there was a bigger issue at play.”

Observation of other professionals experiencing success in counseling clients and then modeling their methods after those professionals’ was a final strategy participants used to cope with their low confidence. Having a model for how to deliver difficult news or even how to deal with failures in counseling boosted the participants’ confidence when dealing with the same issues themselves.

Transitioning from Lower to Higher Counseling Confidence. The participants with high reported levels of perceived CSE shared that they possessed experience, situation-specific confidence, experiences of success, life experiences, observation of others, feedback from others, personal attributes of acting on responsibility to the client despite stressful or challenging circumstances, and were neither negatively nor positively impacted by experiences of failure. Following the analysis of the interviews of these participants, it appears that these constructs were necessary for the high confidence participants to transition from low to high confidence; they contribute to the

makeup of a clinician with high CSE. Therefore, in order to increase levels of CSE, one can consider these themes on which in-depth information has been provided in this study. Several, such as counseling experience and its subcategories, come with time in the field participating in counseling others. Others are available for clinicians to ascertain no matter their experience level, such as feedback and observation of others. It can be argued that in the way of personal attributes, participants with high CSE simply chose to perform counseling for the best interest of the client *despite* inherent feelings of anxiety or aversion.

Perceived Needs and Resources for Continued CSE Growth. Although several participants rated themselves highly on the 100-point counseling confidence scale, every participant indicated that they saw room for improvement in their level of counseling confidence. Within each interview, participants were asked what they believed could bridge the gap between their self-rating and a perfect score of 100 on the scale. The topics discussed by participants parallel the previously discussed themes that contribute to the makeup of an individual with high CSE. The following were themes endorsed by participants as having the potential to raise their level of CSE: further counseling training ($n = 9$), feedback from others ($n = 3$), more experience ($n = 6$), and self-reflection ($n = 3$).

Experience. Just as experience was a recurring theme participants discussed often as being a significant contributor to their current confidence levels, many ($n = 6$) also shared a need for more experience in order to develop their confidence further. Clara Praat shared how although she did not initially realize a need to develop her counseling confidence, as her career progressed, she realized a need for practice in conjunction with training to boost her CSE levels:

“Both. When I was working with adults, maybe I was naïve and thought I had no issues with counseling. And now that I’m taking more counseling courses, I think I’m more aware of people’s behaviors and the counseling world that I’m like, ‘Oh okay I need to get better.’ So I do need to practice more and I do need to be trained more in what to say and how to avoid certain situations or how to de-escalate certain situations.”

Experience was most often discussed throughout interviews with the participants as having a considerable influence over CSE. The overall theme was that if given more experience, higher confidence levels would result. When participants possessed experience with a given counseling situation, they possessed a commensurate level of counseling confidence.

Feedback from Others. Another perceived need for continued CSE growth which was recognized as a recurring theme was feedback from others ($n = 3$). These participants expressed their desire to gain insight from another person on their clinical performance in order to know where and how they could best improve. When investigators asked Genevieve what would need to happen for her to feel more confident in counseling, she replied:

“... Getting feedback... just approaching it as an area to learn about. I tend to think about learning as like that feedback part is critical and important- I think in my job right now we’re not set up for that, so I’ve just had to take it upon myself to start instituting some of that kind of stuff. So, I guess ideally it would already be part of the job.”

Lucille shared a similar answer when asked the same question by the interviewers: “I do better with feedback, like it’s something that I actively ask my supervisor for directly about counseling.”

Feedback was identified as a level of support that participants did not necessarily have in their current positions, but which they realized they needed in order to improve their counseling confidence and thus, their overall performance in counseling.

Further Counseling Training. Nearly every participant identified a need for further counseling training in order to increase their level of perceived CSE ($n = 9$). When asked whether they thought pre- or post-qualification training would be more effective in bolstering their confidence, post-qualification was most often selected as potentially having the most impact. Ellen described how, although she had received a good foundation of counseling training in college, undergoing further training post-qualification would be impactful when she stated:

“I think I would probably just prefer it post-graduation because then maybe I could find some specialized counseling. I don’t know the kinds of counseling situations that you have in different work areas, but I’d just be able to specialize and hone in more on like things that are applicable for my situations. I feel like the experience I had in college [provided] really good foundation information.”

Several participants also noted that pre-qualification counseling training would have influenced their counseling confidence, or a combination of both pre- and post-qualification training. They spoke on how it would have led them to feel more prepared and better-equipped to face the challenges accompanying their jobs. Riley Taylor expressed how she felt it would have been ideal to receive both pre- and post-qualification counseling training to facilitate the development of counseling confidence and skills as she progressed through her career:

“I feel like the sooner the better that it would have been available to me, then that would have really impacted my confidence and it would have been really nice to have that starting out in undergrad. And then possibly grad school just kind of at the beginning so it’s like, ‘Okay, I’m beginning this career, now I know more what to do at the start of it and then that can develop as I gain experience.’”

Self-Reflection. A final construct that was endorsed as a perceived need or resource for continued CSE growth was self-reflection ($n = 3$). Self-reflection was a starting point from which participants identified ways to move forward and improve their future performance. The continuation of utilizing this skill was found to be important for the development of CSE. TKLM described the role of self-reflection in her life. She stated:

“I kind of just reflect at the end of the day you know, ‘How could I have done better with this patient or that patient,’ and then I try it out the next time and usually it works most of the time. So it’s the listening and the compassion, but if you don’t have the listening skills- I think they go hand in hand.”

When asked what she would need in order to heighten her level of counseling confidence, Genevieve shared: “I think, continuing ed could be a part of it so reading, reflecting, practicing, getting feedback... just approaching it as an area to learn about.”

The construct of self-reflection offered participants a way to process events that had already occurred and helped them to identify ways to move forward. In order to experience continued increases in CSE levels, self-reflection was thought to be important for participants moving forward.

Essential Structure of the Experience of CSE. SLPs attributed their experience of high CSE largely to counseling experiences. More counseling-specific experience was invaluable, and served to increase feelings of familiarity, comfort, and preparedness to counsel. Experiencing successes in counseling situations was a source of reinforcement and positive feedback that contributed to CSE. CSE can be built through experience counseling people through difficult situations, such as providing a diagnosis. Alongside counseling-specific experiences, life experience impacted CSE by providing SLPs with perspective on difficult life circumstances that clients may have experienced as well. Similarly, personal counseling experience was influential to SLPs in building their counseling skills and CSE. Gaining feedback from others on counseling skills, whether from other counselors or significant others was also a key component of building confidence by helping them build awareness of areas of strength and weakness. Having experience observing other counselors in the act of counseling was also a tool that serves to make SLPs feel more prepared and confident when they perform counseling themselves.

The essential structure of the experience of a SLP with low CSE was characterized by a lack of experience, knowledge, and feedback, and a different response to personal attributes when compared to SLPs with high CSE. SLPs with low CSE simply did not have sufficient counseling experiences to possess high CSE. They felt unprepared and had low confidence in counseling as a result of insufficient counseling training causing the lack of a firm knowledge base on how to counsel. These SLPs also did not have the opportunity to receive feedback from others on their counseling abilities in their position. While SLPs with high CSE more often acted in stressful situations despite their feelings of uneasiness, those with low CSE tended to act on their feelings of deterrence to avoid stressful counseling situations. Transitioning from lower to higher levels of CSE involved obtaining the constructs identified as composing factors of high CSE. SLPs can make their way to higher levels of CSE by obtaining counseling-specific experiences, having success in counseling situations, experiencing difficult life circumstances and the personal experience of being counseled, receiving counseling training, feedback from and observation of others, and choosing to counsel in the face of feelings of deterrence due to anxiety-inducing circumstances.

Discussion

The purpose of this study was to discover, from the perspective of practicing SLPs, themes that contribute to the development of perceived CSE. The levels of internal/external locus of control of the participants were also investigated in order to determine the interaction between the two constructs and their impact on clinician counseling confidence. Analysis of the ten interview transcripts resulted in four themes contributing to low CSE, seven themes contributing to high CSE, and four themes identified as constructs that would likely increase CSE.

Comparing High vs. Low CSE. For participants with both high and low CSE, counseling experience, and lack thereof, was identified as a contributing theme. This aligns with Bandura's (1977) self-efficacy theory which identifies mastery experiences as the most effective route to building self-efficacy. While participants with high CSE often endorsed years of counseling practice through their role as a SLP as increasing their CSE, those with low confidence identified the lack of counseling experience as having a key role in their similar lack of confidence.

Participants with high CSE also endorsed several subcategories of experience as recurring themes having a great impact on their CSE levels. These included situation-specific confidence, experiences of success, and life experiences, and further solidify the notion that more practice at a given skill serves to increase feelings of competence, confidence, and preparedness for the task. Although these themes were not identified by participants with low CSE, this could be attributed to the fact that they did not possess these specific types of experiences. In the case of life experiences, it can be observed that experience in a related task has a generalizing effect. For example, participants who received counseling themselves tended to feel more confident counseling within the profession. Overall years of experience in the field did not appear to directly influence CSE levels; increasing CSE appeared to be influenced more by counseling-specific tasks. Participants with eight or more years of experience tended to have higher levels of CSE based on visualization of CSE self-ratings and years of experience data, but even the participant with the lowest level of experience had one of the highest reported self-ratings of CSE level.

Feedback from others was another theme which emerged as a contributor to CSE for high CSE participants, while the lack of feedback from others emerged as a theme for participants with low CSE. The participants with low CSE often worked in settings where they were the sole SLP or simply did not receive a great deal of feedback from others in their workplace; participants often brought up the way that they missed the feedback they had received in graduate school and how they knew their confidence suffered as a result of not having anyone to critique their performance. All participants with high CSE reported that feedback contributed to their confidence. This again parallels Bandura's (1977) self-efficacy theory which holds that verbal persuasion is a route to building self-efficacy. The significance of feedback identified in the present study also aligns with results by Zimmerman (2000) who found that verbal feedback influences self-efficacy when one receives encouragement or discouragement regarding their ability to perform but is a less significant source of self-efficacy because outcomes are described but not actually experienced.

Personal attributes was another recurring theme discussed by both high and low confidence participants. Low confidence participants more often reported feeling deterred by emotionally arousing situations and the anxiety they felt as a result. This contrasted with the high confidence participants who more often felt motivated to help despite the emotionally arousing nature of a situation. These findings indicate that high confidence participants felt more empowered to exercise more control over their emotions than those with low CSE. Therefore, the ability to feel confident in pressured and high stakes situations may not be an inborn skill, but rather that increased self-efficacy leads to a greater ability to manage feelings of anxiety and arousal. This finding is once again in alignment with Bandura (1977) who provided evidence that persons who experience higher self-efficacy are likely to view their state of emotional arousal as facilitating and motivating for their performance, while persons with lower self-efficacy are troubled and off-set by the aroused state.

Nearly all of the participants ($n = 9$) shared that they believed their level of counseling confidence would increase with continuing education and self-reflection on counseling skills. These findings suggest that SLPs are aware of the importance of counseling to their practice, but they recognize a gap in their counseling knowledge. These results align with those of Rose et. al (2014) who found that despite SLPs' realization that counseling is integral to clinical practice, clinicians recognize that they are not fully trained in this area. Additionally, the importance of continuing education

and self-reflection is emphasized and should not be underestimated. It is important that SLPs be given the opportunity to pursue the development of their knowledge in the area of counseling after graduation.

A final recurring theme for high CSE participants that was not brought up by participants with low CSE was observation of others. This theme provides additional support for Bandura's (1977) finding that obtaining vicarious experience in the form of seeing another person similar to oneself succeed at a task increases observers' beliefs that they too are capable of the efforts necessary to succeed at that task, thus building self-efficacy. This finding further emphasizes the importance of continuing education for SLPs, as several participants described how observing other clinicians' success with counseling methods served as a catalyst for increasing their counseling confidence even years post-graduation. Pasupathy et al. (2017) found that observation of others, such as seeing another clinician successfully counsel a client, can be extremely beneficial in building CSE for individuals in the field of speech-language pathology. Our findings support this route to building CSE for SLPs.

Interaction between CSE and Locus of Control. Visualization of the results of the CASES for SLPs and the Locus of Control Scale indicated a pattern of low CSE participants possessing external locus of control. A pattern of internal/external control for participants with high CSE was not observed based on visualization of the Locus of Control scores. An influencing factor over this lack of a definitive pattern of control for high CSE participants could have been impacted by the fact that one participant chose not to respond to the survey containing the locus of control scale. Our results also align with Harper (2008) who found a positive relationship between external locus of control and low CSE. This suggests that clinicians who feel that they have less control over outcomes of a situation tend to feel less confident and prepared for them as a result.

Proposed Route to Higher Levels of Perceived CSE. A goal of the present study was to identify how SLPs can transition from lower to higher levels of CSE. The themes identified as contributors to counseling confidence provide insight into action steps that can be taken by clinicians to build counseling confidence. The first of these action steps we recommend that was frequently brought up in the interviews is to actively seek experience.

Research by Holland (2007) suggests that feelings of inadequacy in the area of counseling lead some SLPs to choose not to engage in counseling. However, the results of the present study indicate that the most effective way to build clinician counseling confidence is to engage in counseling in order to build counseling experience. An encouraging aspect of the study results is that, according to the participants with high CSE, experiences of success serve to increase self-efficacy, while experiences of failure only serve to help clinicians identify areas where they need to improve or have a neutral effect. Therefore, when SLPs actively seek counseling experience and their CSE is heightened, failures have less of a negative effect and can further increase CSE. If SLPs desire to increase their self-efficacy in a particular area of counseling, results show that this is attainable by gaining experience in that specific situation. Another parallel to counseling experience is life experience. Clinicians who receive personal counseling or are going through difficult life circumstances that are similar to those of clients' are better able to relate to clients' experiences and guide them through them as a result.

Although experience can only be collected over time, there are several themes contributing to the development of CSE that all clinicians regardless of experience level can ascertain. One of these themes that was most often endorsed by all participants was training. The majority of participants identified a lack of counseling training. Scheuerle (1992) established that adequate education and training allows clinicians to view counseling as more than simply instructing and giving advice. Our findings indicate that SLPs were often able to identify a gap in terms of their knowledge and skill in the area of counseling. It is imperative that SLPs receive foundational knowledge of counseling. For this to happen, more counseling CEUs should be readily available and self-reflection on counseling experiences should be encouraged.

Continuing education courses is one route to obtaining training post-graduation that the results indicate increases CSE. This continuing education can come in several forms, including formal continuing education units, or observation of and feedback from others who are skilled counselors. The role of other people in the route to building CSE should not be underestimated. We encourage clinicians to seek opportunities to receive mentorship and feedback from others on their counseling skills whenever possible. Based on our results, this feedback on counseling skills was found to be impactful when received from other professionals, patients, supervisors, or from significant others in the clinicians' lives. While feedback can come from many sources, the more specific feedback in the form of mentorship from a skilled counselor was also suggested as a route to higher CSE. Additionally, participants identified self-reflection as a form of continuing education related to counseling.

Our results indicate that clinicians with high CSE tend to choose to engage in counseling in the face of anxiety and emotionally arousing cases despite their inherent reaction to the situation. This occurs in contrast with low confidence participants, who reported feeling more deterred by emotionally arousing cases, leading to avoidance of counseling. These results suggest that although high and low CSE experience similar feelings of deterrence in the face of arousing cases, high CSE leads clinicians to choose to engage despite these feelings. This parallels Bandura's (1977) study results which suggested that it is not only the physiological state of a person that influences self-efficacy, but how that state is perceived and responded to. According to this study, persons with higher self-efficacy are likely to view their state of emotional arousal as facilitating and motivating for their performance, while persons with lower self-efficacy are troubled and offset by the aroused state (Bandura, 1977). Therefore, CSE has the potential to be influenced by conscious choice of the individual clinician. Individuals with high CSE included in this study were more likely to engage in the emotionally arousing cases. This likely led to increased experience for the high CSE participants, which increased their CSE all the more.

Benefits and Setbacks Associated with Clinicians' Perspective for Low CSE. The reports of participants with low CSE indicate several setbacks associated with their low confidence. These setbacks include increased feelings of anxiety, a decreased willingness to engage in counseling situations, and overall feelings of lack of sufficiency to counsel. These setbacks emphasize the importance of CSE not only for the practice of individual clinicians, but also for the field of speech-language pathology as a whole. We know based on Bandura's (1977) seminal work on self-efficacy that if a person does not possess the expectation that they have what it takes to succeed at a task in the form of self-efficacy expectations, they are much less likely to attempt the activity. Contrastingly, when an individual has high self-efficacy expectations and believes in their own

ability to perform, they have more positive outcome expectations (Bandura, 1986). When SLPs choose not to counsel because of these low expectations regarding their abilities, clinicians miss out on developing a collaborative partnership with their clients that has great importance in tackling life struggles related to communication disorders. ASHA (2016) emphasizes the importance of counseling for the field as a whole; in order for counseling to truly be utilized as it is encouraged, it is important for SLPs to obtain sufficiently high levels of CSE.

Strengths, Limitations, and Future Directions. A strength of this study was the practical nature of the results. The information provided in this study gave insight into particular action steps SLPs can take to increase their CSE. Another strength was that the responses obtained for the study which served as a rich source of data coming directly from SLPs with the firsthand experience of counseling in the field of speech-language pathology. The essential structure of the experience of perceived high and low CSE was examined in depth based on 982 meaning units. Additionally, the interviews were not restricted, as participants were encouraged to provide information on what they believed to be relevant regarding the development of their counseling confidence. Finally, when separating the interview into meaning units, the examiners achieved high reliability using the investigator triangulation method.

Several limitations of the present study must be considered. It is important to note that the development of CSE is an individualized process that will vary from individual to individual. The qualitative nature of the ten interviews yielded results that were highly specific to the participants studied; however, the essential structure of the experience of a SLP with high CSE is likely composed of common factors. The aim of this study was to identify these common factors in order to learn from their lived experience as clinicians with varying levels of CSE. The method of social media recruitment was limited in that the investigators only posted to Facebook and not to any other popular social media sites. Further, a limitation to this study is that it is likely that SLPs with a propensity towards counseling responded to the invitation to participate. This could mean that the SLPs involved in the study had higher engagement in counseling than the average SLP. The homogeneity of the participants in the area of race, ethnicity, and gender could also be considered limiting; however, this homogeneity was consistent with the demographics of the profession. The majority of participants were White, non-Hispanic or Latino females. This study relied primarily on participants' self-reports. Although it is doubtful that any participant would inaccurately recall their experiences on purpose, several of them reported on events that had taken place many years prior, therefore, it is possible that their recollection was inaccurate or incomplete.

Future research should investigate therapeutic outcomes of patients receiving therapy from a clinician with high CSE versus low. The growth of CSE over the course of SLPs' careers would also be worth investigating in future studies in order to provide a deeper understanding of the effectiveness of the CSE-building constructs identified in this study over time. Future studies could also focus on the influence of clinician CSE on the therapeutic alliance. Additionally, since feedback was identified as a contributor to building levels of CSE, future studies could examine whether the type of feedback, such as high or low, has any impact on its contribution to CSE. Lastly, the impact of self-reflection on CSE should be examined, as this construct was identified as having the potential to raise CSE levels if received by participants hypothetically, but it was not endorsed as a recurring theme in this study.

Conclusions

Clinician CSE is integral to the SLP profession, and yet, many SLPs continue to report low levels. These low levels of CSE can lead SLPs to feel that they are not equipped to counsel, keeping clients from obtaining maximum results from SLP services. It is important for SLPs to have an understanding of ways to build CSE, which is what this study sought to provide. The results of the phenomenological analysis of the ten interviews analyzed in the study indicated a hierarchy of themes contributing to the development of perceived CSE. The construct that was reported to have the most impact on the development of CSE was experience, with training, observation of others, and feedback from others also endorsed as important contributors. Internal locus of control was also identified as an indicator of high CSE. These constructs illuminate particular action steps which can be taken for SLPs to take initiative in building their counseling confidence.

SLPs should pursue opportunities to gain mentorship and feedback from others in their personal lives and occupation who can offer insight on their performance. Feedback from others such as patients, other SLPs, counselors, and even pastors, spouses, and friends are effective means of gaining confidence. Similarly, life experience in the form of receiving counseling, parenting, and living through difficult life circumstances were all cited as supplementary confidence-builders that can be pursued along with specialized counseling experiences directly related to speech pathology. Although personal attributes can influence CSE levels, SLPs have the choice regarding whether they allow inherent anxiety or apprehension to dictate their actions. SLPs play an important role in collaborating with clients to counsel them through challenges related to communication disorders, leading to an overall more fulfilling quality of life (Flasher & Fogle, 2012). With the development of CSE, SLPs will only become better equipped to guide clients to overall more successful outcomes.

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