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Article 40

Counselor's Crisis Self-Efficacy Scale: A Validation Study

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Abstract

Nearly every day, news reports cover new major local, state, national, and international crisis situations. A purposeful sample of 171 master's-level counseling students was administered the *Counselor's Crisis Self-Efficacy Scale* (CCSES) prior to and following the completion of a crises intervention preparation course for mental health responders. The purpose of this research study was two-fold: (a) validate the CCSES and (b) examine the influence of a course in crises intervention on the preparedness of beginning counselors' perceived self-efficacy. Findings indicated that the CCSES was a valid and reliable instrument and counseling students had greater levels of crisis self-efficacy following participation in the crises intervention course.

Keywords: beginning counselors, counselor training, crisis intervention, crisis curriculum, crisis preparedness, crisis self-efficacy

Nearly every day, news reports cover new major local, state, national, and international crisis situations, such as rape, homicide, fire, and terrorism. Personal crises, such as divorce, death, and terminal illness, occur daily on a more individual basis.

Natural disasters, such as hurricanes or earthquakes; transitional lifespan disasters, such as pregnancy, divorce, or death; accidental disasters, such as fire or car accident; as well as incidents of violence, such as terrorism, school shootings, assault, and robbery all have the potential of causing extreme academic and cognitive stress and even significant behavioral changes (Calhoun & Tedeschi, 2014; Hoff, Hallisey, & Hoff, 2009). Crisis is defined as "a perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms" (James, 2008, p. 3). Counselors must be prepared to support clients who are experiencing crisis situations. For many new counselors, the prospect of supporting a client during a significant crisis might be intimidating, while other counselors might approach their client in crisis with the confidence that they have the knowledge, skills, and disposition to support a client in a crisis state.

Over the past several decades, random acts of violence in school or public settings have more than doubled (Bidwell, 2014; McAdams & Keener, 2008; Wihbey, 2015). Tragic and traumatic school shootings, such as the Sandy Hook and Columbine School shootings, devastate families and communities; community assults, such as the Oklahoma Bombing, World Trade Center attack, Aurora theatre shooting, or the Fort Hood military base shooting, pose crisis-oriented challenges never before experienced (Donahue & Tuohy, 2006; Webber & Mascari, 2010). Counselors across all settings report that a majority of their clients enounter high-risk situtations on a daily basis (Brown, Framingham, Frahm, & Wolf, 2015; Minton & Pease-Carter, 2011; Wachter, 2006). Suicide rates, for example, have globally increased by 60% (World Health Organization, 2012). Approximately 71% of counselors will work with a client who has attempted suicide (Rogers, Gueulette, Abbey-Hines, Carney, & Werth, 2001), and research estimates that 23% of counselors will experience a completion of a client suicide (McAdams & Foster, 2000). Military sources report that suicide among veterans has steadily increased during the 2000s, with ratios exceeding the statistics associated with civilian suicides by the year 2008 (McElroy & Oberst, 2014). Crisis situations on university campuses also appear to be on the rise, necessitating responses from mental health professionals (Eiser, 2011).

Research for improving response to crisis and disaster evolves, based on the unique needs of the community. For example, in 2008, the American Red Cross modified their policy on who they would train to become crisis and disaster workers (American Red Cross, 2008). The National Education Association (2015) regularly updates the *School Crisis Guide* designed to help educators provide stability while keeping the school safe. The National Child Traumatic Stress Network and the National Center for PTSD (post-traumatic stress disorder; 2006) released the second edition of the *Psychological First Aid: Field Operations Guide* along with editions specifically tailored to address the unique needs of schools, homeless populations, community religious professionals, and the medical reserve corps. In addition, James and Gilliland (2013), Jackson-Cherry and Erford (2014), and Granello (2010) emphasized the need for pre-crisis preparation as a core element of any crisis response model. As a result, it is imperative that counselors prepare to improvise, adapt, and make decisions grounded in both crisis response theory and the realities associated with responding to the immediate situation.

The 2016 Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2015) standards required counselors to be proficient in

implementing suicide prevention models and strategies as well as community-based and trauma-informed crisis intervention strategies. These standards also clarify the need for specialists to be able to address potential crises with their unique clientele. For instance, entry-level clinical mental health counselors are expected to be able to understand the impact of crisis and trauma upon mental health diagnoses, while clinical rehabilitation specialists are expected to be familiar with the potential impact of crises on unique disabilities; marriage and family counselors are expected to be able to help their clients address the impact of crises on the familial or marital relationship. School counselors must both understand the school's emergency management system in times of crises as well as help individual clients cope with crises that occur as part of daily life. Doctoral-level counselors are expected to exhibit leadership ability and be able to implement strategies during times of crisis. Clearly, it is crucial that all counselors possess the knowledge, skills, and disposition necessary to intervene in a crisis when necessary (CACREP, 2015).

To address the escalating levels of crises in our society, counselors must be prepared to address the demands of the profession (Allen et al., 2002). For persons in crisis, community and school counselors often deliver the first line of defense and intervention; therefore, it is imperative that counselors feel prepared to perform crisis intervention with clients immediately upon graduation from a counseling graduate program (McAdams & Keener, 2008). Despite all of the overwhelming evidence that counselors need to be prepared to intervene in crisis situations, only 10.6% of school counselors reported taking a specific course involving school crisis interventions, and 57% reported feeling inadequately or minimally prepared to handle crisis situations (Allen et al., 2002). Wachter and Barrios-Minton (2012) echoed these findings citing that most counselor training programs offer limited crisis intervention training and students garner much of their knowledge related to crisis intervention during their internship sequence. Associated with the reported feelings of inadequate preparation in the handling of crisis and disaster situations comes concern for the lack of attention to crisis intervention in counselor training. As a result, the overarching research questions guiding this study were: (1) Is the *Counselor Crisis Self-Efficacy Scale* a valid and reliable instrument? and (2) Is there a statistically significant mean difference in the beginning counselor's self-efficacy to counsel clients in crisis prior to and following the completion of a crisis intervention course?

Self-Efficacy and Preparedness

Self-efficacy is widely accepted as a construct for assessing "people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives" (Bandura, 1994, p. 71). Self-efficacy is a significant element in Bandura's social cognitive theory, where a holistic view of the learner is adopted and considered as an integral part of the environment. An individual's attitude, behavior, responses, and environment all work synergistically to create learning. Bandura indicated that this interaction of personal factors, behavior, and the environment directly impacts the behavior of the individual. These relational interactions should be viewed as reciprocal, with each creating change within the other as an individual's relational interactions draw from his or her own beliefs and cognitive competencies that

have been developed and affected by the influences of their environment (Bandura 1977, 1986).

Within the literature exists significant support for the relationship between self-efficacy, motivation, and performance, as well as the theoretical belief that higher levels of preparedness produce higher levels of self-efficacy (Bandura, 1994; Gist & Mitchell, 1992; Sawyer, Peters, & Willis, 2013). Social cognitive theory, grounded by empirical research, highlights the idea that human behavior is predictable and reciprocally influenced by both environmental and cognitive factors. Through his research, Bandura (1997) documented that individuals who possessed high levels of self-confidence in their abilities would approach difficult tasks as challenges rather than as obstacles and approach threatening situations with assurance that they can exercise control over the situation.

Bandura (1997) maintained that self-efficacy beliefs are not merely "passive foretellers" of one's ability level (p. 39), but they can also help govern and stimulate the motivation necessary to conduct the behavior. The more prepared an individual feels then the greater their self-efficacy. Research studies conducted in a variety of preparation programs (e.g., teaching, counseling, nursing) have concluded that a relationship exists between an individual's perceptions of his or her preparedness and his or her self-efficacy (Hoy & Spero, 2005; Leigh, 2008; Paton, 2003; Uhernik, 2008). Research findings have also identified a relationship between counselor self-efficacy and performance (Larson & Daniels, 1998; Sawyer et al., 2013), establishing the belief that the greater the counselor's self-efficacy, the greater his or her performance. For the purpose of this validation study, Bandura's social cognitive theory as it relates to self-efficacy served as the conceptual framework for understanding and predicting both individual and group behavior and identifying methods in which behavior could be modified or changed by increased self-efficacy.

Method

Participants

Participants consisted of a purposeful sample of master's-level counseling students (n = 171) enrolled in the crises intervention preparation course for mental health responders that was required during the last semester in their master's counseling program. Participant counseling students ranged in age from 24 to 50 with the majority being women (76.8%). In terms of race/ethnicity, 33.6% of participants were Caucasian, 30.1% were Latino/Hispanic, and 28.3% were African American. School counselors comprised 64.2%, while the remaining 35.8% were licensed counselors. Additionally, 37.8% were bilingual speakers. Participants were recruited from a midsized Gulf Coast public Hispanic serving university. The university's counseling program graduates licensed counselors that are employed within and outside a large urban city with a population of over 2.2 million people (6 million including surrounding metropolitan areas), a high crime index of 534.5 (national average = 287.5), and a location making it highly susceptible to hurricanes and terrorist attacks.

Crisis Intervention Curriculum

The crisis intervention preparation course for mental health responders included a strong foundation in crisis and disaster response (CACREP, 2015; Webber & Mascari, 2009, 2010). Crisis intervention training textbooks were utilized to present evidence-based models for crisis intervention (Cavaiola & Colford, 2011; Jackson-Cherry & Erford, 2014; James, 2008; Webber & Mascari, 2010). The texts described evidence-based strategies for addressing specific crises that emphasize ethical and multicultural components that must be observed during crisis response. Counseling students were introduced to a range of therapeutic tools and strategies that could be utilized based on the individual crisis situation, incorporated with new discoveries and trends, or infused with traditional practices and models (Webber & Mascari, 2009, 2010). Training that emphasized cultural and racial biases and assumptions were examined as part of this counselor training process to avoid unintentional labeling, misinterpretations, and inappropriate or ineffective counseling approaches (James, 2008). Training included discussions related to more common crises including, but not limited to, child maltreatment, suicide, homicide, intimate partner/domestic violence, sexual assault, psychiatric crises (such as PTSD), bereavement, school and workplace violence, natural disaster, and terrorism (Cavaiola & Colford, 2011; Jackson-Cherry & Erford, 2014; James, 2008; Webber & Mascari, 2009, 2010).

Reality preparation was included in the course instruction with suggestions that responders have a working knowledge of the unique service area as well as local cultural practices and attitudes (Allen et al., 2002). Training included a discussion of the realities associated with any crisis situation so that the counselor could facilitate a more contextual response. The course emphasized that a basic understanding of when and with whom individuals should intervene is often as important as how to intervene; unwanted, untimely, micro-culturally inappropriate attempts to intervene can prove to be the opposite of the intention and the safety of both the client and the counselor can be compromised. Course content acknowledged that when serving a highly agitated, potentially violent client population, crisis interveners need strong empathetic listening skills coupled with strategies for behavioral de-escalation and management of aggressive behavior (Brooks, 2010), such as those included in the Nonviolent Crisis Intervention Model (Crisis Prevention Institute, 2013).

After the counseling students extensively studied the theoretical strategies for approaching various crises and assessed the realities associated with their prospective client base, they tentatively planned intervention models that could support their client base and the situation. These plans included some level of modification on the part of the counselor as part of any pre-crisis preparation; alternate strategies could be crafted within the context of traditional guidelines for intervention (Granello, 2010; Query, 2010).

The gathering and organizing of resources and materials that could prove to be helpful during the intervention were presented as essential elements in pre-preparation. The development of a counselor's crisis response box was introduced. Response materials were gathered and placed in a physical container that could be readily accessible for crisis response. For instance, a crisis box (Sawyer, 2005, 2006) that could prove to be supportive in the event of a death at an elementary school might include appropriate literature, creative materials for expressing grief, list of external support organizations, and personal items the counselor may need throughout the response

(Sawyer & Coryat, 2009; Sawyer & Hammer, 2009). Although it was unrealistic and impractical to create response boxes for all types of crises, organizing boxes for identified crises most likely to occur seem to be both practical and empowering for the novice counselor (Sawyer & Hammer, 2009). The crisis/disaster training curriculum also stressed the recognition of the need for counselor self-care, both during and after the crisis situation (Cavaiola & Colford, 2011; Everly & Mitchell, 1999; Jackson-Cherry & Erford, 2014; James, 2008; Pender & Prichard, 2009; Steele, 2015; Webber & Mascari, 2010; Yin & Kukor, 2010).

Instrumentation Development

The *Counselor's Crisis Self-Efficacy Scale* (CCSES) is a 42-item instrument developed to measures a person's perception of his or her capability to adequately counsel clients who have suffered or are suffering from a crisis (e.g., divorce, death, suicide, rape). The CCSES was derived from two sources. The first source of items came from the *Social Work Self-Efficacy Scale* (SWSE; Holden, Meenaghan, Anastas, & Metrey, 2002). Twenty-four of the 52 items of the SWSE were selected for inclusion in the CCSES. First, modifications to these 24 items were made by converting the format of each item from a question into a statement and then renaming the three subscales of the SWSE to reflect counselors instead of social workers. Second, the scale was modified from an 11-point scale (0 = *Cannot Do at All*; 10 = *Certain Can Do*) to a 6-point scale (0 = *No Confidence at All;* 5 = *Complete Confidence*). For 13 of these 24 items used from the SWSE, the wording was altered to include the word "crises" and/or simplified for more specific understanding. For example, "Define the client's problems in specific terms," was modified to read as "Define the client's crises-related problems in specific diagnostic terms." Eighteen items of the CCSES not obtained from the SWSE came from the review of the literature and expertise of licensed counseling practitioners and university professors of counseling.

The CCSES was subjected to two rounds of validation to ensure that the instrument was measuring what it was intended to measure. The instrument was submitted to an expert panel of 10 professors teaching in graduate counseling programs at various higher education institutions to assess its content and face validity. Members of the expert panel were requested to comment on the content of the items, ordering and wording of the items, and whether items should be added and/or deleted from the survey. Following the first round of validation, it was recommended that five additional items be included along with a subscale measuring counselor self-efficacy regarding specific crisis situations. The later items became the first subscale of the instrument – Crises Situations. After the survey was revised based on the expert panel's comments, the panel reviewed it once more, along with a university program coordinator of counseling and a measurement expert prior to administration.

The final revised version of the CCSES consists of 42-items divided into four subscales (or factors): (a) Crises Situations (13 items), (b) Basic Counseling Skills (15 items), (c) Therapeutic Response to Crisis and Post-Crisis (8 items), and (d) Unconditional Positive Regard (6 items). Participants are asked to rank their behavior on a 6-point Likert scale (0 = *No Confidence at All,* 1 = *A Little Confidence*, 2 = *A Fair Amount of Confidence*, 3 = *Much Confidence*, 4 = *Very Much Confident*, and 5 = *Complete Confidence*) for each of the subscales. The larger the composite score per

subscale, the more self-efficacious a person perceives him or herself. For this study, the Cronbach's alpha reliability coefficients for the CCSES were found to be .98 for the entire instrument, .96 for Crises Situations, .96 for Basic Counseling Skills, .97 for Therapeutic Response to Crisis and Post-Crisis, and .96 for Unconditional Positive Regard.

Data Collection Procedures

In this IRB-approved study, participants enrolled in a crises intervention preparation course for mental health responders, which was required during the last semester in their master's counseling program, were solicited to complete a paper version of the CCSES at the beginning of the first night of the crises intervention course. This process was repeated at the end of the final class meeting. For both sets of surveys, an identifier was assigned to each survey to assure confidentiality. Along with the survey, each participant was provided with a cover letter stating the purpose of the study, acknowledging that participation in the study was voluntary, and noting that the participant identity would remain completely anonymous. The data were imported into SPSS from an Excel database for further analysis.

Data Analysis

Factor analysis. Following data collection, an exploratory factor analysis (EFA) was conducted to provide additional evidence of the CCSES' construct validity. A Kaiser-Meyer-Olkin (KMO), a measure of sampling adequacy, was conducted to confirm that an adequate sample size existed in order to move forward with conducting the EFA. An EFA is not recommended if the value of the KMO is below 0.5 (Cerny & Kaiser, 1977). The KMO value obtained for this study was high (0.960), suggesting adequate sampling size to conduct the EFA. Given that the Crises Situations subscale (13 items) was developed primarily to gather descriptive data about an individual's confidence to successfully counsel a client who had experienced a specific crisis situation (e.g., death, suicide, terrorism), an EFA was not conducted on this subscale.

To determine the fit of the factors, 29 of the 42 items were subjected to a principal component factor analysis using a varimax rotation method. The final number of factors of the CCSES were determined based on the results of the scree plot of the eigenvalues and Kaiser's criterion of the eigenvalue's being greater than one (Thompson, 2010). In a scree plot, the number of factors is determined by the number of data points located above the flat lined data points (Zwick & Velicer, 1986). Results of both measures indicated that the CCSES consists of three factors. The three factors accounted for 75.8% of the total variance, with factor 1 (Basic Counseling Skills) representing 62.3%, factor 2 (Therapeutic Response to Crisis and Post-Crisis) representing 8.3%, and factor 3 (Unconditional Positive Regard) representing 5.2% of the variance. The decision was made to retain all of the items and place them into a specific subscale based on the value of their factor loadings (correlations between each of the items and the factors). Items 1–15 are associated the most with factor 1 (factor loadings .630–.814), items 16–23 are associated the most with factor 2 (factor loadings .706–.803), and items 24–29 are associated the most with factor 3 (factor loadings .679–.845). Table 1 displays the results of the rotated factor matrix.

Descriptive and inferential statistics. Percentages, means, and standard deviations were calculated to assess the pre- and post-differences in participant responses in regards to counseling a client experiencing a crisis. The assumption of normality was assessed by measuring the skewness and kurtosis of the distribution of the subscale composite data, and all three were found to have a normal distribution. Two-tailed paired *t*-tests were calculated on the subscale composites to determine whether a statistically significant difference existed between pre- and post-self-efficacy in regards to providing basic counseling skills, therapeutic response to crisis and post-crisis, and unconditional positive regard to clients experiencing a crisis. In addition, the Wilcoxon signed rank test, a non-parametric statistical analysis, was conducted to assess whether the median ranks differed significantly from pre- to post-responses per survey item. Cohen's *d* and the coefficient of determination (r^2) were calculated to assess effect size, while Cronbach's alphas were calculated to assess the reliability of the instrument and its subscales.

Table 1

CCSES: Rotated Factor Matrix

Items	Basic Counseling Skills	Therapeutic Response to Crisis and Post-Crisis	Unconditional Positive Regard
1. Initiate and sustain empathetic, culturally sensitive, non-judgmental, disciplined relationships with clients in crisis.	**.687**	.333	.442
2. Utilize knowledge to plan for intervention for client in crisis.	**.814**	.274	.246
3. Intervene effectively with individuals in crisis.	**.742**	.349	.318
4. Intervene effectively with families in crisis.	**.792**	.349	.163
5. Effectively debrief with groups impacted by crisis.	**.775**	.306	.095
6. Maintain self-awareness in practice, recognizing your own personal values and biases, and preventing or resolving their intrusion into practice.	**.763**	.379	.253
7. Critically evaluate your own practice, seeking guidance appropriately and pursuing ongoing professional development.	**.683**	.465	.299
8. Practice in accordance with the ethics and values of the profession.	**.665**	.214	.519
9. Define the client's crisis related problems in specific diagnostic terms.	**.699**	.434	.024
10. Collaborate with clients-in-crisis in setting intervention goals.	**.673**	.499	.192
11. Define crisis related treatment objectives in specific terms.	**.727**	.386	.170

Table 1 (con't)

Items	Basic Counseling Skills	Therapeutic Response to Crisis and Post-Crisis	Unconditional Positive Regard
12. Effectively terminate counseling relationships.	**.635**	.153	.537
13. Maintain professional boundaries during, and after crisis related intervention.	**.648**	.110	.501
14. Utilize non-violent crisis intervention skills to promote the care, welfare, and safety of both the client and the helper.	**.656**	.324	.390
15. Employ personal care after a crisis so as to reduce secondary traumatization or burnout.	**.630**	.344	.336
16. Help clients to reduce irrational ways of thinking that contribute to their problems.	.324	**.803**	.206
17. Help clients explore specific skills to deal with certain problems.	.363	**.785**	.259
18. Help clients to better understand how the consequences of their behavior affect their problems.	.315	**.754**	.350
19. Help clients explore how to manage difficult or ambiguous feelings.	.379	**.761**	.301
20. Demonstrate to clients how to express their thoughts and feelings more effectively to others.	.341	**.800**	.292
21. Help clients to practice their new problem-solving skills outside of treatment visits.	.396	**.706**	.319
22. Guide clients in managing their own problem behaviors.	.410	**.733**	.312
23. Help clients set limits for others' dysfunctional or intrusive behaviors.	.380	**.736**	.233
24. Utilize reflection to help clients feel understood.	.291	.436	**.694**
25. Utilize reflection to help clients feel validated.	.320	.472	**.679**
26. Employ empathy to help clients feel that they can trust you.	.235	.355	**.845**
27. Provide emotional support and safe holding environment for clients.	.252	.379	**.810**
28. Help clients feel like they are safe to share emotions with you.	.265	.377	**.817**
29. Validate client successes to increase their self-confidence.	.197	.439	**.781**

Results

Crisis Situations

Participants were asked to rank pre- and post-self-efficacy concerning their perceived ability to adequately counsel clients who have suffered or are suffering from a specific crisis, such as child abuse, death, suicide, etc. Table 2 displays the results of participants' pre- and post-course responses. All 13 of the crises situations were covered within the curriculum of the crises intervention course. There was an obvious shift witnessed in the self-efficacy levels prior to the students taking the crises course and directly following. Prior to taking this course, the majority of the participants felt that they possessed "*No Confidence at All*" to a "*Fair Amount of Confidence*." At the completion of the semester, the majority of the participants reported that they felt "*Much Confidence*" to "*Very Much Confident*" in all of the crises situations presented in the course. These findings indicate that the knowledge and training received in the crises intervention course increased participants' sense of preparedness, and thus their self-efficacy to provide clients with adequate counseling services during times of a crisis.

Basic Counseling Skills

The *Basic Counseling Skills* subscale asked participants to rank their self-efficacy on topics such as effectively intervening with a client and/or family in crisis and collaborating with clients in crisis in setting intervention goals. Participants reported mean increases in self-efficacy greater than 1.0 for 11 of the 15 items (#1, 2, 3, 6, 9, 10, 11, 12, 13, 14, 15) and greater than 2.0 for three of the 15 items (#4, 5, 7) for this subscale. Mean increases in self-efficacy ranged from .90 (Practice in accordance with the ethics and values of the profession) to 2.13 (Effectively debrief with groups impacted by crisis). The results of the Wilcoxon signed rank test indicated that statistically significant mean differences ($p < .001$) existed among all 15 of the pre- and post-items.

To assess whether there was a statistically significant mean difference between the pre- and post-self-efficacy of the participants in regards to providing *Basic Counseling Skills* to a client in crisis, a two-tailed paired *t*-test was conducted. Findings suggested that there was a statistically significant mean difference between the pre- and post-self-efficacy scores, $t(170) = 11.92$, $p < .001$, $d = 1.56$ (large effect size), $r^2 = .615$. The crises intervention course had a large effect on the self-efficacy of the counseling students, and 61.5% of the variance in the students' reported self-efficacy can be attributed to the course.

Therapeutic Response to Crisis and Post-Crisis

The *Therapeutic Response to Crisis and Post-Crisis* subscale asked participants to rank their self-efficacy on topics such as helping clients explore specific skills to deal with certain problems and guiding the clients in managing their own problem behaviors. Participants reported mean increases in self-efficacy greater than 1.0 for all of the eight items for this subscale. Mean increases in self-efficacy ranged from 1.40 (Help clients to better understand how the consequences of their behavior affect their problems) to 1.72 (Help clients to practice their new problem-solving skills outside of treatment visits). The results of the Wilcoxon signed rank test indicated that statistically significant mean differences ($p < .001$) existed among all eight of the pre- and post-items.

Table 2

Pre/Post-Self-Efficacy: Crises Situations (%)

Crises Situations		No Confidence at All	A Little Confidence	A Fair Amount of Confidence	Much Confidence	Very Much Confident	Complete Confidence
1. Abandonment	Pre	5.8	**40.4**	32.2	9.4	11.1	1.2
	Post	0.0	1.8	19.6	35.7	**36.6**	6.3
2. Child Abuse	Pre	12.3	**37.4**	31.0	11.7	5.3	2.3
	Post	0.0	1.8	17.9	32.1	**42.0**	6.3
3. Death	Pre	8.2	**37.4**	28.7	17.5	4.7	3.5
	Post	0.0	1.8	10.7	23.2	**49.1**	15.2
4. Domestic Violence	Pre	9.4	33.9	**36.3**	11.7	7.0	1.8
	Post	0.0	3.6	14.3	32.1	**42.9**	7.1
5. Homelessness	Pre	10.5	**39.8**	30.4	8.8	7.0	3.5
	Post	0.0	6.3	14.3	29.5	**42.0**	8.0
6. Murder	Pre	38.6	**43.9**	10.5	2.9	3.5	.6
	Post	2.7	15.2	22.3	**29.5**	26.8	3.6
7. Kidnapping	Pre	36.3	**38.0**	19.9	4.7	0.6	0.6
	Post	1.8	10.7	22.3	**31.3**	**31.3**	2.7
8. Natural Disaster	Pre	9.9	23.4	**42.1**	14.6	5.8	4.1
	Post	0.0	0.9	12.5	17.9	**53.6**	15.2
9. School or Work-place Violence	Pre	12.3	29.8	**34.5**	15.2	4.1	4.1
	Post	0.0	3.6	13.4	28.6	**41.1**	13.4
10. Sexual Assault	Pre	22.8	**39.8**	24.0	7.6	3.5	2.3
	Post	0.0	5.4	21.4	28.6	**37.5**	7.1
11. Self-Mutilation	Pre	18.7	**35.1**	32.2	6.4	5.3	2.3
	Post	0.0	3.6	20.5	32.1	**33.9**	9.8
12. Suicide	Pre	29.8	**35.7**	22.8	6.4	4.1	1.2
	Post	0.0	3.6	25.0	26.8	**35.7**	8.9
13. Terrorism	Pre	**40.4**	35.1	16.4	4.7	2.3	1.2
	Post	2.7	16.1	18.8	27.7	**31.3**	3.6

To assess whether there was a statistically significant mean difference between the pre- and post-self-efficacy of the participants in regards to providing *therapeutic response to crisis and post-crisis*, a two-tailed paired *t*-test was conducted. Findings indicated that there was a statistically significant mean difference between the pre- and post-self-efficacy scores, $t(170) = 13.62$, $p < .001$, $d = 1.70$ (large effect size), $r^2 = .648$. The crises intervention course had a large effect on the self-efficacy of the counseling students, and 64.8% of the variance in those scores is attributable to the course.

Unconditional Positive Regard

The *Unconditional Positive Regard* subscale asked the participants to rank their self-efficacy on topics such as utilizing reflection to help clients feel understood and/or validated and providing emotional support and a safe holding environment for clients. Participants reported mean increases in self-efficacy greater than 1.0 for all of the six items for this subscale. Mean increases in self-efficacy ranged from 1.15 (Help clients feel like they are safe to share emotions with you) to 1.43 (Utilize reflection to help clients feel understood). The results of the Wilcoxon signed rank test indicated that statistically significant mean differences ($p < .001$) existed among all six of the pre- and post-items.

To assess whether there was a statistically significant mean difference between the pre- and post-self-efficacy of the participants in regards to providing the client with *unconditional positive regard*, a two-tailed paired *t*-test was conducted. Findings indicated that there was a statistically significant mean difference between the pre- and post-self-efficacy scores, $t(170) = 12.34$, $p < .001$, $d = 1.54$ (large effect size), $r^2 = .611$. The crises intervention course had a large effect on the self-efficacy of the counseling students, and 61.1% of the variance in those scores is attributable to the course.

Discussion

The CCSES was designed to measure a person's perception of his or her capability to adequately counsel clients who have suffered or are suffering from a crisis. The results of this study suggested that possessing a sense of preparedness increased the perceived self-efficacy of beginning counselors regarding their ability to effectively handle crises interventions. These findings are aligned with previous research (Cavaiola & Colford, 2011; CACREP, 2015; Granello, 2010; Jackson-Cherry & Erford, 2014; Query, 2010; Steele, 2015; Webber & Mascari, 2009, 2010), which supports the need for beginning counselors to participate in designated, organized coursework in crisis intervention theory and practice. Throughout the university's counseling program, all counseling students were introduced to a wide range of issues that could potentially become crises situations. The crises intervention course was offered at the end of the 48-hour program, concurrent with the last semester of internship. Data collected indicated that prior to the beginning of the crises intervention course, counseling students felt they had some level of proficiency in addressing crises situations.

However, after exposure to concrete theoretical models, opportunities for extensive discussion and role play, encouragement to use flexibility and informed judgment in selecting appropriate strategies to address culturally and community-specific crises, and time devoted to discuss the "Hows" and "What Ifs" of crisis intervention, the

counseling students were significantly more confident in their ability to support clients during times of crisis. The pre/post instrument administered in this study provided strong evidence that the crises intervention course significantly influenced the confidence levels of the counselors who participated in the course.

Implications of these findings for counselor preparation are that self-efficacy may be a critical variable in the perceived sense of preparedness felt by beginning counselors faced with crises situations. Coursework and professional development efforts should make every effort to embed opportunities for experiences that will improve the confidence levels of their participants. Better preparation will ensure that beginning counselors enter their client environments secure in their beliefs that they are able to handle crises situations. Future research should examine the impact of the crises curriculum not only on the perceived preparedness of the beginning counselors, but also on their own personal experiences as they encounter clients during crises situations in the field. Additional studies that explore other factors that could influence the perceived sense of preparedness and self-efficacy of beginning counselors could positively impact the design and development of effective counselor training programs and professional development initiatives.

Conclusion

Counselors must be prepared to address the demands of the profession (Allen et al., 2002, Wachter & Barrios-Minton, 2012), including making decisions related to how to best support their clients. Although many crises, such as domestic violence, divorce, sudden death, rape, or assault, appear to be somewhat common across cultures (Dykeman, 2005), regional or local crises require a counselor to possess the ability to improvise prepared response plans based on the nature of the crisis combined with the unique needs and norms of the community. Counseling students who participated in coursework that studied a variety of theoretical strategies for approaching various crises, assessed the realities associated with their prospective client base, and tentatively planned flexible intervention models that could potentially best support their client base felt confident in their abilities to make effective decisions and take appropriate steps to support clients during crises situations. The content presented in this crisis-training curriculum enhanced the student's self-efficacy related to appropriately responding to client needs during crises situations.

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