

THE RELATIONSHIP BETWEEN MINDFULNESS AND COUNSELING  
SELF-EFFICACY AMONG COUNSELOR TRAINEES: MEDIATING ROLES OF  
SELF-COMPASSION AND ANXIETY

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SELF-EFFICACY AMONG COUNSELOR TRAINEES: MEDIATING  
ROLES OF SELF-COMPASSION AND ANXIETY**

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**I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.**

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## ABSTRACT

### THE RELATIONSHIP BETWEEN MINDFULNESS AND COUNSELING SELF-EFFICACY AMONG COUNSELOR TRAINEES: MEDIATING ROLES OF SELF-COMPASSION AND ANXIETY

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The current correlational study aimed to examine the serial mediating roles of self-compassion and anxiety in the relationship between mindfulness and counseling self-efficacy among Turkish counselor trainees. The sample, recruiting convenience sampling, comprised 301 counselor trainees (206 females, 95 males) enrolled in the senior year of Guidance and Psychological Counseling undergraduate programs in Türkiye, conducting counseling sessions with clients as part of the Individual Counseling Practicum course.

The data were collected through the Mindful Attention Awareness Scale, the Self-Compassion Scale Short Form, the Anxiety subscale of the Depression Anxiety Stress Scale, the Counselor Activity Self-Efficacy Scales, and the demographic information form. Before the primary analysis, the reliability and validity of each scale were examined and confirmed for the present study. The hypothesized model was tested using structural equation modeling. The serial multiple mediation analysis was conducted. The results revealed that while self-compassion and anxiety partially and individually mediated the relationship between mindfulness and counseling self-

efficacy, their serial mediating effect was not significant. The findings were discussed relating to the prior literature. Implications of the study and recommendations for future research were presented.

**Keywords:** counseling self-efficacy, mindfulness, self-compassion, anxiety

## ÖZ

### PSİKOLOJİK DANIŞMAN ADAYLARININ BİLİNÇLİ FARKINDALIK VE PSİKOLOJİK DANIŞMA ÖZ-YETERLİĞİ ARASINDAKİ İLİŞKİDE ÖZ- ŞEFKAT VE KAYGININ ARACI ROLLERİ

EKİCİ, Gizem

Yüksek Lisans, Eğitim Bilimleri, Rehberlik ve Psikolojik Danışmanlık Bölümü

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Bu çalışmanın amacı, Türk psikolojik danışman adaylarının bilinçli farkındalığı ile psikolojik danışma öz yeterliği arasındaki ilişkide öz-şefkat ve kaygının seri aracılık rolünü incelemektir. Kolay ulaşılabilir örnekleme yöntemi ile seçilen araştırma örneklemini Türkiye’deki çeşitli üniversitenin Rehberlik ve Psikolojik Danışmanlık Lisans Programı dördüncü sınıfında eğitim gören ve Bireyle Psikolojik Danışma Uygulamaları dersi kapsamında danışanlarla psikolojik danışma oturumları yürütmekte olan 301 psikolojik danışman adayı (206 kadın, 95 erkek) oluşturmaktadır.

Veriler, Bilinçli Farkındalık Ölçeği, Öz-Şefkat Ölçeği Kısa Formu, Depresyon Anksiyete ve Stres Ölçeğinin Anksiyete alt boyutu, Psikolojik Danışma Öz Yeterlik Ölçeği ve demografik bilgi formu aracılığıyla toplanmıştır. Ölçeklerin güvenilirliği ve geçerliliği incelenmiş ve mevcut çalışma için onaylanmıştır. Varsayılan model Yapısal Eşitlik Modellemesi ile test edilmiş ve ardışık çoklu aracılık analizi gerçekleştirilmiştir. Bulgular, öz-şefkat ve kaygının bireysel olarak bilinçli farkındalık ve psikolojik danışma öz yeterliği arasındaki ilişkiye kısmi aracılık



ettiğini, fakat öz-şefkat ve kaygının seri aracılık rollerinin anlamlı olmadığını göstermiştir. Bulgular, önceki literatürle ilişkilendirilerek tartışılmıştır. Uygulamaya yönelik çıkarımlar ve gelecek araştırmalara yönelik önerilere yer verilmiştir.

**Anahtar Kelimeler:** psikolojik danışma öz yeterliği, bilinçli farkındalık, öz-şefkat, kaygı

*To all mental health professionals who carry out their work with compassion and care.*

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Ve güzel annem, Gönül. Kucağında uyuyarak okula gittiğim günlerden şimdi beni okula çalışmaya uğurladığın günlere birlikte büyüyerek geldik. Senin varlığın ve sevgin, yaşamda hissettiğim güvenin temeli. İyi ki varsın.

## TABLE OF CONTENTS

PLAGIARISM .....	iii
ABSTRACT .....	iv
ÖZ .....	vi
DEDICATION .....	viii
ACKNOWLEDGMENTS.....	ix
TABLE OF CONTENTS.....	xi
LIST OF TABLES .....	xv
LIST OF FIGURES.....	xvi
CHAPTERS	
1. INTRODUCTION.....	1
1.1. Background to the Study.....	1
1.2. Purpose of the Study .....	7
1.3. Research Question .....	7
1.4. Significance of the Study .....	8
1.5. Definition of the Terms.....	10
2. LITERATURE REVIEW.....	12
2.1. Social Cognitive Theory and Self-Efficacy .....	12
2.1.1. Sources of Self-Efficacy .....	14
2.2. Social Cognitive Model of Counselor Training (SCMCT) and Counseling Self-Efficacy (CSE) .....	15
2.2.1. Sources of Counseling Self-Efficacy .....	18
2.3. Mindfulness .....	23
2.3.1. Mindfulness in Therapeutic Practice.....	25
2.3.2. Mindfulness among Counselors .....	29
2.3.3. Mindfulness among Counselor Trainees.....	30
2.3.4. Mindfulness and Counseling Self-Efficacy .....	31
2.4. Self-Compassion.....	33
2.4.1. Self-Compassion among Counselors .....	35

2.4.2. Self-Compassion among Counselor Trainees .....	36
2.4.3. Self-Compassion and Counseling Self-Efficacy .....	37
2.5. Anxiety.....	38
2.5.1. Anxiety among Counselor Trainees .....	40
2.5.2. Sources of Anxiety among Counselor Trainees .....	41
2.5.3. Impacts of Anxiety among Counselor Trainees .....	42
2.5.4. Anxiety and Counseling Self-Efficacy.....	43
2.6. Summary of the Literature Review .....	44
3. METHOD.....	46
3.1. Research Design.....	46
3.2. Participants.....	46
3.3. Data Collection Instruments.....	49
3.3.1. Criteria for Evaluation of Reliability and Validity.....	49
3.3.2. Demographic Information Form .....	50
3.3.3. Mindful Attention Awareness Scale (MAAS) .....	50
3.3.3.1. Psychometric Properties of MAAS in the Present Study .....	51
3.3.4. Self-Compassion Scale - Short Form (SCS-SF) .....	51
3.3.4.1. Psychometric Properties of SCS-SF in the Present Study.....	51
3.3.5. Anxiety Subscale of Depression Anxiety Stress Scale (DASS) .....	52
3.3.5.1. Psychometric Properties of Anxiety Subscale of DASS in the Present Study .....	52
3.3.6. Counselor Activity Self-Efficacy Scales (CASES).....	53
3.3.6.1. Psychometric Properties of CASES in the Present Study .....	54
3.4. Data Collection Procedure .....	55
3.5. Description of the Variables .....	55
3.5.1. Independent Variable .....	55
3.5.2. Mediator Variables .....	55
3.5.3. Outcome Variable .....	56
3.6. Data Analyses .....	56
3.7. Limitations of the Study.....	56
4. RESULTS.....	59
4.1 Preliminary Analyses .....	59

4.1.1. Missing Data and Outlier Analyses.....	59
4.1.2. Assumptions of the Structural Equation Modeling.....	60
4.1.3. Descriptive Statistics.....	62
4.1.4. Bivariate Correlations .....	62
4.2. Primary Analyses .....	63
4.2.1. Testing the Measurement Model.....	63
4.2.2. Testing the Hypothesized Structural Model.....	66
4.2.3. Mediation Analysis .....	66
4.2.4. Hypothesis Testing.....	68
4.3. Summary of the Results .....	69
5. DISCUSSION .....	71
5.1. Discussion of the Findings.....	71
5.1.1. Discussion on the Direct Effect of Mindfulness on CSE.....	71
5.1.2. Discussion on the Mediator Role of Self-Compassion in the Relationship Between Mindfulness and CSE .....	72
5.1.3. Discussion on the Mediator Role of Anxiety in the Relationship Between Mindfulness and CSE .....	73
5.1.4. Discussion on the Serial Mediating Role of Self-Compassion and Anxiety in the Link Between Mindfulness and CSE.....	75
5.2. Implications for Practice .....	77
5.3. Recommendations for Future Research .....	78
REFERENCES.....	80
APPENDICES.....	111
A. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE.....	111
B. DEMOGRAPHIC INFORMATION FORM .....	112
C. SAMPLE ITEMS OF MINDFUL-ATTENTION AWARENESS SCALE.....	113
D. SAMPLE ITEMS OF THE SELF-COMPASSION SCALE SHORT FORM .....	114
E. SAMPLE ITEMS OF THE ANXIETY SUBSCALE OF THE DEPRESSION ANXIETY AND STRESS SCALE.....	115
F. SAMPLE ITEMS OF THE COUNSELOR ACTIVITY SELF-EFFICACY SCALES .....	116

G. TURKISH SUMMARY / TÜRKGÇE ÖZET.....	117
H. THESIS PERMISSION FORM / TEZ İZİN FORMU.....	134



## LIST OF TABLES

<b>Table 3. 1.</b> Demographics of the Participants.....	47
<b>Table 3. 2.</b> Information Regarding Practicum Experience .....	48
<b>Table 3. 3.</b> Cut-Off Values for Fit Indices.....	50
<b>Table 3. 4.</b> Fit Indices of The Self-Compassion Scale – Short Form.....	52
<b>Table 3. 5.</b> Fit Indices of The Subscales of CASES .....	54
<b>Table 4. 1.</b> Skewness and Kurtosis for Study Variables.....	60
<b>Table 4. 2.</b> Descriptive Statistics of Study Variables .....	62
<b>Table 4. 3.</b> Bivariate Correlation among Study Variables.....	63
<b>Table 4. 4.</b> Standardized Regression Weights .....	64
<b>Table 4. 5.</b> Latent Correlations in the Measurement Model.....	65
<b>Table 4. 6.</b> Bootstrapped Results of Indirect Effects.....	68

## LIST OF FIGURES

<b>Figure 1. 1.</b> Hypothesized Model .....	8
<b>Figure 4. 1.</b> Normal P-P Plot of Regression Standardized Residual .....	61
<b>Figure 4. 2.</b> Scatterplot for Homoscedasticity .....	61
<b>Figure 4. 3.</b> The Measurement Model with Standardized Estimates and Latent Correlations .....	65
<b>Figure 4. 4.</b> The Hypothesized Structural Model and Standardized Estimates .....	67

# CHAPTER 1

## INTRODUCTION

### 1.1. Background to the Study

“Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan et al., 2014, p. 68). In pursuit of this aim, counselors assist clients in identifying and addressing life concerns, pursuing relevant goals, implementing strategies for change, evaluating outcomes, and planning for self-directed growth within the clients’ environment (Cormier, 2016). Therefore, counselors are expected to possess specialized expertise in essential helping skills to effectively facilitate the counseling process for the well-being of their clients (Young, 2009).

In the journey towards becoming a counselor, there is a common metaphorical reference to "building a toolbox" filled with essential skills and techniques (Cormier et al., 2017). However, the analogy of a "toolbox" implies something external to counselors, which may not fully capture the complexity of their development. In the realm of helping professions, there is also a widespread belief that expertise, effectiveness, and efficacy naturally develop with time. While some studies, such as those conducted by Anderson et al. (2009), suggest a positive correlation between age and experience and improved counseling outcomes, the notion that expertise in assisting professions directly corresponds to years of practice is contentious, and reaching a definitive conclusion on this matter is challenging. Contrary to this notion, research, including a longitudinal study by Goldberg et al. (2016) spanning 18 years, has shown that therapists may produce poorer outcomes over time.

Through an analysis of multiple studies on therapist characteristics, Wampold and Owen (2021) concluded that the most significant factor contributing to helpers’

effectiveness is their dedication to ongoing improvement. They emphasized that without consistently enhancing their skills, helpers are unlikely to progress significantly in their profession throughout their careers. Furthermore, therapeutic progress is not solely reliant on counselors' skills and techniques; it often unfolds gradually, and challenges may not always yield immediate observable effects. Therefore, in addition to technical proficiency, counselors are expected to maintain high confidence, perseverance, and resilience to navigate complex therapeutic surroundings effectively (Cormier et al., 2017). All in all, becoming a skilled professional is recognized as a multifaceted and internal journey, emphasizing the cultivation of internal qualities alongside the acquisition of techniques (Cormier et al., 2017). This highlights the importance of training programs not only in imparting concrete behavioral skills but also in nurturing the internal competencies and qualities of counselor trainees (Cormier et al., 2017). One such essential internal factor that fuels counselors' motivation, persistence, and effort is *counseling self-efficacy (CSE)*.

By incorporating Social Cognitive Theory (SCT) principles into counselor training, Larson (1998) formulated the Social Cognitive Model of Counselor Training (SCMCT), highlighting the vital role of ongoing interaction among trainees' personal factors, counseling actions, and immediate environment in shaping their counseling skills and beliefs. According to SCMCT, CSE is crucial for enhancing counseling skills (Larson, 1998). Studies supported this notion, demonstrating that higher levels of CSE are associated with improved counseling performance, as perceived by supervisors and counselor trainees (Kocaerek, 2001; Prasath et al., 2022). Moreover, heightened CSE levels have been linked to enhanced counseling outcomes by influencing the performance of counselors and counselor trainees (Reese et al., 2009).

The underlying premise of SCMCT is that CSE mediates cognitive, affective, motivational, and decision-making processes, thereby positively impacting counselor performance and client outcomes (Larson, 1998). Drawing on SCT, several empirical studies have found a positive relationship between heightened CSE levels and various outcomes, including job satisfaction (Boon, 2015), effective problem-solving

skills (Al-Darmaki, 2005), occupational commitment (Doğanülkü & Kirdök, 2020), as well as psychological well-being and satisfaction with psychological needs (Keskin, 2020).

In alignment with the principles of SCT, the SCMCT suggests that CSE is shaped by four key sources: mastery experiences, modeling, social persuasion, and affective arousal (Larson, 1998). Research indicates mastery experiences with clients, posited as the most influential source, significantly boost CSE levels among counselor trainees (Lent et al., 2003; Lent et al., 2009; Mullen et al., 2015; Tang et al., 2004). Similarly, modeling experiences, involving observation of instructors, supervisors, and peers have been identified by multiple researchers as significant contributors to enhancing CSE levels of counselor trainees (Akçaboza-Kayabol et al., 2022; Aladağ et al., 2014; Hill & Lent, 2006; Larson et al., 1999; Yerin-Güneri et al., 2018). Social persuasion, another crucial source of CSE, primarily encompasses the supervision process and interactions with supervisors, playing a pivotal role in counselor training as well. Studies have shown that structured and positive feedback from supervisors, peers, and clients significantly enhances trainees' CSE (Chui et al., 2021; Daniels & Larson, 2001; Öztürk & Duran, 2024; Reese et al., 2009).

In the context of counselor training in Türkiye, it is crucial to consider the sources of CSE and their limitations carefully. The reliance on mastery experiences to bolster CSE levels presents challenges for counselor trainees in Türkiye due to the brief and limited scope of practicum experiences during the training. In Türkiye, the curriculum for the National Undergraduate Guidance and Psychological Counseling Program, as outlined by the Council of Higher Education (CoHE) in 2007, requires 180 credit hours of training, including 34 hours dedicated to practicum and field practice courses (Aladağ & Kemer, 2023). A key component of these practical experiences is the Individual Counseling Practice, which is a semester-long course scheduled for the final year of counselor training. This course aims to provide trainees with practical experience to refine their counseling skills (Aladağ & Kemer, 2023). Although international accreditation standards specify the structure, supervision process, and the number of counseling and supervision sessions required, Türkiye lacks such detailed guidelines (Aladağ & Kemer, 2023). During this

practicum experience in Türkiye, counselor educators typically expect trainees to complete a minimum of 15 counseling sessions each semester (Aladağ & Bektaş, 2009). Given the immediate graduation following this practicum, any negative experiences or premature closures with initial clients could profoundly impact trainees' subsequent experiences, motivation, and persistence in their professional careers (Rønnestad & Skovholt, 2003).

Furthermore, the substantial student population and limited course hours can hinder the development of effective supervisory relationships. In Türkiye, faculty members supervise relatively large groups, typically ranging from 10 to 25 trainees, in group or classroom settings (Aladağ & Kemer, 2023; Atik, 2017). This situation leads to supervisors paying insufficient attention to relational factors, causing some trainees to miss out on individualized feedback and face challenges with self-disclosure during their practicum experiences (Aladağ & Kemer, 2023; Atik, 2017). Also, despite supervision serving as an essential source for the professional development of trainees, the predominant *agent* in this process is typically the supervisor since the nature of the feedback, guidance, and evaluation provided by supervisors profoundly influences the quality of supervision and the supervisory relationship (Wilson et al., 2016). Nevertheless, although SCT and SCMCT underscore the significance of the environment, they both regard the individual as the primary agent in constructing their environment.

Self-reflection is one of the most effective approaches for trainees to navigate uncertainty and develop confidence during their training, which is also pivotal for trainees' professional development (Bennet-Levy & Lee, 2014; Skovholt & Rønnestad, 2003). Therefore, prioritizing the cultivation of trainees' internal skills merits attention. One of the key internal skills that has been emphasized by various researchers as an effective counseling characteristic is *mindfulness* (Cormier et al., 2017). Mindfulness involves purposeful awareness and attention to immediate experience, approached with an open and accepting attitude (Brown & Ryan, 2003; Kabat-Zinn, 2003). By creating a mental distance from each experience, mindfulness promotes deliberate and thoughtful actions rather than automatic, habitual, and reactive behaviors (Bishop et al., 2004).

Counselors who exhibit higher levels of mindfulness tend to be more fully present, experience reduced distraction during sessions, and demonstrate increased attunement to their clients within a nonjudgmental and accepting stance (Fulton, 2005; Shapiro et al., 2014). Researchers have also explored the potential benefits of mindfulness for counselor trainees. For instance, research revealed links between mindfulness and trainees' empathy and working alliance (Fulton & Cashwell, 2015; Johnson, 2018). Experimental studies showed that incorporating mindfulness-based interventions into training programs leads to notable changes in trainees' awareness of their bodies, regulation of their emotions, and self-understanding (Fletcher et al., 2022; Schure et al., 2008). Investigations have also uncovered a positive link between mindfulness and CSE among counselor trainees (Butts & Gutierrez, 2018; Greason & Cashwell, 2009; Wei et al., 2015). Experimental studies have further supported these findings by showing that mindfulness-based interventions significantly enhance counselor trainees' levels of CSE (Bohecker & Doughty-Horn, 2016; Chan et al., 2021). Rather than a direct link, previous research suggested that the link between mindfulness and CSE operates indirectly through mediating variables, such as attention and hindering self-focused attention (Greason & Cashwell, 2009; Wei et al., 2015).

Another complementary construct for mindfulness in fostering self-efficacy is *self-compassion*. Self-compassion directs compassion toward oneself, particularly during challenging or disappointing situations (Neff, 2003). Without a compassionate attitude toward oneself, there is a risk of observing each experience with self-criticism, especially in times of personal weaknesses or failures, potentially diminishing individuals' confidence in their abilities (Neff, 2023). In terms of the association between mindfulness and self-compassion, researchers have proposed that mindfulness predicts self-compassion (Aydin-Sünbül & Yerin-Güneri, 2019; Svendsen et al., 2017; Tingaz et al., 2022; Yousefi Afrashteh, 2022). This direction implies that individuals aware of their immediate experience, especially in times of challenges or failures, are more likely to cultivate a kind and understanding attitude toward themselves (Bergen-Cico et al., 2013; Neff & Germer, 2013). Previous research also indicated that counselors who exhibit compassion toward themselves tend to acknowledge their limitations and engage in less self-critical dialogue,

potentially fostering balanced beliefs in their efficacy (Patsiopoulos & Buchanan, 2011; Quaglia et al., 2022). However, there is limited empirical research, with findings presenting some contradictions regarding the relationship between self-compassion and CSE. While certain studies have recognized self-compassion as a significant predictor of trainees' CSE (Hung, 2015), other research has not found significant correlations between these constructs (Pudalov, 2016).

As stated earlier, emotional states are recognized as one of the determinants of individuals' beliefs in their efficacy (Bandura, 1997). Anxiety stands out as a crucial emotional state strongly associated with CSE (Larson, 1998). The beginning of the practicum experience with clients elicits a range of emotions, including curiosity, excitement, and fear, with anxiety being notably prevalent among counselor trainees (Kurtyılmaz, 2015; Kuo et al., 2016). Although anxiety is typically perceived as a developmental phase that diminishes with accumulated experience, unmanaged anxiety above a certain level has multifaceted consequences on trainees' counseling practices, cognitive processes, concentration, attention, and ability to recall session details (Rønnestad & Skovholt, 2003). Consistent findings from correlational studies among counselor trainees indicate a negative correlation between anxiety and CSE (Al-Darmaki, 2005; Bischoff & Barton, 2002; Lent et al., 2009; Özden, 2023). Qualitative investigations further underscored that anxious counselor trainees perceive their emotional states as influential factors on their CSE, often interpreting their anxiety as indicative of lower efficacy beliefs in their counseling abilities (Bischoff & Barton, 2002; Lent et al., 2009).

Both mindfulness and self-compassion emerge as a protective factor for counselor trainees' anxiety. Correlational findings indicate that mindfulness significantly and negatively predicts anxiety among counselor trainees (Fulton & Cashwell, 2015), while experimental studies demonstrate noteworthy reductions in trainees' anxiety levels with mindfulness-based interventions (Shapiro et al., 2007). In terms of the link between anxiety and self-compassion, research has consistently shown the significant negative predictive role of self-compassion on anxiety (De Souza et al., 2020; Egan et al., 2022; Pérez-Aranda et al., 2021). Also, Finlay-Jones et al. (2017), illustrated the positive impact of self-compassion interventions in reducing self-



critical judgment, depression, stress, and emotion regulation difficulties among counselor trainees.

Considering the relevant research in the existing literature, this study aims to examine a structural equation model wherein self-compassion and anxiety function as serial mediators in the association between mindfulness and CSE. Specifically, the study proposes that mindfulness predicts CSE by influencing the development of self-compassion and reducing anxiety levels among counselor trainees.

## **1.2. Purpose of the Study**

The current study aims to investigate a proposed model for the relationship between mindfulness and CSE as serially mediated by self-compassion and anxiety among Turkish counselor trainees.

## **1.3. Research Question**

The main research question addressed in the current study is “To what extent do self-compassion and anxiety serially mediate the relationship between mindfulness and CSE among Turkish counselor trainees?” This research question is tested with the hypothesized structural model illustrated in Figure 1.1. The direct and indirect hypotheses of the study are stated below.

### **1. Hypotheses related to direct relationships:**

H1: Mindfulness directly and significantly predicts CSE. (Path A).

H2: Mindfulness directly and significantly predicts self-compassion (Path B).

H3: Mindfulness directly and significantly predicts anxiety (Path C)

H4: Self-compassion directly and significantly predicts anxiety (Path D).

H5: Self-compassion directly and significantly predicts CSE (Path E).

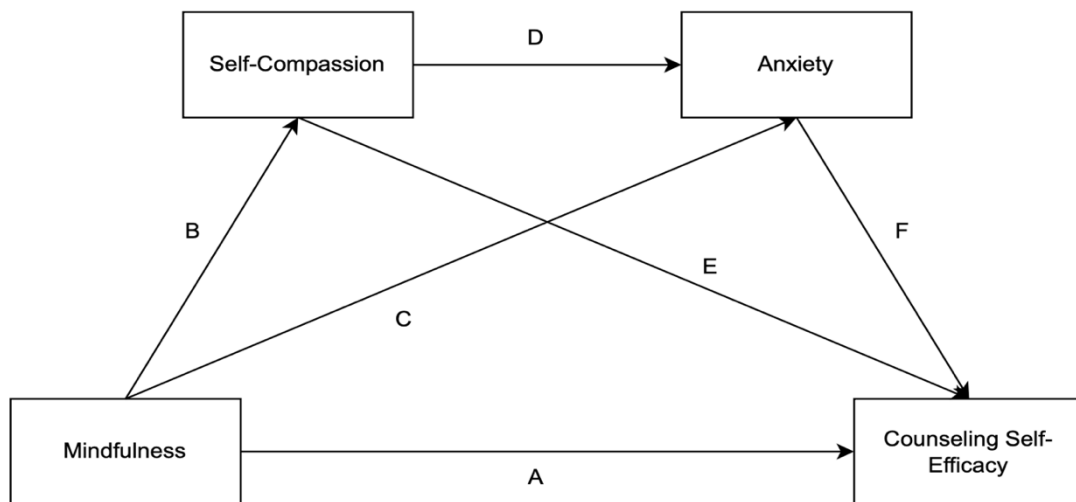
H6: Anxiety directly and significantly predicts CSE (Path F).

2. Hypotheses related to indirect relationships:

H7: Self-compassion mediates the relationship between mindfulness and CSE.

H8: Anxiety mediates the relationship between mindfulness and CSE.

H9: Self-compassion and anxiety serially mediate the relationship between mindfulness and CSE.



**Figure 1.1.** Hypothesized Model

#### 1.4. Significance of the Study

The current investigation, which analyzed the proposed model illustrating the link between mindfulness and CSE, serially mediated by self-compassion and anxiety among Turkish counselor trainees, holds significance on various levels.

First of all, numerous researchers have underscored the crucial role of efficacy beliefs for individuals across various contexts, including education, career selection, business, and mental and physical health (Schwarzer & Fuchs, 1996). In an educational context, scholars have highlighted the significance of self-efficacy for increased academic performance, effort expenditure, persistence in challenging situations, and motivation for learning (Balkis, 2011; Honicke & Broadbent, 2016; Huang, 2016; Robbins et al., 2004; Samuel & Burger, 2020).

Moreover, in a broader context, self-efficacy plays a crucial role in coping, resilience, and satisfaction in various aspects of life (Burger & Samuel, 2017; Soysa & Wilcomb, 2015). Self-efficacy has emerged as a noteworthy aspect of self-perception among counselors, as well. Investigated by scholars, it is crucial for the effective utilization of counseling skills (Kocaerek, 2001; Prasath et al., 2022), enhancing overall counseling effectiveness and client outcomes (Reese et al., 2009), bolstering job satisfaction (Boon, 2015), reducing burnout (Gunduz, 2012), and fostering psychological well-being among practicing counselors (Keskin, 2020).

Due to its demonstrated significance and facilitative nature, sources that enhance self-efficacy have been investigated, and research guided by SCT has predominantly focused on mastery experiences. Similar research emphasis has been observed within the counseling literature as well. Research findings indicate that counselors' beliefs in their efficacy tend to grow with experience (Lent et al., 2003; Tang et al., 2004). Also, significant importance has been placed on supervision experiences, particularly during counselor training, as another crucial factor contributing to CSE (Lohani & Sharma, 2023). However, given the limited exposure to practicum and supervision experiences during counselor training in Türkiye, this perspective could render both the training process and counselor trainees stagnant, passively influenced by their environment, and potentially at risk of graduating without a sense of efficacy in their counseling abilities. Therefore, it is important to investigate internal contributors to CSE. With this aim, unlike previous literature, which has predominantly focused on sources such as mastery experiences, vicarious experiences, and verbal persuasion, the current study aims to investigate internal and developable skills of counselor trainees, such as mindfulness and self-compassion, which have received less attention in existing literature but may play a significant role in enhancing their CSE.

Secondly, investigating CSE especially gains importance during counselor training because, as Bandura (1997) has previously stated, an individual's self-efficacy beliefs and anxiety during the initial experience of an activity significantly determine the amount of effort they will invest in that activity in subsequent processes. Building upon this, it is possible to argue that the CSE experienced by counseling trainees during their initial attempts at counseling with clients will be a determining factor in

their future careers, and it is, therefore, crucial to investigate the sources influencing this belief.

Thirdly, considering the uncertain, anxious, excited, and inadequate feelings associated with the first counseling experience (Kurtyılmaz, 2015; Kuo et al., 2016), exploring the internal and developable skills that could contribute to the CSE of counselor trainees during this process may offer practical implications for both counselor education in general and the practitioners involved in education, including instructors and supervisors.

Fourthly, although previous studies have examined the association between mindfulness and CSE (Butts & Gutierrez, 2018; Greason & Cashwell, 2009; Wei et al., 2015), there is a gap in the literature regarding the specific pathway from mindfulness to CSE through the serial mediating factors of self-compassion and anxiety. Establishing such a structural model is beneficial because it could uncover the underlying mechanisms behind the relationship between mindfulness and CSE.

### **1.5. Definition of the Terms**

*Mindfulness* is an intentional and purposeful awareness of both internal and external experiences in the immediate moment (Kabat-Zinn, 2003).

*Self-efficacy* is defined as individuals' judgments of their abilities to execute actions necessary to achieve specific outcomes (Bandura, 1977).

*Counseling self-efficacy* is counselors' beliefs or judgments in their capabilities to counsel clients effectively (Larson et al., 1992).

*Self-compassion* is a form of inward-directed compassion, denoting a kind response and an attempt to alleviate one's suffering, whether from life challenges or personal weaknesses (Neff, 2003; Neff, 2023).

*Anxiety* comprises cognitive, affective, physiological, and behavioral elements as part of a responsive system to anticipated adverse events perceived as uncontrollable and potentially threatening (Clark & Beck, 2011).

*Counselor trainee* refers to senior-year students enrolled in Guidance and Psychological Counseling undergraduate programs in Türkiye.

## CHAPTER 2

### LITERATURE REVIEW

This chapter includes the theoretical framework and definitions of the variables in the proposed model, including counseling self-efficacy, mindfulness, self-compassion, and anxiety. It also presents a comprehensive review of relevant empirical research, discussing general findings and those specific to counselor training contexts for each variable.

#### **2.1. Social Cognitive Theory and Self-Efficacy**

The exploration of the fundamental causes behind human behavior has been a subject of inquiry for an extensive period. While some theories argue that environmental factors are the primary drivers of human behavior, Bandura proposed a more nuanced understanding within the framework of Social Cognitive Theory (SCT) (Bandura, 1997; 2018). In contrast to one-sided perspectives, SCT suggests that individuals are not solely passive recipients of environmental stimuli; instead, they actively shape their environment through their actions, thoughts, and feelings. The multifaceted interaction involving the individual, behavior, and environment is termed as triadic codetermination theory within SCT (Bandura, 1977; 1997; 2018). SCT conceptualizes human behavior not as a unidirectional relationship between the individual and their surroundings but as a dynamic system comprising these three elements, perpetually interacting and influencing one another (Bandura, 1977; 1997).

According to the view of SCT, individuals can envision their future, set goals, devise strategies, and regulate their behavior through the mechanisms of foresight, self-reactiveness, and self-reflection (Bandura, 2006; 2018), thereby shaping their lives with direction and purpose. According to Bandura (1997), individuals have the

capability to adapt and influence their environments through their actions, not only by possessing skills and knowledge but also by exerting self-determining influences involving cognitive, affective, and motivational processes. The capacity for individuals to actively shape their surroundings is termed personal agency within SCT. Central to personal agency is the concept of *self-efficacy*, defined as peoples' judgments of their capabilities to organize and execute actions necessary to achieve intended outcomes (Bandura, 1986, p. 94). Within SCT, self-efficacy is hypothesized to serve as a key intermediary between possessing skills and performing effective behaviors (Bandura, 1997; Bandura et al., 2003).

Self-efficacy has been widely applied across diverse contexts, including education, career selection, business, and mental and physical health (Schwarzer & Fuchs, 1996). Within the academic context, an increasing body of research revealed a positive correlation between academic self-efficacy and academic performance (Balkis, 2011; Honicke & Broadbent, 2016; Robbins et al., 2004). Yet, the relationship between academic self-efficacy and performance is not straightforward; instead, academic self-efficacy predicts students' performance indirectly through factors such as self-regulation, effort investment, and effective learning strategies (Honicke & Broadbent, 2016). Studies indicated that highly self-efficacious students tend to perceive learning experiences as enjoyable and expect their abilities to improve through effort. Conversely, students with low self-efficacy are inclined to anticipate future failures instead of successes, find learning experiences stressful, and exhibit avoidance behaviors (Elliot, 1999; Huang, 2016).

In earlier research, Bandura (1977; 1997) posited that individuals with high self-efficacy tend to maintain an optimistic perspective regarding their abilities and future prospects. Consequently, they are inclined to select challenging tasks, engage in effective behaviors, invest effort, and demonstrate persistence in the face of obstacles (Schunk & DiBenedetto, 2020). Recent studies have further revealed that students with high levels of academic self-efficacy are more likely to display academic resilience, sustain motivation, exert effort towards achieving long-term objectives, and exhibit decreased intention to discontinue their education even in demanding academic circumstances (Cassidy, 2015; Robbins et al., 2004; Samuel & Burger,

2020). Conversely, individuals with low self-efficacy are more prone to engage in academic procrastination (Balkis, 2011).

From another context, research on teacher self-efficacy also provides evidence for the positive correlations between self-efficacy, effective action, effort expenditure, and persistence. Teachers with high efficacy beliefs are inclined to adopt innovative teaching methods, effectively manage their time, exhibit resilience in the face of challenges, view their workload as manageable, and experience heightened motivation and job satisfaction (Brown, 2012; Chesnut & Burley, 2015; Lazarides & Warner, 2020; Skaalvik & Skaalvik, 2010). Similarly, in organizational settings, self-efficacy serves as a crucial self-regulatory resource for individuals combating job-related exhaustion. Individuals with high self-efficacy perceive changes as opportunities rather than stressors, demonstrate sustained effort and persistence in handling work demands, derive satisfaction from their accomplishments, and experience higher job satisfaction (Jimmieson et al., 2004; Shoji et al., 2016).

Recent studies also highlighted self-efficacy as a key determinant that facilitates coping mechanisms during challenging circumstances and serves as a protective factor against depression, anxiety, and stress (Burger & Samuel, 2017; Soysa & Wilcomb, 2015). In another study examining the transition from adolescence to young adulthood, Burger and Samuel (2017) discovered that general self-efficacy significantly predicted life satisfaction. Furthermore, analyses of individual changes over time revealed that individuals with elevated levels of self-efficacy and life satisfaction were less susceptible to perceived stress and more resilient in the face of stressful events.

### **2.1.1. Sources of Self-Efficacy**

Bandura (1977) posited that individuals assess their efficacy beliefs through four primary sources of information. Among these, *performance accomplishments or mastery experiences* stand out as the first and most influential source of self-efficacy. It is commonly understood that mastery experiences impact self-efficacy in such a way that repeated successes elevate it while failures diminish it; however, not every successful experience necessarily boosts individuals' self-efficacy (Bandura, 1977).



The enhancement of self-efficacy depends greatly upon individuals' evaluations of their performances, with the perceived difficulty of the task and expended effort (Bandura, 1986). Specifically, efficacy beliefs tend to increase when individuals perceive themselves as having overcome a challenging task with considerable effort (Usher & Pajares, 2008). *Vicarious experience, or modeling*, which refers to observing the performances of others, constitutes the second source influencing self-efficacy. This source is particularly significant when individuals are uncertain about their abilities and have limited opportunities to execute the action (Bandura, 1977). Observing a model with similar characteristics to oneself serves to inspire, motivate, and guide individuals in exerting control over their environment through their actions (Bandura, 1997). The third source, *verbal or social persuasion* also influences self-efficacy. Encouragement and realistic feedback, especially during the initial stages of a task, from individuals perceived as trustworthy and knowledgeable are more likely to bolster one's efficacy beliefs (Bandura, 1977). As the final source of self-efficacy, individuals' physiological and emotional states serve as crucial indicators in evaluating their efficacy beliefs. Often, individuals interpret feelings of anxiety, fatigue, or discomfort as indicative of lower levels of self-efficacy (Bandura, 2009). Within this source, Bandura (1997, p. 109) highlights the significance of subjective interpretations of somatic sensations and emotional responses in shaping self-efficacy, emphasizing that subjective interpretations hold more importance than objective assessments. For instance, a singer who perceives their anxiety as expected excitement before taking the stage is less likely to attribute their rapid heart rate to diminished self-efficacy (Bandura, 1977; 1997). Particularly in the face of complex and ambiguous tasks, individuals rely on their emotional states. Negative emotions, when cognitively interpreted as indicators of failure, can lead individuals to experience diminished self-efficacy upon subsequent recollection of these emotions (Bandura, 1997, p. 111).

## **2.2. Social Cognitive Model of Counselor Training (SCMCT) and Counseling Self-Efficacy (CSE)**

SCT and self-efficacy have garnered significant attention across various fields, including counseling and counselor training. In the early stages of counselor training,

there was a lack of theories to adequately address the complexities of supervisors' roles. Recognizing the need for guidance on which counselor variables to prioritize and enhance within the constraints of limited training time, counselor trainers and supervisors sought a conceptual framework. They realized that solely focusing on counseling behaviors and responses of trainees was insufficient for their development. This realization prompted the emergence of the Social Cognitive Model of Counselor Training (SCMCT), developed by Larson (1998), by adapting SCT principles into the realm of counselor training.

Similar to SCT, the fundamental mechanism underlying SCMCT is triadic reciprocity, which underscores the continuous interaction among the individual, behavior, and environment. SCMCT posits that the trainees' personal agency factors, counseling actions, and proximal environment (comprising counseling and supervision) interact dynamically. Larson (1998) employed the metaphor of drama to elucidate this interaction, wherein the counselor trainee serves as the main character, with the supervisor and client also playing supporting roles. According to SCMCT, these three entities – counselor, supervisor, and client – significantly influence the development of trainees' counseling skills.

Alongside the impact of environmental variables on trainees' behavior within counseling and supervision, the SCMCT underscores the pivotal significance of trainees' personal agency factors. These include elements such as outcome expectancies, self-assessment, and affective processes, which are posited as fundamental determinants in their developmental progression toward becoming counselors (Larson & Daniels, 1998). In other words, the model depicts trainees as primary agents who construct their supervision and counseling environment through self-referent thoughts. Central to this model is the concept of "*counseling self-efficacy (CSE)*," which is hypothesized to mediate the transition from knowing what to do to executing effective counseling actions (Larson, 1998; Larson et al., 1992). CSE is defined as the "trainee's beliefs or judgments about their capabilities to counsel a client effectively in the near future" and is considered a fundamental self-referential belief that acts as the causal link between trainees' knowledge and effective counseling performance (Larson & Daniels, 1998, p. 180). Consistent with

Larson and Daniels' definition (1998), Lent et al. (2003) defined CSE as the belief in one's capability to execute the behaviors required to assist clients effectively. They also expanded the construct by conceptualizing CSE to include three broad subdomains of self-perceived ability to a) employ structured helping skills (e.g., asking open-ended questions), b) manage routine session tasks (e.g., establishing counseling objectives), and c) handle complex or challenging counseling scenarios (e.g., addressing manipulative behaviors exhibited by a client during sessions).

In the realm of SCMCT, it was proposed that fostering CSE would enhance the acquisition and proficiency of counseling skills, thereby improving counseling effectiveness (Larson, 1998). This proposed correlation between CSE and counseling performance is theoretically rooted in SCT (Bandura, 1986). Beyond the domain of counseling literature, studies indicate a positive correlation between increased self-efficacy and improved performance (Schunk & DiBenedetto, 2020). Similarly, various investigations within the CSE literature provide evidence supporting the role of CSE in facilitating the development of counseling skills (Stoltenberg et al., 1998). In a study involving 117 master-level trainees, Kocaerek (2001) discovered that trainees reporting higher levels of CSE were perceived as more proficient by their supervisors. Correspondingly, Prasath et al. (2022) observed that as trainees' CSE levels increased, so did their reported ability to lead groups effectively. Building upon these research findings, some researchers have also postulated that CSE would significantly and positively correlate with client outcomes. As illustrated by Reese et al. (2009), individuals receiving counseling from trainees who demonstrated significant advancements in their CSE reported improved counseling outcomes. Conversely, Clements-Hickman and Reese (2023) identified a non-significant link between CSE and client outcomes. In conclusion, it is evident that the association between CSE and client outcomes is not straightforward; merely possessing higher CSE does not necessarily result in better outcomes due to the dual and multifaceted nature of the counseling process (Heppner et al., 1998). Rather than directly impacting counseling performance or client outcomes, SCMCT posits that CSE influences desirable results by mediating cognitive, affective, motivational, and decision-making processes (Larson, 1998; Larson et al., 1992). Central to SCMCT is the assumption that counselors with higher CSE levels are more likely to exhibit

motivation, persistence, and effort when faced with challenges. They tend to harbor self-enhancing thoughts rather than self-debilitating ones and view their anxieties as stimulating rather than threatening in counseling and/or supervision contexts (Larson, 1998). Numerous empirical studies support these assumptions. For instance, Lent et al. (2003) found that trainees with higher CSE levels have positive expectations regarding their efforts, engage in counseling-related activities, and consider pursuing counseling-related careers in the future. Additionally, several studies have shown a positive correlation between CSE and job satisfaction (Boon, 2015). Gunduz (2012) revealed that CSE negatively predicts burnout among school counselors. Counselors with higher CSE levels experience greater feelings of accomplishment, manage emotional exhaustion effectively (Hines, 2019), and employ efficient problem-solving skills (Al-Darmaki, 2005). Furthermore, Doğanülkü and Kirdök's (2020) findings indicate that CSE significantly and positively predicts occupational commitment among practicing counselors. Research also suggests that counselors with higher CSE levels experience greater psychological well-being and report higher satisfaction with their psychological needs than those with lower CSE levels (Keskin, 2020).

### **2.2.1. Sources of Counseling Self-Efficacy**

According to SCMCT, CSE is influenced by counselor trainees' cognitive assessment of four experiential sources: mastery, modeling, social persuasion, and affective arousal (Larson, 1998). Each of these sources will be critically elucidated in the subsequent section.

Mastery refers to the experience of successfully engaging with clients and is posited by Larson (1998) as the most influential CSE source. This hypothesis has been supported by empirical evidence (Lent et al., 2003; Lent et al., 2009; Mullen et al., 2015; Tang et al., 2004). Lent et al. (2003) conducted a longitudinal study that revealed a significant increase in CSE among master-level counseling students following a 15-week practicum experience. Similarly, a study involving 116 graduate counseling students found a positive association between CSE, counseling-related experience, and practicum duration (Tang et al., 2004). Lent et al. (2009) adopted a

more micro-focused approach, examining trainees who conducted five sessions with clients during their initial practicum experience through cognitive assessment. Results showed that trainees' performance, specifically behaviors or strategies perceived as successful or ineffective, was the most frequently cited source of CSE. A longitudinal study involving 179 master-level counselor students demonstrated a significant increase in CSE after completing a counselor preparation program. Data collected at three points indicated that coursework had a greater impact on students' CSE compared to their initial practicum experience. This notable finding suggests that while the majority of confidence is developed through didactic coursework, the increase in CSE during practicum experience is comparatively moderate.

Both the SCMCT and the developmental models of counselor training indicate that trainees' confidence in their counseling abilities tends to increase as they gain more experience and develop a sense of mastery and expertise (Skovholt & Rønnestad, 2003). However, this perspective presents challenges for educators as it provides limited guidance on how to enhance the quality of counselor training, potentially leading to stagnation in the training process. Moreover, the developmental model suggests that premature closure, characterized by an unconscious defensive process involving misattribution of encountered phenomena, can undermine trainees' efficacy beliefs (Rønnestad & Skovholt, 2003). Given the relatively brief duration of practicum experiences in counselor training in Türkiye, potential negative experiences with initial clients during practicum may significantly impact trainees' subsequent experiences, efforts, and persistence in their professional careers. Thus, it becomes apparent that relying solely on mastery experiences to bolster trainees' CSE is insufficient for adequately preparing them to confidently counsel clients upon graduation.

According to SCMCT, modeling, as another source of CSE, is defined as the process of observing others who effectively utilize counseling skills (Larson, 1998). These others can include instructors, supervisors, peers, and even self-observation. Consequently, counselor educators have integrated modeling as a teaching tool, especially through video modeling, particularly in the early phases of counselor training, as it offers students an opportunity to observe without the pressure of

performance (Larson, 1998; Larson et al., 1999). Empirical findings have indicated that employing video modeling as a pre-practicum training method significantly enhances counselor trainees' CSE (Akçabozan-Kayabol et al., 2022; Aladağ et al., 2014; Hill & Lent, 2006; Larson et al., 1999; Yerin-Güneri et al., 2018). However, Rønnestad and Skovholt (2003) found in their study that trainees frequently feel frustrated due to the limited opportunities to observe experienced practitioners effectively demonstrating counseling skills. Also, a qualitative study conducted by Aladag (2013) in Türkiye found that out of eleven undergraduate programs surveyed, only six incorporated modeling as a teaching method during counseling skills pre-practicum training. Thus, it can be inferred that trainees encounter challenges in gaining modeling experience and enhancing their CSE during counselor training. For the practicum experience, Aladağ (2014) identified that observing peers during group supervision significantly contributes to the development of counseling students at both undergraduate and doctoral levels. Participants indicated that their confidence in applying counseling interventions increased through this modeling experience. Another modeling technique utilized in the practicum experience is the observation of video recordings of counseling sessions (Gonsalvez et al., 2016; Topor et al., 2017). This method has been identified as an effective strategy during supervision sessions, boosting counselor trainees' efficacy beliefs (Koçyiğit-Özyiğit, 2019; Meydan, 2014). Furthermore, by observing their recorded sessions, trainees gain the opportunity for self-reflection, allowing them to identify areas for improvement and evaluate counseling outcomes (Topor et al., 2017).

Social persuasion constitutes another essential source for contributing to CSE, referring to the provision of realistic, supportive encouragement, and the establishment of structured learning environments for trainees (Larson, 1998). Larson (1998) highlighted supervision as a crucial social persuasion mechanism in counselor training. Lohani and Sharma's (2023) systematic review confirmed the positive effect of supervision on trainees' CSE, with significantly higher CSE levels observed among those who received supervision compared to those who did not. Their findings suggest that supervision plays a vital role in enhancing goal setting and providing structure, as demonstrated in Meydan's (2021) study, which found a positive association between goal setting with supervisor support and students' CSE.

Alongside goal setting and structure, feedback emerges as another essential source of social persuasion. Specific, constructive, positive, and adaptable feedback, exemplified in Daniels and Larson's (2001) experimental study, significantly enhanced trainees' CSE. Similarly, Öztürk and Duran (2024) observed that trainees who received satisfactory evaluations and positive feedback from supervisors reported higher CSE levels.

While previous research has primarily focused on supervisor feedback, peers also contribute to providing feedback and encouragement during group supervision. Chui et al. (2021) found that perceived positive peer relationships contributed to increasing students' CSE over time. Moreover, as metaphorically expressed by Larson (1998), clients also play a supportive role during practicum experiences, and their feedback is of essential importance to trainees' CSE levels. As evidenced by Reese et al. (2009), incorporating continuous client feedback into the supervision process significantly improved students' CSE and performance.

While supervision stands as a valuable source for trainees, it can sometimes lead to disruptions in power dynamics, fostering perceptions of supervisors as intimidating evaluators (Chircop-Coleiro et al., 2023; Rønnestad & Skovholt, 1993; Wilson et al., 2016). Considering the dual role of supervisors as instructors for trainees and the linkage between trainees' grades and their performance in practicum courses in Türkiye, it can be argued that trainees may potentially encounter heightened levels of evaluation anxiety, display diminished levels of openness, and manifest increased sensitivity to potential negative feedback during supervision (Rønnestad & Skovholt, 2003). Therefore, considering the elevated anxiety and vulnerability of trainees during practicum experiences, it is crucial for supervisors to establish a supportive and empathetic supervision environment (Rønnestad & Skovholt, 1993). However, in the context of counselor training in Türkiye, the large number of students and limited course hours may hinder the establishment of an effective supervisory relationship between trainees and supervisors. In Türkiye, supervision is predominantly conducted in group settings, with most trainees not receiving personalized feedback during their initial practicum experiences. In a study involving 776 counselor trainees from 20 diverse undergraduate programs in Turkey, Atik (2017) revealed

that group supervision emerged as the most prevalent method (44.4%). Among participants engaged in group supervision, most reported drawbacks such as difficulties in self-disclosure, inadequate individualized feedback from supervisors, and prolonged session durations resulting from the large number of participants.

As another important source of CSE, SCMCT emphasizes the importance of trainees' affective states, positing that emotional experiences affect CSE through cognitive processes. For instance, the stress experienced by a trainee while working with clients can either enhance or diminish their CSE, depending on whether it is perceived as challenging and stimulating, or as a failure or threat (Bandura, 1977; Larson, 1998). Essentially, trainees play an active role in assigning meaning to their experiences. Anxiety, a significant emotional experience, particularly during initial practicum experiences, has been extensively studied for its relationship with CSE. Empirical evidence consistently demonstrated a negative association between anxiety and CSE (Al-Darmaki, 2005; Karairmak, 2018; Larson et al., 1992; Lent et al., 2003; Özden, 2023;).

Qualitative studies allowed for deeper exploration and provided insights into the relationship between anxiety and CSE. For example, a study by Bischoff and Barton (2002) revealed that trainees perceive anxiety as an indicator of their CSE levels, with those experiencing anxiety often interpreting it as a sign of low CSE. In another study by Lent et al. (2009), trainees cited affective states as the second most frequently mentioned source of CSE following performance accomplishments. This finding is noteworthy as both SCT and SCMCT traditionally place less emphasis on affective states compared to mastery, modeling, and social persuasion.

From a developmental perspective, anxiety is considered an inevitable aspect of counselor training that typically diminishes over time with increased experience (Skovholt & Rønnestad, 2003). However, unmanaged anxiety among counselor trainees during practicum can have negative effects on their counseling performance and supervision processes (Bernard & Goodyear, 2019). Furthermore, in line with Bandura's assertion, early experiences significantly shape one's efficacy beliefs, influencing the amount of effort and persistence in further related activities.



Therefore, anxiety, as an affective state influencing the interpretation of other sources, is a critical determinant of CSE that requires attention early in the counselor training process.

In conclusion, central to the SCMCT is the concept of CSE is identified as crucial for motivation, persistence, and performance for both practicing counselors and counselor trainees. Empirical studies have shown a positive correlation between high CSE and improved counseling skills, job satisfaction, reduced burnout, and enhanced psychological well-being. Various educational experiences during counselor training, such as direct counseling experience, observing effective counseling skills, and receiving feedback and encouragement from supervisors or peers, significantly influence trainees' efficacy beliefs. Additionally, SCMCT emphasized that the meanings trainees assign to their physiological and affective states including various internal and self-reflective variables, are also crucial for shaping CSE. Based on this understanding and the purpose of the current study, the independent variables related to counselor trainees' internal factors, namely mindfulness, self-compassion, and anxiety, and their associations with CSE, will be presented in the following literature review.

### **2.3. Mindfulness**

The term "mindfulness" is derived from the Pali language, which is the language of Buddhist psychology, referred to as "sati," encompassing the concepts of awareness, attention, and remembering (Germer et al., 2005). Mindfulness, originating nearly 2600 years ago, has long been accepted as a central tenet of the teachings of the Buddha, who devoted his life to alleviating psychological suffering (Germer et al., 2005, p. 13; Kabat-Zinn, 2003). Even though mindfulness is most firmly rooted in Eastern philosophy, its essence resonates across various philosophical traditions, such as ancient Greek philosophy, phenomenology, naturalism, and humanism. Therefore, mindfulness is viewed not exclusively as Buddhist ideology; instead, it is recognized as an inherent human capacity (Brown et al., 2007).

Mindfulness was defined and conceptualized by various researchers in the process of translating the construct from Buddhist scholarly literature into contemporary

research psychology. The prevailing definition of mindfulness was articulated by Kabat-Zinn (2003) as “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment.” Brown and Ryan (2003) defined mindfulness as “receptive attention to and awareness of present events and experience.” Other researchers pointed out the multifaceted nature of mindfulness and conceptualized its components. Bishop et al. (2004) defined mindfulness as a “meta-cognitive skill” and proposed a two-component model, including self-regulation of attention and orientation to experience. According to their model, mindfulness begins by directing attention deliberately to immediate internal experiences and observing each one—be it thoughts, sensations, or feelings—with an attitude of acceptance, openness, and curiosity. On the other hand, Baer et al. (2006) identified five core facets of mindfulness: observing internal and external experiences, describing experiences verbally, acting consciously in the present moment, adopting a nonjudgmental stance toward inner experiences, and allowing thoughts and emotions to pass without reaction. Also, the extent of scales to measure mindfulness also exemplifies the diversity of definitions and its proposed components, ranging from one factor two five (Baer et al., 2006; Brown & Ryan, 2003).

As evident from the aforementioned definitions, the definition of mindfulness revolves around two fundamental aspects: grounding attention and awareness in one's present moment experience and embracing an attitude of acceptance, curiosity, and non-reactivity towards that experience. The acceptance of the experience through mindfulness is not passive resignation, instead, it is a welcoming response to each experience, even the challenging ones (Creswell, 2017). In fact, there is no categorization or labeling of experiences as good or bad in a mindful state; mindfulness is a practice of actively observing both our internal and external worlds in the present moment, with genuine curiosity and acceptance, including thoughts, bodily sensations, emotions, and surroundings (Baer et al., 2006; Brown et al., 2007; Brown & Ryan, 2003). Mindfulness is often perceived as a technique for relaxation and mood management, with the goal of achieving a blank mind, emotional detachment, euphoria, or an escape from pain (Bishop et al., 2004; Siegel et al., 2009). However, the aim of mindfulness is not fixing issues or getting rid of pain;

instead, understanding and deepening our knowledge of both inner and outer worlds (Kabat-Zinn, 2003). Effects such as decreasing pain and feeling good may be seen, but these are extra positive results that come with practice, not the main purpose of conscious awareness. This mostly stems from the fact that engaging in mindfulness enables individuals to discern what they truly need, and the essential elements required to fulfill those needs (Brown et al., 2007; Siegel et al., 2009).

Germer et al. (2005) highlighted *mindlessness*, the opposite of mindfulness, as falling into the trap of distracting thoughts. This state manifests in various everyday scenarios, such as rushing through activities without mindful attention, disregarding bodily tension or discomfort, and becoming lost in thoughts about past experiences or future fantasies, even eating without sensing the tastes. A mindless state leads individuals to view reality as distorted or incomplete and results in rapid and judgmental responses to the experience (Brown et al., 2007). Conversely, mindfulness creates a mental space between perception and response, enabling experiences to be observed as mere events. This mental distance acts as a shield against automatic, habitual, and reactive behaviors, fostering a deliberate and thoughtful approach to our interactions with the world (Bishop et al., 2004).

As stated earlier, every human being possesses the capacity for mindfulness, which often arises naturally in life. However, sustaining mindfulness requires dedicated practice within formal and/or informal ways. Formal mindfulness practice involves training in mindfulness meditation, providing an opportunity to understand the workings of the mind and explore its contents by engaging in practices such as body scan, sitting meditation, or yoga (Birtwell et al., 2019; Germer et al., 2005). More flexibly, informal mindfulness practice involves integrating mindfulness skills into everyday life without requiring structured or disciplined training. The range of activities that can be mindfully practiced in everyday life is vast, such as focusing on our breath, practicing slow walking, slow eating, or listening to sounds in the environment (Germer et al., 2005, p. 14).

### **2.3.1. Mindfulness in Therapeutic Practice**

The interest in mindfulness within Western psychology was sparked by the introduction of Mindfulness-Based Stress Reduction, a program developed by John

Kabat-Zinn in 1979, functioning as an educational tool, empowering patients to take greater responsibility for their well-being (Kabat-Zinn, 2003). The Mindfulness-Based Stress Reduction is typically administered in a group format over 8-10 weeks. Participants attend weekly 2-hour sessions that combine instructional components with meditation practices. The curriculum covers topics related to stress and coping, while the meditation practices involve activities such as body scanning, stretching, sitting meditation, and yoga exercises (Baer, 2003). Mindfulness-Based Stress Reduction was also designed as a model that could be adapted for various other contexts, such as hospitals or healthcare centers, where stress, emotional distress, and physical pain were primary concerns (Kabat-Zinn, 2003).

In the last thirty years, the development and success of Mindfulness-Based Stress Reduction has influenced the creation of various mindfulness-based interventions. These interventions, while sharing a common structure and goals with Mindfulness-Based Stress Reduction, have been adapted to address specific populations and outcomes (Creswell, 2017). One such adaptation is Mindfulness-Based Cognitive Therapy (Segal et al., 2002), specifically designed to prevent relapses in individuals who have previously experienced depressive episodes. By integrating elements of cognitive therapy, Mindfulness-Based Cognitive Therapy aims to help individuals observe depression-related thoughts, bodily sensations, and emotions from a detached perspective. This mental distance assists in preventing the escalation of negative and repetitive thought patterns, offering protection against relapses (Baer, 2003).

There also exist mindfulness-related interventions that incorporate mindfulness exercises as a component within a broader framework, such as Dialectical Behavior Therapy (DBT; Linehan, 1993) and Acceptance and Commitment Therapy (ACT; Hayes et al., 1999). DBT combines cognitive and behavioral treatment strategies to address borderline personality disorder, guiding clients to accept their past and their current challenges while simultaneously encouraging them to modify unproductive behaviors and thoughts. Similarly, ACT involves consistent mindfulness practices, aiming to educate clients about recognizing, observing, and accepting their bodily sensations, thoughts, and emotions with a nonjudgmental attitude (Baer, 2003). The

underlying premise of these four approaches is the belief that mindfulness fosters a heightened sense of responsibility and insight into one's suffering. Ultimately, this enhanced awareness is believed to pave the way for proactive actions aimed at promoting individual well-being (Brown et al., 2007).

Mindfulness has been investigated primarily by conducting experimental studies that examine the effectiveness of mindfulness training interventions (e.g., Mindfulness-Based Stress Reduction, Mindfulness-Based Cognitive Therapy), as well as correlational studies employing self-report measures of state and trait mindfulness (e.g., MAAS, FFMQ). Previous research has demonstrated the positive impacts of mindfulness-based interventions on a wide array of domains, encompassing physical health, mental well-being, cognitive, affective, and interpersonal outcomes (Creswell, 2017). Randomized controlled trial studies revealed that mindfulness-based interventions were effective in alleviating chronic pain (Hilton et al., 2017), curbing smoking habits in heavy smokers (Brewer et al., 2011), and altering unhealthy eating patterns (O'Reilly et al., 2014). Regarding mental health outcomes, evidence supports that mindfulness interventions are effective in preventing depression relapse (Williams et al., 2014), reducing anxiety (Hofmann & Gómez, 2017), mitigating symptoms of PTSD (Possemato et al., 2016), and alleviating addiction-related symptoms (Sancho et al., 2018).

Mindfulness has also proven to be a facilitator for diverse cognitive and affective outcomes among non-clinical samples. These outcomes include enhanced brain plasticity and sustained attention (Bauer et al., 2020), improved problem-solving abilities (Mrazek et al., 2013), heightened positive affect (Garland et al., 2015), and enhanced emotion regulation capacity (Arch & Craske, 2006). Various studies conducted among non-clinical samples revealed the significant negative predictor role of mindfulness on anxiety (Masuda & Tully, 2012; Medvedev et al., 2018; Soysa & Wilcomb, 2015). Furthermore, mindfulness has been linked to diminished negative affectivity (Schumer et al., 2018), reduced rumination (Svendsen et al., 2017), and decreased psychological distress (Ghawadra et al., 2019). Beyond individual benefits, mindfulness has also been revealed as a catalyst for improved interpersonal functioning. Previous research has demonstrated that practicing

mindfulness lessens feelings of loneliness (Teoh et al., 2021) and enhances social connectedness (Lindsay et al., 2019), empathy (Cheang et al., 2019), prosocial behaviors (Donald et al., 2019), and relationship satisfaction (McGill et al., 2016). Individuals' relationships with themselves are also influenced by mindfulness. Mindfulness enables people to be compassionate toward themselves (Bergen-Cico et al., 2013; Golden et al., 2021).

The striking effects of mindfulness-based interventions on a wide range of outcomes raised the questions of “What are the underlying mechanisms of mindfulness?” and “Which processes are critical for helping explain the positive effects?” Thus, researchers attempted to reveal the mechanisms of how mindfulness leads to symptom reduction and behavior change, involving key mechanisms such as attention regulation, emotion regulation, and change in the perspective of self. First of all, the practice of mindfulness induces neurobiological changes, enhancing the activity of prefrontal regulatory regions, reducing the reactivity of stress processing areas, and altering the function and structure of the amygdala, which is a responsible brain region for the fight-and-flight response (Creswell & Lindsay, 2014; Hölzel et al., 2011; Shonin & Van Gordon, 2016). Therefore, rather than the autonomic reactivity toward experiences, mindful awareness creates a perceptual and safe distance for individuals from their thoughts, emotions, and sensory stimuli (Shonin & Van Gordon, 2016). The perceptual distance offers an opportunity to step back and observe each experience in the present moment objectively and nonjudgmentally. Through the help of the decentered perspective, individuals find a space for deliberately and adaptively regulating their emotions, cognitions, and behaviors, even in the face of distressing circumstances (Creswell & Lindsay, 2014; Hölzel et al., 2011).

The practice of mindfulness also involves an attitude of acceptance of each experience. Thus, the exposure to each difficult experience without reacting to them acts as another key underlying mechanism in emotion regulation (Hölzel et al., 2011). Rather than avoiding unpleasant experiences, practicing repeated acceptance and exposure leads to the extinction of habitual reactivity (Schuman-Olivier et al., 2020). The attitude of acceptance and viewing each experience as “passing events”

enhances the capacity to let go and helps to reduce attachment to emotions, objects, and situations, creating an opportunity to not be dominated by maladaptive thinking and behavioral patterns (Shonin & Van Gordon, 2016). Mindfulness also offers an opportunity to change how individuals perceive themselves. By being mindful and observing the contents of their minds nonjudgmentally, individuals understand that there is no such thing as an unchanging, permanent self (Hölzel et al., 2011). By allowing themselves to observe, experience, and accept each experience as passing events, mindfulness creates a safe space for individuals free from the habitual maladaptive responses given by the “narrative self” and enhances their capacity to become the “experiential self” (Schuman-Olivier et al., 2020).

### **2.3.2. Mindfulness among Counselors**

The growing popularity of mindfulness has led to its integration into diverse clinical practices. Rather than delivering comprehensive Mindfulness-Based Stress Reduction or Mindfulness-Based Cognitive Therapy programs, counselors often incorporate specific mindfulness practices such as body scans or breathing meditations into counseling sessions. Michalak et al. (2020) revealed that over 80% of German psychotherapists of different therapeutic orientations, integrate mindfulness into their practices at least occasionally. Considering the increased use, an essential factor that is especially important for effectively implementing mindfulness is the instructors’ personal practice of mindfulness. As emphasized by several researchers, instructors must engage in deep self-reflection through mindfulness before asking for this challenging practice from their clients (Kabat-Zinn, 2003). To exemplify the benefits of practicing mindfulness as a counselor, a qualitative study by Horst et al. (2013) revealed that therapists’ involvement in mindfulness practice and their comfort with the practice creates a sense of togetherness and enhances the therapeutic relationship, as perceived by clients. Another study conducted by Grepmaier et al. (2007) showed that clients receiving counseling from counselors who practiced mindfulness meditation prior to sessions showed significant symptom reductions and enhanced optimism regarding their therapeutic progress.

Practicing mindfulness as a counselor is hypothesized to serve as the least implicit way of integrating mindfulness into counseling, leading to the cultivation of various qualities and skills that are essential to effective counseling practice (Fulton, 2005; Shapiro et al., 2014). For instance, the capacity to be mindful in sessions serves as a remedy for a wandering mind, allowing counselors to be fully present and attuned to their clients (Fulton, 2005). Along with the attentional benefits, mindfulness shapes the form of relating with clients, leading to a nonjudgmental and accepting attitude likely to enhance the therapeutic alliance (Shapiro et al., 2014). Mindfulness also enhances counselors' capacity to confront their vulnerabilities and challenging emotions, lessens the possibility of being solution-focused, and creates more room for clients to explore their intense experiences (Keane, 2014).

### **2.3.3. Mindfulness among Counselor Trainees**

Besides practicing counselors, research has also revealed that mindfulness is an essential avenue in counselor education that enhances various qualities among counselor trainees, impacting their counseling practices and personal lives. For instance, Schure et al. (2008) investigated the effects of mindfulness practice on master's level counseling students. Students engaged in a rigorous mindfulness practice, such as yoga, meditation, and relaxation techniques, alongside relevant readings and discussions through a 15-week training program structured around Mindfulness-Based Stress Reduction. Results revealed significant changes among counselor trainees, including heightened body awareness, recognition of self-care needs, enhanced emotional regulation, improved self-understanding, and increased empathy and compassion for others. According to counselor trainees, training has also substantially impacted their counseling practices, including improved capacity for silence, presence, and attentiveness to clients' experiences.

More recently, the systematic review conducted by Fletcher et al. (2022) comprehensively analyzed thirteen qualitative studies exploring the experiences of counselor trainees in learning mindfulness. On a personal level, the mindfulness training led to notable enhancements in various aspects of the trainees' well-being, including heightened self-awareness, mental clarity, present moment focus,



openness, acceptance, emotional regulation capacity, and a deeper connection with their body, mind, and emotional states. Findings also indicated that trainees displayed reduced emotional reactivity in sessions, demonstrated higher empathy toward clients, and developed greater confidence in their counseling skills.

Quantitative studies have also demonstrated the positive association between mindfulness and crucial counseling skills related to effective counseling practice. Research conducted by Fulton and Cashwell (2015) has shown a positive association between mindfulness and self-reported empathy among counselor trainees. Expanding upon this, Fulton's (2016) study revealed the link between counselors' mindfulness and clients' perceived empathy. The results from 55 client-counselor trainee dyads revealed that counselors' mindfulness significantly predicts clients' perceptions of counselor empathy. Rather than assessing dispositional mindfulness, Johnson (2018) specifically investigated counselor trainees' in-session mindfulness state by modifying MAAS to represent a counseling session, hypothesizing its positive correlation with the working alliance. Results showed a moderate to large relationship between mindfulness and working alliance. Also, Johnson et al.'s (2019) study revealed that trainees engaging in mindfulness practices four or more times weekly showed higher scores in working alliance.

#### **2.3.4. Mindfulness and Counseling Self-Efficacy**

As evident from the aforementioned studies, previous research in counselor education has increasingly emphasized the significance of mindfulness in enhancing trainees' counseling skills and personal well-being, which are both crucial for effective practice. More recently, research has also begun to investigate the association between mindfulness and CSE since CSE was revealed as one of the crucial developmental needs in counselor training. Before presenting studies on the link between mindfulness and CSE, this section will first focus on the association between mindfulness and various types of self-efficacy (e.g., academic, general, coping) to provide a comprehensive insight into the relationship between these two constructs.

In a study involving young and middle-aged adults, Chandna et al. (2022) established mindfulness as a positive predictor of general self-efficacy, while in a separate study among undergraduate psychology students, Luberto et al. (2014) found mindfulness to be a positive predictor of coping self-efficacy. Previous research has also explored potential mediator variables between mindfulness and self-efficacy to uncover underlying mechanisms. Hanley et al. (2015) revealed that the positive link between mindfulness and academic self-efficacy after a perceived failure was mediated by positive reappraisal, indicating that individuals with higher mindfulness tend to view failures as valuable, preserving their academic self-belief even in setbacks. Another study by Charoensukmongkol (2014) revealed that mindfulness positively predicts general self-efficacy through high levels of emotional intelligence.

In a similar vein to the aforementioned studies, empirical evidence revealed that mindfulness and CSE have also been found to be positively associated. In their correlational study involving 162 counselor trainees, Butts and Gutierrez (2018) found a direct positive association between mindfulness and CSE. The study by Greason and Cashwell (2009) expanded on this relationship with 187 graduate counseling students, identifying attention as a significant mediator in the association between mindfulness and CSE. Similarly, Wei et al. (2015) explored the association between mindfulness and CSE by investigating the mediator effect of hindering self-focused attention among 154 graduate counseling students. Contrary to previous findings, their study did not reveal a direct relationship between mindfulness and CSE; instead, it revealed an indirect effect mediated by the reduction of hindering self-focused attention.

The literature also involves experimental studies where the effects of mindfulness-based interventions are investigated among counselor trainees. In a study by Bohecker and Doughty-Horn (2016), the impact of mindfulness on CSE was investigated by utilizing the Mindfulness Experiential Small Group curriculum for master's level counselor trainees. Among the 22 trainees, randomly assigned into intervention and control groups, those in the intervention group exhibited significantly higher CSE levels. In a study by Chan et al. (2021), an 8-week Mindfulness-Based Cognitive Therapy intervention was employed to investigate its

effects on counselor trainees. Following the intervention, the intervention group exhibited significant improvements in CSE.

#### **2.4. Self-Compassion**

Simply put, self-compassion is cultivating a kind and healthy attitude toward oneself during challenging experiences (Neff, 2003). The etymological analysis of “compassion” reveals its Latin roots: *cum*, signifying “with,” and *passus*, denoting “to suffer.” Compassion, as posited by Goetz et al. (2010), involves sensitivity to the suffering of others and a concurrent profound motivation to alleviate their pain kindly. In essence, self-compassion is a form of inward-directed compassion, denoting a kind response and attempt to help one’s suffering, whether it originates from external life challenges or internal factors, such as personal weaknesses or failures (Neff, 2023; Neff & Germer, 2017).

Neff (2016) conceptualized self-compassion as a multifaceted construct involving three interrelated components: self-kindness, common humanity, and mindfulness. These three components refer to how individuals respond to the suffering (with understanding and kindness or judgment), perceive the suffering (as a part of shared human imperfection and experience or in isolation), and pay attention to their suffering (mindfully or with excessive identification). *Self-kindness* involves soothing oneself, akin to the support of an empathic friend, during life challenges or personal shortcomings, in contrast to adopting a judgmental or critical stance (Neff, 2023; Neff & Germer, 2017). Contrary to the irrational assumption that others are faring well in times of personal suffering, the *common humanity* acknowledges that pain and personal shortcomings are inherent to being human, and everyone experiences varying degrees of suffering (Neff, 2023). Furthermore, to extend kindness to one’s self and perceive the suffering as a shared human experience, an initial requirement is the willingness to attend to and acknowledge the pain. Thus, *mindfulness*, the last component of self-compassion, emerges as both a prerequisite and fundamental element for the compassionate mitigation of suffering. Rather than excessively identifying with the suffering or avoiding it, mindfulness enables a clear perspective, prompting individuals to recognize the necessity of caring for

themselves (Neff, 2003; Neff, 2023). The phrases taught in the Mindful Self-Compassion course to repeat during moments of distress highlight the mindfulness, common humanity, and self-kindness components of self-compassion, respectively: *“This is a moment of suffering. Suffering is a part of life. May I be kind to myself?”* Within the Western cultural context, prevailing misconceptions surround the concept of self-compassion, with a common fallacy suggesting that it fosters vulnerability rather than resilience. Contrary to that, empirical evidence underscores self-compassion as a powerful source of resilience across diverse life challenges (Neff, 2023). Research illustrates that self-compassionate people are better adjusted during difficult life transitions, such as break ups (Zhang & Chen, 2017), divorces (Chau et al., 2022), and transition to university (Naidoo & Oosthuizen, 2023). Furthermore, self-compassion emerges as an essential tool for coping with health adversities, including chronic pain (Edwards et al., 2019), breast cancer (Arambasic et al., 2019), positive HIV status (Skinta et al., 2019), and diabetes (Friis et al., 2016). Additionally, greater self-compassion is linked to less depression, anxiety, stress, and rumination (Bugay-Sökmez et al., 2023; De Souza et al., 2020; Pérez-Aranda et al., 2021) and more happiness, hope, and life satisfaction (Çağlayan-Mülazım & Eldeleklioğlu, 2016; Yang et al., 2016).

Another prevalent misconception about self-compassion is the belief that it increases self-indulgent behaviors due to its emphasis on self-kindness. However, self-compassionate individuals avoid immediate pleasure at the cost of long-term harm and tend to evaluate the things that are healthier for them in the long run and are more likely to engage in health-enhancing behaviors (Neff, 2023; Sirois et al., 2015). Research indicates that self-compassion is linked to increased physical exercise (Wong et al., 2021), diminished smoking (Kelly et al., 2010), and reduced alcohol consumption (Garner et al., 2020).

Another common misinterpretation of self-compassion is that it hampers motivation and personal development. On the contrary, self-compassion serves as an essential source of intrinsic motivation that stems from the desire for the self’s growth rather than driven by the fear of inadequacy or external social comparisons (Neff et al., 2005). Notably, self-compassionate individuals are less likely to procrastinate

(Sirois, 2014) and have less fear of failure (Mosewich et al., 2011). Instead of harsh self-criticism in times of personal shortcomings and excessive identification with failures, a compassionate self-attitude provides nurturing encouragement, facilitating the ability to learn from mistakes and promote personal improvement (Neff, 2023). Lastly, since self-compassion involves taking care of oneself kindly, it is sometimes misunderstood as it implies being selfish or self-centered. Previous research proves that self-compassion benefits interpersonal relationships (Neff & Germer, 2017). Studies revealed positive associations between self-compassion and forgiveness (Oral & Arslan, 2017), the tendency to apologize (Vazeou-Nieuwenhuis & Schumann, 2018), willingness to offer help, empathy (Welp & Brown, 2014), and romantic relationship satisfaction (Barutçu-Yıldırım et al., 2021).

Recent experimental studies have also demonstrated that self-compassion is a skill that can be learned and cultivated (Ferrari et al., 2019; Neff, 2023). Various interventions such as Compassion Focused Therapy (CFT; Gilbert, 2010) and Mindful Self-Compassion (MSC; Germer & Neff, 2013) training aim to enhance self-compassion. A meta-analysis investigated the effectiveness of 27 randomized controlled trials found that self-compassion-based interventions lead to significant increases in self-compassion, mindfulness, positive affect, and life satisfaction and decreases in rumination, self-criticism, anxiety, and depression (Ferrari et al., 2019). Beyond CFT and MSC, third-wave therapies like Mindfulness-Based Cognitive Therapy, DBT, and ACT also underscore self-compassion, suggesting a commonality in their underlying constructs and goals, thereby forming a family of self-compassion related therapies. A meta-analysis comprising 22 randomized controlled studies, by Wilson et al. (2019), revealed that self-compassion related therapies (Mindfulness-Based Cognitive Therapy, DBT, and ACT) exhibited substantial improvements in self-compassion while diminishing levels of depression and anxiety with medium effect sizes.

#### **2.4.1. Self-Compassion among Counselors**

Self-compassion, which has been evidenced to correlate with various positive and functional variables across diverse samples, holds considerable significance for

counselors as well. Correlational research among practicing mental health workers underscored the crucial role of self-compassion by demonstrating the negative associations between self-compassion and stress, burnout, and depression (Finlay-Jones et al., 2015; Kotera et al., 2021; McCade et al., 2021). An experimental study conducted by Eriksson et al. (2018) demonstrated the effectiveness of a web-based mindful self-compassion intervention in reducing stress and burnout among a group of practicing psychologists. Qualitative inquiries also explored the experiential aspects of self-compassion, revealing its transformative effect on counselors. Quaglia et al. (2022) and Patsiopoulos and Buchanan (2011) demonstrate that self-compassion fosters emotional regulation, and acceptance of limitations, reduces self-critical tendencies and negative self-talk, and empowers counselors to extend compassion for their clients. These qualitative findings highlight the profound impact of self-compassion on counselors' internal experiences and professional practices.

#### **2.4.2. Self-Compassion among Counselor Trainees**

In counselor education, the significance of self-compassion is also increasingly recognized. Numerous scholars advocate for integrating self-compassion into counselor training programs as a crucial self-care tool, aiming to equip counselor trainees with the emotional resilience necessary for effective practice (Coastan & Lawrence, 2019; Nelson et al., 2018). These scholars contend that cultivating self-compassion during counselor training is imperative to teach counselor trainees how to care for themselves and extend the same acceptance, openness, and kindness to their clients (Coastan, 2017).

Affirming the significance of integrating self-compassion into counselor training, correlational studies illustrated a positive association between elevated self-compassion levels, well-being, and compassion satisfaction while revealing a negative association with burnout among counselor trainees (Beaumont et al., 2016; Fulton, 2018). Experimental studies by Beaumont et al. (2017) and Finlay-Jones et al. (2017) illustrated the positive impact of self-compassion interventions in increasing self-compassion and happiness and reducing self-critical judgment, depression, stress, and emotion regulation difficulties among counselor trainees.

These interventions offer promising avenues for cultivating self-compassion among counselor trainees and preparing them for the challenges of their future professional endeavors.

### **2.4.3. Self-Compassion and Counseling Self-Efficacy**

Counselor training literature also investigated the associations between self-compassion and trainees' efficacy beliefs related to their counseling skills. As stated earlier, self-compassion offers a constructive model for self-reflection and engagement. This paradigm acknowledges the applicability of compassion not only in response to external adversities but also in the face of internal personal failures or inadequacies (Neff & McGehee, 2010). Consequently, it establishes a robust basis for self-evaluation, fostering resilience and enabling individuals to maintain a positive self-perception even in the presence of failures or the potential for such failures (Neff et al., 2018).

Through its three components, it is theorized that self-compassion provides an understanding attitude toward one's performance or failures, an interpretation of imperfection as a part of a shared human experience, and prevents individuals from overly identifying with their failures, ensuring that their self-concept and efficacy beliefs are not solely contingent on performance outcomes (Neff & McGehee, 2010). Empirical evidence supported these notions by revealing that self-compassionate individuals are less likely to engage in negative self-talk (Grzybowski & Brinthaup, 2022), have self-critical judgment (Zhang et al., 2019), maladaptive perfectionistic tendencies (Linnet & Kibowski, 2020), and fear of failure (Mosewich et al., 2011).

Various correlational and experimental inquiries have sought to establish the association between self-compassion and self-efficacy. Iskender's (2009) correlational study revealed positive associations between positive components of self-compassion and self-efficacy among university students. Conversely, negative facets of self-compassion were found to be negatively associated with self-efficacy. A subsequent study by Manavipour and Seidan (2016) among university students replicated Iskender's (2009) findings, identifying mindfulness as the sole significant predictor of self-efficacy. A meta-analysis by Liao et al. (2021), including 60 studies,

affirmed these correlations, highlighting that self-kindness, common humanity, and mindfulness exhibited positive associations with self-efficacy. Furthermore, an experimental study by Smeets et al. (2014) revealed that a 3-week self-compassion intervention significantly improved female psychology students' self-efficacy.

Based on previous studies focused on the association between self-compassion and self-efficacy, researchers have begun investigating the relationship between self-compassion and counselor trainees' efficacy beliefs. Hill et al. (2007) identified the developmental characteristics of counseling trainees in their qualitative analysis conducted among doctoral trainees. Counseling trainees engage in self-criticism regarding their perceived inadequacies, experience a compulsion for perfection, and have many concerns about their counseling abilities during their initial pre-practicum experiences. These experiences related to personal and professional self highlight the significance of self-compassion in balancing their efficacy beliefs about counseling practice.

Recognizing the potential impact of counselor trainees' self-perception on their confidence in counseling abilities has prompted further research, with scholars such as Hung (2015), Pudalov (2016), and Ergin (2023) exploring the associations between self-compassion and CSE. Hung (2015) conducted a correlational analysis involving 466 counseling trainees, revealing that self-compassion significantly predicted session management and counseling challenges self-efficacy. In contrast to the results obtained by Hung (2015), Pudalov (2016) showed that the self-compassion of counseling trainees did not emerge as a significant predictor of CSE. Pudalov's (2016) investigation revealed that self-compassion, when combined with hope, demonstrated a synergistic influence, significantly predicting the self-efficacy levels of the trainees. A recent study revealed a significant moderate and positive association between self-compassion and CSE among school counselors (Ergin, 2023).

## **2.5. Anxiety**

In the contemporary world, marked by catastrophic occurrences like natural disasters, criminal activities, violence, and terrorism, a prevailing atmosphere of fear



and anxiety is evident globally. However, fear, anxiety, and worry are not limited solely to life-threatening situations; they often arise within the framework of ever-changing pressures, demands, and stressors encountered in everyday life. Anxiety constitutes a multifaceted response system involving cognitive, emotional, physiological, and behavioral elements, often referred to as the "threat mode," which becomes activated when anticipated events or circumstances are viewed as exceptionally undesirable, characterized by their unpredictability and uncontrollability, and with the potential to pose a threat to the fundamental interests of an individual (Clark & Beck, 2011).

Previously, Freud defined anxiety as the fundamental expression of the ego's response to escaping threats, asserting that every individual is likely to experience anxiety at some point in their lives (Barlow, 2000). Existential philosophers also considered anxiety a natural reaction to the freedom and responsibility inherent in daily choices (Orsillo et al., 2004). From an evolutionary perspective, fear and anxiety are seen as an early-warning system crucial for alerting and preparing organisms against life-threatening dangers, serving as an adaptive function critical for the survival of the human species (Zeidner & Matthews, 2010, p. 13). So, considering its frequency and even its benefits in one's life, the challenge lies in determining when anxiety becomes excessive, maladaptive, and abnormal, distinguishing it from normal anxiety. Clark and Beck (2011) proposed five criteria for this differentiation. According to their framework, anxiety becomes excessive and maladaptive when it involves an inaccurate or exaggerated appraisal of danger, causes impaired functioning, persists remarkably, includes false alarms, and results in hypersensitivity to a wide range of threat-related stimuli. Similarly, the Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR; American Psychiatric Association [APA], 2013) distinguishes anxiety disorders from normative anxiety by being excessive, persisting beyond developmentally appropriate periods, and interfering with an individual's routine, occupational or academic functioning, as well as social activities or relationships.

Despite perspectives emphasizing the normality and benefits of anxiety, unmanageable anxiety carries significant consequences in individuals' lives.

Literature indicates that profound anxiety negatively impacts various domains, including academic tests, working memory tasks, and social interactions (Zeidner & Matthews, 2010, p. 154).

The impact is attributed to challenges in concentration, diminished working memory capacity, and negative self-evaluations. Information processing models posit that anxiety results in excessively self-focused attention, causing impaired memory retrieval. Similarly, Eysenck's (2007) attentional control theory suggests that anxiety redirects attentional resources from the current task to perceived threats, ultimately hindering performance. In addition to consequences, the self-regulative theory of anxiety (Zeidner & Matthews, 2000) focuses on antecedents as well. The theory emphasizes the interplay between self-knowledge and situational demands, suggesting negative self-beliefs generate anxiety, leading to counterproductive coping strategies and reinforcing biases hindering learning and performance. Numerous studies support the hypothesis that anxiety is linked to poorer performance across tasks and domains. In the academic domain, Moran's (2016) meta-analysis revealed anxiety's association with suboptimal performance on working memory tasks. Another meta-analysis, including 238 studies from 1988 to the present, found that test anxiety was significantly and negatively correlated with various educational performance outcomes (Von Der Embse et al., 2018).

### **2.5.1. Anxiety among Counselor Trainees**

Anxiety is prevalent among counselor trainees, primarily attributable to the array of challenges encountered during their training. Especially, the initiation of the practicum experience emerges as a significant trigger for trainees' anxiety. Transitioning from the role of a student to the unfamiliar territory of a professional counseling practice is a challenging task. The shift from didactic learning to the practical application of skills with real clients represents a significant milestone in trainees' career journey (Rønnestad & Skovholt, 1993). This transition commonly evokes a complex mix of emotions, encompassing excitement, curiosity, and anxiety (Kuo et al., 2016). Prior empirical findings indicate that trainees' anxiety levels, assessed through both self-report measures and physiological indicators,

escalate during counseling sessions with clients (Bowman et al., 1978; Bowman & Roberts, 1979), proving that the counseling interview, particularly in its early phases, represents a situation that induces anxiety in trainees. More recently, in a qualitative study involving 13 counselor trainees, Kurtyılmaz (2015) unveiled that the anticipation of forthcoming counseling sessions triggered a spectrum of emotions, including anxiety, curiosity, and fear.

### **2.5.2. Sources of Anxiety among Counselor Trainees**

Regarding the sources of anxiety among counselor trainees, existing literature offers insights derived from qualitative investigations. In a study conducted by Skovholt and Rønnestad (2003), it was observed that counselor trainees often grapple with anxiety as they begin to translate theoretical knowledge into practical application, realizing that the dynamics of real client interactions diverge from previous theoretical learning. The acknowledgment of the inherent ambiguity in counseling practice and the unique nature of each client leads some trainees to perceive their acquired theoretical knowledge and skills as insufficient (Özteke-Kozan, 2018), while some of them redirect their introspection toward self-doubt, questioning their suitability for a career in counseling (Rønnestad & Skovholt, 2003).

Supervision experiences, particularly the awareness of being observed and evaluated by supervisors, may emerge as another pivotal source of anxiety for counselor trainees (Bernard & Goodyear, 2019). During their practicum experience, trainees actively seek their supervisors' support, guidance, and approval, recognizing their lack of experience and conceptual map (Skovholt & Rønnestad, 2003). The absence of supervision or experiences characterized by non-affirming and negative feedback can profoundly influence the fragile professional self-concept of trainees, potentially leading to heightened levels of anxiety (Kuo et al., 2016; Rønnestad & Skovholt, 2003). In a qualitative study involving ten counselor trainees receiving supervision, Kocyigit (2023) revealed that insufficient supervision and negative feedback from supervisors are prominent contributors to trainees' anxiety. The study also highlighted the method of supervision as a noteworthy source of anxiety. Trainees

engaged in group supervision expressed concerns not only about assessments of their supervisors but also about evaluations of their peers, adding a layer to their anxiety.

Pursuing perfection, characterized by a desire to provide flawless responses to clients while actively avoiding mistakes, is another potential source of trainees' anxiety. The self-imposed pressure to attain perfection in interactions with clients generates additional stress, exacerbating the overall anxiety levels during the practicum phase (Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 2003). Similarly, self-criticism characterized by negative and judgmental inner dialogue poses a potential source of anxiety among counselor trainees (Kannan & Levitt, 2017). Qualitative studies (Frediani & Rober, 2016; Hill et al., 2007; Kondili, 2018) consistently report that early in their interactions with clients, trainees commonly engage in negative self-talk, expressing feelings of incompetence in establishing therapeutic relationships, concerns about lacking sufficient counseling skills, and doubts about their influence on client progress.

### **2.5.3. Impacts of Anxiety among Counselor Trainees**

Various researchers have concluded that anxiety is an inherent component of a counselor trainee's developmental process and tends to significantly decrease over the years with accumulating experience (Skovholt & Rønnestad, 2003). Research suggests that an optimal level of trainee anxiety is necessary for effective learning during training. However, excessive and/or unmanaged anxiety has been found to have detrimental effects on both learning and performance, acting as a hindrance to their overall professional development (Bernard & Goodyear, 2019). Above a certain level, anxiety poses challenges to concentration, attentional focus, cognitive processing, and the ability to recall details of counseling sessions (Rønnestad & Skovholt, 2003).

Trainee anxiety also leads them to direct their attention inward towards self-concern (Skovholt & Rønnestad, 2003; Wei et al., 2017). The preoccupation with self and perceived threats has various repercussions on their counseling practices, influences interactions with clients, and may contribute to heightened distress among clients. A

study conducted by Li et al. (2023) explored the association between counselor trainee anxiety and client distress, examining the mediating role of the working alliance. The results showed that heightened anxiety in trainees before a session was linked to a lower perceived working alliance with the client, reported by both the trainee and the client. The weakened working alliance, in turn, contributed to increased client distress before subsequent sessions. Unmanaged anxiety manifests its adverse effects on interactions with supervisors during supervision as well. Highly anxious trainees tend to exhibit self-protective behaviors, become defensive, refrain from disclosing negative experiences in sessions, or selectively present only positive examples to their supervisors. These behaviors hinder trainees' learning and developmental progress (Bernard & Goodyear, 2019). Furthermore, persistent anxiety often manifests in a reliance on a restricted range of counseling techniques. The fear of spontaneity and aversion to taking risks contribute to a constrained and inflexible professional approach, ultimately leading to stagnation in counselor trainees' development (Rønnestad & Skovholt, 2003).

#### **2.5.4. Anxiety and Counseling Self-Efficacy**

Previous research consistently highlighted a negative association between anxiety and CSE (Larson, 1998; Larson et al., 1992; Daniels & Larson, 2001). This relationship is theoretically grounded in Bandura's (1986) SCT, which asserts that emotional states, including anxiety, play a role in shaping one's belief in one's ability to perform a specific task. Later research conducted based on SCMCT (Larson, 1998) supported the significant association between counselor trainees' anxiety and CSE (Larson, 1998). Al-Darmaki (2005) revealed in a correlational study with 113 undergraduate psychology students that higher levels of anxiety were associated with lower confidence in counseling abilities. More recently, Özden (2023) conducted a study examining the mediator role of anxiety in the association between cognitive flexibility and CSE among 290 counselor trainees. The results from the structural equation modeling analysis indicated that anxiety played a partial mediating role in this relationship.

The existing body of research concerning trainees' anxiety in the literature also encompasses qualitative inquiries. For instance, a qualitative study by Bischoff and

Barton (2002) revealed that trainees perceived their anxiety as a “barometer” of their efficacy beliefs. Even after gaining months of experience with clients, trainees who experience anxiety tend to interpret it as a sign of low confidence in their abilities. Similarly, Lent et al. (2009) found that trainees' emotional states were among the most frequently mentioned sources influencing their CSE. Trainees reported that positive or negative emotions experienced during counseling sessions significantly impacted their beliefs about counseling skills.

## **2.6. Summary of the Literature Review**

SCT asserts that individuals actively shape their environment through their actions, thoughts, and feelings, emphasizing that self-efficacy is a critical self-referential belief linking skills to effective actions (Bandura, 1997). Self-efficacy has been extensively studied in various fields, including counseling and counselor training. Larson (1998) integrated SCT into counselor training through the SCMCT, highlighting the continuous interaction between trainees’ personal agency, counseling actions, and the training environment. In SCMCT, counselor trainees are depicted as key agents constructing their supervision and counseling environment through self-referent thoughts, with CSE being a central belief (Larson et al., 1992). Enhancing CSE is posited to improve counseling skills and performance (Larson, 1998). Research indicated that higher CSE levels are associated with effective counseling performance, better counseling outcomes, reduced burnout, and greater psychological well-being (Gunduz, 2012; Keskin, 2020; Kocaerek, 2001; Reese et al., 2009). SCMCT identified four main sources of CSE: mastery experiences, modeling, social or verbal persuasion, and affective states (Larson, 1998). Studies show that gaining counseling experience, observing instructors and peers, and receiving structured and positive feedback increase CSE (Akçabozan-Kayabol et al., 2022; Chui et al., 2021; Mullen et al., 2015). Additionally, SCMCT emphasized the importance of trainees’ physiological and affective states in shaping the efficacy beliefs of counselor trainees (Larson, 1998).

Mindfulness, defined as purposeful awareness and attention to the present moment with acceptance (Brown & Ryan, 2003; Kabat-Zinn, 2003), is crucial for counselors

and trainees (Shapiro et al., 2014) and is linked to various efficacy beliefs (Chandna et al., 2022; Luberto et al., 2014). Higher mindfulness levels were found to be directly associated with increased CSE among counselor trainees (Butts & Gutierrez, 2018; Chan et al., 2021). Besides direct association, various studies have also focused on the indirect relationship between mindfulness and CSE among counselor trainees and found that third variables, such as attention and hindering self-focused attention, mediated the link between these two constructs (Greason & Cashwell, 2009; Wei et al., 2015).

Self-compassion, which involves a kind attitude toward oneself during challenges (Neff, 2023), complements mindfulness in enhancing efficacy beliefs. Research revealed that mindful individuals are more likely to show compassion toward themselves (Aydin-Sünbül & Yerin-Güneri, 2019). Furthermore, research demonstrated that self-compassionate counselors tend to acknowledge their limitations and engage less in self-critical talk (Patsiopoulos & Buchanan, 2011; Quaglia et al., 2022). Empirical research showed that self-compassion positively predicted CSE of counselor trainees (Hung, 2015), although some studies found no significant correlation (Pudalov, 2016).

Moreover, anxiety stands out as an essential emotional state that influences the CSE levels of counselor trainees (Larson, 1998). Even though anxiety is viewed as a developmental phase in counselor training, unmanaged anxiety has detrimental results on trainees' counseling practices (Rønnestad & Skovholt, 2003). Previous research illustrated that as counselor trainees' anxiety increases, their CSE levels decrease (Al-Darmaki, 2005; Özden, 2023). Both mindfulness and self-compassion serve as protective factors against trainees' anxiety. Studies indicated that higher mindfulness levels are associated with reduced anxiety in counselor trainees (Fulton & Cashwell, 2015). Similarly, self-compassion has been consistently identified as a significant negative predictor of anxiety (De Souza et al., 2020; Egan et al., 2022). All in all, considering the relevant research in the existing literature, the current study aimed to examine a structural equation model wherein self-compassion and anxiety function as serial mediators in the link between mindfulness and CSE.

## **CHAPTER 3**

### **METHOD**

This chapter intends to provide the methodological procedures employed in the present study. The design of the study, research question, participant characteristics, sampling process, five data collection instruments, the procedure of data collection, descriptions of the variables, data analyses, and limitations were explained, respectively.

#### **3.1. Research Design**

The current study utilized the correlational research design, which examines the strength and direction of associations among quantitative variables without any influence on them (Fraenkel et al., 2012). This study examines theoretically proposed relationships between mindfulness, self-compassion, anxiety, and counseling self-efficacy (CSE). Specifically, the direct and indirect relationships between mindfulness and CSE, as mediated by self-compassion and anxiety, were explored via structural equation modeling. These complex relationships were examined by generating a serial multiple mediation model. In the hypothesized model, mindfulness is accepted as a predictor of CSE, and self-compassion and anxiety constituted mediator variables.

#### **3.2. Participants**

Two inclusion criteria were established for being selected as a participant for the current study: studying as a senior counselor student in the Department of Guidance and Counseling in Türkiye and conducting counseling sessions with real clients during practicum courses. Conducting sessions via role-plays or not conducting sessions during practicum hours were exclusion criteria for the study. The target



population was senior Guidance and Psychological Counseling students conducting counseling sessions with real clients. However, the accessible population consisted of students meeting the mentioned inclusion criteria and to whom the study link was forwarded since the data were obtained online. Participants were recruited through convenience sampling. A nonrandom sampling method is utilized when random selection is challenging, allowing researchers to reach available participants conveniently (Fraenkel et al., 2012). In total, 304 participants completed all the questionnaires. Three of the participants were excluded due to several reasons. Two participants were excluded since they did not meet the inclusion criteria for conducting sessions with clients. One was excluded due to outlier status. Therefore, data collected from 301 participants were used in the current study. The demographic information of the participants is summarized in Table 3.1.

**Table 3. 1.** Demographics of the Participants

		<i>N</i>	%	<i>M</i>	<i>SD</i>
Gender	Female	206	68.4		
	Male	95	31.5		
University	Trakya	58	19.3		
	Eskişehir Osmangazi	32	10.6		
	Akdeniz	27	9		
	Manisa Celal Bayar	27	9		
	Erciyes	24	8		
	TED	20	6.6		
	Mersin	17	5.6		
	İstanbul Aydın	17	5.6		
	Hacettepe	15	5		
	Pamukkale	15	5		
	Anadolu	12	4		
	Bahçeşehir	6	2		
	Boğaziçi	6	2		
	Bursa Uludağ	6	2		
	Başkent	5	1.7		
	Kocaeli	5	1.7		
	Cumhuriyet	2	0.7		
	Çukurova	2	0.7		
	İstanbul Medeniyet	2	0.7		
	Gazi	1	0.3		
Kırıkkale	1	0.3			
Yozgat Bozok	1	0.3			
Age		301		23.55	1.29

Out of 301 participants, 206 were female (68.4%), and 95 were male (31.5%). Their age ranged from 21 to 38 ( $M = 23.55$ ,  $SD = 1.29$ ). Participants were from various universities, including those listed in Table 3.1.

Furthermore, information regarding the participants' practicum experience is illustrated in Table 3.2. The majority of participants ( $N = 205$ , 67.9%) indicated conducting counseling sessions with one client, while 87 of the participants (28.8%) mentioned engaging in counseling sessions with two clients. Only 6 of the participants (6%) indicated that they conducted sessions with three or more clients. Regarding session numbers, most of the participants (57.1%) indicated that they were conducting counseling sessions with clients in the range of 6-10 sessions. Regarding supervision, 101 of the participants were engaged in individual supervision (33.6%), 79 of them in peer supervision (26.2%), and 48 were undergoing supervision in a classroom setting (15.9%). There were also participants who received combinations of supervision types. 20 participants received peer and classroom supervision (6.6%), 19 received individual and peer supervision (6.3%), and 14 received individual and classroom supervision (4.7%). Moreover, 20 participants indicated that they received supervision in all three types (6.6%) (see Table 3.2).

**Table 3. 2.** Information Regarding Practicum Experience

		<i>N</i>	%
Client number	1	205	67.9
	2	87	28.8
	3 ≥	6	2
Session number	1-5	77	25.6
	6-10	172	57.1
	11-15	39	13
	16-20	13	4.3
Supervision type	Individual	101	33.6
	Peer	79	26.2
	Classroom	48	15.9
	Individual and peer	19	6.3
	Individual and classroom	14	4.7
	Peer and classroom	20	6.6
	Mixed	20	6.6

### **3.3. Data Collection Instruments**

Five data collection instruments were utilized in the present study. These were Mindful Attention Awareness Scale (MAAS) (Brown & Ryan, 2003; Özyeşil et al., 2011), Self-Compassion Scale - Short Form (SCS-SF) (Raes et al., 2011; Barutçu-Yıldırım et al., 2021), Anxiety subscale of Depression Anxiety Stress Scale (DASS) (Lovibond & Lovibond, 1995; Bilgel & Bayram, 2010), Counselor Activity Self-Efficacy Scales (CASES) (Lent et al., 2003; Pamukçu & Demir, 2013), and the demographic information form developed by the researcher. The psychometric properties of the scales are presented below.

#### **3.3.1. Criteria for Evaluation of Reliability and Validity**

The internal reliability of each scale was assessed through the calculation of Cronbach's alpha coefficients. Alpha values surpassing .85 were accepted as good reliability (Pallant, 2020).

Confirmatory factor analyses (CFA) were performed to check the validity of each scale. As evaluation criteria, normed chi-square ( $\chi^2/df$ ), root-mean-square error of approximation (RMSEA), standardized root-mean-square residual (SRMR), comparative fit index (CFI), and Tucker-Lewis index (TLI) were selected.

Normed chi-square ( $\chi^2/df$ ) values falling within the range of 1 to 5 were regarded as indicative of a good model fit (Schumacker & Lomax, 2004). The evaluation criteria for CFI and TLI are similar. Each index can have values between 0 and 1; while values greater than .90 indicate an acceptable fit (Schumacker & Lomax, 1996), values above .95 indicate a good fit (Hu and Bentler, 1999). For the SRMR, values equal to or lower than .08 are evaluated as a good fit (Hu & Bentler, 1999). Lastly, the values of RMSEA lower than .06 indicate a good fit (Hu & Bentler, 1999), values equal to or below .10 suggest an acceptable fit (Maydeu-Olivares, Shi & Rosseel, 2017), while values above .10 suggest a poor fit (Hu & Bentler, 1999). Criteria for evaluation of validity derived from the literature are presented in Table 3.3. below.

**Table 3. 3.** Cut-Off Values for Fit Indices

	Good fit	Acceptable fit
$\chi^2/df$	$\chi^2/df \leq 3$	$\chi^2/df \leq 5$
CFI	CFI $\geq .95$	CFI $\geq .90$
SRMR	SRMR $\leq .06$	SRMR $\leq .10$
TLI	TLI $\geq .95$	TLI $\geq .90$
RMSEA	RMSEA $\leq .06$	RMSEA $\leq .10$

### 3.3.2. Demographic Information Form

The researcher developed a demographic information form to collect personal data (gender, age, university) from the participants. Additionally, the demographic information form included questions related to the number of counseling sessions conducted by participants and the number of clients and supervision experience both in terms of quantity and form (see Appendix B).

### 3.3.3. Mindful Attention Awareness Scale (MAAS)

MAAS was initially developed by Brown and Ryan (2003) to assess individuals' tendencies to be mindful. The scale consists of 15 items evaluated on a 6-point Likert type (1 = *almost always*, 6 = *almost never*), where higher scores indicate greater levels of mindfulness. There are no reverse-coded items. A sample item from the scale is "*I tend to walk quickly to get where I am going without paying attention to what I experience along the way.*" The Cronbach's alpha values for student and general adult sample were .82 and .87, respectively. Lastly, the test-retest reliability of MAAS was stated as .81 (Brown & Ryan, 2003).

MAAS was adapted into Turkish by Özyeşil et al. (2011). As with the original scale (Brown & Ryan, 2003), the Turkish form of the scale has a single-factor structure with 15 items. While Cronbach's alpha value was calculated as .80, the test-retest reliability within a three-week interval was stated as .86 among the university student sample (Özyeşil et al., 2011).

### **3.3.3.1. Psychometric Properties of MAAS in the Present Study**

For construct validity, the single-factor structure of MAAS was tested with a CFA on the sample data. According to the results, the unidimensional factor structure of MAAS was confirmed to be an acceptable fit for the sample data [ $\chi^2(90) = 305.270$ ,  $p = .00$ ,  $\chi^2/df = 3.39$ , SRMR = .04, RMSEA = .09; CFI = .94; TLI = .93]. Standardized factor loadings ranged between .69 and .89. For reliability, Cronbach's alpha value was calculated as .96, indicating high internal consistency.

### **3.3.4. Self-Compassion Scale - Short Form (SCS-SF)**

SCS-SF (Raes et al., 2011) is an abbreviated version of the Self-Compassion Scale developed by Neff (2003), assessing individuals' compassionate attitudes toward themselves. SCS-SF consists of 12 items rated on a 5-point Likert-type scale (1 = *almost never*; 5 = *almost always*). A sample item from the scale is "*I try to be understanding and patient towards those aspects of my personality I do not like.*" Items 1, 4, 8, 9, 11, and 12 are reversed-coded. While the highest score can be obtained from the scale is 60, the lowest score is 12. Higher scores indicate higher self-compassion levels. Cronbach's alpha value was calculated as .86 (Raes et al., 2011). The Turkish version of SCS-SF was adapted by Barutçu-Yıldırım et al. (2023). To test the one-factor structure of the scale, CFA was conducted, and the results revealed an adequate model fit [ $\chi^2/(48) = 117.778$ ,  $p < .05$ ,  $\chi^2/df = 2.45$ , CFI = .94, TLI = .91, RMSEA = .085,  $p < .05$ , SRMR=.05]. Furthermore, standardized factor loadings of items ranged between .54 and .90. Cronbach's alpha coefficients for the total scale score were calculated as .86 and .90 for two different samples of university students, indicating high internal consistency.

#### **3.3.4.1. Psychometric Properties of SCS-SF in the Present Study**

To check construct validity, CFA for the unidimensional factor structure of SCS-SF was conducted. As seen in Table 3.4, initial CFA results did not reveal good model fit indices. Therefore, the parceling technique was used to attain better fit indices. Four parcels were created by assigning three items to each parcel, and their average scores were calculated. After the parceling technique, the unidimensional factor

structure of SCS-SF with an acceptable fit to the sample data was confirmed [ $\chi^2 (2) = 6.12, p = .04, \chi^2/df = 3.06, SRMR = .01, RMSEA = .08; CFI = .99; TLI = .99$ ]. Standardized factor loadings ranged between .89 and .93. For reliability, Cronbach's alpha value was calculated as .96, indicating high internal consistency.

**Table 3. 4.** Fit Indices of The Self-Compassion Scale – Short Form

	$\chi^2/df$	CFI	SRMR	TLI	RMSEA
Initial Model	7.27	.89	.06	.86	.14
2 <sup>nd</sup> Model	3.06	.99	.01	.99	.08

### 3.3.5. Anxiety Subscale of Depression Anxiety Stress Scale (DASS)

DASS was initially developed by Lovibond and Lovibond (1995) to assess depression, anxiety, and stress levels in both clinical and non-clinical samples. The scale consists of 42 items rated on a 4-point Likert-type Scale ranging from did not apply to me at all (0) to apply to me very much or most time (3). Only the anxiety subscale was used in the current study. Anxiety subscale has 14 items, and the range of possible scores obtained from the subscale is between 0 and 42. A sample item from the anxiety subscale is “*I found myself in situations which made me so anxious I was most relieved when they ended.*” Scores above 0-7 for anxiety indicate mild to extreme levels of problem. In the original scale, Cronbach's alpha value of anxiety was calculated as .84 (Lovibond & Lovibond, 1995). DASS was translated into Turkish by Uncu et al. (2007). The three-factor structure of the scale was confirmed with a CFA [ $\chi^2/(45) = 1764.09, p < .001, \chi^2/df = 3.17, GFI = .90, CFI = .92, TLI = .91, RMSEA = .04, p < .05$ ]. To explore the reliability of the Turkish version, the scale is administered to a non-clinical sample, and Cronbach's alpha value of the anxiety subscale was reported as .86, indicating high internal consistency (Bilgel & Bayram, 2011).

#### 3.3.5.1. Psychometric Properties of Anxiety Subscale of DASS in the Present Study

CFA for the anxiety subscale of DAAS was conducted to check construct validity. One-factor structure of the anxiety subscale of DAAS with an acceptable fit to the

sample data was confirmed [ $\chi^2 (77) = 278.99, p = .00, \chi^2/df = 3.62, SRMR = .05, RMSEA = .09; CFI = .91; TLI = .90$ ]. Standardized factor loadings ranged between .54 and .78. In addition, as a reliability coefficient of the scale, Cronbach's alpha was calculated as .93, indicating high internal consistency.

### **3.3.6. Counselor Activity Self-Efficacy Scales (CASES)**

CASES were initially developed by Lent et al. (2003) to determine the counselors' efficacy beliefs in performing basic helping skills, managing tasks in sessions, and handling challenging counseling situations. The three-factor structure scale includes 41 items rated on a 10-point Likert-type scale (0 = *no confidence*, 9 = *complete confidence*). The Helping Skills Self-Efficacy subscale comprises 15 items, and it is divided into three factors: exploration, insight, and action skills. The Session Management Self-Efficacy subscale comprises 10 items. Finally, the Counseling Challenges Self-Efficacy subscale encompasses 16 items, and it is divided into two factors: relationship conflicts and client distress. There are no reverse-coded items. While the minimum score obtained from CASES is 0, the maximum score is 369. Higher scores indicate higher CSE. Lent et al. (2003) found Cronbach's alpha coefficient overall to be .97. The Cronbach's alpha values of subscales ranged from .79 to .94.

CASES was adapted into Turkish by Pamukçu and Demir (2013). Consistent with the original version of the scale (Lent et al., 2003), the three-factor model is validated through confirmatory factor analysis in the sample of 470 Turkish counselor trainees. Firstly, of the three subscales of the scale was validated by conducting confirmatory factor analysis separately. Then, a second order confirmatory factor analysis was conducted to ensure that all three subscales loaded on the construct of counseling self-efficacy. Results revealed an acceptable model fit [ $\chi^2/df = 3.34, SRMR = .05, RMSEA = .07; GFI = 0.98, AGFI = 0.98, CFI = 1.0; = .90$ ]. To check the internal consistency of the CASES, Cronbach Alpha and McDonald Omega were calculated. Cronbach's alpha coefficient of the overall scale was .96. For the Helping Skills, Session Management, and Counseling Challenges subscales, Cronbach's alpha values were found to be .88, .95, and .93, respectively (Pamukçu, 2011). Similarly, McDonald Omega for the overall scale was .98, and for

the Helping Skills, Session Management, and Counseling Challenges subscales, they were calculated as .92, .95, and .95, respectively (Pamukçu & Demir, 2013).

### 3.3.6.1. Psychometric Properties of CASES in the Present Study

Firstly, as in the Turkish adaptation of the CASES (Pamukçu & Demir, 2013), CFA was conducted for each of three subscales: helping skills, session management, and counseling challenges. As seen in Table 3.5, the three-factor structure of the Helping Skills subscale did not reveal good fit indices. Therefore, a second model was created based on modification indices. Error covariances added between items 1 and 2, and 6 and 10. The results of the second model indicated a good fit [ $\chi^2(85) = 269.61, p = .00, \chi^2/df = 3.17, SRMR = .04, RMSEA = .09; CFI = .96; TLI = .95$ ]. For the Session Management subscale, CFA results revealed an acceptable fit [ $\chi^2(35) = 128,904, p = .00, \chi^2/df = 3.68, SRMR = .01, RMSEA = .09; CFI = .98; TLI = .97$ ]. CFA results of the Counseling Challenges subscale did not reveal good fit indices (see Table 3.5). Based on modification indices, error covariances were added between 7 and 13 and 9 and 10. The second model revealed an acceptable fit [ $\chi^2(101) = 336,33, p = .00, \chi^2/df = 3.33, SRMR = .05, RMSEA = .08; CFI = .91; TLI = .92$ ]. After examining three subscales, second-order confirmatory factor analysis was conducted. Results showed that all items loaded on CASES at  $p < .001$ , and the final model indicated a good fit [ $\chi^2(770) = 1808,632, p = .00, \chi^2/df = 2.35, SRMR = .06, RMSEA = .07; CFI = .90; TLI = .90$ ]. To check the reliability, Cronbach alpha values were calculated. Cronbach alpha value was calculated as .97 for the overall scale, .94, .97, and .96 for the Helping Skills, Session Management, and Counseling Challenges, respectively.

**Table 3. 5.** Fit Indices of The Subscales of CASES

		$\chi^2/df$	CFI	SRMR	TLI	RMSEA
Helping Skills	Initial Model	6.28	.90	.05	.88	.13
	2 <sup>nd</sup> Model	3.17	.96	.04	.95	.09
Session Management	Initial Model	3.68	.98	.01	.98	.09
Counseling Challenges	Initial Model	5.68	.85	.07	.85	.10
	2 <sup>nd</sup> Model	3.33	.91	.05	.92	.08



### **3.4. Data Collection Procedure**

First, permissions were obtained from each scale's author to use in the study. Then, the necessary forms were prepared to get approval from the METU Human Subjects Ethics Committee to meet the ethical standards in conducting the study. The approval was obtained on 18 January 2024 with the protocol number of 0039-ODTUIAEK-2024 (see Appendix A). After obtaining approval, a pamphlet containing the study's purpose, criteria for participation, contact details of the researcher, and QR code, facilitating access to the research instruments, was shared through various social media platforms, including Instagram, Facebook, and Twitter, to reach counselor trainees in Türkiye. Additionally, a list of Guidance and Psychological Counseling programs in Türkiye was compiled to identify potential participants. This list included the contact information of faculty members from 58 programs. Subsequently, an email was prepared and sent to all faculty members on the list, containing the purpose of the study, a link to survey questions, and the ethics approval document. Faculty members from 22 universities who agreed to facilitate access to counselor trainees and responded positively to the emails contributed to the data collection process.

The data were collected online via the METU Survey platform between January 2024 and April 2024. Participants were presented with an informed consent form delineating the aim of the study, information regarding confidentiality, assurances of anonymity, and their rights. The survey required an estimated duration of 20 minutes for completion.

### **3.5. Description of the Variables**

#### **3.5.1. Independent Variable**

**Mindfulness:** The mean of the total scores measured by the 15-item Mindful Attention Awareness Scale.

#### **3.5.2. Mediator Variables**

**Self-Compassion:** The mean of the total scores measured by the 12-item Self-Compassion Scale-Short Form.

**Anxiety:** The mean of the total scores measured by the 14-item anxiety subscale of the Depression Anxiety and Stress Scale.

### **3.5.3. Outcome Variable**

**Counseling Self-Efficacy:** The mean of the total scores measured by 41-item Counselor Activity Self-Efficacy Scales. This study used CSE with a total score rather than subscales as separate variables. The total CSE score can be calculated with the sum of the subscales, ranging from 0 to 369.

### **3.6. Data Analyses**

Before the main analysis, preliminary analyses were conducted using IBM SPSS Statistics Version 29 (IBM Corp., 2023). Erroneous entries and missing values were checked. Then, multivariate and univariate outlier analyses were conducted, and data were cleaned. In addition, descriptive statistics and Pearson correlation analyses were also performed using frequencies, means, standard deviations, minimum and maximum values, and the correlation between all the variables.

Confirmatory factor analysis was conducted to test each scale's factor structure by using IBM AMOS 26 software (Arbuckle, 2021). Cronbach's alpha values were calculated to check the internal reliability of each scale.

As the main analysis, serial multiple mediation analysis was conducted to test the proposed model, which examines the nature of the relationship between mindfulness and CSE through the mediator roles of self-compassion and anxiety. The analysis was conducted by using the software program, AMOS version 26 (Arbuckle, 2021). Prior to the analysis of data, assumptions of the SEM, such as normality, linearity, multicollinearity, and homoscedasticity, were also checked using IBM SPSS Statistics Version 29 (IBM Corp., 2023).

### **3.7. Limitations of the Study**

Several limitations of the current study warrant attention when interpreting the findings. Based on data from the search engine of Council of Higher Education for

undergraduate programs, there are 72 public and 16 private universities in Türkiye offering Guidance and Psychological Counseling undergraduate programs. Nevertheless, due to the use of convenience sampling and online data collection methods in this study, only a small subset of these universities was sampled. Consequently, the representativeness of the sample and the generalizability of the findings were diminished.

The current study employed self-report measures, and despite emphasizing anonymity in the informed consent, there remains a possibility for participants to respond to instruments in a socially desirable manner, posing a threat to internal validity. As another possible threat to internal validity, the survey's extended duration of around 20 minutes raises the potential emergence of boredom effect for participants. Since the data were collected via an online survey platform, participants lacked the opportunity to seek clarifications regarding the survey questions, and the researcher had no control over the environment. Additionally, the mood of the participants remained unknown, and the possibility of respondents completing the survey during exam periods may have the potential to impact their anxiety levels and responses. Furthermore, the current study adopted a correlational and cross-sectional design. Data were gathered at a singular time, consequently limiting the ability to infer causal or long-term relationships from the results.

The Turkish adaptation of the MAAS (Brown & Ryan, 2003), which has a single-factor structure, was chosen for its established high reliability and validity in assessing mindfulness in the current study (Qu et al., 2015). However, it is essential to acknowledge that various mindfulness measures (e.g., FFMQ; Baer et al., 2006; KIMS; Baer et al., 2004; TMS; Lau et al., 2006) conceptualize mindfulness as a multidimensional construct. Thus, the potential limitation lies in interpreting mindfulness as a total score, as it may not capture the nuanced dimensions emphasized by different researchers. Also, the measurement of counselor trainees' dispositional mindfulness does not provide information about their mindfulness levels, specifically during actual counseling sessions.

The last limitation of the current study resides in the uncontrolled variables. Numerous variables that are neither included in the study nor subject to control, such

as additional counseling-related education received beyond the training or the quality of the relationship established with the supervisor, could explain different CSE levels among counselor trainees.

## CHAPTER 4

### RESULTS

In this chapter, preliminary and primary analysis results were presented. Preliminary analyses include missing data check, outlier analyses, assumption checks for structural equation modeling, descriptive statistics, and bivariate correlations. Later, primary analyses containing measurement model and structural model testing, serial multiple mediation analysis, and hypothesis testing were provided, respectively.

#### 4.1 Preliminary Analyses

##### 4.1.1. Missing Data and Outlier Analyses

Data were transferred to SPSS Statistics Version 29 (IBM Corp., 2023). Since the data were collected through the METUSurvey, and all the scale items were forced to be answered, there was no missing data, with 304 participants. However, two participants were excluded since they did not meet the inclusion criteria for conducting counseling sessions. After, data were checked for univariate and multivariate outliers. According to Tabachnick and Fidell's instructions (2013), standardized z scores exceeding the range between -3.29 and +3.29 were accepted as potential outlier scores. According to the examination of z scores, one participant was excluded from the study due to his/her univariate outlier status. Further, multivariate outliers were checked by calculating the Mahalanobis distances. According to Tabachnick and Fidell (2013), Mahalanobis distance with a probability smaller than .001 indicates multivariate outliers. In the current study, there were no cases with a critical chi-square value smaller than .001, indicating the absence of multivariate outliers.

To conclude, after deleting one case due to its univariate outlier status, 301 cases remained for further analysis. When assessing structural models, it is recommended

to have a sample size greater than 200, as indicated by Kline (2023). Thus, the current study, which included 301 participants, fulfilled the sample size criteria for conducting Structural Equation Modeling (SEM).

#### 4.1.2. Assumptions of the Structural Equation Modeling

Before conducting the primary analysis, the assumptions pertinent to structural equation modeling—including normality, multicollinearity, independence of error, linearity, and homoscedasticity—were assessed, Munro outlined (2005). To check normality assumption, skewness and kurtosis values, Q-Q Plots, and histograms were examined. Visual inspection of histograms Q-Q Plots and histograms revealed that the normality assumption was met.

According to Kline (2023), skewness and kurtosis values ranging between -3 and +3 were signs of normal distribution. In the current study, skewness and kurtosis values ranged from -1.46 to 0.35, so the normality assumption was met (see Table 4.1).

**Table 4. 1.** Skewness and Kurtosis for Study Variables

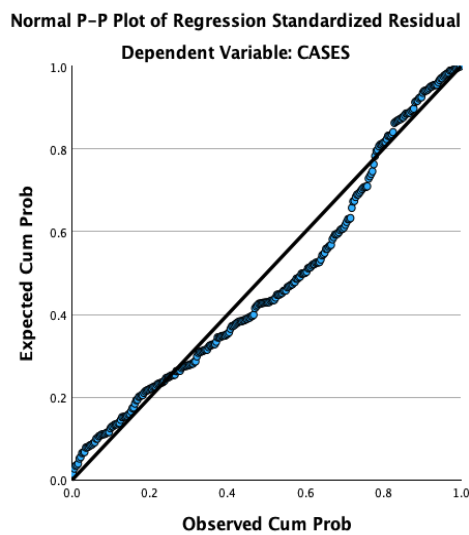
	Skewness		Kurtosis	
	Skewness	SE	Kurtosis	SE
Mindfulness	-0.12	0.14	-1.35	0.28
Self-compassion	0.04	0.14	-1.46	0.28
Anxiety	0.35	0.14	-0.98	0.28
CSE	-0.48	0.14	-1.20	0.28

The multicollinearity assumption was checked by examining the Variance Inflation Factor (VIF) and tolerance values. According to Hair et al. (2010), tolerance values lower than .10 and VIF values higher than 5 indicate the violation of the multicollinearity assumption. In the current study, tolerance values ranged from 3.44 to 3.95, while VIF values ranged from 0.23 to 0.29, indicating that the multicollinearity assumption was not violated.

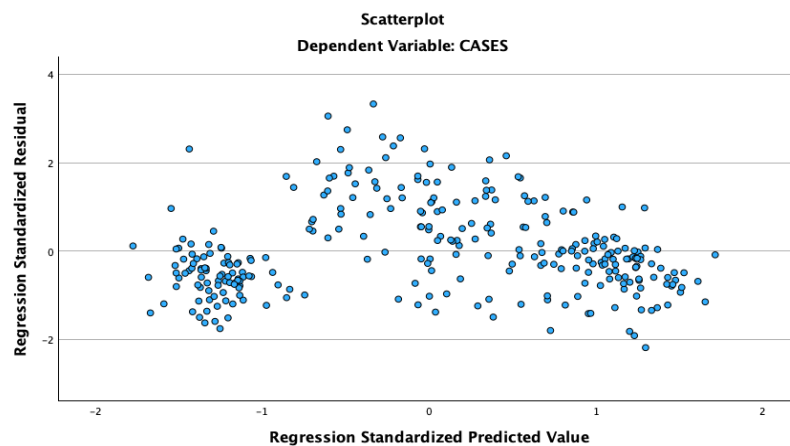
To check the independence of errors assumption, the Durbin-Watson value was calculated. According to Durbin and Watson (1951), values between the range of 1

and 3 indicate that the assumption of independence of errors is not violated. In the current study, the Durbin-Watson value was calculated as 1.00, indicating that the independence of errors assumption was met.

The linearity assumption is examined by the normal P-P plot of regression standardized residuals. As depicted in Figure 4.1, a linear association is evident between the independent and dependent variables. Consequently, it can be concluded that the linearity assumption has been satisfied. The homoscedasticity assumption was also checked by examining the scatter plot. As seen in Figure 4.4, there is no violation of homoscedasticity in the current study.



**Figure 4. 1.** Normal P-P Plot of Regression Standardized Residual



**Figure 4. 2.** Scatterplot for Homoscedasticity

### 4.1.3. Descriptive Statistics

Descriptive statistics were conducted for the main study variables. To describe each study, variables, mean, standard deviation, and possible and actual ranges were illustrated in Table 4.2. The table shows that mindfulness ( $M = 3.55$ ,  $SD = 1.12$ ), self-compassion ( $M = 3.05$ ,  $SD = 0.88$ ), and CSE ( $M = 4.79$ ,  $SD = 1.82$ ) levels of counselor trainees are moderate. On the other hand, counselor trainees reported low levels of anxiety ( $M = 0.80$ ,  $SD = 0.58$ ).

**Table 4. 2.** Descriptive Statistics of Study Variables

	<i>M</i>	<i>SD</i>	Possible Range	Actual Range
Mindfulness	3.55	1.12	1 - 6	1.53 – 5.73
Self-compassion	3.05	0.88	1 - 5	1.58 – 4.67
Anxiety	0.80	0.58	0 - 3	0.00 – 2.71
CSE	4.79	1.82	0 - 9	1.54 – 8.39

### 4.1.4. Bivariate Correlations

Bivariate correlations among the main study variables were calculated using Pearson correlations. Mindfulness was strongly, positively, and significantly correlated with self-compassion ( $r = .84$ ,  $p < .01$ ) and CSE ( $r = .80$ ,  $p < .01$ ). It means that higher mindfulness levels are associated with higher levels of self-compassion and CSE among counselor trainees. On the other hand, a strong, negative, and significant correlation was found between mindfulness and anxiety ( $r = -.80$ ,  $p < .01$ ), indicating that as mindfulness increases, anxiety decreases.

Self-compassion was strongly, negatively, and significantly linked to anxiety, meaning that higher degrees of self-compassion is related to lower degrees of anxiety ( $r = -.82$ ,  $p < .01$ ). On the other hand, there was a strong, positive, and significant correlation between self-compassion and CSE ( $r = .75$ ,  $p < .01$ ). As the self-compassion increases, so does the CSE. Finally, results revealed that anxiety was



strongly, negatively, and significantly correlated with CSE ( $r = -.61, p < .01$ ). It means that increased anxiety levels were related to decreased CSE. All the correlations are shown in Table 4.3.

**Table 4. 3.** Bivariate Correlation among Study Variables

Variables	1	2	3	4
Mindfulness	1.00	.84**	-.80**	.80**
Self-compassion	.84**	1.00	-.82**	.75**
Anxiety	-.82**	-.82**	1.00	-.61**
CSE	.80**	.75**	-.61**	1.00

*Note.* \*\* $p < .01$ , one-tailed.

## 4.2. Primary Analyses

The primary analyses of the current study are structural equation modeling (SEM) and serial multiple mediation analysis. SEM is a set of statistical techniques to estimate the strengths and directions of assumed causal effects in quantitative research studies (Kline, 2023). Serial multiple mediation is a technique that involves examining a series of indirect effects in a model where mediators operate in a sequence (Hayes, 2018).

### 4.2.1. Testing the Measurement Model

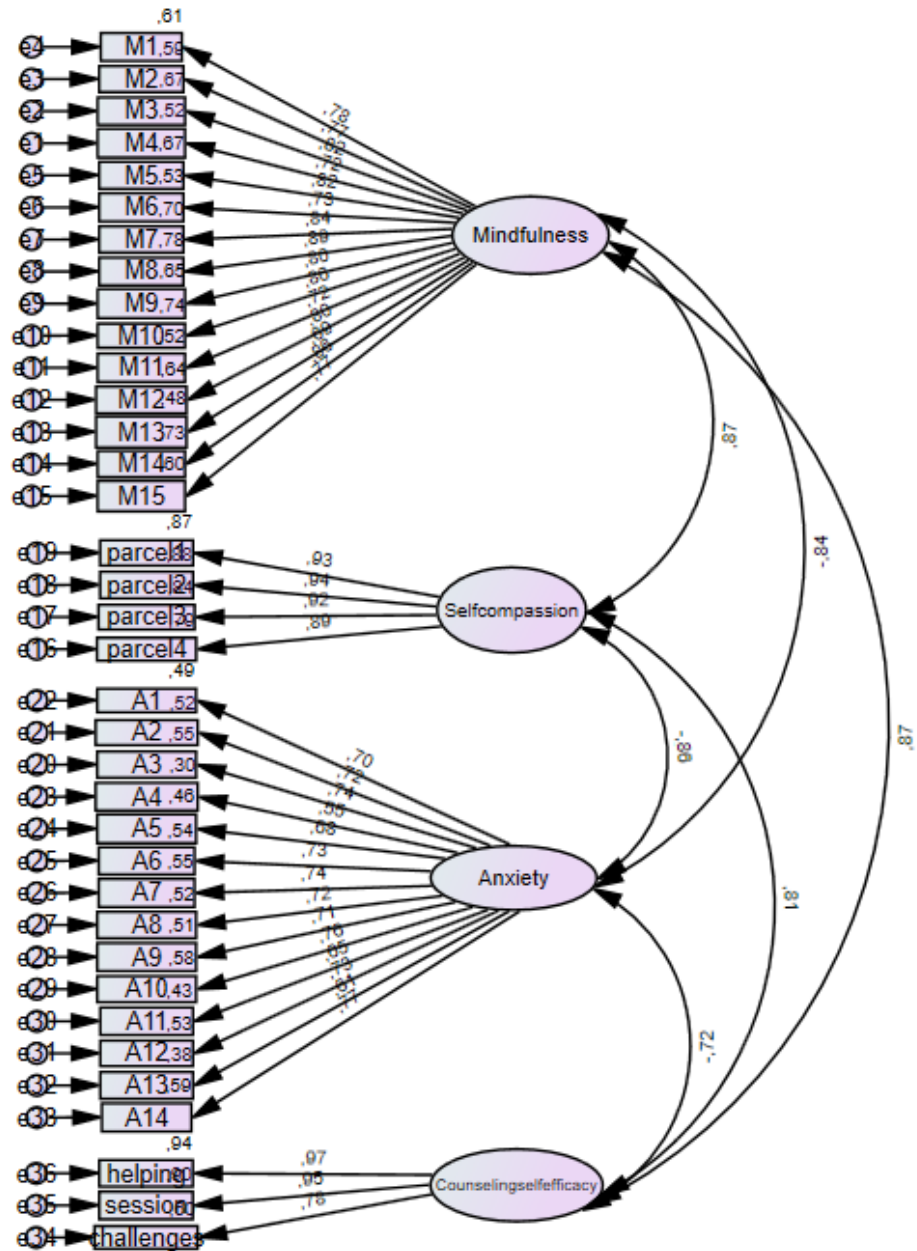
Before testing the hypothesized structural model, associations between the study variables were examined by conducting a confirmatory factor analysis (CFA). In the current study, latent variables were mindfulness, self-compassion, anxiety, and counseling self-efficacy (CSE). The final measurement model with standardized estimates and latent correlations is depicted in Figure 4.3. The goodness of model fit was evaluated based on the cutoff values of normed chi-square, CFI, TLI, RMSEA, and SRMR discussed in section 3. The initial CFA results indicated an acceptable fit, [ $\chi^2 (588) = 1441.81, p = .000, \chi^2/df = 2.40; CFI = .91, SRMR = .05; TLI = .91; RMSEA = .07$ ]. Standardized regression weights were checked; all were significant

and ranged between .55 and .94 (see Table 4.4). The latent correlations were checked, and CFA results indicated that all correlations were significant among latent variables (see Table 4.5).

**Table 4. 4.** Standardized Regression Weights

Variable 1		Variable 2	Estimate
M15	←	Mindfulness	.77*
M14	←	Mindfulness	.86*
M13	←	Mindfulness	.69*
M12	←	Mindfulness	.79**
M11	←	Mindfulness	.72*
M10	←	Mindfulness	.86**
M9	←	Mindfulness	.80*
M8	←	Mindfulness	.87**
M7	←	Mindfulness	.84**
M6	←	Mindfulness	.73*
M5	←	Mindfulness	.82*
M4	←	Mindfulness	.72*
M3	←	Mindfulness	.82*
M2	←	Mindfulness	.77*
M1	←	Mindfulness	.78*
parcel4	←	Self-compassion	.89*
parcel3	←	Self-compassion	.92*
parcel2	←	Self-compassion	.94**
parcel1	←	Self-compassion	.94**
A14	←	Anxiety	.77**
A13	←	Anxiety	.62*
A12	←	Anxiety	.73*
A11	←	Anxiety	.65**
A10	←	Anxiety	.76*
A9	←	Anxiety	.71*
A8	←	Anxiety	.72**
A7	←	Anxiety	.74**
A6	←	Anxiety	.74**
A5	←	Anxiety	.68*
A4	←	Anxiety	.55*
A3	←	Anxiety	.74*
A2	←	Anxiety	.72*
A1	←	Anxiety	.70*
helping	←	Counseling	.96*
		Self-efficacy	
session	←	Counseling	.95**
		Self-efficacy	
challenges	←	Counseling	.78**
		Self-efficacy	

*Note.* \* $p < .05$ , \*\* $p < .00$



**Figure 4. 3.** The Measurement Model with Standardized Estimates and Latent Correlations

**Table 4. 5.** Latent Correlations in the Measurement Model

Latent Variable 1		Latent Variable 2	Estimate
Anxiety	<- ->	Self-compassion	-.86
Anxiety	<- ->	Counseling self-efficacy	-.72
Mindfulness	<- ->	Anxiety	-.84
Mindfulness	<- ->	Counseling self-efficacy	.87
Self-compassion	<- ->	Counseling self-efficacy	.81
Mindfulness	<- ->	Self-compassion	.87

#### 4.2.2. Testing the Hypothesized Structural Model

The current study examined a structural equation model to test hypotheses related to the main study variables (mindfulness, self-compassion, anxiety, and counseling self-efficacy). The hypothesized model was tested using 5000 bootstrapped samples at a 95% confidence interval, and direct and indirect links among latent variables were examined. The goodness of model fit was evaluated based on the cutoff values of normed chi-square, CFI, TLI, RMSEA, and SRMR discussed in section 3. When the model fit indices were evaluated, the structural model indicated an acceptable fit ( $\chi^2(588) = 1441.81, p = .000, \chi^2/df = 2.45; CFI = .91, SRMR = .05; TLI = .91; RMSEA = .07$ ). The hypothesized structural model is given in Figure 4.4.

As can be seen from the structural model in Figure 4.4, mindfulness significantly and positively predicted self-compassion ( $\beta = .87, p < .001$ ) and CSE ( $\beta = .74, p < .001$ ), whereas it predicted anxiety significantly and negatively ( $\beta = -.38, p < .001$ ). Other significant associations were observed between self-compassion and anxiety and CSE. While self-compassion significantly and negatively predicted anxiety ( $\beta = -.54, p < .001$ ), it predicted significantly and positively CSE ( $\beta = .33, p < .001$ ). Finally, anxiety did not significantly predict CSE ( $p > .05$ ).

Moreover, the structured correlations ( $R^2$ ) were investigated for the hypothesized structural model to examine the percentage of variance in the CSE that can be explained by the relations in the model. Results revealed that mindfulness, self-compassion, and anxiety explained 78% of the variance in CSE.

#### 4.2.3. Mediation Analysis

User-defined indirect effects were estimated to test the specific mediation hypothesis for the mediating roles of self-compassion and anxiety in the relationship between mindfulness and CSE, both individually and serially. The first defined estimate was the relationship between mindfulness and CSE with the mediator role of self-compassion (Indirect 1). The second defined estimate was the association between mindfulness and CSE with the mediator role of anxiety (Indirect 2). The last defined

estimate was the link between mindfulness and CSE through the serial mediator roles of self-compassion and anxiety (Indirect 3). The analysis used the bootstrapping technique with 5000 resamples and a 95% confidence interval.

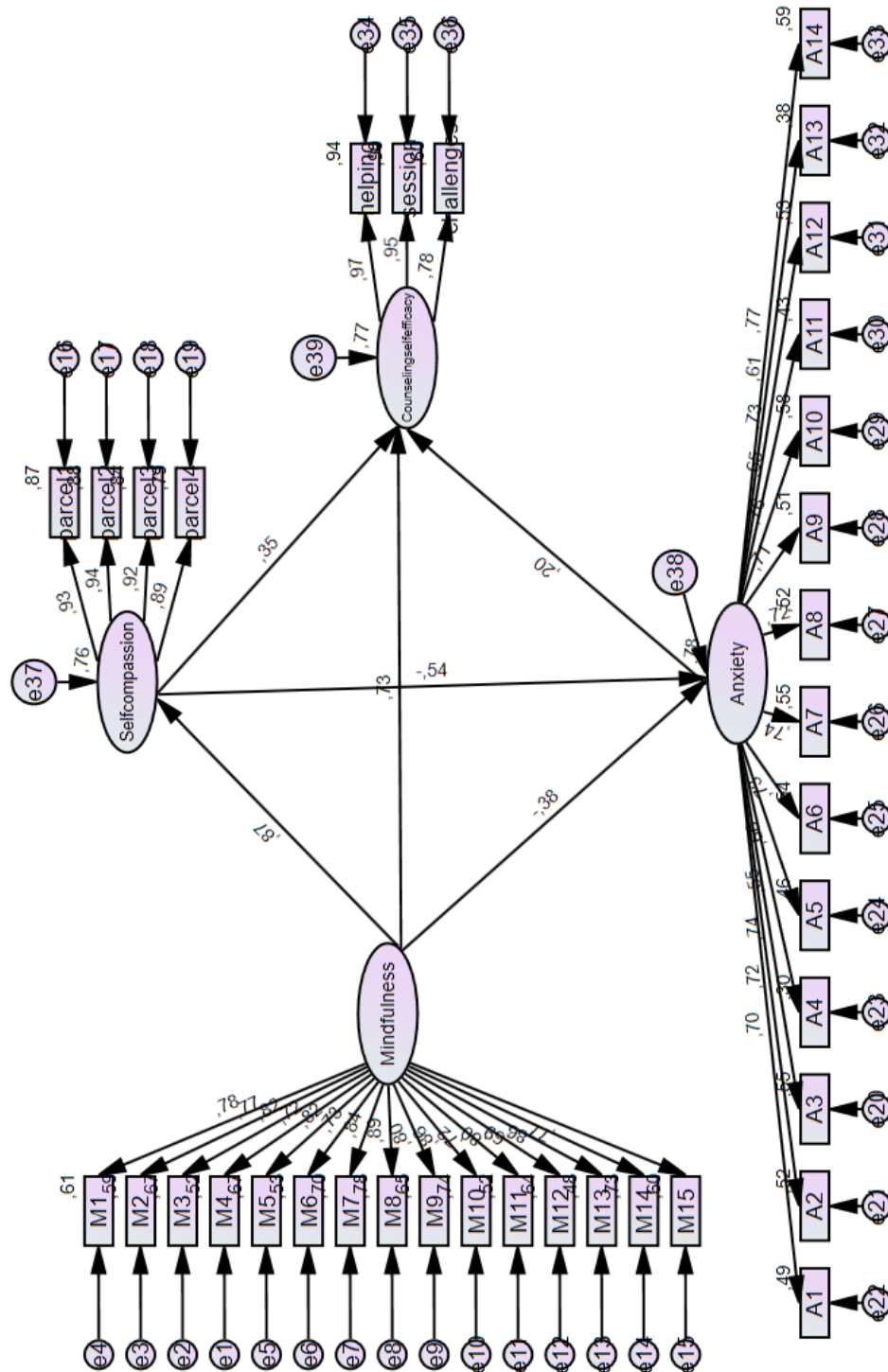


Figure 4. 4. The Hypothesized Structural Model and Standardized Estimates

As seen in Table 4.6, results showed that the indirect path from mindfulness to CSE through self-compassion was statistically significant ( $\beta = .56, p < .05, 95\% \text{ CI } [.299, .830]$ ). Also, the indirect path from mindfulness to CSE through anxiety was statistically significant ( $\beta = -.14, p < .05, 95\% \text{ CI } [-.305, -.034]$ ). Finally, the serial mediator role of self-compassion and anxiety in the association between mindfulness and CSE was not statistically significant ( $p > .05$ ).

**Table 4. 6.** Bootstrapped Results of Indirect Effects

Paths	$\beta$	$p$	CI
Mindfulness → Self-Compassion → CSE (Indirect 1)	.56	< .05	(.299, .830)
Mindfulness → Anxiety → CSE (Indirect2)	-.14	< .05	(-.305, -.340)
Mindfulness → Self-Compassion → Anxiety → CSE (Indirect3)		> .05	

#### 4.2.4. Hypothesis Testing

In this part, the results of the hypothesis testing are presented. Five out of six hypotheses regarding direct relationships were supported, and one was rejected. Two out of three hypotheses regarding indirect relationships were supported, and one was rejected.

##### 1. Hypotheses related to direct relationships:

H1 was accepted. Mindfulness directly and significantly predicted CSE ( $\beta = .74, p < .001$ ).

H2 was accepted. Mindfulness directly and significantly predicted self-compassion ( $\beta = .87, p < .001$ ).

H3 was accepted. Mindfulness directly and significantly predicted anxiety ( $\beta = -.38, p < .001$ ).

H4 was accepted. Self-compassion directly and significantly predicted anxiety ( $\beta = -.54, p < .001$ ).

H5 was accepted. Self-compassion directly and significantly predicted CSE ( $\beta = .33$ ,  $p < .001$ ).

H6 was rejected. Anxiety did not directly and significantly predict CSE ( $p > .05$ ).

## 2. Hypotheses related to indirect relationships:

H7 was accepted. Self-compassion mediated the relationship between mindfulness and CSE ( $\beta = .56$ ,  $p < .05$ ).

H8 was accepted. Anxiety mediated the relationship between mindfulness and CSE ( $\beta = -.14$ ,  $p < .05$ ).

H9 was rejected. Self-compassion and anxiety did not serially mediate the relationship between mindfulness and CSE ( $p < .05$ ).

### 4.3. Summary of the Results

The present study aimed to investigate the serial mediator roles of self-compassion and anxiety in the association between mindfulness and CSE among Turkish counselor trainees through testing a serial multiple mediation model. Prior to testing to model, bivariate correlations among the main study variables were examined. Results revealed that all the study variables were significantly correlated.

Before testing the hypothesized structural model, the measurement model was tested, and the results revealed an acceptable fit. Following that, the structural equation modeling was performed to test the serial multiple mediation model. According to the evaluation of model fit indices, the structural model revealed an acceptable fit.

The results revealed that mindfulness had a positive direct effect on self-compassion and CSE, and a negative direct effect on anxiety. Self-compassion had a positive direct effect on CSE and a negative direct effect on anxiety. Anxiety did not significantly predict CSE.

Finally, the mediation analysis revealed that self-compassion and anxiety significantly mediated the relationship between mindfulness and CSE. Although self-

compassion and anxiety each individually mediated this association, their serial mediating role was not statistically significant.



## CHAPTER 5

### DISCUSSION

This chapter begins with a discussion of the findings. Then, implications for practice are explained. Finally, the chapter provides suggestions for further research.

#### **5.1. Discussion of the Findings**

First, the direct association between mindfulness and counseling self-efficacy (CSE) is discussed. Then, a discussion on the mediating role of self-compassion and anxiety in the link between mindfulness and CSE is presented. Following that, the serial mediating roles of self-compassion and anxiety are discussed.

##### **5.1.1. Discussion on the Direct Effect of Mindfulness on CSE**

In the current study, mindfulness was found to be a significant and positive predictor of CSE. This result is consistent with previous correlational studies, which pointed out a positive direct link between mindfulness and CSE (Butts & Gutierrez, 2018; Greason & Cashwell, 2009). Furthermore, experimental studies also supported the results, which showed the effectiveness of mindfulness-based interventions in enhancing counselor trainees' CSE (Bohecker & Doughty-Horn, 2016; Chan et al., 2021). On the other hand, this result is not parallel with a study conducted by Wei et al. (2015), revealing that mindfulness did not predict CSE significantly.

Several reasons might explain the positive link between mindfulness and CSE. Mindfulness leads to various attentional and relational benefits among counselors related to qualities and skills essential to effective counseling practice. Mindful counselors are more likely to be fully present and attuned during sessions and show a nonjudgmental and accepting attitude toward their clients (Fulton, 2005; Shapiro et

al., 2014). Research conducted among counselor trainees also showed that mindfulness is positively associated with both self-report and client-perceived empathy (Fulton, 2016; Fulton & Cashwell, 2015), and working alliance (Johnson, 2018). Besides, experimental studies pointed out that mindfulness-based interventions during training resulted in improvements in counselor trainees' empathy, compassion for others (Schure et al., 2008), self-awareness, and mental clarity (Fletcher et al., 2022). Furthermore, individuals with higher levels of mindfulness tend to perceive and accept each experience as passing events, not attach to emotions, objects, and situations with maladaptive thinking or behavioral patterns (Shonin & Van Gordon, 2016). They are more likely to accept that their self is subject to change with each experience and less likely to be dominated by the perception of the "narrative self" (Schuman-Olivier et al., 2020) or self-critical inner dialogue (Davis & Hayes, 2011). All in all, since mindfulness leads to positive changes in counseling-related abilities, personal qualities, and perception of the self among counselor trainees, these changes would be linked to increased CSE.

### **5.1.2. Discussion on the Mediator Role of Self-Compassion in the Relationship Between Mindfulness and CSE**

The findings of the present study indicated that the relationship between mindfulness and CSE was mediated by self-compassion. This indirect effect suggests that higher levels of mindfulness are associated with greater self-compassion, enhancing counselor trainees' CSE. These results corroborate previous studies, which pointed out that the link between mindfulness and various types of self-efficacy was mediated by third variables (Charoensukmongkol, 2014; Hanley et al., 2015). Similarly, studies among counselor trainees showed that the link between mindfulness and CSE was mediated by attention (Greason & Cashwell, 2009) and hindering self-focused attention (Wei et al., 2015).

The identification of self-compassion as a mediator in the relationship between mindfulness and CSE also corroborates previous research, which demonstrates positive associations between mindfulness and self-compassion (Aydin-Sünbül & Yerin-Güneri, 2019; Svendsen et al., 2017; Tingaz et al., 2022; Yousefi Afrashteh, 2022) and between self-compassion and CSE (Ergin, 2023; Hung, 2015).

To begin with, mindfulness offers a broader context for compassion to be cultivated through intentional engagement with suffering (Gilbert, 2009). In other words, to offer compassion toward themselves, individuals should first be aware of and accept each experience as it is, including challenges and failures (Bergen-Cico et al., 2013; Neff & Germer, 2013). Both constructs are notions drawn from Buddhist psychology, and mindfulness is one of the components of self-compassion (Neff & Dahm, 2015). The phrase taught in Mindful Self-Compassion, which begins with mindfulness, also indicates the interrelationship between these two constructs: “*This is a moment of suffering.*” Supporting these assertions, a systematic review and meta-analysis conducted by Golden et al. (2021) revealed that mindfulness-based interventions improved self-compassion levels among the non-clinical sample. These conceptualizations and previous research offer evidence regarding the high correlation between mindfulness and self-compassion.

Since self-compassion entails kindness toward oneself and feelings of shared human experience in times of challenging situations (Neff, 2023), it establishes a solid basis for self-perception and enables individuals to maintain a positive self-view even when confronted with personal weaknesses or setbacks (Neff et al., 2018). Self-compassionate individuals tend to accept their imperfections with kindness, thus avoiding excessive identification with their performance outcomes (Neff & McGehee, 2010). Through a compassionate and understanding attitude toward oneself, counselor trainees are less likely to have a self-critical judgment or internalize their struggles as personal failures and more likely to view each experience as an opportunity for their professional development (Beaumont et al., 2017; Finlay-Jones et al., 2017). Ultimately, a compassionate attitude toward oneself aids individuals in maintaining their efficacy beliefs (Iskender, 2009; Liao et al., 2021; Manavipour & Seidan, 2016; Smeets et al., 2014).

### **5.1.3. Discussion on the Mediator Role of Anxiety in the Relationship Between Mindfulness and CSE**

The current study revealed that anxiety significantly mediated the relationship between mindfulness and CSE. This indirect effect indicates that higher levels of

mindfulness were associated with lower levels of anxiety, which subsequently enhanced counselor trainees' CSE. The negative association between mindfulness and anxiety is consistent with the previous bulk of the literature, indicating that greater levels of mindfulness predict lower anxiety among non-clinical samples (Masuda & Tully, 2012; Medvedev et al., 2018; Soysa & Wilcomb, 2015). The current study's findings are also consistent with previous research conducted among counselor trainees, indicating the essential role of mindfulness in decreasing trainees' anxiety (Fletcher et al., 2022; Fulton & Cashwell, 2015; Shapiro et al., 2007).

Regarding the association between anxiety and CSE, the results of the current study indicated that anxiety was not a significant direct predictor of CSE. While this finding is in parallel with Haktanır's (2018) study, it was not consistent with a correlational study that indicated anxiety as a negative predictor of CSE (Özden, 2023) and qualitative studies that revealed trainees perceived their anxiety as a "barometer" of their efficacy beliefs (Bischoff & Barton, 2002; Lent et al., 2009).

To begin with, the difference in anxiety measurement tools between previous studies and the current study could be a significant factor in explaining this insignificant result. The initial research in this field evaluated the counselor trainees' anxiety using physiological metrics, such as heart rate and skin conductance, during counseling sessions (e.g., Bowman et al., 1978; Bowman & Roberts, 1979). In later research, studies (Al-Darmaki, 2005; Daniels & Larson, 2001; Özden, 2023) that found a significant negative link between CSE and anxiety measured state anxiety using the State-Trait Anxiety Inventory (Öner & LeCompte, 1983; Spielberger et al., 1989). On the other hand, the current study utilized the anxiety subscale of the Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995; Bilgel & Bayram, 2010), which measures more pathological anxiety, primarily based on physiological symptoms over the past week.

The aforementioned insignificant finding can also be explained by the Social Cognitive Theory (SCT) and the Social Cognitive Model of Counselor Training's (SCMCT) perspectives on the concept of anxiety. Both the SCT and the SCMCT underscored the significance of subjective interpretations of physiological and

emotional states in shaping beliefs regarding efficacy (Bandura, 1997; Larson, 1998). Therefore, instead of the presence of anxiety, the interpretation of it, for instance, as a failure or a stimulator, is more likely to be associated with influencing efficacy beliefs (Bandura, 1997; 2009). The challenging and uncertain nature of the practicum experience frequently triggers trainees' anxiety (Kuo et al., 2016; Kurtyılmaz, 2015) and prompts trainees to focus on themselves during counseling sessions with a preoccupation with self (Skovholt & Rønnestad, 2003; Wei et al., 2017). This self-focused mindset may negatively impact counseling practices and CSE by influencing trainees' engagement and establishing client relationships (Li et al., 2023). However, when interpreted as stimulating or motivating, it may also not affect their efficacy beliefs.

Even though anxiety did not predict significantly CSE, it was a mediator in the relationship between mindfulness and CSE. Mindfulness presents itself as a coping mechanism for the anxiety experienced by counselor trainees, as it has been linked to decreased reactivity in the amygdala, a brain region associated with the fight-or-flight response (Hölzel et al., 2011; Shonin & Van Gordon, 2016), and facilitates effective emotional regulation (Arch & Craske, 2006). By allowing trainees to observe emotions from a detached perspective, mindfulness is a buffer against overwhelming emotional experiences (Arch & Craske, 2006). By SCT and SCMCT, mindfulness might provide trainees with a more positive outlook when interpreting their counseling experiences and abilities, consequently fostering increased motivation to invest effort and exhibit persistence while maintaining beliefs in their efficacy (Bandura, 1997; Schunk & DiBenedetto, 2020). These enhanced capacities related to mindfulness contribute to why trainees with higher levels of mindfulness often report lower anxiety levels and subsequently demonstrate increased levels of CSE.

#### **5.1.4. Discussion on the Serial Mediating Role of Self-Compassion and Anxiety in the Link Between Mindfulness and CSE**

In the current study, self-compassion significantly and negatively predicted anxiety among counselor trainees, corroborating previous research that highlights a negative

association between self-compassion and anxiety (De Souza et al., 2020; Pérez-Aranda et al., 2021). Egan et al. (2022) identified self-compassion as a critical component of psychological interventions that aim to prevent and treat anxiety. Through a systematic review of eight studies, they concluded that interventions of self-compassion decrease symptoms of anxiety in young adults. This finding is also relevant to counselor trainees, who often experience anxiety, self-doubt, and the need to demonstrate their competence to supervisors during their initial practicum experiences (Rønnestad & Skovholt, 2003). Since trainees undergo a demanding journey within the practicum experience and face the ambiguity of the counseling practice, they also tend to have concerns about lacking counseling skills, engage in self-criticism, and strive for perfectionism (Frediani & Rober, 2016; Hill et al., 2007; Kondili, 2018; Özteke-Kozan, 2018; Rønnestad & Skovholt, 2003). Self-compassion could mitigate the challenges inherent in these practicum experiences by regulating emotions effectively, accepting limitations, and engaging in less critical inner dialogue (Patsiopoulos & Buchanan, 2011; Quaglia et al., 2022).

Results revealed that despite the significant association between self-compassion and anxiety among counselor trainees, their combined serial mediation did not add significant explanatory power to the link between mindfulness and CSE. Several factors may account for this insignificant result. SCT posits that individuals' interpretations of their emotional states, rather than the presence of the states themselves, are crucial factors influencing self-efficacy beliefs (Bandura, 1977, 2009). Considering the measurement of anxiety in the current study, which includes items related to physiological indicators of anxiety, the insignificant result might be related to measuring the presence or absence of anxiety. In other words, self-compassionate counselor trainees may still experience anxiety yet interpret it as challenging and stimulating rather than disturbing, which does not diminish their efficacy beliefs in counseling. All in all, while self-compassion significantly reduced anxiety among counselor trainees and aligned with previous findings regarding its negative relationship with anxiety, its role as a serial mediator with anxiety in linking mindfulness and CSE was not supported. This result may be attributed to the nuanced ways in which self-compassion and anxiety affect self-efficacy, potentially through distinct rather than combined mechanisms. For instance, self-compassion

might directly influence CSE by promoting a positive self-view, decreasing self-criticism, and diminishing the tendency of perfectionism among counselor trainees (Frediani & Rober, 2016; Hill et al., 2007; Kondili, 2018; Özteke-Kozan, 2018; Rønnestad & Skovholt, 2003). Anxiety reduction might enhance self-efficacy by improving focus and concentration and reducing self-focus (Skovholt & Rønnestad, 2003; Wei et al., 2017).

## **5.2. Implications for Practice**

The results of the present study carry significant implications for counselor trainees, educators, and supervisors. This study underscores the importance of mindfulness, self-compassion, and anxiety in influencing the CSE of counseling trainees. Therefore, instead of exclusively prioritizing counseling skills and techniques, those involved in counselor education should also consider ways to improve the trainees' personal factors. Given that mindfulness and self-compassion can be cultivated, counselor educators might explore integrating these practices into their curriculum, particularly early in training, before trainees engage in the practicum experience.

As Bennet-Levy and Lee (2014) suggested, trainees who apply counseling techniques to themselves and engage in profound self-reflection are more likely to enhance their counseling abilities and confidence. Therefore, incorporating strategies to cultivate mindfulness and self-compassion, such as in-class activities, self-reflective assignments, and meditation practices, into lectures could be beneficial for trainees in decreasing their anxiety and increasing their beliefs in their counseling competencies during training. The results of the current study highlighted the essential role of personal factors such as mindfulness and self-compassion in shaping counselor trainees' levels of anxiety and efficacy beliefs in their counseling abilities. Given the significance of supervision during the initial practicum experience, supervisors may also prioritize addressing trainees' anxiety levels and explore integrating mindfulness and self-compassion techniques to mitigate anxiety and enhance CSE. Self-critical behaviors or perfectionism may serve as indicators for supervisors to introduce self-compassion work with counselor trainees.

As pointed out by Coaston (2019), techniques such as bibliotherapy or self-compassionate letter writing, along with encouraging trainees to engage in online training or read relevant literature, can be beneficial for cultivating these developable skills. As group supervision is a frequently used supervision type, incorporating mindfulness and self-compassion practices at the beginning or end of these group supervision sessions is also recommended.

The concept of the "internal supervisor," representing an internalized and applied form of the supervisory relationship, suggests that supervisors who actively promote self-compassion and mindfulness may serve as role models for trainees (Bell et al., 2017). Consequently, both the characteristics of supervisors and the supervisory relationship can be internalized by trainees, potentially becoming effective tools for enhancing their beliefs in their competencies and future career prospects. Additionally, considering the developmental needs of counselor trainees holds significant implications for supervisors. Supervisors can adopt one or a combination of developmental supervision models, such as the Integrated Developmental Model (Stoltenberg, 1981) or the Reflective Model (Ward & House, 1998), to guide the supervision process through various stages based on the needs of the trainees (Körük & Kara, 2019).

### **5.3. Recommendations for Future Research**

As the present study employed a convenience sampling method for participant recruitment, the generalizability of the results diminished. Consequently, to increase the generalizability of the results, random or stratified random sampling methods will be used in future studies. The current investigation focused on assessing the mindfulness level among counselor trainees using the MAAS (Brown & Ryan, 2003; Özyeşil et al., 2011). However, it should be noted that this measurement primarily reflects the dispositional mindfulness of trainees and does not specifically assess their mindfulness during counseling sessions. Therefore, future studies can employ measurements explicitly designed to measure mindfulness in the context of counseling practice. For example, the Therapeutic Presence Inventory (Geller et al.,



2010) could be utilized to evaluate the mindful presence of counselor trainees during counseling sessions.

Another suggestion worth considering is the measurement of anxiety. In this study, the anxiety subscale of DASS (Lovibond & Lovibond, 1995; Bilgel & Bayram, 2010) was utilized, providing insight into trainees' general anxiety levels rather than anxiety specifically experienced during counseling sessions. Future studies could measure counselor trainees' anxiety specific to counseling by utilizing the Trainees' Anxiety in Clinical Work (Tsai, 2015) or the List of Anxious Situations in Clinical Interviews (LASI; Gültekin & Yorulmaz, 2023). Furthermore, future studies could use wearable devices, such as smartwatches, to monitor physiological indicators of anxiety, such as heart rate, during counseling or supervision sessions.

Additionally, qualitative and longitudinal studies are recommended to gain a more in-depth understanding of anxiety, its impact on counselor trainees, and the development of their CSE. These studies could delve into the nature, origins, and consequences of anxiety, as well as the progression of counselor trainees' journey toward becoming effective counselors.

The current study investigated the internal sources of CSE. While existing literature highlights CSE as a pivotal self-referential factor influencing effective counseling skills (Kocaerek, 2001; Prasath et al., 2022), as well as counseling effectiveness and client outcomes (Reese et al., 2009), studies exploring these associations in Türkiye remain scarce. Therefore, future inquiries could explore the outcomes of CSE, including the perspective of both clients and supervisors. In such instances, conducting dyadic studies focusing on the interaction between trainees and supervisors or trainees and clients, alongside assessing the main study variables of the current study, is strongly recommended. Finally, although there have been investigations on the effectiveness of mindfulness-based and compassion-focused training among counselor trainees in foreign countries, there is a lack of experimental studies examining the effect of these interventions on Turkish counselor trainees' anxiety levels and CSE. Thus, future studies could explore the effects of such interventions by conducting experimental designs.

## REFERENCES

- Akçabozan-Kayabol, N. B., Özdemir, N. K., Güneri, O. Y., & Korkut-Owen, F. (2022). Integrating video-modeling into counseling skills and techniques course and its impact on counseling self-efficacy. *Current Psychology*, *41*(12), 8287–8299. <https://doi.org/10.1007/s12144-021-02434-8>
- Al-Darmaki, F. R. (2005). Counseling self-efficacy and its relationship to anxiety and problem-solving in United Arab Emirates. *International Journal for the Advancement of Counselling*, *27*(2), 323–335. <https://doi.org/10.1007/s10447-005-3190-6>
- Aladağ, M., & Bektaş, D. Y. (2009). Examining individual-counseling practicum in a Turkish undergraduate counseling program. *Journal of Educational Research*, *37*, 53-70.
- Aladağ, M., & Kemer, G. (2023). Clinical supervision of individual counseling practicum in Turkey: Counselor educators' experiences with structuring and conducting the supervision process. *The Clinical Supervisor*, *42*(1), 96–122. <https://doi.org/10.1080/07325223.2023.2172636>
- Aladağ, M., Yaka, B., & Koç, I. (2014). Opinions of counselor candidates regarding counseling skills training. *Educational Sciences: Theory and Practice*, *14*(3), 879–886. <https://doi.org/10.12738/estp.2014.3.1958>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Anderson, T., Ogles, B. M., Patterson, C. L., Lambert, M. J., & Vermeersch, D. A. (2009). Therapist effects: Facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology*, *65*(7), 755–768. <https://doi.org/10.1002/jclp.20583>
- Arambasic, J., Sherman, K. A., Elder, E., & Australia, B. C. N. (2019). Attachment styles, self-compassion, and psychological adjustment in long-term breast

cancer survivors. *Psycho-Oncology*, 28(5), 1134–1141.  
<https://doi.org/10.1002/pon.5068>

- Arbuckle, J. L. (2019). Amos (Version 26.0) [Computer Program]. IBM SPSS.
- Arch, J. J., & Craske, M. G. (2006). Mechanisms of mindfulness: Emotion regulation following a focused breathing induction. *Behaviour Research and Therapy*, 44(12), 1849–1858. <https://doi.org/10.1016/j.brat.2005.12.007>
- Atik, Z. (2017). *Counselor candidates' evaluation of individual counseling practicum and supervision* (Publication No. 470017) [Doctoral dissertation, Hacettepe University]. Council of Higher Education Thesis Center.
- Aydin Sünbül, Z., & Yerin Güneri, O. (2019). The relationship between mindfulness and resilience: The mediating role of self-compassion and emotion regulation in a sample of underprivileged Turkish adolescents. *Personality and Individual Differences*, 139, 337–342.  
<https://doi.org/10.1016/j.paid.2018.12.009>
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10(2), 125–143. <https://doi.org/10.1093/clipsy.bpg015>
- Baer, R. A., Smith, G. T., & Allen, K. B. (2004). Assessment of mindfulness by self-report: The Kentucky Inventory of Mindfulness Skills. *Assessment*, 11(3), 191–206. <https://doi.org/10.1177/1073191104268029>
- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13(1), 27–45.
- Balkıs, M. (2011). Academic efficacy as a mediator and moderator variable in the relationship between academic procrastination and academic achievement. *Eurasian Journal of Educational Research*, 45, 1–16.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215.  
<https://doi.org/10.1037/0033295X.84.2.191>.

- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman.
- Bandura, A. (2006). Toward a psychology of human agency. *Perspectives on Psychological Science*, 1(2), 164–180. <https://doi.org/10.1111/j.1745-6916.2006.00011.x>
- Bandura, A. (2018). Toward a psychology of human agency: Pathways and reflections. *Perspectives on Psychological Science*, 13(2), 130–136. <https://doi.org/10.1177/1745691617699280>
- Bandura, A., Caprara, G. V., Barbaranelli, C., Gerbino, M., & Pastorelli, C. (2003). Role of affective self-regulatory efficacy in diverse spheres of psychosocial functioning. *Child Development*, 74(3), 769–782. <https://doi.org/10.1111/1467-8624.00567>
- Barlow, D. H. (2000). Unraveling the mysteries of anxiety and its disorders from the perspective of emotion theory. *American Psychologist*, 55(11), 1247–1263. <https://doi.org/10.1037/0003-066X.55.11.1247>
- Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, and interventions. *Review of General Psychology*, 15(4), 289–303. <https://doi.org/10.1037/a0025754>
- Barutçu-Yıldırım, F., Onaylı, S., & Taşkesen, N. (2023). Psychometric properties of self-compassion scale-short form in a Turkish young adult sample. *Sakarya Üniversitesi Eğitim Fakültesi Dergisi*, 23(1), 23–34. <https://doi.org/10.53629/sakaefd.1241066>
- Barutçu-Yıldırım, F., Aydın, G., & Sancak Aydın, G. (2021). Romantic relationship satisfaction in emerging adulthood. *Turkish Journal of Education*, 10(4), 319–332. <https://doi.org/10.19128/turje.874516>
- Bauer, C. C. C., Rozenkrantz, L., Caballero, C., Nieto-Castanon, A., Scherer, E., West, M. R., Mrazek, M., Phillips, D. T., Gabrieli, J. D. E., & Whitfield-Gabrieli, S. (2020). Mindfulness training preserves sustained attention and resting state anticorrelation between default-mode network and dorsolateral

prefrontal cortex: A randomized controlled trial. *Human Brain Mapping*, 41(18), 5356–5369. <https://doi.org/10.1002/hbm.25197>

- Beaumont, E., Durkin, M., Hollins Martin, C. J., & Carson, J. (2016). Measuring relationships between self-compassion, compassion fatigue, burnout and well-being in student counsellors and student cognitive behavioural psychotherapists: A quantitative survey. *Counselling and Psychotherapy Research*, 16(1), 15–23. <https://doi.org/10.1002/capr.12054>
- Beaumont, E., Rayner, G., Durkin, M., & Bowling, G. (2017). The effects of compassionate mind training on student psychotherapists. *The Journal of Mental Health Training, Education and Practice*, 12(5), 300–312. <https://doi.org/10.1108/JMHTEP-06-2016-0030>
- Bell, T., Dixon, A., & Kolts, R. (2017). Developing a compassionate internal supervisor: Compassion-focused therapy for trainee therapists. *Clinical Psychology & Psychotherapy*, 24(3), 632–648. <https://doi.org/10.1002/cpp.2031>
- Bennett-Levy, J., & Lee, N. (2014). Self-practice and self-reflection in cognitive behaviour therapy training: What factors influence trainees' engagement and experience of benefit? *Behavioural and Cognitive Psychotherapy*, 42(1), 48–64. <https://doi.org/10.1017/S1352465812000781>.
- Bergen-Cico, D., Possemato, K., & Cheon, S. (2013). Examining the efficacy of a brief mindfulness-based stress reduction (Brief MBSR) program on psychological health. *Journal of American College Health*, 61(6), 348–360.
- Bernard, J. M., & Goodyear, R. K. (2019). *Fundamentals of Clinical Supervision*. Pearson.
- Bilgel, N., & Bayram, N. (2011). Turkish version of the depression anxiety stress scale (DASS-42): Psychometric properties. *Archives of Neuropsychiatry*, 48(3), 118–126. <https://doi.org/10.4274/npa.5344>
- Birnie, K., Speca, M., & Carlson, L. E. (2010). Exploring self-compassion and empathy in the context of mindfulness-based stress reduction (MBSR). *Stress and Health*, 26(5), 359–371. <https://doi.org/10.1002/smi.1305>

- Birtwell, K., Williams, K., Van Marwijk, H., Armitage, C. J., & Sheffield, D. (2019). An exploration of formal and informal mindfulness practice and associations with wellbeing. *Mindfulness*, *10*(1), 89–99. <https://doi.org/10.1007/s12671-018-0951-y>
- Bischoff, R. J., & Barton, M. (2002). The pathway toward clinical self-confidence. *The American Journal of Family Therapy*, *30*(3), 231–242. <https://doi.org/10.1080/019261802753577557>
- Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Segal, Z. V., Abbey, S., Speca, M., Velting, D., & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice*, *11*(3), 230–241. <https://doi.org/10.1093/clipsy.bph077>
- Bohecker, L., & Doughty Horn, E. A. (2016). Increasing students' empathy and counseling self-efficacy through a mindfulness experiential small group. *The Journal for Specialists in Group Work*, *41*(4), 312–333. <https://doi.org/10.1080/01933922.2016.1232322>
- Boon, O. P., Jaafar, W. M. W., & Baba, M. (2015). Factors contributing to job satisfaction among school counselors. *Procedia - Social and Behavioral Sciences*, *211*, 803–810. <https://doi.org/10.1016/j.sbspro.2015.11.171>
- Bowman, J. T., & Roberts, G. T. (1979). Counselor trainee anxiety during counseling. *Journal of Counseling Psychology*, *26*(1), 85–88. <https://doi.org/10.1037/0022-0167.26.1.85>
- Bowman, J. T., Roberts, G. T., & Giesen, J. M. (1978). Counselor trainee anxiety during the initial counseling interview. *Journal of Counseling Psychology*, *25*(2), 137–143. <https://doi.org/10.1037/0022-0167.25.2.137>
- Brewer, J. A., Mallik, S., Babuscio, T. A., Nich, C., Johnson, H. E., Deleone, C. M., Minnix-Cotton, C. A., Byrne, S. A., Kober, H., Weinstein, A. J., Carroll, K. M., & Rounsaville, B. J. (2011). Mindfulness training for smoking cessation: Results from a randomized controlled trial. *Drug and Alcohol Dependence*, *119*(1–2), 72–80. <https://doi.org/10.1016/j.drugalcdep.2011.05.027>
- Brown, C. G. (2012). A systematic review of the relationship between self-efficacy and burnout in teachers. *Educational and Child Psychology*, *29*(4), 47–63. <https://doi.org/10.53841/bpsecp.2012.29.4.47>

- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84(4), 822–848. <https://doi.org/10.1037/0022-3514.84.4.822>
- Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry*, 18(4), 211–237. <https://doi.org/10.1080/10478400701598298>
- Browne, M. W., & Cudeck, R. (1993). Alternative ways of assessing model fit. Testing structural equation models. In K.A. Bollen & J.S. Long (Eds.), *Testing structural equation models* (pp. 136-162). Sage.
- Bruce, N. G., Manber, R., Shapiro, S. L., & Constantino, M. J. (2010). Psychotherapist mindfulness and the psychotherapy process. *Psychotherapy: Theory, Research, Practice, Training*, 47(1), 83–97. <https://doi.org/10.1037/a0018842>
- Bugay-Sökmez, A., Manuoğlu, E., Coşkun, M., & Sümer, N. (2023). Predictors of rumination and co-rumination: The role of attachment dimensions, self-compassion and self-esteem. *Current Psychology*, 42(6), 4400–4411. <https://doi.org/10.1007/s12144-021-01799-0>
- Burger, K., & Samuel, R. (2017). The role of perceived stress and self-efficacy in young people's life satisfaction: A longitudinal study. *Journal of Youth and Adolescence*, 46(1), 78–90. <https://doi.org/10.1007/s10964-016-0608-x>
- Butts, C. M., & Gutierrez, D. (2018). Dispositional mindfulness and personal distress as predictors of counseling self-efficacy. *Counselor Education and Supervision*, 57(4), 271–284. <https://doi.org/10.1002/ceas.12116>
- Cassidy, S. (2015). Resilience building in students: The role of academic self-efficacy. *Frontiers in Psychology*, 6, 1–14. <https://doi.org/10.3389/fpsyg.2015.01781>
- Cattelino, E., Testa, S., Calandri, E., Fedi, A., Gattino, S., Graziano, F., Rollero, C., & Begotti, T. (2021). Self-efficacy, subjective well-being and positive coping in adolescents with regard to COVID-19 lockdown. *Current Psychology*, 42(20), 17304–7315. <https://doi.org/10.1007/s12144-021-01965-4>

- Chan, S. H. W., Yu, C. K.-C., & Li, A. W. O. (2021). Impact of mindfulness-based cognitive therapy on counseling self-efficacy: A randomized controlled crossover trial. *Patient Education and Counseling, 104*(2), 360–368. <https://doi.org/10.1016/j.pec.2020.07.022>
- Chandna, S., Sharma, P., & Moosath, H. (2022). The mindful self: Exploring mindfulness in relation with self-esteem and self-efficacy in Indian population. *Psychological Studies, 67*(2), 261–272. <https://doi.org/10.1007/s12646-021-00636-5>
- Charoensukmongkol, P. (2014). Benefits of mindfulness meditation on emotional intelligence, general self-efficacy, and perceived stress: Evidence from Thailand. *Journal of Spirituality in Mental Health, 16*(3), 171–192. <https://doi.org/10.1080/19349637.2014.925364>
- Chau, R. F., Sawyer, W. N., Greenberg, J., Mehl, M. R., & Sbarra, D. A. (2022). Emotional recovery following divorce: Will the real self-compassion please stand up? *Journal of Social and Personal Relationships, 39*(4), 996–1022. <https://doi.org/10.1177/02654075211047238>
- Cheang, R., Gillions, A., & Sparkes, E. (2019). Do mindfulness-based interventions increase empathy and compassion in children and adolescents: A systematic review. *Journal of Child and Family Studies, 28*(7), 1765–1779. <https://doi.org/10.1007/s10826-019-01413-9>
- Chesnut, S. R., & Burley, H. (2015). Self-efficacy as a predictor of commitment to the teaching profession: A meta-analysis. *Educational Research Review, 15*, 1–16. <https://doi.org/10.1016/j.edurev.2015.02.001>
- Chircop Coleiro, A., Creaner, M., & Timulak, L. (2023). The good, the bad, and the less than ideal in clinical supervision: A qualitative meta-analysis of supervisee experiences. *Counselling Psychology Quarterly, 36*(2), 189–210. <https://doi.org/10.1080/09515070.2021.2023098>
- Chui, H., Li, X., & Luk, S. (2021). Does peer relationship matter? A multilevel investigation of the effects of peer and supervisory relationships on group supervision outcomes. *Journal of Counseling Psychology, 68*(4), 457–466. <https://doi.org/10.1037/cou0000553>
- Clark, D. A., & Beck, A. T. (2011). *Cognitive therapy of anxiety disorders: Science and practice*. Guilford Press.



- Clements-Hickman, A. L., & Reese, R. J. (2023). The person of the therapist: Therapists' personal characteristics as predictors of alliance and treatment outcomes. *Psychotherapy Research*, 33(2), 173–184. <https://doi.org/10.1080/10503307.2022.2080610>
- Coaston, S. C. (2017). Self-care through self-compassion: A balm for burnout. *The Professional Counselor*, 7(3), 285–297. <https://doi.org/10.15241/scs.7.3.285>
- Coaston, S. C. (2019). Cultivating self-compassion within the supervision relationship. *The Clinical Supervisor*, 38(1), 79–96. <https://doi.org/10.1080/07325223.2018.1525596>
- Coaston, S. C., & Lawrence, C. (2019). Integrating self-compassion across the counselor education curriculum. *Journal of Creativity in Mental Health*, 14(3), 292–305. <https://doi.org/10.1080/15401383.2019.1610536>
- CoHE. (2007). *Teacher education undergraduate programs in education faculties [in Turkish]*. <http://www.yok.gov.tr>
- Collard, P., Avny, N., & Boniwell, I. (2008). Teaching mindfulness based cognitive therapy (MBCT) to students: The effects of MBCT on the levels of mindfulness and subjective well-being. *Counselling Psychology Quarterly*, 21(4), 323–336. <https://doi.org/10.1080/09515070802602112>
- Cormier, L. S. (2016). *Counseling strategies and interventions for professional helpers* (9th ed.). Pearson.
- Cormier, L. S. (Louise S., Nurius, P., & Osborn, C. J. (2017). *Interviewing and change strategies for helpers* (8th ed.). Cengage Learning.
- Creswell, J. D. (2017). Mindfulness interventions. *Annual Review of Psychology*, 68(1), 491–516. <https://doi.org/10.1146/annurev-psych-042716-051139>
- Creswell, J. D., & Lindsay, E. K. (2014). How does mindfulness training affect health? A mindfulness stress buffering account. *Current Directions in Psychological Science*, 23(6), 401–407. <https://doi.org/10.1177/0963721414547415>

- Çağlayan Mülazım, Ö., & Eldeleklioğlu, J. (2016). What is the role of self-compassion on subjective happiness and life satisfaction? *Journal of Human Sciences*, 13(3), 3895-3904. <https://doi.org/10.14687/jhs.v13i3.4001>
- Daniels, J. A., & Larson, L. M. (2001). The impact of performance feedback on counseling self-efficacy and counselor anxiety. *Counselor Education and Supervision*, 41(2), 120–130. <https://doi.org/10.1002/j.1556-6978.2001.tb01276.x>
- Davis, D. M., & Hayes, J. A. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy*, 48(2), 198–208. <https://doi.org/10.1037/a0022062>
- De Souza, L. K., Policarpo, D., & Hutz, C. S. (2020). Self-compassion and symptoms of stress, anxiety, and depression. *Trends in Psychology*, 28(1), 85–98. <https://doi.org/10.1007/s43076-020-00018-2>
- Doğanülkü, H. A., & Kirdök, O. (2020). Psikolojik danışmanların mesleki bağlılıklarının bir yordayıcısı olarak psikolojik danışma öz-yeterliliği [Counseling self-efficacy as a predictor of psychological counselors' occupational commitment]. *İnönü Üniversitesi Eğitim Fakültesi Dergisi*, 21(3), 1387–1401. <https://doi.org/10.17679/inuefd.812605>
- Donald, J. N., Sahdra, B. K., Van Zanden, B., Duineveld, J. J., Atkins, P. W. B., Marshall, S. L., & Ciarrochi, J. (2019). Does your mindfulness benefit others? A systematic review and meta-analysis of the link between mindfulness and prosocial behaviour. *British Journal of Psychology*, 110(1), 101–125. <https://doi.org/10.1111/bjop.12338>
- Durbin, J., & Watson, G. S. (1951). Testing for serial correlation in least squares regression. II. *Biometrika*, 38(1/2), 159–177. <https://doi.org/10.2307/2332325>
- Edwards, K. A., Pielech, M., Hickman, J., Ashworth, J., Sowden, G., & Vowles, K. E. (2019). The relation of self-compassion to functioning among adults with chronic pain. *European Journal of Pain*, 23(8), 1538–1547. <https://doi.org/10.1002/ejp.1429>
- Egan, S. J., Rees, C. S., Delalande, J., Greene, D., Fitzallen, G., Brown, S., Webb, M., & Finlay-Jones, A. (2022). A review of self-compassion as an active ingredient in the prevention and treatment of anxiety and depression in young people. *Administration and Policy in Mental Health and Mental Health*

*Services Research*, 49(3), 385–403. <https://doi.org/10.1007/s10488-021-01170-2>

- Elliot, A. J. (1999). Approach and avoidance motivation and achievement goals. *Educational Psychologist*, 34(3), 169–189. [https://doi.org/10.1207/s15326985ep3403\\_3](https://doi.org/10.1207/s15326985ep3403_3)
- Ergin, G. (2023). *The role of school counselors' self-compassion, mindfulness, and empathy levels in predicting counseling self-efficacy* (Publication No. 811389) [Master's Thesis, Kocaeli University]. Council of Higher Education Thesis Center.
- Eriksson, T., Germundsjö, L., Åström, E., & Rönnlund, M. (2018). Mindful self-compassion training reduces stress and burnout symptoms among practicing psychologists: A randomized controlled trial of a brief web-based intervention. *Frontiers in Psychology*, 9, 1–10. <https://doi.org/10.3389/fpsyg.2018.02340>
- Evans, S., Wyka, K., Blaha, K. T., & Allen, E. S. (2018). Self-compassion mediates improvement in well-being in a Mindfulness-Based Stress Reduction Program in a community-based sample. *Mindfulness*, 9(4), 1280–1287. <https://doi.org/10.1007/s12671-017-0872-1>
- Eysenck, M. W., Derakshan, N., Santos, R., & Calvo, M. G. (2007). Anxiety and cognitive performance: Attentional control theory. *Emotion*, 7(2), 336–353. <https://doi.org/10.1037/1528-3542.7.2.336>
- Ferrari, M., Hunt, C., Harrysunker, A., Abbott, M. J., Beath, A. P., & Einstein, D. A. (2019). Self-compassion interventions and psychosocial outcomes: A meta-analysis of RCTs. *Mindfulness*, 10(8), 1455–1473. <https://doi.org/10.1007/s12671-019-01134-6>
- Finlay-Jones, A. L., Rees, C. S., & Kane, R. T. (2015). Self-compassion, emotion regulation and stress among Australian psychologists: Testing an emotion regulation model of self-compassion using structural equation modeling. *PLoS ONE*, 10(7), Article e0133481. <https://doi.org/10.1371/journal.pone.0133481>
- Finlay-Jones, A., Kane, R., & Rees, C. (2017). Self-compassion online: A pilot study of an Internet-based self-compassion cultivation program for psychology

- trainees. *Journal of Clinical Psychology*, 73(7), 797–816. <https://doi.org/10.1002/jclp.22375>
- Fletcher, L., Pond, R., & Gardiner, B. (2022). Student counselor experiences of mindfulness-based intervention training: A systematic review of the qualitative literature. *Psychotherapy Research*, 32(3), 306–328. <https://doi.org/10.1080/10503307.2021.1946615>
- Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2012). *How to design and evaluate research in education* (8th ed.). McGraw-Hill.
- Frediani, G., & Rober, P. (2016). What novice family therapists experience during a session... A qualitative study of novice therapists' inner conversations during the session. *Journal of Marital and Family Therapy*, 42(3), 481–494. <https://doi.org/10.1111/jmft.12149>
- Friis, A. M., Johnson, M. H., Cutfield, R. G., & Consedine, N. S. (2016). Kindness matters: A randomized controlled trial of a mindful self-compassion intervention improves depression, distress, and HbA<sub>1c</sub> among patients with diabetes. *Diabetes Care*, 39(11), 1963–1971. <https://doi.org/10.2337/dc16-0416>
- Fulton, C. (2016). Mindfulness, self-compassion, and counselor characteristics and session variables. *Journal of Mental Health Counseling*, 38, 360–374. <https://doi.org/10.17744/mehc.38.4.06>
- Fulton, C. L. (2018). Self-compassion as a mediator of mindfulness and compassion for others. *Counseling and Values*, 63(1), 45–56. <https://doi.org/10.1002/cvj.12072>
- Fulton, C. L., & Cashwell, C. S. (2015). Mindfulness-based awareness and compassion: Predictors of counselor empathy and anxiety. *Counselor Education and Supervision*, 54(2), 122–133. <https://doi.org/10.1002/ceas.12009>
- Fulton, P. R. (2005). Mindfulness as clinical training. In C. K. Germer, R. D. Siegel, & P. R. Fulton (Eds.), *Mindfulness and psychotherapy* (pp. 55–72). The Guilford Press.

- Garland, E. L., Farb, N. A., R. Goldin, P. R., & Fredrickson, B. L. (2015). Mindfulness broadens awareness and builds eudaimonic meaning: A process model of mindful positive emotion regulation. *Psychological Inquiry*, 26(4), 293–314. <https://doi.org/10.1080/1047840X.2015.1064294>
- Garner, A. R., Gilbert, S. E., Shorey, R. C., Gordon, K. C., Moore, T. M., & Stuart, G. L. (2020). A longitudinal investigation on the relation between self-compassion and alcohol use in a treatment sample: A brief report. *Substance Abuse: Research and Treatment*, 14, 1–5. <https://doi.org/10.1177/1178221820909356>
- Geller, S. M., Greenberg, L. S., & Watson, J. C. (2010). Therapist and client perceptions of therapeutic presence: The development of a measure. *Psychotherapy Research*, 20(5), 599–610. <https://doi.org/10.1080/10503307.2010.495957>
- Germer, C. K. (2013). Mindfulness: What is it? What does it matter? In C. K. Germer, R. D. Siegel, & P. R. Fulton (Eds.), *Mindfulness and psychotherapy* (pp. 3–35). Guilford Press.
- Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of Clinical Psychology*, 69(8), 856–867. <https://doi.org/10.1002/jclp.22021>
- Germer, C. K., Siegel, R. D., & Fulton, P. R. (Eds.). (2005). *Mindfulness and psychotherapy*. Guilford Press.
- Ghawadra, S. F., Abdullah, K. L., Choo, W. Y., & Phang, C. K. (2019). Mindfulness-based stress reduction for psychological distress among nurses: A systematic review. *Journal of Clinical Nursing*, 28(21–22), 3747–3758. <https://doi.org/10.1111/jocn.14987>
- Gilbert P. (2010). *Compassion focused therapy: Distinctive features*. Routledge.
- Gilbert, P. (2009). *The compassionate mind: A new approach to life's challenges*. Constable and Robinson Ltd.
- Goetz, J. L., Keltner, D., & Simon-Thomas, E. (2010). Compassion: An evolutionary analysis and empirical review. *Psychological Bulletin*, 136(3), 351–74 <https://doi.org/10.1037/a0018807>

- Goldberg, S. B., Babins-Wagner, R., Rousmaniere, T., Berzins, S., Hoyt, W. T., Whipple, J. L., Miller, S. D., & Wampold, B. E. (2016). Creating a climate for therapist improvement: A case study of an agency focused on outcomes and deliberate practice. *Psychotherapy, 53*(3), 367–375. <https://doi.org/10.1037/pst0000060>
- Golden, H. L., Vosper, J., Kingston, J., & Ellett, L. (2021). The impact of mindfulness-based programmes on self-compassion in nonclinical populations: A systematic review and meta-analysis. *Mindfulness, 12*(1), 29–52. <https://doi.org/10.1007/s12671-020-01501-8>
- Gonsalvez, C. J., Brockman, R., & Hill, H. R. M. (2016). Video feedback in CBT supervision: Review and illustration of two specific techniques. *The Cognitive Behaviour Therapist, 9*(24), 1-15. <https://doi.org/10.1017/S1754470X1500029X>
- Greason, P. B., & Cashwell, C. S. (2009). Mindfulness and counseling self-efficacy: The mediating role of attention and empathy. *Counselor Education and Supervision, 49*(1), 2–19. <https://doi.org/10.1002/j.1556-6978.2009.tb00083.x>
- Grepmaier, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W., & Nickel, M. (2007). Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized, double-blind, controlled study. *Psychotherapy and Psychosomatics, 76*(6), 332–338. <https://doi.org/10.1159/000107560>
- Grzybowski, J., & Brinthaup, T. M. (2022). Trait mindfulness, self-compassion, and self-talk: A correlational analysis of young adults. *Behavioral Sciences, 12*(9), 300. <https://doi.org/10.3390/bs12090300>
- Gunduz, B. (2012). Self-efficacy and burnout in professional school counselors. *Educational Sciences: Theory and Practice, 12*(3), 1761–1767.
- Gültekin, G., & Yorulmaz, O. (2023). List of Anxious Situations in Clinical Interview: A pilot study about an instrument on anxiety-related situations. *Journal of Clinical Psychology Research, 7*(2), 205–215. <https://doi.org/10.57127/kpd.26024438.1274652>
- Hair, J. F., Black, W. C., Babin, B. J. & Anderson, R. E. (2010) *Multivariate data analysis*. (7th ed.), Pearson.

- Hanley, A. W., Palejwala, M. H., Hanley, R. T., Canto, A. I., & Garland, E. L. (2015). A failure in mind: Dispositional mindfulness and positive reappraisal as predictors of academic self-efficacy following failure. *Personality and Individual Differences*, 86, 332–337. <https://doi.org/10.1016/j.paid.2015.06.033>
- Hayes, A. F. (2018). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford Press.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy* (Vol. 6). Guilford Press.
- Heppner, M. J., Multon, K. D., Gysbers, N. C., Ellis, C. A., & Zook, C. E. (1998). The relationship of trainee self-efficacy to the process and outcome of career counseling. *Journal of Counseling Psychology*, 45(4), 393–402. <https://doi.org/10.1037/0022-0167.45.4.393>
- Hill, C. E., & Lent, R. W. (2006). A narrative and meta-analytic review of helping skills training: Time to revive a dormant area of inquiry. *Psychotherapy: Theory, Research, Practice, Training*, 43(2), 154–172. <https://doi.org/10.1037/0033-3204.43.2.154>
- Hill, C. E., Sullivan, C., Knox, S., & Schlosser, L. Z. (2007). Becoming psychotherapists: Experiences of novice trainees in a beginning graduate class. *Psychotherapy: Theory, Research, Practice, Training*, 44(4), 434–449. <https://doi.org/10.1037/0033-3204.44.4.434>
- Hilton, L., Hempel, S., Ewing, B. A., Apaydin, E., Xenakis, L., Newberry, S., Colaiaco, B., Maher, A. R., Shanman, R. M., Sorbero, M. E., & Maglione, M. A. (2017). Mindfulness meditation for chronic pain: Systematic review and meta-analysis. *Annals of Behavioral Medicine*, 51(2), 199–213. <https://doi.org/10.1007/s12160-016-9844-2>
- Hines, T. B. (2019). *The relationship between occupational burnout and counseling self-efficacy skills in pre-licensed clinicians* (Publication No. 13808465). [Doctoral dissertation, Chicago School of Professional Psychology]. ProQuest Dissertations and Theses Global.

- Hofmann, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *Psychiatric Clinics of North America*, 40(4), 739–749. <https://doi.org/10.1016/j.psc.2017.08.008>
- Honicke, T., & Broadbent, J. (2016). The influence of academic self-efficacy on academic performance: A systematic review. *Educational Research Review*, 17, 63–84. <https://doi.org/10.1016/j.edurev.2015.11.002>
- Hopkins, A., & Proeve, M. (2013). Teaching mindfulness-based cognitive therapy to trainee psychologists: Qualitative and quantitative effects. *Counselling Psychology Quarterly*, 26(2), 115–130. <https://doi.org/10.1080/09515070.2013.792998>
- Horst, K., Newsom, K., & Stith, S. (2013). Client and therapist initial experience of using mindfulness in therapy. *Psychotherapy Research*, 23(4), 369–380. <https://doi.org/10.1080/10503307.2013.784420>
- Hölzel, B. K., Lazar, S. W., Gard, T., Schuman-Olivier, Z., Vago, D. R., & Ott, U. (2011). How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective. *Perspectives on Psychological Science*, 6(6), 537–559. <https://doi.org/10.1177/1745691611419671>
- Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling*, 6(1), 1–55. <https://doi.org/10.1080/10705519909540118>
- Huang, C. (2016). Achievement goals and self-efficacy: A meta-analysis. *Educational Research Review*, 19, 119–137. <https://doi.org/10.1016/j.edurev.2016.07.002>
- Hung, I. C. G. (2015). *The mediating effect of self-awareness in the relations of self-compassion and training variables to therapist self-efficacy* (Publication No. 3642568) [Doctoral dissertation, State University of New York at Albany]. ProQuest Dissertations and Theses Global.
- IBM Corp. Released 2023. IBM SPSS Statistics for Windows, Version 29.0.2.0 Armonk, NY: IBM Corp



- Iskender, M. (2009). The relationship between self-compassion, self-efficacy, and control belief about learning in Turkish university students. *Social Behavior and Personality: An International Journal*, 37(5), 711–720. <https://doi.org/10.2224/sbp.2009.37.5.711>
- Jimmieson, N. L., Terry, D. J., & Callan, V. J. (2004). A longitudinal study of employee adaptation to organizational change: The role of change-related information and change-related self-efficacy. *Journal of Occupational Health Psychology*, 9(1), 11–27. <https://doi.org/10.1037/1076-8998.9.1.11>
- Johnson, D. A. (2018). The relationship between state mindfulness and working alliance among counselors-in-training. *The Journal of Humanistic Counseling*, 57(1), 31–50. <https://doi.org/10.1002/johc.12065>
- Johnson, D. A., Frazee, M., Bourn, N. S., & Ivers, N. N. (2019). Evaluating differences in the working alliance based on frequency of mindfulness practices among counselors-in-training. *The Journal of Humanistic Counseling*, 58(1), 34–52. <https://doi.org/10.1002/johc.12088>
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144–156. <https://doi.org/10.1093/clipsy.bpg016>
- Kannan, D., & Levitt, H. M. (2017). Self-criticism in therapist training: A grounded theory analysis. *Psychotherapy Research*, 27(2), 201–214. <https://doi.org/10.1080/10503307.2015.1090036>
- Kaplan, D. M., Tarvydas, V. M., & Gladding, S. T. (2014). 20/20: A vision for the future of counseling: The new consensus definition of counseling. *Journal of Counseling & Development*, 92(3), 366–372. <https://doi.org/10.1002/j.1556-6676.2014.00164.x>
- Karairmak, Ö. (2018). Shorter version of the Counseling Self-Estimate Inventory (COSE): A sample from Turkish counselor candidates (COSE-TR). *International Journal for the Advancement of Counselling*, 40(3), 326–342. <https://doi.org/10.1007/s10447-018-9329-z>
- Keane, A. (2014). The influence of therapist mindfulness practice on psychotherapeutic work: A mixed-methods study. *Mindfulness*, 5(6), 689–703. <https://doi.org/10.1007/s12671-013-0223-9>

- Kelly, A. C., Zuroff, D. C., Foa, C. L., & Gilbert, P. (2010). Who benefits from training in self-compassionate self-regulation? A study of smoking reduction. *Journal of Social and Clinical Psychology, 29*(7), 727–755. <https://doi.org/10.1521/jscp.2010.29.7.727>
- Keskin, S. (2020). *Psychological counselors' counseling self-efficacy and psychological needs satisfaction* (Publication No. 667861) [Master's Thesis, Hasan Kalyoncu University]. Council of Higher Education Thesis Center.
- Kline, R. B. (2023). *Principles and practice of structural equation modeling*. (5th ed.). The Guilford Press.
- Kocarek, C. E. (2001). *Understanding the relationships among counseling self-efficacy, anxiety, developmental level, coursework, experience, and counselor performance* (Publication No. 3020231) [Doctoral dissertation, Western Michigan University]. ProQuest Dissertations and Theses Global.
- Kocyigit, M. (2023). Novice supervisees' anxiety in counselling supervision: A phenomenological study. *Studies in Continuing Education, 46*(1), 65–81. <https://doi.org/10.1080/0158037X.2022.2161501>
- Koçyiğit-Özyiğit, M. (2019). *An investigation of group supervision process of "Individual counseling practice course": A case study* (Publication No. 545739) [Doctoral Dissertation, Ege University]. Council of Higher Education Thesis Center.
- Kondili, E. (2018). *Experiences of self-criticism among counseling students* (Publication No. 10752099) [Doctoral dissertation, The University of North Carolina at Charlotte]. ProQuest Dissertations and Theses Global.
- Kotera, Y., Taylor, E., Fido, D., Williams, D., & Tsuda-McCaie, F. (2023). Motivation of UK graduate students in education: Self-compassion moderates pathway from extrinsic motivation to intrinsic motivation. *Current Psychology, 42*(12), 10163–10176. <https://doi.org/10.1007/s12144-021-02301-6>
- Körük, S., & Kara, A. (2019). Supervision models in psychological counseling. *Eskişehir Osmangazi Üniversitesi Sosyal Bilimler Dergisi, 20*, 51–63. <https://doi.org/10.17494/ogusbd.548256>

- Kuo, H.J., Landon, T. J., Connor, A., & Chen, R. K. (2016). Managing anxiety in clinical supervision. *The Journal of Rehabilitation* 82(3), 18–27.
- Kurtylmaz, Y. (2015). Counselor trainees' views on their forthcoming experiences in practicum course. *Eurasian Journal of Educational Research*, 15(61), 155–180. <https://doi.org/10.14689/ejer.2015.61.9>
- Larson, L. M. (1998). The social cognitive model of counselor training. *The Counseling Psychologist*, 26(2), 219–273.
- Larson, L. M., & Daniels, J. A. (1998). Review of the counseling self-efficacy literature. *The Counseling Psychologist*, 26(2), 179–218. <https://doi.org/10.1177/0011000098262001>
- Larson, L. M., Clark, M. P., Wesely, L. H., Koraleski, S. F., Daniels, J. A., & Smith, P. L. (1999). Videos versus role plays to increase counseling self-efficacy in prepractica trainees. *Counselor Education and Supervision*, 38(4), 237–248. <https://doi.org/10.1002/j.1556-6978.1999.tb00574.x>
- Larson, L. M., Suzuki, L. A., Gillespie, K. N., Potenza, M. T., Bechtel, M. A., & Toulouse, A. L. (1992). Development and validation of the Counseling Self-Estimate Inventory. *Journal of Counseling Psychology*, 39(1), 105–120. <https://doi.org/10.1037/0022-0167.39.1.105>
- Lau, M. A., Bishop, S. R., Segal, Z. V., Buis, T., Anderson, N. D., Carlson, L., Shapiro, S., Carmody, J., Abbey, S., & Devins, G. (2006). The Toronto Mindfulness Scale: Development and validation. *Journal of Clinical Psychology*, 62(12), 1445–1467. <https://doi.org/10.1002/jclp.20326>
- Lazarides, R., & Warner, L. M. (2020). Teacher self-efficacy. In R. Lazarides & L. M. Warner, *Oxford Research Encyclopedia of Education*. Oxford University Press. <https://doi.org/10.1093/acrefore/9780190264093.013.890>
- Lent, R. W., Cinamon, R. G., Bryan, N. A., Jezzi, M. M., Martin, H. M., & Lim, R. (2009). Perceived sources of change in trainees' self-efficacy beliefs. *Psychotherapy: Theory, Research, Practice, Training*, 46(3), 317–327. <https://doi.org/10.1037/a0017029>

- Lent, R. W., Hill, C. E., & Hoffman, M. A. (2003). Development and validation of the Counselor Activity Self-Efficacy Scales. *Journal of Counseling Psychology*, 50(1), 97–108. <https://doi.org/10.1037/0022-0167.50.1.97>
- Lent, R. W., Hoffman, M. A., Hill, C. E., Treistman, D., Mount, M., & Singley, D. (2006). Client-specific counselor self-efficacy in novice counselors: Relation to perceptions of session quality. *Journal of Counseling Psychology*, 53(4), 453–463. <https://doi.org/10.1037/0022-0167.53.4.453>
- Li, X., Wu, M., & Lin, C. (2023). A longitudinal investigation of the relationship between Chinese counseling trainees' anxiety and client symptom outcome. *Counselling Psychology Quarterly*, 37(2), 293–315. <https://doi.org/10.1080/09515070.2023.2212593>
- Liao, K. Y.-H., Stead, G. B., & Liao, C.-Y. (2021). A meta-analysis of the relation between self-compassion and self-efficacy. *Mindfulness*, 12(8), 1878–1891. <https://doi.org/10.1007/s12671-021-01626-4>
- Lindsay, E. K., Young, S., Brown, K. W., Smyth, J. M., & Creswell, J. D. (2019). Mindfulness training reduces loneliness and increases social contact in a randomized controlled trial. *Proceedings of the National Academy of Sciences*, 116(9), 3488–3493. <https://doi.org/10.1073/pnas.1813588116>
- Linehan, M. M. (1993). Dialectical behavior therapy for treatment of borderline personality disorder: Implications for the treatment of substance abuse. *NIDA Research Monograph*, 137, 201–216.
- Linnett, R. J., & Kibowski, F. (2020). A multidimensional approach to perfectionism and self-compassion. *Self and Identity*, 19(7), 757–783. <https://doi.org/10.1080/15298868.2019.1669695>
- Lohani, G., & Sharma, P. (2023). Effect of clinical supervision on self-awareness and self-efficacy of psychotherapists and counselors: A systematic review. *Psychological Services*, 20(2), 291–299. <https://doi.org/10.1037/ser0000693>
- Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, 33(3), 335–343.

- Luberto, C. M., Cotton, S., McLeish, A. C., Mingione, C. J., & O'Bryan, E. M. (2014). Mindfulness skills and emotion regulation: The mediating role of coping self-efficacy. *Mindfulness*, 5(4), 373–380. <https://doi.org/10.1007/s12671-012-0190-6>
- Manavipour, D., & Saeedian, Y. (2016). The role of self-compassion and control belief about learning in university students' self-efficacy. *Journal of Contextual Behavioral Science*, 5(2), 121–126. <https://doi.org/10.1016/j.jcbs.2016.02.003>
- Masuda, A., & Tully, E. C. (2012). The role of mindfulness and psychological flexibility in somatization, depression, anxiety, and general psychological distress in a nonclinical college sample. *Journal of Evidence-Based Complementary & Alternative Medicine*, 17(1), 66–71. <https://doi.org/10.1177/2156587211423400>
- Maydeu-Olivares, A., Shi, D., & Rosseel, Y. (2017). Assessing fit in structural equation models: A Monte-Carlo evaluation of RMSEA versus SRMR confidence intervals and tests of close fit. *Structural Equation Modeling: A Multidisciplinary Journal*, 25(3), 389–402. <https://doi.org/10.1080/10705511.2017.1389611>
- McCade, D., Frewen, A., & Fassnacht, D. B. (2021). Burnout and depression in Australian psychologists: The moderating role of self-compassion. *Australian Psychologist*, 56(2), 111–122. <https://doi.org/10.1080/00050067.2021.1890979>
- McGill, J., Adler-Baeder, F., & Rodriguez, P. (2016). Mindfully in love: A meta-analysis of the association between mindfulness and relationship satisfaction. *Journal of Human Sciences and Extension*, 4(1), 1–13. <https://doi.org/10.54718/DDCA4089>
- Medvedev, O. N., Norden, P. A., Krägeloh, C. U., & Siegert, R. J. (2018). Investigating unique contributions of dispositional mindfulness facets to depression, anxiety, and stress in general and student populations. *Mindfulness*, 9(6), 1757–1767. <https://doi.org/10.1007/s12671-018-0917-0>
- Meydan, B. (2014). *Examining the effectiveness of Microcounseling Supervision Model in individual counseling practice: The example of Ege University* (Publication No. 357342) [Doctoral Dissertation, Ege University]. Council of Higher Education Thesis Center.

- Meydan, B. (2021). Turkish first-time supervisees' counseling self-efficacy. *Eurasian Journal of Educational Research*, 21(92), 61–78. <https://doi.org/10.14689/ejer.2021.92.4>
- Michalak, J., Steinhaus, K., & Heidenreich, T. (2020). (How) do therapists use mindfulness in their clinical work? A study on the implementation of mindfulness interventions. *Mindfulness*, 11(2), 401–410. <https://doi.org/10.1007/s12671-018-0929-9>
- Moran, T. P. (2016). Anxiety and working memory capacity: A meta-analysis and narrative review. *Psychological Bulletin*, 142(8), 1–34. <http://dx.doi.org/10.1037/bul0000051>
- Mosewich, A. D., Kowalski, K. C., Sabiston, C. M., Sedgwick, W. A., & Tracy, J. L. (2011). Self-compassion: A potential resource for young women athletes. *Journal of Sport and Exercise Psychology*, 33(1), 103–123. <https://doi.org/10.1123/jsep.33.1.103>
- Mrazek, M. D., Franklin, M. S., Phillips, D. T., Baird, B., & Schooler, J. W. (2013). Mindfulness training improves working memory capacity and GRE performance while reducing mind wandering. *Psychological Science*, 24(5), 776–781. <https://doi.org/10.1177/0956797612459659>
- Mullen, P. R., Uwamahoro, O., Blount, A. J., & Lambie, G. W. (2015). Development of counseling students' self-efficacy during preparation and training. *The Professional Counselor*, 5(1), 175–184. <https://doi.org/10.15241/prm.5.1.175>
- Munro, B. H. (2005). *Statistical methods for health care research*. Williams & Wilkins.
- Naidoo, P., & Oosthuizen, M. (2023). Self-compassion as a mechanism to facilitate the adjustment of first-year students to university environments. *International Journal of Applied Positive Psychology*, 9, 347–366. <https://doi.org/10.1007/s41042-023-00129-y>
- Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–101. <https://doi.org/10.1080/15298860309032>

- Neff, K. D. (2023). Self-compassion: Theory, method, research, and intervention. *Annual Review of Psychology*, 74(1), 193–218. <https://doi.org/10.1146/annurev-psych-032420-031047>
- Neff, K. D., & Dahm, K. A. (2015). Self-compassion: What it is, what it does, and how it relates to mindfulness. In B. D. Ostafin, M. D. Robinson, & B. P. Meier (Eds.), *Handbook of mindfulness and self-regulation* (pp. 121–137). Springer. [https://doi.org/10.1007/978-1-4939-2263-5\\_10](https://doi.org/10.1007/978-1-4939-2263-5_10).
- Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, 69(1), 28–44. <https://doi.org/10.1002/jclp.21923>
- Neff, K. D. & Germer, C. (2017). Self-compassion and psychological well-being. In J. Doty (Ed.) *Oxford Handbook of Compassion Science*, 371–383. Oxford University Press.
- Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, 9(3), 225–240. <https://doi.org/10.1080/15298860902979307>
- Neff, K. D., Hsieh, Y. P., & Dejitterat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*, 4(3), 263–287. <https://doi.org/10.1080/13576500444000317>
- Neff, K. D., Long, P., Knox, M. C., Davidson, O., Kuchar, A., Costigan, A., Williamson, Z., Rohleder, N., Tóth-Király, I., & Breines, J. G. (2018). The forest and the trees: Examining the association of self-compassion and its positive and negative components with psychological functioning. *Self and Identity*, 17(6), 627–645. <https://doi.org/10.1080/15298868.2018.1436587>
- Nelson, J. R., Hall, B. S., Anderson, J. L., Birtles, C., & Hemming, L. (2018). Self-compassion as self-care: A simple and effective tool for counselor educators and counseling students. *Journal of Creativity in Mental Health*, 13(1), 121–133. <https://doi.org/10.1080/15401383.2017.1328292>
- O'Reilly, G. A., Cook, L., Spruijt-Metz, D., & Black, D. S. (2014). Mindfulness-based interventions for obesity-related eating behaviours: A literature review. *Obesity Reviews*, 15(6), 453–461. <https://doi.org/10.1111/obr.12156>

- Oral, T., & Arslan, C. (2017). The investigation of university students' forgiveness levels in terms of self-compassion, rumination and personality traits. *Universal Journal of Educational Research*, 5(9), 1447–1456. <https://doi.org/10.13189/ujer.2017.050902>
- Orsillo, S. M., Roemer, L., Block-Lerner, J., LeJeune, C., & Herbert, J. D. (2004). ACT with anxiety disorders. In S. C. Hayes, & K. D. Strosahl (Eds.), *A practical guide to acceptance and commitment therapy* (pp. 103-132). Springer.
- Öner, N., & Le Compte, A. (1983). *Handbook of state-trait anxiety*. Bogazici University Publication.
- Özden, U. (2023). *Relationship between cognitive flexibility and counselor self-efficacy in counselor candidates: Mediating role of anxiety* (Publication No. 806484) [Master's Thesis, Ege University]. Council of Higher Education Thesis Center.
- Özteke Kozan, H. İ. (2018). Counseling anxiety of counselor trainees: A qualitative approach. *OPUS Uluslararası Toplum Araştırmaları Dergisi*, 9(16), 109–137. <https://doi.org/10.26466/opus.476077>
- Öztürk, F., & Duran, N. O. (2024). The mediating role of the evaluation process within supervision on the relationship between counseling self-efficacy and working alliance. *International Journal for the Advancement of Counselling*, 46(1), 20–39. <https://doi.org/10.1007/s10447-023-09526-z>
- Özyeşil, Z., Arslan, C., Kesici, Ş. & Deniz, M. E. (2011). Adaptation of the Mindful Attention Awareness Scale into Turkish. *Eğitim ve Bilim*, 36(160), 224–235.
- Pamukçu, B. (2011). *The investigation of counseling self-efficacy of counselor trainees* (Publication No. 300767) [Master's Thesis, Middle East Technical University]. Council of Higher Education Thesis Center.
- Pamukçu, B., & Demir, A. (2013). The validity and reliability study of the Turkish version of Counseling Self-Efficacy Scale. *Turkish Psychological Counseling and Guidance Journal*, 4(40), 212–221.



- Patsiopoulos, A. T., & Buchanan, M. J. (2011). The practice of self-compassion in counseling: A narrative inquiry. *Professional Psychology: Research and Practice*, 42(4), 301–307. <https://doi.org/10.1037/a0024482>
- Pérez-Aranda, A., García-Campayo, J., Gude, F., Luciano, J. V., Feliu-Soler, A., González-Quintela, A., López-del-Hoyo, Y., & Montero-Marín, J. (2021). Impact of mindfulness and self-compassion on anxiety and depression: The mediating role of resilience. *International Journal of Clinical and Health Psychology*, 21(2), 100229. <https://doi.org/10.1016/j.ijchp.2021.100229>
- Possemato, K., Bergen-Cico, D., Treatman, S., Allen, C., Wade, M., & Pigeon, W. (2016). A randomized clinical trial of primary care brief mindfulness training for veterans with PTSD. *Journal of Clinical Psychology*, 72(3), 179–193. <https://doi.org/10.1002/jclp.22241>
- Prasath, P. R., Xiong, Y., Zhang, Q., & Jeon, L. (2022). Self-efficacy development of graduate student leaders in facilitating groups for international students. *International Journal of Group Psychotherapy*, 72(4), 331–357. <https://doi.org/10.1080/00207284.2022.2107529>
- Pudalov, L. (2016). *Hope, self-compassion, and the cultivation of self-efficacy during mental health training* (Publication No. 10188010) [Doctoral dissertation, William James College]. ProQuest Dissertations and Theses Global.
- Qu, Y. (Elly), Dasborough, M. T., & Todorova, G. (2015). Which mindfulness measures to choose to use? *Industrial and Organizational Psychology*, 8(4), 710–723. <https://doi.org/10.1017/iop.2015.105>
- Quaglia, J. T., Cigrand, C., & Sallmann, H. (2022). Caring for you, me, and us: The lived experience of compassion in counselors. *Psychotherapy*, 59(3), 321–331. <https://doi.org/10.1037/pst0000412>
- Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy*, 18(3), 250–255. <https://doi.org/10.1002/cpp.702>
- Reese, R. J., Usher, E. L., Bowman, D. C., Norsworthy, L. A., Halstead, J. L., Rowlands, S. R., & Chisholm, R. R. (2009). Using client feedback in psychotherapy training: An analysis of its influence on supervision and

- counselor self-efficacy. *Training and Education in Professional Psychology*, 3(3), 157–168. <https://doi.org/10.1037/a0015673>
- Robbins, S. B., Lauver, K., Le, H., Davis, D., Langley, R., & Carlstrom, A. (2004). Do psychosocial and study skill factors predict college outcomes? A meta-analysis. *Psychological Bulletin*, 130(2), 261–288. <https://doi.org/10.1037/0033-2909.130.2.261>
- Rønnestad, M. H., & Skovholt, T. M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling & Development*, 71(4), 396–405. <https://doi.org/10.1002/j.1556-6676.1993.tb02655.x>
- Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, 30(1), 5–44. <https://doi.org/10.1177/089484530303000102>
- Samuel, R., & Burger, K. (2020). Negative life events, self-efficacy, and social support: Risk and protective factors for school dropout intentions and dropout. *Journal of Educational Psychology*, 112(5), 973–986. <https://doi.org/10.1037/edu0000406>
- Sancho, M., De Gracia, M., Rodríguez, R. C., Mallorquí-Bagué, N., Sánchez-González, J., Trujols, J., Sánchez, I., Jiménez-Murcia, S., & Menchón, J. M. (2018). Mindfulness-based interventions for the treatment of substance and behavioral addictions: A systematic review. *Frontiers in Psychiatry*, 9(9), 1–9. <https://doi.org/10.3389/fpsy.2018.00095>
- Schumacker, R. E. & Lomax, R. G. (2004). *A beginner's guide to structural equation modeling*. Routledge.
- Schuman-Olivier, Z., Trombka, M., Lovas, D. A., Brewer, J. A., Vago, D. R., Gawande, R., Dunne, J. P., Lazar, S. W., Loucks, E. B., & Fulwiler, C. (2020). Mindfulness and behavior change. *Harvard Review of Psychiatry*, 28(6), 371–394. <https://doi.org/10.1097/HRP.0000000000000277>
- Schumer, M. C., Lindsay, E. K., & Creswell, J. D. (2018). Brief mindfulness training for negative affectivity: A systematic review and meta-analysis. *Journal of Consulting and Clinical Psychology*, 86(7), 569–583. <https://doi.org/10.1037/ccp0000324>

- Schunk, D., & Dibenedetto, M. (2020). Self-efficacy and human motivation. In *Advances in Motivation Science*, 8, 153–179. <https://doi.org/10.1016/bs.adms.2020.10.001>
- Schure, M. B., Christopher, J., & Christopher, S. (2008). Mind-body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and qigong. *Journal of Counseling & Development*, 86(1), 47–56. <https://doi.org/10.1002/j.1556-6678.2008.tb00625.x>
- Schwarzer, R., & Fuchs, R. (1996). Self-efficacy and health behaviors. In M. Conner & P. Norman (Eds.), *Predicting health behaviour: Research and practice with social cognition models* (pp.163–196). Open University Press.
- Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, 1(2), 105–115. <https://doi.org/10.1037/1931-3918.1.2.105>
- Shapiro, S., Thakur, S., & De Sousa, S. (2014). Mindfulness for health care professionals and therapists in training. In R.A. Baer (Ed.) *Mindfulness-based treatment approaches* (pp. 319–345). Elsevier. <https://doi.org/10.1016/B978-0-12-416031-6.00014-1>
- Shoji, K., Cieslak, R., Smoktunowicz, E., Rogala, A., Benight, C. C., & Luszczynska, A. (2016). Associations between job burnout and self-efficacy: A meta-analysis. *Anxiety, Stress, & Coping*, 29(4), 367–386. <https://doi.org/10.1080/10615806.2015.1058369>
- Shonin, E., & Van Gordon, W. (2016). The mechanisms of mindfulness in the treatment of mental illness and addiction. *International Journal of Mental Health and Addiction*, 14(5), 844–849. <https://doi.org/10.1007/s11469-016-9653-7>
- Siegel, R. D., Germer, C. K., & Olendzki, A. (2009). Mindfulness: What is it? Where did it come from? In F. Didona (Ed.), *Clinical handbook of mindfulness* (pp. 17-35). Springer
- Sirois, F. M. (2014). Procrastination and stress: Exploring the role of self-compassion. *Self and Identity*, 13(2), 128–145. <https://doi.org/10.1080/15298868.2013.763404>

- Sirois, F. M., Molnar, D. S., & Hirsch, J. K. (2015). Self-compassion, stress, and coping in the context of chronic illness. *Self and Identity, 14*(3), 334–347. <https://doi.org/10.1080/15298868.2014.996249>
- Skaalvik, E. M., & Skaalvik, S. (2010). Teacher self-efficacy and teacher burnout: A study of relations. *Teaching and Teacher Education, 26*(4), 1059–1069. <https://doi.org/10.1016/j.tate.2009.11.001>
- Skinta, M. D., Fekete, E. M., & Williams, S. L. (2019). HIV-stigma, self-compassion, and psychological well-being among gay men living with HIV. *Stigma and Health, 4*(2), 179–187. <https://doi.org/10.1037/sah0000133>
- Skovholt, T. M., & Rønnestad, M. H. (2003). Struggles of the novice counselor and therapist. *Journal of Career Development, 30*(1), 45–58. <https://doi.org/10.1177/089484530303000103>
- Smeets, E., Neff, K., Alberts, H., & Peters, M. (2014). Meeting suffering with kindness: Effects of a brief self-compassion intervention for female college students. *Journal of Clinical Psychology, 70*(9), 794–807. <https://doi.org/10.1002/jclp.22076>
- Soysa, C. K., & Wilcomb, C. J. (2015). Mindfulness, self-compassion, self-efficacy, and gender as predictors of depression, anxiety, stress, and well-being. *Mindfulness, 6*(2), 217–226. <https://doi.org/10.1007/s12671-013-0247-1>
- Spielberger, C. D. (1989). *State-Trait Anxiety Inventory: Bibliography* (2nd ed). Palo Alto: Consulting Psychologists Press.
- Stoltenberg, C. (1981). Approaching supervision from a developmental perspective: The counselor complexity model. *Journal of Counseling Psychology, 28*(1), 59–65.
- Stoltenberg, C. D. (1998). A social cognitive-and developmental-model of counselor training. *The Counseling Psychologist, 26*(2), 317–323. <https://doi.org/10.1177/0011000098262007>
- Svendsen, J. L., Kvernenes, K. V., Wiker, A. S., & Dundas, I. (2017). Mechanisms of mindfulness: Rumination and self-compassion. *Nordic Psychology, 69*(2), 71–82. <https://doi.org/10.1080/19012276.2016.1171730>

- Tabachnick, B. G. & Fidell, L. S. (2013). *Using multivariate statistics* (6th ed.). Pearson Education
- Tang, M., Addison, K. D., LaSure-Bryant, D., Norman, R., O'Connell, W., & Stewart-Sicking, J. A. (2004). Factors that influence self-efficacy of counseling students: An exploratory study. *Counselor Education and Supervision*, 44(1), 70–80. <https://doi.org/10.1002/j.1556-6978.2004.tb01861.x>
- Tarrasch, R. (2015). Mindfulness meditation training for graduate students in educational counseling and special education: A qualitative analysis. *Journal of Child and Family Studies*, 24(5), 1322–1333. <https://doi.org/10.1007/s10826-014-9939-y>
- Teoh, S. L., Letchumanan, V., & Lee, L.-H. (2021). Can mindfulness help to alleviate loneliness? A systematic review and meta-analysis. *Frontiers in Psychology*, 12, Article 633319. <https://doi.org/10.3389/fpsyg.2021.633319>
- Tingaz, E. O., Solmaz, S., Ekiz, M. A., & Guvendi, B. (2022). The relationship between mindfulness and happiness in student-athletes: The role of self-compassion—mediator or moderator? *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 40(1), 75–85. <https://doi.org/10.1007/s10942-021-00397-0>
- Topor, D. R., AhnAllen, C. G., Mulligan, E. A., & Dickey, C. C. (2017). Using video recordings of psychotherapy sessions in supervision: Strategies to reduce learner anxiety. *Academic Psychiatry*, 41, 40–43. <https://doi.org/10.1007/s40596-016-0605-0>
- Tsai, P. (2015). *Trainees' anxiety and counseling self-efficacy in counseling sessions*. (Publication No. 3728750) [Doctoral dissertation, Iowa State University]. ProQuest Dissertations and Theses Global.
- Uncu, Y., Bayram, N., & Bilgel, N. (2007). Job related affective well-being among primary health care physicians. *European Journal of Public Health*, 17(5), 514–519. <https://doi.org/10.1093/eurpub/ckl264>
- Usher, E. L., & Pajares, F. (2008). Sources of self-efficacy in school: Critical review of the literature and future directions. *Review of Educational Research*, 78(4), 751–796. <https://doi.org/10.3102/0034654308321456>

- Vazeou-Nieuwenhuis, A., & Schumann, K. (2018). Self-compassionate and apologetic? How and why having compassion toward the self relates to a willingness to apologize. *Personality and Individual Differences, 124*, 71–76. <https://doi.org/10.1016/j.paid.2017.12.002>
- Von Der Embse, N., Jester, D., Roy, D., & Post, J. (2018). Test anxiety effects, predictors, and correlates: A 30-year meta-analytic review. *Journal of Affective Disorders, 227*, 483–493. <https://doi.org/10.1016/j.jad.2017.11.048>
- Wampold, B. E., & Owen, J. (2021). Therapist effects: History, methods, magnitude, and characteristics of effective therapists. In M. Barkham, W. Lutz & L. G. Castonguay, *Bergin and Garfield's handbook of psychotherapy and behavior change* (pp. 301–330). Wiley.
- Ward, C. C., & House, R. M. (1998). Counseling supervision: A reflective model. *Counselor Education and Supervision, 38*(1), 23–33.
- Wei, M., Tsai, P.C., Lannin, D. G., Du, Y., & Tucker, J. R. (2015). Mindfulness, psychological flexibility, and counseling self-efficacy: Hindering self-focused attention as a mediator. *The Counseling Psychologist, 43*(1), 39–63. <https://doi.org/10.1177/0011000014560173>
- Welp, L. R., & Brown, C. M. (2014). Self-compassion, empathy, and helping intentions. *The Journal of Positive Psychology, 9*(1), 54–65. <https://doi.org/10.1080/17439760.2013.831465>
- Williams, J. M. G., Crane, C., Barnhofer, T., Brennan, K., Duggan, D. S., Fennell, M. J. V., Hackmann, A., Krusche, A., Muse, K., Von Rohr, I. R., Shah, D., Crane, R. S., Eames, C., Jones, M., Radford, S., Silverton, S., Sun, Y., Weatherley-Jones, E., Whitaker, C. J., Russell, I. T. (2014). Mindfulness-based cognitive therapy for preventing relapse in recurrent depression: A randomized dismantling trial. *Journal of Consulting and Clinical Psychology, 82*(2), 275–286. <https://doi.org/10.1037/a0035036>
- Wilson, A. C., Mackintosh, K., Power, K., & Chan, S. W. Y. (2019). Effectiveness of self-compassion related therapies: A systematic review and meta-analysis. *Mindfulness, 10*(6), 979–995. <https://doi.org/10.1007/s12671-018-1037-6>
- Wilson, H. M. N., Davies, J. S., & Weatherhead, S. (2016). Trainee therapists' experiences of supervision during training: A meta-synthesis. *Clinical*

*Psychology & Psychotherapy*, 23(4), 340–351.  
<https://doi.org/10.1002/cpp.1957>

- Wong, M. Y. C., Chung, P. K., & Leung, K.-M. (2021). The relationship between physical activity and self-compassion: A systematic review and meta-analysis. *Mindfulness*, 12(3), 547–563. <https://doi.org/10.1007/s12671-020-01513-4>
- Yang, Y., Zhang, M., & Kou, Y. (2016). Self-compassion and life satisfaction: The mediating role of hope. *Personality and Individual Differences*, 98, 91–95. <https://doi.org/10.1016/j.paid.2016.03.086>
- Yerin-Güneri, O., Owen, D. W., Korkut-Owen, F., Sun-Selişik, Z. E., Çağ, P., Aydın, G., & Ünlü-Kaynakçı, Z. (2018). Use of video modeling in teaching counseling techniques: A pilot study. *Turkish Psychological Counseling and Guidance Journal*, 8(50), 29–57. <https://doi.org/10.1007/s12144-021-02434-8>
- Young, M. E. (2009). *Learning the art of helping: Building blocks and techniques* (4th ed.). Pearson
- Yousefi Afrashteh, M., & Hasani, F. (2022). Mindfulness and psychological well-being in adolescents: The mediating role of self-compassion, emotional dysregulation and cognitive flexibility. *Borderline Personality Disorder and Emotion Dysregulation*, 9(1), 1–11. <https://doi.org/10.1186/s40479-022-00192-y>
- Zeidner, M., Matthews, G., (2000). Intelligence and personality. In R. J., Sternberg, (Ed.), *Handbook of Intelligence*, (1st ed., pp. 581–610). Cambridge University Press. <https://doi.org/10.1017/CBO9780511807947.027>
- Zeidner, M., & Matthews, G. (2010). *Anxiety 101*. Springer Publishing Company.
- Zhang, H., Watson-Singleton, N. N., Pollard, S. E., Pittman, D. M., Lamis, D. A., Fischer, N. L., Patterson, B., & Kaslow, N. J. (2019). Self-criticism and depressive symptoms: Mediating role of self-compassion. *OMEGA - Journal of Death and Dying*, 80(2), 202–223. <https://doi.org/10.1177/0030222817729609>
- Zhang, J. W., & Chen, S. (2017). Self-compassion promotes positive adjustment for people who attribute responsibility of a romantic breakup to themselves. *Self*

*and Identity, 16(6), 732–759.*  
<https://doi.org/10.1080/15298868.2017.1305985>

Zhang, L., Ren, Z., Jiang, G., Hazer-Rau, D., Zhao, C., Shi, C., Lai, L., & Yan, Y. (2021). Self-oriented empathy and compassion fatigue: The serial mediation of dispositional mindfulness and counselor's self-efficacy. *Frontiers in Psychology, 11*, Article 613908. <https://doi.org/10.3389/fpsyg.2020.613908>



## APPENDICES

### A. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ  
APPLIED ETHICS RESEARCH CENTER



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18 OCAK 2024

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Funda Barutçu Yıldırım

Danışmanlığını yürüttüğünüz Gizem Ekici'nin "*Psikolojik Danışman Adaylarının Bilinçli Farkındalık ve Danışma Öz-Yeterliği Arasındaki İlişkide Öz-Şefkat ve Kaygının Aracı Rollerini*" başlıklı araştırmanız İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek 0039-ODTÜİAEK-2024 protokol numarası ile onaylanmıştır

Bilgilerinize saygularıyla sunarım.

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Başkan

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Doç. Dr. Ali Emine Turgut  
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Üye

Dr. Öğretim Üyesi Müge GÜNDÜZ  
Üye

## B. DEMOGRAPHIC INFORMATION FORM

### DEMOGRAFİK BİLGİ FORMU

1. Cinsiyet: Kadın ( ) Erkek ( ) Diğer ( ) .....
2. Doğum yılınız:
3. Üniversiteniz:
4. Bölümünüz:
5. Sınıfınız:
6. Bireyle Psikolojik Danışma Uygulaması dersi kapsamında kaç farklı “gerçek” danışanla oturum yaptınız? (Sınıf içi akranlarla rol yapma uygulamaları vb. süreçler dahil değildir) .....
7. Bireyle Psikolojik Danışma Uygulaması dersi kapsamında danışan/danışanlarınızla toplam kaç oturum gerçekleştirdiniz? .....
8. Bireyle Psikolojik Danışma Uygulaması dersi kapsamında süpervizyon almakta mısınız? Evet ( ) Hayır ( )
9. Aldıysanız kaç süpervizyon oturumu gerçekleştirdiniz? .....
10. Hangi türde süpervizyon aldınız?
  - ( ) Bireysel süpervizyon (Süpervizörle birebir oturumların yapıldığı süpervizyon)
  - ( ) Akran Grup süpervizyonu (Yaklaşık 4-6 kişilik gruplarda süpervizör liderliğinde akranların geri bildirim verdiği süpervizyon)
  - ( ) Sınıf ortamında süpervizyon (Sınıf ortamında tüm öğrencilere verilen süpervizyon)

## C. SAMPLE ITEMS OF MINDFUL-ATTENTION AWARENESS SCALE

### BİLİNÇLİ FARKINDALIK ÖLÇEĞİ

Aşağıda sizin günlük deneyimlerinize ilgili bir dizi durum verilmiştir. Lütfen her bir maddenin sağında yer alan 1 ile 6 arasındaki ölçeği kullanarak her bir deneyimi ne kadar sık veya nadiren yaşadığınızı belirtiniz. Lütfen deneyimizin ne olması gerektiğini değil, sizin deneyiminizi gerçekten neyin etkilediğini göz önünde bulundurarak cevaplayınız. Lütfen her bir maddeyi diğerlerinden ayrı tutunuz.

		Hemen hemen her zaman	Çoğu zaman	Bazen	Nadiren	Oldukça seyrek	Hemen hemen hiçbir zaman
1.	Belli bir süre farkında olmadan bazı duyguları yaşayabilirim.	1	2	3	4	5	6
3.	Şu anda olana odaklanmakta zorlanırım.	1	2	3	4	5	6
7.	Yaptığım şeyin farkında olmaksızın otomatiğe bağlanmış gibi yapıyorum.	1	2	3	4	5	6
8.	Aktiviteleri gerçekte ne olduklarına dikkat etmeden acele ile yerine getiririm.	1	2	3	4	5	6
11.	Kendimi bir kulağımla birini dinlerken; aynı zamanda başka bir şeyi de yaparken bulurum.	1	2	3	4	5	6
13.	Kendimi gelecek veya geçmişle meşgul bulurum.	1	2	3	4	5	6

## D. SAMPLE ITEMS OF THE SELF-COMPASSION SCALE SHORT FORM

### ÖZ-ŞEFKAT ÖLÇEĞİ – KISA FORMU

Lütfen cevaplamadan önce her ifadeyi dikkatlice okuyunuz. Belirtilen davranışları ne sıklıkla yaptığınızı aşağıda verilen derecelendirme ölçeğine göre işaretleyiniz.

1-----2-----3-----4-----5  
Neredeyse Nadiren Bazen Sık sık Neredeyse  
hiçbir zaman her zaman

1. Benim için önemli olan bir şeyde başarısız olduğumda, yetersizlik hissiyle tükenirim.
2. Kişiliğimin sevmediğim yönlerine karşı anlayışlı ve sabırlı olmaya çalışırım.
3. Acı veren bir şey olduğunda, duruma dengeli bir açıdan bakmaya çalışırım.
4. Kendimi kötü hissettiğimde, diğer insanların çoğunun muhtemelen benden daha mutlu olduğunu düşünme eğilimde olurum.

**E. SAMPLE ITEMS OF THE ANXIETY SUBSCALE OF THE DEPRESSION  
ANXIETY AND STRESS SCALE**

DEPRESYON ANKSİYETE STRES ÖLÇEĞİ- ANKSİYETE ALT BOYUTU

	Son 1 Haftadaki Durumunuz	Hiçbir zaman	Bazen ve ara sıra	Oldukça sık	Her zaman
2.	Soluk almada zorluk çektim ( <i>örneğin fizik egzersiz yapmadığım halde aşırı hızlı nefes alma, nefessiz kalma gibi</i> )	0	1	2	3
4.	Kendimi, beni çok tedirgin ettiği için sona erdiğinde çok rahatladığım durumların içinde buldum.	0	1	2	3
6.	Fizik egzersiz veya aşırı sıcak hava olmasa bile belirgin biçimde terlediğimi gözledim ( <i>örneğin ellerim terliyordu</i> ).	0	1	2	3
10.	Panik haline yakın olduğumu hissettim.	0	1	2	3
11.	Önemsiz fakat alışkın olmadığım bir işin altından kalkamayacağım korkusuna kapıldım.	0	1	2	3

## F. SAMPLE ITEMS OF THE COUNSELOR ACTIVITY SELF-EFFICACY SCALES

### PSİKOLOJİK DANIŞMA ÖZ YETERLİK ÖLÇEĞİ

Bu ölçek üç bölümden oluşmaktadır. Her bölüm çeşitli psikolojik danışman davranışlarını sergilemekteki veya psikolojik danışma sürecine özgü sorunlarla baş edebilmedeki becerilerinizle ilgili inançlarınız hakkında ifadeler içermektedir. Sizden nasıl görünmek istediğiniz veya gelecekte nasıl görünebileceğinizden çok şu andaki yeteneklerinize dair inancınızı yansıtan içten cevaplar beklenmektedir. Aşağıdaki ifadelerin doğru ya da yanlış cevapları yoktur. Lütfen her madde için cevabınızı en iyi yansıtan rakamı işaretleyiniz.

#### Bölüm I.

**Yönerge:** Gelecek hafta boyunca yürüteceğiniz psikolojik danışma oturumlarında danışanlarınızın çoğu ile aşağıda verilen genel yardım becerilerini ne derece etkili bir şekilde kullanacağınıza olan güveninizi belirtiniz.

		Hiç Güvenmiyorum			Biraz Güveniyorum				Tam Olarak Güveniyorum		
		0	1	2	3	4	5	6	7	8	9
1.	<b>Dikkati verme</b> (fiziksel olarak danışana yönelme)	0	1	2	3	4	5	6	7	8	9
2.	<b>Dinleme</b> (danışanların iletmiş mesajları kavrama ve anlamlandırma)	0	1	2	3	4	5	6	7	8	9
3.	<b>Yeniden ifadelendirme</b> (danışanın söylediğini kısa-öz, somut ve açık bir biçimde tekrar etme veya başka bir şekilde ifade etme)	0	1	2	3	4	5	6	7	8	9
4.	<b>Açık uçlu sorular</b> (danışanlara duygularını veya düşüncelerini netleştirmelerine veya keşfetmelerine yardımcı olacak sorular sorma)	0	1	2	3	4	5	6	7	8	9
5.	<b>Duygu yansıtma</b> (danışanın ifadelerini duygularına vurgu yaparak tekrar etme veya başka bir şekilde ifade etme)	0	1	2	3	4	5	6	7	8	9

## G. TURKISH SUMMARY / TÜRKÇE ÖZET

### PSİKOLOJİK DANIŞMAN ADAYLARININ BİLİNÇLİ FARKINDALIK VE PSİKOLOJİK DANIŞMA ÖZ-YETERLİĞİ ARASINDAKİ İLİŞKİDE ÖZ- ŞEFKAT VE KAYGININ ARACI ROLLERİ

#### 1. GİRİŞ

“Psikolojik danışma, çeşitli bireyleri, aileleri ve grupları, ruh sağlığı, eğitim ve kariyer hedeflerini gerçekleştirme konusunda güçlendiren profesyonel bir ilişkidir” (Kaplan vd., 2014, s.68). Bu amaçlar doğrultusunda psikolojik danışmanlar, danışanların endişelerini belirlemelerine, ilgili hedeflere ulaşmalarına, değişim için etkili stratejiler uygulamalarına, sonuçları değerlendirmelerine ve kendilerini yönlendirecek şekilde gelişim planları yapmalarına yardımcı olur (Cormier, 2016). Bu nedenle, psikolojik danışmanların danışma sürecini etkili bir şekilde sürdürmek için temel yardım becerilerinde uzmanlaşmış olmaları beklenir (Young, 2009).

Wampold ve Owen’e (2021) göre ruh sağlığı çalışanlarının etkililiğine en çok katkı sağlayan faktör, sürekli olarak kendilerini geliştirmeye yönelik bir adanmışlıktır. Benzer şekilde, Cormier vd. (2017), etkili psikolojik danışmanların, becerilerini sürekli olarak geliştirmeye yönelik bir ihtiyaç duyması, teknik yeterliklerin yanı sıra, terapötik ortamı etkili bir şekilde yönetmek için yüksek düzeyde güven, sebat ve motivasyon sahibi olması gerektiğini öne sürmektedir. Sonuç olarak, yetkin bir psikolojik danışman olmak, psikolojik danışma tekniklerinin edinilmesinin ve deneyim süresinin yanı sıra içsel niteliklerin de geliştirilmesi gereken çok yönlü bir süreç olarak kabul edilmektedir (Cormier vd., 2017). Bu durum, psikolojik danışman eğitim programlarının yalnızca somut davranışsal beceriler kazandırmada değil aynı zamanda adayların önemli kişisel niteliklerinin de geliştirme sürecindeki önemini vurgulamaktadır (Cormier vd., 2017). Psikolojik danışmanların motivasyonunu ve çabasını körükleyen önemli bir kişisel faktör psikolojik danışma öz-yeterliğidir.

Sosyal Bilişsel Teori ilkelerini psikolojik danışman eğitime entegre ederek Larson (1998) Sosyal Bilişsel Psikolojik Danışman Eğitim Modelini öne sürmüş ve psikolojik danışma becerilerini ve öz-yeterlik inançlarını şekillendirmede psikolojik danışman adaylarının kişisel faktörleri, eylemleri ve yakın çevreleri arasındaki sürekli etkileşimin önemli rolünü vurgulamıştır. Bu modele göre psikolojik danışma öz-yeterliği psikolojik danışma becerilerini geliştirmek için kritik bir öneme sahiptir. (Larson, 1998). Geçmiş araştırmalar, yüksek düzeyde psikolojik danışma öz-yeterliğinin, etkili psikolojik danışma performansı ile ilişkili olduğunu göstermiştir (Kocaerek, 2001; Prasath vd., 2022). Aynı zamanda, geçmiş araştırmalar, psikolojik danışma öz-yeterliği ile iş tatmini (Boon, 2015), etkili problem çözme becerileri (Al-Darmaki, 2005), mesleki bağlılık (Doğanülkü ve Kirdök, 2020) ve psikolojik iyi oluş ve psikolojik ihtiyaçların tatminiyle (Keskin, 2020) arasında pozitif bir ilişki bulmuştur.

Sosyal Bilişsel Teori ilkeleriyle uyumlu olarak Sosyal Bilişsel Psikolojik Danışman Eğitim Modeli, psikolojik danışma öz-yeterliğinin dört ana kaynağı olduğunu öne sürmektedir: doğrudan deneyimler, modelleme, sözel ikna ve fizyolojik ve duygusal durumlar (Larson, 1998). Araştırmalar, doğrudan deneyimlerin psikolojik danışman adaylarının psikolojik danışma öz-yeterliğini önemli ölçüde artırdığını göstermektedir (Lent vd., 2003; Lent vd., 2009; Mullen vd., 2015; Tang vd., 2004). Benzer şekilde, süpervizörlerin ve akranların gözlemlenmesini içeren modelleme deneyimleri, araştırmacılar tarafından psikolojik danışman adaylarının öz-yeterliğini artırmada önemli bir kaynak olarak öne sürülmektedir (Akçabozan-Kayabol vd., 2022; Aladağ vd., 2014; Hill ve Lent, 2006; Larson vd., 1999; Yerin-Güneri vd., 2018).

Psikolojik danışma öz-yeterliğinin bir diğer kritik kaynağı olan sözel ikna, süpervizyon sürecini ve süpervizörlerle etkileşimleri kapsamaktadır. Yapılandırılmış ve olumlu geribildirimlerin süpervizörler, akranlar ve danışmanlar tarafından sunulmasının psikolojik danışman adaylarının öz-yeterliğini önemli ölçüde artırdığı bulunmuştur (Chui vd., 2021; Daniels ve Larson, 2001; Öztürk ve Duran, 2024; Reese vd., 2009).



Türkiye'de psikolojik danışman eğitimi bağlamında, psikolojik danışma öz-yeterliği kaynaklarını ve sınırlılıklarını dikkatlice değerlendirmek önemlidir. Yalnızca doğrudan deneyimlere dayalı olarak psikolojik danışma öz-yeterliğini artırma hedefi, Türkiye'deki psikolojik danışman adayları için eğitim süresince kısa ve sınırlı uygulama deneyimleri nedeniyle zorluklar yaratabilmektedir. Türkiye'de psikolojik danışman adayları, Bireyle Psikolojik Danışma Uygulaması kapsamında son iki eğitim-öğretim döneminde psikolojik danışma oturumları gerçekleştirmektedir. Bu uygulamanın ardından psikolojik danışman adaylarının mezun oldukları göz önüne alındığında, ilk danışanlarla yaşanan olumsuz deneyimlerin ve düşük öz-yeterlik seviyelerinin, ilerleyen süreçte motivasyonlarını ve mesleki kariyerlerini etkileyebilmektedir (Rønnestad ve Skovholt, 2003). Ayrıca, öğrenci sayısı ve sınırlı ders saati, etkili süpervizyon ilişkilerini geliştirmede engeller oluşturabilmektedir. Türkiye'de süpervizyon, ağırlıklı olarak grup veya sınıf ortamlarında gerçekleşmekte ve bu durum psikolojik danışman adaylarının yeterli düzeyde bireyselleştirilmiş geribildirim alamamasına veya uygulama deneyimleri sırasında kendini açmada zorluklar yaşamasına neden olabilmektedir (Atik, 2017). Ayrıca, süpervizyon, psikolojik danışman adaylarının mesleki gelişimi için önemli bir kaynak olarak hizmet etse de bu süreçteki başlıca aktör süpervizördür. Süpervizörlerin sağladığı geribildirim, rehberlik ve değerlendirme, süpervizyonun kalitesini ve süpervizyon ilişkisini etkiler (Wilson vd., 2016). Bunun yansısı Sosyal Bilişsel Teori ve Sosyal Bilişsel Psikolojik Danışman Eğitim Modeli, bireyi kendi çevresini inşa etmede birincil aktör olarak görmektedir.

Çeşitli araştırmacılar tarafından etkili bir psikolojik danışman özelliği olarak vurgulanan becerilerden biri bilinçli farkındalıktır (Cormier vd., 2017). Bilinçli farkındalık, mevcut deneyime kasıtlı olarak dikkati yöneltme ve bu deneyime açık ve kabullenici bir tutumla yaklaşmak anlamına gelmektedir (Brown ve Ryan, 2003; Kabat-Zinn, 2003). Bilinçli farkındalığı yüksek psikolojik danışmanlar, oturumlar sırasında anda ve tam anlamıyla mevcut olma eğilimindedir, dikkatleri nadiren dağılır ve danışanlarına yargılayıcı olmayan ve kabul edici bir tutumla yaklaşır (Fulton vd., 2005; Shapiro vd., 2014). Araştırmalar bilinçli farkındalık ile psikolojik danışman adaylarının empati ve terapötik ittifak kurma becerileriyle pozitif yönde ilişkiler ortaya koymuştur (Fulton ve Cashwell, 2015; Johnson, 2018). Deneysel

arařtırmalar, bilinçli farkındalık temelli müdahalelerin eğitim programlarına dahil edilmesinin, psikolojik danışman adayların beden farkındalığı, duygularını düzenleme ve kendini anlama konularında belirgin deęişiklikler sağladığını göstermiştir (Fletcher vd., 2022; Schure vd., 2008). Psikolojik danışman adaylarının bilinçli farkındalığı ile psikolojik danışma öz-yeterliği arasında da pozitif bir ilişki olduğu ortaya konmuştur (Butts ve Gutierrez, 2018; Greason ve Cashwell, 2009; Wei vd., 2015). Bunun yanısıra, bazı arařtırmalar, bilinçli farkındalık ve psikolojik danışma öz-yeterliği arasındaki ilişkinin doğrudan deęil, aracı deęişkenlerle bağlantılı olduğunu öne sürmüştür (Greason ve Cashwell, 2009; Wei vd., 2015).

Bilinçli farkındalığın öz-yeterlikle olan ilişkisinde tamamlayıcı bir dięer yapı ise öz-şefkattir. Öz-şefkat, zorlayıcı veya hayal kırıklığı yaratan durumlarda, kendine şefkat göstermeyi içerir (Neff, 2003). Özellikle, kişisel zayıflık ve başarısızlık durumlarında, deneyimlerin öz-şefkatlı bir yaklaşımla deęerlendirilmeden gözlemlenmesi genellikle eleştirel bir bakış açısına neden olur ve bu durum bireylerin yeterlik hislerini azaltabilmektedir (Neff, 2023). Arařtırmacılar, bilinçli farkındalığın öz-şefkati anlamlı ve pozitif bir şekilde yordadığını öne sürmüşlerdir (Aydın-Sünbül ve Yerin-Güneri, 2019; Svendsen vd., 2017; Tingaz vd., 2022; Yousefi Afrashteh, 2022). Bu bulgular zorlu deneyimlerinin farkında olan ve bu deneyimlerden kaçınmayan bireylerin kendilerine karşı nazik ve anlayışlı bir tutum geliştirme olasılığının daha yüksek olduğu anlamına gelmektedir (Bergen-Cico vd., 2013; Neff ve Germer, 2013).

Öz-şefkati yüksek psikolojik danışmanlar, sınırlıklarını kabul etme ve daha az eleştirel olma eğilimindedir ve bu yaklaşım da öz-yeterlik inançlarını artırır (Patsiopoulos ve Buchanan, 2011; Quaglia vd., 2022). Ancak, sınırlı sayıdaki arařtırmalar, öz-şefkat ve psikolojik danışma öz-yeterliği arasındaki ilişki konusunda bazı çelişkili bulgular sunmaktadır. Bazı arařtırmalar öz-şefkatin, psikolojik danışmanların öz-yeterliğinin önemli bir yordayıcısı olduğunu bulgularken (Hung, 2015), dięer arařtırmalar bu yapılar arasında anlamlı ilişkiler bulmamıştır (Pudalov, 2016).

Daha önce de belirtildiği gibi, duygusal durumlar bireylerin yeterlik inançlarının önemli kaynaklarından biri olarak kabul edilmektedir (Bandura, 1997). Kaygı,

psikolojik danışma öz-yeterliği ile ilişkilendirilen kritik bir duygusal durum olarak öne çıkmaktadır (Larson, 1998). Psikolojik danışma uygulaması deneyiminin başlangıcı, merak, heyecan ve korku gibi bir dizi duyguyu tetikler ve bu süreçte özellikle kaygı, psikolojik danışman adaylarında arasında yaygın olarak görülür (Kuo vd., 2016; Kurtyılmaz, 2015). Psikolojik danışman adayının mesleki gelişiminde normal bir duygu olarak algılanan kaygı, belirli bir seviyenin üzerinde olduğunda ve yönetilemediğinde, adayların danışma uygulamaları, bilişsel süreçleri, konsantrasyon, dikkat ve oturma detaylarını hatırlama gibi birçok beceri üzerinde olumsuz etkilere neden olabilmektedir (Rønnestad ve Skovholt, 2003). Araştırmalar, kaygı ve psikolojik danışma öz-yeterliği arasında negatif bir ilişki olduğunu göstermektedir (Al-Darmaki, 2005; Bischoff ve Barton, 2002; Lent vd., 2009; Özden, 2023). Benzer şekilde, nitel araştırmalar da kaygının psikolojik danışman adaylarının duygusal durumlarını psikolojik danışma öz-yeterliklerinin önemli bir kaynağı olarak algıladığını ve genellikle adayların kaygılarını etkili olmayan psikolojik danışma becerilerine dair bir gösterge olarak yorumladıklarını bulmuştur (Bischoff ve Barton, 2002; Lent vd., 2009).

Bilinçli farkındalık ve öz-şefkat, psikolojik danışman adaylarının kaygıları için koruyucu becerilerdir. Araştırmalar, bilinçli farkındalığın psikolojik danışman adaylarının kaygısını anlamlı ve negatif olarak yordadığını göstermektedir (Fulton ve Cashwell, 2015), deneysel çalışmalar ise bilinçli farkındalık temelli müdahalelerin psikolojik danışman adaylarının kaygı seviyelerinde kayda değer düşümlere neden olduğunu göstermektedir (Shapiro vd., 2007). Kaygı ve öz-şefkat arasındaki ilişkiye bakıldığında, araştırmacılar, öz-şefkatin kaygının anlamlı ve negatif yordayıcısı olduğunu göstermektedir (De Souza vd., 2020; Egan vd., 2022; Pérez-Aranda vd., 2021). Ayrıca, Finlay-Jones vd. (2017), psikolojik danışman adayları arasında öz eleştiriyi, depresyon, stres ve duygusal düzenleme zorluklarını azaltmada öz-şefkat odaklı müdahalelerinin olumlu etkisini göstermiştir. Literatürdeki ilgili araştırmaları dikkate alarak, bu araştırma bilinçli farkındalık ve danışma öz-yeterliği arasındaki ilişkide öz-şefkat ve kaygının seri aracı rolünü bir yapısal eşitlik modeliyle incelemeyi amaçlamaktadır. Başka bir ifadeyle, bu araştırma, bilinçli farkındalığın psikolojik danışman adaylarının öz-şefkatinin gelişimini destekleyerek ve kaygı seviyelerini azaltarak psikolojik danışma öz-yeterliğini artırdığını öngörmektedir.

## 1.1 Araştırmanın Amacı ve Sorusu

Bu çalışmanın amacı Türk psikolojik danışma adaylarının bilinçli farkındalık ve psikolojik danışma öz-yeterlikleri arasındaki ilişkide öz-şefkat ve kaygının seri aracılık rollerini araştırmaktır. Bu nedenle, bu amaca hizmet eden şu soruya yanıt aranmıştır: “Bilinçli farkındalık ve psikolojik danışma öz-yeterliği arasındaki ilişkide, öz-şefkat ve kaygı, seri aracı değişkenler rolüne sahip olarak bu ilişkiyi ne ölçüde dolaylı olarak yordamaktadır?”

## 1.2 Araştırmanın Önemi

Birçok araştırma, eğitim, kariyer seçimi, iş hayatı ve zihinsel ve fiziksel sağlık gibi çeşitli bağlamlarda öz-yeterlik inançlarının kritik rolünü vurgulamıştır (Burger ve Samuel, 2017; Honicke ve Broadbent, 2016; Huang, 2016; Samuel ve Burger, 2020; Schwarzer ve Fuchs, 1996). Öz-yeterlik, psikolojik danışmanlar arasında da önemli bir unsur olarak ortaya çıkmıştır. Araştırmalar, psikolojik danışma öz-yeterliğinin danışmanlık becerilerinin etkili bir şekilde kullanımında (Kocaerek, 2001; Prasath vd., 2022), danışmanın etkililiğinin, iş memnuniyetinin (Boon, 2015) ve psikolojik iyi oluşun artmasında (Keskin, 2020) ve tükenmişliğin azalmasında (Gündüz, 2012) kritik bir öneme sahip olduğunu göstermektedir.

Psikolojik danışma öz-yeterliğinin önemi nedeniyle, öz-yeterliği artıran kaynaklar araştırılmıştır ve psikolojik danışma literatüründe ağırlıklı olarak doğrudan deneyimlerin ve süpervizyonun etkisine odaklanılmıştır (Lent vd., 2003; Lohani ve Sharma, 2023; Tang vd., 2004). Bu araştırma, psikolojik danışman adaylarının bilinçli farkındalık ve öz-şefkat gibi içsel ve aynı zamanda geliştirilebilir becerilerini, kaygı gibi düzenlenebilir duygularını ve bunların psikolojik danışma öz-yeterliğiyle ilişkilerini araştırmayı amaçlamaktadır.

Psikolojik danışma öz-yeterliğinin kaynaklarını araştırmak, psikolojik danışma eğitimi sırasında özellikle önem kazanmaktadır, çünkü Bandura'nın (1997) daha önce belirttiği gibi, bireyin ilk kez deneyimlediği bir etkinlik esnasında sahip olduğu öz-yeterlik inançları, sonraki süreçlerde o etkinliğe ne kadar çaba harcayacağını önemli ölçüde belirler.

İlk psikolojik danışma deneyimi ile ilişkili psikolojik danışma adaylarının deneyimlediği kaygı, heyecan ve yetersizlik hisleri göz önüne alındığında (Kuo vd., 2016; Kurtyılmaz, 2015), bu süreçte psikolojik danışman adaylarının psikolojik danışma öz-yeterliğine katkıda bulunabilecek içsel ve geliştirilebilir becerileri keşfetmek, psikolojik danışman eğitimi, eğitmenler ve süpervizörler dahil olmak üzere uygulayıcılar için pratik sonuçlar sunabilir. Önceki araştırmalar bilinçli farkındalık ve psikolojik danışma öz-yeterliği arasındaki ilişkiyi incelemiş olsa da (Butts ve Gutierrez, 2018; Greason ve Cashwell, 2009; Wei vd., 2015), bilinçli farkındalık ve psikolojik danışma öz-yeterliği arasındaki ilişkide öz-şefkat ve kaygının seri aracılığıyla ilgili bir araştırma bulunmamaktadır. Bu tür bir modeli oluşturmanın bilinçli farkındalık ve psikolojik danışma öz-yeterliği arasındaki ilişkinin altında yatan mekanizmaları ortaya çıkarabileceğinden faydalı olacağı düşünülmektedir.

## **2. YÖNTEM**

### **2.1 Araştırma Deseni**

Bu araştırma, nicel değişkenler arasındaki ilişkinin gücünü ve yönünü herhangi bir etki olmaksızın inceleyen ilişki deseni bir araştırmadır. Yapısal eşitlik modeliyle bir çoklu aracılık modeli test edilmiştir. Bilinçli farkındalık ve psikolojik danışma öz-yeterliği arasındaki ilişkide öz-şefkat ve kaygının olası aracı rolleri araştırılmıştır. Araştırma bulguları, danışmanların öz-yeterlik inançlarının deneyimle birlikte büyüme eğiliminde olduğunu göstermektedir (Lent vd., 2003; Tang vd., 2004).

### **2.2 Örneklem**

Araştırmanın örneklem grubunu Türkiye’de Rehberlik ve Psikolojik Danışmanlık Bölümü’nde son sınıf öğrencisi olan ve Bireyle Psikolojik Danışma Uygulaması kapsamında danışanlarla psikolojik danışma oturumları yürüten 301 öğrenci oluşturmaktadır. 301 katılımcının 206’sı kadın (%68.4) ve 95’i erkektir (%31.5). Katılımcıların yaşları 21 ile 38 arasındadır ( $M = 23.55$ ,  $SD = 1.29$ ). Katılımcılar, Türkiye'nin çeşitli üniversitelerinin Rehberlik ve Psikolojik Danışmanlık

programından, en çok Trakya Üniversitesi (%19.3) ve en az Gazi, Kırıkkale, Yozgat Bozok Üniversiteleri (%0.3) olmak üzere geniş bir yelpazeden gelmektedir.

### **2.3 Veri Toplama Araçları**

Bu araştırmanın verileri, Bilinçli Farkındalık Ölçeği (Özyeşil vd., 2011), Öz-Şefkat Ölçeği Kısa Formu (Barutçu-Yıldırım vd., 2021), Depresyon Anksiyete Stres Ölçeği'nin Anksiyete alt boyutu (Bilgel ve Bayram 2010), Psikolojik Danışma Öz-Yeterlik Ölçeği (Pamukçu ve Demir, 2013) ve araştırmacı tarafından geliştirilen demografik bilgi formu kullanılarak toplanmıştır.

### **2.4 Veri Toplama Süreci**

Araştırmada kullanılacak her bir ölçeğin yazarından izin alınmıştır. Daha sonra, çalışmanın etik standartlara uygun olarak yürütülmesi için ODTÜ İnsan Araştırmaları Etik Kurulu'ndan gerekli izinler alınmıştır. Öğrencilere ulaşmak amacıyla anket sorularının yer aldığı link sosyal medya hesapları üzerinden paylaşılmıştır. Veriler Ocak 2024 ve Nisan 2024 tarihleri arasında METU Survey aracılığıyla çevrimiçi olarak toplanmıştır. Katılımcılara, bilgilendirilmiş onam formu sunulmuştur. Anketin tamamlanması yaklaşık 20 dakika sürmüştür.

### **2.5 Verilerin Analizi**

Ön analizler, IBM SPSS Statistics Sürüm 29 (IBM Corp., 2023) kullanılarak yapılmıştır. Hatalı girişler ve eksik değerler kontrol edilmiş, çok değişkenli ve tek değişkenli aykırı değer analizleri gerçekleştirilmiş ve veriler temizlenmiştir. Tanımlayıcı istatistikler ve Pearson korelasyon analizleri yapılmıştır. Her ölçek için doğrulayıcı faktör analizi gerçekleştirilmiş ve Cronbach alfa değerleri hesaplanmıştır. Ana analize geçmeden önce, modelin varsayımları test edilmiştir.

Araştırmada, bilinçli farkındalık ve psikolojik danışma öz-yeterliği arasındaki ilişkide öz-şefkat ve kaygının seri aracılık rolünü inceleyen modeli test etmek için seri çoklu aracılık analizi gerçekleştirilmiştir. Oluşturulan yapısal modelin testi, AMOS 26 (Arbuckle, 2021) yazılım programı kullanılarak yapılmıştır.

## 2.6 Araştırmanın Sınırlılıkları

Katılımcıların seçilmesinde kolayda örnekleme yöntemi kullanılması, örnekleme istatistiksel olarak temsil edilemez hale getirmekte ve sonuçların tüm danışman adaylarına genellenebilirliğini sınırlamaktadır. Çalışma, öz-bildirim ölçümleri kullanmıştır ve bilgilendirilmiş onam formunda anonimlik vurgulanmış olmasına rağmen, katılımcıların sosyal olarak arzu edilen şekilde yanıt verme olasılığı, iç geçerliliğe bir tehdit oluşturabilmektedir. Veriler çevrimiçi bir anket platformu aracılığıyla toplandığı için katılımcılar anket soruları hakkında açıklama isteme fırsatına sahip olmamış ve araştırmacı anketin yapıldığı ortam üzerinde kontrol sahibi olamamıştır.

İç geçerliliğe yönelik bir başka tehdit olarak, anketin yaklaşık 20 dakika süren uzunluğu katılımcılarda can sıkıntısı etkisinin ortaya çıkma olasılığını artırmaktadır. Araştırmada, korelasyonel ve kesitsel bir desen kullanılmıştır. Veriler tek bir zamanda toplanmıştır ve sonuçlardan nedensel veya uzun vadeli ilişkiler çıkarmak mümkün değildir. Son olarak, bu çalışmanın kontrol edilmeyen değişkenler barındırdığı belirtilmelidir. Çalışmaya dahil edilmeyen veya kontrol edilmeyen birçok değişken, örneğin, eğitim dışında alınan ek danışmanlıkla ilgili eğitim veya süpervizörle kurulan ilişkinin kalitesi, danışman adayları arasındaki farklı psikolojik danışma öz-yeterliği düzeylerini açıklayabilir.

## 3. BULGULAR

Katılımcıların bilinçli farkındalık, öz-şefkat, kaygı ve psikolojik danışma öz-yeterliğine ilişkin betimleyici istatistikler Tablo 3.1’de sunulmuştur.

**Table 4.1.** Değişkenler için Betimleyici İstatistikler

Değişkenler	<i>Ort</i>	<i>SS</i>	Olası Aralık	Gerçek Aralık
Bilinçli farkındalık	3.55	1.12	1 - 6	1.53 – 5.73
Öz-şefkat	3.05	0.88	1 - 5	1.58 – 4.67
Kaygı	0.80	0.58	0 - 3	0.00 – 2.71
Psikolojik danışma öz-yeterliği	4.79	1.82	0 - 9	1.54 – 8.39

Araştırmanın değişkenleri arasındaki Pearson korelasyon analizi sonuçları incelendiğinde, bilinçli farkındalık, öz-şefkat ( $r = .84, p < .01$ ) ve psikolojik danışma öz-yeterliği ( $r = .80, p < .01$ ) ile anlamlı şekilde pozitif bir ilişkinin olduğu gözlemlenmiştir. Öte yandan, bilinçli farkındalık ile kaygı arasında ( $r = -.80, p < .01$ ) anlamlı ve negatif bir ilişki bulunmuştur. Öz-şefkatin kaygı ( $r = -.82, p < .01$ ) ile anlamlı şekilde negatif ilişkili, psikolojik danışma öz-yeterliği ( $r = .75, p < .01$ ) ile anlamlı ve pozitif ilişkili olduğu bulunmuştur. Son olarak, kaygının psikolojik danışma öz-yeterliği ( $r = -.61, p < .01$ ) ile anlamlı ve negatif bir ilişkisi bulunmaktadır.

Ölçüm modeli, Doğrulayıcı Faktör Analizi (DFA) kullanılarak test edilmiştir. DFA sonuçlarına göre, modelin kabul edilebilir uyum gösterdiği görülmüştür [ $\chi^2 (588) = 1441.81, p = .000, \chi^2/df = 2.40; CFI = .91, SRMR = .05; TLI = .91; RMSEA = .07$ ]. Standardize edilmiş faktör yükleri .55 ve .94 arasında gözlemlenmiştir. Ardından, ana araştırma sorusuna yanıt vermesi amacıyla oluşturulan yapısal eşitlik modelinin kabul edilebilir uyuma sahip olduğu görülmüştür [ $\chi^2 (588) = 1441.81, p = .000, \chi^2/df = 2.45; CFI = .91, SRMR = .05; TLI = .91; RMSEA = .07$ ].

Modelde bilinçli farkındalık, öz-şefkati ve psikolojik danışma öz-yeterliğini pozitif ve anlamlı, kaygıyı ise negatif ve anlamlı bir şekilde yordamıştır. Öz-şefkat kaygıyı negatif ve anlamlı, psikolojik danışma öz-yeterliğini pozitif ve anlamlı bir şekilde yordamıştır. Bunlardan farklı olarak, kaygı psikolojik danışma öz-yeterliğini anlamlı bir şekilde yordamamıştır.

Bilinçli farkındalık ve danışma öz-yeterliği arasındaki ilişkide öz-şefkat ve kaygının seri aracılık rolleri, 5000 örneklem ve 95% güven aralığı kullanılarak bootstrap metodu ve basit kullanıcı tanımlı tahminleme yöntemi uygulanarak test edilmiştir. Sonuçlar, bilinçli farkındalık ve psikolojik danışma öz-yeterliği arasındaki ilişkiye öz-şefkat ( $\beta = .56, p < .05, 95\% CI [.299, .830]$ ) ve kaygının ( $\beta = -.14, p < .05, 95\% CI [-.305, -.034]$ ) ayrı ve kısmi bir şekilde aracılık ettiğini, fakat öne sürülen seri aracılık rolünün anlamlı olmadığını göstermiştir ( $p > .05$ ).



## 4. TARTIŞMA

### 4.1 Bilinçli Farkındalığın Psikolojik Danışma Öz-Yeterliği Üzerindeki Doğrudan Etkisi

Bu çalışmada bilinçli farkındalığın, psikolojik danışmanlık öz-yeterliliğini anlamlı ve pozitif olarak yordadığı bulunmuştur. Bu sonuç, bilinçli farkındalık ile psikolojik danışma öz-yeterliği arasında doğrudan ve pozitif bir ilişki olduğunu belirten önceki korelasyonel çalışmalarla tutarlıdır (Butts ve Gutierrez, 2018; Greason ve Cashwell, 2009). Ayrıca, adayların psikolojik danışma öz-yeterliğini artırmada bilinçli farkındalık temelli müdahalelerin etkililiğini gösteren deneysel araştırmalar da bu sonuçları desteklemektedir (Bohecker ve Doughty-Horn, 2016; Chan vd., 2021). Öte yandan, bu sonuç, bilinçli farkındalığın psikolojik danışma öz-yeterliğini anlamlı bir şekilde yordamadığını ortaya koyan Wei vd. (2015) tarafından yapılan çalışmasıyla paralel değildir.

Bilinçli farkındalık, psikolojik danışmanlar arasında etkili danışmanlık pratiği için gerekli olan nitelikler ve becerilerle ilgili çeşitli dikkat ve ilişkisel becerilerin etkin kullanımını destekler. Bilinçli farkındalığı yüksek olan psikolojik danışmanların, oturum sırasında anda olma ve danışanlarına karşı yargısız ve kabul edici bir tutum sergileme olasılığı daha yüksektir (Fulton, 2005; Shapiro vd., 2014). Psikolojik danışman adayları arasında yapılan araştırmalar da bilinçli farkındalığın hem öz bildirim hem de danışan tarafından algılanan empati (Fulton, 2016; Fulton ve Cashwell, 2015) ve çalışma ittifakı ile pozitif ilişkili olduğunu göstermiştir (Johnson, 2018). Deneysel araştırmalar, farkındalık temelli müdahalelerin, psikolojik danışman adaylarının empati, şefkat (Schure vd., 2008) ve öz farkındalıklarının gelişiminde etkili olduğunu belirtmiştir (Fletcher vd., 2022). Bunun yanı sıra, yüksek düzeyde bilinçli farkındalığa sahip bireyler, her deneyimi geçici olaylar olarak algılama ve kabul etme eğilimindedir ve duygular, nesnelere ve durumlarla uyumsuz düşünce veya davranış kalıplarıyla iç içe geçme olasılıkları daha düşüktür (Shonin ve Van Gordon, 2016). Bu bireyler, benliklerinin her deneyimle değişime tabi olduğunu kabul eder ve kritik içsel seslerinin (Davis ve Hayes, 2011) baskısı altında kalma olasılıkları daha düşüktür. Sonuç olarak, bilinçli farkındalık, psikolojik danışman

adaylarının danışmanlık becerilerinde, kişisel niteliklerinde ve benlik algılarında olumlu değişikliklere yol açtığından, bu olumlu değişimler artan psikolojik danışma öz-yeterliği ile ilişkilendirilebilir.

#### 4.2 Öz-Şefkatin Aracı Rolü

Araştırmanın bulguları, bilinçli farkındalık ve psikolojik danışma öz-yeterliği arasındaki ilişkiye öz-şefkatin aracılık ettiğini göstermiştir. Bu dolaylı etki, yüksek bilinçli farkındalık düzeylerinin yüksek öz-şefkat ile ilişkili olduğunu ve bu durumun psikolojik danışma öz-yeterliğini artırdığını ortaya koymaktadır. Sonuçlar, bilinçli farkındalık ile çeşitli öz-yeterlilik türleri arasındaki ilişkinin üçüncü değişkenler tarafından aracılık edildiğini belirten önceki çalışmaları doğrulamaktadır (Charoensukmongkol, 2014; Greason ve Cashwell, 2009; Hanley vd., 2015; Wei vd., 2015). Öz-şefkatin, bilinçli farkındalık ve psikolojik danışma öz-yeterliği arasındaki ilişkide aracı rolü, bilinçli farkındalık ile öz-şefkat (Aydın-Sünbül ve Yerin-Güneri, 2019; Svendsen vd., 2017; Tingaz vd., 2022; Yousefi Afrashteh, 2022) ve öz-şefkat ile psikolojik danışma öz-yeterliği (Ergin, 2023; Hung, 2015) arasındaki pozitif ilişkileri gösteren önceki araştırmaları da doğrulamaktadır. Bireylerin kendilerine şefkat göstermeleri için önce her deneyimin, zorluklar ve başarısızlıklar da dahil olmak üzere, olduğu gibi farkında olmaları ve kabul etmeleri gerekmektedir (Bergen-Cico vd., 2013; Neff ve Germer, 2013). Her iki kavram da Budist psikolojisinden türetilmiştir ve bilinçli farkındalık, öz-şefkatin bileşenlerinden biridir (Neff ve Dahm, 2015). Bu kavramsallaştırmalar ve önceki araştırmalar, bilinçli farkındalık ve öz-şefkat arasındaki yüksek düzey korelasyona kanıt sunmaktadır.

Öz-şefkat, bireylerin kişisel zayıflıklarla veya aksiliklerle karşılaştıklarında olumlu bir öz benlik imajını sürdürmelerine olanak tanır (Neff, 2023; Neff vd., 2018). Öz-şefkatli bireyler, kusurlarını nezaketle kabul etme eğilimindedir ve böylelikle başarısız performans sonuçlarıyla özdeşleşmezler (Neff ve McGehee, 2010). Öz-şefkat sayesinde, psikolojik danışman adaylarının, kendilerini eleştirme veya süreçte yaşadığı zorlukları kişisel başarısızlıklar olarak içselleştirme olasılıkları azalır ve her deneyimi mesleki gelişimleri için bir fırsat olarak görme olasılıkları artar (Beaumont vd., 2017; Finlay-Jones vd., 2017). Sonuç olarak, öz-şefkat, bireylerin öz-yeterlilik

inançlarını desteklemeye yardımcı olur (Iskender, 2009; Liao vd., 2021; Manavipour ve Seidan, 2016; Smeets vd., 2014).

#### 4.2 Kaygının Aracı Rolü

Araştırmanın sonuçları, kaygının psikolojik danışma öz-yeterliğini doğrudan anlamlı bir şekilde yordamadığını göstermiştir. Bu bulgu, Haktanır'ın (2018) araştırmasıyla paralel olmasına rağmen, kaygının psikolojik danışma öz-yeterliğinin negatif bir yordayıcısı olduğunu belirten korelasyonel araştırmayla (Özden, 2023) ve öğrencilerin kaygılarını öz-yeterlik inançlarının bir kaynağı olarak algıladıklarını ortaya koyan nitel çalışmalarla (Bischoff ve Barton, 2002; Lent vd., 2009) tutarlı değildir. Bu bulgu, Sosyal Bilişsel Teori ve Danışmanlık Eğitimi Sosyal Bilişsel Modeli'nin kaygı kavramına yönelik perspektifiyle de açıklanabilir. Her iki teori de öz-yeterlik inançlarını şekillendirmede fizyolojik ve duygusal durumların öznel yorumlarının önemini vurgulamaktadır (Bandura, 1997; Larson, 1998). Kaygının varlığı yerine, kaygının bir başarısızlık olarak yorumlanması, özyeterlik inançlarını daha fazla şekillendirdiği söylenebilir (Bandura, 1997; 2009).

Bireyle Psikolojik Danışma Uygulamasıyla birlikte psikolojik danışman adaylarının deneyimlediği ilk psikolojik danışma oturumlarının belirsiz doğası, sıkça öğrencilerin kaygılarını tetiklemekte (Kuo vd., 2016; Kurtyılmaz, 2015) ve oturumlar sırasında kendilerine odaklanmalarına neden olmaktadır (Skovholt ve Rønnestad, 2003; Wei vd., 2017). Bu odak, öğrencilerin adayların psikolojik danışma öz-yeterliklerini olumsuz etkileyebilir (Li vd., 2023). Ancak, kaygı uyarıcı veya motive edici olarak yorumlandığında, öz-yeterlik inançlarını negatif yönde etkileyebilir. Kaygı, psikolojik danışma öz-yeterliğini doğrudan yordamasa da bilinçli farkındalık ve psikolojik danışma öz-yeterliği arasındaki ilişkide bir aracı olarak rol oynamıştır. Bu dolaylı etki, yüksek bilinçli farkındalık düzeylerinin düşük kaygı düzeyiyle ilişkili olduğunu ve bunun sonucunda psikolojik danışman adaylarının psikolojik danışma öz-yeterliğini artırdığını göstermektedir. Bilinçli farkındalık ile kaygı arasındaki olumsuz ilişki, geçmiş araştırmalarla tutarlıdır (Masuda ve Tully, 2012; Medvedev vd., 2018; Soysa ve Wilcomb, 2015). Mevcut araştırmanın bulguları, psikolojik danışman adayları arasında yapılan ve bilinçli farkındalığın öğrencilerin

kaygısını azaltmada önemli rol oynadığını gösteren önceki deneysel arařtırmalarla da uyumludur (Fletcher vd., 2022; Fulton ve Cashwell, 2015; Shapiro vd., 2007). Bilinçli farkındalık, psikolojik danıřman adaylarının yařadığı kaygıyla bařa çıkma mekanizması olarak kendini göstermektedir. Aynı zamanda bilinçli farkındalık, amigdala (kaç veya savař tepkisiyle iliřkilendirilen bir beyin bölgesi) reaktivitesini azaltır (Hölzel vd., 2011; Shonin ve Van Gordon, 2016) ve etkili duygusal düzenlemeyi kolaylařtırır (Arch ve Craske, 2006). Bu dođrultuda, bilinçli farkındalık, adayların psikolojik danıřma deneyimlerini ve yeteneklerini yorumlarken daha olumlu bir bakıř açası kazanmalarına ve dolayısıyla öz-yeterlik inançlarını ve motivasyonlarını artırmaya yardımcı olabilmektedir (Bandura, 1997; Schunk ve DiBenedetto, 2020).

### **4.3 Öz-Şefkat ve Kaygının Seri Aracılık Rolü**

Bu arařtırmada, öz-şefkatin psikolojik danıřman adayları arasında kaygıyı negaitf yönde yordadığı bulunmuřtur. Bu bulgu, öz-şefkat ve kaygı arasındaki olumsuz iliřkiyi vurgulayan önceki arařtırmaları desteklemektedir (De Souza vd., 2020; Pérez-Aranda vd., 2021). Egan vd. (2022), öz-şefkati, kaygıyı önlemeyi ve tedavi etmeyi amaçlayan psikolojik müdahalelerin kritik bir bileřeni olarak tanımlamıřlardır. Sekiz çalıřmanın sistematik bir incelemesi sonucunda, öz-şefkat müdahalelerinin genç yetiřkinlerde kaygı semptomlarını azalttığını belirtmiřlerdir. Bu bulgu, psikolojik danıřman adaylarının genellikle ilk psikolojik danıřma deneyimlerinde kaygı, řüph ve yetkinliklerini süpervizörlere gösterme ihtiyacı yařadığı göz önüne alındığında, önem tařımaktadır (Rønnestad ve Skovholt, 2003). Adaylar, ilk uygulama deneyimi sırasında psikolojik danıřmanın zaman zaman belirsiz ve zor olabilen dođasıyla karřılařırlar; bu nedenle de danıřmanlık becerileri konusunda endiře duyabilir, öz eleřtiriye yönelebilir ve mükemmel olmak için çabalayabilirler (Frediani ve Rober, 2016; Hill vd., 2007; Kondili, 2018; Özteke-Kozan, 2018; Rønnestad ve Skovholt, 2003). Öz-şefkat, duyguları etkili bir řekilde düzenleyerek, sınırlamaları kabul ederek ve daha az eleřtirel iç diyalog ile bu uygulama deneyimlerinin zorluklarını ve deneyimlenen kaygıyı hafifletebilir (Patsiopoulos ve Buchanan, 2011; Quaglia vd., 2022).

Sonuçlar, psikolojik danışman adayları arasında öz-şefkat ve kaygı arasındaki anlamlı ilişkiye rağmen, bu iki değişkenin seri aracılığının bilinçli farkındalık ve psikolojik danışma öz-yeterliği arasındaki ilişkide anlamlı bir açıklama gücü ekmediğini ortaya koymuştur. Bu bulgunun birkaç nedeni olabilir. Sosyal Bilişsel Teori, deneyimlenen duygusal durumların kendisinden ziyade, bireylerin bunları nasıl yorumladıklarının, öz-yeterlik inançlarını etkileyen kritik bir faktör olduğunu öne sürer (Bandura, 1977, 2009). Mevcut çalışmada kaygının ölçümü, çoğunlukla kaygının fizyolojik göstergelerine ilişkin maddeleri içermektedir, bu da anlamsız sonucun kaygının nasıl yorumlandığından ziyade düzeyinin ölçülmesiyle ilgili olabileceğini göstermektedir. Diğer bir deyişle, öz-şefkati yüksek psikolojik danışman adayları kaygı yaşayabilir, ancak bunu rahatsız edici değil, meydan okuyucu, uyarıcı ve motive edici olarak yorumlayabilirler. Böylelikle öz-şefkat kaygının varlığına rağmen farklı yorumlanmasından dolayı psikolojik danışma öz-yeterlik inançlarını azaltmayabilir. Sonuç olarak, öz-şefkatin psikolojik danışman adayları arasında kaygı ile olan olumsuz ilişkisi önceki bulgularla uyumlu olsa da öz-şefkat ve kaygının bilinçli farkındalık ve psikolojik danışma öz-yeterliği arasındaki ilişkide seri aracı rolü desteklenmemiştir. Bu sonuç, öz-şefkat ve kaygının bu ilişkide, ardışık olarak değil, farklı mekanizmalar aracılığıyla olmasından kaynaklanabilir. Örneğin, öz-şefkat, olumlu bir benlik değerlendirmesini teşvik ederek, öz eleştiriyi azaltarak ve mükemmeliyetçilik eğilimini azaltarak psikolojik danışma öz-yeterliğini etkileyebilir (Frediani ve Rober, 2016; Hill vd., 2007; Kondili, 2018; Özteke-Kozan, 2018; Rønnestad ve Skovholt, 2003). Öte yandan, kaygının azaltılması, odağı ve konsantrasyonu artırarak bireyin kendine ve fizyolojik kaygı semptomlarına odağını azaltarak psikolojik danışma öz-yeterliğini artırabilir (Skovholt ve Rønnestad, 2003; Wei vd., 2017).

#### **4.4 Uygulamaya Yönelik Çıkarımlar**

Araştırmanın sonuçlarından hareketle, yalnızca danışmanlık becerileri ve tekniklerine öncelik vermek yerine, psikolojik danışman eğitimi, adayların bilinçli farkındalık ve öz-şefkat gibi becerilerini geliştirme yollarını da düşünebilir. Eğitimciler, özellikle Bireyle Psikolojik Danışma Uygulaması deneyiminden önce, bu yapıları geliştirecek uygulamaları müfredatlarına entegre edebilir. Coaston'un

(2019) belirttiği gibi, bibliyoterapi veya öz-şefkatli mektup yazma gibi teknikler, adayları çevrimiçi eğitimlere katılmaya veya ilgili literatürü okumaya teşvik etmek, geliştirilebilir olan bilinçli farkındalık ve öz-şefkat becerilerini kazandırmada faydalı olabilir.

Araştırmanın ana değişkenleri arasındaki anlamlı değişkenler göz önünde bulundurulduğunda, derslere sınıf içi etkinlikler, öz-yansıtıcı ödevler ve meditasyon uygulamaları gibi bilinçli farkındalık ve öz-şefkat geliştirme stratejilerini dahil etmek, psikolojik danışman adaylarının kaygılarını azaltmada ve psikolojik danışma öz-yeterliklerini artırmada faydalı olabilir. Aynı zamanda süpervizörler de adayların kaygısını azaltmak ve psikolojik danışma öz-yeterliğini artırmak için bilinçli farkındalık ve öz-şefkat tekniklerini süpervizyon sürecine entegre etmeyi öncelik haline getirebilirler.

#### **4.5 Gelecek Araştırmalar için Öneriler**

Araştırmanın katılımcılarına ulaşmak için kolayda örnekleme yöntemi kullanıldığından, sonuçların genellenebilirliği azalmıştır. Bu nedenle, sonuçların genellenebilirliğini artırmak için gelecekteki araştırmalarda daha geniş ve çeşitli örnekleme çeşitlerinin kullanılması önerilmektedir. Bu araştırmada, psikolojik danışman adaylarının bilinçli farkındalık düzeyini değerlendirmek için Bilinçli Farkındalık Ölçeği (Özyeşil vd., 2011) kullanılmıştır. Ancak, bu ölçümün esas olarak adayların mizaca bağlı bilinçli farkındalığını yansıttığı ve psikolojik danışma oturumları sırasındaki bilinçli farkındalıklarını özel olarak değerlendirmedeği belirtilmelidir. Bu nedenle, gelecekteki araştırmalarda psikolojik danışma bağlamındaki bilinçli farkındalığı ölçmek için özel olarak tasarlanmış ölçekler (örn., Terapötik Mevcudiyet Envanteri; Geller vd., 2010) kullanılabilir.

Bu araştırma, psikolojik danışman adaylarının genel kaygı seviyeleri hakkında bilgi sağlamıştır, ancak psikolojik danışma oturumları esnasında yaşanan kaygı değerlendirilmemiştir. Bu sınırlamayı gidermek için, gelecekteki araştırmalarda akıllı saatler gibi giyilebilir cihazlar kullanılarak psikolojik danışma veya süpervizyon oturumları sırasında kalp atış hızı gibi kaygının fizyolojik göstergeleri izlenebilir.

Kaygının, psikolojik danışman adayları üzerindeki etkisinin ve psikolojik danışma öz-yeterliklerinin gelişiminin daha derinlemesine anlaşılması için nitel ve boylamsal çalışmalar önerilmektedir. Son olarak, bilinçli farkındalık temelli ve öz-şefkat odaklı müdahalelerin Türk psikolojik danışman adaylarının kaygı ve psikolojik danışma öz-yeterliği üzerindeki etkilerini inceleyen deneysel tasarımlı arařtırmalar yapılabilir.

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