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Emotional Intelligence and Self-Perceptions of Counseling Competency in Counselors in Training

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Walden University
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MS, Nova Southeastern University, 2017

BA, University of Miami, 2012

Dissertation Submitted in Partial Fulfillment

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Doctor of Philosophy

Counseling Education and Supervision

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Abstract

Counselor educators and regulatory boards continue to develop criteria to prepare counselors in training (CITs) for clinical practice. Despite the significant support they receive within the counseling course curriculum, some students lack the necessary counseling competency to succeed in the field experience component of their training. Emotional intelligence (EI) may be relevant in the ability of CITs to manage their emotions and relationships in personal, professional, and academic settings, but there is a lack of empirical evidence regarding the relationship between EI and counseling competence. The purpose of this quantitative study was to assess the relationship between EI and self-perception of counseling competency while controlling for CIT counseling status. A cross-sectional, correlational, nonexperimental quantitative study design was used. Purposive and snowball sampling were used to recruit 78 CITs in the United States. Participants completed an online survey containing items from the Schutte Self-Report Emotional Intelligence Test and the Counseling Competency Skills-Revised. Results of hierarchical multiple regression analysis indicated that CIT status was positively correlated with counseling skills and therapeutic conditions. Results further showed that CITs with higher EI had a higher self-perception of all components of counseling competency, including counseling skills, therapeutic conditions, counseling dispositions, and behaviors. Counseling educators can implement EI labs for students who need additional support. Enhancing students' ability to be aware of their own emotions and those of their clients may allow these emerging professionals to better facilitate therapeutic conditions and serve the public.

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Dedication

Kalel and Elle, no merit or accolade will ever compare to the blessing of being your Mommy. You both will forever and always be my greatest achievement and blessing in life. I dedicate this accomplishment to you both. I hope one day you both can look back at this and know that your Mommy did it! May you always believe in yourself! Know that you are inherently worthy and good, and more than anything you are loved so deeply. You both are capable of anything you put your mind to. In life there will be setbacks, but Daddy and I are here to love and support you through them all. You two are my heart and soul; my life is brighter and full because of your existence.

Kalel, my HEART… you are such an amazingly beautiful human with a heart that is truly captivating. Your kindness, love, tenacity, and infectious personality are only some of the wonderful things about you. I love your confidence and love your love! I love watching you grow and seeing those wheels turn in that remarkable mind of yours. I know greatness is in your future because, my baby boy, YOU are greatness! I cannot wait to see the wonder that you create. I am so proud of the little human that you are!

Elle, my SOUL child, my unwavering beauty… your strength and resilience is like no other! You, my baby girl, will change the world! I promise to support your strength and be by your side! I hope to be a role model in your life and want you to know your value inside and out. You have already taught me so much, and I love watching your amazing little personality grow with you. You are such a blessing and capture the love and attention of those around you. My heart and soul, my children, I dedicate this and all that I do to you both! Mommy loves you with every fiber in my being!

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Chapter 1: Introduction to the Study

In this quantitative research study, I explored whether a relationship existed between counselors' in training (CITs) self-reports of emotional intelligence (EI) and their self-perception of counseling competency. Counseling competency is a multidimensional and fundamental component in counselor education (Ratts et al., 2016). This concept transcends knowledge retention and repetition to undergird the practical application of learned principles (Ratts et al., 2016). EI is a pertinent trait to building and maintaining relationships and is helpful in various secular practices, including academia (Ali, 2017; Martin et al., 2004). EI is also relevant to empathy and active self-reflection, both of which are critical components of the counseling process (Parrish, 2015).

Identifying any relationship between EI and counseling competency may positively affect counselor education and the development of counselors in training. Knowledge of a significant relationship between EI and counseling competency may compel educators to facilitate more formal assessment and training integration of EI in the admission process and throughout counseling programs. Improved strategies for assessing students and incorporating factors that enhance counseling competency may prepare competent counselors for the field of counseling and provide assurance that the best client care is provided by future counselors (Lambie & Ascher, 2016).

Counselor educators focus on counseling students' developmental processes and integrate critical components to aid CIT success in clinical practice (Dixon-Saxon & Buckley, 2020). Counseling degree programs and regulatory boards such as the Council

for Accreditation of Counseling and Related Educational Programs (CACREP) have

integrated ethical and legal training in addition to counseling theory (CACREP, 2016).

However, even with such integration in place, student success in coursework has not

guaranteed students' clinical competency in their field experience (Reilly, 2016).

Although the counseling coursework serves as foundational knowledge, some students

demonstrate a gap in competency between obtaining information in an academic setting

and applying this knowledge when practicing in clinical settings (Dixon-Saxon &

Buckley, 2020).

In this chapter, I share background information on EI and counseling competency

and other relevant student characteristics. Additionally, I discuss the theory of multiple

intelligences from which the concept of EI emerged. I also provide the problem

statement, purpose of the study, research questions(RQs) and hypotheses, theoretical

framework, and nature of the study. Furthermore, I define key terms and discuss the

assumptions, scope and delimitations, limitations, and significance of the research. A

summary of the chapter's main points is also included.

Background

CITs are typically exposed to clients for the first time during their field

experience courses. Although they have obtained the necessary knowledge from their

core curriculum coursework in preparation for their field experience, they often do not

consistently demonstrate the ability to effectively implement what they have learned into

clinical practice (Lambie & Blount., 2016). Although EI is recognized as important to

relationship management and empathy (Ali, 2017; Martin et al., 2004; Parrish, 2015), there is currently no empirical evidence of whether a relationship exists between EI and counseling competency, according to my research.

I began my research by reviewing counseling competency to determine how counselor educators assessed competency. I followed this review by searching for reported evidence of the role of various trait intelligence, especially in academic contexts, which led me to research on EI (e.g., Bastian et al., 2005; Brown & Schutte, 2009; Constantine & Gainor, 2001; Costa & Paria, 2020; Easton et al., 2008; Gutierrez et al., 2017). The primary reason I isolated EI was due to the understanding that some students demonstrate mastery of the clinical information and ability to pass knowledge-based examinations but lack interpersonal factors that contribute to the effectiveness of their interaction with clients (Gutierrez et al., 2017; Jan et al., 2017; Lambie et al., 2018; Martin et al., 2004; Mayer et al., 2004).

Salovey and Mayer (1990) defined EI as the ability to successfully identify and account for one's own emotions and the emotions of others, allowing for distinguishment between emotions and the utilization of emotional information to guide thinking and behavior. EI is a mental ability essential to managing relationships (Goleman, 1998; Mayer et al., 2004; Mayer et al., 2008; Salovey & Mayer, 1990). EI has been distinguished from other personality traits and variables such as verbal, propositional, perceptual, and organizational intelligence (Mayer et al., 2008). The ability is relevant in improving students' academic performance and helps with their ability to manage feelings

such as anxiety (Jan et al., 2017). EI is instrumental in assisting a person in sensing what they feel and what others feel, which is a critical component of counseling (Austin et al., 2004). In understanding the practicality of EI, it is essential to distinguish it from a person's IQ, as the two are unrelated, which could account for why some students progress in coursework but lack in the clinical application (Jordan, 2013).

EI is a pertinent trait that can be assessed through formal assessments and measurements in the social sciences (Martin et al., 2004). Assessors can easily measure the trait amongst counselors, counseling students, and other professionals (Ali, 2017; Martin et al., 2004). Researchers have also found that practicing counselors tend to have higher EI scores than noncounseling professionals (Ali, 2017; Martin et al., 2004; Schutte et al., 2002).

Researchers must look at more than students' knowledge base when assessing competency. Competency transcends knowledge retention to include a student's ability to effectively apply such knowledge, exemplifying awareness of self and others (Jordan, 2013). EI is instrumental in critical thinking and translating knowledge into application, which is a fundamental component of counseling competency (Mayer et al., 2008). Salovey and Mayer (1990) explained EI as a significant factor in explaining the dynamics and characteristics of human relationships. Given the relational nature of counseling and the underlying attributes of human emotions, in this study, I evaluated EI as a potential factor in explaining the development of self-perception of counseling competency in CITs.

In doing so, I sought to address a current gap in the literature, which is the absence of empirical evidence of whether a relationship exists between EI and any form of counseling competency. Although researchers support EI as a relevant trait of counselors and counseling students, they have not directly assessed the relationship between EI and counseling competency. In this study, I aimed to follow the lead of other researchers regarding exploring the importance of CITs' EI measurement concerning their self- perception of counseling competency (Ali, 2017; Constantine & Gainor, 2001; Easton et al., 2008; Gutierrez et al., 2017; Jan et al., 2017; Martin et al., 2004; Mayer et al., 2008; Odaci et al., 2017; Pearson & Weinberg, 2017).

Problem Statement

Counselors and counselor educators recognize the importance of counseling competence, especially as CITs will ultimately become licensed counselors and thus be responsible for serving the public, many of whom are from vulnerable populations (Lambie et al., 2018). Researchers in the field have assessed counseling competency through multicultural competency, knowledge retention, and ethical and legal practice (Dixon-Saxon & Buckley, 2020). Further research is needed regarding relevant factors contributing to counselors' development and competency. Although researchers have made efforts to assess counseling competency from a more holistic standpoint, including core factors such as counseling skills, attitudes, dispositions, and behaviors, more research is needed (Lambie et al., 2017). Currently, counselor educators have designed degree programs to include experiential learning to facilitate hands-on training,

supervised experience in the field, and the development of core skills and theoretical principles designed with the counseling curriculum (CACREP, 2016).

CACREP-accredited counseling degree programs inculcate eight-core curricular areas into their course program for standardization of teaching and student development. These areas include professional counseling orientation and ethical practice, group counseling and group work, career development social and cultural diversity, human growth and development, counseling and helping relationships, assessment and testing, and research and program evaluation (CACREP, 2016). With all such curriculum resources in accredited counselor education programs and standard counseling programs alike, students transitioning into clinical practice settings can still struggle, as some lack competency for a successful transition (Lambie et al., 2018). Counselor educators need to know what factors can best facilitate development. Counselor educators can use the emergent factors relevant to CITs to aid student development and overcome challenges that may surface during counselor training (Lambie et al., 2018).

As it relates to counselor education, researchers view EI as merited in various capacities. They also recognize EI as a trait that can be developed, which bolsters its being taught and integrated into the counselor education curriculum (Ali, 207; Jan et al., 2017; Martin et al., 2004; Mayer et al., 2008). This concept is relevant, especially as Gutierrez et al. (2017) asserted that higher EI contributes to higher levels of empathy. Therefore, EI could be explored as a component of counseling competency and counseling student development for future incorporation in counselor education programs

of study (Gutierrez et al., 2017; Martin et al., 2004; Pearson & Weinberg, 2017), but currently there is insufficient empirical evidence to support doing so.

In this study, I explored the relationship between CITs' EI, as measured by the Schutte Self-Report Emotional Intelligence Test (SSEIT; Schutte et al., 1998), and CITs' self-perception of counseling competency, as measured by the Counseling Competency Scale-Revised (CCS-R; Lambie, 2020), while controlling for counseling status, as measured by indication of their CIT status, either in their content coursework, field experience sequence, or in postgraduate, prelicensure work (Lambie et al., 2018; Ronnestad & Skovholt, 2003; Schutte et al., 1998). The specific research problem that I addressed in this study was the absence of empirical evidence of any relationship between EI and counseling competency. Although researchers have substantiated the need to look at counseling competency holistically to encompass characteristics such as professional dispositions and behaviors, more research is needed to determine what can contribute to this holistic sense of counseling competency (Lambie et al., 2018). With this study, I hoped to better understand the relevance of EI concerning the development of counseling competency, particularly among CITs. I designed this study based on the need to determine if any correlation exists between EI and self-perception of counseling competency and what such implications could mean for the future of counselor education.

Purpose of the Study

The purpose of this quantitative study was to explore whether a relationship exists between EI and self-perception of counseling competency while controlling for CITs' counseling experience. I measured EI using the SSEIT (Schutte et al., 1998). The SSEIT is a psychometrically sound self-assessment of EI that features four subscales of EI and is based upon Salovey and Mayer's (1990) definition of EI (Schutte et al., 1998). The independent (predictor) variables were CITs' counseling status (a control variable) and the four subscales of the SSEIT: the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion.

I measured counseling competency using the CCS-R (Lambie & Ascher, 2016). The dependent (outcome) variables were the two subscales of the CCS-R: Part 1: Counseling Skills and Therapeutic Conditions and Part 2: Counseling Dispositions and Behaviors. This evaluation measures counselors' and counselor trainees' development of skills along with their professional competencies (Lambie et al., 2018). Utilizing the CACREP standards as a foundation, researchers designed the CCS-R to assess counseling competency via an integrative two-part assessment measuring counseling skills and therapeutic conditions in part one and counseling dispositions and behaviors in part two (Lambie et al., 2018). In this study, CITs, not their counseling supervisor, completed the CCS-R; therefore, I used the CCS-R to measure self-perception of counseling competency.

The results from this study can potentially provide information regarding the role of EI in counseling competency within counselor education. Evidence that a relationship exists between EI and self-perception of counseling competency could lead counselor educators to intentionally focus on assessments of, and training on, EI to enhance counseling students' development in the counseling course curriculum. Such efforts could allow counselor educators to best serve their students in the role of gatekeeping as they understand the importance and grave responsibility to prepare ethically competent counselors for the field (Love, 2012). Counselor educators can also consider students' EI to adjust their approach when providing instruction and feedback to their students (Pearson & Weinberg, 2017). For instance, counselor educators could tailor specific interventions for students based upon the students' individual EI.

If EI is relevant in counselor education, this could be a critical component to assess during the admission process for counseling students. Educators could integrate the concept and provide training on it across the curriculum of counseling programs to ensure that students meet minimum criteria before emersion into the field (Lambie et al., 2009). If relevant, minimum standards can be regulated by integrating a standardized approach to EI and competency through psychometric measurements. Counseling educators use evaluation as a common practice and critical component of student assessment for course progression. EI psychometric instruments can be implemented similarly (CACREP, 2016).

Research Questions and Hypotheses

In this study, I sought to answer two RQs. The RQs were designed to address the lack of empirical evidence regarding EI and counseling competency exploration. The RQs and hypotheses for the study were as follows:

RQ1: Is there a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of counseling competency Part 1: Counseling Skills and Therapeutic Conditions, as measured by the CCS-R after controlling for counseling experience and among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis?

H_o1: There is no statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of counseling competency Part 1: Counseling Skills and Therapeutic Conditions, as measured by the CCS-R after controlling for counseling experience and among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis.

H_a1: There is a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the

self-perception of counseling competency Part 1: Counseling Skills and

Therapeutic Conditions, as measured by the CCS-R after controlling for

counseling experience and among CITs as evidenced by a significant change in

R^2 when conducting a hierarchical step regression analysis.

RQ2: Is there a statistically significant relationship between the four subscales of

EI, including the perception of emotion, managing own emotions, managing others'

emotions, and utilization of emotion as measured by the SSEIT, and the self-perception

of counseling competency Part 2: Counseling Dispositions and Behaviors, as measured

by the CCS-R after controlling for counseling experience among CITs as evidenced by a

significant change in R^2 when conducting a hierarchical step regression analysis?

*H*o2: There is no statistically significant relationship between the four subscales of

EI, including the perception of emotion, managing own emotions, managing

others' emotions, and utilization of emotion as measured by the SSEIT, and the

self-perception of counseling competency Part 2: Counseling Dispositions and

Behaviors, as measured by the CCS-R after controlling for counseling experience

among CITs as evidenced by a significant change in R^2 when conducting a

hierarchical step regression analysis.

*H*a2: There is a statistically significant relationship between the four subscales of

EI, including the perception of emotion, managing own emotions, managing

others' emotions, and utilization of emotion as measured by the SSEIT, and the

self-perception of counseling competency Part 2: Counseling Dispositions and

Behaviors, as measured by the CCS-R after controlling for counseling experience among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis.

This study's independent variables (IVs) were counseling experience (control variable) and the four subscales of EI including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion. I measured CITs' EI using the SSEIT, a self-assessment (Schutte, 1998). CIT status was measured by whether students were in their content coursework, field experience, or postgraduation but prelicensure status. The dependent variables (DVs), also known as the outcome variables, were self-perception of counseling competencies measured through the CCS-R (Lambie, 2020). Like the SSEIT, the CCS-R was completed by the participating CIT. The CCS-R is a two-part assessment with Part 1 measuring counseling skills and therapeutic conditions and Part 2 measuring counseling dispositions and behaviors. In this study, I performed statistical analyses utilizing these two instruments. I did not collect any identifiable information for data analysis.

Theoretical Framework

Salovey and Mayer (1990) defined EI as "the ability to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and actions" (p. 189). EI was a derivative of research as early as Maslow's focus on emotional strength, evolving to the emergent theme of multiple intelligences, with EI being a prominent component (Salovey & Mayer, 1990). In 1990,

Salovey and Mayer published their foundational research of EI with four standard components, including perceiving emotions, reasoning with emotions, understanding emotions, and managing emotions. The logical connection between the framework presented and the nature of this study is that if EI is an essential component of effectively navigating others' emotions and managing relationships then EI would likely be an indispensable correlation for professional competence among counselors in training (Mayer et al., 2004).

EI was the foundational theory for this research study. Lam and Kirby (2002) recognized EI as a trait of intelligence. They attributed EI as important for building and maintaining relationships, contributing to leadership skills, and working effectively with others to solve problems. If EI includes eclectic and relevant traits in effectively building relationships and problem-solving with others, given the versatility in a counselor's role and the relational nature of counseling, exploration around EI as a contributing factor to counseling competency can be revolutionary for the field of counselor education (Liptak, 2005).

The theory of EI can be a component of training for future counselors based on its relevance to successfully managing relationships with oneself and others, creating trust, and effectively tending to the emotions of others (Easton et al., 2008; Martin et al., 2004). With such considerations, EI assessment could be helpful in developing counseling students and ensuring minimum criteria are met regarding students' EI and clinical competency to ultimately assist with protecting the public from lack of competency

(American Counseling Association [ACA], 2014). I aimed to understand a counseling student's EI in relation to their self-perception of counseling competency. Concerning EI theory, I explored key factors that could be relevant when assessing and developing counseling competence in future counselors within a clinical setting. I devised the RQs of this study based upon EI theory and its recognized importance in the field of social sciences (Ali, 207; Jan et al., 2017; Martin et al., 2004; Mayer et al., 2008). The RQs were designed to directly explore EI's subscores, as measured by the SSEIT, with counseling competency subscores, as measured by the CCS-R, to determine if statistically significant relationships exist between these variables. I explore the relationship between EI and counseling competency in greater detail in Chapter 2.

Nature of the Study

In this cross-sectional, correlational, nonexperimental quantitative study, I explored whether EI was a significant predictor of counseling students' counseling competency when controlling for counseling experience. The population consisted of CITs in either their content coursework, field experience courses, or postgraduate but prelicensure status. I obtained data via an online survey disseminated via various online platforms. I conducted a hierarchical regression analysis between data variables, which entailed a positivist paradigm through empirical testing of a hypothesis (Smith, 2008). The findings may be generalized to CITs to improve client care and counselors' competence before entering the field by better knowing the relationship between self-perception of counseling competency and EI (Lambie, 2020; Schutte et al., 1998).

I recruited CITs utilizing professional networking online platforms across the United States. I posted on two Counselor Education and Supervision Network (CESNET)listservs; ACA Connect; the Walden Participant Pool; and professional social media platforms such as LinkedIn, Facebook, and Instagram counseling pages. All participation was anonymous; I did not obtain any identifying information. The key variables for the research design were EI, CIT status, and self-perception of counseling competency. I performed hierarchical regression analysis to determine if the subfactors of EI and CIT status predicted self-perception of counseling competency (Groves et al., 2009). No participants were considered vulnerable, protected, or sensitive populations (Walden University, 2021).

Definitions

The following definitions are vital to understanding the study. I further discuss the terms and their relationship with the literature in Chapter 2.

Counseling Competency Scale-Revised (CCS-R, 2020): A comprehensive assessment completed by the counselor educator/supervisor to measure skills development and foundational competencies: counseling skills, dispositions, and behaviors (Lambie & Ascher, 2016). This assessment contains two parts, with Part 1 measuring counseling skills and therapeutic conditions and Part 2 measuring counseling dispositions and behaviors. I used the subscores for these two sections for data analysis and the DVs. The CCS-R was used as a self-perception of counseling competency in this study because CITs completed the assessment.

Counselor education: A field of education focusing on counselors in training and development in counseling-related fields (CACREP, 2016). Counselor educators focus on the integration of knowledge development of counseling skills and theoretical orientations with the integration of field experiences for students to implement the learned information; they do so under the direction and supervision of counselor educators and supervisors who serve as gatekeepers to ensure competency of counselors before entering the field (CACREP, 2016).

Counselors in training (CITs): Counseling students who are either in their content coursework or their field experience sequence or counselors who are postgraduate but prelicensure (Ronnestad & Skovholt, 2003).

CIT status: Experience progression in the normative development of skills among counselors in training commencing in their content coursework until licensure. Such growth can be attributed to their learned experience and knowledge due to their progression through the necessary coursework and counselor education experiences (Ronnestad & Skovholt, 2003).

Emotional intelligence (EI):"The ability to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and actions" (Salovey & Mayer, (1990, p. 189). In this research study, EI was represented by the four subscales of the SSEIT.

Multicultural competence: Knowledge and awareness of one's own cultural values and biases and how they impact those with whom one works. Multiculturally

competent counselors have the skills needed to work in an authentic and meaningful way with culturally different others (Constantine & Gainor, 2001).

Schutte Self-Report Emotional Intelligence Test (SSEIT): A self-assessment of seven key aspects of EI, based on Salovey and Mayer's (1990) definition. This assessment shows how well the respondent can identify their own emotions and the emotions of others and how well they can use such emotions in problem-solving and building relationships (Schutte et al., 1998). The 44 subscales of the SSEIT include perception of emotion, management of own emotions, management of others' emotions, and utilization of emotion.

Self-perception of counseling competency: A counselor's perception of their ability to effectively deliver ethical and effective services through foundational counseling skills while maintaining counseling skills, therapeutic conditions, counseling dispositions, professional dispositions, and behaviors (Swank et al. 2012). In this study, I used the CCS-R to measure the self-perception of counseling competency because it has an all-encompassing view integrating counseling skills, dispositions, and behaviors through a CACREP lens (Lambie et al., 2018).

Assumptions

In this research study, I assumed that although counseling students' academic progress through their coursework has been adequate, this is not consistently indicative of their competence when working in a clinical setting, such as in their field experience terms (Lambie & Blount, 2016). Although counselor educators focus on building

competency through student development and course curriculum while integrating

ethical, legal, moral, and multicultural training, they need more knowledge when

focusing on counselor development (Lambie et al., 2018). A deeper look into the core

characteristics necessary for competency regardless of the client population they serve

could be helpful for counselor education. Researchers in the counseling field have

assessed the relationship between EI and counseling, concluding that counselors have

higher EI levels than other professionals within a normative sample (Mayer et al., 2004).

Based on their findings, Mayer et al. (2004) asserted that EI might have value specifically

for individuals exploring counseling as a career option.

In the formulation of this study, I assumed EI to be a relevant factor in building

and maintaining relationships and to be a pertinent trait for counselors, including

counseling students (Costa & Paria, 2020). My work in this study functioned under the

assumption that participants had been truthful in their responses and did not answer based

on social desirability (Chung & Munroe, 2003). Furthermore, there are assumptions

regarding the consistency of the psychometric scales implemented in the study to produce

consistent results for data analysis and conclusive findings (Hathaway, 1995). I assumed

that CITs also had reasonable self-awareness and insight into their strengths and areas of

opportunities regarding their clinical skills and knowledge. Finally, I assumed that CITs

who completed the survey had adequate preparation through their degree program and

that their skillset aligned with their counseling experience/status.

Scope and Delimitations

I studied the potential impact of several predictor variables on two outcome variables. The predictor variables included EI (as measured by the four subscales of the SSEIT) while controlling for CIT counseling experience on the outcome variables self-perception of counseling competency: Part 1: Counseling Skills and Therapeutic Conditions and Part 2: Counseling Dispositions and Behaviors. My interest in these variables stemmed from my research on counseling competency and core attributes. Competency is more than multicultural, and effectiveness encompasses more than knowledge retention (Constantine & Gainor, 2001). The core attributes of a counselor can impact their versatility and adaptability when working with a diverse clientele (Constantine & Gainor, 2001; Easton et al., 2008; Martin et al., 204). If EI is a valuable attribute and trait intelligence that creates trust and growth in managing relationships appropriately, it is worthy of being explored in terms of its relevancy to the counseling field.

The population for this study was CITs. The sample included CITs who were either in their content coursework, field experience sequence, or in postgraduate but prelicensure status (Ronnestad & Skovholt, 2003). Participants attended or had graduated from various universities around the United States, both CACREP- and non-CACREP-accredited programs. Findings from this sample can be generalized to the population of counseling students at the master's level and can be implemented nationwide for assessment and training purposes. If EI is relevant to the self-perception of counseling

competency, counselor educators could benefit from focused integration to uphold their training and gatekeeping responsibilities (ACA, 2014).

Limitations

This study's limitations stemmed from its focus on determining predictors of self-perception of counseling competency. Such evidence does not indicate causation even if the predictor variables are statistically significant (Laerd Statistics, 2015). Researcher bias regarding the importance of EI is essential to disclose as well. Other considerations are that in this study, I assessed self-perception of counseling competency instead of a counseling educator's or supervisor's assessment of CIT counseling competency. This design can be biased, influenced by social desirability, or inaccurate self-assessment. Although self-assessment could be considered a limitation, counselors and counselor educators widely use it in counseling and social sciences. My sampling methods could be regarded as a limitation as I used convenience sampling. This sampling method could create some limitations around the generalizability as the sample is relatively small and nonprobabilistic.

Significance

This study's findings can advance clinical practice through CIT development and provide more significant insights into key aspects of counseling competency. Such insights can contribute to the counselor education admissions process, training during the counselor education course curriculum, and development during field experience. Gutierrez et al. (2017) recognized EI as a respected trait that should be assessed to

evaluate a student's progress in their counseling track. If EI is a significant predictor of self-perception of counseling competency, self-exploration and assessment can be encouraged within the student population and processed by counselor educators/supervisors with counseling students to help with student insight, self-awareness, and self-evaluation. Targeted feedback allows for more significant support in helping students to understand how their attributes and competencies can positively or negatively impact their effectiveness in the field with clients (Gutierrez et al., 2017).

Counselor educators have encouraged transparency in assessments in the development of counseling students. Implemented assessments have included instruments such as the CCS-R (Lambie & Ascher, 2016), the Counseling Skills Scale (CSS; Eriksen & McAuliffe, 2003), and the Skilled Counseling Scale (SCS; Swank et al., 2012). Gatekeeping by counselor educators focuses on ensuring that the proper support and documentation is provided to students, so they have all opportunities to succeed and best serve as a counselor (Swank et al., 2012). Although EI alone may not be a factor that would preclude a student from graduation, this could be a relevant trait that would provide counselor educators with targeted feedback. If a student lacks the necessary EI, the focus can be on strategical development and creating a successful platform within the course curriculum for training and development of EI. Such change can only begin by eliminating a problem through tangible assessment and intentional support (Lambie & Ascher, 2016).

Integration of targeted assessments and training may effect positive social change. Incorporation of such assessments is essential as it contributes to holistically competent counselors who are equipped to best serve the public (Lambie & Ascher, 2016). Greater competence and training of counseling students may allow for better client care. Furthermore, counselor educators can assess the eclectic traits of EI to determine if this concept alone allows for increased versatility when working with diverse populations in various communities. The focus on the development of EI in counselor trainees can be an additional way to support counseling students' growth by specific assessment of core traits for development in areas where the counselor education curriculum may otherwise be lacking.

Summary

Counselor educators and supervisors in counselor education focus on the training and development of students who will ultimately serve the public. The assessment of counseling competency has been viewed through various lenses, such as assessing multicultural competency and implementing evaluations to ensure the necessary counseling skills and theoretical orientations are understood (CACREP, 2016). Counselor educators have evolved the concept of competency to include counseling skills, therapeutic conditions, professional dispositions, and behaviors, as such concerns could be a barrier to ethical and effective practice (Lambie, 2018).

In this study, I sought to understand whether empirical evidence exists substantiating a relationship between EI and counseling competency through assessment

of data from psychometric instrumentation. In this chapter, I provided foundational

information about the research study. Chapter 2 includes detailed background on the

scholarly literature and theoretical underpinnings, including this study's theoretical

framework.

Chapter 2: Literature Review

The purpose of this quantitative study was to identify if any correlation exists between EI and self-perception of counseling competency and, if so, what these findings could mean for the future of counselor education. Although researchers have discussed EI in the field of counseling in multiple capacities, they have not fully explored its potential relationship to counseling competency (Ali, 2017; Bastian et al., 2005; Jan et al., 2017; Martin et al., 2004). I begin this chapter by providing an overview of the literature search strategies I used in reviewing the literature and a description of the theoretical foundation of this study. Finally, I provide an in-depth literature review related to the study's key variables, followed by a summary of key findings from the literature.

EI is cited in the literature as a relevant factor in explaining the undercurrents of successful relationship management (Ali, 2017; Bastian et al., 2005; Brown & Schutte, 2006). Awareness of oneself and one's emotions as well as that of others has made EI a critical component of creating and maintaining relationships (Salovey & Mayer, 1990). The relational aspects of EI have been recognized as helpful in various secular practices, including academia (Ali, 2017; Jan et al., 2017; Martin et al., 2004). EI is also relevant in empathy and active self-reflection, which serve as critical components of the counseling process (Parrish, 2015). Additionally, EI is instrumental in critical thinking and translation of knowledge into application, a fundamental component of counseling competency (Mayer et al., 2008). Furthermore, researchers have found that practicing counselors tend to have a higher score of EI than other individuals (Ali, 2017; Martin et

al., 2004; Schutte et al., 2002). Researchers have also used the foundational definitions of EI as an ability or trait in developing psychometric assessments to ensure effective evaluation and soundness (Bar-On, 2000; Mayer et al., 2004; Petrides & Furnham, 2003; Tett et al., 2005).

In his study', I sought to determine whether EI is a predictor variable of self-perception of counseling competency in CITs when controlling for their counseling experience (see Martin et al., 2004). Although researchers support EI as a relevant trait of counselors and counseling students, it has not been directly assessed in terms of counseling competency (Constantine & Gainor, 2001; Easton et al., 2008; Gutierrez et al., 2017; Martin et al., 2004; Odaci et al., 2017; Pearson & Weinberg, 2017). My motivation was to focus on factors that most positively impact counselors' professional development in the field, as their competencies will ultimately affect the population they serve (ACA, 2014). To ensure that competency is met, counselor educators must ensure that students obtain the necessary knowledge and apply this knowledge effectively in clinical settings (Lambie et al., 2018).

I focused on seven counselor education variables: four subscales of EI, counseling experience, and two sub-scales of self-perception of counseling competency. I assessed EI controlling for counseling experience as predictor variables of self-perception of counseling competency. The population consisted of CITs who were either in their coursework or their field experience sequence or were postgraduate but prelicensure (see Schneider et al., 2019). Using a quantitative design, I performed a hierarchical regression

analysis to determine the relationship between the variables (see Tuckman, 1999). Creswell and Creswell (2018) emphasized that this design features objective testing to either support or reject a hypothesis with valid, reliable, and generalizable results.

Literature Search Strategy

To find relevant literature for the study, I performed online searches using Walden University Library resources. Walden's Thoreau Multi-Database Search yielded results from EBSCO Discovery Service and Ulrich's Verify Peer Review for preliminary searches, followed by PsycInfo as my primary source. If the databases yielded relevant articles but were not available in the Walden portal, I would then use the article and author(s) title to search via Google Scholar. I found most articles in PsycInfo.

My initial searches included the keywords *counseling students*, *counseling preparation*, *emotional intelligence*, *counselor education*, and *counseling competency*. I preset peer-reviewed articles in my advanced search options to narrow my searches, followed by a second verification in Ulrich's Verify Peer Review database. Additional keywords used in my search correlated with the desired methodology: *quantitative research*, *the Schutte Self-Report Emotional Intelligence Test*, *Counseling Competency Self-Perception*, and the *Counseling Competencies Scale-Revised.* My search commenced in January 2019 and continued through the submission of this manuscript in December 2021. I assessed articles by relevancy to search terms and most recent publication dates to account for relevance and evolution of knowledge and information in the field.

Although my primary goal was to primarily include literature within the last 10 years, I included seminal literature to account for relevant theoretical principles and definitions pertinent to the research and necessary for understanding the purpose of the design. There is currently little research to support a holistic approach to competency as outlined by Lambie et al. (2018). In my search for literature on counseling competency, multicultural competency often emerged, with minor considerations of competency that surpassed clinical knowledge retention or multicultural awareness. These findings furthered my interest in closing the literature gap on relevant competency factors, specifically EI. I also included more specific terminology such as *counseling student evaluations* and *counseling skills assessments* in my searches.

Theoretical Foundation

EI was a topic of research as early as Maslow's focus on emotional strength, evolving to the emergent theme of multiple intelligences, with EI being a prominent component (Salovey & Mayer, 1990). Salovey and Mayer (1990) defined EI as "the ability to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and actions" (p. 189). In 1990, Salovey and Mayer published their foundational research on EI with four definitive components: perceiving emotions, reasoning with emotions, understanding emotions, and managing emotions. Salovey and Mayer concluded that emotions play an integral role in creating, managing, and sustaining relationships through building rapport and creating trust. Researchers began to further understand the complexities of intelligence and

emotions through the foundational concepts solidified by Salovey and Mayer. This gave way to understanding emotions in a way where they were no longer suppressed but rather understood, talked about, and worked through, creating a sense of enlightenment and effectiveness in various capacities in an individual's life (Constantine & Gainor, 2001; Goleman, 1998; Mayer et al., 2008).

Within the social sciences, the three most recognized EI theories are Mayer and Salovey's (1990) ability model of EI, Goleman's (1998) model of EI, and Bar-On's (2006) model of EI. Goleman's EI framework uses emotional and social competencies via a mixed model approach focusing on competencies that affect leadership performance such as self-awareness, self-regulation, social scale, empathy, and motivation. Bar-On's model of EI includes a more encompassing approach with the implementation of intrapersonal and interpersonal competencies, skills, and facilitators that impact what is defined as emotional-social intelligence. Mayer and Salovey defined EI as the ability to monitor, discriminate, and recognize one's own emotions and that of other people to guide thinking and action. They assessed EI via their four-branch model: perception and expression of emotion, emotional facilitation of thinking, understanding emotions, and regulating/managing emotions (see also Salovey & Sluyter, 1997). I used the selected theory and definition of EI as authored by Mayer and Salovey. Subsequent researchers have validated the definitive properties and used this as a foundational understanding for creating and utilizing various psychometric instruments (Ali, 2017; Costa & Paria, 2020; Mayer et al., 2008; Odaci et al., 2017; Pearson & Weinberg, 2016).

The RQs for this study reflect the current understanding of EI's importance (see Ali, 2017; Constantine & Gainor, 2001; Easton et al., 2008; Gutierrez et al., 2017; Martin et al., 2004; Odaci et al., 2017; Pearson & Weinberg, 2017; Schutte et al., 2002). EI is recognized as being positively correlated to academic and nonacademic performance, including positive coping with stressful situations such as library anxiety, which is academic anxiety (Jan et al., 2017). Jan et al. (2017) evaluated the relationship between several emotional states and EI in an academic setting. Using the definition of EI promoted by Mayer and Salovey (1990), they measured EI using the Emotional Judgment Inventory (EJI) subscale to assess each factor independently. They found that EI was negatively correlated with anxiety and social dysfunction. As a result of their findings, they argued that educational programs should incorporate training that increases EI to support student learning and development (Jan et al., 2017). If EI is relevant to academic performance, managing emotions and relationships, empathy, critical thinking, and dealing with stressful situations, all factors that are relevant to CITs, then further exploration is needed to see if any relationship exists between the relevant principles of EI and counseling competency (Ali, 2017; Bastian et al., 2005; Brown & Schutte, 2006; Martin et al., 2004; Odaci et al., 2017; Pearson & Weinberg, 2017; Schutte et al., 2002).

Literature Review Related to Key Variables/Concepts

Eclectic Traits and Ability Intelligence

Mayer et al. (2008) defined EI while emphasizing the purpose and practicality of EI's assessment and implementation with its key components. EI is also recognized for appropriate information processing about personal and other people's emotions (Mayer et al., 2008). This information also allows for a meaningful impact on interactions with others and practical guidance of thinking and behavior.

Mayer et al. (2008) outlined EI in their four-branch EI model, which addresses EI attributes, including perception and expression of emotion, emotional facilitation of thinking, understanding emotions, and regulating/managing emotions, perpetuating the functional understanding of EI from their previous research. In their four-branch model, Mayer et al. outlined their formula to measure EI along with its correlation to the NEO-Personality Inventory Measure of the Big Five, a standard questionnaire that examines a person's core personality traits through five key categories: openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism. With an accurate understanding of EI, Mayer et al. recognized this trait as an intellectual/mental ability that can play a pivotal role in effective relational interaction. With conclusive evidence in the field of social sciences supporting the importance of EI, Mayer et al. found that such an impactful trait could be formally assessed by creating their Mayer-Salovey-Caruso Emotional Intelligence Test. Such progression in understanding led to psychometric assessments formulated using Salovey and Mayer's (1990) original definition of EI.

Widely used instrumentation measuring EI's recognized model include the Assessing

Emotions Scale (Emotional Intelligence Scale), the SSEIT, the EJI, and the Schutte

Emotional Intelligence Scale.

The formalized assessment of EI contributed to the understanding of EI and the

importance of the ability to effectively use emotions to guide thinking and behavior

(Mayer et al., 2008). Mayer et al. (2008) captured the empirically based practicality of EI

in relational aspects, deeming this trait an important variable in interpersonal and

intrapersonal relationships. Such relationships, even within oneself, are essential in

managing a variety of stressors, including academia.

The Practicality of Emotional Intelligence

Within academia, EI is still a relevant conversation and has its practicality for

students overall. For instance, Jan et al. (2017) explored the relationship of EI to

academics and academic anxieties by defining the different concepts of EI. They

furthered the understanding of EI by exploring the relevance to various components in

life, specifically how it would impact a person's success in academia. They found that EI

had a positive impact on students' learning process and their ability to absorb and utilize

learned information. Such correlations were found through assessment of EI, library

anxiety, and academic achievement. Jan et al. found the correlation between EI and grade

point average (GPA) to be positive and significant ($r = .291, p < 0.01$)). Also, their

incorporated assessments of the correlation between EI and mental health scales

negatively correlated with negative subscales, such as anxiety and social dysfunction. Jan

et al. drew the parallel between higher EI and, in turn, lower negative symptoms or emotions, especially for those students who experienced library anxiety.

The literature review of EI confirms its validity and practicality, especially amongst the student population (Constantine & Gainor, 2001; Easton et al., 2008; Gutierrez et al., 2017; Martin et al., 2004; Pearson & Weinberg, 2017). With the importance of such a mental ability, the development of training programs in academic environments and continuous research on EI and EI relationships can be critical (Jan et al., 2017). EI is a beneficial factor for students and enhances their ability to navigate complex and stressful situations and better deal with negative symptomologies, such as anxiety and stress (Jan et al., 2017). Although I studied undergraduate noncounseling students, I found Jan et al.'s (2017) data relevant for substantiating EI as an important factor in student success.

Jan et al. (2017) deduced encouragement regarding training programs for EI for academic environments to promote success and personal growth. Gutierrez et al. (2017) further explored such implications of EI specifically within the counselor trainee capacity. Higher levels of EI had a positive impact on counseling students, resulting in lower stress and distress and higher affective and cognitive empathy (Gutierrez et al., 2017). Easton et al. (2008) further united EI and counseling students by studying the relationship between EI and counseling self-efficacy. Their findings supported EI as a relevant construct with the potential to be an inherent part of people seeking to be professional counselors (Easton et al., 2008). Schutte et al. (2001) found that higher EI

led to a greater ability to be more empathetic in perspectives, monitor oneself in social situations, and exercise stronger relationships, including marital satisfaction, all factors relevant to the counseling profession.

Schutte et al. (2002) found EI to be relevant to helping students adjust to the university setting as they begin their academic journey. This concept is relevant to counseling students as they must learn the unique balance of learning the necessary clinical knowledge in their role as a student and managing the normative academic anxieties associated with it. They must balance their transition to becoming a counselor where their knowledge is put into application. In both the role of a student and a future counselor, EI is a practical skill for CITs (Jan et al., 2017; Martin et al., 2004).

The Schutte Self-Report Emotional Intelligence Test

As the progression and recognition of EI's importance emerged in social sciences, the formalized assessments and training of the trait became a significant focus. This resulted in various psychometric assessments, the most prominent being the SSEIT, EJI, Mayer-Salovey-Caruso Emotional Intelligence Test, Trait Emotional Intelligence Questionnaire, and Bar-On Emotional Quotient Inventory. Of all the studies, the most widely used, SSEIT, is cited in at least 3,000 studies, including 200 publications within the PsycInfo database (Schutte et al., 2009). The SSEIT is based on Salovey and Mayer's (1990) definition of EI and is a 33-item self-report inventory. Respondents must answer all questions by rating themselves on a five-point scale. Scoring is done through calculation by reverse coding items 5, 28, and 33 and then summing all the items. Scores

for the SSEIT range from 33-165, with the higher scores indicating higher EI (Schutte et al.,1998).

Internal consistency of the psychometric properties of the SSEIT is substantiated in the research literature (Schutte et al., 1998). For instance, Ciarrochi et al. (2001, 2002) found internal consistency for the Perception of Emotion, .76, .80; Managing own Emotions: .63, .78; Managing others' Emotions, .66, .66 and Utilization of Emotion, .55. Schutte et al.'s (1998) study confirmed a two-week test-retest reliability with .78 for the total scale scores. Brackett and Mayer (2003) found that the SSEIT scores correlated with the Bar-On Emotional Quotient Inventory and with other EI instruments with r = .43. Bastian et al., (2005) concluded that the SSEIT scores related to attention, clarity, and emotional repair. Finally, Brown and Schutte (2006) performed a meta-analysis using the SSEIT, finding that higher scores on the scale were associated with less debilitating fatigue. The SSEIT was used within this research design as the psychometric instrument to assess EI. It is widely used in research, with various empirically based studies demonstrating good reliability and sound evidence of validity (Schutte et al., 2009).

Multicultural Counseling and Emotional Intelligence

Constantine and Gainor (2001) discussed the lack of EI and multicultural competency exploration. These researchers emphasized the importance of multicultural competency and viewed it as more than a specific race but rather to work with a diverse community. If emotionally intelligent people are well-adjusted, optimistic people with an ability to assimilate, regulate and perceive themselves and others, this would be a key

characteristic in determining a counselor's effectiveness. They found that EI positively correlated to empathy, openness to feelings, and self-esteem, valuable characteristics of a counselor (Constantine & Gainor, 2001).

EI has also related to other intelligence such as social intelligence and cognitive ability, both useful traits in a competency counselor (Constantine & Gainor, 2001). Regarding EI's practicality and its core benefits in versatility and openness, Constantine and Gainor sought to better understand the relationship between EI, empathy, and self-reported multicultural counseling knowledge awareness in connection to school counselors. They used the Emotional Intelligence Scale, also known and referenced in this research design as the SSEIT created by Schutte et al. (1998). This scale was a 33-item assessment with a 5-point scale, a self-report measure of EI in congruence with Salovey and Mayer's 1990 theoretical definition of EI (Constantine & Gainor, 2001). The Multicultural Counseling Knowledge and Awareness Scale was used to measure self-perceived multicultural competence; this assessment is based on self-perceived knowledge and awareness (Ponterotto & Potere, 2003).

Constantine and Gainor (2001) also implemented a demographics questionnaire to outline other potential variables influencing the data. Utilizing a multivariate multiple regression, they assessed the predictor variables: the number of previous multicultural counseling courses taken, the Emotional Intelligence Scale scores, and four Interpersonal Reactivity Index subscales with the the Multicultural Counseling Knowledge and Awareness Scale subscales serving as their criterion. Due to the small response of

participants of color and non-master's degree school counselors, Constantine and Gainor did not analyze race, ethnicity, or degree status. However, they found statistical significance in multicultural education, the Emotional Intelligence Scale scores, and the four Interpersonal Reactivity Index subscales accounting for significant variance in school counselors' self-perceived multicultural counseling knowledge. Still, they had no statistical significance in their awareness. The knowledge subscale assessed general knowledge to multicultural counseling and accounted for 20 items in the scale ranging from 20-140. The awareness subscale focused on assessing more subtle Eurocentric worldview bias that may not be as known or pronounced to the participant accounting for 12 items with a range of 12-84 (Constantine & Gainor, 2001).

Constantine and Gainor (2001) asserted the importance of future development, implementation, and evaluation of diversity and core characteristics, such as EI, concerning improving training and education and ultimately positively impacting the communities counselors serve. Multicultural competency is a strong focus of counselor education to best prepare students towards openness and versatility to create competent counselors. The CACREP has endorsed accreditation requirements to ensure that the counseling profession meets necessary counseling skills and requirements (CACREP, 2016). Although multiculturalism is a key component, more is needed in training future counselors. Constantine and Gainor (2001) solidified the importance of EI in counselors, especially regarding multicultural competence. If EI is found relevant in effectively

working with and promoting diversity, exploring other potential benefits of EI could be beneficial for the counseling field.

It is noteworthy that multicultural competence is the first instinctual process when competence is discussed in the counseling field (Constantine & Gainor, 2001). Counselors/counseling educators often misinterpret multicultural competence to define race alone with little regard to client gender, orientation, or other identities that impact their lived experiences. Furthermore, to embody competency holistically, race/ethnicity is only one concept of competency. Development involves humility and awareness of personal bias and mature ability to maintain one's own emotions and effectively adjust to meet the clients' needs (Johnson & Jackson Williams, 2014). If EI is defined by such principles and is relevant to flexibility, openness, and understanding when working with a diverse clientele, it could be a core attribute that could be assessed and taught within the counselor education design to ensure a holistic view of counseling competency that includes yet transcends multicultural competency. These critical traits of EI are fundamental components of the counseling field and thus should be further explored in direct relationship to CIT competency. Martin et al. (2004), realizing the synonymity between core traits of EI and CITs, assessed EI amongst counselors and student counselors.

Emotional Intelligence and Counseling Students

Martin et al. (2004) emphasized effective counselors' necessary attributes, speculating EI is an essential quality of a competent counselor. They believed this core attribute would allow counselors to effectively help their clients by managing their own emotions and other important factors. Martin et al. employed casual-comparative research methods to determine group differences when testing counselors and student counselors about the normative sample of EI comprised of heterogeneous individuals in other vocations. Martin et al. examined counseling students' EI compared to other vocations and EI's impact on counseling self-efficacy using the EJI and the COSE measurements. This was a 6-point scale used to measure "constructs of EI and counselor self-efficacy" (Martin et al., 2004, p. 20). Martin et al. (2004) surveyed graduate counseling students who attended universities accredited by the CACREP and professional counselors from a list of practicing professionals to test these hypotheses.

The research team recruited participants by attending graduate counseling classes and asking for participation. The sample consisted of 140 participants, of which 47% were students and 53% were professional counselors. Martin et al. (2004) implemented group equivalency analyses to avoid impacts of inessential variables. Researchers conducted two 2 x 2 ANOVAs, which determined no relevant interaction effects regarding status, sex, group status, ethnocultural background, and age. Additionally, the researchers implemented further screening to identify any mistakes or statistical assumptions. No violations of statistical assumptions were found. They summarized their

findings in the EJI subscales, analyzing the combined group of counseling students and professional counselors as well as the groups individually. Their findings were as follows: the evidence supported their first hypothesis that counseling students and professional counselors displayed higher EI levels than the normative sample. Their second hypothesis was not fully supported, with no conclusive findings that student counselors and professional counselors had similar EI. Martin et al. found support for their third hypothesis that practicing counselors had a higher level of self-efficacy in specific areas of confidence and counseling self-efficacy than heterogeneous individuals in other vocations. Finally, they found significant EJI subscales predicted counseling students and professionals' counseling self-efficacy (Martin et al., 2004).

Martin et al.'s (2004) study differentiated from current research about counselor characteristics by isolating EI and exploring it as a core quality for counselors and their self-efficacy. Ciarochi et al. (2001) found that SSEIT was a sound psychometric assessment for evaluating this core trait and noted that it was practical even in assessing adolescents. Martin et al. (2004) concluded that higher EI lead to increased counseling self-efficacy, which is relevant to the development of CITs. Suppose counseling students and counselors have higher rates of EI. In that case, this could be further assessed as more than a relevant trait, but rather a necessary trait of a counselor to be assessed and developed within the counselor core curriculum. Martin et al. (2004) indicated that EI could be explored as a marker for individuals seeking counseling as a career option

related to the discussion of assessing EI and competency and specifically developing EI
within the counseling course curriculum.

Gutierrez et al. (2017) outlined similar implications to Martin et al. (2004)
regarding EI and CIT's when in the field. Gutierrez et al. (2017) noted that counselors
had a reportedly higher score in EI than other professions. These researchers discussed
how EI could also lead to counselor trainee burnout due to the high demands of empathy,
ultimately negatively impacting their counseling performance. They used a convenience
sample of graduate counseling trainee programs accredited by the CACREP at four
different universities in different states. Using ANOVA, the researchers concluded that
higher EI related to higher counselor empathy and lower levels of stress and distress
(Gutierrez et al., 2017). The ability to continuously manage empathy and stress levels is
necessary for CITs. If such abilities are related to EI, this furthers the need to have and
continue developing EI.

Pearson and Weinberg (2017) further discussed the focus of continued
development, specifically on future counselors' training. In assessing various training
available to counselors, these researchers reviewed existing literature to determine if such
factors as age and life experience were relative in the impact of training experiences.
They set forth to understand and improve the training process through a quantitative
exploration of evidence that could help evaluate and develop counseling students who
differed in age. They used EI to assess counseling students' successful and necessary
qualities and hypothesized that there would be differences in undergraduates and

postgraduates at the beginning of their counseling-related programs. Additionally, they hypothesized a positive correlation between EI scores and students' ages (Pearson & Weinberg, 2017).

Pearson and Weinberg (2017) used EI to indicate the development of counseling students' interpersonal and intrapersonal emotional competencies that are necessary for the counseling field. They investigated the impact of participation in counseling programs and the role of age in correlation with EI; they found no statistical significance for predicted differences in EI between under- and postgraduates at the start of their counseling programs. These researchers found that students displayed improvements in EI throughout counseling programs, leading to further exploration of EI training and assessing the potential for development in counseling students in their field experience independent of their age or life experiences. This literature continues the conversation in the field regarding the relevance of EI and CITs (Pearson & Weinberg, 2017).

Odaci et al. (2017) aimed their research efforts at determining the correlation between EI and counseling skills of future counselors in Turkey utilizing the foundational definition of Salovey and Mayer (1990). Odaci et al. (2017) discussed the significant role of a counselor and the necessary attributes to work effectively and serve their clients' needs. This research study aimed to investigate the role of EI in counseling skills to contribute to the literature in the field for the preparation of CIT's in counselor education programs. Odaci et al. (2017) sought to determine the trait EI levels and correlation with potential counselors' counseling skills to assess differences in EI levels and counseling

skills concerning sex, previous experiences of group studies, and class levels. The sample consisted of 349 university students attending a psychological counseling program at a state university. These researchers concluded that higher levels of EI indicated that they were more successful at distinguishing emotional reflection statements and were more proficient in general counseling skills. Therefore, EI continues to be a pertinent topic amongst researchers regarding various aspects of the counseling role. However, it has not been assessed directly towards overall competency.

Holistic Approaches to Counseling Competency

The evolutionary phases of counselor education are an ongoing part of ensuring the best care is provided to the public. Such changes include the demands and challenges of new and future counselors to adjust to the ever-changing knowledge and needs of the society they support. Such progressive changes in theories, identities, and lived experiences can be challenging and cumbersome if CITs are not adequately prepared and trained (Lambie et al., 2018). Counselor education prepares future counselors for an unpredictable fast-paced profession in an unpredictable world. To ensure the minimum standards are met, accreditation, licensing laws, and codes of ethics are set to frame competency in the counseling profession (ACA, 2014; CACREP, 2016).

Lambie et al. (2016) discussed the difficulties associated with developing counselor competencies as such requirements involve inculcating necessary skills coupled with experimental practice. Field experiences, such as practicum and internship, provide students the platform to exercise their learned skills from their previous

coursework; however, this pivotal turning point in the counselor education process is not met without difficulty (Lambie et al., 2014). During the field experience, students must demonstrate their ability to apply learned principles effectively, which involves much more than the simple reciting of information (Lambie et al., 2014).

When assessing competency, counseling skills, dispositions and behaviors are of the utmost importance. The field experience is a learning experience where students must be guided and provided with a healthy learning environment with practical assessment and feedback opportunities (Lambie et al., 2018). In assessing competency, Lambie et al. (2014) discuss how this concept's definitive properties came to involve more than counseling skills. In respect to doing no harm to clients, it became incumbent that students applied the necessary skills and therapeutic interventions and manifested the necessary interpersonal and professional dispositions and behaviors in and out of session (Swank et al., 2012). With the realization of counselors' multifaceted responsibilities, counseling competency was redefined to ensure the standards of ethical, legal, and moral responsibilities were not only expected but also tangibly assessed (CACREP, 2016). Reliable assessments provide both students and counselor educators with the necessary tools to address concerning behaviors and provide students with an opportunity to gain feedback and make the necessary adjustments to work towards counseling competency. This cyclical education style of training, assessment, and feedback creates a deeper and truer application of gatekeeping and ethical responsibility (Lambie et al., 2018).

Although students can pass the academic requirements and retain the learned clinical knowledge, this does not always indicate their performance in the counseling field (Swank et al., 2012). As the field of counseling continues to focus on development, emergent themes such as counselors' professional dispositions and behaviors have become a significant concern and conversation for assessment and support (Swank et al., 2012). Swank et al. (2012) discussed the difficulties that many counselor educators and supervisors face in assessing what sometimes feels like the less tangible behaviors that can prove problematic for future counselors. While counselor education has generally focused on theories and skills, much more is needed. The research around EI and counseling implications has substantiated the need to directly assess EI towards counseling competency.

Performance Assessment of Counseling Skills

Cooper et al. (2017) developed a performance-based measure and compared it to a web-based measure of competency to assess therapist competency. These researchers used enhanced cognitive behavioral therapy concentrating on eating disorders for assessment creation purposes and devised procedural components that would mimic responsibilities in a counselor's role within that specialty. Cooper et al. concluded that the role-play measures were acceptable in performance assessment. However, the challenges were that it was more laborious and required more resources for ongoing implementation. They also concluded that the web-based measure could be used in placement in scenarios where fewer resources and labor were available. Still, it did not provide as thorough a

holistic assessment. The problem remained how to effectively assess what would constitute therapeutic competence and how to measure it to include the integrity of what was entailed within the clinical role.

Schaefle et al. (2005) sought performance assessment of counseling skills via a theoretical approach. They explored if students who learned specific skills could effectively transition them to counseling sessions. Furthermore, they explored mastery of counseling skills related to counseling theories, goal attainment, and the counselor's social influence. These researchers assessed competency using the SCS. The SCS survey evaluates students' counseling skills with a rating system between one to five. Utilizing graduating masters level students, they explored if students who were trained using the skilled counselor training model-learned counseling skills, as measured by the SCS, and were able to effectively transfer them to actual counseling sessions (Schaefle et al., 2005).

In determining assessment scales, the SCS was another effort in developing a tangible assessment of competency. They found that the scores of the SCS were higher two years after training and that there was no difference in the scores of the SCS based on theoretical orientation. They found no statistical significance of the client's goal attainment and social influence concerning the scores on the SCS. A predominant theme from this study is utilizing another form of assessment of counseling skills to assess competency and understand the natural development of skills over time and the counseling student's training experience (Schaefle et al., 2005).

In their study of performance assessment of skills and personal development, Smaby et al. (2005) used the SCS and Counseling Skills and Personal Development Rating Form to determine if student's counseling skills and personal development would be predictors variables in the Counselor Rating Form-Short Version. These researchers discuss the importance of assessing counseling skills performance by understanding counselors' impact on those they serve. In such respects, accountability is at the forefront of the focus, especially in determining the difference between the client's perceived experience versus that of the counselor. Smaby et al. performed a multiple regression analysis of the SCS and Counseling Skills and Personal Development Rating Form total scores to determine the Counselor Rating Form-Short Version impact. Although no statistical significance was found within their design, the focus of counselor skills assessment and personal development remains a focal point for future counselor assessment (Smaby et al., 2005).

Counseling Competencies Scale-Revised

Balancing the need for a comprehensive evaluation and the gatekeeping responsibility of counselor educators and supervisors, Swank et al. (2012) developed the Counseling Competencies Scale. This scale compounded a focus on comprehensive and psychometric instrumentation to effectively assess core areas of counseling: skills, behaviors, and dispositions while integrating gatekeepers' ethical and legal standards in the counseling field. They used the CCS in context with trained counseling supervisors assessing counseling students in their clinical settings as an exploratory evaluation of the

competencies scale. They used a midterm and final CCS model, which accounted for normative changes experienced within the student's progress. Furthermore, they concluded that the CCS data sets yielded strong internal consistency and reliability. Counselor education and training must be progressive to meet society's ongoing and changing needs. To effectively adjust training education, accurate assessments must be ongoing. Swank et al. (2012) assert that valid and reliable assessments are an integral part of counselor educators and supervisors upholding their ethical and legal roles as gatekeepers.

To promote counselors' development and provide a sounding board of intentional and objective feedback to protect the public, supervisors must implement tools regularly that support such growth. Swank et al. (2012) found assessment to be a valuable tool for evaluating holistic performance and providing feedback to students. Proper assessment enables increased training and allows students to gain the needed support and develop in areas of concern while outlining their strengths. Intentional assessment and direct feedback are in line with supervisee contractual agreements in providing assessments, guidance, and focus gatekeeping needs of providing all the support and resources necessary to ensure rigorous efforts in the development and contribution of competent counselors into the field (Swank et al., 2012).

To bridge the gap regarding the absence of empirical evidence of any relationship between EI and self-perception of counseling competency, I directly assessed both variables. Based on the considerable research and psychometric soundness recognized

within the social sciences, I used the SSEIT to measure EI and the CCS-R to measure the

self-perception of counseling competency (Lambie et al., 2018; Schutte et al., 1998).

Summary and Conclusions

I began this chapter by providing a comprehensive overview of the research

process I used to obtain, review, and understand the current literature in counselor

education regarding EI and counseling competency. In this chapter, I summarized the

theoretical underpinnings of EI, its evolutionary involvement in complex components of

life, including academia, relationships, and its role in direct correlation to the field of

counseling. The theory of EI and its recognition as a trait/ability is relevant in managing

emotions, managing relationships, interpersonal effectiveness, and are relevant in

counselors and counseling students (Ali, 2017; Constantine & Gainor, 2001; Easton et al.,

2008; Gutierrez et al., 2017; Jan et al., 2017; Martin et al., 2004; Odaci et al., 2017;

Pearson & Weinberg, 2017; Schutte et al., 2002). This trait has been understood as being

developed (Ali, 2017). Suppose the traits of EI can be relevant to the counseling field. In

that case, further exploration is needed to determine if there is a direct relationship

between EI and self-perception of counseling competency. Research cited has also

indicated exploring EI as a marker for assessing persons pursuing counseling as a career

choice.

Understanding the relationship between EI and self-perception of counseling

competency can allow for further development of counseling students by integrating such

psychometric instruments and training in the counseling course curriculum. Through the

extensive literature review, the emergent gap addressed through this study is the absence of empirical evidence of any relationship between EI and self-perception of counseling competence. While researchers have substantiated the need to look at competency holistically to encompass characteristics such as professional dispositions and behaviors, more is needed to determine what can contribute to this holistic sense of competency (Lambie et al., 2018). In Chapter 3, I further discuss how the RQs address this gap in the literature.

Furthermore, I integrated and reviewed the recognized assessment of EI along with an exploration of the practicality of such assessments (Schutte et al., 2009; Schutte et al., 1998; Schutte et al., 2002; Schutte et al., 2001). To better support counselor growth and development, the operational definition of counseling competency was included in this chapter to encompass a holistic perspective while outlining the literature in the field regarding psychometrically sound assessments of counseling competency (Lambie & Ascher, 2016; Lambie & Blount, 2016; Lambie et al., 2017; Lambie et al., 2018). For the design of this study, counseling competency was assessed through self-perception. Such complexities of defining counseling competency and measuring it within CITs were necessary and ethical for counselor educators to fulfill their obligations and best support counseling students. Awareness of CITs' own ability is also a critical component and fundamental to their ability to receive feedback towards their development (Lambie et al., 2017; Lambie et al., 2018). The proper assessment provides direct feedback and opportunity for development in students' role as counselors; self-awareness also provides

counselor educators with the foundation to provide continued support on opportunities

for CITs by working with them in their developmental process (Lambie & Ascher, 2016).

The next chapter provides an in-depth overview of the research methodology. I discuss

the research, outlining the rationale, procedures for recruitment, instrumentation, threats

to validity, and ethical procedures.

Chapter 3: Research Method

Researchers have included EI as a relevant factor in explaining the dynamics and characteristics of human relationships (Ali, 2017; Gutierrez et al., 2017; Martin et al., 2004; Salovey & Mayer, 1990). Given the relational nature of counseling and the underlying characteristics of human emotions, in this study, I focused on evaluating EI as a potential factor in explaining the self-perception of counseling competence of CITs. The purpose of this quantitative study was to assess the relationship between EI and self-perception of counseling competency while controlling for the CITs' counseling experience. In this chapter, I explain and provide a rationale for the research design used in this study. Additionally, I explain my methodology, including the population; sampling and sampling procedures; and recruitment, participation, and data collection procedures. Finally, I discuss instrumentation, operationalization of constructs, threats to validity, and ethical procedures for this study.

Research Design and Rationale

I implemented a cross-sectional, correlational, nonexperimental quantitative research survey design (see Martin & Bridgmon, 2012). I assessed if any correlation exists between several variables. In this design, no variables were manipulated. This design was most fitting for the study as it involved data collected from respondents at a single point in time (see Groves et al., 2009). The survey implemented was an online survey with unique coding and respondent-assigned ID; I did not collect any identifying information. The ID was built into the SurveyMonkey platform and was for

organizational purposes only. The survey began with an informed consent document. Participants were first required to provide informed consent; then, they answered a question regarding CIT status to determine if they met inclusion criteria. CIT status determined inclusion criteria and was later used in data analysis as a control variable. The survey comprised two main instruments for assessment, the SSEIT and the CCS-R, which required completion for data analysis. Upon completing the two assessments, participants could elect to participate in an optional demographic questionnaire. I computed descriptive statistics on the information from the demographic questionnaire to learn characteristics about the sample (see Tables 1-3).

Survey methodology is an instrumental design within quantitative research as this methodology allows the researcher to gain information in a numerical data format for analytic purposes (Groves et al., 2009). The SSEIT and CCS-R are designed with unique coding, with each word response having a correlated value for total scoring. Both scales feature a Likert scale ranging from 1 to 5 (Lambie, 2020; Schutte et al., 1998). CIT status was a categorical variable based upon participants' current progression either in their content courses, field experience, or postgraduate but prelicensure status. The survey design was most appropriate for carrying out the research. It allowed me to translate the original scoring within the survey design framework without compromising the psychometric properties of the instrumentation utilized for assessment purposes (Groves et al., 2009).

The independent predictor variables for this study included the CITs' self-assessment of EI using the SSEIT. The SSEIT data were reflected in four subfactors, including the perception of emotion, managing own emotions, managing others' emotions, and utilizing emotion (Schutte et al., 1998). I controlled for the CITs' counseling experience, which is their status as an IV when conducting data analysis. For CIT status, respondents had the option to choose from CIT-post graduation, prelicensure, CIT-field experience (including practicum, Internship I & II), CIT-in content courses, and, finally, I am not a counselor in training. If respondents did not meet inclusion criteria, the survey would close. They would then be prompted to a thank you page ending the survey.

The DVs were two subfactors of the CCS-R. Because the survey was a self-assessment, the CCS-R measured self-perception of counseling competency (Swank, 2014). The first subfactor reflects counseling skills and therapeutic conditions (Lambie, 2020). The second subfactor reflects counseling dispositions and behaviors (Lambie, 2020).

In this research study, I sought to answer two RQs. With both questions, I aimed to evaluate the level of relationship between the IVs on each of the DVs. I used a hierarchical step regression analysis to evaluate the two RQs. The RQs were

RQ1:Is there a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception

of counseling competency Part 1: Counseling Skills and Therapeutic Conditions, as measured by the CCS-R after controlling for counseling experience and among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis?

RQ2: Is there a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of counseling competency Part 2: Counseling Dispositions and Behaviors, as measured by the CCS-R after controlling for counseling experience among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis?

The research method was efficient, including with regard to the time needed for data collection. My descriptive approach enabled me to assess the relationship between variables during hierarchical regression analysis. Through this quantitative process, I explored any relationship between EI and counseling competence. I conducted hierarchical multiple regression analysis to assess the relationship between the subscores of EI (the predictor variables) and the two components of counseling competency (the outcome variables). In this analysis, I controlled for counseling experience, represented as CIT status (DV). In my research, I intended to advance knowledge in counseling by quantitatively analyzing data from psychometrically sound assessments. In doing so, I aimed to address the current gap in the literature stemming from the absence of empirical evidence regarding EI and counseling competency.

Methodology

In this section, I review the population I studied and how the participants represented that population. I include information about how the sample of participants was recruited. I also explain the data collected and the potential threats to the validity of that data. Finally, I discuss the ethical procedures implemented for this study.

Population

The population for this study included CITs. The CIT population included CACREP and non-CACREP trainees at various levels of experience nationwide to ensure enough representation and variation. CITs include students in their content coursework, field experience, and postgraduate but prelicensure. Although the specific number of counseling students is unknown, as of December 2021, there were over 900 CACREP-accredited degree programs across 416 U.S. colleges and universities (CACREP, 2021). Given the possibility that non-CACREP-accredited students or graduates could have participated, an unknown number of persons could have responded from a variety of counseling-related educational experiences, including pastoral counseling, human services counseling, and paraprofessional counseling educational experiences. CITs who attended face-to-face and online programs were included in the population. All universities were within the United States.

Sampling and Sampling Procedures

I used a nonprobabilistic, purposive sampling procedure that also included snowball sampling. I began my sampling strategy by utilizing online professional

networking platforms. All participation was completely anonymous as no identifying information was asked of participants. I posted a call to participate on two CESNET listservs; ACA Connect; my university's student participant pool; and professional social media platforms such as LinkedIn, Facebook, and Instagram counseling pages. I waited 3 weeks and then reposted using the same online mediums. Participants were encouraged to participate in the social media posts and pass along the survey to anyone they knew who met inclusion criteria.

This nonprobabilistic sampling method presented a minimal risk. No participants were considered to be vulnerable, protected, or sensitive populations. I obtained only inclusion criteria, data scores, and optional demographics from participants. In Chapter 4, I report the demographic information to describe the sample to suggest what it represents, but it is important to note that the sample does not lend to generalizability. Purposive sampling is also cost-and time-effective and allows for interpreting large amounts of data (Hanadi et al., 2021). Weaknesses of purposive sampling are the potential presence of errors in the judgment of the researcher and potential research bias (Hanadi et al., 2021). Research bias or judgment errors can be based on the researcher's own lived experiences, perspectives, and belief systems. Additionally, my human fallibility could have played a role in my research approach. Although I had no intended bias, I recognize that selection bias is a vital consideration to disclose when discussing the weaknesses of this sampling method (Martin & Bridgman, 2012).

To estimate the necessary sample size, I used G*Power to conduct an a priori power analysis, which resulted in a necessary sample size of 74 to conduct analyses to determine if statistical significance exists (Faul et al., 2009). In SPSS, I selected t-tests under test family, selecting multiple linear regression. I computed the sample size with an α error probability of 0.05, indicating a five percent chance of detecting an effect where none exists. The power (1- β error probability) for computation was 0.95. For social sciences, the standard probability used for data analysis ranges from .80 to 0.95 (Cohen, 1992). I set the level at .95 to ensure statistically powerful results. I chose alpha, beta, and power levels that are standards for social science research (Frankfort-Nachmias & Leon-Guerrero, 2018). There were five predictor variables with an effect size f^2 of 0.15. Although 74 was the necessary sample size, all completed surveys were included in the analysis.

Procedures for Recruitment, Participation, and Data Collection

I recruited data from CITs using various online platforms. Inclusion criteria for participation included CITs who were either in their course content work or field experience term or who were postgraduates but prelicensed (Ronnestad & Skovholt, 2003). For this study, I implemented an online survey that consisted of collecting data on a student's EI using the SSEIT, a self-assessment of a person's EI, and the CCS-R, a self-perception measurement of a counselor' counseling competency (Lambie, 2020; Schutte et al., 1998). The CITs' status served as a control variable.

In the recruitment process, I disclosed the study's purpose, explained inclusion criteria for participation, provided informed consent, and provided a link to the survey for participation. I used SurveyMonkey, which is a web-based platform that allows for the creation and administration of surveys and data across a large online medium and allows for the creation of a unique URL for the disbursement of the survey (SurveyMonkey, 2021). My SurveyMonkey account was password-protected, and only I had access to the account along with my approved chair and committee. SurveyMonkey utilizes SOC 2-accredited data centers for security controls, including professional monitoring and data protection with physical security (SurveyMonkey, 2021).

When participants clicked the survey link, they arrived at the main landing page; potential study participants were first provided with an informed consent document. If they did not provide consent, the survey closed, and they were thanked for their time. If they provided consent, they were brought to a page to determine if they met the inclusion criteria for CITs. The survey closed and directed them to a page to thank them for their time if they did not. If they did meet the inclusion criteria, the survey commenced. My contact information was provided on the informed consent page for participants if they had any questions or concerns, along with Institutional Review Board (IRB) approval number information. Within the informed consent, I provided participants with additional information regarding the voluntary nature of the study. I also disclosed the risks and benefits of being in the study to participants before beginning the survey. I provided

participants with information regarding privacy and confidentiality and data storage. Within informed consent, I also provided an example of the questions in the study.

After completing the survey, participants had the opportunity to complete an optional demographics survey (see Appendix A). I collected information on participants' gender, age, ethnicity, and native language. Included in the survey were the 33-item SSEIT (Schutte et al., 1998) and the 23-item CCS-R (Lambie, 2020). Upon completing the outlined components of the survey, participants clicked "done" to submit the survey. The exit page of the survey had a thank you note expressing my appreciation for their time and contribution. I did not have any follow-up with participants due to the anonymity of the survey. Participants were informed where they could find a copy of my dissertation and published results of the study.

In examining the efficacy of assessments to increase student support, I explored two distinct components within the counselor education framework. The data collection procedure lent itself to compliance and protection of identifiable information. The IRB guidelines reinforce the specific protection of information and proprietary and identifiable information of participants (Walden University, 2021). I complied with such guidelines as I only obtained scores and necessary responses without participant information. Any demographic information obtained was optional and did not ask for specifications that would compromise the participant's identity. I analyzed data for interpretation purposes only. Data will be kept for at least 5 years, as the university requires. I will keep data secure by storing all data on a password-protected spreadsheet

on a password-protected desktop computer located in a locked room with minimal access. My supervising faculty will also have access to the password-protected data via cloud storage (Walden University, 2021).

Instrumentation and Operationalization of Constructs

I explored the relationship between five IVs, including the four subscales of SSEIT and a covariate for CIT status, and the two DVs, which were the two subscales of counseling competency on the CCS-R. Researchers rely heavily on psychometric assessment for a valid and reliable evaluation of the desired phenomena (Tett et al., 2005). To effectively understand the relationship, the instruments implemented within the study must be empirically based and accurately measure what the research hopes to measure (Muijs & Sage Publications, 2004). The following are the scales I implemented in my survey.

Emotional Intelligence (IV 1-4)

CIT EI encompasses the first four IVs. Researchers designed the SSEIT to estimate a person's EI according to a representation of the Salovey and Mayer (1990) definition of EI (Schutte et al., 1998). For this study, the four subscale scores were used for data analysis. The subcategories of EI included Perception of Emotion, Managing Own Emotions, Managing Others' Emotions, and the Utilization of Emotion.

Schutte Self-Report Intelligence Test (SSEIT)

The SSEIT is a comprehensive evaluation of EI. The SSEIT is comprised of 33 items broken into four subscales. This scale determines EI by an individual's ability to

identify and manage their own emotions and work constructively. The SSEIT

incorporates an inclusive understanding of Salovey and Mayer's EI theory and assesses

EI's practicality in a persons' performance by assessing this trait intelligence (Salovey &

Mayer, 1990; Mayer et al., 2004; Schutte et al., 2009). This robust approach encompasses

intrapersonal and interpersonal fundamental elements (Schutte et al., 2009).

There are four subscales of the SSEIT, which address the seven components of EI

as defined by Salovey and Mayer (1990). The seven key dimensions include being aware

of emotions, identifying own emotions, identifying others' emotions, managing own

emotions, managing others' emotions, using emotions in problem-solving, and expressing

emotions adaptively (Schutte et al., 1998). The seven key dimensions are grouped into

four subscales for scoring and interpretation.

The sub-scales of the SSEIT are as follows:

Perception of Emotion which are assessed in questions 5, 9, 15, 18, 19, 22, 25, 29,

32, 33, Managing Own Emotions which are assessed in questions 2, 3, 10, 12, 14,

21, 23, 28, 31, Managing Others' Emotions which are assessed in questions 1, 4,

11, 13, 16, 24, 26, 30, and the Utilization of Emotion which are assessed in

questions 6, 7, 8, 17, 20, 27 (Schutte et al., 2009).

The test includes a 33-item self-report questionnaire with a 5-point scale, ranging

from 1 (*strongly agree*) to 5 (*strongly disagree*; Schutte et al., 1998). Computation for the

total scale scores is calculated by reverse coding Items 5, 28, and 33, then summing all

items together (Schutte et al., 2009). Participant scores can range from 33 to 165, with

higher scores indicating higher levels of EI (Schutte et al., 2009). For this design,

subfactors were assessed individually using a hierarchical regression to determine if

specific traits within EI are more or less relevant to assess individually and determine if

competency can be related to individual characteristics of EI. This specific assessment

allows for more targeted feedback and development for students to be provided by their

counselor educators.

The practical application of the SSEIT is found in counseling, leadership

development, executive coaching, selection, and career development (Austin et al., 2004;

Rozell et al., 2006; Schutte et al., 2002; Wing et al., 2006). This test form is currently

only administered in English for testing and reporting (Schutte et al., 2009). There is no

discussion regarding the difference demonstrated between this instrument conducted

online versus a paper format (Schutte et al., 2009).

Schutte et al. (1998) confirmed a two-week test and re-test reliability for the

SSEIT with the adult population. Scores from the SSEIT were related to greater

awareness and clarity of emotions and the ability to express them (Schutte, 1998). Scores

on the SSEIT were also substantiated in relationship to scores on other forms of EI

measurement, including the EQ-I, equating to r = .43 (Schutte et al., 2009). Bastian et al.

(2005) also found that SSEIT correlates with emotional attentiveness, clarity, and repair.

With a sample of 246 university students in Australia, Bastian et al. (2005) yielded a

mean of 123.80 and *SD* of 12.50, with a .89 scale alpha. Higher scores in the SSEIT have

also been related to better performance in supervisors with a scale alpha of .90, a mean

score of 122.43, and an *SD* of 12.21 (Carmeli & Josman, 2006). EI is also found to help

manage work-related stress as assessed with an adult population of professionals

(Oginscka-Bulik, 2005). The SSEIT has been used primarily with English-speaking

participants, ranging from children, university students, and professional adults (Schutte,

2009). More recent research studies have continued to use this instrument for similar

purposes. This test provides specific information regarding a student's EI by utilizing

recognized definitions of EI, which was appropriate for my research design as its

psychometric properties provide direct information on what it claims to measure.

CIT Status (IV 5)

A counseling student's experience in their normative progression in their

counseling journey served as the fifth IV. CIT status in this study specifically referred to

CITs either in their content coursework, field experience, or postgraduate but

prelicensure.

Self-Perception of Counseling Competency (DV1 & 2)

Self-perception of counseling competency of CITs is the dependent/outcome

variable for this design. Counseling competency is comprehensive to signify the various

aspects and attributes needed to be an effective counselor. This definition of counseling

competency includes the proficient understanding of ethical, legal, and moral guidelines,

the standardization of clinical knowledge retention, and effectiveness in clinical

application. The most recognized understanding of counseling competency has branched

off to include counseling skills and the ability to create therapeutic conditions and display

the professional behaviors and dispositions necessary to create and maintain an effective therapeutic alliance while upholding the clients' safety (Lambie et al., 2018).

Counseling Competencies Scale-Revised (CCS-R)

The Counseling Competencies Scale-Revised is a psychometric instrument developed by Dr. Glenn Lambie in response to the grave responsibility that counselor educators and supervisors have in ensuring that competent and ethical counselors enter the field of counseling. Lambie et al. (2018) outlined the challenges in counselor education regarding the ambiguity surrounding the definitive properties of counseling competencies. Historically, counseling competencies have been assessed through counseling skills and theoretical orientation. However, counselor development and effectiveness challenges encompass more than skills and knowledge retention (Lambie et al., 2018). For instance, counseling students' dispositions and professional behaviors have hindered their practical application of the learned skills posing potential threats to the clients they serve and ultimately violating the ACA Code of Ethics to 'not harm' (ACA, 2014). While counselor educators and supervisors may be aware of potential behaviors or disposition concerns, the lack of a formal assessment has created significant challenges for educators to uphold their ethical and legal obligation to serve as gatekeepers and protect the public (Lambie et al., 2018).

The CCS-R focuses on developing competent and effective counselors by allowing for the real opportunity for assessment, feedback, and growth (Swank et al., 2012). The original Counseling Comprehensive Scale was created in 2012 to measure the

foundational competencies of counseling targeted at counseling skills, dispositions, and behaviors. The original participant group for establishing this scale consisted of CACREP counseling practicum students and their clinical supervisors from two universities. The initial scale consisted of five response categories, as follows: 1 (*harmful*), 2 (*below expectations*), 3 (*near expectations*), 4 (*meets expectations*), and 5 (*exceeds expectations*. Section 1 contained 12 items related to counseling session skills, while Sections 2 and 3 focused on dispositions and behaviors. Dispositions were inclusive of professional ethics and multicultural competencies. Professional behaviors included knowledge and adherence to policies, including protocols at their university and clinical site, and their wiliness to seek consultation. Swank et al. (2012) yielded statistical significance in Bartlett's test of sphericity: $x^2 = 3478.537$, *df*= 406, *p*= .000, and the Kaiser-Meyer-Olkin sampling adequacy.891. Furthermore, a strong correlation in the Cronbach's alpha of .935 for the 29 items remained (Swank et al., 2012). Consistency in the significance, adequacy, and correlation accounted for the final EFA for the midterm data.

Lambie et al. (2018) later validated and refined the counseling competency scale. The 2012 model was a 32-item assessment within the three domains of counseling skills, professional dispositions, and professional behaviors. Lambie et al. conducted a factor analysis extraction model to ensure the psychometric properties of the CCS produced results that could be generalized to other samples that would have characteristics that would be congruent with this sample/population. Lambie et al. removed CCS items that had significant cross-loadings, conducting an EFA and CFA resulting in the two-factor

CCS-R that was more concise and efficient in measuring counseling competency comprehensively. The CCS-R is a 23-item assessment that explains 61.5% variance. Factor 1 focused on counseling skills and therapeutic conditions consisting of 11 items that included verbal and nonverbal factors that compound into counseling skills. Factor 2 was specific to counseling dispositions and behaviors composed of 12 items critical for counseling competency. Lambie et al.'s findings yielded significant IRR results with counseling skills and therapeutic conditions, .91; counseling dispositions and behaviors, .56; and the total CCS-R score, .84 (Lambie et al., 2018).

Such findings were more robust than their previous research and yielded internal consistency and reliability analysis results (Lambie et al., 2018). Internal consistency reliability yielded counseling skills and therapeutic conditions .94; counseling dispositions and behaviors, .94; and the total CCS-R, .96. Limitations to the use of the CCS-R were that items were removed due to theoretical consideration and justification statistically, which could have been otherwise important indicators of counseling competency. The final CCS-R guidelines range from 1-5. The evaluation scale is as follows: 1 (*harmful*), 2 (*below expectations/insufficient/unacceptable*), 3 (*near expectations/developing towards competencies*), 4 (*meets expectations/demonstrates competencies*), and 5 (*exceeds expectations/demonstrates competencies*). The implications of such findings are standardizing the evaluation process through a comprehensive evaluation that implements the various necessities of an effective counselor. Such tangibility in assessment creates greater safety for the public. It enables

gatekeepers to fulfill their responsibilities in a supportive, pointed way and allows students the opportunity for change and growth (Lambie et al., 2018).

Research regarding the understanding of competency assessment and growth has been substantiated through pre-and post-psychometric assessments such as the CCS-R, providing valuable insights and implications for development in counseling education (DePue & Lambie, 2014). Furthermore, the CCS-R is designed to evaluate students at multiple points in their field experience, including practicum, Internship 1, and Internship 2 (Lambie et al., 2018). The CCS-R is currently used in the field as an ongoing assessment to provide tangible feedback to the student and instructor to maximize strengths and develop areas of opportunities to uphold gatekeeping responsibilities (Lambie et al., 2018). The outlined definitive properties of counseling competency provide a platform for tangible and specific feedback. Specific feedback allows students to develop a holistic approach to what it means to be a competent counselor to serve best the needs of the public (Lambie et al., 2018). For this study, I used the CCS-R as a self-assessment. While the properties remain the same, because it is a self-evaluation, it will measure self-perception of counseling competency. I obtained permission from Dr. Schutte and Dr. Lambie to implement their instrumentation as outlined for research purposes (see Appendix B).

Data Analysis Plan

I used IBM SPSS Statistics (Version 26) predictive analysis software for statistical analysis of data. Using SPSS enabled data input through proper instrumentation

and computation, including tables and necessary graphing to generate a comprehensive and statistically sound output for determining the existence of a relationship between variables (Erdfelder et al., 1996).

Before performing statistical analysis, I reviewed the data to ensure that all components necessary for data completion were met (Osborne, 2013). I ensured that all questions and parts of the instrumentation were completed before analysis in my review. Any missing information surveys were discarded, which equated to the discarding of 22 surveys. Survey completion determination was built within the SurveyMonkey platform. Upon closing the survey, I determined how many completed responses I had. Additionally, I downloaded all surveys and individual responses and manually checked for completion before analysis. Results were examined for extreme outliers (Frankfort-Nachmias & Leon-Guerrero, 2018). I also reviewed data for skewness, kurtosis. I also created and histograms for further descriptive analysis using SPSS.

Research Questions and Hypotheses

RQ1: Is there a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of counseling competency Part 1: Counseling Skills and Therapeutic Conditions, as measured by the CCS-R after controlling for counseling experience and among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis?

*H*o1: There is no statistically significant relationship between the four subscales of

EI, including the perception of emotion, managing own emotions, managing

others' emotions, and utilization of emotion as measured by the SSEIT, and the

self-perception of counseling competency Part 1: Counseling Skills and

Therapeutic Conditions, as measured by the CCS-R after controlling for

counseling experience and among CITs as evidenced by a significant change in

R^2 when conducting a hierarchical step regression analysis

*H*a1: There is a statistically significant relationship between the four subscales of

EI, including the perception of emotion, managing own emotions, managing

others' emotions, and utilization of emotion as measured by the SSEIT, and the

self-perception of counseling competency Part 1: Counseling Skills and

Therapeutic Conditions, as measured by the CCS-R after controlling for

counseling experience and among CITs as evidenced by a significant change in

R^2 when conducting a hierarchical step regression analysis

RQ2: Is there a statistically significant relationship between the four subscales of

EI, including the perception of emotion, managing own emotions, managing others'

emotions, and utilization of emotion as measured by the SSEIT, and the self-perception

of counseling competency Part 2: Counseling Dispositions and Behaviors, as measured

by the CCS-R after controlling for counseling experience among CITs as evidenced by a

significant change in R^2 when conducting a hierarchical step regression analysis?

H_o2: There is no statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of counseling competency Part 2: Counseling Dispositions and Behaviors, as measured by the CCS-R after controlling for counseling experience among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis.

H_a2: There is a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of counseling competency Part 2: Counseling Dispositions and Behaviors, as measured by the CCS-R after controlling for counseling experience among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis.

I used descriptive statistics and hierarchical multiple regression for this design for data analysis.

Descriptive Statistics

I used the SSEIT and CCS-R data sets and counseling experience identification for statistical analysis. I performed a hierarchical multiple regression to understand the relationship of five IVs on two DVs, which served as the outcome variables.

These variables were measured at the interval level with magnitude and the presence of an absolute zero. The variables met the assumptions to proceed with hierarchical multiple linear regression, with each variable being normally distributed and the outcome variable being continuous. The variables had a determined linear relationship and contained homoscedasticity. (Branscum et al., 2016)

Hierarchical Regression

Hierarchical regression analysis is a statistical analysis that allows researchers to determine the relations between multiple dependent and IVs. In examining the independent (predictor) variables, the relationship between variables is important while controlling for other confounding variables. Interpretation of hierarchical regression occurs through the determination of statistical significance. This form of regression allows for the addition and removal of variables from the model with multiple steps. This model best fit the study as this allowed me to assess the various IVs in blocks to control certain variables to determine if predictability changes when adding other variables (Du et al., 2019).

There were several assumptions that I needed to meet to perform a hierarchical regression in this study. In the study, the following assumptions were present: there was a linear relationship between the independent and DVs, observations were independent, the variables were continuous and are measured at the interval level, all variables were normally distributed, the variance of the residuals was constant, variables contained homoscedasticity, and there was little to no multicollinearity, and there was no

autocorrelation (Laerd Statistics, 2015) I ensured that all such assumptions were met before performing the hierarchical regression through statistical testing such as the Shapiro-Wilk test in SPSS to ensure normal distribution (Hu & Plonsky, 2021).

I used Pearson's correlation coefficient to measure linear association in SPSS. To determine if the relationship between variables was linear, I inputted the data into SPSS. I used scatterplots to determine if the relations between the independent and DVs were linear. For the full assumption of linearity, I performed this for each of the five independent and two DVs. Within SPSS, I ran linear regression statistics and selected collinearity diagnostics to ensure no multicollinearity was present in the data. I then ran residuals under Durbin-Watson statistics to ensure that the residuals were independent. To ensure the variance of the residuals was constant, I plotted the values from the data that the model predicted against the standardized residuals obtained. I then performed the plotting under linear regression, inputting the data to plot across their respective x-axis and y-axis. Next, I tested the assumption that the values of the residuals were normally distributed by checking the "normal probability plot" under the standardized residual plots when running linear regressions. Finally, I assessed if influential cases created a bias within my model. I tested cases under Cook's Distance and then ran the main regression analysis. In this process, I produced my hierarchical multiple re while generating the necessary output for assumption testing to determine the fulfilled assumptions (SPSS Tutorial, 2021).

As part of my research design, I performed a hierarchical regression to examine how scores of EI as judged by the SSEIT (Schutte et al., 1998) and CIT status affect self-perception of counseling competency as measured by the CCS-R (Lambie, 2020) when assessing the 2-part components of counseling competency. The first step I performed was entering the CIT status variable in the model. Then, I entered the four EI subscores to identify the change in predictability with the EI variables. I performed this process for each of the two-counseling competency subscales as the DVs.

Threats to Validity

A quantitative research study is valid when it accurately measures what it sets forth to measure. Quality within a quantitative study is most defined by its validity and reliability. Reliability encompasses the accuracy of the instrumentation implemented, indicating that if the instrument has been used in other studies, the results would be consistent (Muijs & Sage Publications, 2004). There are three types of validity: content, construct, and criterion validity. Content validity indicates the extent to which a research instrument accurately measures all parts of the construct. Construct validity is the extent to which a tool used within a research study measures the intended construct. Criterion validity indicates the level to which a research instrument is related to other instruments and measures the same variables (Muijs & Sage Publications, 2004).

Internal validity within a quantitative design yields conclusive findings that a causal relationship can be credible and trustworthy; this indicates a relationship between variables. External validity refers to the extent to which a research study's findings can be

generalized to other settings and used on a broader scale. Threats to internal validity include history, maturation, instrumentation, testing, selection bias, regression to the mean, social interaction, and attrition. The nonexperimental design entailed data collection performed within a single time frame and did not measure progression over time. I did not manipulate any variables for this study (Muijs & Sage Publications, 2004).

Because the sample consisted of a large, diverse group of CITs in the United States, the results should be generalizable based on the sample's diverse demographic characteristics. A consideration is I had participants complete two self-report questionnaires to collect scores for EI and self-perception of counseling competency. These variables are of significant interest, and responses can be impacted by social desirability; however, the SSEIT authors incorporated that concern in the design (Chung & Munroe, 2013; Schutte et al., 2009). All instruments implemented are recognized in social sciences and have supporting validation within the scholarly research literature. I provided an informed consent document to participants. CITs were supported in providing their authentic response as anonymity was built into the survey design, and their participation had no negative consequences or impact on their progress in their university or towards licensure.

Ethical Procedures

Before data collection, I submitted my research proposal to the Walden University IRB. Through a review of research proposals, the IRB ensures ethical and legal standards

are maintained through research, and that sensitive populations are protected (Walden University, 2021). Furthermore, I endeavored to promote new knowledge while adhering to ethical care and standards while handling the data.

I began my IRB process by submitting IRB Form A. In this form, I provided general information about the study and my intentions for the sample. Within this form, I disclosed my recruitment process. I received final approval from the IRB on October 1, 2021, approval number 10-1-21-0988183. Upon approval on October 1st, I began disseminating my survey on the mediums disclosed in my IRB application. CESNET required specific approval from the owner, and I contacted him separately before posting on the listserv. Additionally, I posted to my university's participant pool, which allowed me to access a small graduate group of CITs.

My research design did not involve the manipulation of any variables. Furthermore, I did not provide any level of intervention for any group or sample; therefore, this analysis did not require me to follow up to ensure that the same interventions were provided upon completion of the study. I focused on exploring a natural phenomenon (Hathaway, 1995). No proprietary or identifiable information was requested as part of the data set, which prevented any accidental disclosure of sensitive information (Walden University, 2021).

This study yielded minimal potential risk, as I used deidentified data (Groves et al., 2009). Further analysis of this data study yielded insights into CITs' EI and determining whether it is relevant to their self-perception of counseling competency. This

study's social and societal implications of counselor education were substantial. Such findings can potentially indicate key components for student assessment, development, and support before and while in their counseling program to contribute to overall counseling competency and thus the successful completion of their counseling program.

Summary

I implemented a cross-sectional, correlational, nonexperimental quantitative design in this research design. I conducted a hierarchical multiple regression analysis of data collected from the online survey with scores from the SSEIT, CCS-R, and CIT status as indicated by their status. Through such data collection, I explored the relationship between EI and self-perception of counseling competency. All participation was entirely voluntary and had no adverse risks or consequences. Through such analyses, I aimed to clarify whether EI is an essential consideration for the counseling education program. In Chapter 4, I share the results of the data analysis.

Chapter 4: Results

Counselors and counselor educators recognize the importance of counseling competence within the counselor education framework. This focus has included designing degree programs to include experiential learning to facilitate hands-on training, supervised experience in the field, and the development of core skills and theoretical principles designed with the counseling curriculum (CACREP, 2016). Despite such resources, some CITs still struggle with making a successful transition into clinical practice. The purpose of this quantitative study was to assess the relationship between EI and self-perception of counseling competency while controlling for the counseling experience of CITs. The IVs for this study were the four subscales of the SSEIT and a factor representing counseling experience. The DVs were the two subscales of the CCS-R, which were used to measure self-perception of counseling competency.

The specific research problem addressed in this study was the gap in understanding and assessing core traits that lead to counseling competency, particularly EI. EI is relevant for counselor education, research suggests (Ali, 2017; Constantine & Gainor, 2001; Easton et al., 2008; Gutierrez et al., 2017; Jan et al., 2017; Martin et al., 2004; Mayer et al., 2008). As such, it could be a critical component to assess during the admissions process for counseling students, integrate and train in our counseling programs, and ensure that students meet minimum criteria before clinical work (Lambie et al., 2009). The RQs and hypotheses for the study were as follows:

RQ1: Is there a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of counseling competency Part 1: Counseling Skills and Therapeutic Conditions, as measured by the CCS-R after controlling for counseling experience and among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis?

H_o1 ;There is no statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of counseling competency Part 1: Counseling Skills and Therapeutic Conditions, as measured by the CCS-R after controlling for counseling experience and among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis.

H_a1: There is a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of counseling competency Part 1: Counseling Skills and Therapeutic Conditions, as measured by the CCS-R after controlling for counseling experience and among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis.

RQ2: Is there a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of counseling competency Part 2: Counseling Dispositions and Behaviors, as measured by the CCS-R after controlling for counseling experience among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis?

H_o2: There is no statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of counseling competency Part 2: Counseling Dispositions and Behaviors, as measured by the CCS-R after controlling for counseling experience among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis

H_a2: There is a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of counseling competency Part 2: Counseling Dispositions and Behaviors, as measured by the CCS-R after controlling for counseling experience among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis.

In this chapter, I describe the data collection process and the time frame for data collection. Additionally, I report the sample's demographic characteristics and discuss how representative the sample is to the population. Furthermore, I disclose whether the study was carried out as planned, noting any divergence from the original research proposal. I also report descriptive statistics; evaluate assumptions; and report statistical analysis findings, including probability values, intervals, and effect sizes. I report any additional statistical tests of hypotheses that emerged while including appropriate illustrations of results. Finally, I conclude this chapter with a summary of the findings and a transition to Chapter 5.

Data Collection

I received IRB approval from Walden University on October 1, 2021 (approval # 10-01-21-0988183). Upon approval, I began disseminating my online survey that day using the approved methods. I implemented a multifaceted distribution of my survey link via online platforms to share my call for study with participants. All postings on the various online mediums included a brief IRB-preapproved overview of the study explaining the voluntary nature of the study, the problem, the purpose of the study, and the inclusion criteria for participation. My distribution included posting on LinkedIn directly and on the main feeds of professional pages of social media sites such as Instagram and Facebook. Examples of professional pages on Instagram and Facebook included counseling supervision groups and CIT pages. I also posted to two different listservs on CESNET.

The first post was in the first week of October. Unbeknownst to me before posting, there are two CESNET listservs. I selected the smaller of the two in my first attempt. Later, I resubmitted selecting the larger listserv. The first group on this server had 177 subscribers. In the third week of data collection, I posted to CESNET-L, an unmoderated listserv for counselor educations and supervisors that had 6,006 subscribers at the time of posting. All posts included a direct link to the online survey on the SurveyMonkey platform. The survey was designed to be accessible via mobile and desktop platforms. When participants clicked the survey link, they arrived at the main landing page. Potential study participants were provided an informed consent document before beginning the study and were required to acknowledge and provide consent before answering any questions. My contact information was provided on the informed consent page, along with the IRB approval number. If participants chose not to participate or did not meet the criteria, they were sent to a page that ended the survey and provided a statement thanking them for their time. If they consented to participation and met the inclusion criteria, they were sent to the survey page with the questionnaires.

The first 2 weeks were slower in terms of responses received. Responses increased in the third week in response to the second call for study participation posted on LinkedIn and various LinkedIn engagements. Also, the owner of the CESNET-L released the survey on the counselor education and supervision-specific server in the third week of October 2021. These two mediums were the most effective in achieving the minimal sample size of 74. On October 29, 2021, I closed the survey with 100 total

responses and 78 completed responses for a 78% completion rate. There were no identified discrepancies in the data collection process.

I achieved the necessary sample size of at least 74 needed for an alpha of .05 and the desired power level of .95 for statistical significance, which was determined by conducting a power analysis using G*Power as outlined in Chapter 3. This study consisted of 78 participants. Of the participants, the majority were female ($n = 67$, 85.9%). My goal for this study was to be inclusive and to collect data from a representative sample, if possible. Although my sample was largely female, this is congruent with the significant population of women within the counseling field compared to other genders (U.S. United Census Bureau, 2019). Table 1 outlines the descriptive data on the gender of participants within this study.

Table 1

Frequency Distribution of Respondents by Gender

Gender	n	%
Female	67	85.9
Male	10	12.8
Prefer not to answer	1	1.3
Gender variant/Nonconforming	0	0
Transgender female	0	0
Transgender male	0	0
Total	78	100.0

I obtained additional descriptive characteristics of the study participants, including age, ethnicity, and native language. I created subgroups for ages with ranges for effective data analysis and ease of answering. The majority of the respondents fell in the 25-34 age range ($n = 45$, 57.7%). Although the average age range for counselors was in

the 35-44 age range, which represented 10.3% of the sample ($n = 11$), the important distinction in the study is that the participants were CITs. Therefore, they were younger than the national average of counselors (U.S. Census Bureau, 2019). See Table 2 for the frequency distribution of respondents by age.

Table 2

Frequency Distribution of Respondents by Age

Age	N	%
18–24	11	14.1
25–34	45	57.7
35–44	11	14.1
45–54	8	10.3
55–64	3	3.8
65+	0	0.0
Total	78	100.0

Hispanic ($n = 31$, 39.7%) and White ($n = 30$, 38.5%) participants constituted most of the sample. Following Hispanic and White was Black/African/Caribbean/Black British ($n = 11$, 14.1%). See Table 3 for the distribution of respondents by ethnicity.

Table 3

Frequency Distribution of Respondents by Ethnicity

Race/Ethnicity	n	%
Hispanic	31	39.7
White	30	38.5
Prefer Not to Answer	1	1.3
Black/African/Caribbean/Black British	11	14.1
Mixed/Multiple Ethnicities	4	5.1
Asian/Asian British or American	1	1.3
Total	78	100.0

Final descriptive statistics included the respondent's native language. Of the total respondents, 52 (66.7%) identified English as their native language, with the second-largest language being Spanish ($n = 20$, 25.6%). See Table 4 for descriptive data of respondents' native language.

Table 4

Frequency Distribution of Respondents Native Language

Native Language	n	%
English	52	66.7
Spanish	20	25.6
Portuguese	1	1.3
French	1	1.3
Russian	2	2.6
Other	2	2.6
Total	78	100.0

Results

The purpose of this study was to assess whether any relationship existed between CITs' EI and their self-perception of counseling competency when controlling for CIT counseling experience. This study included five IVs, including the four subscales of the SSEIT and CIT counseling experience on the two DVs, the two subscores of the CCS-R.

Descriptive Statistics

In analyzing data, I used SPSS to compute descriptive statistics for each variable. I analyzed the data based on my RQ of EI (with the four subscores of the SSEIT serving as IVs 1 through 4) and CIT counseling experience as IV 5 on the two subscores of the CCS-R measuring self-perception of counseling competency (DVs 1 and 2). I extracted

the survey data for the SSEIT and CCS-R variables directly from the questionnaires and performed data calculations based on these instruments' instruction manuals. As part of this design, I calculated the total score for each variable and the mean score for each respondent. I provide descriptive statistics for each variable in the following sections.

CIT Status (Independent Variable 1/Control Variable)

The survey administered to participants included CITs' counseling experience, the SSEIT, the CCSR, and a demographics questionnaire. When reporting their counseling experience, participating CITs had the option of choosing either CIT-postgraduation, prelicensure, CIT-field experience (including practicum, Internship I & II), CIT-in content courses, and I am not a counselor in training. If they did not meet inclusion criteria, the survey would close because they did not meet the inclusion criteria. They would then be directed to a thank you page ending the survey. I coded the responses as follows: 1 = CIT-post graduation, prelicensure, 2 = CIT-field experience (including practicum, Internship I & II), and 3 = CIT-in content courses. More than half of the sample was represented by CITs who were postgraduate but prelicensed (see Table 5 for descriptive data of respondents' counseling experience). Of the participants, 53 were postgraduates, prelicensure, 16 were in their field experience, and nine were taking content courses. For data analysis purposes, each CIT status was coded with a number. CIT status numerical value was coded in ascending order; the higher the status, the higher the numerical value. CITs in content courses were coded as 1, field experience as 2, and postgraduation, prelicensure as 3.

Table 5

Frequency Distribution of Respondents by CIT Counseling Experience

CIT Status	n	%
CIT- Post Graduation, Prelicensure (3)	53	67.9
CIT- Field Experience (Including Practicum, Internship I & II) (2)	16	20.5
CIT- In Content Courses (1)	9	11.5
Total	78	100.0

Managing Others' Emotions (Independent Variable 2)

The SSEIT generated four subscores, including the perception of emotions, managing own emotions, managing others' emotions, and utilization of emotions (Schutte et al., 1998). Managing Others' Emotions was assessed in Items 1, 4, 11, 13, 16, 24, 26, 30. For each question (in all four subscales), respondents could choose *strongly disagree* (1), *disagree* (2), *neither disagree nor agree* (3), *agree* (4), or *strongly agree* (5). This subscale was scored by summing all the items within this section. The mean score for respondents was 32.97, with a standard deviation of 3.011. The median score was 33.00, with a mode score of 33. The total scores ranged from a minimum of 27 to a maximum of 39.

Managing Own Emotions (Independent Variable 3)

The subscore Managing Own Emotions was assessed in Items 2, 3, 10, 12, 14, 21, 23, 28, 31. This subscale was scored by summing all the items in this section. The mean score for respondents was 35.90, with a standard deviation of 4.451. The median score was 36.00, with a mode score of 36. The total scores ranged from a minimum of 23 to a maximum of 46. See Table 6 for more information.

Perceptions of Emotions (Independent Variable 4)

Perception of emotions was scored by questions 5, 9, 15, 18, 19, 22, 25, 29, 32, and 33. Questions 5, 28, and 33 were designed to be reverse coded during data analysis. I followed this protocol during the data analysis process. The mean score for respondents was 41.19, with a standard deviation of 4.084. The median score was 41.00, with a mode score of 38. The total scores ranged from a minimum of 30 to a maximum of 50. See Table 6 for for more information.

Utilization of Emotions (Independent Variable 5)

Utilization of emotion was scored in Items 6, 7, 8, 17, 20, 27. The same process was followed, summing the total items in this section. The mean score for respondents was 23.62, with a standard deviation of 2.413. The median score was 23.00 with a mode score of 22. The total scores ranged from a minimum of 18 to a maximum of 29. See Table 6 for more information.

Counseling Competency Scale-Revised: Part 1 (Dependent Variable 1)

The first part of the CCS-R consists of 12 items devised to assess counseling skills and therapeutic conditions. Designed on a Likert scale of 1 to 5, respondents must choose between the following: 5 (*exceeds expectations/demonstrates competencies*), 4 (*meets expectations/demonstrates competencies*), 3 (*near expectations/developing towards competencies*), 2 (*below expectations/unacceptable*), and 1 (*harmful*). The score of this section is obtained by summing the scores for all 12 questions. The mean score for respondents was 50.17, with a standard deviation of 5.435. The median score was 50.00

with a mode score of 49, with total scores ranging from a minimum of 36 to a maximum

of 60. See Table 6.

Table 6

Descriptive Statistics SSEIT 4 subscores and CCSR-1

	Mean	**Std. Deviation**
CCSR-1	50.17	5.435
CIT Status	1.44	.695
Managing Other Emotions	32.97	3.011
Managing Own Emotions	35.90	4.451
Perception of Emotions	41.19	4.084
Utilization of Emotions	23.62	2.413

Counseling Competency Scale-Revised: Part 2 (Dependent Variable 2)

The second part of the counseling scale consists of 11 questions devised to assess

counseling dispositions and behaviors. On a Likert scale of 1 to 5, respondents must

choose between the following: 5 (*exceeds expectations/demonstrates competencies*), 4

(*meets expectations/demonstrates competencies*), 3 (*near expectations/developing

towards competencies*), 2 (*below expectations/unacceptable*), and 1 (*harmful*). The score

of this section is obtained by summing up the score of all 11 questions. The mean score

for respondents was 48.23, with a standard deviation of 4.936. The median score was

49.00 with a mode score of 44, with total scores ranging from a minimum of 36 to a

maximum of 55. See Table 7 for more information.

Table 7

Descriptive Statistics SSEIT 4 subscores and CCSR-2

	Mean	Std. Deviation
CCSR-2	48.23	4.936
CIT Status	2.56	.695
Managing Other Emotions	32.97	3.011
Managing Own Emotions	35.90	4.451
Perception of Emotions	41.19	4.084
Utilization of Emotions	23.62	2.413

Research Question 1

The first RQ asked if there was a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of the first factor for counseling competency, Counseling Skills, and Therapeutic Conditions, as measured by the CCS-R after controlling for counseling experience among CITs. I used a hierarchical multiple regression model to explore this RQ as the model contained five IVs. I chose this statistical analysis as this allowed me to explore my variables of interest both separately and collectively while controlling for covariates (Laerd Statistics, 2015). After reviewing the SPSS output, I assessed the subscores of EI individually when controlling for the covariate of CIT status on self-perception of the first counseling competency factor. Before analyzing this RQ, I ensured that the necessary assumptions were met for hierarchical multiple regression. These

assumptions included having a continuous DV(s) and having two or more IVs that could be continuous or categorical.

I assessed linearity between the IVs and DVs by using partial regression plots and a plot of studentized residuals against the predicted values. Residuals were independent, as assessed by a Durbin-Watson statistic of 2.055. There was homoscedasticity as demonstrated by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity as no IVs had correlations greater than 0.7 in the correlations table. All of the cases had standardized residuals less than ± 3; the casewise diagnostics table was not produced as part of the SPSS Statistics output. All Cook's distance values were less than 1. Finally, the assumption for normality was met as assessed by the P-plot. All leverage values were less than 0.2 other than two cases. Because the influence was not strong, and all other assumptions were met, I retained those two cases in data analysis (Laerd Statistics, 2015).

For the first RQ, I started by analyzing the first model, the covariate CIT Status (IV 1), and the results indicated a statistically significant relationship, $R^2 = .089$, F (1,76) = 7.407, p= .008, adjusted $R^2 = .077$. Additionally, the R^2 value of .089 associated with this regression model suggests that CIT status accounts for 8.9% of the variation in self-perception of the first counseling competency factor, which means that 91.1% of the variation cannot be explained by CIT status alone (see Table 8).

I computed the second model to determine if the addition of the four subscales of EI as measured by the SSEIT improved the prediction of self-perception of the first

counseling competency factor as measured by the CCSR-1 above and beyond CIT status

alone. The full model of CIT status, Perception of Emotions, Managing Own Emotions,

Managing Others' Emotions, and Utilization of Emotions to predict self-perception of the

first counseling competency factor was statistically significant, $R^2 = .200$, F (5, 72) =

3.610, p = .006; adjusted $R^2 = .145$. The change in R^2 from the first model to the second

model is .112, and that this is a statistically significant increase over model 1, p = .049.

However, when I inspected the individual beta weights for the second model, I found

none of the individual beta weights to be significant at the p < .05 level. See Tables 9 and

10.

Table 8

Model Summary CSSR-1

	R	R Square	Adjusted R Square	Std. Error of Estimate	R Square Change	F Change	df 1	df 2	Sig. F Change
CIT Status	.298	.089	.077	5.222	.089	7.407	1	76	.008
CIT Status, Perception of Emotions, Managing Own Emotions, Managing Others' Emotions, Utilization of Emotion	.448	.200	.145	5.026	.112	2.514	4	72	.049

Durbin Watson: 2.055

Table 9

Correlations SSEIT Sub Scores and CCSR-1

		CCSR-1	CIT Status	Managing others' Emotions	Managing Own Emotions	Perception of Emotions	Utilization of Emotion
Pearson Correlation	CCSR-1	1.00	.298	.257	.361	.268	.236
Sig. (1-tailed)	CCSR-1	.	.004	.011	.001	.009	.019

Table 10

CIT Status and SSEIT Sub scores on CCSR-1 ANOVA

		df	SS	MS	F	p
CIT Status	Between Groups	1	202.023	202.023	7.407	.008
	Within Groups	76	2072.810	27.274		
	Total	77	2274.833			
CIT Status, Perception of Emotions, Managing Own Emotions, Managing Others' Emotions, Utilization of Emotion	Between Groups	4	456.019	91.204	3.610	.006
	Within Groups	72	1818.814	25.261		
	Total	77	2274.833			

Research Question 2

The second RQ asked if there was a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of the second factor for counseling competency, Counseling Dispositions, and Behaviors, as measured by the CCS-R after controlling for counseling experience and among CITs. I used a hierarchical multiple regression model to explore this RQ as

the model contained five IVs. I chose this data analysis as this allowed me to explore my variables of interest both separately and collectively while controlling for covariates. In this model, I assessed the subscores of EI individually when controlling for the covariate of CIT status on self-perception of the second factor of counseling competency. Before analyzing this RQ, I ensured the necessary assumptions were met for hierarchical multiple regression. These assumptions included that my Dv(s) were continuous and that I had two or more IVs that could be continuous or categorical.

As in my first RQ, I assessed linearity between the IVs and DVs in my design by using partial regression plots and a plot of studentized residuals against the predicted values. Residuals were independent, as assessed by a Durbin-Watson statistic of 1.964. There was homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity as no IVs had correlations greater than 0.7 in the correlations table. All cases had standardized residuals less than ±3; the Casewise Diagnostics table was not produced as part of the SPSS Statistics output 2. All Cook's distance values were less than 1. Finally, the assumption for normality was met as assessed by the P-plot. All leverage values were less than 0.2 other than two cases. Because the influence was not strong, and all other assumptions were met, I retained those two cases in the data analysis.

I analyzed the covariate CIT status (IV 1) for the first model. The first hierarchical linear regression analysis revealed a model that was not statistically significant,

$R^2 = .015$, F (1,76) = 1.121, p= .293, adjusted $R^2 = .002$. For the second model, I

conducted a hierarchical multiple regression analysis to determine if the addition of the

four subscales of EI as measured by the SSEIT improved the prediction of self-perception

of the second factor of counseling competency as measured by the CCSR-2 above and

beyond CIT status alone. The full model of CIT status, Perception of Emotions,

Managing Own Emotions, Managing Others' Emotions, and Utilization of Emotions to

predict self-perception of the second counseling competency factor was statistically

significant, $R^2 = .208$, F (4, 72) = 3.785, p = .003; adjusted $R^2 = .153$. For RQ2, CIT

status was not a significant predictor. The second step of the model (including the four

EQ scores) was significant and added 19.4% to the variance (p = .003). The individual

beta weights for the second model revealed that the variable managing own emotions (IV

3) was significantly and positively related to CCSR-2 (B = .401, p = .002). See Tables 12

and 13.

Table 11

Model Summary CSSR-2

	R	R Square	Adjusted R Square	Std. Error of Estimate	R Square Change	F Change	df1	df2	Sig. F Change
CIT Status	.121	.015	.002	4.932	.015	1.121	1	76	.293
CIT Status, Perception of Emotions, Managing Own Emotions, Managing Others' Emotions, Utilization of Emotion	.456	.208	.153	4.542	.194	4.401	4	72	.003

Durbin Watson: 1.964

Table 12

Correlations SSEIT Sub Scores and CCSR-2

		CCSR-2	CIT Status	Managing others' Emotions	Managing Own Emotions	Perception of Emotions	Utilization of Emotion
Pearson Correlation	CCSR-1	1.00	.121	.242	.443	.240	.204
Sig. (1-tailed)	CCSR-1	.	.146	.016	.000	.017	.037

Table 13

CIT Status and SSEIT Sub scores on CCSR-2 ANOVA

		df	SS	MS	F	p
CIT Status	Between Groups	1	27.278	27.278	1.121	.293
	Within Groups	76	1848.568	24.323		
	Total	77	1875.846			
CIT Status, Perception of Emotions, Managing Own Emotions, Managing Others' Emotions, Utilization of Emotion	Between Groups	5	390.463	78.093	3.785	.004
	Within Groups	72	1485.383	20.630		
	Total	77	1875.846			

Summary

  In this chapter, I provided statistical analysis for both of my RQs and interpreted the findings of this analysis. For the two RQs examined in this study, the analyses give me a reason to reject both null hypotheses as the models were statistically significant. The covariate had a statistically significant relationship with the DV in my first RQ. The covariate did not have a statistically significant relationship with the DV in my second RQ. To summarize, the first RQ asked is there a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of the first counseling competency factor for counseling

skills and therapeutic conditions, as measured by the CCS-R, after controlling for counseling experience and among CITs? The model demonstrated a statistically significant relationship and positive correlation between the cumulative SSEIT sub scores and self-perception of counseling skills. Therefore, I rejected the null hypothesis and retained my alternative hypothesis.

The second RQ asked is there a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of the second counseling competency factor for counseling dispositions and behaviors, as measured by the CCS-R, after controlling for counseling experience among CITs? The model demonstrated a statistically significant relationship and positive correlation between the cumulative SSEIT sub scores and counseling dispositions and behaviors self-perception. Additionally, the subscore managing own emotions (IV 3) was statistically significant independently to the DV CSSR-2 for self-perception of counseling dispositions and behaviors.

In Chapter 5, I interpret the findings of the study, discuss its limitations, and outline recommendations for future research. Additionally, I discuss the implications of the research for positive social change. Finally, I present recommendations from my research on the professional practice in the counseling field, specifically within counselor education and supervision.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this quantitative study was to examine whether a relationship existed between EI and self-perception of counseling competency while controlling for the counseling experience of CITs. I sought to determine if the four SSEIT and counseling experience subscales were predictor variables of the two components of the CCS-R. The SSEIT is a psychometrically sound instrument that measures EI through four subscale assessments: perception of emotion, management of own emotions, management of others' emotions, and utilization of emotion (Schutte et al., 1998). The CCS-R is an evaluation that measures a counseling students' competency by looking at (a) their counseling skills and ability to create therapeutic conditions and (b) their counseling dispositions and behaviors (Lambie et al., 2018; Schutte et al., 1998).

For the two RQs examined in this study, I concluded that the null hypotheses should be rejected because statistical analyses yielded statistically significant results. Results indicated a positive correlation between EI and self-perception of counseling competency. Results indicated that CITs who scored higher in their EI also scored higher in their self-perception of counseling competency. CIT status was significant, with higher levels of experience corresponding to increased self-perception of counseling skills and therapeutic conditions (CCS-R Part 1). The second step of the analysis of the first RQ indicated statistical significance in the correlation between the collective subscores of the SSEIT and the first factor of counseling competency. For RQ2, CIT status was not a significant predictor of counseling dispositions and behaviors (CCS-R Part 2). However,

the correlation between the collective subscores of the EI and the second factor of the CCSR was statistically significant. The subfactor, managing own emotions, was independently significant to counseling dispositions and behaviors (CCS-R Part 2). In the upcoming sections, I interpret findings in greater detail, discuss the limitations of the study, offer recommendations, and consider the implications of the findings. I also provide a conclusion to the study.

Interpretation of the Findings

Seventy-eight CITs participated in this study. Overall, there were 100 total respondents; however, 22 did not meet inclusion criteria or fully complete the survey and therefore were not included in my final analysis. All respondents had the choice to answer four demographic questions regarding age, gender, ethnicity, and native language. Furthermore, after giving informed consent, all respondents answered questions to determine whether they met the operational definition of a CIT as applicable for this study and outlined in Chapter 3.

Research Question 1

RQ1: Is there a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of counseling competency Part 1: Counseling Skills and Therapeutic Conditions, as measured by the CCS-R after controlling for counseling experience and among CITs?

I focused on EI based on previous researchers' findings of EI's eclectic and valuable role in effectively managing relationships (Goleman, 1996; Mayer et al., 2004; Mayer et al., 2008; Salovey & Mayer, 1990). As I began my research of EI, I found that researchers alluded to the practicality of EI in the counseling field. Yet, no one assessed it directly, creating a gap in the scholarly literature. Researchers have recognized EI and its implications in many forms for relationships and professions, specifically counseling (Ali, 2017; Martin et al., 2004; Schutte et al., 2002). Further research also indicated that counselors tended to have higher scores of EI when compared to other professionals, yet the gap remained regarding the absence of empirical evidence of any relationship between EI and counseling competence (Ali, 2017; Martin et al., 2004). I hypothesized that there is similar importance of EI, specifically that EI would be a significant predictor of self-perception of counseling competency, including when isolating the two subscores of the CCS-R, counseling skills and therapeutic conditions, and counseling dispositions and behaviors. Findings from this analysis for RQ1 support my alternative hypothesis confirming the positive correlation between EI and self-perception of counseling competency in CITs. The results from this research study confirm the importance of EI for CITs' self-perception of counseling competency and hold the potential for further implications towards EI as a factor in predicting observed counseling competency.

Results from this study also indicated, for RQ1, that CIT status was significant; as CITs progressed in their experience, moving from content coursework to their field experience to postgraduation, their self-perception of counseling skills and therapeutic

conditions also progressed. When the subscores of EI were added, this proved to be significant and added 11.2% to the variance. Although the collective subscores of the SSEIT were significant, the individual beta weights of EI were not independently significant, meaning that the individual subscores did not independently serve as a predictor.

Research Question 2

RQ2: Is there a statistically significant relationship between the four subscales of EI, including the perception of emotion, managing own emotions, managing others' emotions, and utilization of emotion as measured by the SSEIT, and the self-perception of counseling competency Part 2: Counseling Dispositions and Behaviors, as measured by the CCS-R after controlling for counseling experience among CITs as evidenced by a significant change in R^2 when conducting a hierarchical step regression analysis?

As I continued my research on EI and its implications for counseling students and current counselors in the field, counseling competency too became an emergent theme. This grew to include the need to consider more than counseling skills alone when assessing competency. Current research indicates several opportunities in providing resources for counselor educators and supervisors when students needed additional support or development (Lambie et al., 2018). The lack of tangible assessments and specified interventions has created significant challenges in CIT development in the counselor education framework (Lambie et al., 2018).

With the desire to explore EI directly, I hypothesized that the increase in EI for CITs would increase self-perception of counseling competency Part 2, which was inclusive of counseling dispositions and behaviors. Findings from the analysis of RQ2 confirmed this assumption. For RQ2, CIT status was not a significant predictor of behaviors and dispositions. The second step of the model, including the four EI scores, was significant and added 19.4% of the variance. Unlike RQ1, the inspection of the individual beta weights for this model found that in addition to the collective sub scores of EI being significant, managing own emotions showed to be independently statistically significant. This led to a positive correlation between managing own emotions and CCSR-2, counseling dispositions and behaviors.

As outlined in Chapter 2, literature in the field indicates that EI is an essential attribute in navigating relationships effectively (Mayer et al., 2004, 2008; Salovey & Mayer, 1990). The therapeutic relationship is an essential component in the counseling field and can include CITs disposition and behaviors in the counseling setting (Lambie, 2018). CITs' lack of awareness of their own emotions can hinder developing empathy, trust, and rapport which is necessary for the therapeutic alliance (Gutierrez et al., 2017).

The collective scores of EI and the independent subscore of managing own emotions alone were positively correlated with participants' self-perception of counseling dispositions and behaviors. Therefore, counselor educators and supervisors might use the results to integrate assessment and training of EI within the counselor education course curriculum. EI is a significant trait that can also be developed over time (Ali, 207; Jan et

al., 2017; Martin et al., 2004; Mayer et al., 2008). Students who struggle with counseling skills or dispositions/behaviors may benefit from specified training where support may otherwise be lacking. For instance, specific labs for tailored development of EI for students who require additional support can be provided throughout the program. EI could also be a curriculum topic integrated when discussing multiculturalism, ethics, and bias when preparing students for their face-to-face work with clients. Integrating EI during content courses can allow for assessment and support around development.

Theory of Emotional Intelligence

I drew from the seminal research of Salovey and Mayer (1990) and their theory of EI. Salovey and Meyer defined EI as "the ability to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and actions" (p. 189). This definition is also inclusive of the four standard components built into the SSEIT assessment. The logical connection of this theory, paired with the findings of this study, further reinforces the significance of EI in the counseling field. Using the theory of EI to inform this study, I explored how the subscores of the SSEIT predicted CITs' self-perception of counseling competency after controlling for their counseling experience. Results confirmed a positive correlation between EI and self-perception of counseling competency. Results also confirmed a positive correlation between CIT status and counseling skills and therapeutic conditions. The highly significant correlations between EI, as measured by the SSEIT, and the self-perception of counseling competency extend the importance of various forms of

intelligence and the eclectic attributes necessary to be a competent counselor. Such insights lend themselves to further specified EI development with CITs to further support their transition from learned knowledge into clinical application.

The first model showed CIT status to be statistically significant when related to self-perception of counseling skills and therapeutic conditions. This correlation reinforces crediting CITs' self-awareness of competency. Students in content courses recognize within themselves their growth, which is significant when counselor educators focus on building competency and helping CITs understand their impact in a clinical environment. These efforts include creating therapeutic conditions while properly exhibiting the necessary clinical skill and ethically maintaining appropriate dispositions and behaviors, which requires substantial self-awareness.

Self-perception, however, is a critical conversation in counselor education. This awareness can help educators gauge student progression through their behaviors and self-awareness of their skills and impact. Such insights and awareness contribute to competency and transcends to counseling ethics at large. Self-awareness is an essential quality throughout counseling; it is the foundation from which ethical therapists seek consultation, refer out when they come across cases outside of their scope, embody the forever learner in an ever-changing field, acknowledge and keep their biases in check, respect the values of their clients, and realize their impact in real-time (ACA, 2014). There is tremendous value in CIT self-awareness.

Limitations of the Study

One limitation of my research design was the absence of the determination of causation. I sought to determine the relationship between predictor variables and the DVs, which is not statistically indicative of causation but rather indicative of a relationship. Assessing correlations can provide insight into trends but cannot be used to identify a cause for an outcome (Laerd Statistics, 2015). Therefore, insights gained from this study provide insight on the linear relationship between EI and self-perception of counseling competency but may not reveal the underlying cause of competency. Furthermore, although I did my due diligence to control for covariates such as CIT counseling status, I cannot guarantee that other variables did not have a causal effect.

In designing this study for analysis, the initial desire was to have two different perspectives regarding EI and counseling competency. To carry out the design with two different perspectives would have entailed having students complete a self-assessment of EI and counseling educators/supervisors complete the CCS-R. Trying to obtain a partnership to carry out this data collection, maintaining student scores, and then pairing their scores with their supervising faculty proved to be a challenge. This format required extensive partnership with universities, several formalities to ensure the protection of student information, and specific legal team reviews, which I was unable to obtain. The challenges associated with that process led to a significant redesign of this study. The SSEIT is a self-evaluation of EI with built-in reverse scoring to account for some level of self-bias ((Schutte et al., 1998). The CCS-R is a comprehensive evaluation designed to be

scored by a counseling educator or supervisor (CCS-R; Lambie, 2020). In the redesign of the study, I contacted the creator of the CCS-R to determine if the instrument could be used as a self-evaluation. Previous research supported the implementation of this instrument as a self-evaluation; however, this changed the measurement from CITs' counseling competency to their self-perception of counseling competency (Swank, 2014). This is a limitation in the study as the correlation assessed was through two instruments that were self-evaluations. Considering that both instruments were self-assessments, future researchers may want to assess EI and counseling competency through a supervising clinician/faculty lens to compare self-perception versus observed competency.

Although self-perception can be a limitation, the field of CES cannot critique CITs as incapable of self-analysis. This goes against what counselor educators are often encouraged. It is also imperative to understand that this is a common practice within this research methodology within social sciences. CIT self-report yields some limitations that make it difficult to implement other means of assessment for comparative analysis or determine if self-evaluation or perception is truly a significant limitation. Counselor educators in the field rely heavily on CIT awareness in addition to formal evaluation (Arredondo et al., 2008). CITs' self-perception can be of distinct value, and although this study involved the study of self-perception, results indicate that CITs can be straightforward in their evaluation. Honesty in self-evaluation was further encouraged by anonymity built within the survey. No identifying information was obtained, nor did CITs

have any direct negative consequence in their counseling education for completing the survey. All CITs participated in their own free will, and their reports and scoring were independent of their university or clinical sites. This is relevant when relying on their self-perception as indicators.

The sampling method is a limitation as I used convenience sampling instead of a proportional sampling procedure that would be representative. With this limitation, my sample was primarily comprised of CITs who were postgraduation and prelicensure. I found it difficult to access CITs in their content coursework or field experience due to the extensive process of partnering with various universities to disseminate surveys. This can possess some limitations in generalizability as the sample is relatively small and nonprobabilistic. Despite this limitation, I have confidence that my sample fairly reflects the desired representative population of CITs. The results and demographics regarding native language, age, and gender of the study are also generalizable to the demographics of counselors in the United States, according to the U.S. Census Bureau (2019). Although the age of the population in the study is slightly younger than the national average, this is congruent with the current U.S. census data as I studied CITs rather than practicing counselors. Therefore, it is reasonable that they would be younger than the national average of practicing counselors.

Recommendations

Based on my findings, EI has a positive relationship to self-perception of counseling competency. The literature in the field, combined with my research findings,

indicate EI as relevant to counselor education and persons seeking to become

professional counselors (Gutierrez et al., 2017; Martin et al., 2004; Mayer et al., 2004;

Parrish, 2015; Pearson & Weinberg, 2017). Counselor educators and students would

benefit from integrating EI assessment and training within the course curriculum. This

would look like integrating EI assessments during the commencement of coursework and

then again at the beginning and through field experience. The positive correlation

between EI scores and counseling competency scores is indicative of a significant

relationship and a core trait that would be helpful to develop within counseling students.

Additional resources and specified interventions for EI development can address a

developmental gap that some CITs exhibit in their counseling experience. With

consideration of EI as a relevant attribute to counseling and counseling education, the

intention would be to integrate EI development in a nonshaming manner within the

counseling course curriculum. Various universities integrate labs for counseling students

who require additional support, including but not limited to writing skills labs, counseling

skills labs, and professional dispositions labs (ACA; 2014; Walden University, 2021).

Counseling educators could integrate EI similarly. Recommendations for this include

early assessment of EI to establish a baseline for students in an effort of transparency for

development opportunities and to assess evolvement over the normative course

progression. EI-specified training labs can further support students who display EI issues.

Students requiring additional support could have an EI development plan and can

be paired with students who are further along in their program and with designated

faculty for regularly scheduled meetings. EI interventions can range from integration of

online certifications for the development of EI to role-playing forms of communications,

thought patterns, active listening skills, emotional processing, and even integration of

rational emotive behavioral therapy (Ali, 2017; Koppe et al., 2019; Mao et al., 2021).

Counseling educators supervising these specified labs can also develop assignments for

further processing where students can identify their emotions in real-time, map them, and

follow up for processing. Such interventions create a specified approach for students who

may otherwise struggle to transition to their clinical experience. Such support lends itself

to upholding gatekeeping and adding additional resources for CIT success and

competency.

Specificity in helping students understand their own emotions and developing EI

in their counseling work could help address the gap between learned knowledge and

successful application in a clinical setting. Managing own emotions was also

independently relevant to counseling dispositions and behaviors and the collective EI

subscores; this could be further explored in future research and examined within the

course curriculum. Further research recommendations could include exploring EI through

a partnered university where a representative sample could be obtained. The self-

perception scores could be compared against the supervisor or counseling educators'

assessment of their skills. Additional EI research could be explored between the

emerging online education platform and face-to-face learning to determine if there is any

significant difference in CITs' ability to demonstrate the necessary competencies. Other

research opportunities can also specifically assess how EI training integration within the counseling framework impacts EI scores in CITs to determine if training equated to a significant shift in EI scores. Comparative analysis of EI between race/ethnicity demographics could also be instrumental in the counselor education field to help support an inclusive and eclectic counseling education environment. Future research could further assess counseling competency to determine if the two subcomponents of CCSR, Part 1: Counseling Skills and Therapeutic Conditions and Part 2: Counseling Dispositions and Behaviors, are correlated and if there are differences in scoring based on CIT self-reports.

Implications

As new information in the clinical field emerges, counselors/counselor educators fervently work to develop versatility in adapting and improving therapeutic interventions to best serve the needs of the public. Counselor educators create innovative ways to capture this value of heterogeneity in CIT training and development. Counselor educators' responsibilities to the public and the development of their CITs do not need to be juxtaposed. The results from this study can have a positive impact on social change through a focus on CIT support and development within the counseling course curriculum. Through the lens of positive social change, counseling educators can integrate EI-informed approaches into the counseling course curriculum by providing additional assessments, training, feedback, and resources. This may contribute competent counselors into the field to best serve the public by enhancing their ability to be aware of

their own emotions and the emotions of their clients to better facilitate therapeutic conditions.

I sought to determine if a relationship existed between EI and counseling competency. Results indicated that CITs' status was positively correlated with their counseling skills and therapeutic conditions. Results further indicated that CITs with higher EI had a higher self-perception of counseling competency in counseling skills, therapeutic conditions, counseling dispositions, and behaviors. In addition to the collective statistical significance of EI, the subfactor of EI, managing own emotions was statistically significant to counseling dispositions and behaviors. While EI is not the sole answer to student developmental needs, it is a continued relevant attribute that has been extensively recognized in the counseling field and further supported in my research findings. Previous research has alluded to the importance of EI in counseling; my research supports a positive correlation between EI and a core value of counseling education, self-perception of counseling competency.

Since EI is relevant to counseling competency amongst many other merited roles such as creating, managing, and utilizing effective relationships, it could be a targeted intervention for counseling students. EI integration within the counseling education framework could entail robust training and assessments and be progressive to integrate students' EI when providing direct feedback regarding their competency and counseling skills. EI can be a tool for training and development to better prepare them in their sessions and develop the emotional maturity in receiving clinical feedback and support.

Results from this study may also contribute to positive social change by helping to

support educators and supervisors with the unique challenges that some CITs may face

when trying to transition knowledge to an application (Lambie, 2018). Increased

understanding can lead to actionable items to support students in creating the necessary

change. EI social implications have a positive trickle-down effect; enhanced support

creates greater development, greater development lends itself to increased competency,

which ultimately impacts the public whom CITs will serve. The social change

implications of such interventions also consider cultural sensitivities. Some students

based on cultural diversity may not have experienced a reference point for emotional

insights and tolerance. Cultural diversity can influence the way in which emotions are

interpreted, experienced, and displayed. If such sensitivities are considered in EI training,

this could allow for additional support and progressive training while honoring unique

differences.

Furthermore, with such assessments in place, ongoing assessment and support

focused on CIT development is conducive to helping students develop an empathetic

outlook for clients' experiences with ongoing evaluations. Such assessments could

potentially help CITs develop greater insights into client experience and, in turn, their

own emotions. The conversation only begins at assessing EI.

Conclusion

EI is an attribute that can be developed. Thus, the field of counseling has

significant implications and a plethora of integration possibilities of what EI can do for

the future of counseling education and CIT development (Ali, 2017). The field of

counseling is a unique profession that provides support, healing, and change for various

populations, many of whom are considered to be protected persons. With such grave

responsibility, it is of the utmost importance that supporting professionals uphold their

role in developing future generations. As societal and existential understandings of the

world around us continues to change, counseling educators and supervisors must ensure

that CITs can meet the diverse needs of such a critical professional role. Competency has

encompassed much more than an understanding of therapeutic modalities and

interventions. It has expanded to ensure that CITs can create the necessary rapport,

therapeutic environment and create a therapeutic alliance to ensure that the professional

relationship does not hinder the growth towards the client's wellness (Lambie, 2018). To

ensure this is consistently met, educators and supervisors must have the necessary

resources for assessment and provide tangible support with actionable goals.

EI has been a relevant and emergent theme in managing relationships. It has had

success in managing academic anxieties, developing and maintaining personal and

professional relationships, and has been a significant trait in counselors, even more so

than other professionals. In this study, I sought to close the gap in the literature of the

absence of empirical evidence of any relationship between EI and counseling

competence. The statistical evidence between EI and self-perception of counseling

competency is noteworthy. My findings supported a positive relationship between EI and

both parts of counseling competency: counseling skills and therapeutic conditions and

counseling dispositions and behaviors. In addition to the collective sub scores of EI being statistically significant, CIT status was positively correlated to counseling skills and therapeutic conditions. The subscore managing emotions was also independently significant to counseling dispositions and behaviors. Several significant factors related to EI and positive attributes relevant to counseling competency cause further discussion of integration into course curriculum and CIT student development. The social change objective is to support our counseling students and leave the next CIT generation better equipped to serve, teaching them skills and the necessary attitudes, energy, and behaviors. These principles, these attributes, are transitional and will withstand the expiration of therapeutic interventions. The embodiment of such characteristics can help future counselors become eclectic in adjusting to the needs of an ever-changing society.

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Appendix A: Demographic Questionnaire

You have reached the end of the survey. If you are comfortable, please answer the following 4 brief demographics questions. If not, you can submit your survey. Thank you for your participation!

1. **To which gender do you most identify?**

Female

Male

Gender Variant/Non-conforming

Transgender Female

Transgender Male

Prefer not to Answer

2. **Which is your age?**

18-24 years old

25-34 years old

35-44 years old

45-54 years old

55-64 years old

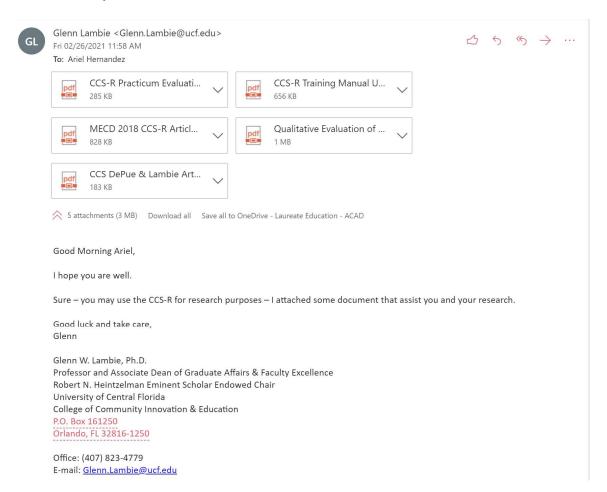65-74 years old

75 years or older

3. What ethnic group do you most identify with?

Mixed/Multiple ethnic groups

Hispanic/Latino

White

Black/African/Caribbean/Black British

Asian/Asian British

Pacific Islander

Alaska Native

Hawaiian Native

Arab

Other:

4. What is your native language?

English

Spanish

French

Portuguese

Mandarin Chinese

Arabic

Bangali/Bengali

Russian

Hindi

Creole

Other

Appendix B: Permissions to Use Research Instruments

The following are the permissions I received to use the CCS-R and the SSEIT:

Permission by Dr. Glenn Lambie to Use the CCS-R

Permission to Use CCS-R as a Self-Perception Instrument

GL   Glenn Lambie <Glenn.Lambie@ucf.edu>
       Wed 08/18/2021 11:34 AM
       To: Ariel Hernandez

Good Morning Ariel,

I hope you are well.

It is fine to have the students self-evaluate their levels of competency with the CCS-R; however, the measure will than be a self-efficacy assessment as it is the students' perceptions of their competencies – if that works sense

Good luck and take care,
Glenn

Glenn W. Lambie, Ph.D.
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Permission by Dr. Nicola Schutte to Use the SSEIT

NS

Nicola Schutte <nschutte@une.edu.au>
Tue 03/02/2021 7:05 PM
To: Ariel Hernandez

Thank you for your message regarding the emotional intelligence scale.

You are welcome to use the scale. Please see below a link to the manuscript copy of a published chapter that provides more information, including the scale and scoring instructions.

https://www.researchgate.net/publication/216626162_The_Assessing_Emotions_Scale

Kind regards, Nicola Schutte

. . .