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Let's practice: Shaping crisis management of preservice counseling professionals

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Let's practice: Shaping crisis management of preservice counseling professionals

Abstract

Counselors frequently encounter crises in practice with various factors shaping crisis management. However, limited preparation and training combined with personal and situational characteristics affect a counselors' ability to properly handle a crisis. The purpose of the present study was to identify factors that could potentially affect the ability to handle a crisis in session among counselors-in-training and add to the understanding of self-efficacy in crisis counseling. The study consisted of participants enrolled in a practicum pre-service course in a CACREP accredited program. Results were analyzed through a narrative research approach, specifically a categorical-content narrative analysis, theory-driven thematic analysis and cross-case analysis was used to compare and contrast each point to identify common themes. Four predefined source of self-efficacy themes identified were performance experience, vicarious performances, verbal persuasion, and imaginal performance as well as three themes derived from narrative analysis: crisis management, practice self-care, and personal characteristics. Findings indicated participants' exposure to a crisis in a counseling session demonstrated increases in perceived ability to effectively manage and work with a client experiencing a crisis. Participants, who attended to a real or fictional crisis, expressed a positive impact on their crisis counseling self-efficacy. Implications for counselor education and practitioners are discussed.

Keywords

crisis management, crisis self-efficacy, counselor preparation, supervision

Professional counselors work with clients to assist with resolving problems through the development of agreed-upon goals. In counseling, a crisis is a situation when an individual's typical coping methods become ineffective resulting in a danger to self, or others (Hipple & Beamish, 2007). Crises are common in practice leading to a need for adequate preparation and strong confidence in crisis counseling skills among counselors (Sawyer et al., 2013). Even though the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and ethical codes pinpoint a need for crisis training, prevention models, and training in suicide prevention, research has reported limited curriculum exposure and lack of training in counselor-education programs (Morris & Minton, 2012).

Since crises are ubiquitous, counselors need to have an understanding of crisis and crisis management. A crisis involves a state of disequilibrium that affects a person's ability to utilize their resources and coping mechanisms (Golan, 1978). Crisis can also be defined as a person's perception of an event or situation as intolerable beyond a person's resources and coping mechanism that could cause severe affective, behavioral, and cognitive issues (James & Gilliland, 2016). Therefore, counselors can implement crisis interventions, using clients' own potential, to restore the psychological balance before the outbreak of the crisis (Zhang, 2021).

Counselors encounter various types of crises daily that can cause affective, behavioral, and cognitive stressors for counselors, clients, and supervisors (Collins & Collins, 2005). Therefore, counselors need to have the ability to manage a crisis during a session to decrease its potential impact on general well-being and interpersonal relationships. Multiple factors shape how counselors manage a crisis including the setting of the crisis, counselor self-efficacy, knowledge of counseling skills, and crisis management interventions (Greene et al., 2016; McAdams & Keener, 2008). Implementing a crisis-counseling curriculum and training throughout counselor

education programs will lead to higher self-efficacy among counselors in training upon graduation (Greene et al., 2016; Maniss et al., 2021) enhancing trainees' crisis counseling skills, knowledge, and communication.

Crisis Formation

Counselors need to understand that the psychological aspect of a crisis involves circumstances and personal perceptions about the event and resources available to handle the situation (Kanel, 2019). There are different types of crises, such as natural disasters, technological disasters, and human made disasters, that could threaten people's physical and emotional health (Cohen & Abukhalaf, 2021). In addition to external events, a crisis can also result from a threat to an individual person's life, home or property, and even one's well-being (James & Gilliland, 2016). Negative life events and disasters can affect a person's ability to respond positively to a triggering event.

Understanding the cycle of suicide/violence can help counselors be better prepared to manage a crisis (Greene et al., 2016; McAdams & Kenner, 2008; Morris & Minton, 2012). Individual characteristics, the event itself, and the ecological environment could shape a person's reaction to a crisis. According to McAdams and Kenner (2008), crises unfold, similarly to the cycle of suicide/violence, which include the following phases: precipitating events, events defining the crisis, and events following the crisis. The precipitating events tend to happen suddenly affecting a person's coping mechanism leading to a state of disequilibrium. When these events become too much to manage, the individual moves to the second phase, events defining the crisis. Lastly, there are the events following the crisis. Having an understanding of the factors involved in crises can have a positive impact on a counselor's confidence in managing the situation effectively. While

crises unfold in a similar cycle, individuals may respond differently to a comparable event or even at different times.

Counselors can use a four-part formula to understand the process of crisis formation: precipitating event, perception, emotional distress ending and lowered functioning when coping fails (Kanel, 2019). The precipitating events start to build with potentially no or limited options to return to a pre-crisis stage (McAdams & Keener, 2008). A precipitating event could be personal or environmental including a perceived loss (e.g. death, employment challenges, and functional loss) or traumatic experiences (e.g. natural disasters, human made attacks, and violence). For counselors, it is important to understand that the person's perception of the situation affects one's ability to cope with the added stress (Kanel, 2019). The perception of the event is crucial for effective crisis intervention because the counselor can support the client to alter cognition and perception of the event.

Based on the clients' perceptions of the crisis, individuals experience an emotional reaction. During the emotional distress phase, an individual may experience a rise in anxiety and navigate the stages of death and dying (Kubler Ross' stages: shock, disbelief, distress and panic) (Corr, 2021; Kanel, 2019). For instance, a person who was sexually assaulted could experience feelings of guilt, anger, dissociation, and fatigue leading to a vulnerable state. If the emotional distress becomes excessive, the individual may struggle functioning in educational, social, and personal areas. The counselor can help the client to overcome anxiety and emotional reactions by changing perceptions of the precipitating event and enhancing coping behaviors (Kanel, 2019). Counselors strive to avoid the lowered functioning when coping fails by changing perception of the precipitating event and develop new coping strategies to decrease emotional distress and increase functioning.

Crisis Management

The goal of crisis management is to assist the client in returning to their pre-crisis level of functioning (McAdams & Keener, 2008). Managing a crisis cannot be reduced to a simple set of procedures, requiring counselors to be flexible when using frameworks in practice (Dupre et al., 2014). Crises involve a precipitating event, an emotional response, and an intervention that can change behaviors and interpersonal functioning (James & Gilliland, 2013; Roberts, 2005). Moreover, clients in crisis are in a state of psychological disequilibrium because of stressful events that challenge their coping abilities (Caplan, 1964; Sandoval et al., 2009). Effectively managing a crisis involves the use of different counseling skills, knowledge, and interventions (Greene et al., 2016; Kanel, 2019; Miller, 2012; Sawyer et al., 2013).

Utilizing various intervention models can provide counselors with a framework to apply their crisis counseling skills and techniques (Greene et al., 2016). Counselors can use crisis interventions to develop rapport with clients very quickly to offer some relief to the trauma experience (Kratcoski, 2017). More specifically, crisis interventions are used to organize client information related to personal characteristics, factors of the crisis, and characteristics of the crisis to develop an appropriate treatment plan (Roberts, 2002; Sjølie et al., 2010). The specific crisis intervention can have a profound influence on the client's progress in treatment and overall well-being (Al-Sulaiman et al., 2018; Del Re et al., 2021).

Counselors use different sets of skills and knowledge during a crisis. According to Dupre et al. (2014) a counselor must develop a therapeutic alliance quickly with a distressed individual while rapidly assessing their psychological state. Some useful counseling skills in a crisis include awareness of verbal and non-verbal behavior, unconditional positive regard, and constant attending (Kanel, 2019; Sandoval et al., 2009). Moreover, counselors use active listening as a non-directive

behavior to empower clients to decide on their plans (Mishara et al., 2007). School counselors have also reported multiple strategies and interventions including genuineness, trust, group play therapy, guidance lessons, and referrals (Brown, 2015). Counselors must also recognize developmental and socio-cultural factors that may influence the crisis. Effective counselors tend to handle a crisis first (Allen et al., 2002; Peters et al., 2017) using cultural sensitivity and ethical mandates to strengthen clinical practice (Kanel, 2019).

McAdams and Keener (2008) stated that counselors must maintain in-crisis awareness to handle crises and work effectively with other professionals that may be part of the treatment team. Ultimately, the major goal of crisis intervention is to increase the client's functioning with proper coping and problem-solving skills. Counselors need to let the crisis occur at its own pace, and must avoid attempts to abbreviate the process. Speeding up the recovery process could leave certain problems unresolved leading to another crisis in the future. Once the crisis has subsided, the counselor and client can take time to explore issues related to physical loss, decreases in self-esteem, freedom, or other perceived losses. Lastly, counselors need to have an understanding of post-crisis awareness and post-crisis recovery (Greene et al., 2016; McAdams & Keener, 2008).

Crisis Management Preparation

According to CACREP (2015) standards, counselors need training in crisis intervention and suicide prevention models and strategies as well as assessment of the risk of aggression, dangers to others or self, and in identifying trauma and abuse. Counselor preparation, including pre-crisis education and rehearsal, can reduce the risk of a negative outcome (McAdams & Keener, 2008) and develop skills to provide psychological support to clients leading to coping, adapting, and rebuilding (Ride & Bretherton, 2011). Moreover, students can learn to address safety plans,

provide resources, as well as encourage empowerment while working with the traumatic stress (Perez et al., 2012).

During crisis preparation training, students can learn to recognize the impact of a crisis on self and others. When helping a client in a crisis, a counselor can provide focused help resulting in a stable, high level of functioning that could prepare the client for future stress (Kanel, 2019). Once the situation calms down, the counselor can use the crisis as a learning opportunity for the client and for self. Crisis intervention provides the opportunity and mechanisms for change to support individuals who are experiencing psychological disequilibrium (Stevens & Ellerbrock, 1995). Therefore, the counselor recognizes the immediate impact of effective crisis counseling interventions and skills while identifying potential community resources to reinforce the change.

Additionally, counselor preparation must consider personal, cultural and environmental factors shaping crisis response and management. In training, counselors can enhance their self-awareness to provide effective crisis counseling. Thus, counselors need to recognize their own trauma and to implement self-care strategies to cope with shared trauma with clients (Bell & Robinson, 2013). Counselors also need to learn cultural sensitivity with knowledge of cultural practices and have an understanding of various systems affecting the individual as well as resources available in the community (Inman et al., 2019). In addition, students need to effectively develop counseling relationships with clients, based on trust and flexibility, to use their crisis management skills (Crumb et al., 2019).

However, there is limited crisis management curriculum and training for clinical and school settings (Morris & Minton, 2012). For counselors in training, managing a crisis can be challenging due to a lack of field experience, poor training, and limited exposure to crisis preparation in courses (Bigante, 2007; Morris & Minton, 2012). Counseling students may also have limited therapeutic

self-awareness leading to poor recognition of one's own emotion, values, opinions, and behaviors in relation to different types of crises (Kanel, 2019). Consequently, crisis intervention curricula can enhance a future counselor's skills to help clients and identify personal triggers for unethical behavior during a crisis.

Because counselors are often expected to provide services and manage crises in clinical settings (Miller, 2012), it is imperative that crisis counseling training prepare students with clinical knowledge and skills specific to crisis intervention (Morris & Minton, 2012; Sawyer et al., 2013). Although trainees can increase their ability to handle a crisis with proper crisis management skills and training, contemporary literature identifies insufficient quality and quantity of crisis counseling training (Allen et al., 2002; Minton & Pease-Carter, 2011). Specifically, among the 654 CACREP- accredited counseling programs, only 192 (29.4%) required students to enroll in a crisis counseling course (Guo et al., 2016). Furthermore, when it comes to crisis curriculum, Greene et al. (2016) indicated that counselors-in-training would be better prepared to manage crises upon graduating if the crisis curriculum was spread throughout the core classes within the masters-level training program rather than condensed into a standalone crisis intervention course.

In crisis management training, counselors can learn to follow steps to respond to client suicide and client violence (McAdams & Keener, 2008). A crisis model represents a conceptual framework that can help providers to meet clients' needs and apply best crisis management practices. There are multiple models to support clients' responses to crises such as the Preparation, Action, Recovery (PAR) model, the PREPaRE model (Prevent and prepare; Reaffirm; Evaluate; Provide interventions and Respond) (Brock et al., 2016) and the ABC model of crisis intervention (Kanel, 2019). McAdams and Keener (2008) identified the preparation, action, and recovery (PAR) framework to provide a roadmap for crisis preparation and to outline the responsibilities of

the counselor in a crisis. Similarly, the PREPaRE model and ABC model are problem-focused approaches to help manage a client's crisis.

Handling a Crisis: Crisis Self-efficacy

In addition to the crisis management models, training, and strategies, counselors can also utilize additional skills to handle a crisis. Research on counselor self-efficacy, in both general counselor self-efficacy and self-efficacy specific to certain counseling tasks, has shown its valuable role in training and practice (Lent et al., 2003; Mesrie et al., 2018; Parikh-Foxx et al., 2020). According to Bandura (1986), self-efficacy is shaped by thoughts that affect action based on an individual's judgment of their abilities to effectively deal with a situation. Additionally, multiple internal processes – beliefs, emotions, ability, willingness, attitudes, readiness, and estimated self-appraisal- influence a person's self-efficacy (Elliott et al., 2018).

Moreover, Bandura (1997) suggested four categories of experiences that play a role in the development of self-efficacy: mastery experience, vicarious experience, verbal persuasion, and physiological arousal. Mastery experience focuses on the evaluation of the results of one's previous performance while the evaluation of the observation of others' activities is a vicarious experience (Bandura, 1986). A third source of self-efficacy, verbal and social persuasions, comes from influential others in the form of encouraging feedback that can influence the performance of a task. Another source that can also shape one's self-efficacy is an individual's physiological and affective states. Finally, imaginal experiences or visualizations involve visualizing oneself behaving effectively in a specific situation (Maddux, 1995).

In crisis counseling skills development, supervision represents an example of verbal persuasion that can improve counselors in training's ability to handle a crisis. Counselors, in training and practice, have identified clinical supervision as necessary to address a crisis (Dupre

et al., 2014). Supervisors support crisis management skills development for new counselors by providing constructive feedback, support, and different perspectives (Maniss et al., 2021). Furthermore, clinical supervision prepares counselors-in-training for a crisis with a seasoned practitioner guiding students to effectively handle crisis situations (Holstun et al., 2019).

In addition, counselors can enhance their crisis management skills using role-playing in crisis preparation as a form of imaginal performances. A challenge for counselor education programs could be finding opportunities to practice working with distressed individuals experiencing a crisis. However, counselors in training can practice crisis counseling with role-play transcripts creating opportunities for practice in low-risk environments (Demasi et al., 2019). Similarly, experiential and didactic teaching methods (e.g. video demonstrations, role-plays, and observation of assessments) can increase knowledge and perceived ability to help suicidal clients among counselors in training (Gallo et al., 2019; Gryglewicz et al., 2019; Stewart et al., 2020).

In crisis management, counselors have reported low self-efficacy regarding crisis response including feeling inapt and unprepared (Binkley & Leibert, 2015). Failure to manage a crisis successfully can lead to a loss of self-efficacy on the part of the counselor, and a loss of faith in the counseling process on the part of the client. Counselors must be flexible enough to change their priorities in the middle of a crisis as a need presents itself (Sawyer et al., 2013). Counselors also need to provide direct counseling services during and after the crisis to ensure the client's safety and help clients regain adequate levels of autonomous functioning (Bigante, 2007).

Even though self-efficacy can play a role in clinical decisions, there is a small body of research examining counselors' development of self-efficacy (Douglas & Morris, 2015). Counselors can increase their ability to perform well in crisis management by influencing their self-efficacy (Maniss et al., 2021). While research has demonstrated a need to increase crisis self-

efficacy, counseling programs can intentionally infuse strategies to better prepare counselors for crisis management. Therefore, the goal of this study was to explore factors that influence preservice counselors' crisis self-efficacy to work with clients experiencing a crisis in session. Specifically, this study aimed to answer the following research questions: What experiences of preservice counselors influence their crisis counseling self-efficacy? What are some personal characteristics that could shape students' crisis counseling self-efficacy?

Methods

This research aimed to understand potential factors that can influence crisis self-efficacy among preservice counselors. A qualitative research design and a narrative research tradition captured the experiences and viewpoints of participants. A qualitative approach attempts to understand and find meaning from the perspective of participants (Merriam, 2002). A narrative study explores the experiences of individuals offering practical, specific insights (Creswell, 2012) and provides a description of a person's experiences. In this study, a narrative inquiry helped to capture participants' experiences with a crisis in interviews and journal writing. Moreover, a systematic methodology helps to examine representation across cases with an emphasis on words and experiences.

Participants

All eight participants, who voluntarily agreed to participate in the study, were enrolled in a practicum pre-service course in a CACREP accredited program. The instructor of the class was not involved in the research project. Five participants identified as Caucasian/White, two participants identified as African American or Black, and another as Hispanic/Latin@. Six of the participants referred to themselves as cisgender females and two as cisgender males. The average

age of participants was 29 years old at the time of the interview. Participants completed their field experience in a community mental health clinic in a rural community.

At the time of the study, participants had one counseling content or no classes left before enrolling in their internship experience course. Only two participants had experience working with clients in crisis before completing practicum while two reported taking a crisis management course. All participants stated a desire for hands-on direct crisis counseling experience and improved crisis-counseling instruction during their training. They explicated feeling a bit unprepared to handle a crisis during a session at different points in their practicum experience.

Procedure

Since crises happen often in counseling sessions, the purpose of this study was to identify potential factors that could potentially affect the ability to handle a crisis in session among counselors-in-training. Proper approval from the Institutional Review Board (IRB) was obtained before using a semi-structured interview protocol, requesting for reflective journals, and using purposive sampling to identify participants for interviews. The interview protocol included informed consent, a demographic questionnaire, and open-ended interview questions.

After obtaining the signed informed consent and completing the demographic form, an interviewer, who was uninvolved in the research project, scheduled and carried out a semi-structured interview. Participants had established a relationship with the interviewer and were informed that they could withdraw from the interview at any time. Moreover, one pilot group of preservice counselors helped to provide feedback to improve questions and remove any potential research bias. After the feedback, minor adjustments were made to the questions to improve readability and comprehension. Participants also utilized reflective journals to jot down reactions, ideas, and emotions after each experience working with a client in crisis.

Data Collection

Each participant partook in a one-hour, face-to-face interview that was audio recorded for verbatim transcription. Based on relevant literature, the research questions were developed to further understand existing data regarding factors affecting crisis self-efficacy and/or add new information regarding personal factors shaping crisis self-efficacy. Participants answered these questions: what could help you to handle a crisis in a session? Since crises are common in counseling, what tools could help you to address one? How did having or observing a crisis in session help you to strengthen your abilities to handle a crisis? How can constructive feedback enhance crisis management skills? How can you overcome challenges that could affect your crisis management skills? Each interview was recorded in a semi-structured manner with follow-up clarification questions as needed. Each interview occurred after all participants had worked or observed a session with a suicidal client and contemplated working with the client described in the vignette. Moreover, each participant completed at least two reflective journal pieces: one after the session with the client with suicidal ideation and another one after evaluating the vignette. Finally, the clinic site supervisor (clinic director) also provided impressions and feedback on the crisis management abilities of trainees, in real and fictional situations as part of field observations.

Data Analysis

Before collecting data, all team members recorded their expectations and biases to reduce avoidable subjectivity, identify potential problems, and assess learning after the study. Team members identified any biases or assumptions related to the interview questions that could affect data interpretation. For example, a team member shared the assumption that students would be scared of a violent client. There are multiple narrative approaches, and an oral approach was used to gather personal reflections from participants (Creswell, 2013). After all of the interviews were

concluded and transcribed, the research team used a narrative research approach for data analysis. Each participant was assigned a number between one to eight (e.g. R1 to R8). A transcription tool transcribed the original audios and two the researchers reviewed the automated transcription for accuracy.

In examining the data, each researcher individually identified themes at the manifest and latent levels directly or lying beneath the narrative (Boyatzis, 1998). The categorical-content narrative analysis, which focuses on specific content themes within the narrative, was utilized in this project (Lieblich et al., 1998). A theory-driven thematic analysis was used for the deductive approach focused on sources of self-efficacy (Boyatzis, 1998). This deductive approach led to predetermined themes while the categorical-content produced data-driven themes. Each researcher created themes before presenting, discussing, and analyzing each theme with the team. A cross-case analysis was used to compare and contrast each point to identify common groups. Upon completion of those levels of review (i.e., individual, group), an additional review and analysis were completed by an independent counselor educator aiding in finalizing a mutually agreed upon coding system. Additionally, participants were asked to validate and provide feedback after completing the interview and reviewing the transcript. Finally, having created an appropriate coding system, the researchers provided the data participants who reviewed the analyses and affirmed the concepts and themes.

Results

Based on thematic analysis of interviews, field observations, and reflective journals, four predetermined themes from sources of self-efficacy provided the framework for the analysis of participants' narratives (Bandura, 1977). These predetermined themes came directly from previous literature as sources of self-efficacy: performance experience, vicarious performances, verbal

persuasion, and imaginal performance. First, performance experience revealed the participants' perception of success with previous crises in session. Second, vicarious performances elucidated how participants learned from observing fellow trainees worked well with a crisis in session. Third, verbal persuasion illuminated how verbal feedback could influence participants' efficacy in crisis intervention. Finally, imaginal performance explored the impact of crisis management visualization when working with a fictional client in a crisis.

Based on the categorical-content analysis, three primary themes emerged, which provided the conceptual framework for organizing the narrative data including crisis management, practice self-care, and personal characteristics. The first theme, crisis management, related to participants' perception of their understanding of crisis literature and management from theory. The second theme, practice self-care, explored the role of this application in crisis management. Finally, personal characteristics defined potential traits that could shape participants' ability to handle a crisis.

Predetermined Themes

Performance Experience

This theme confirmed that performance experience or doing well and performing a task effectively leads to a belief of success with a similar task in the future (Bandura 1977, 1997). Participants described how prior-task crisis management achievement in sessions could influence their confidence in dealing with a future crisis in session.

Participants, who had a crisis in session, voiced comfort and confidence in crisis counseling abilities in the future. The three participants explained that having hands-on experience in a previous session created a sense of accomplishment and increased their crisis management ability. After having a client in crisis in session, one participant (R2) described how with this previous

experience “I have learned to look at situations through the eyes of those that it impacts rather than how I interpret them.” Additionally, another participant (R4) explicated that a crisis in session “can often pull us out of that comfort zone and create tension that is indescribable”. By having the opportunity to work with a client in crisis, one participant (R6) learned that “the prospect of rescuing clients from fully experiencing their emotions—especially painful ones—was at times difficult to resist.”

Because these three participants successfully worked with a client with suicidal ideation, each participant felt more confident in facing another crisis in session. One participant (R4) even shared how the difficulty of handling a crisis in training was overwhelming and challenging and “required a tremendous amount of effort to remain focused and control my emotions, teaching me new reactions for the future.” In their written reflections, two participants described their gained trust in their crisis management skills by having the experience in practicum. Similarly, the clinic supervisor pointed out that participants with crisis exposure were more willing to offer guidance to fellow trainees, as they believed they were more competent and capable than before the crisis.

Vicarious Experience

This theme supported that vicarious experience, observing others accomplish a task well can boost one’s confidence to do the same in the future (Bandura 1977, 1997). Participants described how observing their fellow trainees successfully working with a client in crisis could influence their assurance to work with a similar client.

Participants, who watched their peers working with a crisis in session, uttered relief to have an opportunity to learn from observing others. One participant (R1) explained, “having a peer handled the crisis so well increased my trust in my own abilities because we come from the same program!” Similarly, two participants (R3) explained that observing a peer handling a crisis so

well “showed me that I can also react quickly and effective under pressure” and (R5) “we have crisis counseling skills that can help us working with a suicidal client.”

Similarly, participants expressed some concerns about learning crisis management by observing peers in sessions. One participant (R8) indicated, “He handled it [the crisis] well but my first time with one could be nerve wrecking, I could freeze or overreact. I just want to remember that!” Another participant (R7) explained that observation is helpful in learning but “I learn by doing, so I’d feel more confident when I have the experience of my own.” In a journal, a participant (R7) explained that observing others “makes me feel more nervous... what if I fail, and I suck doing it?” Participants still expressed value in observing crisis management but overall preferred a hands-on experience.

Verbal Persuasion

This theme exemplified that verbal persuasion (Bandura 1977, 1997), realistic self-affirmation, and affirmation from others can increase efficacy perceptions. Participants elucidated the role of compliments in shaping their efficacy related to crisis management.

Four participants, who have received supervisory feedback on crisis management skills, expressed that affirmation could have an impact on efficacy. One participant (R1) clarified that explicit pointers were helpful, such as “when my supervisor reviewed my crisis session with specific feedback on my performance and also mentioned areas of improvement.” Likewise, another participant (R8) explained that vague praises such as “great job” “Good session” or “you are doing well” tend to be less useful “these comments make me feel good but do not really help me improve my skills or increase my confidence in session.”

Because verbal feedback takes place often in supervision, participants also explained that this part of training could influence their efficacy in crisis management. One participant (R5)

described how receiving praise in supervision “makes them feel good about their skills but I do not want BS or Bullshit. I want feedback on what I did right and wrong. No sugar coating.” However, another participant (R2) pointed out “supervisors provide feedback but I am not sure if I need all the praise to learn how to handle a crisis... I need to practice!” Finally, the clinical director stated, “constructive feedback can influence efficacy when done in a timely, respectful, and precise way. I have also experienced where feedback isn’t helpful for the trainee.”

Imaginal Performances

This theme included imaginal performances, which include imaginal rehearsal of successful or unsuccessful performances to improve self-efficacy (Maddux, 1995). Participants described the value of using imagination-based interventions when working with a client in a crisis.

Participants imagined themselves working with a client who becomes violent during a session, as described in the vignette. One participant (R6) explained, “I can definitely handle this crisis. I sit close to the door and use a calming voice.” Two participants (R7 & R1) described how imagining themselves doing it well was helpful but “my imagination now may look very different from my real reaction at that moment!”

Similarly, students reflected in their writing on emotions and reactions to a violent client. One participant (R2) asked “How can a person I want to help become violent towards me?” while another asserted that “this is SCARY! How do I protect myself?” Two students (R4& R5) could identify the value of this exercise but indicated that observing others or doing it would be “more powerful to improve crisis management skills.”

The clinic supervisor elucidated how case studies can support dialogue and consultation to identify potential crisis interventions and research-based skills. In this particular case, the supervisor described that a case focused on violence was helpful in supervision because they are

less common than suicidal interventions among their client base. During supervision, the clinic director used this as a learning opportunity to identify ways to handle a crisis like this one in the future.

Emerged Themes

Crisis Management

One common theme among all participants' narratives is knowledge of crisis factors. All participants mentioned the importance of understanding crisis factors when managing any type of crisis in session. Under this specific theme, participants discussed different parts of crisis management from general characteristics to the role of training in this counseling area.

Participants stated that crisis counseling skills are valuable when addressing a crisis from (R1) "body language, eye contact, and tone of voice", as one participant explained, to create a (R8) "safe environment and control emotions." Additionally, another participant (R3) added, "properly using body position should show the client that the counselor is involved in what the client is saying." Similarly, another participant (R4) explained how "empathy lets the client know that you are listening and understanding where they are coming from."

Furthermore, participants pointed out specific behaviors and thoughts that can help to feel confident when handling a crisis. One participant (R2) said, "quickly assessing what the problem is an important factor because it can boost my efficacy when giving crisis counseling." Another participant (R7) added that "for a counselor to speak with a client, and quickly be able to assess the problem and establish an intervention is a major component to how quickly and effectively a client can be helped." When exploring the role of knowledge, one participant (R5) enlightened that "it is important that I am well rounded, knowledgeable about crisis interventions."

Participants all agreed that formal training and exposure to crisis counseling content were important to increase their ability to manage a crisis in session. One participant (R4) explained, “attending workshops, consulting with peers, and even continuing education can help to ensure that a counselor has the most current information so that they are effective in handling crises.” Because of the nature of crises in counseling, five participants emphasized the importance of learning about crisis management in training, with one (R2) expressing “without training, I did not know that crises may appear in the forms of domestic abuse, suicidal or homicidal ideations, and even as a result of natural disasters.”

Practice Self-care

Another theme that emerged from participants’ reflection on factors that influence their efficacy in crisis management was self-care. Findings showed evidence that self-care practices influenced crisis self-efficacy. All participants indicated the importance of self-care practice while three provided specific ways to support self-care.

Based on participants’ responses, findings suggest that self-care practices could influence one’s beliefs to properly handle a crisis in session. One participant (R3) stated, “I understand that the better the level of self-care, the less likely I will struggle with my abilities to cope with a crisis.” Additionally, another participant (R4) explicated that “more proactive in self-care practices and manage my workload in order to be more effective to future clients in crisis.”

When describing the importance of self-care in crisis management, participants expressed an understanding of engaging in self-care behaviors. All participants agreed that self-care activities would play an important role in counseling, including multiple counseling tasks. One participant (R8) explained, “Self-care is vital but I am afraid that it may become one of my overlooked

practices that needs to be done if counselors want to not only reduce burnout but be more effective in crisis counseling.”

Most participants also offered some recommendations for self-care practices to process crisis counseling. One participant (R2) indicated, “I keep a journal with prayers, thoughts and feelings, complaints and poetry.” While another (R5) stated that reading and journaling are important “to continue to pursue in order to maintain wellness and prosperity as well as burnout prevention.” Additionally, another participant (R1) pondered on spiritual practices as self-care when saying, “It is good to have spiritual beliefs in times of struggle so that when you are feeling down you know that your beliefs will be there to help you through.”

On a similar path, participants expressed that positive relationships are a way to practice self-care by (R7) “gaining friendships that are trusting and energizing” and understand that (R2) “I will not ethically be able to discuss the details of cases with friends or family, I will still have them present for emotional support when work feels especially tough or challenging.” Moreover, another participant (R6) shared that “simply knowing I have supportive relationships to rely on will help me to deal with the stress and uncertainty that can accompany crisis intervention.”

Personal Characteristics

Besides self-care practices, findings showed evidence that participants’ characteristics influenced their efficacy in crisis management. Personal characteristics were explored more extensively in their reflective journals. All participants selected personal characteristics and explained how self-awareness could influence their crisis self-efficacy. Participants also identified potential personal challenges that could hurt their ability to handle a crisis.

All participants indicated potential personal strategies to increase their ability to work with a client in crisis. One participant (R2) mentioned, “a calm state of mind for all can help establish

a better communication between counselor and client.” Another participant (R3) expressed their commitment to exploring their views by saying “once I talk things through they do not seem as critical or someone offers a different perspective that I have not considered.” Another participant (R5) pointed out their “positive outlook on life helps me in crisis interventions.” Similarly, most participants specified that their strong desire to help others in crisis translated to a motivation to improve their counseling skills, work on their abilities, and improve their emotions as part of crisis management.

Most participants specified the importance of self-awareness as an important factor shaping their self-efficacy in crisis management. A participant (R8) elucidated the value of self-awareness stating, “I am a very self-reflective person who can usually identify the root of my negative emotion states, whether they be from certain thoughts or behaviors.” Additionally, a participant (R6) explained that in crisis counseling, “my self-awareness allows me to make appropriate changes in order to improve the crisis situation” and another (R1) one stated, “being a naturally self-aware individual will help me to recognize when I need to take a step back or seek emotional support in order to properly act when working with a crisis.”

Furthermore, participants also pointed out personal challenges that affect their ability to perform when working with a client in crisis. Three participants explained multicultural competency struggles, one (R6) stating, “I need to become familiar with cultures that do not emphasize eye contact as much”. Another participant (R4) expounded that “to best perform in crisis intervention, I need to work on my ability to be flexible” while three voiced concerns in the mastery of counseling skills, coping skills, fostering resilience, and treatment decisions. Being too rigid in crisis counseling was also a concern of one participant (R5) describing, “I am a very plan oriented person who does not deal with ambiguity or change very well.”

Discussion

This study aimed to add to the understanding of self-efficacy in crisis counseling by identifying factors that could influence a counselor's perceived ability when working with a client in crisis. Previous research has shown that self-efficacy in counseling can lead to positive client outcomes (Reese et al., 2009) and influences the use of crisis counseling skills (Peters et al., 2017). Overall, findings indicated participants' exposure to a crisis in session demonstrated increases in perceived ability to effectively manage and work with a client experiencing a crisis.

Results indicated participants, who had a crisis in a counseling session, expressed more confidence in their abilities to work with a crisis in session in the future. Moreover, observation offered a valuable opportunity for future counselors to enhance their ability to handle a crisis in session. Findings showed that experience with crisis management helped to enhance a person's self-efficacy. Participants learned from these sessions, gained valuable insight, and became confident in their efficacy in crisis counseling. Participants quickly determined an effective approach to handle the crisis transforming their efforts into a positive outcome that supported their clients.

Supporting existing literature (Allen et al., 2002; Bigante, 2007; Morris & Minton, 2012), participants expressed limited training in crisis management during their graduate training. Only two participants had a formal crisis counseling course while others learned about crises in one or two lectures in some of the courses. Additionally, participants explained that hands-on experiences during training could help to boost their abilities to work with clients in crisis. Furthermore, participants explained that case-based training could be supportive in learning crisis interventions and crisis management.

Implications for Counselor Preparation and Practice

Counselor preparation programs can enhance the ability and confidence of future counselors with proper crisis counseling training. A finding from this study is the significance of experience working with a client in crisis during practice. According to Bandura (1997), each success builds confidence, and, not surprisingly, each failure weakens it. Undoubtedly, experience leads to efficacy information that transforms into evidence of success, which in turn fosters the determination to persist in difficult situations. Therefore, crisis management experience becomes a reliable source of efficacy for counselors to handle a crisis in session.

In practice, many counselors are unprepared to meet crisis needs in counseling (Iarussi et al., 2016). Results showed that having an understanding of crisis counseling theories and models was helpful for participants when dealing with a crisis. Most counselors-in-training and new professionals indicate low self-efficacy, thus supporting their recommendations for curriculums to address crisis intervention, prevention, and planning (Binkley & Leibert, 2015; Maniss et al., 2021). Counseling programs and supervisors can cover specific crisis counseling models to prepare counselors for crisis management. Additionally, counseling trainees and counselors can seek crisis management training and supervision to increase their understanding and ability to work with a client in crisis. Sufficient suicide-related training focused on risk assessment could help to decrease mental health professionals' negative and anxious reactions toward suicidal individuals and enhance confidence in suicide risk management (Mitchell et al., 2020).

Even though some participants gained confidence after working with a client with suicidal ideation, findings recommend suitable preparation in suicide management and prevention for counselors. As suggested in previous studies (Binkley & Liebert, 2015), training in suicide intervention and prevention can prepare preservice counselors to successfully respond to a crisis

in session. While students gained confidence after having a suicidal crisis, participants pointed out a need for a more robust suicide preparation. This training could happen earlier than experiential courses as research suggested that suicide-response training early in their program might be beneficial to students (Binkley & Liebert, 2015). Findings from this study also suggest that hands-on experience can influence preservice counselors' confidence to handle a crisis. As demonstrated in a previous study, didactic education in crisis management increased knowledge and perceived ability to help immediately (Gallo et al., 2019).

Counselor educators can also explore the timing of this instruction. Although all participants in this study were currently in practicum placements, crisis management training can happen earlier in the program or be infused into curricula. Although findings from a previous study did not demonstrate further increases in self-efficacy after the conclusion of the weekend course, skills are likely to develop with continued practice and supervision (Schmidt, 2016). Thus, providing training in suicide assessment and intervention to counseling students either before the practicum experience or earlier on in the practicum experience may be optimal. Skills can then be further developed through ongoing supervision during the practicum and internship experience.

While real and observation opportunities are treasured, using a case-based approach can also enhance students' ability to handle a crisis. Case-based learning engages students in the discussion of specific scenarios that resemble or are real-world examples. With a learner-centered approach, trainees can collaboratively analyze and address problems integrated with teaching objectives (Aluko et al., 2018). Counselor educators and supervisors can engage in a dialogue with counselors to explore relevant factors, ascertain crisis interventions, and pinpoint improvement areas in crisis management. Instructors can introduce crises into training, integrate crisis-

counseling principles, and create a counseling session using role-play and case scenarios to help students visualize the crisis counseling process.

Given that self-care was described as part of positive professional care to enhance efficacy in crisis management, practitioners and educators should inform counselors of the importance of taking care of themselves. As part of a counselor's professional identity, wellness, prevention, and human development are core values of this profession (Mellin et al., 2011). Establishing proper self-care practices during training could translate to professional behaviors to increase job satisfaction and reduce emotional burnout. Healthy self-care practices are crucial for counselors as specific self-care behaviors could diminish novice, professional counselors, experiencing burnout (Cook et al., 2021). There is a high degree of interconnectedness between burnout and self-care (Maslach & Leiter, 2016; Warren et al., 2012). Thus, it is unsurprising that participants reported a decrease in their self-care as they worked closely with clients.

For effective crisis management, counselors need to evaluate their crisis awareness to recognize the impact of the crisis on self, client, and employment. Counselors not only need to explore how a crisis affects their clients, but they also must understand how it touches them. To help rebuild the clients' self-efficacy, it is important to identify moments of strength in the crisis (Hipple & Beamish, 2007). Depending on how the crisis is resolved, it can leave counselors with feelings of guilt, self-doubt, and anxiety. Since the intense emotions from a crisis can feel overwhelming, it is important to celebrate the small victories to start rebuilding the self-efficacy of both the counselor and the client (Dupre et al., 2014). Self-awareness, reflection, and self-evaluation can be very helpful in crisis management skills improvement, emotional regulation, and diversity attentiveness.

Another important part of training and work environment to foster crisis self-efficacy is supervision. Effective supervision is key to translating the knowledge gained in the training program into clinical practice (Dupre et al., 2014; McAdams & Keener, 2008). Depending on how the crisis is processed after it occurs, it can have an impact on how the counselor manages crises in the future. Immediate supervision following a crisis can help remediate the negative factors, and promote counselor resilience (Dupre et al., 2014; Maniss et al., 2021). Even though supervisors are vital in crisis skills development, there is a lack of training, preparation, and supervision when it comes to crisis intervention (McAdams & Keener, 2008). Crisis intervention counselors can benefit from continuous supervision and specific crisis training to work successfully with clients and supervisors.

Because of its popularity, technology-based crisis counseling (e.g. online, text, phone) represents a viable option to reduce suicidality and distress for clients in crisis (Gould et al., 2013). An increasingly popular form of providing services that enable access to clients in rural and isolated communities with reduced costs, and decreased physical distances is telerehabilitation (Castillo & Cartwright, 2018). Properly training counselors to effectively offer technology-based crisis counseling is imperative as services transition to technology platforms. This crisis management groundwork needs to include counseling skills, ethical issues, and technology use.

Even though crisis counseling using technology continues to gain popularity, there is still a need to improve technology-based crisis management preparation. When providing technology-based crisis counseling, one of the concerns is the counselor's inability to respond to a crisis (Sands et al., 2013). Crisis counselors can struggle to build rapport quickly when using technology-based crisis counseling. Therefore, crisis counselors can utilize techniques with a crisis model approach

based to improve outcomes (Stommel, 2012). In addition, counselors need to familiarize themselves with tele counseling or tele therapy-related laws, ethics, and guidelines.

Limitations and Future Considerations

Although this study contributed to the understanding of crisis self-efficacy, there are limitations to be discussed. Because of the constructivist view of exploring to make meaning to understand self-efficacy in crisis management, a limitation is that information relies on the willingness of participants to share their experiences, and the ability to recall their experiences. Additionally, the interpretive framework and experiences of researchers may affect the interpretations of narratives. Because of the small sample size and narrow geographic region, results from the narratives provided limited information. Moreover, participants' experience dealing with crises in practice depends on multiple factors.

Even though this study encountered limitations, future research can aid in the understanding of crisis management training and preparation. As the use of tele-counseling increases, more research needs to address crisis management using technology-based tools. Moreover, future studies could assess students' preparation at multiple points in their training as well as their confidence to work with different types of crises. Finally, future research could explore other factors shaping crisis counseling self-efficacy.

Counselors' crisis responses should implicate client engagement, management of one's emotions, obtaining informed consent to bring others into the session, potential contingency plan, competent consultation plans, possible implementation of involuntary commitment, and establishment of a follow-up plan. Because of the crisis's probable impact on all stakeholders (i.e. client, supervisor, agency, counselor), counselors must increase their crisis management abilities to effectively handle a crisis. A crisis is rarely an independent event and a process of events that

slowly wears down the individual's self-efficacy (Dupre et al., 2014). Counselors, supervisors, and trainees should assess one's readiness and aptitude for multiple types of crisis at the individual (i.e. suicide, violence, psychosis) and social (i.e. disease, shooting, natural disasters) levels.

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