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Authenticity, or being one's true self, is a concept rooted in the counseling field and emphasized as an important part of a counselor's identity development. Carl Rogers (1957) grounds this construct in his person-centered theory and refers to it as congruence. It is this congruence that is necessary for positive client outcomes and the therapeutic relationship (Lambart & Bartley, 2001). While this concept is rooted in a foundational counseling theory, it has been defined differently across research studies, with some researchers referring to this construct as the integration of the personal and professional self or the therapeutic self (Auxier, Hughes, & Kline, 2003; Skovholt & Rønnestad, 1992). Therefore, the counseling field lacks a single operationalized definition of authenticity.

Not only is authenticity important for client outcomes, but it is also important for the counselor's well-being and has been linked to both self-esteem and healthy psychological functioning (Boyras, Waits, & Felix, 2014; Goldman & Kernis, 2002; Wood et al., 2008). In addition, authenticity has been linked to general self-efficacy (Satici, Kayis, & Akin, 2013; Stets & Burke, 2014). Researchers within the counseling field have described both authenticity and self-efficacy similarly in regards to their trend across the counseling training program, with both increasing across the counseling training program. In addition, supervision and clinical hours have been proposed as influential factors to both self-efficacy and authenticity. Despite the importance of authenticity for the counselor and client, there is a lack of empirical research on this

construct in the counseling field. Researchers have failed to empirically and directly measure all of these variables in a sample of counselor trainees in order to understand their relationships to one another and the impact on a counselor's development.

The purpose of this study was to examine the relationship between authenticity and self-efficacy in a sample of counselor trainees enrolled in a clinical experience. In addition, supervision and clinical hours were explored as possible influential factors on both authenticity and self-efficacy. The researcher used a multiple regression analysis to answer the research questions. Authenticity, supervision, and direct clinical hours significantly predicted self-efficacy and these results support the need for an emphasis on authenticity as an aspect of professional development in counselor trainees. The implications for counselor educators and supervisors will be discussed.

BEING YOUR AUTHENTIC SELF: AN EXPLORATION OF THE RELATIONSHIP  
BETWEEN AUTHENTICITY AND SELF-EFFICACY  
IN COUNSELOR TRAINEES

by

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## TABLE OF CONTENTS

	Page
LIST OF TABLES .....	viii
LIST OF FIGURES .....	ix
CHAPTER	
I. INTRODUCTION .....	1
Overview .....	1
Authenticity.....	2
Authenticity and Self-Efficacy .....	6
Statement of the Problem.....	10
Need for this Study .....	11
Purpose of this Study .....	12
Research Questions.....	12
Definitions of Terms.....	13
II. REVIEW OF THE LITERATURE .....	15
Authenticity.....	15
Definitions.....	15
Congruence and Person-Centered Theory .....	21
Self-Determination Theory .....	24
Impact of Authenticity on Client and Counselor Well-Being .....	27
Research on Authenticity .....	27
Counselor Identity Development .....	27
Self-Efficacy .....	32
General Self-Efficacy and Counselor Self-Efficacy .....	32
Importance for Self-Efficacy for Counselors.....	33
Research on Self-Efficacy in Counselor Trainees .....	33
Authenticity and Self-Efficacy .....	38
Influential Factors for Self-Efficacy and Authenticity .....	40
Clinical Hours .....	41
Supervision .....	43
III. METHODOLOGY .....	46
Research Questions.....	46
Participants.....	48
Procedures.....	48

Measures .....	49
Demographic Questionnaire .....	49
Authenticity Inventory 3 (Kernis & Goldman, 2006).....	50
Counselor Activity Self-Efficacy Scales (Lent et al., 2003) .....	51
Supervisory Relationship Questionnaire (Cliffe, Beinart, & Cooper, 2016).....	52
Marlowe-Crowne Social Desirability Scale, Short Form C (Reynolds, 1982).....	52
Data Analysis .....	53
 IV. RESULTS .....	 54
Descriptive Statistics.....	54
Preliminary Analysis.....	57
Research Questions.....	58
Research Question 1a.....	58
Research Question 1b .....	59
Research Question 1c.....	61
Research Question 1d .....	62
Research Question 1e.....	62
 V. DISCUSSION .....	 64
Discussion of Results .....	65
Research Question 1a/Hypothesis 1a.....	65
Research Question 1b/Hypothesis 1b .....	66
Research Question 1c/Hypothesis 1c.....	67
Research Question 1d/Hypothesis 1d .....	68
Research Question 1e/Hypothesis 1e.....	69
General Conclusions .....	70
Implications.....	72
Limitations .....	74
Future Research .....	76
 REFERENCES .....	 78
 APPENDIX A. PILOT STUDY .....	 89
 APPENDIX B. INFORMED CONSENT.....	 96
 APPENDIX C. DEMOGRAPHIC FORM .....	 99
 APPENDIX D. INSTRUMENTS.....	 101

APPENDIX E. PILOT FOLLOW-UP QUESTIONS.....	111
APPENDIX F. RECRUITMENT EMAIL TO FACULTY .....	112
APPENDIX G. RECRUITMENT EMAIL TO PARTICIPANTS .....	114
APPENDIX H. IRB DECISION.....	116

## LIST OF TABLES

	Page
Table 1. Demographics .....	55
Table 2. Means, Standard Deviations, and Reliability Statistics for Measures .....	57
Table 3. Means, Standard Deviations, and Reliability Statistics of Subscales .....	57
Table 4. Regression Coefficients for Regression Model of Self-Efficacy.....	59
Table 5. Correlations of Total Scores and Subscales of Authenticity and Self-Efficacy .....	60
Table 6. Regression Coefficients for Regression Model of Authenticity .....	62
Table 7. Percentage of Ranked Incentives by Participants .....	94

## LIST OF FIGURES

	Page
Figure 1. Interaction of the Supervisory Relationship and Direct Clinical Hours on Authenticity.....	63

# CHAPTER I

## INTRODUCTION

### **Overview**

Authenticity, or the ability to be one's true self, is an important construct in the counseling field. Carl Rogers weaves this into his person-centered theory with his emphasis on congruence. He claims that congruence is an important part of the therapeutic relationship, which ultimately impacts client outcomes (Lambert & Barley, 2001; Rogers, 1957). Despite the importance of authenticity, there is a lack of empirical evidence exploring this construct within the field of counseling.

While there is a shortage of literature within the field of counseling, authenticity has been linked to general and social self-efficacy through empirical research in other fields (Satici, Kayis, & Akin, 2013; Stets & Burke, 2014). This link implies that as one increases authenticity, one increases confidence in their ability to perform certain activities. Although empirical research is sparse in counseling, a similar relationship between authenticity and self-efficacy was found in counselor trainees in a recently conducted study (Mayton, 2017). Specifically, Mayton discovered that counselor self-efficacy and authenticity were positively related; however, from the longitudinal data, self-efficacy needed to exist and increase before any changes in authenticity occurred in beginning counseling students. Self-determination theory provides an explanation for these findings in that beginning students need to feel competent and autonomous with

their skills before they can bring their self into the counselor role. Self-efficacy plays an important role in the quality of a counselor's performance (Bradley & Fiorini, 1999) and counselor development (Leach, Stoltenberg, Eichenfield, & McNeill, 1997). While Mayton (2017) supported the premise in the self-determination theory, what is less known at this point is the factors that influence counselor authenticity, or the relationship between authenticity and self-efficacy among counselors. Therefore, this link between authenticity and self-efficacy, and the factors that influence both, needs to continue to be explored among counselors.

### **Authenticity**

While authenticity has been considered critical in counseling, there has yet to be an agreed upon definition. In counseling, the construct of authenticity has roots in Carl Rogers' person-centered theory, referring to the idea of congruence. Yet more definitions of authenticity have evolved in the last two decades, some focusing specifically on individually different behaviors such as the real versus false self, behaving in ways that reflects one's values and emotions; while others have focused more on relational processes and interactions with romantic partners (Harter, 2002; Harter, Marold, Whitesell, & Cobbs, 1996; Rice & Lopez, 2006; Ryan & Deci, 2004). Other researchers have taken a broader approach, deeming the original definitions of authenticity to be too narrow. Wood et al. (2008) expanded the definition of authenticity to include self-alienation, authentic living, and accepting external influence. While they appropriately broadened the construct, they failed to acknowledge the relational component of authenticity that has been suggested as an important aspect of this construct.

Kernis and Goldman (2006) added the relational component into their definition of authenticity, which they believed authenticity consisted of “the unobstructed operation of one’s true or core self in one’s daily enterprise.” They further broke this definition down into four subscales that included awareness, unbiased processing, behavior, and relational orientation. Awareness involves the knowledge of the motives, feelings, desires, and cognitions that a person possesses. It is necessary to be aware and understand the different parts of the self in order to integrate the various self-aspects. Unbiased processing involves objectively processing the self-relevant information without distorting it. This can be helpful because it leads to a more accurate sense of self when the individual cannot use any defense mechanisms against self-relevant information. Behavior refers to conducting oneself in a way that reflects personal values or needs, rather than behaving in a way to please others. Lastly, relational orientation refers to being genuine and authentic in one’s close relationships with others. An important part of the definition provided by Kernis and Goldman (2006) as a whole is that self-awareness is the foundational aspect and is needed before the other three can be fulfilled.

Self-determination theory is a social psychological theory that helps to expand on the idea of Rogers’ self-actualization. Rogers (1959) explained that this process of authenticity occurs as a natural tendency towards self-actualization of becoming an autonomous individual, with discomfort resulting when an individual experiences incongruence. This implies that there is a natural need to be authentic and this leads to positive well-being for the individual. Self-determination theory adds to Rogers’ idea by claiming that individuals are oriented towards growth and attempt to actualize their

potentials within their environment (Deci & Ryan, 1985b, 1991, 2000; Ryan & Deci, 2000, 2002). Therefore, individuals are self-determined when they self-regulate in order to meet three basic needs of autonomy, competence, and relatedness rather than to meet the needs or expectations of others (Deci & Ryan, 1995, 2000). However, the environment can have an impact on the matching of one's external behaviors and internal processes. While originally this did not equate authenticity, Kernis and Goldman (2006) claim that the environment and context need to be considered, since some situations require a mismatch between internal processes and external behaviors. This is especially relevant for counselors, in that it would not be appropriate to exhibit behavior or verbally express everything that they are experiencing internally. Given the importance of counselor authenticity for client change (Rogers, 1957), it is vital that we understand more of how this is occurring in counselor trainees and what influences this construct.

While researchers in counselor education have not measured or addressed authenticity directly, they have referred to it with different terms. One such term is the therapeutic self. Counselor identities are unique in that they are composed of a therapeutic self which is represented as a mix of both the professional and personal self (Skovholt & Rønnestad, 1992). This therapeutic self provides a reference for decision-making processes, counseling roles, responsibilities, ethics, and patterns for problem solving (Auxier, Hughes, & Kline, 2003). If this therapeutic self is not integrated, it could result in role confusion and impairment of the counselor's ability to practice ethically (Erikson, 1994; Rønnestad & Skovholt, 2003; Studer, 2007). The second way in which authenticity has been referred to is through the process of integration of the personal and

professional self as a process and part of the counselor's identity development, which would result in authenticity. However, researchers have failed to provide information on exactly how master's level students use and develop these integrated identities, but have consistently reported that the formation of the counseling identity occurs in the training program (Brott & Myers, 1999; Loganbill et al., 1982; Sawatzky et al., 1994; Skovholt & Rønnestad, 1992). The lack of exploration of the master's level counselor identity development may be due to the debate as to when this integration of the personal and professional self actually occurs. Some researchers claim integration occurs within the first three years after graduation (Moss, Gibson, & Dollarhide, 2014; Rønnestad & Skovholt, 2003) and others claim that awareness of this integration occurs in the later stages of the training program (Gibson, Dollarhide, Moss, 2010). One thing that has been agreed on is a difference does exist between new and advanced students in terms of their integration during a training program, with advanced students having more reported authenticity (Gibson et al, 2010; Prosek & Hurt, 2014; Rønnestad & Skovholt, 2003). Given that degrees of integration of identities differ throughout counselor development and training, reveals the potential differences in trainee needs throughout this developmental process. More specifically their supervision needs, with more advanced students wanting to explore complex issues such as personal development (as cited in Rønnestad & Skovholt, 2003). Up to this point, the counseling field has utilized the terms of therapeutic self and integration of personal and professional self, but ultimately these are referring to the construct of authenticity. Counseling researchers have neglected to measure authenticity specifically, with only one recent study conducted on trainees

within their first clinical experience (Mayton, 2017); however, there is a scarcity of research outside of this one study. More specifically, no researchers have focused on authenticity within more advanced counselor trainees.

### **Authenticity and Self-Efficacy**

While the link between authenticity and self-efficacy has not been empirically examined in the counseling field, it has been explored more generally in other populations. The link between self-efficacy and authenticity is comprised of a direct path. The direct path implies a positive relationship between authentic living and social self-efficacy (Satici et al., 2013). One important direct link that may help to conceptualize the relationship between authenticity and self-efficacy suggests that authenticity influences self-efficacy, but not the other way around (Stets & Burke, 2014). This implies authenticity can increase or decrease self-efficacy, but self-efficacy does not do the same to authenticity. While this directional information is helpful in understanding the causal relationship between authenticity and self-efficacy, it was conducted among a sample of undergraduate psychology students. So given that general authenticity may function differently than authenticity within counseling sessions among mental health providers, a focus on actual counselors who are or have worked with clients is important. On a somewhat different note, what Mayton (2017) found among counselors in their first practicum experience was that counselor self-efficacy had to exist prior to authenticity shifting among beginning counselor trainees. This finding does not negate that of Stets and Burke (2014) as their study was longitudinal in nature, but potentially shows the importance of needing to gather more data about counselor-role specific authenticity and

following counselor trainees across a length of time to better understand how authenticity develops, and how it is influenced by or influences self-efficacy.

As separate variables, self-efficacy and authenticity both show a similar trend across a counseling training program. For self-efficacy, there has been a debate over whether this represents a linear or curvilinear relationship. Some researchers claim that there is a linear relationship with self-efficacy being the lowest at the beginning of the program and increasing as students progress through a training program (Heidel, 1999; Melchert, Hays, Wiljanen, & Kolocek, 1996; Tang, Allison, LaSure-Bryant, O'Connell, & Steward-Sickling, 2004). Others claim that self-efficacy presents as a curvilinear trend, with individuals in their first year having a higher self-efficacy than their second year, with self-efficacy then increasing throughout the rest of the program (Goreczny et al. 2015; Sipps, Sugden, & Faiver, 1988). While how the trend of self-efficacy begins in a training program is debatable, ultimately what this shows is that as students progress throughout training, self-efficacy ultimately increases by the time students graduate. While less studied than self-efficacy, authenticity has been proposed to increase across a counseling program, and beginning research on authenticity suggests that this is in fact true. First, as noted earlier, discussion of the integration of the personal and professional selves in counselor identity development (Gibson et al., 2010; Moss et al., 2014; Prosek & Hurt, 2014; Rønnestad & Skovholt, 2003) and the development of the therapeutic self (Auxier et al., 2003; Skovholt & Rønnestad, 1992) has discussed authenticity as continually integrating as one travels through a counselor training program. Mayton (2017) supported these premises with the exploration of authenticity of beginning

counselor trainees in their first clinical experience within one semester. She noted that authenticity, generally, increased throughout the semester. Given that both self-efficacy and authenticity increase throughout a training program, it could be deduced that these are in fact related. However, outside of Mayton (2017) self-efficacy and authenticity among counselor trainees has not been explored, and no one to date has explored these among advanced counselor trainees to see how this relationship still exists. This is important given the noted trends of how both of these constructs increase throughout a training program. In addition to how self-efficacy and authenticity continue to relate, very little has been done to explore the factors in a training program that impact counselor authenticity, and whether these factors are similar to those that influence self-efficacy. If authenticity can influence self-efficacy, then it is important that we better understand how to positively impact the growth of authenticity among counselor trainees.

While no researchers have explored factors that influence authenticity, they have explored factors that increase self-efficacy. It is unclear if the same factors that influence self-efficacy would in turn influence counselor authenticity, yet it is assumed that they may be similar given the relationship between self-efficacy and authenticity generally. One of the first factors that impacts self-efficacy is clinical experience. More specifically internship hours contribute to increased counselor self-efficacy (Heidel, 1999; Melchert, et al., 1996; Tang et al., 2004). Therefore, the more clinical hours a counselor trainee has, the higher their level of self-efficacy. The relationship between clinical experience and self-efficacy can best be understood by Bandura's theory, where counselor trainees are able to master various experiences through their internship and this increases their self-

efficacy (Bandura, 1977). Since self-efficacy and authenticity were related and showed a similar trend across the counseling program (Mayton, 2017), it would be hypothesized that clinical experience would have a similar influence on authenticity in more advanced counselor trainees. While it is unclear if clinical hours contribute to authenticity, Mayton (2017) did find that authenticity increased across a semester practicum experience of beginning counselor trainees. While she did not directly explore if the number of clinical hours related to authenticity or self-efficacy directly, both constructs increased from the baseline (of zero hours of clinical experience) to the end of the semester (with a minimum of 100 hours of clinical experience). Thus, from her study it can be assumed that this relationship between clinical hours and authenticity exists, but it needs to be empirically explored.

In addition to clinical experience, the quality of the supervisory relationship is considered another factor that can have an influence on self-efficacy of counseling skills as well. In general, the more supervision the higher the self-efficacy in counselor trainees (Cashwell & Dooley, 2001; Larson & Suzuki, 1992). Due to the effect that supervision has on self-efficacy, this can be a vital place to impose interventions with the attempt to increase self-efficacy and possibly authenticity. In addition to increasing self-efficacy, it has been theorized that supervision and the supervisory relationship would be an influence on authenticity because it provides a space for reflection on one's identity development (Rønnestad & Skovholt, 2003). Reflection offers the space to reflect, make meaning, and integrate the things that counselor trainees are learning (McAuliffe & Eriksen, 2011; Neufeldt, 2007; Skovholt & Rønnestad, 1992). For beginning students this

process can be very influential in that students recognize what they have learned and develop their own professional identity, whereas for more advanced students it can be influential in that their motivations shifts from an external to an internal focus (Rønnestad & Skovholt, 2003). A supervisory relationship has the potential to emphasize the idea of Kernis and Goldman's definition in that it is important to become aware of one's authenticity and to process self-relevant information in a non-defensive way. Therefore, supervisors can play an essential role in empowering students to develop their counselor identity and thus their authenticity in session (Prosek & Hurt, 2014), especially since according to Gibson et al. (2010), students need an experienced guide to support them during the process of integrating their personal and professional selves. It is important to have mentors to help counselor trainees through the process and to normalize this for them. Due to the confounding nature of supervision and clinical hours relating to self-efficacy (Hu et al., 2014), it is important to separate out the variance that each of these explain to better understand the shared versus unique variance. Researchers have failed to look at supervision and clinical experience to see if they interact in relation to self-efficacy. This relationship also needs to be explored among authenticity to determine if the same factors, as well as the same variance, impacts and explains authenticity as it does self-efficacy.

### **Statement of the Problem**

Given the theoretical contributions that self-efficacy and authenticity make to counselor effectiveness, it is surprising that authenticity has stayed primarily in the conceptual realm. More specifically, the field of counseling has neglected to explore how

the variables of self-efficacy and authenticity are related in counselor trainees and more so how these variables may help to understand the counselor trainee's experience through the training program. Nor is it understood how self-efficacy and authenticity influence each other, or what factors may have an influence on strengthening both authenticity and self-efficacy among counselor trainees. As a result, we are limited in our ability to create situations that cultivate authenticity and efficacy in counseling training programs. Our goal as counselor educators is to produce effective counselors and in order to do this we need to learn how to cultivate both self-efficacy and authenticity. Furthermore, it is central to understand the relationship between these two variables and what can influence this relationship in order to prepare more effective counselors that will help to create more positive client outcomes.

### **Need for this Study**

There is a need to examine the relationship between authenticity and self-efficacy in a sample of both beginning and more advanced counselor trainees since we already know that self-efficacy and counselor identity development increases over time. The increase in clinical experiences and the quality of the supervisory relationship may be what contributes to their identity as a counselor and therefore, are two places to measure authenticity to see if this is related to self-efficacy in the end stage of their program. Exploring the construct of authenticity is important because the integration of the personal and professional self for counselors prevents impairment and ensures counselors are effectively and ethically conducting their work with clients (Erikson, 1994; Studer, 2007; Rønnestad & Skovholt, 2003). With more understanding of this construct and what

factors influence it, we can cultivate this in counseling training programs to produce effective counselors. However, in order to encourage authenticity in the training program it is first vital to understand this construct as a whole in a sample of counselor trainees.

### **Purpose of this Study**

Given the lack of quantitative studies on counselor authenticity to date, one of the main goals of this study will be to quantitatively measure authenticity to begin exploring its relationship to counselor self-efficacy, as well as understanding the factors that influence it among counselor trainees. Although previous researchers suggest the possible relationship between authenticity and self-efficacy, there is a gap in directly measuring the variables in a sample of counselors. This may be due to the lack of agreed upon definition and a lack of a counselor specific measure or modified measure that would be appropriate for this population. However, this study will be conducted to help understand exactly how these variables relate and how the factors of the supervisory relationship and clinical experience impact both. This will be the first step in quantitatively measuring authenticity as a construct in counselors.

### **Research Questions**

1. What is the relationship between authenticity, direct clinical hours, and the supervisory relationship on counselor self-efficacy?
  - a. Does authenticity, direct clinical hours, and the supervisory relationship predict self-efficacy?
  - b. Are authenticity (total score and subscales) and self-efficacy (total score and subscales) related?

- c. What is the unique and shared variance of the supervisory relationship and direct clinical hours to authenticity and self-efficacy?
- d. Is there an interaction effect of the supervisory relationship and direct clinical hours on self-efficacy?
- e. Is there an interaction effect of the supervisory relationship and direct clinical hours on authenticity?

### **Definitions of Terms**

Authenticity is “the unobstructed operation of one’s true or core self in one’s daily enterprise” and is broken down into four subscales: awareness, unbiased processing, behavior, and relational orientation (Kernis & Goldman, 2006).

Awareness is the knowledge of the motives, feelings, desires, and cognitions that a person possesses.

Unbiased processing is objectively processing the self-relevant information without distorting the information.

Behavior is conducting oneself in a way that reflects personal values or needs, rather than behaving in a way to please others.

Relational orientation is being genuine in the relationship with close others.

Self-efficacy is “an individual’s beliefs about their ability to be successful in a task” (Bandura, 1997) and can be applied to counselors specifically.

Counselor self-efficacy is “one’s beliefs or judgments about her or his capabilities to effectively counsel a client in the near future” (Larson & Daniels, 1998).

Counselor trainees are students enrolled in a CACREP master's level counseling training program and who are currently enrolled in or have completed at least one clinical experience either practicum or internship.

Supervision refers to the quality of the supervisory relationship and is measured with three aspects including safe base, reflective education, and structure.

Clinical experience is the amount of direct client contact that a counselor trainee has completed. This may include clinical practicums or internship experiences in a counselor training program.

## CHAPTER II

### REVIEW OF THE LITERATURE

The previous chapter provided an argument for the need to examine the relationship between authenticity and self-efficacy in a sample of advanced counselor trainees. This chapter will expand on this and provide more in-depth literature and information. This will include research concerning authenticity, self-efficacy, and factors that influence both variables.

#### **Authenticity**

##### **Definitions**

Across the mental health field, definitions and ideas of authenticity vary. These variations are due to the debate over whether the definition represents individual differences or relational behaviors (Rice & Lopez, 2006). In regards to authenticity from an individual perspective, the most common definition focuses specifically on behaviors, such as the real-self versus a false-self (Harter et al., 1996), a basic value that aligns with one's character (Ryan & Deci, 2004), acting in ways that are congruent and reflect one's values, desires, and emotions (Harter, 2002), and behaviors that are consistent with basic needs of competency, autonomy, and relatedness (Sheldon & Kasser, 1995). On the other hand, the relational perspective defines authenticity as mutual and genuine interactions of the authentic self with one's intimate partner despite the risks of negative consequences on the relationship (Rice & Lopez, 2006). This definition falls short in that it is in

reference to authenticity specifically in romantic relationships, which does not provide a definition of authenticity applicable to interactions where this type of romantic relationship does not apply – such as the counseling relationship. Overall, most of these definitions focus on authenticity as a behavior, which while important, fails to capture the breadth of authenticity.

Researchers who have defined authenticity have taken specific components of the behavior and focused on each aspect individually rather than the larger idea of authenticity. What is needed is a more holistic definition of authenticity that includes internal process, behaviors, and relational processes. This absence of a definition that does not focus solely upon romantic relationships, as well as a holistic definition that is agreed upon, may be one reason for the lack of research in the counseling field because many researchers call for an agreed upon definition in order to empirically advance our understanding of the construct (Wood, Linley, Maltby, Baliouisis, & Joseph, 2008).

In addition to being defined differently, authenticity has been closely associated with other constructs. These include genuineness, sincerity, and autonomy. Genuineness is defined as the ability to be what one truly is in a relationship (Gelso & Carter, 1994) and has been considered an important factor in the change process for clients to experience empathy and acceptance (Schnellbacher & Leijssen, 2009). Genuineness has been broken down into two aspects and applied to the therapeutic relationship. The first aspect is internal, in which the therapist is in contact with their own experience while the second aspect is external, in which the therapist shares their experience with the client when appropriate (Lietaer, 1993). These descriptions of genuineness are similar to

Rogers' definition of congruence and are foundational pieces that are needed in order to build a comprehensive definition of authenticity in the counseling field. Sincerity has also been considered a closely related term, but refers to an other-oriented behavior rather than an internal oriented behavior (Burks & Robbins, 2011). Being sincere involves communicating one's thoughts of behaviors to others that maybe truth to others, but they can be inauthentic to their self, which would be self-oriented. Therefore, this would not be considered the exact same as authenticity. On the same note, autonomy has been seen as a synonym to authenticity, yet does not necessarily represent authenticity because an individual who is autonomous may not be free from the external influences or the environment (Ryan & Deci, 2000). While autonomous individuals may appear to make their own decisions, they are still subjected to outside influences as there is no world where external influences are do not exist. Therefore, while on one hand they claim to be autonomous, they may not be as their decisions and behaviors could represent influence of other, of which the autonomous individual simply lacks the awareness of this effect. On the other hand, an authentic individual would note the influence of the outside world, while still being aware of their internal processes and how these internal processes are interpreted into behaviors in relational interactions.

While the majority of definitions have focused primarily on the behavioral components of authenticity, or how authenticity is displayed or acted upon (Harter, 2002; Harter et al., 1996; Ryan & Deci, 2004; Sheldon & Kasser, 1995). Some researchers have attempted to move beyond just behavioral components of authenticity. Specifically, Wood et al. (2008) added on accepting external influence and self-alienation, to his

behavioral component of authentic living. Self-alienation refers to the consequence of the distance between conscious awareness and actual experience, which results in the individual feeling unlike one's self. Authentic living involves being true to one's self and living by one's values. Accepting external influence involves an influence of the social environment on one's behavior. While Wood et al. (2008) strengthened the definition of authenticity by broadening it, this definition fails to combine the relational component that has been shown to be important (Burke & Robbins, 2011; 2012).

Although written slightly before Wood et al.'s (2008) definition, Kernis and Goldman (2006) provided a more thorough definition of authenticity that covers the three main components, which entail the internal process of authenticity, behavioral component, but also the relational component. They defined authenticity as "the unobstructed operation of one's true or core self in one's daily enterprise" with four subscales including awareness, unbiased processing, behavior, and relational orientation. Awareness involves the knowledge of the motives, feelings, desires, and cognitions that a person possesses. It is necessary to be aware and understand the different parts of the self in order to integrate the various self-aspects. Unbiased processing involves objectively processing the self-relevant information without distorting it. This can be helpful because it leads to a more accurate sense of self when the individual cannot use any defense mechanisms against self-relevant information. Behavior refers to conducting oneself in a way that reflects personal values or needs, rather than behaving in a way to please others. So in other words external behavior matches internal processes. Relational orientation refers to being genuine in one's close relationships with others. While all four

components are important, it is important to understand that the awareness facet of Kernis and Goldman's (2006) definition is the foundational aspect and is needed before the other three components of authenticity can be fulfilled. Carl Rogers' (1961) idea of congruence overlaps with several aspects of the definition provided by Kernis and Goldman, with counselors needing an awareness of their feelings (i.e., awareness), the ability to live in those feelings and not distort them (i.e., unbiased processing), to communicate these to others in a behavioral aspect (i.e., behavior), within the client/therapist relationship (i.e., relational orientation).

The four components provided by Kernis and Goldman (2006) provide a broader definition of authenticity than historically has been used by researchers. This definition has been supported through qualitative explorations of authenticity among mental health professionals, specifically among psychologists and psychology students (Burks & Robbins, 2011; 2012). Burks and Robbins (2011) sought to enhance our understanding of how authenticity affects the personal lives and relationships of psychologists. Relevant themes that emerged were authenticity exists on a continuum that is dependent upon context, authenticity begins with self-awareness and self-acceptance, authenticity requires unbiased processing, authenticity includes a relational component and while behavior can vary, there is an internal motivation to consistently strive for authenticity. Thus, while Burks and Robbins (2011) did not test Kernis and Goldman's (2006) definition all four of their components of their definition fall within the emergent themes. Burks and Robbins (2012) continued their research on authenticity by exploring the effect it has on therapist interactions with clients (Burks & Robbins, 2012). What emerged was that authenticity

involves a match between one's inner feelings and behaviors, and equates having consistency across roles (e.g., counseling role versus personal life). Additionally, participants remarked that authenticity is a continual process, one that is never ending. When applying authenticity in the therapeutic relationship the participants claimed that it is ultimately a relational construct achieved through interactions with others and involves selective transparency on the therapist's part, which means self-disclosing in a genuine manner when appropriate for the client. In addition, psychologists felt that inauthenticity would affect psychological well-being, increase anxiety, and produce a sense of failure for the therapist (Burks & Robbins, 2012). While these two studies were helpful in validating Kernis and Goldman's (2006) definition of authenticity in terms of how it relates to therapeutic roles in mental health fields, limitations exist. First, the qualitative design does not provide generalizability, and this is considered a limitation that a quantitative approach would not contain. Secondly, Burks and Robbins conducted their studies on only a small subset of the mental health professionals, specifically on psychologists. Although this was solely a sample of practicing psychologists, it can be assumed that this population is not completely dissimilar to counselors. Thus, given these limitations it is important to quantitatively explore authenticity among other mental health professionals, such as counselors.

One aspect of authenticity and the connection between one's internal processing and external behaviors within relationships is the idea that authenticity exists among a continuum (as noted by Burks & Robbins, 2011). What this means simplistically is that an individual can remain authentic even in a situation where their internal thought

process and external behaviors do not match or it is not appropriate for them to match. This is because awareness is foundational and also because part of the internal process may be the value or knowledge of what is appropriate to externally display in certain situations, like the counseling relationship. Awareness allows an individual to make decisions based on the context. This may be especially true for the counselor identity or role. For counselors, they would still be behaving authentically because the specific trainings and values that the field of counseling emphasize would encourage counselors to refrain from behaving in ways that would be harmful to clients. These types of situations are common for counselors in sessions with clients and Kernis and Goldman's (2006) definition seems to align with these types of unique circumstances given their foundational focus on awareness.

### **Congruence and Person-Centered Theory**

Despite the variations in definitions, the idea of authenticity has a common source. The construct of authenticity has roots in the counseling field with Carl Rogers emphasizing this in his person-centered theory and referring to it as congruence. Congruence is one of the three necessary conditions for the therapeutic relationship, with the other two consisting of empathy and unconditional positive regard. According to Rogers (1957), there are two aspects to the definition of congruence. The first is that the therapist is integrated in the therapeutic relationship yet is not required to be integrated in other aspects of their life. However, if one is not integrated or congruent outside of the session, it may be difficult to be this way in the relationship with a client. Along with being integrated in the therapeutic relationship, the counselor must be aware of and able

to experience their feelings. The second aspect is that the therapist shares experiences in a clinical setting when appropriate, with the goal facilitating client growth. Both of these parts represent the experience of a mental health professional that is authentic and integrated (Tudor & Worrall, 1994). Rogers (1957) refers to congruence as the most important of the three necessary conditions (congruence, empathy, and unconditional positive regard), stating congruence was necessary before the other two can be conveyed. He goes further into detail to explain that authenticity is important for the therapeutic relationship because it is necessary for the client to experience the counselor's congruence (or authenticity) in order to have a positive experience and in return express their own congruence (Rogers, 1959). According to this theory, individuals would enter into counseling in a state of incongruence, therefore the therapist's congruence provides an opportunity for the client and therapist to reach psychological contact and improve client outcomes (Rogers, 1959). Even though Rogers provides a foundation for the construct of authenticity, his definition of congruence does not capture authenticity as a whole construct, or in other words referring to an individual's identity rather than just their state of being during a counseling session.

Rogers (1959) explained that this process of authenticity occurs as a natural tendency towards self-actualization of becoming an autonomous individual, with discomfort resulting when an individual experiences incongruence. Therefore, a fully functioning person would have autonomous psychological functioning when they are congruent, meaning their behavior is congruent with their ideal self. Consequently, if the self and behavior are incongruent, this results in tension and internal confusion for the

individual (Rogers, 1959). According to Rogers (1959), having congruence, which means that the ideal self and current behavior match, is necessary before an individual can become an authentic and integrated person.

A more seminal and older article, found that the relationship between the self and ideal congruence and the dimensions of rated counselor trainee performance were curvilinear (Eberlein & Park, 1971). Therefore, individuals with a moderate level of self and ideal discrepancies had higher supervisor ratings than those with low or high levels (Eberlein & Park, 1971). This may suggest that there is a beneficial range and this would make sense due to the evaluative nature of counseling programs. Individuals who are very congruent may not be willing to change or take feedback and therefore, might present as rigid; whereas, an individual that is not congruent enough may have an inaccurate self-concept and be difficult to work with as well. The results of this study do not completely line up with the definition from Kernis and Goldman (2006), which may be due to the fact that this study was examining the construct of congruence rather than authenticity as a whole, with congruence reflecting more of a behavioral construct. The results of this study cannot be generalized to all counseling students since it was conducted on master's students in an educational psychology program and therefore, may not be appropriate for the various situations in which counseling trainees encounter (Eberlein & Park, 1971).

Overall, while congruence and authenticity are similar on some levels, authenticity goes beyond just congruence. Congruency, in general, means that the self-concept is consistent throughout a period of time and most behavior is seen as an attempt

to maintain this consistency (Hinde et al., 2001). Thus, congruence is a behavior that one would expect to witness in someone who is authentic. However, authenticity describes more than just the matching of one's inner beliefs with their outer experiences.

Authenticity refers to the individual's identity as a whole and can operate at different levels according to Kernis and Goldman (2006). With the more holistic definition that includes both internal processes of awareness and unbiased processes, with the external aspects of behavior and relational orientation, this allows authenticity to occur on a continuum, as stated by Burks and Robbins (2012). Given this continuum of authenticity based on the various values and ideals that a counselor may internally hold, exploring authenticity holistically is important as each component leads to overall authenticity.

### **Self-Determination Theory**

Self-determination (a social psychological theory) adds to the discussion of authenticity in that it emphasizes the importance of the context or environment when considering an individual's authenticity. This theory claims that individuals are oriented towards growth that can be support or hindered by the social context (Deci & Ryan, 1985b, 1991, 2000; Ryan & Deci, 2000, 2002). According to self-determination theory, self-actualization occurs through a process called internalization, which refers to taking the external regulations, converting them into internal regulations, and then integrating these into the self (Deci et al., 1994). There are two processes through which this occurs, introjection and integration. Introjection refers to absorbing a value or process, but not accepting it as your own. If stuck in this phase, an individual would be considered inauthentic or incongruent and experience tension or anxiety that is not seen when an

individual is able to integrate because there is greater consistency between the behavior and the internal processes or feelings (Koestner, Bemieri, & Zuckerman, 1992).

Integration refers to claiming responsibility and accepting a value or process as one's own, which equates to authenticity. As a result of integration, the behavior of the individual can be said to come from their sense of self and be considered authentic (Deci et al, 1994). It is the social context that influences the amount and quality of internalization that occurs for an individual, which this theory says is what equates to an individual becoming authentic.

In addition to adding the importance of the context to the discussion of authenticity, self-determination theory brings in the idea that self-efficacy or competence is needed before authenticity can occur. According to this theory, it is necessary for an individual to meet three psychological needs of autonomy, competence, and relatedness in their environment in order to reach integration, or authenticity. Similar to what was stated above, these needs come from internal motivation rather than to meet the expectations of others and are important for growth and integration and result in psychological tension when they are not met (Deci & Ryan, 1991; Ryan & Deci, 2000). This is helpful in understanding the relationship between authenticity and self-efficacy and may shed light on the order in which these variables occur.

Self-determination theory can be applied specifically to counseling students in order to understand authenticity among counselor trainees. For counselor trainees, the educational process involves an opportunity for students to take on new roles. The theory states that students would be intrinsically motivated towards integrating this role into

their sense of self throughout their educational experience. One process of internalization to occur would be the process of introjection, in which counseling students take in the new role without accepting it as their own. For example, when students are trying on the new hat or the new counselor role, they would be practicing or playing the counselor role. This would not be considered authentic because they are not truly owning this role quite yet. Rather they would be introjecting what they have been told in a classroom what a counselor should look like. During this time, it could be assumed that they experience anxiety and tension due to the lack of integration of this role into their sense of self. Another process of the internalization would be for students to integrate this role into their sense of self, where they view this role as a part of who they are and ultimately feeling authentic. Also, with this theory it is important to take into consideration this environment. The environment of the counseling training program can be stressful and challenging. Counselor trainees will need to meet their basic needs of autonomy, competence, and relatedness before they are able to integrate their new role and feel authentic. This may be especially difficult in the beginning of the training program, where the students do not feel as confident, relying on external authority figures, and trying to relate to others in their program as well as their clients. Not that authenticity is not evident in beginning counselor trainees, but it makes sense to target advanced counselor trainees in the later stages of their program in order to have a better chance of measuring authenticity.

## **Impact of Authenticity on Client and Counselor Well-Being**

It is important to understand the idea of authenticity in the counseling field as authenticity has been found to influence both client and counselor wellbeing. Specifically, authenticity is related to both self-esteem and healthy psychological functioning (Boyraz, Waits, & Felix, 2014; Goldman & Kernis, 2002; Wood et al., 2008). In regard to clients, while not formally assessing authenticity specifically, congruence which is required in order to be authentic, and has been shown to impact client outcomes (Lambart & Bartley, 2001). Congruence allows the client to have a positive experience through an increase in psychological contact and relational depth with the counselor, which ultimately leads to a better mental health outcome for the client (Rogers, 1957).

## **Research on Authenticity**

### **Counselor Identity Development**

Authenticity has frequently been referred to as an integration of the personal and professional self that occurs in counselors across their development, as well as described or labeled as the therapeutic self, which is unique to mental health professionals in that it is comprised of a mix of the personal and professional selves of the individual (Skovholt & Rønnestad, 1992). Both integration of the personal and professional self and the therapeutic self are different ways of referring to the same things and both terms are describing the internal processes that occur in an individual that is authentic, which again does not fully capture what authenticity is as a whole. It is important to note that the therapeutic self is the reference point for ethical decisions, problem solving, and counseling roles and responsibilities (Auxier et al., 2003). Therefore, if the therapeutic

self, or the personal and professional self, is not integrated it can possibly result in a counselor's inability to make appropriate ethical decisions and follow ethical standards. Overall, the idea of the therapeutic self as central to a counselor's identity development is important for effective counselors. As a result, researchers have begun to explore this process in counselors qualitatively and provide evidence for what is exactly occurring.

Based on previous research, we do know that there is a greater congruence or integration later in a counselor's career compared to in the beginning phase or during the training program. Moss et al. (2014) found that beginning counselors (post-graduation), who had one to two years of experience, did have some level of congruence, but had the least amount compared to counselors with more experience. These beginning counselors (post-graduation) may not have felt competent in their skills since they are struggling with the freedom and realization that they are on their own (Rønnestad & Skovholt, 2003). According to self-determination theory, this group would not be able to be authentic or congruent because they are lacking confidence in their role, compared to a sample of students in their second year of their training, who would be presumed to have gained confidence in the role. Rønnestad and Skovholt (2003) confirmed this with their findings that advanced counselor trainees in their internship are beginning to conceptualization and have an awareness of this integration. Therefore, advanced counselor trainees do not lack congruence or integration, but rather just have less integration to counseling professionals who have graduated from the training program. This may lead to the idea that awareness of the integration of the professional and personal self is occurring in the later stages of the training program, and then like

researchers have claimed, this integration becomes solidified anywhere from 2 to 20 years after graduation from a training program (Moss et al., 2014; Rønnestad & Skovholt, 2003). Ultimately, these findings about integration occurring in the later stages of a career do not blend with what other researchers have found regarding counselor identity development models focusing specifically on counselor trainees, with this integration occurring in the later stages of the training program (Dollarhide, Gibson, Moss, 2013; Gibson et al., 2010). However, it can be agreed on that there is a shift towards more integration from novice to advanced counselors and is due to a shift from external to internal conceptualization of their identity (Gibson et al., 2010; Rønnestad & Skovholt, 2003). Exactly when this integration first occurs and what leads to it is still not known and is only presented as conceptual or theoretical with qualitative studies providing information for some experiences, although the findings lack generalizability to all counselors. Therefore, we need to study authenticity quantitatively in counselor trainees to gain more clarity around this and also need to explore what impacts this integration. Even Moss et al. (2014) encouraged other researchers to explore authenticity among counselor trainees and counselors with other years of experience.

To provide more direct support for this difference in professional identity of new and advanced counselors, both Gibson et al. (2010) and Prosek and Hurt (2014) discussed professional identity in terms of tasks and stages. Overall, these tasks show a shift from an external focus to a more internal focus for the counselor trainee and a shift from compartmentalization to integration of the personal and professional self. Gibson described the first task as developing a definition of counseling, where students need to

focus on their internalized view of counseling rather than accepting an externalized view. Similarly, Prosek and Hurt (2014) refers to this first task as a need to understand a counseling philosophy in order to bridge the gap between knowledge and practice. The second task involves conceptualizing the professional identity and through this developing a responsibility for professional growth, where students would initiate their own learning rather than relying on external authorities for learning. The last task requires students to integrate the personal and professional identity (i.e., authenticity) rather than defining one's professional identity based only on skill performance. For this last task that involves authenticity, new and pre-practicum counselor trainees emphasized individual skills and qualities to define their professional identities compared to trainees in the pre-internship and pre-graduation phase that emphasized their identities as an integration with the professional community of counseling (Gibson et al. 2010; Prosek & Hurt, 2014). Therefore, there may be more conceptualizing of an authentic self occurring in the later stages of the counseling program rather than solely occurring after years of practice with advanced counselor trainees showing more congruence in their professional and personal identity than new counselors in a counseling training program. Taking this one step further, Prosek and Hurt (2014) suggested this may be due to clinical experience, which has been referenced by others as a significant contributor to identity development (Nelson & Jackson, 2003). However, most of the research has been qualitative and has not measured the construct of authenticity in a quantitative study. Although, Prosek and Hurt (2014) did use a quantitative method, they failed to measure authenticity directly,

which still leaves a gap in the quantitative studies directly measuring authenticity in counselor trainees.

Looking more closely at a sample of advanced counselors in their internship experience, Auxier et al. (2003) provided some insight into the specific process of counselor identity development. These researchers wanted to understand how the individuation process of developing a counseling identity was occurring during the master's level training program, since this is not well known. According to the results, the formation of the counselor identity in trainees occurs through a cyclical process of conceptual and experiential learning. It is by cycling through these two that the trainee clarifies their self-concept as a counselor and ultimately their personal counseling identity. As a result of this process, the trainee's attitudes shift from anxiety and apprehension to more self-confidence, which is also similar to what has been shown in the literature concerning self-efficacy. Therefore, it is the various learning experiences within a training program that are leading to individuals becoming more autonomous and authentic in their own identity (Auxier et al., 2003). The students in this study participated in both individual and group supervision, which is important to note as supervision has been proposed as an influential factor influencing authenticity. However, this study only utilized interviews and focus groups as a way to collect data. The interview questions consisted of general questions concerning what personality characteristics influence their development, how they see themselves as a counselor, and what experiences have been helpful in their development as a counselor. Although these questions provided rich information, they did not directly measure authenticity. Thus far

researchers have provided evidence that authenticity is occurring, but there is still a gap in quantitatively measuring it as a specific construct.

## **Self-Efficacy**

### **General Self-Efficacy and Counselor Self-Efficacy**

As noted by the Self Determination Theory, self-efficacy is needed before authenticity can occur. Self-efficacy is a prevalent and influential concept that plays a role in the performance and development of counselor trainees throughout their graduate program. General self-efficacy is defined as an individual's beliefs about their ability to be successful with a task (Bandura, 1977). Whereas, the definition of counseling self-efficacy is "one's beliefs or judgments about her or his capabilities to effectively counsel a client in the near future" (Larson & Daniels, 1998). Bandura (1977) further explained that there are four sources to increase self-efficacy including vicarious learning, mastery experiences, verbal persuasion, and emotional arousal. Throughout the counseling training program there are various learning experiences that encompass these four sources, with internship offering a unique experience that incorporates many of these. Internship provides the counselor trainee with various new tasks that they must master, presence in a new setting and interaction with professionals in the field allows the counselor trainee to learn vicariously through others, and both individual and group supervision of internship provides verbal persuasion and a place to process all of these experiences, including the emotional arousal. Given that internship is a place that all of the components noted by Bandura occur, counselor trainees enrolled in an internship

experience would be an appropriate population to explore self-efficacy as they would be more efficacious than those in the beginning of their counseling training program.

### **Importance for Self-Efficacy for Counselors**

Continued exploration of self-efficacy in counselor trainees is important because it has an effect on the counselor's performance as well as their well-being. Increasing self-efficacy in counselor trainees produces more effective counselors who are open to feedback and who are able handle difficult tasks in the counseling room (Larson & Daniels, 1998). Not only is increasing self-efficacy important for the clinical functioning of counselors, but also for the psychological wellbeing of counselors. Anxiety has been considered a factor related to self-efficacy in counselor trainees, with anxiety and self-efficacy being inversely related (Barbee & Combs, 2003; Larson & Suzuki, 1992).

### **Research on Self-Efficacy in Counselor Trainees**

Within the counseling literature, there has been mixed results concerning the linear relationship between self-efficacy and level of training in a counseling program. Some researchers have found a positive linear relationship (Larson & Suzuki, 1992; Leach et al., 1997; Lent, Hill, & Hoffman, 2003; Melchart et al., 1996), while others have reported a more curvilinear relationship between self-efficacy and level of training (Goreczny et al., 2015; Sipps et al., 1988). Due to the discrepancy of the exact trend of self-efficacy across a counseling program, we need to continue to adequately measure this in counselor trainees in order to provide some clarification. Regardless of whether linear or curvilinear, ultimately self-efficacy has been shown to increase by the end of a training program.

Both Melchert et al. (1996) and Leach et al. (1997) explored counselor self-efficacy cross-sectionally, providing support for the linear relationship between self-efficacy and level of training. Melchert et al. (1996) focused more on a sample of first year masters psychology students, second year master psychology students, doctoral students, and professional psychologists and found that the self-efficacy scores increased for master students from year one to year two. Whereas Leach et al (1997) used a sample of both master and doctoral counseling students and found that students with more practica courses had a higher level of self-efficacy than those with less. In addition, self-awareness (which is one part of authenticity) emerged in Leach et al.'s (1997) study in that students with more clinical coursework were aware of the interaction with the client and counselor and the students with less clinical coursework were aware of the micro-skills that were used. Both of these studies highlight the increase in self-efficacy across the training program, with the increase resulting from clinical hours or experience.

While enhancing our understanding of the increases of self-efficacy within a training program, both research studies (Leach et al., 1997; Melchert et al., 1996) had limitations, including the use of the previous counseling self-efficacy scales such as the Counseling Self-Estimate Inventory (COSE), the Self-Efficacy Inventory, and the Counselor Self-Efficacy Scale, which do not address specific counseling skills (Lent et al., 2003), and the cross-sectional nature of the study resulted in a mix of both masters and doctoral level trainees in their sample. Doctoral level and master's level counselor trainees may not face the same exact clinical experiences or self-efficacy changes and therefore, it is important to understand what self-efficacy looks like specifically in a

sample of only master's level advanced counselors who are exposed to clinical experiences in their internship.

In a more specific sample of first year master's practicum students, Larson & Suzuki (1992) found a linear relationship between self-efficacy and counseling training level. For the students in this study, self-efficacy increased over the first and second semester of the counseling graduate program, with more of an increase that occurred for individuals with more semesters of supervision and years of counseling experience. However, the researchers utilized the Counseling Self-Estimate Inventory (COSE), which may not be the most appropriate for beginning counselors because it may not represent an accurate report of self-efficacy for that point in their development. However, it should be noted that Larson & Suzuki (1992) measured self-efficacy among beginning counselor trainees in their first year of the graduate program, where self-efficacy would be assumed to be the lowest and they were found a significant increase over the first year. This is important information as this would suggest, based on self-determination theory, self-efficacy (as well as authenticity) would continue to increase and be higher among counselor trainees in their second year.

Supporting Larson and Suzuki's findings, Lent et al. (2003) found a linear relationship between self-efficacy and level of training among second semester first year master's students. They explored self-efficacy longitudinally among students in their practicum experience, determining that their self-efficacy increased across the semester. Once again tying in the link between clinical experiences and self-efficacy. For this study, Lent et al (2003) used the Counseling Activity Self-Efficacy Scales (CASES)

which is based on the helping skills model, that contains specific domains in counseling that include insight, exploration, action, session management, relationship conflict, and client distress. Lent et al (2003) argued that this measure was needed in order to address some of the weaknesses of previous self-efficacy measures, including the Counseling Self-Efficacy Inventory, which has many limitations including assessing skills and situations which the beginning student may not be able to assess themselves on, measuring other values or constructs other than self-efficacy, and not addressing the complexity of counseling generally. It is important to note that in Lent et al.'s (2003) study the last two domains of the CASES measure, which include distress and relationship conflict, had the lowest score for self-efficacy and this may be because beginning students would not have exposure to these two domains. This further supports the decision to use this measure with a sample of advanced trainees who have more clinical experience.

As noted earlier, conflicting evidence exists regarding whether self-efficacy is linear or curvilinear in nature. Sipps, Sugden, and Faiver, (1988) suggested a curvilinear relationship between level of graduate training and counselor self-efficacy. Their study consisted of a sample of first, second, third, and fourth year graduate students in a counseling program. First year students reported higher levels of self-efficacy compared to second year graduate students and levels of self-efficacy increased for those in their third and fourth year. These results were inconsistent with other research in that the self-efficacy of first year students was higher, where others have found this to be lower. This could be explained by the fact that counseling students tend to overestimate their skills

prior to training (Urbani, Smith, Maddux, Smaby, Torres-Rivera, & Crews, 2002). Also, the lack of a valid self-efficacy measure was a significant limitation of this study since it relied on participants recording the confidence in their responses to a video of a potential client. This could have contributed to the inconsistency in that it did not measure the counseling specific self-efficacy that is seen in more recent studies.

While there are limitations in Sipps et al. (1988), Goreczny et al. (2015) supported the idea of a curvilinear relationship for counselor self-efficacy and level of graduate training. In this case, the total counselor self-efficacy scores were higher for undergraduate students compared to students in the first semester of a graduate program, and counselor self-efficacy increased with the amount of training students had after the first semester. Even though undergraduates would not be appropriate for a study on counselor trainees, these results imply that we can expect beginning counselors to have lower self-efficacy compared with advanced students or those in their last semesters of their training program. Strengths of this study include the use of both the CASES and COSE, and the cross-sectional design with groups assigned as students at different time points throughout the counseling training program. Again, the highest level of self-efficacy occurred in students that were in a clinical experience (practicum or internship) and therefore, this experiential component is an important point in a training program to measure this self-efficacy.

This proposed curvilinear relationship between self-efficacy and graduate training level, can be explained in a population of counselor trainees. For beginning counseling students, one would expect them to feel confident coming into the program and have a

high sense of self-efficacy since they were selected for admission into the program. They may be feeling autonomous, competent, and related to others since they are a part of this newly formed group. In addition, students tend to overestimate their abilities during the beginning of their training program (Kruger & Dunning, 1999; Urbani et al., 2002), until they are aware of what they do not know. This may even remain present for the first part of the academic semester, where counselor trainees are learning various concepts and knowledge about counseling. However, as trainees move through the program and begin to apply this knowledge to practice, their self-efficacy may take a plunge while they try to bridge this gap. They are moving from a place of conceptual knowledge to more experiential, which can result in much anxiety (Rønnestad & Skovholt, 2003). They may also have increased anxiety about this new role they are assuming, thus focusing less on skill development (Bandura, 1977). Then, after successfully mastering tasks through their training program a trainee's self-efficacy would be expected to increase. Even though the relationship between self-efficacy and level of training may be curvilinear with a drop in self-efficacy at the beginning of the training program, self-efficacy would be expected to increase over the rest of the counseling program.

### **Authenticity and Self-Efficacy**

Self-efficacy has been found to increase throughout a program, regardless if linear or curvilinear. Additionally, the Self-Determination Theory suggests that self-efficacy needs to exist prior to a person being able to be authentic. Yet, despite the theorized connections between authenticity and self-efficacy, there is a small amount of studies that measure the relationship between authenticity and self-efficacy directly. It should be

noted however, that most of the studies do not specifically explore counselor self-efficacy, but explore other aspects of self-efficacy, including but not limited to general self-efficacy. Overall, most researchers have stated a positive relationship between authenticity and self-efficacy. Specifically, Satici et al. (2013) revealed a positive relationship between authentic living and social self-efficacy, with social self-efficacy defined as an individual's confidence in their ability to engage in the social interactions necessary to maintain interpersonal relationships (Smith & Betz, 2000). However, Satici, et al. (2013) did not fully capture authenticity holistically by focusing solely on authentic living and failed to sample counselors specifically.

Most recently, the connection between authenticity and counselor self-efficacy has been specifically explored among counselor trainees. In a longitudinal study of second semester CACREP master's students in their first practicum experience, Mayton (2017) explored authenticity and self-efficacy in a sample of counselor trainees who received regular supervision and most obtained at least 40 hours of direct client contact hours in this clinical experience by the end of the semester. Self-efficacy and authenticity increased with clinical experience in these beginning students. In addition, self-efficacy and authenticity were significantly related to each other where self-efficacy prior to clinical experience predicted authenticity at the end of the clinical experience. These results align with Stets and Burke's (2014) finding that authenticity influences self-efficacy, but not the reverse. In other words, authenticity can cause self-efficacy to increase once it is present, but it requires there to be some level of self-efficacy before authenticity can influence it.

A limitation of this study however, was its small sample size of 30 trainees, which while the relationship existed between beginning self-efficacy and ending authenticity, other relationships were not significant and not explored due to the limitations of this study. In addition, the researcher did not collect data on the number of supervision or clinical hours and therefore this is a limitation in this study, as one cannot determine if any factors are influencing these variables. Since there is evidence for the relationship of authenticity and self-efficacy, there needs to be further research to see if this exists in a more advanced sample of counselor trainees as well as to take it one step further and determine what factors may be influencing these variables.

### **Influential Factors for Self-Efficacy and Authenticity**

It is important to not only understand the relationship between authenticity and self-efficacy in counselor trainees, but also to take this one step further towards an understanding of what influences these two variables. This knowledge would inform counselor educators of possible ways to influence self-efficacy and authenticity in counselor trainees with the ultimate goal to produce effective counselor trainees. There are various learning experiences that influence self-efficacy in the beginning of a training program including role plays, modeling, and positive feedback, but less is known of what influences this towards the end of the program (Larson & Daniels, 1998). However, this is surprising since the end of a counselor training program is the point in which self-efficacy and authenticity would be at the highest points. Thus far, various factors have been proposed to possibly have an influence on both self-efficacy and authenticity, but

supervision and clinical experience or clinical hours seem to have the most empirical and theoretical support.

**Clinical Hours.** Previous researchers have connected self-efficacy and the level in a graduate training program, with most of the contribution of this link due to clinical internship experience in counselor trainees (Heidel, 1999; Leach et al., 1997; Moss et al., 2014; Tang et al., 2004). Even early on in beginning counselors, pre-practicum service learning experiences were related to an increase in self-efficacy and decrease in anxiety (Barbee & Combs 2003), which aligns with Bandura's sources of increasing self-efficacy (mastery experience, vicarious learning, emotional arousal, and verbal persuasion). Additionally, some researchers have even pointed to the internship experience as the most significant contributor to this positive correlation between level of training and self-efficacy (Moss et al., 2004). Kozina, Grabovari, Stefano, & Drapeau (2010) claimed that it is not just the clinical experience, but more the direct client hours that result in an increase in self-efficacy. The self-efficacy of these master's psychology students from Kozina et al.'s study increased across two time points, reflecting the positive relationship between increasing direct clinical contact hours and self-efficacy. This increase in self-efficacy due to clinical hours can best be understand as a positive reinforcement that results from successful experiences with clients (Moss et al., 2014). Therefore, clinical hours seem to be an influential factor that increases self-efficacy in a sample of advanced counselor trainees and needs to be explored, which may in turn influence authenticity.

When attempting to understand how this clinical experience is contributing to authenticity, Moss et al. (2014) explained that it is these moments with clients that are

impactful and also lead to an increase in authenticity. Elaborating on this point, participants in this study referred to their work with clients as the most meaningful in regards to their counselor professional identity, with both success and failures contributing to this because they were impactful. It seems that these impactful experiences with clients are what facilitate the movement from compartmentalization to congruency (Moss et al., 2014) and an internalization of the professional counselor identity (Nelson & Jackson, 2005) or in other words an authentic self. Therefore, this proposed influence of clinical experience on authenticity needs to be examined among advanced counselors.

There are a few limitations to our understanding of the influence of clinical hours on both authenticity and self-efficacy. First, clinical hours has been defined in different ways throughout the research, including the number of direct contact hours, practica courses completed, and just general level of graduate training (with the understanding that in CACREP programs, the further along one is in the program the more clinical hours and coursework they have completed). However, it is important to provide a specific measure of clinical hours in order to understand what aspect of the clinical experience is having an effect on self-efficacy and authenticity. Utilizing Council for Accreditation of Counseling and Related Educational Programs (CACREP) programs as the stated standards provides program structure that requires students would have a minimum number of hours when entering or completing a clinical experience such as internship or practicum. Secondly, although the influence of clinical hours on self-efficacy has been supported with more quantitative studies, there is a lack of research

directly measuring the influence of clinical hours on authenticity in counselor trainees. However, there is a need to really understand the impact of both self-efficacy and authenticity in a sample of counselor trainees as well as what factor influence these.

**Supervision.** In addition to clinical hours as a proposed influential factor on both authenticity and self-efficacy, supervision has been theorized to have a similar impact. Students who have regular supervision also had higher self-efficacy (Cashwell & Dooley, 2001). While this finding is important to the link between self-efficacy and supervision, it is important to note that the researchers utilized a different measure of self-efficacy (COSE) on a sample of counselors who had graduated as well as doctoral students. On the other hand, Hu, Duan, Jiang, and Yu (2014) supported the confounding nature of supervision on self-efficacy, which was a limitation to their study exploring the predictive nature of mastery experiences on Chinese counselor self-efficacy. Therefore, there is a gap in understanding the link between supervision and self-efficacy in counselor trainees. Based on qualitative research, supervision is needed to advance to the next level of professional development in terms of both advancing in their career and who they were as a counselor, regardless of their experience level (Gibson et al., 2010; Moss et al., 2014). Having a supervisor is important in order to learn from someone else in regards to what contributes most to a counselor's development, with one participants claiming it was necessary to have a supervisor in order to understand who they were as a professional (Moss et al., 2014). Thus far, researchers have begun to explore the impact of supervision on self-efficacy and authenticity, but more is needed to understand this in counselor trainees.

The influential factor of supervision extends beyond just the number of supervision hours and more towards the quality of the supervisory relationship. The supervision relationship is viewed highly by both supervisors and supervisees as the main component to good supervision (Weaks, 2002) and the quality of the relationship has been linked to successful supervision regardless of the supervision model used (Beinart, 2012; Inman & Ladany, 2008; Milne, 2009; Ladany, Ellis & Friedlander, 1999a). Expanding more on what makes supervision successful, researchers determined that it requires a safe base, a supervisor that meets the needs of the supervisee, and encouraging the supervisee to explore their development (Beinart & Clohessy, 2009; Watkins & Riggs, 2012; White & Queener, 2003).

Not only is supervision proposed to have an influence on both self-efficacy and authenticity, but this is occurring because of what supervision provides a counselor trainee. First, supervision can help to increase self-efficacy through different sources according to Bandura. For example, supervisor's feedback can improve counselor trainees' skills, role plays can be considered a form of vicarious learning, support from supervisor can be considered verbal persuasion, and the supervisory relationship consider the emotional arousal. In addition, supervision provides a place for counselor trainees to discuss and reflect on their professional identity (Rønnestad & Skovholt, 2003) and thus increase their authenticity. This reflection in return permits the student to understand themselves at a deeper level as well as both their strengths and weaknesses in terms of their skill level. Supervision can also be described as a place to connect a trainee's personal qualities to their counseling and provide them with feedback concerning their

skills and how authentic they are (Burks & Robbins, 2011) in order to promote the integration of who they are as a person and as a counselor. In addition to providing a place to reflect on one's identity, supervision provides support which is a predictor of high counselor efficacy expectancy (Peace, 1995; Sutton & Fall, 1995). In terms of authenticity, hearing the experiences of the supervisor's own professional development can be encouraging and normalizing in this process. As a result of the impact supervision has on self-efficacy and authenticity, supervisors can help to empower students to develop their identity while in practicum and internship experiences (Prosek & Hurt, 2014). Increasing the confidence and congruence in counselor trainees involves increasing this in the supervisory relationship as well (Vallance, 2004). Through a qualitative study, Vallance (2004) found that supervisees perceived supervision as most unhelpful when they were not allowed the chance to choose to integrate their supervisor's suggestions into their own style. In other words, when they were not allowed to be themselves and integrate the feedback into who they are as a counselor. Supervision has been supported with some research studies, but has also been theorized as an influential factor to both self-efficacy and authenticity. There is a need to further explore this in a sample of counselors in which they would be receiving regular supervision.

## CHAPTER III

### METHODOLOGY

The first chapter provided a rationale for exploring the relationship between authenticity and self-efficacy in counselor trainees and the factors that may influence these variables, which included the supervisory relationship and direct clinical hours. The second chapter provided an extensive literature review that supplemented and expanded on this rationale by providing details to outline the variables of interest. This chapter will provide a detailed description of the proposed study including the procedures, participants, measures, and data analysis. A pilot study was conducted that influenced the methodology and procedures for this study (see Appendix A).

#### **Research Questions**

This cross-sectional correlational research study explored the relationship between authenticity and self-efficacy in a sample of counselor trainees as well as examine the influence that the supervisory relationship and the number of clinical hours has on both constructs. The following research questions and hypotheses were addressed with the proposed study:

1. What is the relationship between authenticity, direct clinical hours, and the supervisory relationship on self-efficacy?
  - a. Do authenticity, direct clinical hours, and the supervisory relationship predict self-efficacy?

Hypothesis 1a: Authenticity, direct clinical hours, and the supervisory relationship will significantly predict self-efficacy.

- b. Are authenticity (total score and subscales) and self-efficacy (total score and subscales) related?

Hypothesis 1b: There will be a significant, positive correlation between authenticity and self-efficacy, with an increase in self-efficacy resulting in an increase in authenticity. All four authenticity subscales (Awareness, Unbiased Processing, Behavior, and Relational Orientation) will positively and significantly relate to self-efficacy, with the strongest subscale being the Awareness subscale.

- c. What is the unique and shared variance of the supervisory relationship and clinical hours to authenticity and self-efficacy?

Hypothesis 1c: For self-efficacy, the supervisory relationship will explain a larger portion of variance uniquely when compared to variance explained by clinical hours or by the shared variance of clinical hours and the supervisory relationship combined. For authenticity, the supervisory relationship will explain a larger portion of variance uniquely when compared to variance uniquely explained by clinical hours alone or by the shared variance of clinical hours and the supervisory relationship combined.

- d. Is there an interaction effect of the supervisory relationship and clinical hours on self-efficacy?

Hypothesis 1d: There will be a significant interaction between the supervisory relationship and clinical hours on self-efficacy.

- e. Is there an interaction effect of the supervisory relationship and clinical hours on authenticity?

Hypothesis 1e: There will be a significant interaction between the supervisory relationship and clinical hours on authenticity.

### **Participants**

Participants included counselor trainees who met the following criteria: currently enrolled in a CACREP master's level counseling program in the United States, currently enrolled in or has completed at least one clinical experience (either practicum or internship), and at least 18 years or older. Individuals enrolled in a clinical experience were included, but individuals who have not been enrolled in a clinical experience and thus unable to respond about the supervisory relationship, clinical hours, and authenticity as a counselor were not included. A priori tests using G\*Power determined that with a moderate effect size and a standard power (0.80), a sample size of 85 participants will be needed in order to test all the research question and have adequate power to avoid a Type II error.

### **Procedures**

After gaining IRB approval, a combination of random and convenience sampling was used. All participants were recruited electronically through email for participation. First, the researcher random selected 75 programs from the CACREP directory that contained 363 eligible programs across the US. A faculty member within the counseling

department at each of the 75 CACREP master's program were contacted to distribute the recruitment email. Contacting all the eligible schools provided an opportunity for each student to participate in this proposed study and make the results more representative of the population. In addition, convenience sampling was used in order to reach the appropriate sample size and as a result 15 programs were recruited and a faculty member that the researcher knew was asked to distribute the study materials. The recruitment email included a description of the study and a link to an anonymous Qualtrics survey. The researcher hoped to obtain a balanced sample that represented various ethnicities and genders to increase the generalizability of the results.

The survey included the consent form, a demographic questionnaire, the Authenticity Inventory 3, the Counselor Activity Self-Efficacy Scales, the Supervisory Relationship Questionnaire (short version), and a social desirability measure. Participants spent no more than twenty-five minutes completing all three measures. In order to encourage participation, the researcher provided an incentive of a guaranteed \$5 gift card (to Amazon or Starbucks) for the first 20 people to complete the study and any other participants will be entered into a raffle for one of thirty \$5 gift cards (to Amazon or Starbucks). This option was given at the end of the survey, through a separate survey link; thus, the participant's name was not connected to their data in anyway.

## **Measures**

**Demographic Questionnaire.** A demographic measure created by the researcher was used to supplement the data. This measure asked for the participant's age, gender, year in program, counseling track, theoretical orientation, indication of personal

counseling outside of program, number of hours of supervision to date, types of supervision to date, number of direct clinical hours to date, courses taken or enrolled in, and program type (full-time/part-time, cohort/non-cohort).

**Authenticity Inventory 3 (Kernis & Goldman, 2006).** This measure defines authenticity as the unobstructed operation of one's true or core self in one's daily enterprise and is broken down into four subscales: Awareness, Unbiased Processing, Behavior, and Relational Orientation. This is a trait measure of authenticity that assesses the counselor as a whole. The self-report measure consists of 45 items with a Likert scale response from 1 (strongly disagree) to 5 (strongly agree). Examples of items include, "I am often confused about my feelings," and "If asked, people I am close to can accurately describe what kind of persona I am." The researcher modified the instructions for counselor trainees by asking participants to think of themselves as a counselor when responding to the questions, not focusing on only the counselor role. Previous researchers have used the Authenticity Inventory 3 and modified it in order to measure authenticity in the work setting by eliminating two subscales and altering items (Boosch & Taris, 2014) as well as Mayton (2017) adapted the instructions on how to answer each question in reference to the counseling identity and reported a Cronbach's alpha of 0.93 for the total authenticity score. This measure has produced appropriate and high internal consistencies in other studies including the modified versions of the measure (Brunell et al., 2010; Van Den Bosh, & Taris, 2014). The score was calculated as both a total authenticity score and as separate subscale scores. In terms of reliability, the Cronbach's alpha of the scores is as follows: for the total score, ( $\alpha= 0.90$ ), Awareness ( $\alpha=0.79$ ), Unbiased Processing

( $\alpha=0.64$ ), Behavior ( $\alpha=0.80$ ), and Relational Orientation ( $\alpha=0.78$ ). The following test-retest reliabilities were high over a four-week period: measure as a whole ( $\alpha=0.87$ ), Awareness ( $\alpha=0.80$ ), Unbiased Processing ( $\alpha=0.69$ ), Behavior ( $\alpha=0.73$ ), and Relational Orientation ( $\alpha=0.80$ ). The Authenticity Inventory 3 shows adequate convergent validity with measure of similar constructs of both self-esteem and psychological well-being measures (Goldman & Kernis, 2002; Kernis & Goldman, 2006; Pisarik & Larson, 2011).

**Counselor Activity Self-Efficacy Scales (Lent et al., 2003).** This measure is a 41-item self-report scale used to assess a counselor's self-efficacy concerning helping skills, management of the counseling process, and dealing with difficult client situations. There are six areas of helping skills explored including exploration (consisting of 5 items), insight (consisting of 5 items), action (consisting of 5 items), session management (consisting of 10 items), client distress (consisting of 5 items), and relationship conflict (consisting of 10 items). Scores are indicated on a 10-point Likert scale ranging from 0 (no confidence) to 9 (complete confident), with higher scores indicating more confidence. Examples of items include "keep session on track and focused," and "relationship conflict is dealing with issues that you personally find difficult to handle." In terms of reliability, the estimates for items on all the individual scales ranged from 0.79 to 0.94, with reliability of the total measure being strong, with an alpha coefficient of 0.97. The test-retest reliability indicates that this measure is stable over two-week periods, with correlations of 0.71 for exploration skills, 0.75 for insight skills, 0.59 for action skills, 0.76 for session management, 0.75 for client distress, 0.66 for relationship conflict, and 0.75 for the measure as a whole. In terms of validity, the measure demonstrated strong

convergent validity with the counseling self-estimate inventory and strong support for discriminant validity the social desirability measure (Lent et al., 2003).

**Supervisory Relationship Questionnaire (Cliffe, Beinart, & Cooper, 2016).**

This short form of the SRQ includes 18 questions that are completed by the supervisee about the supervision relationship. The questionnaire assesses three components of the supervision relationship including a Safe Base, Reflective Education, and Structure. Scores are indicated on a 7 point Likert scale from 1 (Strongly Disagree) to 7 (Strongly Agree). Examples of items include “my supervisor was non-judgmental in supervision”, “my supervisor encouraged me to reflect on my practice,” and “supervision sessions were focused.” In terms of reliability, the total scale showed high reliability with an alpha value of 0.96 and the subscales show high reliability with an alpha value of 0.97 (Safe Base), 0.89 (Reflective Education), and 0.88 (Structure). The test-retest reliability was appropriate with a high correlation of similar scores across a 2-4 week period ( $r=0.94$ ). The measure shows good convergent validity as evidenced by high correlations with other measures of supervision relationship (SRQ,  $r=0.95$  and WAI-T,  $r=0.92$ ) and negative correlations with measures of supervisory role conflict ( $r=-0.68$ ) and role ambiguity ( $r=-0.73$ ). Lastly, this measure showed appropriate divergent validity in that it measures a different construct than various personality factors such as psychoticism, extraversion, and neuroticism. In addition, this measure shows good predictive validity in regards to supervision effectiveness and satisfaction.

**Marlowe-Crowne Social Desirability Scale, Short Form C (Reynolds, 1982).**

This short form of the original Marlowe-Crowne Social Desirability Scale consists of an

appropriate reliability score of 0.76 and the internal consistency estimates range from 0.62 to 0.76. The 6-week test-retest correlation is appropriate with a value of  $r=0.74$  and it is correlated highly with the original MC social desirability measure ( $r=0.91$  to  $r=0.97$ ).

### **Data Analysis**

The SPSS statistical software was used to conduct all analyses for the above stated research questions. In order to address the research questions, preliminary analyses including correlations and multiple regressions were used. First, a multiple regression analysis was used to determine the relationship between the three independent variables (the supervisory relationship, authenticity, and direct clinical hours) and self-efficacy. In addition, a multiple regression was used to determine the interaction effect of the supervisory relationship and direct clinical hours on both self-efficacy and authenticity. Second, both the total scores and the subscale scores of authenticity and self-efficacy were correlated to understand the relationship between these two variables. Lastly, a commonalities test was used in order to determine the unique and shared variance of both the supervisory relationship and direct clinical hours to authenticity and self-efficacy.

## CHAPTER IV

### RESULTS

This chapter will be used to report the statistical findings found from the data analysis described in Chapter 3. The descriptive statistics, preliminary results, and the results from each research questions will be provided.

#### **Descriptive Statistics**

A total of 101 participants responded to the survey, of which 51 were from programs that were randomly sampled and the other 50 individuals were recruited through programs that were conveniently sampled. Of these initial respondents, a total of 54 were excluded. Reasons for exclusion included missing data ( $n=36$ ), not meeting the minimum criteria of enrollment in a clinical experience ( $n=14$ ) or reported no direct clinical hours although they identified as being in a practicum experience ( $n=4$ ). These latter four participants were excluded due to zero reported clinical hours interfering with the linear regression analysis. This left a final sample of 47 participants who were used for all analyses. The demographics of the sample will be described below and are reported in Table 1.

The average age of participants was 28.24 years ( $SD = 6.153$ ) and the sample consisted of 19 males and 54 females. The majority of participants were Caucasian (60.8%), while other participants reported their ethnicity as African American/Black (5.5%), Latino/Hispanic (2.0%), multiracial (2.9%), and other (2.0%) consisting of

Native American/Caucasian and Mexican American. The participants were either in a clinical mental health counseling track (29.4%), school counseling track (21.6%), marriage and family counseling track (8.5%), college counseling track (2.1%), career counseling track (2.1%), rehabilitation counseling track (2.1%), or a combination of two or more tracks (19.1%). Among this sample's total supervision hours ranged from 0 to 400 (site) and from 1 to 119 (university), with the average number of individual supervision hours as 33.46 ( $SD=50.49$ ), group supervision hours as 9.08 ( $SD= 9.65$ ) hours, and the triadic supervision hours as 30.30 ( $SD=26.61$ ). In addition, the average amount of supervision hours completed at the student's internship site for participants was 34.16 ( $SD=63.07$ ) and the average amount of university supervision hours completed was 40.95 ( $SD=32.12$ ). The range for direct clinical hours completed by the participants ranged from 2 to 650 hours with an average of 143.72 hours ( $SD=135.95$ ). In regards to their own personal counseling experience, 60.8% of participants had some sort of previous counseling and 30.4% of participants were currently in counseling during the time of this study.

*Table 1*

*Demographics*

<i>Variable</i>	<i>Mean</i>	<i>SD</i>	<i>n</i>	<i>%</i>
Age	29.38	6.76		
Gender				
Male			15	31.9
Female			32	68.1
Other			0	0

Ethnicity			
	White	40	85.1
	African American	3	6.4
	Latino	1	2.1
	Asian	0	0
	Native American	0	0
	Multiracial	1	2.1
	Other	2	4.3
Supervision Hours Type			
	On-site only	2	4.3
	University only	0	0
	Both	41	87.2
Number of Supervision Hours			
	On-site	34.16	41.27
	university	40.95	41.67
	Direct Clinical Hours	138.31	115.52
	Number of Individual Supervision Hours	38.30	59.90
	Number of Group Supervision Hours	8.60	10.15
	Number of Triadic Supervision Hours	30.54	28.51
Program type			
	Full-time	41	87.2
	Part-time	6	12.8
Current Counseling			
	Yes	24	51.1
	No	22	46.8
Previous Counseling			
	Yes	40	85.1
	No	7	14.9

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### Preliminary Analysis

The Authenticity Inventory 3, the Counselor Activity Self-Efficacy Scales, and the Supervisory Relationship Questionnaire all showed good psychometric properties, except for the Behavior subscale of the authenticity measure and the Structure subscale of the supervisory relationship measure. The means, standard deviations, and reliability statistics for each measure will be provided in Table 2. The same statistics will be provided for the subscales of each measure in Table 3. Social desirability was not of concern as the correlations between the social desirability measure and authenticity ( $r=0.16$ ,  $p=0.28$ ) and self-efficacy ( $r=0.04$ ,  $p=0.79$ ) were small and nonsignificant.

*Table 2*

*Means, Standard Deviations, and Reliability Statistics for Measures*

<i>Variable</i>	<i>Mean</i>	<i>SD</i>	<i><math>\alpha</math></i>
Authenticity Inventory 3	164.47	20.03	0.92
Counselor Activity Self-Efficacy Scales	298.26	34.46	0.94
Supervisory Relationship Questionnaire	100	17.46	0.93
Direct Clinical Hours	133.38	115.46	

*Table 3*

*Means, Standard Deviations, and Reliability Statistics of Subscales*

<i>Variable</i>	<i>Mean</i>	<i>SD</i>	<i><math>\alpha</math></i>
Awareness	46.70	6.23	0.81
Unbiased Processing	31.74	6.19	0.80

Behavior	35.30	5.62	0.60
Relational Orientation	48.04	5.88	0.77
Helping Skills	108.43	11.77	0.81
Managing the Counseling Process	75.36	10.16	0.91
Dealing with Difficult Client situations	114.47	16.99	0.91
Safe Base	52.91	11.19	0.96
Reflective Education	26.55	4.98	0.79
Structure	20.53	4.40	0.66

## Research Questions

### Research Question 1a

In order to answer the larger research question that is central to this study, several preliminary analyses were conducted. First, a multiple regression analysis was used to determine if authenticity, direct clinical hours, and the supervisory relationship predicted self-efficacy scores. The results of this analysis indicated a significant regression model, where authenticity, direct clinical hours, and the supervisory relationship explains 25% of the variance in self-efficacy ( $R^2 = 0.25$ ,  $F(3, 43) = 4.74$ ,  $p < 0.01$ ). To further understand this relationship, the standardized Beta coefficients revealed the contribution of each predictor to self-efficacy and these are reported in Table 4. Authenticity significantly predicted self-efficacy scores, but the supervisory relationship and direct clinical hours did not significantly predict self-efficacy. Multicollinearity was explored and all VIF scores were below 2.0, which is appropriate given these scores are below the recommended maximum scores of 5 (Rogerson, 2001) or 10 (Hair, Anderson, Tatham, &

Black, 1995; Kennedy, 1992), which anything greater than these would indicate a concern of multicollinearity. Also, the tolerance scores in the current study were greater than 0.6, which is higher than the recommended minimum score of 0.10 (Tabachnick & Fidell, 2001) as well as others who have indicated a score greater than 0.20 or 0.25 is not of concern (Huber & Stephens, 1993; Menard, 1995). A separate regression analysis was run to control for social desirability, and given the low relationship with self-efficacy, social desirability was not statistically significant, and the relationships found in Table 4 remained.

*Table 4*

*Regression Coefficients for Regression Model of Self-Efficacy*

<i>Variable</i>	<i>B</i>	<i>SE (B)</i>	<i>B</i>	<i>t</i>	<i>Tolerance</i>	<i>VIF</i>
(Constant)	159.42	42.04				
Direct Clinical Hours	.02	.05	.06	.40	.75	1.33
Authenticity	.75	.28	.43	2.63**	.64	1.56
Supervisory Relationship	.14	.29	.07	.48	.83	1.21

*Notes: R<sup>2</sup>=0.249, \*\*p<0.01*

### **Research Question 1b**

Correlations between the independent and dependent variables were analyzed in order to understand the strength and direction of these relationships and can be found in Table 5. There was a significant correlation between authenticity and self-efficacy ( $r=0.43, p=0.00$ ). These results supported the researcher's hypothesis and indicated that

the more authentic a counselor trainee is, the more efficacious they feel about working with clients. Specifically, authenticity was related at a moderate effect to Helping Skills ( $r=0.38, p=0.00$ ), and strongly to Managing the Counseling Process ( $r=0.58, p=0.00$ ). Total self-efficacy was related at a moderate effect to Awareness ( $r=0.47, p=0.00$ ), to Behavior ( $r=0.39, p=0.00$ ), and to Relational Orientation ( $r=0.40, p=0.00$ ).

In addition to the total scores of authenticity and self-efficacy having a significant relationship, majority of the subscales of authenticity and self-efficacy were related at  $p<0.01$  and all correlations are reported in Table 5. Specifically, the subscale of Awareness of authenticity related at a moderate effect Helping Skills ( $r=0.40$ ), and a strong effect to Managing the Counseling Process ( $r=0.70$ ). The subscale of Unbiased Processing related at a moderate effect to Managing the Counseling Process ( $r=0.37$ ). The subscale of Behavior related at a moderate effect to Helping Skills ( $r=0.33$ ) and to Managing the Counseling Process ( $r=0.48$ ) and at a weak effect to Dealing with Difficult Client Situations ( $r=0.29$ ). The Relational Orientation subscale of authenticity related at a moderate effect to Helping Skills ( $r=0.36$ ) and a strong effect to Managing the Counseling Process ( $r=0.50$ ).

*Table 5*

*Correlations of Total Scores and Subscales of Authenticity and Self-Efficacy*

<i>Variable</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>
1. Authenticity								
2. Self-Efficacy	.43**							
3. Awareness	.87**	.47**						
4. Unbiased Processing	.88**	.25	.66**					

5. Behavior	.84**	.39**	.64**	.66**				
6. Relational Orientation	.89**	.40**	.75**	.74**	.65**			
7. Helping Skills	.38**	.88**	.40**	.23	.33*	.36*		
8. Managing the Counseling Process	.58**	.86**	.70**	.37**	.48**	.50**	.72**	
9. Difficult Client Situations	.27	.91**	.27	.13	.29*	.28	.67**	.66**

Notes: \* $p < 0.05$ , \*\* $p < 0.01$

### Research Question 1c

Although the regression model from research question 1a was significant, when looking at the individual predictors, direct clinical hours and the supervisory relationship, they did not directly relate to self-efficacy and therefore they were not interpreted further.

A commonalities analysis was used to determine the unique and shared variance of the supervisory relationship and direct clinical hours on authenticity. The supervisory relationship and direct clinical hours together explained 36% of the variance in authenticity ( $R^2=0.36$ ,  $F(2, 45) = 11.01$ ,  $p=0.00$ ). Direct clinical hours significantly explained 19.1% of authenticity above and beyond what can be accounted for by the supervisory relationship and the shared variance of the model. The supervisory relationship uniquely explained 11.5 % of authenticity, leaving the variance shared by both the supervisory relationship and direct clinical hours explained 5.2% of authenticity. The results indicate that direct clinical hours explains a larger portion of unique variance in authenticity than the unique variance explained by supervisory relationship or the shared variance explained by the combination of both variables in the model.

### Research Question 1d

A multiple regression was used to determine the relationship between the interaction of the supervisory relationship and direct clinical hours on self-efficacy. The regression model was not significant ( $R^2=0.13$ ,  $F(3, 44) = 2.22$ ,  $p=0.10$ ). The results indicate that there is no significant interaction between the supervisory relationship and direct clinical hours on self-efficacy. However, the non-significant results may be due to a type II error, due to the smaller sample size. After conducting a post-hoc power analysis, this analysis did not have enough power (.50) and indicated that a sample size of 88 was needed for this analysis.

### Research Question 1e

A multiple regression was used to determine the relationship between the interaction of the supervisory relationship and direct clinical hours on authenticity. The regression model was significant and explained 50% of authenticity ( $R^2=0.50$ ,  $F(3, 44)=14.80$ ,  $p<0.01$ ). The standardized Beta coefficients are provided in Table 6.

Table 6

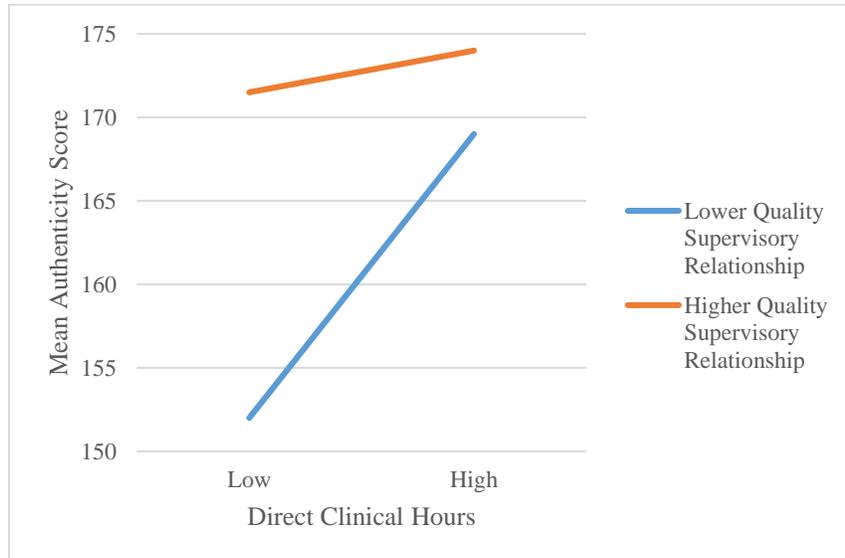
*Regression Coefficients for Regression Model of Authenticity*

Variable	<i>B</i>	SE ( <i>B</i> )	$\beta$	<i>t</i>	<i>p-value</i>
(Constant)	30.63	25.51		1.20	0.24
Direct Clinical Hours	.60	.14	3.52	4.41**	0.00
Supervisory Relationship	1.26	.26	1.12	4.85**	0.00
DCH*SR	-0.01	.001	-3.37	-3.92**	0.00

Notes:  $R^2=0.502$ ,  $p<0.01$

The interaction represented in Figure 1, suggests that students with a higher quality supervisory relationship tend to be more authentic regardless of the amount of direct clinical hours. However, students who have a lower quality supervisory relationship are less likely to be authentic as a counselor in the beginning stages of their training program, with direct clinical hours having a larger influence on their authenticity. In addition, students who report a lower quality supervisory relationship report lower levels of authenticity compared to students who report a higher quality supervisory relationship.

*Figure 1. Interaction of the Supervisory Relationship and Direct Clinical Hours on Authenticity*



## CHAPTER V

### DISCUSSION

Authenticity is an important construct in the counseling field and has roots of its importance in Carl Rogers' person-centered theory. However, researchers have not explored this construct in counselor trainees. A potential relationship between authenticity and self-efficacy has been explored (Mayton, 2017; Satıcı et al., 2013) and both the supervisory relationship and clinical hours have been theorized as influential factors to authenticity (Burks & Robbins, 2011; Prosek & Hurt, 2014; Rønnestad & Skovholt, 2003) and self-efficacy (Kozina et al., 2010; Moss et al., 2014; Tang et al., 2004). Despite previous links in the literature between these variables, researchers have yet to explore all of them together to determine their collective relationship. The purpose of this study was to determine the relationship between authenticity and self-efficacy as well as to determine if the supervisory relationship and direct clinical hours are influential factors that need to be considered.

Overall, based on the participant responses, the evidence supports the hypothesis that authenticity, the supervisory relationship, and direct clinical hours predicts counselor self-efficacy. As a result of this study, there is statistical evidence for the strength and significance of the relationship between authenticity and self-efficacy as well as support for significant relationships between the subscales of both variables. The results provide a

better understanding of the larger relationships between authenticity, self-efficacy, the supervisory relationship, and direct clinical hours, but further research is needed to explore the actual order of the variables.

## **Discussion of Results**

### **Research Question 1a/Hypothesis 1a**

The first hypothesis proposed that authenticity, the supervisory relationship, and direct clinical hours would significantly predict self-efficacy. This hypothesis was supported, with a large effect size, indicating that the predictors explained a large amount of the variance in self-efficacy. While the model explained a larger portion of variance in self-efficacy, direct clinical hours and the supervisory relationship did not have a direct, significant relationship with self-efficacy when authenticity was part of the model. These results conflict with the other significant relationships that have been found between supervision and self-efficacy (Cashwell & Dooley, 2001) and clinical experience and self-efficacy (Barbee & Combs, 2003; Heidel, 1999; Kozina et al., 2010; Leach et al., 1997; Moss et al., 2014; Tang et al., 20014). While not significantly related to self-efficacy, both the supervisory relationship and direct clinical hours were significantly related to authenticity. As a result, the supervisory relationship and direct clinical hours may be contributing more to authenticity, strengthening the relationship between authenticity and self-efficacy, which is contributing to the strong relationship between authenticity and self-efficacy, rather than each one having its own direct effect on self-efficacy.

### **Research Question 1b/Hypothesis 1b**

The hypothesis for this research question proposed that there would be a significant relationship between authenticity and self-efficacy, with an increase in authenticity resulting in an increase in self-efficacy. This hypothesis was supported this strong relationship provides more quantitative support for the previous link between authenticity and social self-efficacy in the literature (Satici et al., 2013). Considering self-determination theory, this relationship between authenticity and self-efficacy would exist because individuals have to fill the need of competence in order to be more authentic and self-determined. For counselor educators and supervisors, this implies that one way to influence self-efficacy in counselor trainees is to emphasize their authenticity, as well as to give some insight into the expected self-efficacy of a student who presents as inauthentic in supervision or the classroom. This relationship provides some justification for the addition of authenticity as a piece of professional development that needs to be implemented into supervision and the classroom. In addition, these results echo similar conclusions that authenticity is occurring in the counseling training program rather than only later in a counselor's career (Dollarhide et al., 2013; Gibson et al., 2010).

In addition to the relationship between authenticity and self-efficacy, it was hypothesized that the subscales of these variables would be related. This hypothesis was also supported for every subscale except for the subscales of Dealing with Difficult Client Situations and Unbiased Processing. Dealing with difficult client situations was not significantly correlated to authenticity (as a whole), Awareness, Unbiased Processing, and Relational Orientation. In addition, Unbiased Processing was not significantly related

to self-efficacy (as a whole) and Helping Skills. Lent et al. (2003) have even claimed that the subscale of Dealing with Difficult Client Situations may not be appropriate to use with counselor trainees as they may not have encountered enough difficult clients to report on. On the other hand, the subscale of Awareness was the strongest subscale used for authenticity and was correlated the strongest to self-efficacy of all the other authenticity subscales. This was not a surprising finding as awareness is a key aspect in most counseling training programs and involves counselor trainees learning about themselves and about their role as a counselor possibly for the first time. Therefore, not only is awareness the first step in being authentic according to Kernis and Goldman (2006), but it is an appropriate and possible place of intervention for increasing authenticity in counselor trainees. Counselor educators and supervisors need to work towards increasing this awareness of authenticity and this can be done through reflective exercises or integrating information on authenticity in courses or supervision.

### **Research Question 1c/Hypothesis 1c**

The hypothesis proposed that the supervisory relationship would explain more of the variance in both self-efficacy and authenticity rather than the shared variance of the supervisory relationship and direct clinical hours. This hypothesis was not supported, but rather direct clinical hours had a larger unique variance compared to the unique variance of the supervisory relationship and of the shared variance of both direct clinical hours and the supervisory relationship and was only true for authenticity. What this means is that direct clinical hours is contributing more to authenticity when compared to the supervisory relationship. In addition, the unique variance of direct clinical hours to

authenticity was significant, whereas the relationship between supervision and direct clinical hours to self-efficacy was not significant. This provides more support for the fact that the supervisory relationship and direct clinical hours may be contributing more to authenticity which is then contributing to self-efficacy rather than all contributing to self-efficacy independently. When making sense of this, Moss et al. (2014) claims this is because the clinical experiences are the contributor to the integration of counselor. However, this was surprising since Rønnestad and Skovholt (2003) provide more of an explanation of how supervision contributes to authenticity such as providing a place for reflection on one's identity to increase the awareness and increase one's ability to participate in unbiased processing.

#### **Research Question 1d/Hypothesis 1d**

It was originally hypothesized in this study that direct clinical hours and the supervisory relationship would interact. However, this was not supported and a post-hoc power analysis indicated that there was a lack of sufficient power. Therefore, the results should be interpreted with caution and there may be a risk of a type II error. Ultimately there were direct relationships between the supervisory relationship and self-efficacy, as well as direct clinical hours and self-efficacy, but not an interaction. This lines up with Larson and Suzuki's (1992) findings, which indicated that there is an increase in self-efficacy with more semesters of both the amount of supervision and clinical experience. A possible explanation for the lack of interaction effect may be that both the supervisory relationship and direct clinical hours contribute to self-efficacy independently and in their own way. When the quality of the supervisory relationship increases, self-efficacy

increases and as the amount of clinical experience increases, self-efficacy increases.

However, a lack of interaction implies that the supervisory relationship and direct clinical hours are parallel and are not dependent on one another in regard to self-efficacy.

### **Research Question 1e/Hypothesis 1e**

The hypothesis for this research question proposed that there would be a significant interaction between the supervisory relationship and direct clinical hours on authenticity. This hypothesis was supported, indicating that the supervisory relationship and direct clinical hours interact in relation to authenticity. The entire regression model predicted 50% of the variance in authenticity. These results support what other authors have suggested regarding how direct clinical hours would be a contributor to authenticity (Nelson & Jackson, 2003; Prosek & Hurt, 2014) as well as the proposed impact the supervisory relationship has on authenticity (Burks & Robbins, 2011; Vallance, 2004). The interaction found in the current study implies that when you have a higher quality supervisory relationship, direct clinical hours does not cause as much of an impact on authenticity. However, direct clinical hours does cause a larger impact on authenticity when the trainee has a lower quality supervisory relationship. Specifically, when a student has a lower quality supervisory relationship and less clinical hours they report lower levels of authenticity, but with this same lower quality supervisory relationship combined with a larger number of direct clinical hours students tend to report greater levels of authenticity. It should be noted however, that having a high quality supervisory relationship results in greater levels of authenticity compared to students who reported a

lower quality of the supervisory relationship, across both small and large amounts of direct clinical hours.

### **General Conclusions**

Ultimately, all of these results inform counselor educators and supervisors that most all aspects of authenticity and self-efficacy are related, both holistically and through unique aspects within the constructs. While clinical experience and the quality of the supervisory relationship are important in building efficacy on their own, being authentic is linked to increases in self-efficacy. This means that focusing on or emphasizing authenticity in counselor trainees is a potential way to produce effective and confident counselors. The supervisory relationship and the amount of direct clinical hours, which indicates how far along a trainee is in their program, are two components of the training program that can influence authenticity. While direct clinical hours cannot be changed or altered by counselor educators and supervisors, the quality of the supervisory relationship can. A higher quality supervisory relationship allows the counselor trainee to be more authentic even when they do not have much clinical experience, and this could be the vital place of intervention for counselor educators and supervisors. Based on the measure of the supervisory relationship in this study, supervisors can increase the quality of the supervisory relationship by providing a safe space for the supervisee, allowing the supervisee to reflect on their own development, and providing structure to supervision sessions (Beinart & Clohessy, 2009; Watkins & Riggs, 2012; White & Queener, 2003). When applying these aspects of the supervisory relationship to authenticity specifically, supervisors need to communicate and provide a space where the supervisee can be

themselves and allow them to reflect on how they show up authentically in their work with clients. Also, it can be helpful for supervisors to model their own authenticity and share their experience around their own professional development with their supervisees. Both of these approaches can increase the supervisee's awareness of their authentic self, which aligns with Gibson et al.'s (2010) idea of being a guide for supervisees to support them through their personal and professional integration.

While authenticity as a holistic construct directly related and explained a large amount of variance, it is important to note that not all subscales of authenticity related to the subscales of counselor self-efficacy. Specifically, it is important to understand that for this sample no relationship existed between various subscales of authenticity and Dealing with Difficult Client Situations (counselor self-efficacy) as well as Unbiased Processing (authenticity) and counselor self-efficacy (total and one subscale). In other words, the way counselor trainees taking in relevant information about the self, their awareness, and their authenticity in relationships and how they deal with difficult client situations does not seem to be related at all during this developmental stage in their career. Also, the way individuals process self-relevant information did not seem to be related to self-efficacy at this developmental level. A potential explanation could be that counselor trainees may not have encountered enough difficult client situations or have not been able to effectively process self-relevant information around difficult situations during the training program. Developmentally, counselor trainees may not have enough room for unbiased processing in their own heads due to their own doubts and anxiety, especially when they are early in their clinical training (Gibson et al., 2010; Rønnestad & Skovholt,

2003). When dealing with difficult client situations, trainees may be focusing more on the client rather than what they, as the counselor, contribute to the situation. On the other hand, awareness is a relevant and important aspect of authenticity that was present in this population and aligns with a core counselor value, increasing one's self-awareness. This aligns with Rønnestad and Skovholt's (2003) claim that it is the awareness of authenticity that is occurring in the later stages of the counseling program and if unbiased processing is an aspect of authenticity that comes after awareness (Kernis & Goldman, 2006) then these counselor trainees may only be reaching the first level of awareness in the training program. This could explain the lack of relationship between the self-efficacy subscale and unbiased processing as well as the strong correlations of the Awareness subscale and self-efficacy. Therefore, awareness may be an important aspect of authenticity that can be used to identify this in counselor trainees specifically.

### **Implications**

The results from this study have implications for both counselor educators and supervisors working with counselor trainees. Authenticity is a contributor to self-efficacy and is present in counselor trainees. Therefore, counselor educators and supervisors should intentionally encourage and promote authenticity in their students. Especially since a goal of counselor educators is to develop efficacious counselors, whom will have a positive impact on their clients in the future. Not only is it necessary to find ways to increase authenticity in counselor trainees, but the results of this study provide insight into various supervisees and students that counselor educators and supervisors work with. As an educator or supervisor, the more authentic student may present with more

confidence in their skills as a counselor and have different needs. Just as well, the student who does not know who they are may need to develop their own authenticity to feel more confident in their counseling skills. Authenticity has now been shown to be a piece of the self-efficacy puzzle and it would be ill-informed to not incorporate this into the education of counselor trainees.

Although increasing authenticity in counselor trainees is beneficial, this can appear to be rather vague. However, this study provided some insight into potential areas of both education and supervision that can help to accomplish this task. Since direct clinical hours cannot be altered, counselor educators and supervisors should focus in on the quality of the supervisory relationship they have with their students. Supervisors should consider how they show up authenticity with their own supervisees and help to create a safe space in which their students can reflect on their own personal development. Increasing the counselor trainee's awareness of how they bring their selves into their professional role maybe the most effective way to increase their authenticity in both the classroom and supervision settings. In addition, increasing the congruence of the supervisee in the supervisory relationship helps to increase the congruence of the counselor in the counselor-client relationship (Vallance, 2004). In order to accomplish this, a supervisor or counselor educator could bring attention and information to authenticity in both settings as well as helping students to connect their own strengths or qualities to the counseling role as a way of helping them to begin integrating this role in their identity (Burks & Robbins, 2011). This could also involve allowing freedom for the supervisee to integrate feedback into their own style of counseling (Vallance, 2004).

More specifically, a higher quality supervisory relationship is one that creates a safe base for supervisees, provides some form of reflective education, and has structure (Beinart & Clohessy, 2009; Watkins & Riggs, 2012; White & Queener, 2003). Therefore, supervisors should show up in a genuine manner and provide a safe space where supervisees can feel free to show up authentically, encourage reflection on one's professional and personal integration through reflective activities or focused feedback (Rønnestad & Skovholt, 2003).

Although there may not be a single most effective way to promote authenticity in counselor trainees, there are some possible activities that may be helpful. Counselor educators can incorporate this personal development of their counselor trainees into the curriculum through self-reflective exercises, exposure to various counseling styles, and criteria to observe this in students during their clinical experiences and give them feedback around how authentic they are. Supervisors can also provide a focus on authenticity by incorporating this element into their feedback and interactions such as modeling this for their supervisees, sharing their own journey around authenticity, and providing a focus on this area of development during supervision. The supervisory relationship has the potential to be a place of influence on authenticity as it is a place to model various aspects of the counselor's interactions with clients and the supervisor.

### **Limitations**

One of the limitations of this study was the self-report data that was collected because of the use of questionnaires. Self-report data can be misleading in that participants may not have understood the questions or answered truthfully. In addition,

filling out questionnaires requires that participants be aware of the construct that is being measured, which is not guaranteed when working with self-report data. Participants in this study may not have been aware of their own authenticity and therefore could not have answered the questions honestly.

In addition to self-report data, another limitation that applies to this study is missing data. There were many participant responses that were not included in the data analysis due to missing data. This may have been due to the length of the surveys, where participants dropped out without completing the entire study, or just that they were not comfortable answer some questions. Due to this missing data, some participants were excluded from this study, which increases the risk of coverage bias and decreases the generalizability of the results to all counselor trainees.

Another limitation of this study was the sampling methods, which reduces the generalizability of the results. About half of the participants were randomly selected to participate and the other half were conveniently selected based on faculty members the researcher was familiar with. Even though all students in these programs were given the same chance to participate in the survey, all programs in the US were not given the same chance. This sampling method was added due to the low response rate of the randomly selected programs but decreases the generalizability as a consequence.

The composition of the sample is a limitation to this study as it is under representative of the population. The sample consisted mostly of Caucasians and those in the clinical mental health and school track. Also, the entire sample only consisted of individuals within CACREP counselor education programs and therefore cannot be

generalized to non-CACREP programs. Authenticity is a trait that may look differently in other cultures, so these cultural differences need to be further explored and this limitation taken into consideration when interpreting the results.

The Behavior subscale of authenticity and the Structure subscale of the supervisory relationship was not reliable subscales for this population and is considered a limitation. This is not surprising due to the nature of counseling. The behavior questions may need to be altered to make it more specific to ways in which counselors show up authentically with their own clients. The participants may have felt that this was not appropriate to do with clients and therefore, this was not a reliable subscale measure. In addition, structure of supervision may not be important in terms of the supervisory relationship as this was only measuring boundaries of the supervisory relationship such as the focus and structure.

Lastly, the cross-sectional nature of this study is considered a limitation. This study design does not allow the researcher to interpret causal results nor does it provide the order in which these variables present in the model. Therefore, future longitudinal research is needed to determine the order of these variables in each relationship.

### **Future Research**

There is a lack of research quantitatively measuring authenticity in counselor trainees and more is needed to fully integrate a focus of authenticity in counselor education. Future research should explore different models of authenticity, self-efficacy, direct clinical hours, and the supervisory relationship, to determine the most appropriate

relationship. The results of this study provided hints that there may be a more appropriate model where direct clinical hour and the supervisory relationship contribute to authenticity, which then contributes to self-efficacy. In addition, the order of authenticity and self-efficacy has not always been clear in the literature and longitudinal data could provide some clarity around this.

To measure authenticity quantitatively, there is a need for an appropriate and specific measure. The authenticity measure used in this study was reliable, but some of the subscales did not meet the appropriate reliability scores. The subscale of Behavior was the weakest subscale of authenticity for this population and may reflect the need to adapt this subscale to counselors specifically by focusing on those specific questions. Behaving authentically with clients is not always appropriate for counselor trainees and although the definition helps to explain how one can remain authentic even if this is the case, the questions targeting this aspect of authenticity may not reflect this.

Adding to the results of this study, future research should also explore more thoroughly the relationship between the supervisory relationship, direct clinical hours, and authenticity. In this study, the supervisory relationship and direct clinical hours were large variables that had various aspects and it would be important to know what it is about each one that leads to authenticity. This could help to understand what supervisors specifically or behaviorally need to do to increase this in their supervisees or what possible client experiences counselor trainees need to be exposed to.

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## APPENDIX A

### PILOT STUDY

The pilot study was conducted to test the measures and procedures in order to make adjustments before completing the full research study. The purpose of this pilot study was to determine the length of time needed to complete all the measures, determine what kind of an incentive is needed in order to increase the response rate and completion of the study, and estimate the response rate given the current methodology.

#### **Research Questions**

The following research questions will be addressed with this pilot study:

1. How long does it take for participants to complete the demographic form, the Authenticity Inventory 3, and the Counselor Activity Self-Efficacy Scales?
2. What type of incentive do participants recommend as the most effective in getting participants to respond and complete the survey?
3. What is the estimated ratio of number of programs to number of students who complete the survey?

#### **Participants**

Participants include advanced master's counseling trainees who meet specific criteria. Criteria includes trainees will have to be enrolled in or have completed an internship experience, enrolled as a student in a CACREP masters training program, and at least 18 years or older.

## **Procedures**

When seeking IRB approval, it was determined by the UNCG IRB that this pilot study did not need approval. Three CACREP master's level counseling programs were selected from a list of 397 programs over the US. The researcher contacted the department chairs or the CACREP liason at three master's level CACREP counseling programs to recruit participants for this study. This individual was asked to forward the recruitment to all students in their program who meet the criteria. The forwarded email contained a link to a Qualtrics survey that contained the demographic form, the Authenticity Inventory, the Counselor Activity Self-Efficacy Scales, and a few follow up questions about an incentive. After about a week, a follow-up email was sent to the selected programs. Two of the three contacted individuals provided the correct contact information of the faculty member that could distribute the survey to students and an email was sent again to these individuals. The first five participants who completed the survey and provided their email address in a separate survey link were provided with a \$5 gift card to Amazon as an incentive.

## **Measures**

*Demographic Questionnaire.* The demographic section inquired about participant's age, gender, counseling track, theoretical orientation, personal counseling outside of program, number of hours of supervision to date, number of direct clinical hours to date, courses taken or enrolled in, and program type (full-time/part-time).

*Authenticity Inventory 3 (Kernis & Goldman, 2006).* This measure defines authenticity as the "unobstructed operation of one's true or core self in one's daily

enterprise” and is broken down into four subscales: awareness, unbiased processing, behavior, and relational orientation. This is a trait measure of authenticity that assesses the counselor as a whole. The self-report measure consists of 45 items with a Likert scale response from 1 (strongly disagree) to 5 (strongly agree). Examples of items include, “I am often confused about my feelings,” and “If asked, people I am close to can accurately describe what kind of persona I am.” The researcher will modify the instructions for counselor trainees by asking participants to think of themselves as a counselor when responding to the questions, not focusing on only the counselor role). Previous researchers have used the Authenticity Inventory 3 and modified it in order to measure authenticity in the work setting by eliminating two subscales and altering items (Boosch & Taris, 2014) as well as Mayton (2017) adapted the instructions on how to answer each question in reference to the counseling identity and reported a Cronbach’s alpha of 0.93 for the total authenticity score. This measure has produced appropriate and high internal consistencies in other studies including the modified versions of the measure (Brunell et al., 2010; Van Den Bosh, & Taris, 2014). The score will be calculated as both a total authenticity score and as separate subscale scores. In terms of reliability, the Cronbach’s alpha of the scores is as follows: for the total score, (alpha = 0.90), awareness (alpha=0.79), unbiased processing (alpha=0.64), behavior (alpha=0.80), and relational orientation (alpha=0.78). The following test-retest reliabilities were high over a four-week period: measure as a whole (alpha=0.87), awareness (alpha=0.80), unbiased processing (alpha=0.69), behavior (alpha=0.73), and relational orientation (alpha=0.80). The Authenticity Inventory 3 shows adequate convergent validity with measure of similar

constructs of both self-esteem and psychological well-being measures (Goldman & Kernis, 2002; Kernis & Goldman, 2006; Pisarik & Larson, 2011).

*Counselor Activity Self-Efficacy Scales* (Lent et al., 2003). This measure is a 41-item self-report scale used to assess a counselor's self-efficacy concerning helping skills, management of the counseling process, and dealing with difficult client situations. There are six areas of helping skills explored including exploration (consisting of 5 items), insight (consisting of 5 items), action (consisting of 5 items), session management (consisting of 10 items), client distress (consisting of 5 items), and relationship conflict (consisting of 10 items). Scores are indicated on a 10-point Likert scale ranging from 0 (no confidence) to 9 (complete confident), with higher scores indicating more confidence. Examples of items include "keep session on track and focused," and "relationship conflict is dealing with issues that you personally find difficult to handle." In terms of reliability, the estimates for items on all the individual scales ranged from 0.79 to 0.94, with reliability of the total measure being strong, with an alpha coefficient of 0.97. The test-retest reliability indicates that this measure is stable over two-week periods, with correlations of 0.71 for exploration skills, 0.75 for insight skills, 0.59 for action skills, 0.76 for session management, 0.75 for client distress, 0.66 for relationship conflict, and 0.75 for the measure as a whole. In terms of validity, the measure demonstrated strong convergent validity with the counseling self-estimate inventory and strong support for discriminant validity the social desirability measure (Lent et al., 2003).

*Follow-Up Questions.* Two follow-up questions were used to determine the type and amount of incentive needed for participation in the research study. The first question

asked, “In the recruitment email, it stated that you would be receiving \$5 for the first five people to complete the survey. Do you feel like this was an adequate incentive to complete this survey? The second question asked, “Regardless if you felt the current incentive was an effective incentive, please rank order what would be the most to least helpful in motivating you to participate and complete the survey if you would receive a survey like this in the future.” The answer choices for this question included a \$5 gift card to Amazon, a \$5 gift card to Starbucks, a raffle for one of 3 \$50 gift cards to Amazon, a raffle for one of 8 \$20 gift cards to Amazon (see Appendix E).

### **Data Analysis**

The first research question was analyzed based off the average amount of time it took to complete the measures. This information was recorded by Qualtrics for each participant. The second research question was analyzed based off the responses to the follow-up question at the end of the survey. The answers to this question provided the researcher with an idea of what kind of incentive and how much of an incentive is needed to complete this survey. For the third research question, the researcher determined the response rate with a ratio of number of programs recruited to number of students that complete the survey. This gives the researcher an idea of how many programs to select for an appropriate sample size.

### **Results**

Eight participants responded to the survey, of which only five were eligible to participate so the data analysis was conducted from these five individuals. The other three participants were not eligible because they have never been enrolled in an internship

experience. The average amount of time to complete the surveys was 25 minutes, with a range of 12.5 to 55 minutes. For the second research question, four out of the five participants felt that the incentive of a guaranteed \$5 gift card to Amazon for the first five participants was enough to participate in and complete the study. Two out of the five participants ranked the \$5 gift card to Amazon as the most effective incentive in order to complete this study in the future, three out of the five participants ranked the a \$5 gift card to Starbucks as the second most effective incentive to complete this survey, four out of the five participants ranked both the raffle for Amazon gift cards as the third most effective incentive to complete the survey, and two out of the five participants ranked the \$5 gift card to Amazon as the least effective incentive to participate in the survey. The results of this research question are represented in Table 7. For the last research question, the ratio of number of programs to responses was 3 to 5. Therefore, in order to sample at least 85 participants, the researcher will need to contact 51 programs and will plan to buffer this and contact 75 programs in total.

*Table 7*

*Percentage of Ranked Incentives by Participants*

<i>Incentive</i>	<i>1 (most effective)</i>	<i>2</i>	<i>3</i>	<i>4 (least effective)</i>
\$5 Gift Card to Amazon	40%	0%	20%	40%
\$5 Gift Card to Starbucks	20%	60%	0%	20%
Raffle for 1 of 3 \$50 Gift Cards to Amazon	20%	20%	40%	20%
Raffle for 1 of 8 \$20 Gift Cards to Amazon	20%	20%	40%	20%

## **Discussion**

The results of this pilot provided information on changes and modifications to be made to the procedures of this study. The researcher will change the time to take the survey on the consent form, given the time considerations that were evident from the pilot study. Based on the ranking of the incentive used in this pilot, the researcher will plan to maintain or alter the originally proposed gift card and increase the number of participants who will get it. The results solidified the potential number of programs to send the electronic email in order to get an adequate sample size to conduct analyses.

APPENDIX B

INFORMED CONSENT

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

CONSENT TO ACT AS A HUMAN PARTICIPANT

Project Title: The Relationship between Authenticity and Self-Efficacy in Counselor Trainees

Principal Investigator and Faculty Advisor: Heather Mayton (PI), Dr. Kelly Wester (FA)

Participant's Name: \_\_\_\_\_

**What are some general things you should know about research studies?**

You are being asked to take part in a research study. Your participation in the study is voluntary. You may choose not to join, or you may withdraw your consent to be in the study, for any reason, without penalty. Research studies are designed to obtain new knowledge. This new information may help people in the future. There may not be any direct benefit to you for being in the research study. There also may be risks to being in research studies. If you choose not to be in the study or leave the study before it is done, it will not affect your relationship with the researcher or the University of North Carolina at Greensboro.

Details about this study are discussed in this consent form. It is important that you understand this information so that you can make an informed choice about being in this research study.

If you have any questions about this study at any time, you should ask the researchers named in this consent form. Their contact information is below.

**What is the study about?**

This is a research project. Your participation is voluntary. The purpose of this study is to measure authenticity and self-efficacy in counselor trainees to determine if there is a relationship between these two and what factors may influence both authenticity and self-efficacy. The results of this study will help to provide a better understanding of the relationship between authenticity and self-efficacy and what factors may influence this relationship.

**Why are you asking me?**

You are being asked to participate because you are a master's level counselor trainee in a CACREP counseling training program and are currently enrolled in, or have completed, a clinical experience such as practicum or internship. You must be 18 years or older to participate.

**What will you ask me to do if I agree to be in the study?**

If you decide to participate, you will be asked to complete some questions online, which should take you approximately 25 minutes.

**Is there any audio/video recording?**

There will be no audio or video recording involved in this study.

**What are the risks to me?**

The Institutional Review Board at the University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. If the questionnaire prompts emotional stress, please contact the counseling center at your university for additional support. If you have questions, want more information or have suggestions, please contact Heather Mayton who may be reached at (336) 212-1787 and [hnmayton@uncg.edu](mailto:hnmayton@uncg.edu) or Dr. Kelly Wester at [klwester@uncg.edu](mailto:klwester@uncg.edu). If you have any concerns about your rights, how you are being treated, concerns or complaints about this project or benefits or risks associated with being in this study please contact the Office of Research Integrity at UNCG toll-free at (855)-251-2351.

**Are there any benefits to society as a result of me taking part in this research?**

A better understanding of how to promote efficacious counseling students, a better understanding of the counselor identity development, and an increase in a supportive and effective training environment for counseling students may result from this study.

**Are there any benefits to *me* for taking part in this research study?**

There are no direct benefits to you for taking part in this study.

**Will I get paid for being in the study? Will it cost me anything?**

There are no costs to you or payments made for participating in this study. However, the first twenty people to complete the study will receive a guaranteed \$5 gift card to Amazon and anyone who completes the survey after the first twenty participants will be entered into a raffle for one of thirty \$5 gift cards to Amazon.

**How will you keep my information confidential?**

No identifying information will be collected in the study, so all information you provide will remain anonymous and confidential. However, absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. Please be sure to close your browser when finished so no one will be able to see what you have been doing. In order to obtain the incentive, a separate survey will appear at the end of the initial survey that is not connected to your original responses on the questionnaire. You can provide your email address on this survey to be entered to be considered for the \$5 Amazon gift card. Electronic data will be stored on a password protected laptop.

**What if I want to leave the study?**

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

**What about new information/changes in the study?**

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

**Voluntary Consent by Participant:**

By continuing in the survey and answering questions you are agreeing that you read, or someone read to you, and fully understand the contents of this consent form and are openly willing consent to take part in this study. You also are indicating that all of your questions concerning this study have been answered.



8. Of the total number of clinical supervision hours (both on-site and university supervision), please check all the types of supervision and indicate the approximate number of supervision **hours** for each type.

Individual supervision \_\_\_\_\_

Triadic supervision \_\_\_\_\_

Group supervision \_\_\_\_\_

9. What theoretical orientation(s) do you most closely identify with?

\_\_\_\_\_

10. What type of counseling program are you enrolled in?

\_\_\_\_\_ Full-time      \_\_\_\_\_ Part-time

11. Which of the following courses have you completed during your masters program or are currently enrolled in? Please select all that apply.

\_\_\_ a counseling theories

\_\_\_ a helping skills and helping relationships course

\_\_\_ a multicultural counseling course

\_\_\_ a professional orientation and counseling ethics course

\_\_\_ a developmental counseling course

\_\_\_ a career counseling course

\_\_\_ a group counseling course

\_\_\_ an assessment/testing in counseling course

\_\_\_ a research methods in counseling course

12. Are you currently receiving counseling services as a client?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

13. Have you ever received counseling services as a client?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

APPENDIX D  
INSTRUMENTS

**Authenticity Inventory 3**

The following measure has a series of 45 statements that involve people's perceptions about themselves. There are no right or wrong responses, so please answer honestly. Respond to each statement by checking the answer which you feel most accurately characterizes your response to the statement. When responding to each statement, please consider your identity or yourself as a counselor, NOT your role as a counselor.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
1. I am often confused about my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I frequently pretend to enjoy something when in actuality, I really don't.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. For better or for worse I am aware of who I truly am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I understand why I believe the things I do about myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I want people with whom I am close to understand my strengths.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I actively try to understand which aspects of myself fit together to form my core- or true-self.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am very uncomfortable objectively considering my limitations and shortcomings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I've often used my silence or head-nodding to convey agreement with someone else's statement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

or position even though I really disagree.					
9. I have a very good understanding of why I do the things I do.	<input type="radio"/>				
10. I am willing to change myself for others if the reward is desirable enough.	<input type="radio"/>				
11. I find it easy to pretend to be something other than my true-self.	<input type="radio"/>				
12. I want people with whom I am close to understand my weaknesses.	<input type="radio"/>				
13. I find it very difficult to critically assess myself.	<input type="radio"/>				
14. I am not in touch with my deepest thoughts and feelings.	<input type="radio"/>				
15. I make it a point to express to people who are close to me how much I truly care for them.	<input type="radio"/>				
16. I tend to have difficulty accepting my personal faults, so I try to cast them in a more positive way.	<input type="radio"/>				
17. I tend to idealize people who are close to me rather than objectively see them as they truly are.	<input type="radio"/>				
18. If asked, people I am close to can accurately describe what kind of person I am.	<input type="radio"/>				
19. I prefer to ignore my darkest thoughts and feelings.	<input type="radio"/>				
20. I am aware of when I am not being my true-self.	<input type="radio"/>				

21. I am able to distinguish those aspects of myself that are important to my core-or true-self from those that are unimportant.	<input type="radio"/>				
22. People close to me would be shocked or surprised if they discovered what I keep inside me.	<input type="radio"/>				
23. It is important for me to understand the needs and desires of people who are close to me.	<input type="radio"/>				
24. I want people who are close to me to understand the real me rather than just my public persona or "image."	<input type="radio"/>				
25. I try to act in a manner that is consistent with my personally held values, even if others criticize or reject me for doing so.	<input type="radio"/>				
26. If I am in disagreement with a person who is close to me, I would rather ignore the issue than constructively work it out.	<input type="radio"/>				
27. I've often done things that I don't want to do merely so I would not disappoint people.	<input type="radio"/>				
28. I find that my behavior typically expresses my values.	<input type="radio"/>				
29. I actively attempt to understand myself as best as possible.	<input type="radio"/>				
30. I'd rather feel good about myself than	<input type="radio"/>				

objectively assess my personal limitations and shortcomings.					
31. I find that my behavior typically expresses my personal needs and desires.	<input type="radio"/>				
32. I rarely, if ever, put on a "false face" for others to see.	<input type="radio"/>				
33. I spend a lot of energy pursuing goals that are very important to other people even though they are unimportant to me.	<input type="radio"/>				
34. I frequently am not in touch with what's important to me.	<input type="radio"/>				
35. I try to block out any unpleasant feelings I might have about myself.	<input type="radio"/>				
36. I often question whether I really know what I want to accomplish in my lifetime.	<input type="radio"/>				
37. I often find that I am overly critical about myself.	<input type="radio"/>				
38. I am in touch with my motives and desires.	<input type="radio"/>				
39. I often deny the validity of any compliments that I receive.	<input type="radio"/>				
40. In general, I place a good deal of importance on people who are close to me understanding who I truly am.	<input type="radio"/>				
41. I find it difficult to embrace and feel good about the things I have accomplished.	<input type="radio"/>				

42. If someone points out or focuses on one of my shortcomings, I quickly try to block it out of my mind and forget it.	○	○	○	○	○
43. The people I am close to can count on me being who I am regardless of what setting we are in.	○	○	○	○	○
44. My openness and honesty in close relationships are extremely important to me.	○	○	○	○	○
45. I am willing to endure negative consequences by expressing my true beliefs about things.	○	○	○	○	○

## Supervisory Relationship Questionnaire

The next set of questions will ask you to rate your relationship with a clinical supervisor. Please think of the supervisor that you spend the most time with discussing clients and working on skill development.

Please indicate which supervisor (university or site) you will be rating with the following questions.

- University Supervisor
- Site Supervisor

The following statements describe some of the ways a person may feel about his/her supervisor. To what extent do you agree or disagree with each of the following statements about your relationship with your supervisor? Please indicate the rating which matches your opinion most closely.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree Nor Disagree	Slightly Agree	Agree	Strongly Agree
1. My supervisor was approachable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My supervisor was respectful of my views and ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My supervisor gave me feedback in a way that felt safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My supervisor was enthusiastic about supervising me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I felt able to openly discuss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

my concerns with my supervisor.							
6. My supervisor was non-judgmental in supervision.	<input type="radio"/>						
7. My supervisor was open-minded in supervision.	<input type="radio"/>						
8. My supervisor gave me positive feedback on my performance.	<input type="radio"/>						
9. My supervisor had a collaborative approach in supervision.	<input type="radio"/>						
10. My supervisor encouraged me to reflect on my practice.	<input type="radio"/>						
11. My supervisor paid attention to my unspoken feelings and anxieties.	<input type="radio"/>						
12. My supervisor drew flexibility from a number of theoretical models.	<input type="radio"/>						
13. My supervisor paid close attention to the process of supervision.	<input type="radio"/>						

14. My supervisor helped me identify my own learning/training needs.	<input type="radio"/>						
15. Supervision sessions were focused.	<input type="radio"/>						
16. Supervision sessions were structured.	<input type="radio"/>						
17. My supervision sessions were disorganized.	<input type="radio"/>						
18. My supervisor made sure that our supervision sessions were kept free form interruptions.	<input type="radio"/>						

### Social Desirability Measure

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide how it pertains to you.

Read each item and decide whether the statement is true or false as it pertains to you.

	True	False
1. It is sometimes hard for me to go on with my work if I am not encouraged.	<input type="radio"/>	<input type="radio"/>
2. I sometimes feel resentful when I don't get my way.	<input type="radio"/>	<input type="radio"/>
3. On a few occasions, I have given up doing something because I thought too little of my ability.	<input type="radio"/>	<input type="radio"/>
4. There have been times when I felt like rebelling against people in authority even though I knew they were right.	<input type="radio"/>	<input type="radio"/>
5. No matter who I am talking to, I'm always a good listener.	<input type="radio"/>	<input type="radio"/>
6. There have been occasions when I took advantage of someone.	<input type="radio"/>	<input type="radio"/>
7. I'm always willing to admit to it when I make a mistake.	<input type="radio"/>	<input type="radio"/>
8. I sometimes try to get even rather than forgive and forget.	<input type="radio"/>	<input type="radio"/>
9. I am always courteous, even to people who are disagreeable.	<input type="radio"/>	<input type="radio"/>
10. I have never been irked when people expressed ideas very different from my own.	<input type="radio"/>	<input type="radio"/>

11. There have been times when I was quite jealous of the good fortune of others.	<input type="radio"/>	<input type="radio"/>
12. I am sometimes irritated by people who ask favors of me.	<input type="radio"/>	<input type="radio"/>
13. I have never deliberately said something that hurt someone's feelings.	<input type="radio"/>	<input type="radio"/>

## APPENDIX E

### PILOT FOLLOW-UP QUESTIONS

In the recruitment email, it stated that you would be receiving \$5 if you were one of the first five people to complete the survey. Do you feel like this was an adequate incentive to complete this survey?

yes

no

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Regardless if you felt the current incentive was an effective incentive, please rank order what would be the most to least helpful in motivating you to participate and complete the survey if you would receive a survey like this in the future.

\_\_\_\_\_ \$5 gift card to amazon

\_\_\_\_\_ \$5 gift card to Starbucks

\_\_\_\_\_ Raffle for one of 3 \$50 gift cards to amazon

\_\_\_\_\_ Raffle for one of 8 \$20 gift cards to amazon

## APPENDIX F

### RECRUITMENT EMAIL TO FACULTY

#### **Pilot**

Initial recruitment email to faculty:

Hello (faculty member name),

My name is Heather Mayton and I am a third year doctoral student, currently working on the pilot study of my dissertation. My goal is to explore the relationship between authenticity and self-efficacy in advanced counselor trainees as well as the factors that influence these variables.

I am asking you to please consider distributing the recruitment email found below to masters students in your program that would qualify to participate. Qualifications criteria include:

- (1) Enrollment in CACREP master's level program
- (2) Currently enrolled, or previously completed, clinical internship program

Thank you for your consideration,

Heather Mayton

Follow-up email to faculty:

Hello (faculty member name),

I emailed you about a week ago about recruiting students from your counseling program to participate in my pilot study on authenticity and self-efficacy in advanced counselor trainees. Please consider distributing the recruitment email found below to masters students in your program that would qualify to participate. Qualifications criteria include:

- (1) Enrollment in CACREP master's level program
- (2) Currently enrolled, or previously completed, clinical internship program

Thank you for your consideration,

Heather Mayton

## **Dissertation**

Initial recruitment email to faculty:

Hello (faculty member name),

My name is Heather Mayton and I am a third year doctoral student, currently working on my dissertation. My goal is to explore the relationship between authenticity and self-efficacy in counselor trainees as well as the factors that influence these variables.

I am asking you to please consider distributing the recruitment email found below to masters students in your program that would qualify to participate. Qualifications criteria include:

- (1) Enrollment in CACREP master's level program
- (2) Currently enrolled, or previously completed, a clinical experience (either practicum or internship)

Thank you for your consideration,

Heather Mayton

Follow-up email to faculty:

Hello (faculty member name),

I emailed you about a week ago about recruiting students from your counseling program to participate in my research study on authenticity and self-efficacy in counselor trainees. Please consider distributing the recruitment email found below to masters students in your program that would qualify to participate. Qualifications criteria include:

- (1) Enrollment in CACREP master's level program
- (2) Currently enrolled, or previously completed, a clinical experience (either practicum or internship)

Thank you for your consideration,

Heather Mayton

## APPENDIX G

### RECRUITMENT EMAIL TO PARTICIPANTS

#### **Pilot:**

##### Email Recruitment Script:

Hello, my name Heather Mayton, I am a doctoral student at UNCG in the Counseling and Educational Development department. I am conducting research on authenticity and self-efficacy in advanced counselor trainees. I hope to understand more what the relationship looks like between authenticity and self-efficacy and determine what factors are influencing these variables throughout a counselor trainee's development.

If you are currently in a CACREP master's counseling program *and* enrolled in clinical internship experience *or* completed internship, I would love for you to consider taking part in this research study that asks about your authenticity and self-efficacy.

Taking part would mean answering some questions on an online survey, which may take a maximum 15 to 20 minutes. The first five participants to complete the survey will receive a guaranteed \$5 gift card to Amazon. In order to determine who receives the incentive, there will be a separate link to provide your email at the end of the study that is not connected to your recorded responses.

The link to participate in the study survey is  
[https://uncg.qualtrics.com/jfe/form/SV\\_eDJ3fLeq7DSBucd](https://uncg.qualtrics.com/jfe/form/SV_eDJ3fLeq7DSBucd)

Data from this study may be published in journals or presented at conferences. If you have any questions moving forward, the contact information for both Heather Mayton and Dr. Kelly Wester are listed on the consent form.

#### **Dissertation:**

##### Email Recruitment Script:

Hello, my name Heather Mayton, I am a doctoral student at UNCG in the Counseling and Educational Development department. I am conducting research on authenticity and self-efficacy in counselor trainees. I hope to understand more what the relationship looks like between authenticity and self-efficacy and determine what factors are influencing these variables throughout a counselor trainee's development.

If you are currently in a CACREP master's counseling program *and* enrolled in or have completed a clinical experience such as practicum or internship, I would love for you to

consider taking part in this research study that asks about your authenticity and self-efficacy.

Taking part would mean answering some questions on an online survey, which may take a maximum 25 minutes. The first twenty participants to complete the survey will receive a guaranteed \$5 gift card to Amazon. Anyone who completes the survey after the first 20 participants, will be entered into a raffle to win one of thirty \$5 gift cards to Amazon. In order to determine who receives the incentive, there will be a separate link to provide your email at the end of the study that is not connected to your recorded responses.

The link to participate in the study survey is

[https://uncg.qualtrics.com/jfe/form/SV\\_e3ryw5J8KHDm3nn](https://uncg.qualtrics.com/jfe/form/SV_e3ryw5J8KHDm3nn)

Data from this study may be published in journals or presented at conferences. If you have any questions moving forward, the contact information for both Heather Mayton and Dr. Kelly Wester are listed on the consent form.

## APPENDIX H

### IRB DECISION

**Pilot:**

**To:** Heather Mayton  
Counsel and Ed Development  
Counsel and Ed Development

**From:** UNCG IRB

**Date:** 8/28/2017

**RE:** Determination that Research or Research-Like Activity does not require IRB Approval

**Study #:** 17-0383

**Study Title:** Authenticity and Self-Efficacy in Counselor Trainees: A Pilot Study

This submission was reviewed by the above-referenced IRB. The IRB has determined that this submission does not constitute human subjects research as defined under federal regulations [45 CFR 46.102 (d or f)] and does not require IRB approval.

**Study Description:**

This is a pilot study to a larger study that will measure the constructs of authenticity and self-efficacy in a population of advanced counseling students (enrolled in a clinical internship experience) and provide cross-sectional data. Authenticity is referenced as an important part of the therapeutic relationship, self-efficacy is an important part of the counselor's performance, and yet there is little research measuring the relationship between these two in counselor trainees. For this pilot study, participants will complete a demographic form, an authenticity questionnaire, a self-efficacy questionnaire, and two follow-up questions about incentives. The aim of this pilot study is to determine how long it takes for participants to complete these three questionnaires, the response rate, and an appropriate incentive to complete and participate in the study. The results of this pilot study will inform the researcher of changes that need to be made to the procedures and methods.

If your study protocol changes in such a way that this determination will no longer apply, you should contact the above IRB before making the changes.

**Dissertation:**

**To:** Heather Mayton  
Counsel and Ed Development  
Counsel and Ed Development

**From:** UNCG IRB

**Date:** 11/09/2017

**RE:** Notice of IRB Exemption

**Exemption Category:** 2.Survey, interview, public observation

**Study #:** 17-0505

**Study Title:** The relationship between authenticity and self-efficacy in counselor trainees.

This submission has been reviewed by the IRB and was determined to be exempt from further review according to the regulatory category cited above under 45 CFR 46.101(b).

**Study Description:**

This study is a dissertation project that will measure the constructs of authenticity and self-efficacy in a population of counseling students (enrolled in a clinical experience, practicum or internship) and provide cross-sectional data. Authenticity is referenced as an important part of the therapeutic relationship, self-efficacy is an important part of the counselor's performance, and yet there is little research measuring the relationship between these two in counselor trainees. In addition, supervision and clinical hours have both been proposed as possible factors influencing both authenticity and self-efficacy. For this study, participants will complete a demographic form, an authenticity questionnaire, a self-efficacy questionnaire, and a questionnaire that assess the supervisor-supervisee relationship. The aim of this study is to explore the relationship between authenticity and self-efficacy in counseling students that are currently in or completing a clinical experience. In addition, this study will determine if and how the supervisor relationship and clinical hours influences this relationship. The results of this study will inform counselor educators of the identity development of counseling students and possible ways to promote authenticity in students.

**Investigator's Responsibilities**

Please be aware that any changes to your protocol must be reviewed by the IRB prior to being implemented. Please utilize the most recent and approved version of your consent form/information sheet when enrolling participants. The IRB will maintain records for this study for three years from the date of the original determination of exempt status. Signed letters, along with stamped copies of consent forms and other recruitment

materials will be scanned to you in a separate email. **Stamped consent forms must be used unless the IRB has given you approval to waive this requirement.** Please notify the ORI office immediately if you have an issue with the stamped consents forms.

Please be aware that valid human subjects training and signed statements of confidentiality for all members of research team need to be kept on file with the lead investigator. Please note that you will also need to remain in compliance with the university "Access To and Retention of Research Data" Policy which can be found at [http://policy.uncg.edu/university-policies/research\\_data/](http://policy.uncg.edu/university-policies/research_data/).

CC:  
Kelly Wester, Counsel and Ed Development