

AN ACTION-PROJECT INVESTIGATION OF YOUNG ADULT CLIENTS'
SELF-EFFICACY WITHIN INDIVIDUAL COUNSELLING PROCESS

by

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Abstract

This study aimed to describe dynamic interactive manifestations of client self-efficacy within the individual counselling process of young adult clients and professional counsellors. The study reanalyzed data obtained from a previous action-project investigation of 12 counsellor-client dyads who met for up to four sessions to address issues related to the client's transition to adulthood. Reanalysis followed a cumulative case study approach (Stake, 2000) and adapted the qualitative analysis procedures of the action-project method (Young, Valach, & Domene, 2005). Two research questions, "How is client self-efficacy manifest in counselling process?" and "How are perceptions of clients' capabilities constructed within the individual and joint action of individual counselling sessions?" guided the reanalysis of six target cases. The within case portion of the analysis yielded detailed descriptions of clients' self-efficacy beliefs as well as the joint action processes that constructed them. The findings for each case were reduced to a set of assertions and were then compared and contrasted in the cross case analyses. This analytic process generated the following seven summary assertions pertaining to these participants' experiences: 1) perceptions of the clients' capabilities were embedded throughout all phases of the counselling process including exploration, problem definition, intervention, client change, consolidation of change, and termination; 2) clients' efficacious and inefficacious self-evaluations varied with regards to emotional intensity and importance to the counselling process; 3) clients' perceptions of self-efficacy regarding basic tasks of counselling were closely tied to the client-counsellor relationship; 4) counsellor and client's exploratory joint action helped construct perceptions of capability; 5) the counsellors' use of efficacy questions was accompanied by efficacy construction; 6) significant extratherapy events were incorporated into the joint action that constructed perceptions of the clients' capabilities; 7) efficacy construction was observed in powerful parallel processes that aligned clients' in-session action with highly important relational goals. These findings are forwarded as knowledge that is close to these

participants' experience. Though the study's research design precludes causal statements or definitive generalizations, the knowledge generated from the participants' experience prompts theoretical reflection, invites subsequent research, and may be useful to practitioners seeking to facilitate efficacy construction in their clients.

Preface

The research reported in this study was approved by the Behavioural Research Ethics Board according to certificate number B06-0674. This study was part of a larger study on counselling for the transition to adulthood for which Richard Young was the principal investigator and Sheila Marshall was the co-investigator. At various times the research assistants made significant contributions to the collection and analysis of data: Kristen Foulkes, Carla Haber, Celine S. M. Lee, Carey Penner, Hajara Rostram. For the purposes of the study reported in this dissertation, additional data were collected and a different analysis was undertaken.

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To Sharon, Riley, and Sydney

Chapter 1: Introduction

The question of how people change is a longstanding question and a current concern for counselling and psychotherapy process research. Self-efficacy research establishes self-efficacy as a useful construct for understanding therapeutic change (Bandura, 1997). This dissertation, completed as part of a doctoral program in Counselling Psychology, responds to three needs in the counselling process and self-efficacy literatures. First, counselling process researchers have become increasingly focussed on understanding change processes and recognise the need for research that identifies change processes and describes them over time (Pachankis & Goldfried, 2007). Second, though early self-efficacy research forwarded self-efficacy as a primary mechanism of therapeutic change (Bandura, 1977a) and subsequent research identifies client's sense of self-efficacy as a governing factor of counselling process (Tschacher, Baur, & Grawe, 2000), counselling process research has not provided rich, thick descriptions of client self-efficacy within and across individual counselling sessions. Finally, social cognitive theory posits a dynamic interactive self-efficacy belief system but the extant self-efficacy research has isolated individual self-efficacy beliefs, relied on static measurement techniques, and neglected contextual influences. Contextual action theory serves as the guiding theoretical framework for the dissertation (Valach, Young, & Lynam, 2002). It conceptualizes human experience as goal-directed action and provides a contextualist lens and a qualitative method of inquiry, the action-project method (Young, et al., 2005), which are useful for describing self-efficacy as a dynamic interactive change process of counselling.

1.1 Counselling Process

Counselling process research is an essential enterprise of counselling psychology, one that increases knowledge of individual counselling thereby providing opportunities for

improving practice. Efforts to research the complex dynamics and multifaceted happenings of individual counselling sessions contribute incrementally to the goals of describing and explaining change mechanisms occurring within individual counselling. Previous research provides a richly detailed depiction of numerous aspects of counselling process (see Hill & Williams, 2000 for a review). Nonetheless, the complexity of human functioning and intricacy of human interaction provide innumerable challenges and opportunities for counselling process researchers. The discovery and ongoing elaboration of counselling processes remains a significant goal for counselling psychology.

In its broadest sense counselling process, also referred to as therapy or psychotherapy process, involves everything that goes on within counselling sessions or “what happens in psychotherapy sessions”(Hill & Lambert, 2004, p. 84). Hill and Williams’ (2000, p. 670) more descriptive and oft cited definition describes counselling process as the “overt and covert thoughts, feelings, and behaviours of both clients and therapists during therapy sessions.” Their description of process proceeds to distinguish it from other variables that are important to individual counselling, things such as input variables, extratherapy events, and counselling outcomes. Input variables encompass all that has shaped and influenced counsellors and clients prior to the beginning of counselling whereas extratherapy events references all of the noncounselling experiences occurring after the commencement of counselling. The specific variables of interest to counselling process researchers are those variables that influence, positively or negatively, counselling processes occurring within the session and the session’s outcomes. Counselling outcomes refers to all of the effects of counselling.

1.1.1 The relationship between counselling process and counselling outcomes

The relationship between counselling process and counselling outcomes is complex and ultimately somewhat obscure. Orlinsky and his colleagues articulated an intricate, highly detailed generic model of psychotherapy as a way of distinguishing and integrating input, process, and outcome variables (Orlinsky, Grawe, & Parks, 1994; Orlinsky, Rennestad, & Willutzki, 2004). In terms of the process-outcome distinction, this model specifies “in-session impacts” as change that occurs during a session and distinguishes it from “postsession impact.” Others have used the phrases little o’s and big O’s to distinguish between in-session impacts and postsession outcomes (Greenberg & Pinsof, 1986). In-session impacts or small outcomes are considered part of counselling process and include both positive and negative impacts occurring during a counselling session (i.e., insight vs. confusion, relief vs. distress, self-efficacy vs. dependence, etc.) where as postsession impact refers to outcomes that are evidenced outside of the counselling relationship (i.e., changes in symptoms, personal adaptation, communication skills, etc) (Orlinsky, et al., 2004). Although in-session impacts are considered to be a part of counselling process, these internal changes processes are also recognized as valuable outcomes of therapeutic intervention and are often conceptualized as such within outcomes research (Orlinsky, et al., 2004).

In many regards it is the goals and objectives of the researcher and the resultant research design that determine whether internal change processes are viewed as a process or an outcome. Researchers treat variables as outcome variables when they view them as the end goal of therapeutic intervention, measure them at the conclusion of counselling, and compared participants’ scores across different intervention conditions. Researchers interested in counselling processes may study in-session changes that are facilitated by therapeutic

intervention but they conceptualize the in-session change as a change that produces some other definable outcome. Furthermore, although process researchers study psychological processes that contribute to outcomes, they are focused on describing and understanding psychological processes. They may omit outcome measures in their designs, are more likely to investigate variables across time, and may employ qualitative procedures that produce rich descriptions of change processes.

1.1.2 Understanding therapeutic change processes

Though interest in therapeutic change is as old as the first efforts to help people change, Hans Eysenck's (1952) negative evaluation of psychotherapy's effects helped transform this interest into a formal research agenda. The Task Force on Promotion and Dissemination of Psychological Procedures (1995) represents a more recent impetus for research aimed at understanding therapeutic change processes. The Task Force, which reviewed the existing outcomes research according to a strict set of research standards and listed treatments according to their demonstrated effectiveness in treating specific disorders, precipitated what has been referred to as a great debate (Wampold, 2001) and a culture war (Messer, 2004). The debate is over methodological and interpretive differences regarding therapeutic change research. Though the debate, which "taps into broad worldviews in matters psychological that divide many applied psychologists" (Messer, 2004, p. 581), remains unresolved, it has generated renewed interest in understanding change processes. The question of "Does therapy work?" has given way to the question, "How does therapy work?"

The goal of understanding how therapy works brings a joint focus on outcome and process. The combined emphasis on process and outcome is evident in Castonguay and Beutler's (2006) *Principles of therapeutic change that work*. The task force that produced this edited book

reviewed the existing process-outcome research and sought to identify and describe common principles of change relevant to dysphoric, anxiety, personality, and substance use disorders.

The search for principles of change is ongoing and is seen as a potentially unifying endeavor for psychotherapy research (Goldfried & Burum, 2007). *Principles of therapeutic change that work* precipitated a special issue of *Clinical Psychology Review* entitled “New approaches to the study of change in cognitive behavioral therapies.” Though the articles in this issue addressed a range of clinical topics and utilized a variety of methodological approaches, they were unified in seeking to identify underlying mechanisms of change. Pachankis and Goldfried’s (2007) closed the issue with an article focused on future process research. They declare that, “The overarching goal of process research in general and the methods described in this issue is to identify mechanisms of change” (Pachankis & Goldfried, 2007, p. 762).

1.2 Self-Efficacy

It was over thirty years ago that Albert Bandura (1977a) forwarded self-efficacy as a primary mechanism of therapeutic change and the core construct needed for a unifying theory of behavioural change. This bold assertion was quickly followed by empirical and conceptual support that situated self-efficacy as an important person factor within triadic reciprocal determinism (Bandura, 1978) and the key mechanism in human agency (Bandura, 1982). Social cognitive theory emerged as the aforementioned unifying theory of behavioral change (Bandura, 1986). Self-efficacy became social cognitive theory’s most widely research construct and the point of entry into understanding human agency (Bandura, 1997). Yet despite Bandura’s early assertion, the rapid evolution of social cognitive theory, and the proliferation of self-efficacy research, there is need for counselling process research that describes self-efficacy as a common change process of individual counselling. This dissertation responds to that need.

1.2.1 Self-efficacy beliefs

Social cognitive theory defines self-efficacy as the ability to exercise control over human functioning. This fundamental human capacity is operationalized as perceptions of self-efficacy commonly labeled as self-efficacy beliefs or self-efficacy expectancies. By definition, “perceived self-efficacy refers to beliefs in one’s capabilities to organize and execute the courses of action required to produce given attainments” (Bandura, 1997, p. 3). Perceived self-efficacy is a judgment of capability that is understood according to a behavioural referent. It is not a global trait or a general disposition that extends to all areas of life but is a specific belief regarding a specific capability; people have beliefs about whether or not they can perform a given behavioural task. Social cognitive theory does, however, conceptualize individuals as possessing a dynamically organized belief structure with self-efficacy beliefs for all areas of human function. This theoretical tenet suggests that individuals in counselling will have self-efficacy beliefs regarding any and all issues that they hope to address in their counselling sessions. The tenet is important to Bandura’s assertion that the self-efficacy mechanism is the underlying process of therapeutic change (Bandura, 1977a). This tenet is also important for the argument forwarded here, namely that the self-efficacy functions as an underlying change process within individual counselling.

1.2.2 Self-efficacy mechanism

Social cognitive theory provides a detailed framework for understanding the role of self-efficacy beliefs in human experience (Bandura, 1986, 1999, 2001). Bandura uses the phrase self-efficacy mechanism to reference the mediating role that self-efficacy beliefs serve within human experience (Bandura, 1982; Bandura & Cervone, 1983; Bandura, Cervone, Higgins, & Kruglanski, 2000; Bandura & Schwarzer, 1992). The theory and the associated empirical

research describe the mediating role in connection to a range of other constructs including basic human capabilities (i.e., symbolizing, vicarious, forethought, self-regulatory, & self-reflective), antecedent experience (sources of self-efficacy), internal processes (i.e., selection, motivational, affective, and cognitive), and contextual factors, and confer self-efficacy beliefs a causal role for all human behaviour.

Self-efficacy research demonstrates predictive and causal relationships between perceived self-efficacy and human behaviour. The strength and level of one's self-efficacy beliefs function as causal determinants of whether one will attempt a particular behavioral enactment as well as the strength, persistence, and quality of one's behavioural response; self-efficacious thought leads strong, persistent, and high quality responses (summarized in Bandura, 1997). The research demonstrating these causal relationships encompasses a variety of task domains including coping behaviour in relation to feared objects (Bandura, Reese, & Adams, 1982), problem solving (Cervone, 1989; Cervone & Peake, 1986; Jacobs, Prentice-Dunn, & Rogers, 1984), muscular endurance (Weinberg, Gould, & Jackson, 1979), and control of physiological activity using biofeedback (Holroyd & et al., 1984). Research supporting a predictive role for self-efficacy for self-efficacy beliefs expands this list to include numerous additional human functions such as non-avoidant participatory behaviour (Ozer & Bandura, 1990), decision making (Bandura & Jourden, 1991), physical exercise (Dzewaltowski, 1989), dental hygiene (McCaul, O'Neill, & Glasgow, 1988), academic achievement (Lent, Brown, & Larkin, 1984; Siegel, Galassi, & Ware, 1985), and occupational preferences (Wheeler, 1983).

In addition to highlighting the influence that self-efficacy beliefs have on all human behaviour, the phrase self-efficacy mechanism also emphasizes their position relative to other social cognitive theory constructs. It is an economical way of referencing the role and function of

self-efficacy beliefs in human experience and a clear acknowledgement of the dynamic interactive system within which they function. The mediating role of the self-efficacy mechanism makes it a suitable target for a counselling process study aimed at describing change processes. The dynamic interactive system within which it functions establishes stringent methodological and conceptual requirements for researchers who aim to describe self-efficacy as a change process of individual counselling.

1.2.3 Self-efficacy research

The vast majority of self-efficacy research operationalizes self-efficacy using one or more self-efficacy scales. These self-report inventories list behavioural tasks specific to particular domains of function and ask respondents to rate how confident they are in their ability to complete each task. Respondents' total scores represent the strength of their self-efficacy beliefs for the domain of function in question at the time of measurement. Change in self-efficacy beliefs is established by comparing scores across two or more time periods.

Though this static measurement approach is suitable for establishing the occurrence of change over a period of time, it is not amenable for research that seeks to describe self-efficacy as a dynamic interactive change process. The approach also appears to be somewhat inconsistent with the dynamic non-linear computational model of human functioning that social cognitive theory embeds self-efficacy beliefs within (Bandura, 2001). Self-efficacy changes occurring as the result of counselling occur within and across individual counselling sessions and thus should be evident in the moment by moment interactions of clients and counsellors. What is needed is a measurement approach capable of capturing the moment by moment action of individual counselling sessions.

Self-efficacy research also faces methodological challenges related to the contextual influences enfolding human experience. Social cognitive theory roots human functioning within social systems and asserts that human experience is “socially interdependent, richly contextualized, and conditionally orchestrated within the dynamics of various societal subsystems and their complex interplay (Bandura, 2001, p. 5). Though self-efficacy beliefs are key determinants of self-influence, they are also embedded within a rich set of social systems. Bandura (2001) concedes the shortcomings of current research approaches and calls for a more comprehensive approach that is capable of integrating personal and social foci. This methodological challenge is particularly pertinent to research that aims to describe self-efficacy as a dynamic interactive change process of individual counselling.

1.2.4 Career related self-efficacy

The proliferation of self-efficacy research is such that this rather straightforward construct drives innumerable research programs relevant to a seemingly endless array of subjects within psychology including such diverse subjects as internet use (Chu, 2010), nursing (Lee & Ko, 2010), teaching (Klassen & Chiu, 2010), fruit and vegetable consumption (Richert et al., 2010), child protection service (Chen & Scannapieco, 2010), investing (Forbes & Kara, 2010), condom use (Maticka-Tyndale & Tenkorang, 2010), and diabetes management (Schokker et al., 2010). Although the self-efficacy literature within vocational psychology represents but one subset of this large body of research it is a significant one for several reasons. First of all, vocational psychology has been, and continues to be, a fruitful domain for self-efficacy research and the large body of career related self-efficacy research contributes to the validation of the social cognitive theory. Secondly, career related self-efficacy research has spawned a subsidiary theoretical work aptly named social cognitive career theory. Finally, the vast collection of career

related self-efficacy scales that have been developed focus on career development tasks (i.e., exploration & decision making) that are highly pertinent to young adults who are transitioning to adulthood.

1.3 Contextual Action Theory and the Action Project Method

Contextual action theory (Valach, Young, et al., 2002) has emerged as a valuable framework useful for conceptualizing all manner of human experience. Though its development and application has been somewhat eclectic spanning diverse disciplines such as nursing, psychiatry, social work, and psychology, its main application has been within vocational psychology. This core area of psychology is enriched by the unique perspectives and methodology offered by the contextual action theory framework and the action-project method. The theoretical framework, in turn, has enjoyed the solid grounding and fertile soil provided by vocational psychology. Career development and the transition to adulthood have been particularly valuable subjects of inquiry for action theory as is evidenced by a growing literature that seeks to describe the transition to adulthood as goal directed joint action (Young et al., 1999; Young, Lynam, et al., 2001; Young et al., 2006; Young, Valach, et al., 2001; Young et al., 1997). My research harnesses this synergy and extends the action theory framework to encompass additional areas of vocational psychology, namely career related self-efficacy.

Contextual action theory conceptualizes human experience as intentional goal-directed action and seeks to understand human behaviour according to the intentional framework of individual and joint actors (Valach, Young, et al., 2002; Young, et al., 2005). Intentions and goals are a primary focus of the framework and method (Young, et al., 2005). They serve an integrative function for a three dimensional model of action and provide a foundation for understanding human experience as processes occurring across time. The intentional framework

of two or more actors also serves as a basis for identifying shared meanings that contextualize human experience. These two characteristics, the capacity to describe human experience as a process occurring over time and the capacity to contextualize human experience according to a rich set of shared meanings, address critical limitations of previous self-efficacy research. They also make the action-project method particularly useful for research aimed at describing client self-efficacy as a dynamic interactive process of individual counselling.

1.4 Statement of Purpose and Research Questions

The current study responds to the need for new knowledge on therapeutic change processes. It extends previous research by describing dynamic manifestations of client self-efficacy within the counselling process of young adult clients and professional counsellors. This aim was achieved through the use of an established qualitative research method and by answering two research questions. The first question asked, “How is client self-efficacy manifest in counselling process?” The second question was, “How are perceptions of clients’ capabilities constructed within the individual and joint action of individual counselling sessions?”

Chapter 2: Literature Review

The rationale for investigating self-efficacy within general counselling process goes beyond Bandura's (1977a) early declaration and encompasses a complex array of empirical, conceptual, methodological, and philosophical arguments. These arguments, which draw from several distinct yet related areas of psychology, are developed and articulated throughout this chapter; the presentation of these arguments occurs in four separate sections. The first section outlines the counselling process literature to which this study will speak. The second section summarizes social cognitive theory, including its constructs, conceptual model, methodological strategy, foundational research, and philosophical commitments. The third section examines a more focal extension of social cognitive theory, namely social cognitive career theory and the career related self-efficacy research. The final section describes contextual action theory and articulates my rationale for using the action-project method to describe client self-efficacy as intentional, goal-directed action.

2.1 Counselling Process

To investigate self-efficacy within counselling process one must comprehend previous attempts to understand and describe counselling process. This is no small task given the scope and depth of the counselling process literature, a multifarious literature that spans more than 50 years and includes numerous specific lines of inquiry. Those who attempt to summarize the individual counselling process literature must choose between a cursory overview of the major lines of research or a detailed account of past and present findings, an account that would require copious pages. Perhaps this is why the latest edition of the *Handbook of counseling psychology* by Brown and Lent (2008) broke from the precedent established by previous editions and provided neither type of summary. Instead, the editors offer a number of more focused chapters

that summarize specific lines of research within the broader category. I've chosen to anchor my dissertation in a concise overview of the individual counselling process literature. Having defined counselling process in the first chapter and distinguished it from counselling outcomes, this chapter provides a historical context that identifies several important lines of research within the counselling process literature and discusses the current state of counselling process research along with some contemporary methodological options available to counselling process researchers. I end my coverage of the counselling process literature with a brief discussion of career counselling process research, an emerging specialty of the broader category that is particularly relevant to my project.

2.1.1 A historical account of the counselling process literature

Although the historical context of counselling process research is important, a systematic and full account of the history of process research is well beyond the scope of this paper. Hill and Corbett (1993) provide a detailed account of this history paying particular attention to the contributions of counselling psychologists. Orlinsky et al (2004) provide a shorter albeit more current account of the historical context of counselling process research, an account that is more focused on contributions from clinical psychology and that is followed by a detailed summary of counselling process findings. Both sources inform the presentation that follows. Hill and William's (2000) summative presentation on "The process of individual therapy" illuminates a useful framework for understanding the findings that have emerged from this body of research. My brief review aims to provide a historical context useful for understanding current counselling process research while also identifying specific research pertinent to the current study.

Orlinsky et al (2004) divide the history of counselling process research into four main phases. They label the first phase as a preparatory period where the main struggle and

accomplishment entailed establishing a role for scientific research. This important period, which ran from the 1920's to the 1950's, led the way to the second phase (50's and 60's), a phase that is noteworthy for two significant methodological innovations. The first innovation involved the widespread use of audio recording equipment in counselling process research. Although Carl Rogers was an important pioneer in this area, Hill and Corbett (1993) credit his Ohio State University predecessor, Frank Robinson, with the first counselling process research program. Nonetheless Rogers' (1957) seminal counselling process article entitled, "The necessary and sufficient conditions of therapeutic personality changed," inspired and continues to inspire significant counselling process research. The other counselling process innovation to gain popularity during this period was a shift to include participant observations such as rating scales and questionnaires. Interestingly, both the use of electronic recording equipment and a prizing of participants' phenomenal experience are important aspects of the action-project method that I used in my research.

Orlinsky et al (2004) describe the third phase (c. 1970-1985) as a period of widespread growth, one which saw the differentiation and organization of various lines of counselling process research. Hill and Corbett (1993) identify the Rogers' inspired *skills training* line of research as being foundational to current understandings of counselling process. Of the three skills training models that they identify the interpersonal process recall model (Kagan, 1975; Kagan, Krathwohl, & Miller, 1963) is of particular significance to the current study.

The interpersonal process recall model is particularly important because of the video assisted recall procedure that Kagan used to access participants' thoughts and emotions. This valuable procedure was adapted in subsequent counselling process research aimed at understanding counsellor intentions and client reactions (Hill, Helms, Spiegel, & Tichenor, 1988;

Hill, O'Grady, Balenger, & Busse, 1994; Hill, Thompson, & Corbett, 1992; Thompson & Hill, 1991) and served as a strategic methodological tool for the cognitive mediational paradigm forwarded by Jack Martin and his colleagues (Martin, Martin, Meyer, & Slemon, 1986; Martin, Martin, & Slemon, 1989). Martin (1984) identifies video assisted recall as a tool that provides improved access to participants' cognitive processes, access that is superior to indirect measures of cognitive processes like "Bandura's self-efficacy scales" (p. 559). I share Martin's conviction regarding the advantages of a video assisted recall procedure and used the self-confrontation procedure of the action-project method to identify and describe clients' self-efficacy beliefs.

The third phase of process research also saw increased interest in and expanded application of Bordin's (1979) conceptualization of the working alliance. Bordin's classic definition, which identifies three key aspects of the working alliance including 1) agreement between the client and counsellor on the goals of counselling goals; 2) agreement on the tasks of counselling; and 3) the quality of bond between counsellor and client, is highly pertinent to my proposal. This definition is important to the current study because the action theoretical framework that guides the study conceptualizes human experience in terms of mutual goals and joint actions and provides a method that is capable of describing the joint-projects that emerge in counsellor and client interactions.

Rice and Greenberg's (1984) task analysis represents an important methodological development of the third phase of counselling process research. This mixed method is highly structured and provides an intensive set of data analysis procedures that help researchers specify and track important process events over time (Greenberg, 2007). More specifically, it helps counselling process researchers investigate the "key, critical, decisive, or auspicious moments" that lead to psychological change (Hill & Williams, 2000, p. 694). It also provides researchers

with a rational-empirical method useful for developing and testing models that fit with what counsellors do in their practices. In fact, task analysis and other events oriented research have led to important knowledge generation regarding things like problematic reaction points, insight, creation of meaning, dream interpretation, and metaphors (Hill & Williams, 2000).

Orlinsky et al (2004) express some uncertainty regarding the fourth and current stage of counselling process research; they indicate that its temporal closeness obscured their view and prevented them from making definitive statements regarding its characteristics. They do, however, identify a number of key descriptors for this time period including consolidation, standardization, elaboration, critique, innovation, and controversy. Consolidation, standardization, and elaboration are descriptors that attest to the sizeable accumulation of counselling process research observed during this phase. Established lines of research grew and developed in this time period as did the methods used to support them. Hill and Williams (2000) well organized review of counselling process research provides an excellent taxonomy of the various lines of research as well as the basic findings. Although my study does not aim to address a specific line of research in the counselling process literature there are several areas for which my findings may be relevant. The aforementioned alliance research is pertinent given its emphasis on mutual goals and common tasks. Research regarding interpersonal complementarity and relational control is similarly relevant. Finally, there are lines of research aimed at the covert processes of clients and of counsellors. These areas are relevant given that self-efficacy beliefs function as covert processes and the action-project method contains procedures designed to access participants' internal processes.

Of the other descriptors used to describe the most recent period of counselling process research, innovation and controversy are of particular interest. Innovation refers to the

development and the “progressively greater acceptance of qualitative research” (Orlinsky, et al., 2004, p. 309). Hill and Williams (2000) echo this important observation, as do I. The increasing acceptance and valuing of qualitative research is important given that that my qualitative study investigated a widely research construct, one fully embedded within quantitative research methodology and the postpositivist paradigm. I anticipate that a qualitative investigation rooted within a constructivist paradigm may meet with some resistance in the wider academic community but will also generate valuable findings that open the door for meaningful dialogue (Martin & Sugarman, 1997, 2000). Fittingly, the word controversy references the empirically supported treatment movement along with its emphatic reliance on outcome research employing randomized clinical trials (Chambless & Ollendick, 2001; Chambless et al., 1996). This kind of strict reliance on narrowly conceived research evidence provides little basis for a qualitative counselling process study. In contrast to these narrow parameters, my study finds support in the evidence based practice approach (Messer, 2004), an approach that welcomes a wider range of evidence including qualitative process research. My study is also highly congruent with my strong commitment to an agentic view of persons and my desire to generate knowledge that will help clients experience personal agency within and outside of counselling sessions.

2.1.2 Methodological options

Methodological pluralism represents a vital outcome of the last phase of counselling process research. This critical outcome has emerged despite palpable pressure to adopt a single gold standard for counselling research (Task Force on Promotion and Dissemination of Psychological Procedures, 1995). Ironically, I believe the movement toward highly controlled experimental designs has revealed the importance and indispensable value of process research that is closer to the lived experience of participants and more reflective of counselling process’

complexity as well as the intricacy of human interaction. It would seem that the age old tension between internal and external validity continues to push researchers to increasingly sophisticated methodologies. Consequently, counselling process researchers are faced with a variety of methodological alternatives from which to choose. This includes advanced quantitative statistical procedures reflective of the postpositivist perspective as well as innovative qualitative procedures that fall within a range of philosophical positions including the postpositivism, constructivism-interpretivism, and critical-ideological perspectives.

Hill and Corbett's (2000) review of individual counselling process research identifies a number of advanced analytic approaches useful for analyzing counselling process data. This includes sequential analyses, time-series analyses, multilevel modeling (i.e., hierarchical linear modeling), and structural equation modeling. Although the mathematical machinery of these approaches is diverse each approach is valuable for understanding intricate relationships among numerous variables as measured across time. They are also similar in their ability to connect counselling processes to counselling outcomes.

Alan Kazdin (2006, 2007) advocates for psychotherapy research that more adequately connects counselling processes to counselling outcomes. More specifically, he calls for psychotherapy research that illuminates the mechanisms and mediators of therapeutic change while lamenting their absence in the literature. As with Hill and Williams (2000), he advocates for the use of advanced statistical approaches such as multiple regression based techniques, path analysis, structural equation modeling, and bootstrap methods. His impassioned plea also specifies important design issues like random assignment, multiple waves of data collection, multivariate approaches, and so forth. Laurenceau, Hayes, and Feldman (2007) echo Kazdin's call for multiple waves of data and for statistical procedures that model growth over time. While

in some regard these methodological alternatives are well suited for a counselling process investigation of the self-efficacy *mechanism*, there are significant conceptual issues that this kind of approach may have difficulty contending with. I address the conceptual issues in the subsequent section of this chapter dealing with social cognitive theory. Suffice to say now that the conceptual issues pose prohibitive methodological challenges for the types of quantitative investigations that Kazdin advocates for. Fortunately, “qualitative research can provide a fine-grained analysis by intensively evaluating the richness and details of the process, including who changes and how change unfolds, and who does not change and what might be operative there” (Kazdin, 2007, p. 20). I concur with Kazdin’s elucidation of the positive merits of qualitative research and have responded with a study that describes self-efficacy in the counselling process of young adult-counsellor dyads.

Hill and Williams (2000) also identify some promising qualitative research methods useful for investigating counselling process. These include grounded theory, phenomenology, comprehensive process analysis, and consensual qualitative research. The stated advantages of these qualitative approaches involve their capacity to describe counselling process in terms of its rich detail, the inner experiences of participants, its context, and the specific sequences occurring within sessions. Hill and Williams’ exemplars are Rennie’s (1994) grounded theory study of clients’ deference, Bachelor’s (1995) phenomenological analysis of clients’ perceptions of the therapeutic alliance, Elliott et al.’s (1994) comprehensive process analysis of insight events, and Knox et al.’s (1997) consensual qualitative research study of clients’ perceptions of therapist self-disclosure. The current trend in North American qualitative counselling process research is toward employing consensual qualitative research (i.e., Burkard, Knox, Groen, Perez, & Hess, 2006; Gazzola & Stalikas, 2004; Gray, Ladany, Walker, & Ancis, 2001; Knox, Burkard,

Johnson, Suzuki, & Ponterotto, 2003). Though not found within these lists, the action-project method possesses the advantages identified above and is forwarded as a qualitative method particularly valuable for counselling process research (Young, et al., 2005). That the action-project method and the contextual action theory framework are highly amendable to career issues (Young & Valach, 2004; Young, Valach, & Collin, 1996, 2002) make the method particularly well suited for describing the self-efficacy of young adults seeking help with their transition to adulthood.

2.1.3 Career counselling process

In 1993, Hill and Corbett's review of counselling process research noted a dearth of career counselling process research. Ten years later two leading counselling process researchers draw a similar conclusion asserting that, "remarkably little is known about what underlying processes and mechanisms lead to effective change in career counseling" (Heppner & Heppner, 2003, p. 429). Recent reviews published in *Career Development Quarterly* highlight the importance of career counselling process studies while also commenting on their absence in the literature (Dagley & Salter, 2004; Guindon & Richmond, 2005). The latest *Annual Review of Psychology* article summarizing vocational research says little to indicate that the status of counselling process has changed (Fouad, 2007). All told, there is a great need for career counselling process research.

Whiston and Rahardja (2008) provide the most current summary of career counselling process and outcome research. Unfortunately, their review of process research is decidedly outcome oriented in its focus as is evidenced in the following main heading, "What processes produce the best results?" (p. 450). What follows this heading is a description of five critical ingredients whose effects are supported by three published meta-analyses (Brown & Ryan

Krane, 2000; Brown et al., 2003; Healy, 2001). The critical ingredients include the use of written exercises, the provision of individualized interpretation and feedback, the presentation of occupational information, modeling, and efforts to build rapport. That these counsellor initiated interventions are effective tools and that outcome oriented process research is valuable are not the issues. The issue is that the authors' review fails to uncover career counselling process research that is, well, more process oriented; attention to rapport building is the lone exception of their list. This general failure would appear to be reflective of the literature that they review. It is also consistent with one of Heppner and Heppner's (2003) explanations regarding the scarcity of career counselling process research, namely that many perceive career counselling to be void of process. I contend, as do Heppner and Heppner, that career counselling involves important processes worth describing and that rich descriptions of career counselling processes constitute valuable knowledge useful for career counselling practitioners. It is with this in mind that I described self-efficacy in the process of individual counselling, a particular application of individual counselling that is akin to broad based career counselling because it is focused on the transitional issues of young adults.

2.2 Social Cognitive Theory

Albert Bandura's articulation of social cognitive theory is not the only one presented within the psychological literature; Julian Rotter (1954) and Walter Mischel (1973) have each offered alternative theories (Maddux, 1994). Bandura's formulation has, however, risen in prominence to the point where it has become somewhat synonymous with the more general label. As the name indicates, social cognitive theory draws from two foundational areas of psychology. The dual focus on social and cognitive factors is useful for conceptualizing

counselling process in that it encompasses both the interpersonal and intrapersonal aspects of counselling process.

The social aspect of Bandura's framework grew out of the classic Bobo doll studies on observational learning (Bandura, Ross, & Ross, 1961, 1963a, 1963b). Based upon these findings and subsequent research Bandura provided a social learning analysis of aggression (Bandura, 1973), and highlighted the importance of vicarious processes in behaviour modification practices (Bandura, 1969). His research and theorizing regarding vicarious process led to the development of social learning theory (Bandura, 1977b) and the articulation of triadic reciprocal determinism (Bandura, 1978), both of which endorse an important causal role for social factors. This theoretical development yielded social cognitive theory, a theory that embeds self-efficacy within a socially interdependent and richly contextualized model of human functioning (Bandura, 1999, 2001).

The Bobo doll studies also allowed Bandura to break open the black box of radical behaviourism and to incorporate cognitive variables into his theorizing and research. Self-efficacy emerged as an important cognitive construct (Bandura, 1977a, 1982) and social learning theory (Bandura, 1977b) quickly evolved into social cognitive theory (Bandura, 1986). The computational model of human functioning became a central feature of the theory and the microanalytic research model provided a methodological strategy for understanding the human condition. Social cognitive theory became focused on the relationship between input and output variables as well as the mediating role of specific cognitive factors, most notably self-efficacy beliefs. Thus, social cognitive theory also embeds self-efficacy within a within a dynamically organized computational model of human functioning, a distinctly agentic model (Bandura,

2001). The computational and agentic aspects of the model are described in detail in subsequent sections of this review of social cognitive theory.

2.2.1 Conceptualizing self-efficacy within social cognitive theory

Social cognitive theory provides a rich and elaborate theoretical framework for envisioning self-efficacy within counselling process. The framework ascribes self-efficacy as a central role in all areas of human functioning including that occurring within counselling. The centrality of self-efficacy in human experience is reflected in over 40 years of research and theoretical evolution. This vast literature is united by its singular operational strategy, that of assessing self-efficacy beliefs in connection to antecedent, concurrent, and resultant conditions and events. Consequently, social cognitive theory's development and substantiation are inextricably connected to the operationalization of self-efficacy and the proliferation of self-efficacy scales, an activity that has extended the self-efficacy to innumerable domains of human function. The inseparability of social cognitive theory and self-efficacy research is clearly stated in Bandura's (2006b) *Guide for creating self-efficacy scales* where he states, "The construct of self-efficacy is embedded in a theory that explains a network of relationships among various factors.... Construct validation is an ongoing process in which both the validity of the postulated causal structure in the conceptual scheme and the self-efficacy measures are being assessed" (p. 319).

As stated within the introductory chapter, social cognitive theory defines self-efficacy as the ability to exercise control over human functioning. Self-efficacy beliefs refer to the specific perceptions people have regarding their capability to exercise control of their functions. Social cognitive theory conceptualizes self-efficacy beliefs, also referred to as self-efficacy percepts or self efficacy expectancies, in reference to particular domains of function and specific behavioural

enactments. People hold individual self-efficacy beliefs for all behaviour that they enact or consider enacting. The composite of one's self-efficacy beliefs functions as a dynamically organized self-efficacy belief structure.

The dynamically organized self-efficacy belief structure serves a mediating role between environmental inputs and behavioural outputs and is the key component of the dynamically interactive computation model of human functioning ascribed by social cognitive theory. Emergent interactive agency and triadic reciprocal determinism represent the primary theoretical statements that define this model. As such they provide a theoretical structure within which to understand the role and function of self-efficacy.

2.2.1.1 Emergent interactive human agency

Emergent interactive agency is an elaborate construct, rich with meaning, and inseparable from the theory's assumptive foundation. Simply put, agents act on the world around them. In Bandura's (2001) words, "to be an agent is to intentionally make things happen by one's actions" (p. 2). Agents are self-regulators capable of intentional action; they are people who exercise self-influence. That said, emergent interactive human agency espouses a particular form of self-influence "where persons are neither autonomous agents nor simply mechanical conveyers of animating environmental influences" (Bandura, 1989, p. 1175). The words emergent and interactive qualify the meaning of self-influence so as to distinguish it from other forms, most notably mechanical agency and autonomous agency.

In contrast to mechanical agency, emergent interactive agency posits the capacity for genuine self-influence, self-influence that is not reducible to a complex set of antecedent events or a current neurophysiological state (Bandura, 1989). Thus, although SCT takes a non-dualistic stance on the relationship between neural events and thought process, it does not reduce

cognitive experience to an epiphenomenal status whereby it is completely determined by brain function. Instead, cognitive processes in general, and self-efficacy beliefs more specifically, are viewed as emergent properties that are qualitatively different from the constituent elements that give rise to them, namely the physical properties of the body (Bandura, 2001). Consequently, human thought processes are ascribed generative, creative, proactive, and self-influencing capabilities and do not operate according to mechanical agency where thought is fully explained by neural events.

Social cognitive theory also rejects autonomous agency whereby self-influence is seen as being free of other sources of influence. Sperry's (1993) upward and downward causation is drawn upon to describe the complex and dynamic interaction of cognitive events and sensory stimulation that gives rise to the neurophysiological properties of the brain and the equally important agentic properties of the person (Bandura, 1999). Upward causation refers to the causal influence of the environment as it is detected through sensory processes and directed toward the brain. Downward causation refers to the various ways in which one regulates action and thought cognitively. In this way social cognitive theory advocates for interactive emergent agency whereby self-influence occurs in the context of other influences.

2.2.1.2 Triadic reciprocal determinism

Triadic reciprocal determinism is the principle used to understand the complex interaction of influences that converge upon human experience. The principle posits three categories of influence including person factors, environmental factors, and behavior and casts them in an interdependent causal system characterized by bidirectional influence (Bandura, 1997). Person factors are inclusive of every aspect of the person including biological, cognitive, and affective domains. Environmental factors are seen in an equally inclusive manner and

include imposed, selected, and constructed environments (Bandura, 1999). Manifest behavior represents the third class of influence in this interdependent causal structure and encompasses everything a person does.

Triadic reciprocal determinism asserts bidirectional influence between all three factors. Individuals exert a causal influence on their environments while remaining causally influenced by their environments. Individuals are agentic in their actions and in turn they are shaped by the behaviours they enact. Finally, although contexts are shaped and determined by the behaviour of agents, contexts also elicit behaviour. All told, triadic reciprocal determinism provides a conceptual scheme useful for specifying the form of self-influence forwarded by emergent interactive agency.

Social cognitive theory regards personal agency as the essence of humanness, a state or condition that is intrinsic to being human (Bandura, 2001). The theory elevates the role of person factors within the triadic system and identifies self-efficacy as the central explanatory mechanism within this system. Personal agency involves exercising control over one's cognitive function, making choices, acting with intention, and determining outcomes (Bandura, 1989). Self-efficacy beliefs function as person factors and have a determinative influence on these two other factors. They are the primary mechanism of self-influence and are referred to as the central feature of human agency (Bandura, 1989, 1997, 2001). They are also subject to the behavioural and environmental influences identified within the triadic system and are therefore at the centre of the theory's agentic model of human functioning.

2.2.1.2 A computational model of human functioning

Though social cognitive theory holds to an agentic view of persons, it also locates self-efficacy within a dynamically organized computational model of human functioning (Bandura,

2001). In keeping with a computational model, social cognitive theory specifies a set of inputs, mediating process, and outputs that are intricately tied to the development and operation of self-efficacy beliefs. These important theoretical postulates enhance the theoretical framework and provide additional support for conceptualizing self-efficacy within counselling process. I describe these postulates in order to place self-efficacy within its theoretical context and to provide additional rationale for this project. I then turn my attention to the research program and philosophical assumptions upon which the theory rests.

2.2.1.2.1 Sources of self-efficacy

Social cognitive theory research establishes four main inputs for its computational model. The inputs, which are conceptualized in reference to self-efficacy beliefs, include four specific sources of self-efficacious thought: enactive mastery experience, vicarious experience, verbal persuasion, and physiological and affective states (Bandura, 1977a, 1986, 1997; Bandura, Adams, & Beyer, 1977). The first three sources, mastery experience, vicarious experience, and verbal persuasion, increase perceptions of capability. People who execute specific behaviours or watch others enact them experience an increase in their self-efficacy towards those same behaviours. Similarly, verbal persuasion or encouragement regarding one's ability to perform a task also increases self-efficacious thought. In contrast to the three positive sources, physiological arousal diminishes perceptions of capability. Of the four sources of self-efficacy, mastery experience produces stronger, more generalized self-efficacy beliefs (Bandura, 1997; Bandura, et al., 1977; Biran & Wilson, 1981; Feltz, Landers, & Raeder, 1979; Gist, 1989; Gist, Schwoerer, & Rosen, 1989).

The four sources of self-efficacy and the generality of self-efficacy are particularly useful for conceptualizing self-efficacy within counselling process. The four sources are important in

that they are easily envisioned as elemental components of individual counselling. For example, interventions variously labeled role play, behavioural rehearsal, enactment, and simulation provide clients with mastery experiences relevant to a wide range of skills (i.e., communication, emotional self-regulation, etc.). If the counsellor models the behaviour, which is often the case, these interventions also provide vicarious experiences for the client. Mastery and vicarious learning experiences are not, however, limited to formal role play interventions but are built into the interpersonal and intrapersonal experiences occurring within counselling.

The interpersonal interactions occurring between counsellors and clients are replete with mastery and vicarious experiences that are highly relevant to clients' abilities to function in interpersonal relationships. Counselling is first and foremost an interpersonal relationship. Research provides clear support for the therapeutic significance of the counsellor-client relationship (Lambert & Barley, 2002). In terms of self-efficacy beliefs, the counsellor-client relationship often leads to new relational patterns for the client, patterns that facilitate the development of interpersonal skills. These mastery and vicarious experiences are important sources of self-efficacy and lend themselves to efficacy enhancement in the interpersonal sphere.

The same argument can be made for the intrapersonal sphere. Counsellors provide support (encouragement/verbal persuasion) and help their clients' self-regulate (mastery experience and physiological arousal) while talking about and processing emotionally laden experiences. Consequently, clients learn emotional self-regulation as they process difficult emotional experiences with their counsellors and more importantly they experience increased confidence in their ability to self-regulate. All told, a therapeutic experience of this sort combines three sources of self-efficacy thereby, facilitating efficacy enhancing change.

I would suggest that verbal persuasion is the source of self-efficacy that is most elemental to counselling process. Counselling is a dialogical activity and counsellor support is a basic ingredient of counselling, it is a fundamental orientation that is implicit to the counsellor role. Counsellors' believe that positive change is possible and offer their services to facilitate client change. For their part, clients seek out and enter counselling relationships hoping that positive change will occur. Informed consent formalizes these expectations thereby making the implicit explicit. The process of goal setting provides increased focus and translates a general expectation into more specific outcomes. For example, a counsellor and client dyad might agree on helping increase the client's capacities to identify, label, and regulate emotional experience. The work that comes after goal setting can be conceptualized as an ongoing expression of the counsellor's belief in the client's ability to enact these changes. I would also assert that the degree to which the client experiences that encouragement represents the degree to which this source of self-efficacy is realized. Although social cognitive theory would predict that verbal support for highly specific goals will be more efficacy enhancing than support for more diffuse goals, the theory also acknowledges generality to self-efficacy beliefs.

2.2.1.2.2 Generality principle

The generality principle is important for understanding the acquisition of self-efficacy and is vitally important to the argument forwarded in this research. As has already been stated, self-efficacy beliefs pertain to specific behavioural enactments. Consequently, the sources of self-efficacy also function with a good degree of specificity. For example, clients struggling with career indecision are likely to have numerous self-efficacy beliefs including those relevant to their capacities to gather accurate career information, satisfying particular program requirements, articulate their interests and values, and integrate all the information that informs their decision.

The generality principle acknowledges that while efficacy beliefs are specific to particular behavioural enactments, efficacy enhancement can also have a more generalized effect. In other words efficacy beliefs can transfer across activities and settings (Bandura, 1997). The transfer of efficacy beliefs occurs as a result of a number of processes. For example, self-efficacy beliefs transfer across activities when the different activities are governed by *similar subskills*.

Alternately, the *codevelopment* of dissimilar skills can also produce generality of self-efficacy beliefs.

Self-regulatory skills are particularly important to the generality of self-efficacy. These skills play a superordinate role in guiding humans toward more proficient action and are thus integral to innumerable areas of function. In Bandura's (1997) words, "these include generic skills for diagnosing task demands, constructing and evaluating alternative courses of action, setting proximal goals to guide one's efforts, and creating self-incentives to sustain engagement in taxing activities and to manage stress and debilitating intrusive thoughts" (p. 51). In short, one uses these skills to navigate the basic and not so basic challenges that life brings. By helping clients face life challenges, counsellors help clients acquire and develop these generic self-regulation skills. Social cognitive theory predicts that skill development (mastery experience) will be accompanied by increased perceptions of self-regulatory efficacy.

Coping skills represent another highly transferable skill set that is particularly relevant to counselling. Just as self-regulatory skills are used to respond effectively to life's challenges, coping skills are needed when life's challenges pose some kind of threat to the person. Coping skills enable clients to master their faculties in the face of the anxiety and stress that accompanies a range of psychological and physical threats to one's person. Consequently, the acquisition of coping skills has a widespread positive effect on one's personal efficacy (Bandura, 1997). The

foundational self-efficacy research with snake phobic participants provides clear evidence regarding the efficacy enhancing effect of learning generalizable coping skills (Bandura, et al., 1977; Bandura, Adams, Hardy, & Howells, 1980; Bandura, Jeffery, & Gajdos, 1975). In simple terms, successful coping in an area produces a general confidence in one's ability to cope that transfers to other areas of function.

These basic processes, similar subskills, codevelopment of dissimilar skills, self-regulatory skills, and coping skills, provide an evidentiary base for the generality of self-efficacy beliefs. In doing so, they also provide a strong rationale for investigating self-efficacy change as a process of individual counselling. This rationale is further strengthened by an additional observation related to the generality of efficacy beliefs, an observation made in the foundational self-efficacy research (Bandura, et al., 1975). In Bandura (1997) words, "powerful mastery experiences that provide striking testimony to one's capacity to effect personal changes can also produce a transformational restructuring of efficacy beliefs that is manifested across diverse realms of functioning. Such personal triumphs serve as transforming experiences. What generalizes is the belief that one can mobilize whatever effort it takes to succeed in different undertakings" (p. 53). These statements regarding the generality of self-efficacy beliefs are particularly important because they are based upon observed changes that could not be accounted for by a gradient of stimulus generalization. Success in handling snakes was simply too far removed from things like reduced social timidity and increased self-expressiveness to be explained by stimulus generalization. Yet these later changes were observed outcomes in the snake phobic participants whose snake handling self-efficacy was raised through a guided mastery protocol (Bandura, et al., 1977; Bandura, et al., 1980; Bandura, et al., 1975). The change

in one area had a transformational effect that produced general increases in the participants' efficacy beliefs for other areas of function.

2.2.1.2.3 Mediating processes

Social cognitive theory also specifies a number of mediating processes that embed self-efficacy within a dynamic, non-linear computational model of human functioning and are useful for conceptualizing self-efficacy within the process of individual counselling. In essence, the mediating processes describe the computational systems through which self-efficacy beliefs are expressed. The processes are organized according to four main types: cognitive, motivational, affective, and selective.

Cognitive processes represent the first class of mediating processes and are inclusive of two main processes, cognitive constructions and inferential thinking (Bandura, 1997). Cognitive constructions refer to the products of human thought and attest to the important mediating role cognition plays in action. Cognitive constructions are understood as guides for human action and provide a conceptual basis for how self-efficacy beliefs influence human action. Inferential thinking refers to the human capacity to anticipate and make predictions. This capacity is foundational for self-efficacy in that it enables humans to assess their capability to perform specific behavioural enactments. Interferential thinking is also central to another key social cognitive construct, outcome expectancy. This additional construct moves beyond predictions of capability and refers to anticipations related to the consequences of various courses of action.

Motivational processes are a second class of mediating processes used to understand the role of self-efficacy beliefs. According to Bandura (1997) motivational processes are important because they allow for self-influence and purposive action. Self-efficacy operates within the three main theories of cognitive motivation: attribution theory (Weiner, 1985), expectancy-value

theory (Ajzen & Fishbein, 1980; Atkinson, 1964; Rotter, 1982; Vroom, 1964), and goal theory (Locke & Latham, 1990). In turn, these motivational theories help to describe how perceptions of capability lead to varying levels of motivation.

Social cognitive theory specifies a reciprocal but asymmetric relationship between self-efficacy beliefs and affective states. The self-efficacy mechanism is the stronger source variable and is highly important in the self-regulation of affective states. Perceptions of capability related to thought, action, and affect influence affective experience. This is particularly evident in the self-efficacy research on anxiety (see Bandura, 1997 for a review). For example, research demonstrates that efficacy beliefs related to coping *behaviours* are negatively related to the experience of anxiety. Similarly relationships have been found between anxiety and *thought* related self-efficacy and *affective* control efficacy. Though less extensive in scope, the self-efficacy literature on depression demonstrates how perceptions of capability relevant to thought, action, and affect play a causal role in the experience of depressed affect (Bandura, 1997).

Selection processes represent the final mediating process specified within social cognitive theory's computational model of human functioning (Bandura, 1997). The capacity to choose environments and activities is central to the self-influence posited by emergent interactive agency. Perceived self-efficacy is an important determinant of the choices people make. People with higher levels of self-efficacy choose more challenging activities and environments (Bandura, 1997). They also demonstrate higher levels of persistence in the face of difficulty (Bandura, 1997). The influence of self-efficacy through selective processes has been studied extensively within the career development literature and will be addressed more thoroughly within the next section of this chapter.

2.2.1.2.4 Self-efficacy effects

The mediating processes bring self-efficacy beliefs to the doorstep of action, the end product or outcome of the computational model. In some regards the mediating processes represent a level of outcome. This is particularly true for the affective and selection processes, each of which includes observable products. However, true outcomes in social cognitive theory's computational model must be stated in behavioural terms. Thus, one's choice to pursue a particular course of action only becomes an output when the individual's manifest behaviour reveals the choice that preceded it. Social cognitive theory specifies several types of outputs: approach, avoidance, persistence, and performance (Bandura, 1997). The first three behavioural categories flow directly from the selection processes identified above and are closely tied to the self-influence assumed within the model. Performance references the quality of the behavioural output and is also expressed in terms of effective functioning. Research on a wide range of topics clearly demonstrates that high levels of self-efficacy lead to approach behaviour, persistent efforts, and better performance (see Bandura, 1997 for a review)

2.2.2 Self-efficacy research

I have already made several comments regarding the scope and magnitude of the self-efficacy literature as well as the foundational research that initiated this substantial literature. A full review of this literature is well beyond the scope of the current project. Indeed Bandura's (1997) thirteen year old summative effort required more than 500 pages to encapsulate 20 years of empirical research. This seminal work also precipitated a second wave of self-efficacy research that effected an exponential increase to what was already a massive literature. The scope of the second wave can be observed via a PsychINFO search with self-efficacy as the

subject. A search constrained to the years 1998 and 2009 reveals 7148 entries. A similar search of the first six months of 2010 yields an additional 331 entries.

This newer literature is important for two main reasons. First, it extends this valuable construct to a myriad of new domains. This is particularly important because it demonstrates that self-efficacy is applicable to a wide range of human functioning domains including such things as fruit and vegetable consumption (Richert, et al., 2010), financial investing (Forbes & Kara, 2010), nursing performance (Lee & Ko, 2010), blogging (Liu & Chang, 2010), parenting (Pierce et al., 2010), self-care after receiving a kidney transplant (Weng, Dai, Huang, & Chiang, 2010), prosociality (Caprara, Alessandri, Di Giunta, Panerai, & Eisenberg, 2010), and so forth. Indeed, it would appear that estimates of capability have utility for virtually any area of human function and are therefore highly relevant to any and all issues that clients bring to counselling. The newer literature is also important because it further strengthens and validates the role and function of self-efficacy as conceptualized within social cognitive theory.

Although the second reason is worth mentioning because of the context it provides, I do not attempt to review the research that would bring credibility to this claim. I do, however, describe the foundational research upon which the self-efficacy mechanism was developed as well as the research that explores the role of self-efficacy within counselling. My description begins with an examination of the basic principles used to develop self-efficacy scales. I then describe Bandura's foundational research and the basic methodological framework employed in the vast majority of self-efficacy research, the current project excluded. I end the section on self-efficacy research with a review of the literature that investigates the role of self-efficacy expectations within counselling process.

2.2.2.1 Self-efficacy scales

There are two measurement guides useful for developing self-efficacy scales consistent with social cognitive theory's conceptualization (Bandura, 2006a; Lent & Brown, 2006). These guides require a thorough conceptual analysis of the domain of function that a researcher is interested in. This involves identifying the domain of function (i.e., mathematics, career decision making) as well as the specific behaviour (tasks) required for effective action. Researchers use the conceptual analysis to produce a hierarchy of tasks that move up along a continuum of difficulty. Respondents indicate their *level* of self-efficacy with yes or no responses to the hierarchy of tasks. The most difficult task that they indicate they can do represents their level of self-efficacy.

The hierarchy of activities provided by self-efficacy scales also provides important information regarding the *generality* of respondents' self-efficacy. Some people judge themselves efficacious for a wide range of activities and situations whereas other people's perceptions of self-efficacy are limited to a more narrow range. In assessing self-efficacy in connection to specific activities and situations self-efficacy scales provide an estimate of the generality of respondents' self-efficacy; broader ranges of activities and situations indicates greater generality of self-efficacy (Bandura, 1997). That said, self-efficacy scales differ with regards to their level of specificity (Lent & Brown, 2006). Less specific scales provide more information regarding the generality dimension of self-efficacy whereas highly specific scales provide more precise information regarding the level of self-efficacy.

In addition to level and generality, the guides also address *strength* of self-efficacy. Strength of self-efficacy is a confidence rating connected to a particular activity. Respondents indicate the strength of their self-efficacy beliefs by rating how confident they are in their ability

to do each activity. The ratings are typically based upon an eleven point scale that moves from “cannot do at all” to “moderately certain can do” (midpoint) to “highly certain can do” (Bandura, 2006a, p. 312). What is important to note here is that strength of self-efficacy is a confidence rating aimed at what a respondent believes he/she *can do*. Self-efficacy is a belief regarding one’s capability and is conceptually distinct from statements regarding past experience and future intention. Perceptions of capability are also distinguished from predictions of an activity’s outcome which is a distinct construct that social cognitive theory labels outcome expectancies (Bandura, 1986, 1997; Bandura, et al., 1977).

Level and strength of self-efficacy have emerged as the most important and commonly used aspects of self-efficacy scale development. Although generality of self-efficacy remains conceptually important to the theoretical framework, level and strength of self-efficacy provide the type of focus and specificity that is most useful for predicting behavioural performances. The utility of these two indices of self-efficacy, level and strength, is evident in the following account of the foundational self-efficacy research.

2.2.2.2 Seminal self-efficacy research and the microanalytic method

Self-efficacy theory was identified and developed within a series of studies with snake phobic participants (Bandura, 1977a; Bandura & Adams, 1977; Bandura, et al., 1977; Bandura, et al., 1980; Bandura, et al., 1975). In fact, the “initial investigations into the causal contribution of efficacy beliefs to human adaptation and change was an unintended outgrowth of a different line of research” (Bandura, 1997, p. 53). More specifically, the beneficial therapeutic effects observed in participant modeling studies led Bandura to consider that self-efficacy might be an underlying mechanism of the change he observed. He and his colleagues acted on this

serendipitous finding with a series of studies designed to investigate the efficacy enhancing potential of mastery-based treatment.

The first of these studies sought to determine whether *self-directed participation* would enhance the therapeutic changes produced by *participant modeling* (Bandura, et al., 1975). Thirty snake phobic participants were matched in triads according to measures of pretreatment avoidance and were then randomly assigned to one of three treatment conditions, participant modeling, self-directed performance, and varied self-directed performance. All three treatment conditions began with the participant modeling intervention. This involved having research participants watch a model and then enact a graduated series of intimidating performances with a live boa constrictor. Trained therapists used response induction aids to eliminate the participants' defensive behaviour and successfully guided all of the participants through a preestablished hierarchy of intimidating performances. This was the end of treatment for the *participant modeling* group.

The *self-directed performance* participants went on to reenact the hierarchy of intimidating performances without the assistance of the therapist. The *varied self-directed performance* condition incorporated an additional snake in the self-directed experience. Treatment effects were assessed using a variety of dependent variables that included pre and post treatment measures of approach behaviour, fear arousal accompanying approach, fear of snake encounters, self-competency in coping with snakes, personal potency, and fear proneness. All three treatment groups experienced improved functioning at the post treatment and follow-up phases (1 month). The *self-directed performance* conditions (varied and unvaried) produced enhanced treatment outcomes when compared with the *participant modeling* condition. Although the benefits of a self-directed experience were not universal across all of the dependent measures

they were highly consistent. The differences were consistently maintained at the follow-up phase. There were no consistent differences between the two self-directed groups.

These positive findings led to more research with snake phobic participants (Bandura, 1977a; Bandura & Adams, 1977; Bandura, et al., 1977; Bandura, et al., 1980). Although Bandura and his colleagues based their work on the initial study, they also introduced some vitally important conceptual and methodological refinements. More specifically, they changed the treatment conditions to include a no treatment condition, a modeling condition, and a participant modeling condition. They also replaced the measures of self-competency and personal potency with a self-efficacy scale that assessed level and strength of self-efficacy beliefs. Finally, they introduced a microanalytic approach whereby multiple input, mediatory, and output variables were isolated and analyzed according to their relationships with each other. The studies continued to employ multiwave designs that included pre treatment, post treatment, and follow-up data collection points. Although the simple difference score continued to serve as a measure of change for many of the analyses, subsequent studies also employed residual change scores.

The first published article with these conceptual and methodological refinements established the inputs and outputs associated with the self-efficacy mechanism (Bandura, et al., 1977). It also championed self-efficacy as a common mechanism of behavioural change. The findings of this three wave multi-measure experimental study ($n = 33$) are as follows. The participant modeling group's post treatment increases in level and strength of self-efficacy were significantly higher than those of the modeling and no treatment groups. Similarly, the modeling group's post treatment self-efficacy gains were significantly higher than those of the no treatment group. The same patterns were observed at the 1 month follow-up wave. The article also reports superior post treatment improvements in approach behaviour and fear arousal for the

participant modeling group when compared to the other two groups. This advantage persisted during the follow-up wave. Similarly, the modeling group's approach behaviour and fear arousal scores were significantly more improved at post treatment and follow-up than those of the no treatment group.

The authors conducted a microanalysis of self-efficacy ratings (level and strength) and task performance in order to provide more substantive evidence regarding the congruence between the two (Bandura, et al., 1977). This analysis involved linking individual participant's self-efficacy ratings to the corresponding approach behaviours observed at each wave of the study. The degree of congruence between efficacy belief and performance accomplishment (observed approach behaviour) was used to establish a predictive relationship between judgments of efficacy and task performance. This analysis, which was conducted across the hierarchy of intimidating behaviours, yielded a congruence rate of 89% for the participant modeling group and 86% for the modeling group. In short, level of self-efficacy was an excellent predictor of approach behaviour. A similar analysis compared the participants' strength of self-efficacy ratings with their performance accomplishments. The degree of correspondence was "virtually identical" (Bandura, et al., p. 133).

2.2.2.3 Self-efficacy expectations and therapeutic change

Bandura reasserted his initial claim that the self-efficacy mechanism was central to therapeutic change (1977a) twenty years later in a chapter aimed at articulating the role of self-efficacy in clinical functioning (1997). The chapter provides extensive conceptual arguments regarding the role of self-efficacy expectations in mediating functioning in a range of clinical areas including anxiety, depression, disordered eating, and substance abuse. It also summarized the extant research supporting the role and function of self-efficacy beliefs in these areas. The

chapter encompassed a wide range of research evidence including research that shows how perceived inefficacy leads to dysfunction and perceived efficacy contributes to adaptive functioning, research that demonstrates how guided mastery, modeling, and verbal persuasion increase self-efficacy beliefs, and research that assessed self-efficacy changes occurring during the course of one or more counselling sessions for a range of issues including anxiety, depression, disordered eating, and substance abuse. The third line of research is important to this dissertation because it establishes that self-efficacy expectations change as a result of counselling and that this change is relevant to a range of therapeutic issues.

The following sections review key works noted in Bandura's (1997) summary as well as research published after his summary. The review establishes that self-efficacy expectations are pertinent to therapeutic change but does not attempt to provide a detailed or exhaustive model of change for the various counselling issues discussed. The first four sections address specific areas of clinical work identified in Bandura's summary and the fifth section reports on an exploratory study that identifies self-efficacy change as a significant change process of individual counselling.

2.2.2.3.1 Anxiety

The literature on self-efficacy change in relation to counselling for anxiety includes the seminal research with snake phobic participants described above. It also encompasses additional research on specific phobias (Biran & Wilson, 1981; Stidwill, 1994; Williams, Dooseman, & Kleifield, 1984; Williams, Turner, & Peer, 1985) and research related to panic and agoraphobia (Borden, Clum, & Salmon, 1991; Bouchard et al., 1996; Williams & Falbo, 1996; Williams, Kinney, & Falbo, 1989). Foundational findings are described below and are followed by a description of more recent research.

Several studies demonstrated that guided mastery techniques raise phobic participants' self-efficacy beliefs and improve their behavioural functioning (Biran & Wilson, 1981; Williams, et al., 1984; Williams, et al., 1985). Biran and Wilson (1981) observed significant positive correlations between participants' self-efficacy ratings and their approach behaviour. They also found that a guided mastery technique increased participants' level and strength of self-efficacy significantly more than a cognitive restructuring intervention. Williams and his colleagues found that perceived self-efficacy increased with a guided mastery technique and was a better predictor of therapeutic outcome than various self-report measures including anxiety arousal, anticipated anxiety, and perceived danger (Williams, et al., 1985) as well as anxiety, exposure duration, and performance level during treatment (Williams, et al., 1984). A guided mastery procedure produced better behavioural outcomes and raised participants' self-efficacy beliefs significantly higher than a performance desensitization intervention (Williams, et al., 1985) and an exposure procedure (Williams, et al., 1984). The researchers concluded that their results supported the hypothesis that perceptions of self-efficacy mediate therapeutically induced behavioural change.

Williams, Kinney, and Faldo (1989) investigated the mediating role of self-efficacy beliefs within agoraphobic participants with multiple specific fears. They employed a control condition along with a staggered treatment approach to selectively treat target phobias while leaving other phobias untreated. The treatment consisted of a guided mastery technique adapted to the target phobia. They found that the treated phobias were associated with statistically greater improvements than the untreated phobias. Similarly, the transfer phobias, untreated phobias of treated participants, improved more than phobias of the untreated control participants. The researchers analysis of participants' perceived self-efficacy ratings revealed that perceived self-

efficacy predicted treatment and transfer effects after controlling for other explanatory variables including previous behaviour, anticipated anxiety, anticipated panic, perceived danger, and subjective anxiety. Their analysis also revealed that these other predictors became non-significant when perceived self-efficacy was held constant. The researchers concluded that coping self-efficacy played a mediating role in the participants' agoraphobic symptoms.

Other researchers have explored the role perceived self-efficacy plays in agoraphobic fear and panic attacks. Borden, Clum, and Salmon (1991) observed coping self-efficacy increases from pretreatment to posttreatment and found that cognitive-behavioural treatment and panic education raised participants' coping self-efficacy equally. Both posttreatment follow-up measurement periods yielded higher levels of coping self-efficacy than the pretreatment measurement. The researchers also used cross-panel analyses to calculate Pearson correlations that examined the relationship between coping self-efficacy and catastrophic thoughts and between coping efficacy and panic symptoms across nine data collection periods. The pattern of correlation coefficients indicated that reductions in catastrophic thoughts were preceded by increases in coping self-efficacy. These results were interpreted as support for a mediating role for coping self-efficacy.

Bouchard et al (1996) studied clinical, cognitive, and behavioural changes across 5 data point in 28 participants with a diagnosis of panic disorder and agoraphobia. Participants were randomly assigned to an exposure treatment or a cognitive restructuring treatment. They found that treated participants demonstrated statistically significant increases in self-efficacy to control a panic attack from pretreatment to posttreatment. Both treatment conditions exhibited main effects for time of measurement when considering all 5 time periods. These changes were associated with improvements on a range of other indices.

Williams and Falbo (1996) studied the comparative effectiveness of cognitive therapy and performance-based exposure in the treatment of panic attacks. They randomly assigned participants to a cognitive treatment, performance-based exposure treatment, a combined treatment, or a control group. They measured participants' agoraphobic self-efficacy and panic coping efficacy according to three time periods, pre, post, and follow-up. The three treatment groups exhibited statistically significant increases in self-efficacy from pre to post treatment. These improvements were accompanied by improvements on a range of other self-report measures. Planned comparisons revealed that the treated participants reported greater increases in agoraphobic self-efficacy and panic coping self-efficacy when compared with the control group. The performance-based exposure treatment group exhibited a greater increase in panic coping self-efficacy when compared with the cognitive treatment group. There were no statistically significant differences between the combined group and the two individual treatment groups. Increases in agoraphobic and panic coping self-efficacy were associated with improvements in the other self-report measures.

More recently, Casey, Oei, and Newcombe (2005) used a time period analysis to investigate changes in positive and negative cognitions in participants receiving cognitive-behavioural therapy for panic disorder. They found that changes in panic self-efficacy helped predicted rapid symptom relief. More specifically, increases in panic self-efficacy across four assessment points were accompanied by a significant reduction in panic severity.

Bouchard et al (2007) employed a multivariate time series analysis to examine the temporal relationship between perceived self-efficacy to control a panic attack and panic apprehension in 12 participants receiving cognitive restructuring or exposure treatments for panic disorder with agoraphobia. The participants recorded their perceptions of self-efficacy and

their panic apprehension in daily diaries over a 30-week time period that included pretreatment, treatment, and post-treatment self-monitoring periods. The multivariate time series analysis revealed a lagged relationship between strength of self-efficacy beliefs and level of panic apprehension in 4 of the 5 cognitive restructuring participants and 5 of the 7 exposure participants. This pattern showed that increases in perceived self-efficacy to control a panic attack preceded decreases in level of panic apprehension for 9 of the 12 participants.

2.2.2.3.2 Depression

There is limited research investigating self-efficacy change in relation to counselling for depression. Yusaf and Kavanagh (1990) compared participants receiving cognitive-behavioural treatment for depression with those on a waiting list for treatment for depression. They measured the participants' perceived self-efficacy for a set of skills associated with improved mood and found that increases in self-efficacy were associated with improvements in Beck Depression Inventory scores in the treated participants. They also found that self-efficacy for assertiveness predicted depression scores at follow-up.

More recently, Jarrett, Vittengle, Doyle, and Clark (2007) examined cognitive changes in 156 participants receiving cognitive therapy for recurrent major depressive disorder. The participants' scores on a measure of general self-efficacy increased from pretreatment to posttreatment. They also found that a statistically significant difference in posttreatment self-efficacy scores when they compared the self-efficacy scores of participants who were responsive to the therapy with those who continued to meet the criteria for major depressive disorder. The non depressed participant's self-efficacy scores were higher.

Other researchers have investigated self-efficacy changes in participants receiving group therapy for depressive symptoms. Kavanagh and Wilson (1989) found that participants increased

in perceived self-efficacy to control mood after receiving cognitive group therapy for depression. They also found that increases in self-efficacy was positively correlated with improvements in depressed mood and that post-treatment self-efficacy scores were predictive of remission 12 months following treatment. Backenstrass et al (2006) used a general self-efficacy scale to investigate self-efficacy changes in 51 participants receiving group cognitive-behavioural therapy for depression. They found that participants' pretreatment self-efficacy scores were negatively correlated with their pretreatment depression scores. Though they found a statistically significant increase in self-efficacy from pretreatment to posttreatment, the Pearson correlation coefficient for the residual change scores on depression and self-efficacy was non-significant.

2.2.2.3.3 Disordered eating

Previous research has explored the role of self-efficacy beliefs in participants who receive treatment for eating related issues. Leon and Rosenthal (1984) investigated the role of self-efficacy in participants in a weight reduction program. They found that pretreatment personal self-efficacy scores predicted weight loss at 8 months following treatment. Bernier and Avard (1986) found that participants' posttreatment weight loss self-efficacy expectations predicted weight loss at 6-weeks and 6-months follow treatment for weight loss. Others have observed pretreatment to posttreatment increases in weight loss self-efficacy expectations in participants who completed a weight management program (Clark, Abrams, Niaura, Eaton, & Rossi, 1991).

The role of self-efficacy expectations has also been investigated in those receiving treatment for bulimia. Schneider, O'Leary, and Agras (1987) found that participants' self-regulatory self-efficacy expectations increased after receiving cognitive-behavioural treatment for bulimia. They also found that increases in self-regulatory self-efficacy were associated with decreases in vomiting frequency. Willson, Rossiter, Kleifield and Lindholm (1986) found that

bulimic participants' who received cognitive restructuring plus exposure and vomit prevention treatment reported greater increases in eating self-efficacy expectations than those who received cognitive restructuring without exposure and vomit prevention. They also found a statistically significant difference in eating self-efficacy expectations when they compared those who responded to treatment with those who did not. Participants who had stopped bingeing at 6 and 12 months following treatment had higher eating self-efficacy expectations than those who continued to binge.

In a more recent investigation, researchers explored the possible mediating role of eating-behaviour self-efficacy expectations in participants receiving cognitive-behavioural therapy and interpersonal psychotherapy for bulimia nervosa (Wilson, Fairburn, Agras, Walsh, & Kraemer, 2002). They found that mid-treatment measures of eating-behaviour self-efficacy were significantly associated with posttreatment outcomes in both treatment groups.

2.2.2.3.4 Substance abuse

There is considerable research exploring the relationship between self-efficacy expectations and the treatment of substance related issues. This literature includes research regarding the role of self-efficacy expectations in those receiving counselling for alcohol (Burling, Reilly, Moltzen, & Ziff, 1989; Kavanagh et al., 2006; Kavanagh & Sitharthan, 1996, 1999; Maisto, McKay, & O'Farrell, 1998; Sitharthan & Kavanagh, 1990; Sitharthan, Kavanagh, & Sayer, 1996; Sitharthan, Sitharthan, & Kavanagh, 2001; Solomon & Annis, 1990), opiate (Gossop, Green, Phillips, & Bradley, 1990; Reilly et al., 1995), cocaine (Rounds-Bryant, Flynn, & Craighead, 1997), and marijuana (Stephens, Wertz, & Roffman, 1995) use. The literature also includes research on the role of self-efficacy expectations in participants who are enrolled in smoking cessation programs (Baer, Holt, & Lichtenstein, 1986; Condiotte & Lichtenstein, 1981;

Dornelas, Sampson, Gray, Waters, & Thompson, 2000; Karatay, Kublay, & Emiroglu, 2010; McIntyre, Lichtenstein, & Mermelstein, 1983; Patten et al., 2008). What follows is a brief summary of the literatures on the role of clients' self-efficacy expectations when undergoing treatment for cigarette smoking or alcohol abuse.

The first study on smoking cessation and self-efficacy expectations (Condiotte & Lichtenstein, 1981) utilized the microanalysis procedures employed to study self-efficacy expectations and the treatment of snake phobia. They found that participants' posttreatment self-efficacy expectations were highly predictive of their relapse; lower self-efficacy expectations predicted higher relapse. They also observed a high correspondence between situation specific inefficacy expectations and the situations in which they first relapsed. McIntyre et al (1983) built upon this initial research and found that treated smoker's end of treatment self-efficacy scores were significantly correlated with smoking status at 3 months and 6 months following the end of treatment; lower levels of self-efficacy was predictive of relapse. Baer, Hold, and Lichtenstein (1986) also found that participants' posttreatment self-efficacy expectations regarding their ability to resist smoking was a statistically significant predictor of relapse.

More recent research has investigated the self-efficacy relapse relationship with specific populations. One group of researchers studied the relationship in a group of participants hospitalized with acute myocardial infarction (Dornelas, et al., 2000). They found that intervention and self efficacy were independent predictors smoking status at 6-month and 1-year follow-up and that combination of low self-efficacy and no intervention yielded a 93% relapse rate at the 1-year follow-up. Patten et al (2008) investigated pre to post treatment changes in adolescents' abstinence self-efficacy expectations. They found that a combination of motivational interviewing and cognitive-behavioural techniques yielded a statistically significant

increase in the participants' self-efficacy expectations. Karatay, Kublay, and Emiroglu (2010) studied the effects of motivational interviewing on a sample of pregnant smokers. The participants receiving the intervention decreased their initial smoking rate and reported an increase in smoking self-efficacy expectations. There were also statistically significant smoking self-efficacy beliefs across smoking status at 3-months follow-up. The mean smoking self-efficacy score was lowest for those who continued smoking, highest for those who had stopped, and in between for those who had reduced their smoking rate.

The early positive findings regarding the relationship between smoking cessation and smoking self-efficacy expectations prompted other researchers to explore the relationship between alcohol abuse and self-efficacy expectations. Burling et al (1989) found that inpatients' perceived self-efficacy to avoid drug and alcohol abuse increased significantly over the course of treatment. They found that abstainers experienced a greater increase in perceived efficacy from intake to the end of treatment when compared to those who relapsed. They also found that the abstainers mean level of perceived self-efficacy was significantly higher at 6-months follow-up. Similarly, Sitharthan and Kavanagh (1990) found that the posttreatment self-efficacy scores of participants in a controlled drinking programme significantly predicted alcohol consumption at 6-months follow-up. Higher levels of controlled drinking self-efficacy were associated with lower levels of alcohol consumption. Sitharthan and his colleagues also observed pretreatment to posttreatment changes in perceived self-efficacy to control drinking in a sample of low dependent problem drinkers (Sitharthan, et al., 1996) and in a sample of nondependent problem drinkers (Sitharthan, Sitharthan, Hough, & Kavanagh, 1997).

Kavanagh et al (2006) studied perceived self-efficacy to control excessive consumption in participants who met that criteria for alcohol abuse or dependence and who drank in response

to negative emotional states. The participants', who received 8 weekly sessions of individual counselling, were assessed at baseline, posttreatment, 6- months follow-up, and 12-months follow-up. Analyses of the difference scores revealed significant improvements in all of the measures including weekly alcohol consumption, depression, and perceived self-efficacy to control excessive consumption. They also observed a slight linear decrease in perceived self-efficacy from posttreatment to 12-months follow-up. Both baseline and posttreatment perceived self-efficacy predicted alcohol consumption at 12-months follow-up.

2.2.2.3.5 Additional research

Tschacher, Baur, and Grawe (2000) employed a multi-stage analytic process to identify process variables, explore temporal sequences and interconnections, and examine process-outcome relationships in a sample of 91 client-counsellor dyads engaged in counselling for a variety of issues including adjustment disorders, anxiety and phobic disorders, eating disorders, and relationship issues. They conducted a principle component analysis on client and therapist session reports and identified four counselling process factors including one labeled "patient's sense of self-efficacy/morale" (p. 301). They used time series models to examine temporal patterns among the four counselling process factors and found that the patient's sense of self-efficacy/morale was significantly related with the other three factors. More specifically, the patient's sense of self-efficacy/morale at t-1 predicted variations of the other three factors at t-2. Finally, they used multiple regression analyses to examine relationships between the parameters of the time series models (counselling process dynamics) and five outcome clusters derived from a principle component analysis of the clients' pre and post treatment responses on five self-report inventories. All of the parameters that represented influences upon the self-efficacy factor were significant predictors of a particular outcome cluster. Overall the parameters encompassing the

self-efficacy factor explained more outcome variance than those parameters that did not include the self-efficacy factor. They offered the following summary of their analyses:

The patient's sense of self-efficacy governed therapy process; good outcome was achieved when all process factors facilitated the growth of the patient's sense of self-efficacy. Thus, the patient's sense of self-efficacy appeared to be the pivotal change mechanism in the majority of therapy cases. (Tschacher, et al., 2000, p. 306)

The Tschacher et al (2000) findings are highly pertinent to the present study. This exploratory research identified self-efficacy within counselling process and found that changes to self-efficacy were the most significant predictors of therapeutic outcome. Their data source encompassed a variety of counselling issues and several different models of counselling (cognitive-behavioural, client-centred, and several based upon based on schema concept). These qualities increase the generalizability of their findings, thereby providing support for a study that describes self-efficacy as a common change process of individual counselling.

In summary, self-efficacy researchers typically measure participants' self-efficacy beliefs by creating self-efficacy scales that reference specific behaviours deemed important to a particular sphere of function. This research strategy provides researchers with the means to isolate expectations of self-efficacy relevant to their particular research interests. The strategy allows researchers to study highly subscribed sets of self-efficacy beliefs but does not lend itself to a counselling process study that describes self-efficacy as a common change process within individual counselling. The dynamic self-efficacy belief system asserted by social cognitive theory specifies innumerable self-efficacy beliefs. The extant literature supports the wide applicability self-efficacy and demonstrates its relevance to all manner of human experience. The dynamic interactive nature of individual counselling is such that a series of sessions address a

range of issues and encompass numerous diverse self-efficacy beliefs. Tschacher et al (2000) provided support for the role of self-efficacy expectations as a common change process of individual counselling. The current study uses the action-project method of contextual action theory to provide in-depth descriptions of self-efficacy expectations within individual counselling process. I address the action-project method in the last section of this chapter and in the chapter that follows. For now I describe the philosophical foundations of social cognitive theory.

2.2.3 Philosophical cornerstones of social cognitive theory

Bandura acknowledges a position of ontological, epistemological, and methodological nonreductionism and asserts that cognitive processes, self-efficacy beliefs included, are not fully explained by neurophysiological processes (Bandura, 1991). That said, he also espouses non dualistic assumptions and recognizes the neurophysiological foundation of all human experience. These important philosophical positions find direct expression within social cognitive theory's twin concepts of emergent interactive agency and triadic reciprocal determinism. Consequently, my depiction of social cognitive theory has already alluded to or specifically addressed some of its key positions. My goal here is to highlight and extrapolate assumptions implied by these concepts and to consider their implications for the conceptual and methodological approaches taken in this study.

Emergent interactive agency provides clear expression of a non dualistic position on the relationship between psychological experience and the biological brain. Thought is embodied in brain function but thought and other psychological experience can not be *reduced* or fully explained by the physical properties of the brain. Thought is emergent, it possesses *real* distinct properties that can not be *known* via the neurological functioning of the brain. Psychological and

social explanations are not be subsumed by biological explanations. Bandura (2008) credits these emergent properties to the complex architecture of the brain, its rich interconnected multileveled hierarchical construction.

Bandura's non dualist position extends to several other important issues important to human agency. More specifically, he maintains non dualistic positions on the self as agent and object, the self-system as structure and process, and the person environment relationship (Bandura, 1999). These vital non dualisms express the full meaning of reciprocal determinism. Consequently, the actions of an agentic actor are not separate from self-referent thoughts labeled self-efficacy beliefs. Similarly, the dynamically organized self-efficacy belief structure functions as a dynamic process, not a static or fixed entity. Finally, social cognitive theory contextualizes people within a network of sociostructural influences. In Bandura's (2008) words,

Social cognitive theory rejects a duality of human agency and a social structure as a reified entity disembodied from individuals. Social systems are the product of human activity. The authorized rules and practices of social systems, in turn, influence human development and functioning. However, in the dynamic interplay within the societal rule structures, there is a lot of personal variation in the interpretation, adoption, enforcement, circumvention, and opposition to societal prescriptions and sanctions (Burns & Dietz, 1992). (p. 96)

The explanation for these non dualist positions rests in the four core properties of agency that social cognitive theory ascribes to the human condition, properties made possible because of the human brain. More specifically, the symbolic, forethought, self-reactive, and self-reflective properties equip humans with the ability to construct symbolic representations of the world, act with intentionality, adjust or self-regulate, and reflect on all the self-referent thoughts that

accompany experience. It is this richly endowed conception of the human condition that allows for self-influence amidst an inseparable myriad of other influences. “In keeping with the model of triadic reciprocal determination, an enduring personhood is the product of a complex interplay of personal construal processes, agentially constructed continuity, and influences from the social reality in which one lives” (Bandura, 2008, p. 92).

This decidedly constructivist perspective on the human condition is not reflected in social cognitive theory’s methodological strategies. Instead, Bandura’s search for causal explanations and his commitment to discovering lawful relationships among variables are more congruent with positivist and postpositivist assumptions (Ponterotto, 2005). His dedication and commitment to the microanalytic model has produced an enormous body of research in support of the self-efficacy mechanism and he is equally expectant that a suitable macroanalytic approach that will help researchers discover causal mechanisms that connect sociostructural factors to human behaviour (Bandura, 2001). Thus, he envisions a comprehensive theory that will “merge the analytic dualism by integrating personal and social foci of causation within a unified causal structure” (Bandura, 2001, p. 5). Although social cognitive career theory provides slightly more emphasis on contextual variables it generally carries on in the methodological tradition of its parent theory.

2.3 Career Related Self-Efficacy

The relevance and importance of the career related self-efficacy research is such that I must provide something of an overview. I do, however, limit my overview for several reasons. First of all, I have already grounded my study in a thorough and detailed review of social cognitive theory. A similar grounding in social cognitive career theory would be redundant given that authors of this theory explicitly acknowledge their theory to be a domain specific extension

of the parent theory (Lent & Brown, 1996; Lent, Brown, & Hackett, 1994; Lent, Brown, & Hackett, 2002). Secondly, career related self-efficacy research and social cognitive career theory have expanded to the point where they are well represented within large scale reviews of vocational psychology and career development (i.e., Dagley & Salter, 2004; Fouad, 2007; Guindon & Richmond, 2005; Swanson & Gore, 2000). An extensive review of this literature is simply beyond the scope of the paper. Finally, although my project aims to describe the self-efficacy beliefs of young adult clients in counselling, I will not administer any of the many career related self-efficacy scales published in this literature. Consequently, my review is limited to a brief historically situated description of the more established career related self-efficacy measures and a short explanation of the unique contributions and emphases that social cognitive career theory makes.

2.3.1 Career related self-efficacy scales

Any overview of career related self-efficacy research must begin with Betz and Hackett's seminal works (Betz & Hackett, 1981; Hackett & Betz, 1981). These groundbreaking articles demonstrated that self-efficacy, as conceptualized within social cognitive theory, is a valuable construct useful for explaining differences in the educational and occupational choices women and men make. Their seminal works included a theoretical article that explains women's career development in terms of self-efficacy beliefs (Hackett & Betz, 1981). The article asserts that females and males experience different socialization experiences in many career related areas. More specifically, availability and access to the four sources of self-efficacy is significantly lower for females than it is for men. The result is that females experience lower levels of career related self-efficacy, an experience which negatively impacts their career decisions and achievements. The authors' other seminal work was an empirical article designed to investigate

the role of self-efficacy beliefs in women's career development (Betz & Hackett, 1981). They found that the female participants had lower self-efficacy expectations for traditionally male occupations than did the male participants. They also found that the women's perceptions of capability in nontraditional occupations predicted their interest in working in nontraditional occupations.

These key articles precipitated a flood of research and theorizing, a flood that has resulted in the proliferation of career related self-efficacy measures and the emergence of social cognitive career theory as an integrative theory within vocational psychology (Lent & Brown, 1996; Lent, et al., 1994; Lent, et al., 2002). Although social cognitive career theory provides an integrative framework for understanding the role of career related self-efficacy beliefs in academic and occupational choice, the decision making process, job search activities, and overall career development, the proliferation of career related self-efficacy measures has created a rather confusing landscape. What follows is a brief description of the more established career related self-efficacy measures.

2.3.1.1 Self-efficacy for educational requirements and occupational tasks

The early articles on career related self-efficacy were based on Betz and Hackett's work (Betz & Hackett, 1981; Hackett & Betz, 1981) and were similarly focused on the educational requirements and occupational tasks relevant to specific careers. Betz and Hackett's initial study operationalized participants' self-efficacy beliefs according to 10 traditionally female occupations and 10 traditionally male occupations. Lent, Brown, and Larkin (1984) adapted this work to develop self-efficacy scales for the educational requirements of and job duties performed in 15 traditionally male occupations in the science and engineering fields. These same researchers also developed a scale for measuring participants' self-efficacy beliefs for specific

academic milestones (e.g., “complete the mathematics requirements for most engineering majors”) related to science and engineering majors (Lent, Brown, & Larkin, 1986, p. 266). The Career Self-Efficacy Scale was developed in order to further explore the relationships between self-efficacy, gender, socioeconomic status, race, and career interest regarding 15 different occupations that included gender-dominated and non-gender-dominated occupations (Rotberg, Brown, & Ware, 1987). Two versions, a long and short version, of the Task-Specific Occupational Self-Efficacy Scale were developed as broader measures of job related self-efficacy (Osipow & Temple, 1996; Osipow, Temple, & Rooney, 1993). These scales were designed to assess self-efficacy beliefs relevant to occupational tasks of 66 different work groups classified within the Dictionary of Occupational Titles. All told, the assessment of self-efficacy beliefs related to educational requirements and occupational tasks is a valuable application of self-efficacy theory, an application that has advanced research in vocational psychology.

2.3.1.2 Self-efficacy and career interest

The relationship between self-efficacy beliefs and career interests is another important area of research within vocational psychology. The Skills Confidence Inventory was developed in order to measure self-efficacy beliefs relevant to John Holland’s six general occupational themes and is available as a supplementary scale of the Strong Interest Inventory (Betz, Harmon, & Borgen, 1996; Harmon et al., 1996). When used in conjunction with the other scales of the Strong Interest Inventory, the Skills Confidence Inventory can help career counsellors identify and intervene in places where clients have high levels of interest but low levels of confidence (self-efficacy). The Expanded Skills Confidence Inventory provides a more focused indicator of career related self-efficacy measuring self-efficacy beliefs relevant to the 17 Basic Interest Scales of the Strong Interest Inventory (Betz et al., 2003; Paulsen & Betz, 2004). As with the Skills

Confidence Inventory, the Expanded Skills Confidence Inventory provides career counsellors with valuable information regarding low efficacy high interest combinations. These measures are also useful tools for researchers who seek to further an understanding of the role of self-efficacy beliefs in career development.

2.3.1.3 Self-efficacy and career process

The Career Decision Making Self-Efficacy Scale is another self-efficacy measure useful for practitioners and researchers alike (Luzzo, 1993; Taylor & Betz, 1983). In fact, Taylor and Betz developed the Career Decision Making Self-Efficacy Scale to help in the understanding and treatment of career indecision. Unlike the previous self-efficacy measures which focus on specific content areas, the Career Decision Making Self-Efficacy Scale measures self-efficacy beliefs relevant to a process, more specifically the process of making career decisions, and therefore falls into a general category that Lent and Brown (2006) label process efficacy. In more specific terms, the long and short versions of the Career Decision Making Self-Efficacy Scale purport to measure people's perceptions of capability relative to the tasks required for making career decisions (Betz, Klein, & Taylor, 1996; Betz & Luzzo, 1996). Research with these instruments establishes that perceived inefficacy related to the tasks of career decision-making is highly predictive of career indecision (see Betz & Luzzo, 1996 for a review).

Similar to the Career Decision Making Self-Efficacy Scale, there are two other career related self-efficacy scales, the Career Search Self-Efficacy scale and the Job Seeking Self-Efficacy scale, that focus on career-related processes rather than specific content areas of career. Solberg and his colleagues developed the Career Search Self-Efficacy scale to measure self-efficacy expectations specific to the skills and competencies necessary for carrying out career search activities (Solberg et al., 1994). More recently, Strauser and Berven (2006) developed the

Job Seeking Self-Efficacy scale in order to measure perceived self-efficacy in job-seeking activities. Although these measures focus on career related process and thus differ from the preceding measures, they are similar in that they pertain to the self-efficacy beliefs of career counselling consumers.

2.3.2 Social cognitive career theory

Career related self-efficacy research preceded social cognitive career theory by more than 12 years. The interim period witnessed the development of numerous career related self-efficacy scales that elevated the self-efficacy construct within the vocational literature. The application of self-efficacy to the career domain was so successful that one might say that a specific social cognitive career theory was unnecessary. In fact, Nancy Betz, a prolific career related self-efficacy researcher and a co-author to the first career related self-efficacy articles, has and continues to base her work in “Bandura’s self-efficacy theory” (Betz, 1992, p. 63; 2007, p. 403; Betz & Luzzo, 1996, p. 413). Nonetheless, Lent, Brown, and Hackett (1994) saw fit to articulate social cognitive career theory as an integrative framework capable of complementing and establishing conceptual links with other career models.

The various articulations of social cognitive career theory are very clearly anchored within the parent theory (Lent, 2005; Lent & Brown, 1996; Lent, et al., 1994; Lent, et al., 2002). This anchoring includes the conceptual model and its philosophical underpinnings; emergent interactive agency, triadic reciprocal determinism, and self-efficacy are central features. The authors, however, recognized the distinct characteristics of the career domain and thus sought an expression that might uniquely fit this domain. In the authors’ words, “we tried to adapt, elaborate, and extend those aspects of Bandura’s theory that seemed most relevant to the processes of interest formation, career selection, and performance” (Lent, et al., 2002, p. 258).

Freed from having to establish foundational assumptions and concepts, the authors adapted Bandura's core concepts and established a theory of career development comprised of three interconnecting models.

Social cognitive career theory's interconnecting models encompass and seek to explain three important career constructs, namely interests, choice, and performance. The authors depict each model graphically as a flow chart and combine them into one large figure which stands as a pictorial depiction of the entire theory (Lent, et al., 1994). The figures are complete with directional arrows and stands as visual representation of the dynamically organized computational model of human functioning that Bandura (2001) theorized, albeit a model focused on career functioning.

Core social cognitive theory constructs such as self-efficacy, outcome expectancy, and personal goals serve as explanatory variables in these models. Directional arrows signifying causal relationships connect these variables to the models' defining career constructs (i.e., self-efficacy connects to interests and goals connect to choice). The sources of self-efficacy and the effects of self-efficacy inform many of the propositions and hypotheses found in the theory. The theoretical framework and its figurative representation posit 12 general propositions along with 43 specific hypotheses, over half of which identify self-efficacy as a key variable. The testability of the model has prompted a significant amount of research and two separate meta-analytic reviews provide strong support for many of the models' specific hypotheses (Lent, et al., 1994; Stajkovic & Luthans, 1998). Narrative reviews of career related self-efficacy research provide additional support for the theory (Bandura, 1997; Hackett, 1995; Swanson & Gore, 2000).

The overwhelming majority of the research generated by social cognitive theory focuses on self-efficacy. "In sharp contrast to the growing body of evidence supporting the sources of

self-efficacy beliefs, empirical support for the sources of career-related outcome expectancies is lacking” (Swanson & Gore, 2000, p. 246). These authors go on to suggest that the paucity of outcome expectancy research is partially due to a lack of quality outcome expectancy measures. They also identify this as valuable area for future research. Interestingly, Swanson and Gore’s review does not identify personal goals as an area requiring additional research despite the fact that social cognitive theory identifies personal goals as one of three important explanatory variables.

Closer examination of the hypotheses posited by social cognitive career theory reveal that goals serve a mediating role in the hypotheses. The position of goals in the model, toward the output end of most of the arrows, clearly depicts this. It is also somewhat reflective of the “input-linear throughput-output model” that Bandura (2001, p. 2) abandoned in favour of a “more dynamically organized computational model(s).” Social cognitive career theory ascribes a causal role to personal goals yet hypothesizes them as direct consequences of self-efficacy, outcome expectancies, and interests. Previous research has followed this research agenda whole heartedly. The current project deviates from this agenda and takes an action theoretical perspective on self-efficacy, a perspective that ascribes goals a more important role in all human experience.

2.4 The Contextual Action Theory Framework

The emergence and growth of a contextual action theory of career (Young & Valach, 2004; Young, et al., 1996, 2002) is an example of the usefulness of constructivist explanations of career. While constructivism represents an emerging and growing paradigm within counselling psychology as a whole, it is particularly useful for generating knowledge regarding vocational behaviour and career development (Young & Collin, 2004). Constructivism is somewhat of a generic label that encompasses a range of epistemological and ontological positions along with a

slightly more differentiated set of labels, namely constructivism and social constructionism (Young & Collin, 2004). While there are important distinctions within these positions, collectively they represent a movement away from postpositivism and toward constructed views of knowledge generation and a more contextualized understanding of the nature of things (Ponterotto, 2005). The constructivisms, collectively and individually, have generated new conceptualizations of career thereby offering new perspectives useful for rethinking longstanding constructs like self-efficacy (Subich, 2001). They also provide a range of research methodologies that are useful for describing self-efficacy beliefs in a manner that fits social cognitive theory's conceptualization of emergent interactive agency. The action-project method of contextual action theory is particularly capable for this task. I first describe the theoretical framework along with its unique ontological and epistemological perspectives and then provide a more specific rationale regarding the method's specific usefulness for my project.

2.4.1 Conceptual foundations

Fittingly, action is the core construct of contextual action theory and the main unit of analysis in the action-project method. Action theory understands action in terms of goals and intentions (Valach, Young, et al., 2002; Young, et al., 2005). Aside from basic reflexes and the responses of the autonomic nervous system, behaviour is held to be purposeful, to be "about something" (Valach & Young, 2004). Therefore most human behaviour is intentional, goal-directed action. Put another way, the forward looking orientation of intention is fully embodied and made real within an individual's manifest behaviour. This, however, represents but one of three perspectives of action. Thoughts and emotions are equally important aspects of action in that they are internal steering processes in service of action's intentionality (Valach, Young, et al., 2002; Young, et al., 2005). Thus, contextual action theory posits an agentic view of persons

where manifest behaviour is wedded to internal processes via action's intentionality (Young & Collin, 2004).

Action is not, however, the activity of isolated agents. People act together within the context of shared meanings. Social meaning permeates action just as action constructs social meaning; action theory weaves them together so that they are inextricably connected. In this way the third perspective on action, social meaning, embeds action within a contextualized view of human experience so that society's meaning is made real in the actions of its members (Young, et al., 1996, 2002).

Intentionality serves to integrate the perspectives of manifest behaviour, internal processes, and social meaning so as to maintain a holistic view of action and an agentic view of the human condition. The action theory framework identifies cognitions like self-efficacy beliefs as internal steering processes in service of an intentional agent. However, action theory also embeds self-efficacy within manifest behaviour and in relation to shared meanings. In this regard, action is the unit of analysis or the emergent outcome of manifest behaviour, internal processes, and social meaning. Nonetheless, these three perspectives constitute specific processes of action and serve as valuable vantage points on the emergent outcome.

In addition to *three perspectives on action*, contextual action theory also specifies *four systems of action* and *three levels of action organization* to provide a three dimensional (see Figure 1) conceptualization of action (Valach, Young, et al., 2002; Young, et al., 2005). As with the three perspectives on action, intentionality is integral to the integration of the action systems and the levels of action organization. The four action systems, individual action, joint action, project, and career, are critical for understanding the temporal dimension of action. In terms of timeframe, action and joint action refer to distinct performances that reflect intention but are also

bound in time (Young, et al., 2005). Actions, however, join together over time and coalesce into larger units of meaning based upon the goals that they construct. These larger units, labeled projects, extend action across the temporal dimension and serve as a valuable heuristic for action-project research (Young & Valach, 2004; Young, et al., 2005). Projects aggregate across time and according to an integrative goal that is highly significant to an individual's life, a goal that is evident in the career it constructs. In keeping action as the unit of analysis, the four systems of action allow for a rich depiction of self-efficacy beliefs that spans the temporal dimension to encompass beliefs in relation to a range of proximal intentions and distal goals. The notion of joint action (Valach, Young, et al., 2002; Young & Valach, 2004; Young, et al., 2005) means that self-efficacy beliefs are portrayed in relation to shared intentions and meanings.

Figure 1. A Three Dimensional Depiction of Action

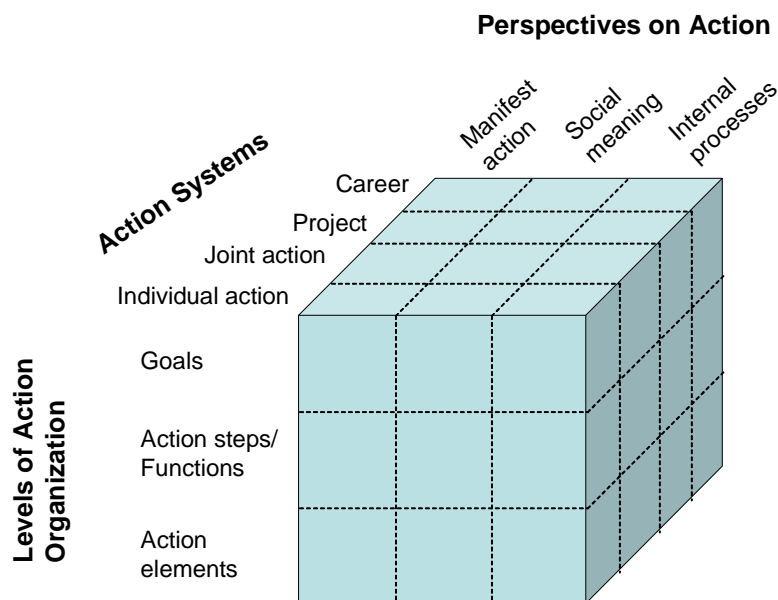


Figure 1. A three dimensional depiction of action. Adapted from “The three-dimensional conceptual framework for the analysis of action: Perspectives, levels, and systems” by R. A. Young, L. Valach, and A. Collin (1996). A contextual explanation of career. In. D. Brown, L., Brooks & Associates, Career choice and development (3rd ed., p. 489). San Francisco: Jossey-Bass. Copyright 1996 by Wiley. Reproduced with permission from Wiley.

The three levels of action organization extend human intentionality to encompass action elements, action steps, and goals (Valach, Young, et al., 2002; Young, et al., 2005). They are also key processes useful for describing action across time. Action elements are the smallest units of action and capture the moment by moment form of human experience. These discrete acts embody the intentionality of the actor and sequences of action elements emerge as functional steps. Finally, the functional steps join together according to the actor's intentional framework and thereby construct one or more identifiable goals. The levels of action organization allow for a detailed analysis (Young, et al., 2005) of self-efficacy beliefs. Consider the following example.

Self-efficacy beliefs are recognizable at the elemental level and are identified in specific client utterances that describe, evaluate, or in some way comment on the client's capabilities. This would include a declaration of inefficacy such as, "I'm not very good at math." Though identified as an efficacy relevant statement, the utterance is not an isolated act. Rather it occurs within a sequence of utterances that constitute a functional step. For example, a statement like "I'm not very good at math" might be part of a sequence that describes the difficulty the client is experiencing at school. This functional step might also be part of a larger goal, which is to decide whether or not to change programs.

In this simple example, a single statement of inefficacy is examined across time and in connection with the client's intentional framework. Action theory provides a conceptual framework and a method of inquiry, the action-project method, capable of identifying and integrating the composite of efficacy relevant utterances occurring within an individual counselling session and across a series of sessions. In this way, it is well suited for a study that aims to describe client self-efficacy within counselling process.

2.4.2 Philosophical footings

The action theory literature, unlike the social cognitive theory literature, makes common use of philosophical terminology. This may be due to the theory's position within the family of constructivisms. In fact, this kind of family membership almost requires the explicit use of terms like teleological, ontological and epistemological. Theories that occupy positions under the familiar confines of positivism and postpositivism can rely on the dominant discourse of academia to bring their readers alongside. Theories that occupy less familiar philosophical ground fall under greater scrutiny and thus must account for themselves.

Contextual action theory's position within the family of constructivisms is somewhat unique. In fact, "action theory has its own epistemological and ontological assumptions" (Young, et al., 2005, p. 215). This, in part, is due to the forward looking, teleological stance action theory adopts in explaining human experience. Action theory uses intentionality as an integrative principle and thereby accounts for the processes of action. Although the goals of action account for what is enacted, the framework and the method are also amenable to functional and causal explanations of action (Valach, Young, et al., 2002; Young, et al., 2005). The causal and functional levels of explanation are referenced in the levels of action organization (action elements and functional steps) of the framework and are taken into account during the coding (elements, causal level) and annotation (functional steps, functional level) procedures of the action method. The emphasis, however, is clearly on the goals of action. The emphasis is related to the theories decided focus on cultural, social, and psychological worlds (Young & Valach, 2004). In contrast, action theory acknowledges but does not attend to the physical and biological worlds.

Action theory's epistemological and ontological assumptions flow out of its emphasis on goals and its focus on cultural, social, and psychological phenomena. In terms of epistemological assumptions, action theory assumes that knowledge is constructed, not discovered (Young & Valach, 2004). More specifically, humans construct knowledge through intentional, goal-directed action. Knowledge construction occurs in a forward acting or prospective manner as well as in a reflective or retrospective manner. In the theorists' words, "We recognize that people—actors, participants, observers, and bystanders alike—make connections among their goal-directed actions, not only retrospectively but also prospectively. Indeed, our actions arise—are constructed and understood—out of this retrospective and prospective meaning making" (Young & Valach, 2004, p. 502). In terms of prospective processes, goals and intentions are known in their enactment; identity is constructed one act at a time. These prospective processes account for the immediate here and now construction that occurs with individual and joint action. The retrospective aspect of knowledge construction tends to involve the longer systems of action. In looking back over longer periods of action people make sense of what they have done; they construct projects and careers as well as the goals that integrate this action.

The epistemological assumptions of action theory assert that actors construct knowledge of their cultural, social, and psychological worlds. Action theory's basic ontological assumption takes things a step further and asserts that action also makes things real. In simple terms, "We posit that the cultural, social, and psychological worlds are constructed and co-constructed through individual and joint action, project, and career" (Young & Valach, 2004, p. 505). In acting, actors embody their intentions and in acting together, actors co-construct their social context. Intentions are made real in action; they are embodied in the observable actions of real people. Actors also construct social meaning after the fact or based on their reflections on

observed action. They construct understandings of their own intentions as well as the intentions of others.

All of the above rests upon a fundamental ontological assumption, an assumption that places intentionality at the centre of all human experience. Action theory's most basic ontological assumption is that humans instinctively ask and answer the question, "What is this (action) about?" (Young & Valach, 2004, p. 505). In other words, they seek to understand what it means to be in this world. This occurs simultaneous to their being and acting in the world; humans act and in doing so fuse intention into existence. Furthermore, their reflective constructions of intentionality are enacted in subsequent action. In this way, intentionality becomes manifest in the back and forth hermeneutic like operation of action, most notably joint action.

It is the jointness of action's operation that brings action theory into the realm of social constructionism. The basic question, "What is this action about?" extends to all action, including the action of others. Social meaning is paramount because most human experience involves either the actual presence or the psychological presence of other actors. People act in concert with each other thereby weaving their action with the action of others. The inseparability of this process attests to the pervasive influence of the context within which actors act and thus positions action theory toward the social constructionist side of the family of constructivisms. That said, action theory espouses a distinct version of constructivism, one that transcends a number of problems that surround social constructionism. Action theory incorporates a real external world into its logic and provides a basis for human agency, both of which are problematic with social constructionist positions.

Action theory does not reduce human experience to the larger discourses of a disembodied society nor does it diminish the realness of human's physical existence. In fact, it is the action of real actors that makes social meaning real. Human action is constitutive of the social meaning within which actors act. "In action theory, it is less a case of the social context serving to construct individual behavior as it is the individual in co-action with others constituting himself or herself socially as well as constituting the social context through goal-directed participation" (Young & Valach, 2004, p. 511). This critical distinction fits with my personal views. It is also essential to my project because it forms the basis for a truly agentic perspective on the human condition.

Action is embodied intentionality and is thereby an expression of human agency. Human actors enact action. They express their intentions in their moment by moment action. The accumulation of their action constructs projects that they experience as meaningful. In turn the projects coalesce into careers that define their lives. "Agency as we conceptualize it in action theory is not based on the cognitive/rational, rather it is founded on our embodiment in the existential realities of our lives. As human beings, our bodies are instruments of action that enable the realization of agency." (Young & Valach, 2004, p. 509). Action theory extends an agentic conceptualization of the human condition, a conceptualization that will allow me to describe self-efficacy in the process of individual counselling.

2.4.3 Rationale for using the action-project method

The action-project method of contextual action theory is well suited for describing self-efficacy changes occurring within individual counselling. To date, the action-project method has been applied to investigate a variety of human experiences including health (Young, Lynam, et al., 2001; Young et al., 2000), suicide (Valach, Michel, Young, & Dey, 2002), and career

development (Young, et al., 1999; Young, Paseluikho, & Valach, 1997; Young, Valach, et al., 1997). These applications demonstrate the method's versatility as well as its usefulness for providing thick rich descriptions of participants' experiences. More specifically, they also establish the method's capacity to take an action theoretical perspective of complex phenomena from an abstract conceptualization to data saturated descriptions of participants manifest behaviour, internal processes, and social meaning.

The action-project method is especially well suited for research in counselling psychology (Young, et al., 2005). In addition to providing rich descriptions close to human experience, the action-project method offers systematic and thorough data collection and analysis procedures. The method's capacities to access internal process and to encompass the temporal dimension make it particularly useful for counselling process research. The general suitability of the action-project method for counselling research is echoed by its specific utility for my project. More specifically, the action-project method provides an effective methodological and conceptual scheme, one capable of subsuming the agentic, internal, bidirectional, and contextual aspects of self-efficacy.

2.4.3.1 Based upon an agentic understanding of human action

The commitment to an agentic depiction of human action is an essential starting point for studying self-efficacy within counselling process. Like social cognitive theory, the action-project method of contextual action theory is rooted in and committed to an agentic understanding of the human condition (Valach, Young, et al., 2002; Young, et al., 2005). This core philosophical, theoretical, and methodological commitment is realized in the framework's conceptualization of action where action is defined as intentional goal-directed behaviour (Valach, Young, et al., 2002). In fact, it the intentionality of action that, in part, confers agentic capabilities to the human

condition (Young & Valach, 2004). Thus, action theory posits an agentic view of persons where manifest behaviour and social meaning are wed with internal processes via action's intentionality (Young & Collin, 2004). People enact their intentions thereby exercising self-influence or personal agency. Consequently, the action-project method's data collection and analytic procedures are designed to identify and describe the goals and intentions that organize participants' action as well as the projects their joint action constructs.

2.4.3.2 Capable of describing internal processes

The action-project method is also well equipped for identifying and describing internal processes like self-efficacy beliefs. In fact, internal steering processes serve as one of three essential perspectives necessary for describing action; manifest behaviour and social meaning make up the other two perspectives (Young, et al., 2005). It is the self-confrontation procedure of the action-project method that provides researchers with access to the thoughts and feelings that help to steer human behaviour. This innovative procedure uses video playback as a stimulus and has research participants report the very thoughts and feelings experienced in their action. This crucial viewpoint into participant's internal processes is vital to describing self-efficacy in the underlying process of individual counselling.

A preexisting methodological impediment to the current project is the strict reliance on self-efficacy scales that pervades and dominates self-efficacy research. Given the specificity of these scales and the diversity inherent in people's self-efficacy belief structures, there is no combination of scales capable of measuring the self-efficacy beliefs relevant to a particular group of research participants. The self-confrontation procedure of the action-project method transcends this impediment by facilitating a manner of access capable of capturing the self-

efficacy beliefs pertinent to a group of research participants engaged in counselling for their own personal issues.

2.4.3.3 Accounts for a dynamic bidirectional model of influence

The ability to contend with the temporal dimension is another important methodological advantage of the action-project method. The triadic reciprocal model of influence posited by social cognitive theory depicts self-efficacy as a dynamic interactive mechanism amidst numerous other influences. Bandura (1997) recognizes the methodological complexities that go along with triadic reciprocal determinism and posits a time lag operation in order to justify the use of the microanalytic research model that has been used to investigate self-efficacy. The time lag operation asserts that self-efficacy beliefs persist in time and that their existence can be measured at one point in time and their effects later on in time. However, the time lag operation signifies a simple linear approach to research. The issue here is not whether self-efficacy beliefs exert some kind of enduring influence over time but rather how the time lag operation approach confines self-efficacy research in ways that are inconsistent with the theory's depiction of the human condition, a depiction that Bandura (2001) describes as follows.

The linear model was, in turn, supplanted by more dynamically organized computational models that perform multiple operations simultaneously and interactively to mimic better how the human brain works. In this model, environmental input activates a multifaceted dynamic throughput that produces the output. These dynamic models include multilevel neural networks with intentional functions lodged in a subpersonal executive network operating without any consciousness via lower subsystems.... The personal level involves phenomenal consciousness and the purposive use of information and self-regulative means to make desired things happen. (p. 2)

Advanced statistical procedures such as structural equation modeling and multilevel modeling represent one way to liberate self-efficacy from a simple linear model of human functioning. Indeed their use in self-efficacy research is increasing and is generating new knowledge regarding specific domains of function (i.e., Hongyun, Qingmao, & Lei, 2004; Lubbers, Loughlin, & Zweig, 2005; Nauta, Kahn, Angell, & Cantarelli, 2002). The action-project method provides another means for depicting the self-efficacy mechanism in its conceptual fullness. I would argue that the action-project method provides an approach that is more congruent with the philosophical and theoretical model within which self-efficacy resides. The action-project method does not, however, lend itself to the kinds of causal claims that are typically made with self-efficacy research.

Nonetheless, the action-project method's data collection and analytic procedures are capable of describing self-efficacy as an interactive temporally situated process. The procedures situate perceptions of self-efficacy as internal processes of action, processes that are inextricably joined with manifest behaviour and social meaning. These processes exist across a short term temporal dimension that is organized within an intentional framework encompassing the basic elements, functional steps, and goals of action (Valach, Young, et al., 2002; Young, et al., 2005). This organization provides a basis for observing the short term interactive effects of individual self-efficacy beliefs. The action-project method also embeds self-efficacy beliefs within increasingly longer time frames labeled action, project, and career (Valach, Young, et al., 2002; Young, et al., 2005). It is within these systems of action that the long term properties of self-efficacious thought become more apparent.

2.4.3.4 Provides a fully contextualized perspective

The action-project method offers a contextualized perspective on self-efficacy and provides a means for observing self-efficacy within the interactive dialogue of counsellor client dyads. It contextualizes self-efficacy within the communicative events of a counselling session, the rich network of social meaning within which they occur, and the goals or intention to which they are directed (Young, et al., 2002). These methodological accomplishments are particularly valuable given that social cognitive theory roots human functioning within social systems and locates personal agency “within a network of sociostructural influences” (Bandura, 2001, p. 5). In fact, Bandura calls for a macroanalytic approach to research that is capable of comprehending and integrating the sociostructural factors that converge upon human experience (Bandura, 2001). His emphasis on integration is consistent with his adherence to a non dualistic view of the person environment interaction where there is a dynamic interplay that occurs between the individual and social spheres (Bandura, 1999).

Contextual action theory echoes and extends this kind of non dualism. Action theory draws from Pepper’s (1942) theorizing and advances an understanding of contextualism where every act takes place within a context and is indistinguishable from the context, the two are woven together as in a tapestry (Young, et al., 2002). The particular tapestry forwarded by action theory encompasses three levels of action organization, four action systems, and three perspectives on action. In all of this, action is central; it is the unit of analysis through which the action-project method provides a rich, thick description of participants’ experiences.

Nonetheless, the goals of action and the shared meanings that help guide action are particularly important aspects of the contextualist perspective forwarded within action theory. Goals are intrinsic to every act and function to connect action together over short intervals

(action organization) and longer intervals (action systems) as discussed above. Goals anchor action to the present situation but also weave them together with past and future actions. “Our actions arise – are constructed and understood – out of the retrospective and prospective meaning making” (Valach & Young, 2004, p. 75).

Together social meaning, in conjunction with internal processes, steers and regulates action. This steering function describes one of the aspects of action’s social embeddedness. The jointness of action, two or more people acting in ways that construct common goals, also embeds action in social meaning. The action-project method captures the jointness by investigating dyads who are involved in a common activity and thereby provides a means for contextualizing clients’ self-efficacy beliefs within the counselling process.

2.4.4 An action theoretical perspective on self-efficacy

The above rationale provides the beginning sketches of the action theoretical perspective on self-efficacy that I use in describing self-efficacy within counselling process. Figures 2 and 3 provide graphic depictions that extend these sketches. The figures provide a synthesis of the literature but are not forward as an explanatory model self-efficacy. I explain the figures in the following paragraphs and provide a summary of the action theoretical perspective on self-efficacy that I bring to my study.

Figure 2. Self-Efficacy within Social Cognitive Theory

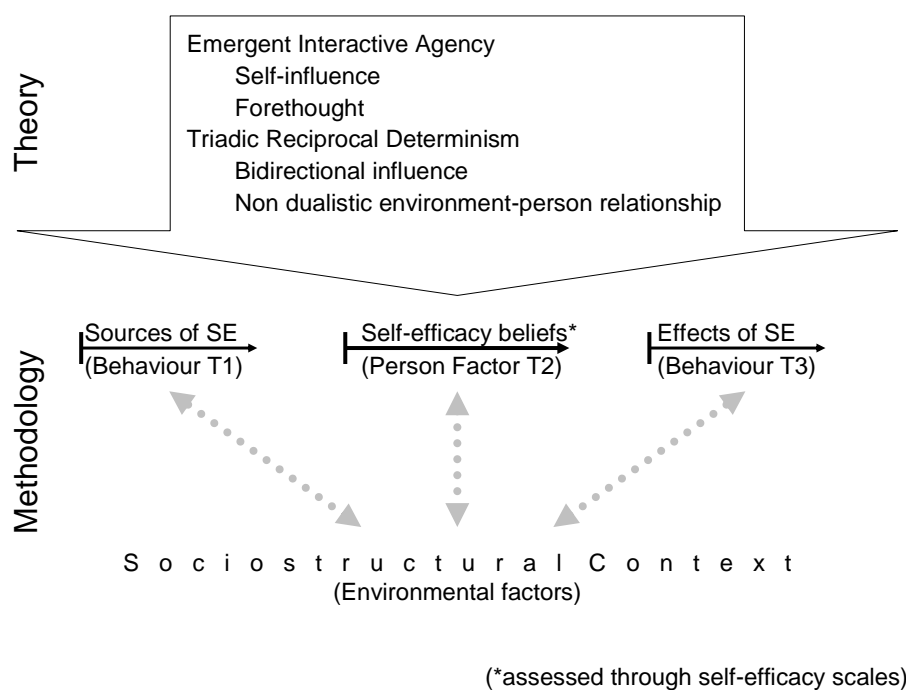
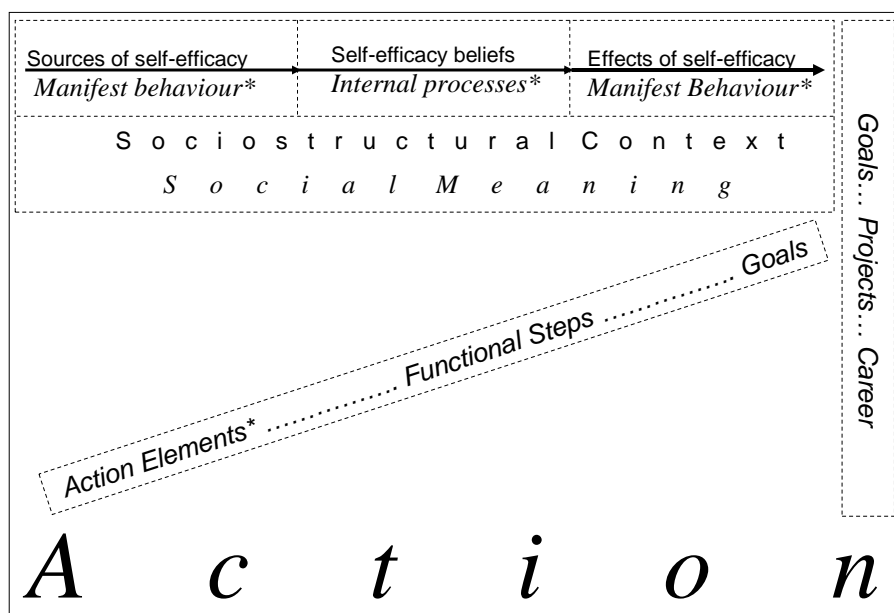


Figure 3. Self-Efficacy within an Action Theoretical Perspective



(* indicators of self-efficacy beliefs)

The key assumptive features of self-efficacy are identified within the large arrow shown at the top of figure 2. Emergent interactive agency and triadic reciprocal determinism

conceptualize self-efficacy as a key mechanism of self-influence and set it within a non dualistic environment-person relationship. The large arrow points to the bottom half of the first figure which depicts the methodological approach typically used within self-efficacy research. The main features of the approach include discrete measurement periods over time and the use of one or more self-efficacy scales. The figure also locates fundamental findings (i.e., the sources and effects of self-efficacy) within the methodology approach. The time lag assumption is evident in that mastery experience (behaviour) at T1 causes changes to self-efficacy beliefs (person factor) measured at T2 and self-efficacy beliefs (person factor) measured at T2 have a causal effect on behaviour (approach, avoidance, persistence, and performance) measured at T3. The full length of the time line demonstrates the pattern of causal relationships observed between behaviour and person factors. The dotted bidirectional arrows going between the sociostructural context (environmental factors) and each of the time periods represents the other bidirectional influence posited within triadic reciprocal determinism. I've used light gray dotted lines to acknowledge that the standard methodological approach falls short of the theoretical assertion.

Figure 3 depicts self-efficacy according to an action theoretical perspective. It encompasses aspects of the first figure along with social cognitive theory terminology (i.e., sources of self-efficacy, self-efficacy beliefs, effects of self-efficacy, and sociostructural context) in order to demonstrate that an action theoretical perspective has the capacity to subsume current knowledge of self-efficacy within a methodological framework that is capable of contextualizing client self-efficacy and describing it as a dynamic interactive process.

The large rectangle labeled action represents the basic unit of analysis prescribed by the action theory framework. The arrowed line travelling across the top of this figure is representative of the temporal dimension and the causal relationships observed in self-efficacy

research. It also represents the teleological explanation forwarded within contextual action theory, namely that human behaviour and internal processes can be understood in light of the actor's goals. The dashed lines that form the various rectangles of the figure are highly significant in that they encompass the different dimensions of action (i.e., the perspectives on action, the action systems, and the levels of action organization) without breaking the unit of analysis. The asterisks highlight how the action-project method's numerous data sources are able to identify client self-efficacy beliefs as they are manifest across the temporal dimension of individual counselling sessions. In keeping with the action theoretical perspective and the teleological explanation noted above, an action theoretical perspective on client self-efficacy understands the manifestations of client self-efficacy in light of clients' goals and client and counsellors' joint goals.

Chapter 3: Method

The purpose of this study was to describe dynamic interactive manifestations of client self-efficacy within the counselling process of young adult clients and professional counsellors. This aim was pursued via two research questions, “How is client self-efficacy manifest in counselling process?” and “How are perceptions of clients’ capabilities constructed within the individual and joint action of individual counselling sessions?” These questions were derived from an action theoretical perspective of self-efficacy and were answered in a collective case study that reanalyzed six cases generated for a separate action-project study. The constructivist-interpretivist paradigm (Ponterotto, 2005) served as a philosophical and conceptual guide for all aspects of the *current study*, including the choice of the action-project method, the generation of the study’s research questions, the decision to reanalyze data from another action-project study, the adoption of a collective case approach, and the analysis procedures described in this chapter.

The chapter utilizes two short phrases designed to bring clarity to the research activities described therein. The phrase *current study* refers to specific activities I enacted in an effort to answer this dissertation’s two research questions. In contrast, the phrase *initial study* refers to the research activities of the action-project study that I reanalysed in the *current study*. What follows is a preliminary section describing key aspects of *initial study’s* methods and a subsequent section that outlines the details of the *current study’s* methodology.

3.1 Initial Study

The *initial study* sought to investigate how counsellors’ and young adults’ actions in counselling help young adults’ transition to adulthood. The action-project method guided each step of the *initial study* including those relevant to the *current study*, namely the recruitment, data collection, and analysis procedures.

3.1.1 Recruitment

The *initial study*'s sample consisted of 12 counsellor-client dyads. This included 12 different clients and 8 different counsellors; four counsellors served as participants for two separate dyads. Table 1 depicts the composition of the twelve dyads. What follows is a more detailed description of the sampling procedures used to recruit each type of participant.

Table 1

Characteristics of the Initial Study's Data Set

Dyad	Client	Counsellor	Total Sessions ^a	Analyzed Sessions ^b	Role in Data Collection ^c	Selected for Reanalysis
601	female, 21	female ^d	4	4	no	yes
602	female, 21	female	2	2	yes	yes
603	male	female ^d	2	0	no	no
604	female, 20	female ^e	3	3	yes	yes
605	female, 19	female	4	4	no	yes
606	female, 21	female ^f	4	4	no	yes
607	female, 20	female	4	2	yes	no
608	female	female ^e	3	0	yes	no
609	female, 21	female ^f	4	4	no	yes
610	female	female ^g	2	0	no	no
611	male	female ^g	4	0	yes	no
612	female	female	1	0	no	no

Notes:

a - Indicates the total number of counselling sessions for each dyad

b - Indicates the number of sessions analyzed in the initial study

c - Indicates whether or not the author of the dissertation participated in the dyad's data collection activities

d - Participated in dyads 601 and 603

e - Participated in dyads 604 and 608

f - Participated in dyads 606 and 609

g - Participated in dyads 610 and 611

3.1.1.1 Young adults

The young adult participants were recruited using two strategies, paper posters and an online posting. Research assistants placed paper posters (see Appendix A) in a variety of locations including university campuses, community centres, coffee shops, and counselling centres. This initial strategy proved ineffective and the research team added a second strategy, use of an online posting (see Appendix B) on the Vancouver site of craigslist. The use of the volunteer section of craigslist, a community moderated online site comprised of local classifieds and forums, proved to be more effective.

Potential young adult participants initiated contact with the research team via email and telephone. Research assistants responded to participant inquiries and conducted screening interviews (see Appendix C). They used email to send interview notes to the rest of the research team and team members reviewed the interview notes according to the inclusion criteria. The team used consensus to establish suitability and pre-assigned research assistant pairs placed suitable participants into counsellor-client dyads.

The inclusion criteria for young adult participants consisted of a number of personal and situational characteristics. In terms of personal characteristics the *initial study* limited participation to young adults aged 19 to 21. This narrow age range was used because the investigators' research questions targeted the transition to adulthood; it was assumed that participants in this age range would be actively involved in this transition. The screening interview assessed for the presence of a transitional issue. Participation was limited to those not currently receiving counselling. Those who self-identified as having a severe psychological disorder (i.e., bipolar disorder, schizophrenia, etc.) or substance abuse issues were also

considered unsuitable for the *initial study*. Participation was also limited according to schedule availability.

3.1.1.2 Counsellors

The *initial study*'s research team employed a combination of convenience and opportunistic sampling procedures to recruit counsellor participants. The research team identified local counselling agencies and counsellors from published lists of a number of professional counselling organizations. The team created a mailing list and sent out information letters. Interested counsellors contacted the research team and underwent a screening interview (Appendix D) and an orientation meeting. The inclusion criteria included graduation from a recognized master's level counselling program, two years of subsequent experiences, and specific experience working with late adolescent or young adult clients. The lead investigator held an orientation meeting with pre-screened counsellors, received their informed consent, and invited them to participate in up to two counsellor-client dyads. The counsellors received \$85 for each counselling session and \$45 for each self-confrontation interview. Research team members invited counsellor participants to inform colleagues who might be interested in participating in the study. Interested counsellors contacted the team and underwent a screening interview and orientation meeting. A registered psychologist who was completely independent of the study was paid to provide supervision to the counsellors on a basis of requests from the counsellors.

3.1.2 Data collection

The *initial study* was guided by data collection strategies specified for using the action-project method to conduct research in counselling (Young, et al., 2005). The data collection activities included: prescreening interviews, video recorded counselling sessions, audio recorded follow-up interviews after each counselling session, and a member check in between the first and

second counselling sessions of each dyad. Additional details of the data collection activities and the nature of the data generated by these activities is expanded upon below.

The screening interviews (see Appendices F & G) constituted the first data collection activity of the *initial study*. This first wave of data collection provided the research team with some basic demographic information on all of the participants as well as a specific indication of the young adult participants' transitional issues and the counsellor participants' theoretical orientation.

The research team assigned suitable participants to counsellor-client dyads after the screening interviews were completed. The research team made these assignments as suitable participants presented themselves. The assignment process proceeded according to the counsellors' and clients' time availability as well as the team's ability to form research assistant pairs that could accommodate these time parameters. Aside from schedule coordination difficulties the largest hurdle in forming dyads involved finding and screening client participants. A total of seven research assistants were used to gather data, two of whom, the current author included, joined the team prior to data collection and remained as a part of the team through to the end of the analysis.

The counselling sessions took place within specially equipped rooms located on a university campus. The assigned research assistants set up the appropriate audio visual equipment, a digital video camera and a digital audio recorder prior to the arrival of the participants. The research assistants obtained informed consent from the client participant 15 minutes prior to the first scheduled counselling session. Counsellors provided informed consent during a special orientation meeting that took place separate from the counselling session. This

secondary screening procedure ensured that the counsellor participants understood their ethical responsibilities as professional counsellors.

The research assistants introduced themselves to the research participants and the client and counsellor to each other just prior to the beginning of the first session. After these introductions and an opportunity for questions, the participants proceeded with the first counselling session while the research assistants observed the session via the use of a television monitor. At the session's end the counsellor and client scheduled the next counselling session and the research assistants confirmed their availability. The dyads' audio recorded sessions were professionally transcribed for future analyses.

Immediately following the session the research assistants invited the participants to take a brief break while they set up the equipment for the self-confrontation procedure. After the break the research assistants were paired off with a different member of the dyad and guided that participant through the self-confrontation procedure. The research assistants maintained these pairings for the duration of the dyad's sessions.

The self-confrontation procedure is a special video prompted recall interview designed to elicit information regarding the participants' internal processes. Though it bears some resemblance to Kagan's (1963) interpersonal process recall procedure, it is a distinct research protocol of the action-project method and is directly tied to action theory's conceptualization of action (Valach, Young, et al., 2002). Its use in this study was confined to randomly pre-selected 15-minute segments of the counselling session. The participants were blind to this selection until the commencement of the self-confrontation procedure. During the self-confrontation procedure research assistants played a 1-minute segment of video footage to the participants and then asked them to describe what they were thinking and feeling during that moment of the counselling

session. Research assistants used reflective listening skills to help the participants describe their thoughts and feelings. Research assistants proceeded to the next minute of the session once participants indicated that there were no additional thoughts or feelings to describe. The procedure was repeated until the full 15-minute segment of the counselling session was covered. The self-confrontation procedure marked the end of each session's data collection procedures for the *initial study*.

These data collection procedures repeated for up to 4 counselling sessions. Some dyads, however, ended prior to the completion of 4 sessions. The client participants initiated termination in each of these cases. Some provided reasons for their decision while others simply failed to show up for subsequent sessions. The *initial study's* data collection activities yielded a total of 37 sessions. Table 1 outlines the number of sessions per dyad along with the composition of each dyad. The recorded counselling sessions and self-confrontations were transcribed by a professional transcriptionist and subsequently corrected with the original recordings by a member of the research team.

3.1.3 Data analysis

The *initial study's* stated goal was to describe how counsellors and young adults in counselling act together to assist the young adult with issues related to the transition to adulthood (R. A. Young, personal communication, September 19, 2006). The following research questions expand upon this goal and provide context for understanding the data analysis procedures described below. The questions are: 1a) Can we describe counselling as joint action? 1b) If so, what does it look like? 2a) What are the transitional projects that are jointly constructed by counsellors and clients in counselling? 2b) How are the projects jointly constructed by counsellors and clients in counselling? (R. A. Young, personal communication June 10, 2008).

The researchers answered these questions by following the analytic procedures of the action-project method.

Data analysis for the *initial study* followed the action-project method's prototypical procedures (Young, et al., 2005). This includes intensive, team based within-case and cross-case analysis procedures. The within-case analysis sought answers for the research questions for each individual dyad whereas the cross-case analysis explored commonalities and distinctions across the dyads. The following provides brief descriptions of each of these procedures.

The first stage of the within-case analysis was conducted by research assistant pairs. The pairs executed a detailed coding and annotation process for each session before producing a summary description of the dyad's joint action. The session summary included a brief narrative summary along with supporting quotations from the counselling session and both self-confrontations. It also included an annotated summary that identified the participants' individual goals and functional steps as well as the dyad's joint goal(s) and the project(s). The research team reviewed and discussed the session summary and the research assistants modified the summary based upon the team's input. The within case analysis concluded with a summary report of the entire case. This report integrated the session summaries and highlighted the participants' individual goals and functional steps as well as the joint goals represented in the dyad's action and the project(s) constructed in this action. Once again research assistants produced the case summary and the team provides additional input.

The research assistants followed a lengthy and intensive data analysis process for each session in order to produce these summaries. The process was iterative incorporating both "top-down" and "bottom-up" procedures (Young, et al., 2005). The research assistants used HyperRESEARCH (Hesse-Biber, Kinder, & Dupuis, 2006), a qualitative data analysis software

package, to carry out the procedures and to organize the output. They began their analysis by checking and correcting transcripts of the counselling session and the self-confrontation interviews. They continued their analysis of a session by viewing the video taped session and by reading the self-confrontation transcripts. In doing so they gained a sense of the overall social meaning that contextualizes the dyad's action and "the intentional framework, or overall goal of the entire sequence of action" (Young, et al., p. 220). The research assistants brought this understanding of the dyad's intentional framework to the detailed coding and annotating work of the "bottom-up" procedures. These procedures called for a minute by minute analysis where the research assistants used a set of established codes (see Appendix E) to code the individual action elements of the participants' observed behaviour. After coding a minute the research assistants annotated the segment by summarizing the action elements and by inferring functional steps and goals for each participant as well as the dyad's joint goals. The self-confrontation data from each participant was particularly valuable in this process in that it described the participants' internal processes. All told these analytic procedures ensured that all three perspectives on action, manifest behaviour, social meaning, and internal processes, were used to describe the participants' joint action.

The initial stage of the cross-case analysis occurred as research assistant pairs brought dyad summaries forward for discussion at team meetings. The team discussion observed and highlighted emerging consistencies amongst the dyad summaries as well as unique distinctions between them. This initial stage continued as new dyad summaries were generated. Once all of the dyad summaries were completed, the primary researchers conducted an intensive.

A number of factors combined to produce tangible limitations for the *initial study's* analyses. These factors included the size of the data set (approximately 120 hours of transcribed

data), the time demands required for the within case analysis, and budget limitations of the supporting grant. The tangible limitations of these factors were that 6 of the 12 dyads (21 of 37 sessions) were fully analyzed according to the methods described above. Of the 16 sessions from the remaining six dyads, 7 were submitted to the within-case analyses and described within a session summary. The remaining 9 sessions were reviewed in light of the projects generated by the detailed analysis of the 33 sessions; consistencies and discrepancies were noted as they were observed. Table 1 summarizes the scope of the *initial study's* analyzes relative to the data that was collected.

3.2 Current Study

The current study aimed to describe dynamic interactive manifestations of client self-efficacy within counselling process and asked two research questions. The first question asked how is client self-efficacy manifest in counselling process. The second question asked how are perceptions of capability or inability constructed within the individual and joint action of counselling sessions. The current study answered these questions within a reanalysis that encompassed four specific stages including a pre-analysis design stage and three stages of analysis. The subsequent text provides detailed descriptions and explanations of the same activities.

3.2.1 Pre-analysis design stage

The first stage encompassed the researcher's decision to answer his research questions through a reanalysis, the subsequent decision to develop an additional data collection protocol specific to these research questions, and a set of methodological decisions regarding the reanalysis. What follows is a brief account of the rationale supporting this set of interconnected decisions.

3.2.1.1 Decision to reanalyze

The *initial study's* conceptual grounding and methodological design offered a strong foundation for a reanalysis. As noted in the previous chapter, contextual action theory offers a conceptual framework designed for studying dynamic processes including those embedded within counselling process. This fit well with the study's aim of describing dynamic manifestations of client self-efficacy within counselling process. The *initial study's* proposed application of the action-project method specified a rich data set to support the specific purpose of the reanalysis. The *initial study's* counsellor recruitment strategies and selection criteria were suitable for the reanalysis proposed in the *current study*. In fact, a sample of counsellors with diverse theoretical orientations was deemed useful to the *current study* in that observations were more likely to be supported as a general counselling process and less likely to be confined to a particular orientation. This offered increased transferability for the findings of the *current study*. The target client participant also fit well with the current study's purpose. The transition to adulthood is enacted through numerous decisions encompassing various interrelated domains including relational, educational, vocational, lifestyle, and so forth. As noted in the previous chapter, perceived inefficacy related to educational requirements, occupational tasks, career interests, and career decision-making are closely tied to the process of career decision making as well as the particular career decisions people make. Consequently, the *initial study's* focus on young adult clients and professional counsellors addressing transitional issues within counselling provided an excellent vantage point for observing client self-efficacy.

From an efficiency perspective, the decision to reanalyze allowed the researcher to advance his research interests upon his entry into the doctoral program. As a research assistant for the initial study, the decision to reanalyze also afforded him valuable learning opportunities,

namely the opportunity to develop expertise in the action-project method and the opportunity to acquire intimate knowledge of the rich data set. In addition to these personal efficiencies the decision to reanalyze also offered increased value to the grant money supporting the initial study.

3.2.1.2 Added data collection protocol

Active involvement at the pre-data collection phase of the *initial study* also provided the researcher with an opportunity to develop a specific data collection protocol to help answer the research questions of the *current study*. The added protocol consisted of a Youth Response Sheet (YRS; see Appendix F), a short open-ended questionnaire that was administered to client participants each session after they had completed the *initial study's* data collection protocols. This specially designed questionnaire asked clients to identify three timeframes of action related to their transition to adulthood. The timeframes, labelled “things that you are currently doing”, “next steps (within the year)”, and “mid range goals (1-4 years)”, correspond to the three action systems, action, project, and career, conceptualized with contextual action theory. The YRS also asked clients to rate each action, project, or career that they identified according to *the confidence they felt regarding their ability to complete* each action, project, and career. The open-ended nature of the YRS allowed participants to identify action they deemed pertinent to their transition to adulthood. The rating provided an indication of clients' perceptions of capability at that moment in time and supplemented the data gathered within the counselling sessions and self-confrontations.

The addition of the YRS was the only data collection modification imposed by the current study. Its inclusion at the end of each data collection period facilitated fluid movement through the *initial study's* data collection protocols while also providing supplemental data for the current study.

3.2.1.3 Methodological decisions

Three macro-level methodological decisions organized and shaped the reanalysis. The first organizing decision was to adapt action-project analysis strategies to the current project. The second involved the decision to adopt a collective case approach for the reanalysis. The third involved the decision to select a subset of cases from the initial data set. The rationale for each decision is described below.

3.2.1.3.1 Action-project rationale

The decision to adapt action-project methods for the reanalysis involved two important factors, the composition of the original dataset and the specific research questions asked in the *current study*. The action-project method requires data collection procedures that include all three perspectives on action (manifest action, social meaning, and internal processes) (Young, et al., 2005). The data collection procedures of the *initial study* were consistent with this requirement and generated a rich dataset inclusive of all three perspectives on action and amenable to an action-project reanalysis.

The main purpose and resulting research questions of the current study were derived from an action theoretical perspective of self-efficacy and thus were well suited an adaptation of the action-project analysis procedures. As noted in the previous chapter, the action-project method is highly amenable to a study of client self-efficacy and offers a methodology that addresses important limitations of previous research. Finally, the method's attentiveness to standards of quality and trustworthiness offered a strong platform from which to conduct a reanalysis.

3.2.1.3.2 Case study approach

Robert Stake (2000) identifies case study as one of the most common ways to conduct qualitative research. He describes case study as an approach that defines what will be studied, an approach that is not confined to any particular method. This conceptualization allows researchers to define their case(s) in a manner that suits their research questions and to distinguish the phenomenon of interest from the particular case(s) being studied. This particular type of case study, called the collective case study (Stake, 2000), was deemed useful for the current study in that it enabled the researcher to conduct intensive, iterative analyses on a limited number of cases and to use the analyses to describe perceptions of client self-efficacy as they were constructed within the counselling process. All told the decision to use a collective case study approach provided focus and organization to the analyses described in the analysis section.

3.2.1.3.3 Case selection

The reanalysis was limited to 6 of the 12 cases that formed the *initial study's* data set. The purpose in choosing a smaller subset of the total dataset was to facilitate a more focussed and detailed set of analyses for the current study. Limiting the data set to six cases allowed the researcher to conduct the kind of in-depth analyses needed to answer the research questions. The inclusion of 6 allowed for meaningful cross case analyses and enhanced the transferability of the findings.

Although the case selection process encompassed several considerations, it was ultimately determined by the decision to incorporate a portion of the *initial study's* analyses (i.e., the action elements, functional steps, individual goals, and joint goals) in the current study's analytic procedures (described in the subsequent section). The purpose in using these portions of the *initial study's* analyses was to incorporate additional perspectives on the participants' social

meanings and intentional frameworks thereby strengthening the quality and trustworthiness of the research (Morrow, 2005). At the time of the *current study* only 6 of the 12 cases were fully analyzed in the *initial study* (see Table 1). A convenience sampling strategy was employed and these cases became the default cases for the *current study*. It is important to note that the current author participated in the data collection activities of 2 of the 6 cases chosen for the current study (see Table 2) and that this was within the limits established in the pre-analysis design stage of the *current study*.

Table 2

Characteristics of the Current Study's Data Set

Dyad	Client	Counsellor	Counselling Sessions	Role in Data Collection ^a
1	female, 21	female	4	no
2	female, 21	female	2	yes
3	female, 20	female	3	yes
4	female, 19	female	4	no
5	female, 21	female ^b	4	no
6	female, 21	female ^b	4	no

Notes:

a - Indicates whether or not the author of the dissertation participated in the dyad's data collection activities

b - Participated in dyads 5 and 6

3.2.2 Analysis

The data analysis procedures occurred in three distinct stages. The first stage involved a rigorous coding process of the transcribed data sources designed to identify efficacy relevant action. The coding process was followed by the within case analyses which consisted of detailed analyses of 6 of the 12 cases. Finally, the findings of all of the case were compared with each

other in the cross case analyses. The remainder of the chapter expands upon this outline and provides detailed descriptions of each stage.

3.2.2.1 Coding stage

The goal of the coding phase of the analysis was to identify all of the efficacy relevant action evident in the transcribed data. In this way the coding activities sought a partial answer to the first research question, “how is client self-efficacy manifest in counselling process?” The task of identifying client self-efficacy in the counselling process was carried out as a dynamic co-constructive process that combined the researcher’s knowledge of self-efficacy research and theory with the joint action of the research participants. What follows is detailed description of the dynamic iterative process taken to identify efficacy relevant action within the data set.

3.2.2.1.1 Development of the initial codes and coding guidelines

The first step in this process involved the generation of an initial set of codes and coding guidelines with which to identifying efficacy relevant utterances (perceptions regarding the client’s capabilities) in the session and self-confrontation transcripts. Bauer and Bonanno’s (2001) coding guidelines and procedures served as the starting point for the first iteration of codes. Their system helped establish conceptual congruity for the current study’s codes and is briefly described below.

Bauer and Bonanno’s (2001) system involved a number of decision points. Their first decision point was to determine if a particular utterance was self-descriptive. First-person pronouns such as I, we, me, my, or our signalled an utterance as self-descriptive. The next decision in their system was to determine if the self-description involved an efficacy relevant self-evaluation. Self-descriptions that were positive or negative in valence, referenced a specific behaviour (not a personal quality or characteristic), and incorporated one of a number of

keywords that qualified the behaviour as an ability were considered efficacy relevant self-evaluations. The keywords included the primary indicators of can (cannot), capable (incapable), and able (unable) as well as secondary keywords such as could, couldn't, strength, weakness, and control. They also included a number of exclusionary criteria in their system; abilities that were deemed impossible, undesirable, or not especially useful (ordinary) were not coded as efficacy relevant. Bauer and Bonanno's application of this coding system established that specific aspects of participants' internal belief systems, their self-efficacy beliefs, could be identified via an analysis of a transcribed data source.

I adapted Bauer and Bonanno's (2001) coding system prior to the first iteration of coding. The first adaptation involved expanding the guidelines to encompass counsellor utterances that referenced the clients' abilities. This adaptation was deemed necessary given the research questions and methodological framework of the current study. This decision encompasses two key assumptions, namely that perceptions of client self-efficacy are potentially visible in the counsellor's action (dialogue) and that efficacy construction can be described as a joint action process involving the action of both client and counsellor. Although the counsellors' utterances were not treated as direct indicators of the clients' self-efficacy beliefs, they were deemed important because of their interconnections with the surrounding action. For example, a counsellor might paraphrase a client's efficacious or inefficacious self-evaluation thereby noting and highlighting a client's expressed self-efficacy belief. Similarly, the counsellor might offer a statement or question pertaining to a client's ability thereby soliciting an efficacious or inefficacious self-evaluation from the client. Consequently, the counsellors' evaluations of the clients' capabilities were identified as action that was pertinent to the clients' self-efficacy beliefs but not as direct indicators of the clients' beliefs.

The second adaptation involved expanding the criteria to include evaluations of perceived difficulty. Bauer and Bonanno (2001) identified their system as being conservative and suggested that future coding systems could be expanded to include statements that referred to the degree of difficulty of a particular behaviour. The decision to expand the coding system was made in order to capture all possible efficacy relevant utterances within the first stage of analysis.

The third adaptation was to expand the coding system to include efficacy relevant questions. This adaptation was made after the researcher piloted the existing codes on a session transcript and 2 self-confrontation transcripts. The interactive nature of the counselling process quickly revealed that questions of efficacy were part of the dialogue. For example a counsellor might ask a client, “Are you able to make choices or are you just following whatever life presents?” Although questions like this are not evaluations of the clients’ capabilities, they direct clients to reflect on their capabilities, a process analogous to perceiving. Clients’ responses to efficacy questions become self-evaluations of the capability or palpable indicators of their self-efficacy beliefs.

These three adaptations yielded an initial coding system consisting of the following twelve codes: 1) efficacious self-evaluation; 2) inefficacious self-evaluation; 3) efficacious other-evaluation; 4) inefficacious other-evaluation; 5) difficulty hard (client statement); 6) difficulty easy (client statement); 7) difficulty hard (counsellor statement); 8) difficulty easy (counsellor statement); 9) efficacy question; 10) possible efficacy (client statement); 11) possible efficacy (counsellor statement); 12) can-could no-efficacy. The last three codes were used to identify and note utterances that matched certain aspects of the coding system (i.e., a signifying keyword, a reference to difficulty, etc.) but for some reason (i.e., there was no apparent skill, the behaviour

was considered impossible, etc.) were excluded as an efficacy relevant utterance or were. The can-could no-efficacy code was used in incidences where the utterance clearly did not pertain to perceptions of the client's capabilities. The possible code was used in incidences where the utterance might pertain to the client's capabilities but the utterance failed to meet the criteria specified within the coding guidelines. The initial coding system formed the basis for the final coding system.

Codes applied to portions of the session transcripts identified specific action elements as efficacy relevant utterances. The action elements corresponded to the narrative units that Bauer and Bonnano's (2001) system analysed. Codes applied of the self-confrontation transcripts identified efficacy relevant thoughts within the participants' internal process. The coding of clients' self-confrontation transcripts represented an important extension to Bauer and Bonnano's procedures (2001), one that provided a more direct method for identifying clients' self-efficacy beliefs.

3.2.2.1.2 Coding iterations

What followed was an iterative coding process whereby the researcher applied the existing coding system to the session and self-confrontation transcripts while at the same time reflected on how the dyads' action constructed perceptions of client capability and incapability. The researcher's attentiveness to the dyad's efficacy constructions encompassed an integrated consideration of all three perspectives on action (manifest behaviour, internal processes, and social meaning) as seen in the video footage of the counselling sessions, the transcript of the counselling session and the transcripts of both self-confrontations. The researcher also consulted the action elements, functional steps, client goals, counsellor goals, and joint goals generated in

the *initial study's* analyses. This procedure helped ground the coding process in a contextualized view of the participants' dialogue.

A contextualized approach to coding represented an important enhancement of Bauer and Bonanno's (2001) analysis procedures. Their original guidelines incorporated exclusionary criteria designed to rule out participant utterances where the ability in question was deemed impossible, undesirable, or ordinary but their analysis procedures were conducted upon discrete narrative units and did not involve a systematic process for incorporating the context and meaning that surrounded the narrative units. In contrast, the action project method used in the *current study* allowed the researcher to understand each action element within the context and meaning of an entire counselling session. This understanding of the context and meaning of participants' action provided an enriched perspective on the participants' action and helped clarify whether or not particular utterances were efficacy relevant.

For example, the client utterance, "I can't talk anymore" might not be considered efficacy relevant within Bauer and Bonanno's system. A literal understanding of the phrase "can't talk" could lead a researcher could conclude that speaking is an ordinary ability and that the utterance does not denote perceived inability. In contrast, the action project method's data analysis procedures embed this short action element within the context and meaning of the whole session. The context and meaning surrounding this particular example indicates that the client is unable to talk with her stepmother in situations where she is crying because of what her stepmother has communicated to her. Hence, the perceived inability is contextualized as the inability to regulate her emotions and communicate with her stepmother when her stepmother is accusing her of wrong doing. Similarly, though the counsellor utterance, "What would be possible for you to talk to her at all – just talk?" does not fit Bauer and Bonanno's (1991) criteria, a look at the action

surrounding the utterances reveals that it is efficacy relevant. The counsellor's comments in the self-confrontation data interview reveals that she was asking the client, "What can you do different?" A look at the counsellor's previous statement, "And could you do that with your stepmother as well?" illustrates that she is asking the client to consider what she is able to do in that situation. Furthermore, this single utterance comes in the context of a conversation that is focussed on the client's perceived inability to talk with her father and stepmother.

The tangible result of incorporating all three perspectives on action was a series of modifications to the initial coding system. The Bauer and Bonanno (2001) coding system and the researcher's familiarity with self-efficacy theory and research functioned as checks designed to circumscribe the phenomenon of interest to perceptions of client capability and to maintained conceptual congruity. The researcher practiced reflexivity throughout this process and chronicled his observations with written and electronic notations.

Two software packages supported the iterative coding process. HyperRESEARCH (Hesse-Biber, et al., 2006), a qualitative data analysis software package, served as the vehicle for identifying efficacy relevant action with the session and self-confrontation transcripts. The researcher also created Excel worksheets and entered the coded sections of all of the transcripts within a column of the worksheet. The researcher also identified a specific domain of function and a specific behavioural task for each utterance and entered these in adjacent columns of the worksheet; these entries helped ensure that the coded elements were consistent with SCT's conceptualization of self-efficacy beliefs. The worksheet also included the portions of the *initial study's* analysis referred to above. More specifically, the worksheet included columns that contained the action elements, functional steps, client goals, counsellor goals, and joint goals corresponding to the minute where the efficacy relevant utterance was taken from. All of this

information, the domains, the behavioural tasks, the action elements, the functional steps, the client goals, the counsellor goals, and the joint goals, were available to help determine whether a particular utterance was efficacy relevant. This information was also used to establish the final set of coding guidelines. The use of the can-could no-efficacy code and two possible efficacy codes (client and counsellor) provided the researcher with mechanisms for keeping potential efficacy utterances under consideration during the iterative process. It also provided a way of recoding segments out of the category of “efficacy relevant” into a non-efficacy or possible efficacy code.

3.2.2.1.3 Final coding system and quality checks

The iterative coding process continued until the researcher constructed a final coding system (see Appendix G), one that fit the participants’ efficacy relevant action and maintained conceptual congruity as outlined above. The final coding system is highly similar to Bauer and Bonnano’s (1991) system. The major differences include the adaptations described above (i.e., the inclusion of counsellor utterances, the use of difficulty references, and the inclusion of efficacy questions) and increased attentiveness to the social meaning that contextualized the utterances.

The final coding system served as a standard for checking all of the coded data. First, the researcher checked all coded sections against the coding system to ensure consistency. The system was then given to an independent reviewer who possessed a master’s degree in Library Science and was provided with a 1.5 hour training session related to self-efficacy theory and the coding guidelines developed in this study. The reviewer checked each coded utterance for consistency with the final coding system. Finally, the researcher and reviewer employed a consensus model to resolve the 12 discrepancies arising out of their individual applications of the

coding system. The rigor of the iterative coding process, the reflexivity practices of the researcher, and the subsequent independent review process contributed to the credibility of the analysis.

3.2.2.2 Within case analysis stage

The second stage of analysis involved a detailed within case examination of all of the efficacy relevant action identified during the first stage of analysis. The process involved three different steps.

In the first step of the within case analysis the researcher reviewed the Excel worksheets produced for the iterative coding process. The Excel worksheets enabled the researcher to use the action elements, functional steps, individual goals, and joint goals of the *initial study's* analyses to contextualize each utterance. The process proceeded on an utterance by utterance, session by session, and case by case basis. Utterances observed in the session transcript were understood as action elements that combined with other action elements to construct functional steps, goals, and projects of the dyad's sessions. The particular social meanings observed via the session and self-confrontation recordings and transcripts was also instructive in the review process. These meanings were incorporative of researcher's understanding of the dyad's action as well as the action elements, functional steps, client goals, counsellor goals, and joint goals observed in the *initial study's* analyses. Utterances observed in the self-confrontation transcripts were understood as indicators of the participants' internal steering processes. The researcher used a separate column of the Excel worksheet to annotate his observations and interpretations and create an audit trail of his analysis.

The second step of the within case analyses involved the generation of 21 session summaries. This process entailed a second review of each worksheet (session, client self-

confrontation, and counsellor-self confrontation), a review of the corresponding Youth Response Sheet data, and a review of the *initial study's* session summary. As with the first review, the researcher sought to describe the efficacy relevant utterances as action elements or internal processes embedded within an intentional joint action framework. The researcher generated a narrative summary of his observations and interpretations along with supporting quotes from the session and self-confrontation transcripts. The narrative summaries also included descriptive statistics for all of the codes and summative information regarding the domains of function and behavioural tasks identified in the Excel worksheets. These summaries comprised an additional part of the study's audit trail.

The final step of the within case analysis was to produce a single page case summary for each of the dyads. Salient points were extracted from each session summary and denoted within the corresponding column of a four column document. This handwritten summary provided a visible record of how client self-efficacy was manifest and constructed within and across sessions.

3.2.2.3 Cross case analysis stage

The cross case analyses provided opportunities to compare and contrast findings generated within each case. The research questions anchored this process and guided the researcher in the identification of similarities and differences related to the manifestation and construction of client self-efficacy. The case summaries offered a quick overview of the self-efficacy manifestations and the constructive processes observed within and across individual dyads. The narrative session summaries provided depth and clarity to the observations and interpretations emerging from the case summaries.

Chapter 4: Findings

This chapter reports on the findings of the two research questions asked in the study. First of all, the study sought to answer the question, “How is client self-efficacy manifest in counselling process?” Secondly, the study aimed to answer the question, “How are perceptions of clients’ capabilities constructed within the individual and joint action of individual counselling sessions?” Findings are presented in two main sections, within case analysis and cross case analyses.

4.1 Within Case Analyses

The within case analyses provide detailed descriptions of the participants’ joint action. They are presented according to dyad and session. The presentation is supported by numerous illustrative segments from the session transcripts and self-confrontation interviews of the participants. The source (S = session; CLSC = client self-confrontation; CRSC = counsellor self-confrontation) and temporal location (M = minute) are noted to help readers locate each segment. The prefix *efficacy relevant* is used to denote coded segments of transcripts and is followed by various words such as utterance and dialogue. The coded elements are in bold print to assist readers in identifying them and in seeing how these utterances connect to the dyads’ joint action. Each dyad’s within case analysis ends with a summary of the assertions observed in the case.

As stated above, the presentation of with case analyses incorporates numerous quotes from the session and self-confrontation transcripts. These rich thick descriptions of the participants’ joint action serve two purposes. First it provides readers with the capacity to check the coding for consistency with the coding guidelines described in the previous chapter. This was deemed important given that the current study utilized and forwarded a distinct methodological approach for investigating self-efficacy within counselling process. Readers who choose to

review the findings in this manner are understood to be answering the question, “Does the dialogue reflect perceptions of the clients’ capabilities?” or “Does the dialogue pertain to the clients’ self-efficacy beliefs?” Although this level of transparency was deemed important, it is not the main purpose for providing such an extensive set of quotations. The main purpose for incorporating such rich thick descriptions of the participants’ joint action is to provide a fully contextualized depiction of clients’ self-efficacy beliefs, one that answers the research questions that guided the study’s data collection and analysis procedures. Readers are invited to evaluate the degree to which the coding system was applied consistently with guidelines described in the method section but are also reminded that this read of the cross-case analyses serves a different purpose and does not answer the study’s two research questions. Consequently, readers are also encouraged to read the within case analyses with the two research questions in mind, “How is client self-efficacy manifest in counselling process?” and “How are perceptions of clients’ capabilities constructed within the individual and joint action of individual counselling sessions?”

4.1.1 Dyad 1

This dyad consisted of a white 21-year-old female client and a white female counsellor with 7 years of experience. The dyad met for 4 sessions, the maximum allowable within the parameters of the initial study. Their conversation addressed a range of topics including past and present school experiences, work, and interpersonal relationships but was primarily focussed on the client’s family relationships, particularly those with her father, stepmother, mother, and grandmother. In this way, the client’s initial presenting issue, career indecision, gave way to a series of sessions that addressed the client’s family relationships. The dyad’s efficacy relevant dialogue followed this pattern and was largely focussed on the client’s relational projects. The

joint action of the sessions explored the client's capacity to communicate openly with her father, stepmother, mother, and grandmother. More specifically, their joint action explored specific intrapersonal and interpersonal capabilities such as emotional regulation, emotional self-disclosure, and assertiveness. The client described significant positive change in her relationships with her father and stepmother, change recognized and observed in terms of increased self-efficacy. In this way, the dyad serves as one of two exemplars of efficacy construction.

4.1.1.1 Session one

This dyad's first session focussed on exploring the client's story and covered a variety of domains of function including educational, occupational, and relational. Efficacy relevant utterances were observed in the client's construction of her story. For example, she said "it was hard leaving them [cough cough] but so that was school" (S1; M12; Clnt66) in describing a past school experience and said, "I know that I can make some money there and I know that I can be really good at it" (S1; M41; Clnt232) in constructing a specific occupational option. In addition to these isolated efficacy relevant utterances, the following exchange of efficacy relevant utterances were embedded within the exploration of the client's story.

S1; M42

Clnt240: How did you look at change? **Is it um difficult for you? Is it hard to end something?**

Clnt240: **Change? No**

Clnt241: So when you feel like – I am about to end something – a relationship or change career or change something...

Clnt241: **No problem – that's fine** – I like it – I like starting new things yeah – I mean I don't like hurting anybody.

The general exploration of the client's story evolved into an exploration of the client's family relationships. This exploration included a number of efficacy relevant utterances. The first set of efficacy relevant utterances occurred midway through the session. Here the client used a

range of efficacious and inefficacious evaluations to describe communicative patterns within her family.

S1; M29

Clnt167: Yes some – to some degree – I mean Jim is – the one thing that **I can I can share with Jim that I can't share with either of my parents – well my dad are starting to get there** – but I have now – I, I'm on to my second relationship with a much older man.

ClIr168: uh hm

Clnt168: and **I can talk to Jim about it and I can't talk to my parents about it.**

Three quarters of the way through the session the client used an efficacious and an inefficacious evaluation to extend the exploration of family relationships to include her relationship with her stepmother.

S1; M45-46

Clnt258: Um she is having a very deleterious effect on my relationship with my father and she and I don't talk anymore – I really, really dislike her um yeah I lived with them for 6 months between finishing school in New Mexico and going back to New Mexico and it was – it was just terrible – **it was just a really, really hard time for me um and I'm - I'm now – now beginning to recover some confidence** and some self-esteem that I had a tough time – I was feeling pretty bad about myself living there um...

ClIr259: What happened?

Clnt259: Um she has a very specific idea of what it means to be in a family and it sometimes felt like what it was like for her to be in a family was that everyone does whatever they can at all times to accommodate her um and she has expectations that fluctuate on a minute by minute basis and it felt like you were expected to know those at all times and ah it got to the point where I explained to her – I said Karen I feel like no matter what I do here I'm in trouble – you know I know you want us keeping our shoes – you don't like us having our shoes in front of the doorway but if I put them in here – I just got in trouble for putting them in the closet where they're supposed to go because they were wet – **like it just felt like expectations were changing all the time and I'm – I'm really used to doing things right – and I'm really used to people being happy with me and being able to understand what people want and being able to fulfill that.**

This was followed by more exploration of the stepmother relationship. The dyad's joint action encompasses a number of efficacy relevant utterances and questions.

S1; M49

ClIr267: **It must be hard for you?**

Clnt267: **Yeah you know what? It's really hard** – um last Christmas – we normally spent Boxing Days – my brothers and I go and have Christmas with my mom and Boxing Day with my dad and this last Christmas um we went over on Boxing Day morning and um Karen and her son Michael – my half brother – left So we just were there with my dad and it was really awkward because he felt bad for her feeling like she had to leave her own home in order for us to be there.

Clr268: yeah.

Clnt268: And I felt bad for feeling like I caused that and I didn't get to see my half brother um...

Clr269: **Do you think you can change this? Do you think?**

Clnt269: **I don't know.**

Clr270: **You can do something, could be done?**

The segment demonstrated how the client struggled in her relationship with her stepmother. It also revealed that she questioned her ability to address this problem situation.

The counsellor's self-confrontation included efficacy relevant utterances focused on the client's problem situation. Some of these utterances reflected the perceived inefficacy that the client expressed in relation to family communication.

S1; CRSC; M11

Clr70: but then that's like um I was thinking about **how hard it must be for you to to – looking for some guidance**

RA82: hm finding the guidance

Clr71: **and - and needing that**

Res83: uh hm

Clr72: **but so afraid of being judged or criticized**

RA84: uh hm

Clr73: **that ah you can't talk to your parents about it** and um her younger brother and she trusted him and she - **she – yeah she can trust him with this issue but it sounds like she needs more than that – just to talk to that her brother**

Res85: yeah – it's kind of a strength that that wasn't quite enough – it was great but the loss around not being able to talk to her parents

Other efficacy relevant utterances in the counsellor's self-confrontation interview provided insight into the counsellor's intervention strategies.

S1; CRSC; M9

Clr51: um because at the at the previous um moment she was talking about the guidance and telling her what to do and not to do um I wanted to take her back to the time when her parents divorced and she wanted them back um before the age of 9 she had a life and she had a nanny and she was spoiled and she didn't have to do any of these things that

she had to do and then after the divorce her life changed dramatically and **I wanted to bring her back to the times so if you look at yourself and if you see your choices or if you're put into a situation um how would you make choices – are you able to make choices or are you just following whatever life presents and you find yourself in a situation** – are you just doing it or are you – like I wanted to see how she relates to that time

Here the counsellor posed an efficacy question for the client. It was evident that she believed the client was capable of choice and aimed to help the client come to that realization.

All told the exploration of the client's story gradually moved from a general, unfocussed discussion that encompassed several different domains to a more focused conversation about the client's relationship with her stepmother. Efficacy relevant utterances were manifest throughout the joint action that explored these aspects of the client's story. There was also a noticeable increase in the intensity as the exploration and the efficacy relevant utterances moved to the client's relationship with her stepmother.

4.1.1.2 Session two

The exploration activities of the first session resumed in the second session. This joint action culminated in the identification of a problem that the counsellor and client agreed to address in their work together. The joint action process that identified the problem of concern was constructed out of a number of efficacy relevant utterances and questions spanning the first half of the session.

S2; M4

20Clnt: I don't know. I feel, I feel really frustrated with that situation and I feel like it's unfair and I feel upset with my step-mother. I feel upset with my dad **and I feel like I don't have any control over the situation or any say.** Like my input doesn't really matter.

22Clnt: and I wish that my dad and I could talk about my step-mother and I wish there wasn't so many things that we had to do at Christmas.

23Cllr: **Yeah, ummm. So when you look at your wishes what is it that you see that you can control or it's beyond your control?**

S2; M25

100Cllr: Well that sounds like, because, because she's there and you can't have the relationship with your dad....

100Cnt: Yeah

101Cllr: ...that you want.

101Cnt: Yeah that's the only thing about it that I wish were different. But I don't, but at the same time, as I say, I have no desire to, you know...I am reluctant to-to fix things with her, to the degree that it would be necessary or if, for me to be comfortable there...

101.3Cnt: and he would like us to be in a place where he feels he can talk about that and like I'm not going to get really upset and **I would like that too because I don't like thinking that my dad and I have things we can't talk about,**

101.3Cllr: Umm hmm.

101.4Cnt: **cause it used to be that we could talk about anything. Ummm.**

The joint action that established the client's problem included examples a specific intervention strategy that the counsellor employed throughout the session. The strategy involved efficacy questions that asked the client to consider what she was able to do in regards to the problem situations that she described. Here are some examples of the joint action sequences that construct the counsellor's intervention strategy.

S2; M25

97Cllr: Yeah. Ummm, do you think that your relationship with your dad umm, is kind of ummm, yeah, influencing what you have with your stepmother as well?

97Cnt: Yes.

98Cllr: Do you believe that you can control your stepmother?

98Cnt: No.

99Cllr: **Ummm, what can you do about that? What can you do about having a good relationship with your stepmother and with your dad and kind of—**

S2; M31-32

112Cllr: Yeah. Ummm. I was just wondering if you would go to ummm, no actually, if you call your dad umm and if you would say that "I think I need to talk to you about this relationship." Umm How would it be comfortable—would it be comfortable for you to say that?

112Cnt: For me and my dad to have that conversation?

113Cllr: No, just for you to say that "I would like to talk to you about this stress that I am experiencing because of this relationship". **Would you be able to do that?**

S2; M33

115Cllr: **Umm, And could you do that with your step-mother as well?**

S2; M33

116Cllr: **What would be possible for you to talk to her at all—just talk?**

The counsellor described the thoughts and intentions behind this strategy during her self-confrontation interview.

S2; CRSC; M2

7Cllr: It's um—yeah it's—it's her story of what people are expecting from her and she's willing to go or not go to do that. It's the frustration that she knows that's expected from her to do that, but that she doesn't want to do it. She doesn't want to apologize **and I was thinking about how can this be different. How,...what can you do different?** I guess I was just checking out that solution of "Should she apologize?" But what do you want to do? Yeah it's—it's her—her story about how she sees the world and people around her.

S2; CRSC; M2

15Cllr: Uh-huh, yeah and at the same time, like her, her perception of, her, like her behavior. Like how she's coping with the whole situation, **her perception of the conflict in her family, what's happening and-and her own feelings. She's—she's—she has a lot of feelings she's unable, about her feelings, she's showing her feelings and talking about her feelings.** So it—yeah and so to get at it right, I-I want to put this person together and-and find out where is the right way. What is the good way to interfere and challenge her a little bit, but I-I realized at the beginning of the session she's very intelligent—but she's taking so much on. She's, she wants to make her mom happy. She wants to make her dad happy. She's still angry at her step-mom that she doesn't want to make her happy but she sees that the conflict between her and her step-mother is an obstacle in her relationship with her dad and she's so stuck because of her feelings of anger and everything. And yeah it's, that's my goal, kind of moving her into...

These joint action sequences led to homework that the client agreed to work on between the two sessions. The homework assignment involved writing a letter to her stepmother and was designed to help the client find a means whereby she was able to communicate to her stepmother.

S2; M45-46

147Cllr: **Would it be possible for you to write a letter to her?**

147CInt: **Uh-huh.**

148Cllr: **and just in a letter, say to her that this is what you feel..**

148CInt: **Uh-huh**

149Cllr: and this is what you would like to change because you both love your dad and ummm this is what you're willing to do. Umm, yeah, and then, instead of blaming her

just talk about your part, like what are you willing to do, what are you willing to change ummm and what would be your hope at the end. Would you be willing to do that?

149CInt: Yeah, that'd be great

150CIIr: Uh-huh, **because sometimes it's a lot easier to communicate through a letter** and it, it's like a safe position, for you two.

150CInt: Well, I mean there's, as I say like, communicating face to face with her. As soon as she gets into the, the blaming me, or that kind of thing, I start crying and that's it. The conversation is over. **I can't talk anymore.**

The analyses for this case identified self-efficacy relevant utterances across all four sessions. These utterances pertain to a variety of domains of function and reference numerous specific behavioural enactments. As illustrated in the section on session one, the exploratory joint action of the dyad served to focus the conversation (and the accompanying efficacy relevant utterances) within a particular domain of function, family relationships/communication, and to specific behavioural enactments within that domain, namely open communication with the client's father and stepmother. Put another way, varied and peripheral efficacy relevant utterances gradually gave way to efficacy relevant utterances more directly related to the problem situation that the client and counsellor were constructing through their joint action.

Session two contained a set of specific efficacy relevant joint action sequences that stood apart from other efficacy relevant action identified within the dyad's work together. These emotionally charged joint action sequences explored perceptions of incapability pertinent to an important client project; the client experienced the perceptions as barriers to her goals. The joint action sequences served to explore the client's perceived lack of capability and challenge her to articulate efficacious alternatives. The sequences were important for the client self-efficacy constructed across the four counselling sessions.

The dialogue of session two that helped construct the client's problem coincided with an observable increase in client emotionality. The pace of the joint action also slowed down to signal a significant therapeutic moment. The following joint action sequences taken from

midway through session two are noted for their heightened emotionality and slower pace. The sequence of action encompassed the problem identification sequences and the efficacy question sequences that were highlighted earlier in this section of the analyses. What is important to note here is the level of emotionality. Although less evident in the transcript data, the video footage revealed emotionality in the client's voice as she indicated that she and her dad were not able to talk openly about her stepmother. Her emotionality increased as she talked about needing to apologize to her stepmother and became visible evident as tears.

S2; M25-26

100Cllr: Well that sounds like, because, because she's there and you can't have the relationship with your dad....

100CInt: Yeah

101Cllr: ...that you want.

101CInt: Yeah that's the only thing about it that I wish were different. But I don't, but at the same time, as I say, I have no desire to, you know...I am reluctant to-to fix things with her, to the degree that it would be necessary or if, for me to be comfortable there...

101.1Cllr: Umm hmm.

101.1CInt: and help that part of my, my relationship with my dad. He's, we—we've talked about it a little bit the last time he came out, maybe in October, and he said that it bothers him that when he comes out and when we talk he, there's a big part of his life that he feels like he can't talk about, which is my step-mother

101.2Cllr: Umm hmm.

101.3CInt: and he would like us to be in a place where he feels he can talk about that and like I'm not going to get really upset and **I would like that too because I don't like thinking that my dad and I have things we can't talk about,**

101.3Cllr: Umm hmm.

101.4CInt: **cause it used to be that we could talk about anything.** Ummm.

102Cllr: Do you see any hope that it will happen again?

102CInt: Ummm, I think in order for my step-mother to want to talk to me anymore, she needs me to apologize ummm and I don't really want to do that.

103Cllr: What, what would it do to you if you would apologize?

102.1CInt: Ummm [client becomes tearful]

103.1Cllr: Do you...

103CInt: Reinforce her dominance and reinforce that I had done things wrong,

103.2Cllr: Umm hmm.

103.1CInt: which has been what our whole relationship is about.

The second sequence of emotionally charged slow paced joint action presented here occurred a minute following the sequence outlined above. The joint action that connected the

two sequences was consistent with what preceded and followed it thereby making this one long sequence of emotional charged, slow paced joint action. The sequence below was particularly interesting because it illustrated how the client's emotionality was entwined with perceived inefficacy. It was also important because of the counsellor's response. The counsellor accurately reflected the client's experience and then tentatively asked the client efficacy questions that challenged her to consider what she could do about her situation.

S2; M31

109CInt: I don't know. I have no idea. I don't know. I see very few gains out of having any relationship with her so I am willing to put forward very little.

109.1Cllr: Umm hmm

109.1CInt: Well, because there's a very vulnerable place for me. [tearful] **I don't know. I mean if I could just know what, what it was that she needed in order for us to have a relationship. If I knew all of it then I could decide whether it was worth it for me.**

110Cllr: Have you ever asked her?

110CInt: No. We don't talk. Period.

111Cllr: But would you be willing to?

110.1CInt: Ummm...

111.1Cllr: It sounds like this relationship with your dad is very important to you and it sounds like that you're stuck with a lot of feelings of hurt and anger and frustration, and ummm you're ummm, you're looking for ummm something but you don't know how to get it and this woman is an obstacle to get that, to get what you want. It's an, it's an important relationship and it just doesn't, you just don't know how to get that, to get that back—is it?

111CInt: Yeah, that's right.

112Cllr: Yeah. Ummm. I was just wondering if you would go to ummm, no actually, if you call your dad umm and if you would say that "I think I need to talk to you about this relationship." Umm How would it be comfortable—would it be comfortable for you to say that?

112CInt: For me and my dad to have that conversation?

113Cllr: No, just for you to say that "I would like to talk to you about this stress that I am experiencing because of this relationship". **Would you be able to do that?**

113CInt: **Sure.**

114Cllr: and then do you think he would be open for that?

114CInt: Yeah, yeah.

115Cllr: Umm, **And could you do that with your stepmother as well?**

115CInt: **I don't know**

The efficacy questions represented an intentional intervention strategy for the counsellor. Her self-confrontation interview showed how she targeted the client's inefficacy beliefs and asked efficacy questions that challenged her to consider what she could do in her situation.

S2; CRSC; M8

57Cllr: Right, yeah, yeah, where she, **just find that spot where she would not say “I don’t know” or-or “I can, I can do something” or challenge her a little bit and see some direction that she’s willing to do**, and yeah she sees herself in a very, it’s a very rigid position like **she puts herself into this box. “I can’t do anything about my step-mom.**

S2; CRSC; M12

84Cllr: I guess [unclear] really [unclear] her to—yeah—see something—just to summarize it—just to say it in a different way and she did it—just to—and I was kind of guiding her that how would you say that—like I like the first part about your feelings—and then this is—**how can you change it because if you blame—that’s going to distance you from these people—so change it—how can you change it—how can you say it in a different way—to make it work—yeah—she was struggling with that—I-I saw her hurt**

The emotional charged slow paced sequences appeared to be pivotal in the construction of client self-efficacy observed within this case. As noted earlier in the section, this joint action was particularly pertinent in the construction of the problem that the dyad addresses in the counselling sessions. The sequences also signalled a change in the counselling process, one where the joint action shifted from being a discussion of something that occurred outside of the session to a more fully engaged conversation in service of the client's family relationship project. In the engaged conversation the client's perceived inefficacy appeared to be directly experienced in her “in-session” action. Put another way, the client's “in-session” action became so aligned with her family relationship project that the perceived inefficacy shifted from verbal utterance (action element) to internal steering process, a process that threatened the intentions she has regarding her father.

S2; CLSC; M10

67CInt: Just, just upset, just—when—when (counsellor's name) asked me how I wish I could speak with my step-mother. Like I think about that all the time and I think, **I just wish that I could communicate differently or I just wished I was expressing myself better and so that particular thing about how I wish I could express myself with her, I feel that one particularly strongly you know, even more than how I wish she would react and that kind of stuff, how I wish I could express myself, because I wish I could stand up for myself better.**

The emotionally charged slow paced sequences also offered the client an opportunity to express thoughts and feelings she had for her stepmother while experiencing the very emotions that appeared to impede her communicative ability. In this regard, the client's in session experience encompassed intrapersonal processes that mirrored those that she experienced with her stepmother. This parallel process experience appeared to support efficacy construction in a manner that was very similar to the mastery experience demonstrated in previous self-efficacy research (Note: The phrase parallel process is used to denote the replication of specific intrapersonal processes without evoking specific psychoanalytic meanings often associated with the phrase). The following sequence from the client's self-confrontation illustrated how the client found it easy to talk with the counsellor and wished for an analogous experience with her stepmother.

S2; CLSC; M14

90CInt: Yeah, and it was, it was nice to say things without being interrupted or without having to preempt somebody else's reaction. So at this time, I told you earlier that I wish Ellie could be my spokesperson talking to my stepmother, in this situation I wish (counsellor's name) were my stepmother and that she really....

95RA: Yeah.

91CInt: ...was like that, if only my stepmother listens like this.

96 RA: Yeah, you felt quite warm towards her.

The emotionally charged slow paced sequences provided opportunities for the counsellor to express understanding of the client's relational goals as well as the inefficacy she experienced in relation to those goals. The client experienced this as validation and experienced efficacy in

relation to the tasks of counselling. “She was listening and really, kind of validating what I was saying and I didn’t feel defensive about it so I could just go for it.” (S2; CLSC; M1).

The counsellor efficacy questions invited an alternative construction of the inefficacy expressed by the client. Although the client’s verbal responses to the efficacy questions indicated mixed efficacy, they appeared to help the client assume a more efficacious stance in her relationship with her stepmother. Her self-confrontation interview demonstrated the subtle shift that occurred as she interacted with the counsellor

S2; CLSC; M4

33CInt: So I felt like what (counsellor’s name) was asking me was, I felt like what we were moving towards was, “Would you be willing to discuss this with your step-mother?” that thing, we were looking at pieces of how we might get towards me feeling okay about that and so when she was asking me about whether I would feel okay about ask..., talking to my dad about my relationship with him, **how I would feel about that, yeah that’s manageable, I thought that was fair and I could, I could do that and I’ll feel comfortable doing that and I thought that was a very good place to start.**

34 RA: So you felt like you were moving towards...

34CInt: Yeah.

35RA: ...something workable.

35CInt: Yes.

36RA: Okay, and were you having any particular feelings about the question?

36CInt: No, I felt like **that was something that was manageable and a realistic thing to ask and not quite so overwhelming as sitting down talking to my step-mother.**

37RA: So it was like a baby step....

37CInt: Yeah.

38RA: ...**that was workable.**

38CInt: **Yes.**

The client’s comments indicated that the counsellor had helped her consider small steps that she could take in the process of acting more efficaciously. In this way the joint action that explored the client’s inefficacy experientially also helped move her toward more efficacious action.

4.1.1.3 Session three

The client wrote a letter to her stepmother between sessions. She also visited and stayed with her father and stepmother in the time between the sessions; she gave her stepmother the

letter just prior to leaving. The client's account of the events occurring between the counselling sessions described meaningful changes in her relationship with her father and positive movement in her relationship with her stepmother. She began her account by signalling a global change in the first minute of the session.

S3; M1

3Cllr: How was your holiday?

2Clnt: It was [sigh] great – it was really great ... everything about it was – it was – I've never had a holiday like that with my family.

4Cllr: Oh good ... great.

3Clnt: Yeah and...

5Cllr: How did it happen? What did you – do to make it great?

In the 4 minutes that followed this declaration she and the counsellor explored an important conversation that she had with her father. Their joint action detailed how she initiated a conversation with her father and openly expressed some of her feelings about their relationship including her desire to talk more openly to him about her stepmother. This account was punctuated with an efficacious self-evaluation that stood in contrast to the problem identified in the previous session.

S3; M5

16Cllr: So how do you feel about him now?

15Clnt: Oh.... Like everything is better and **we can talk more about things that we weren't talking about like my stepmother** and... anyway I just feel so much better and he feels more comfortable now – like I found out the two times he cancelled on coming to see me he was feeling really anxious because he has been feeling like he can't talk to me about things.

The first five minutes provided insight into the efficacy construction processes of this case. It showed that the client acted differently with her father. She initiated a conversation and openly expressed her feelings. This action was consistent with the intentional state that she described and explored with the counsellor in the first two sessions. It was, however, in contrast with the inefficacious self-evaluations that she made during the first two sessions. The client's

out of session action was in keeping with the efficacy questions the counsellor asked in the second session. These questions invited the client to consider what she could do. The client responded to the questions by doing something different.

The first five minutes also revealed an important change in the counsellor-client relationship. The client noted the change during her self-confrontation interview.

S3; CLSC; M2

12CInt: no—but you know what’s really interesting—I don’t—it—a difference that I noticed between—a couple of sessions ago—like our first session and now—I don't think about why she’s asking me questions—well I didn’t today anyway—I **just—it was easy to answer them because I didn’t have to think—why does she want to know this or how am I supposed to answer this—I could just answer—that felt really cool**

The client described herself as feeling less defensive in this session. She said that she stopped thinking about the counsellor’s questions and simply answered them. She indicated that “it was easy” and that she “could just answer” the questions. In other words, she experienced increased efficacy in relation to a basic task of counselling. This increase in self-efficacy coincided with the self-efficacy gains the client reported in relation to her father and stepmother.

The subsequent joint action of this session explored the efficacy construction process signalled in the first five minutes of the session. The conversation described the two important experiences, writing the letter to her stepmother and talking openly with her father, that were part of the change in self-efficacy experienced by the client.

S3; M8-9

44CInt: And um before all of this – before I went home um I wrote my letter to my stepmother.

46Cllr: Yes.

45CInt: Like we talked about.

47Cllr: Uh hm.

46CInt: And I was already feeling good about that before I went home and then ... it was funny **because I was expecting this to be more difficult than my dad.**

48Cllr: To write the letter?

47CInt: Well ... just everything.

49Cllr: Yes.

48CInt: Um and just thought having that con... – well I told you last time when you said – well what would happen if you had this conversation? And you expressed to him that you were hurt? **I imagined oh that was an easy conversation – no problem but it ended up being really hard and a really long serious conversation** and there was a lot involved you know because my dad and I had never been upset with each other – we just ... we just haven't done it before.

S3; M11

63Cllr: But how was it like for you to write the letter?

62CInt: **It was hard – it was so hard.**

Although these specific enactment experiences were described as difficult, the juxtaposition of the evaluations of difficulty and the successful enactment of the difficult behaviour supported efficacy construction. In essence, the client described herself as being able to execute some very difficult behaviour.

The client's successful enactment of the difficult behaviour was accompanied by strong positive feelings.

S3; M13-14

81Cllr: So it was just fluent.

80CInt: Uh hm yeah ... and it's clear and I got to explain everything that I wanted to without being interrupted and

82Cllr: What was the feeling inside? How did you feel when the, after the letter was finished and you're ... was it like...

81CInt: You know what? It was the most amazing thing – I thought once I give this to her and once we start talking I'll feel so much better but really? Writing it... that's it ... like when I printed this off before I even gave it to her I felt so much better already.

S3; M16

91CInt: But she was saying that if I wanted to be with my dad I was welcome there.

93Cllr: So what was your impression?

92CInt: You know like I – I can't even tell you how good that felt – um I didn't even have to ask. I was just welcome there And when I got there ah we didn't really – we didn't talk a lot but it was so warm and we had meals together and

The positive affect the client described stood in sharp contrast to the negative affect she displayed when she described her inefficacy in session two.

The counsellor and client used efficacy relevant utterances to further explore the change in affect the client had experienced.

113Cllr: **At this time do you feel more in control with your feelings or you feel less angry or you just feel control of ... your anger?**

112Clt: You know it's not - it's not – **it doesn't really feel under control right?** It just feels like all of a sudden I had all this tight anger and it's just – it's just gone – like it's just flowing away and it doesn't even feel like a choice that I've made to not be upset or not be angry um which is not very reassuring – **I would like it to be just a choice and I can decide to use it this way or use it this way um because then I would feel like when we have a conversation like it's my choice how I react.**

114Cllr: Uh hm.

113Clt: **But it still doesn't really feel like that and I know it's like my choice to let her upset me or not but um that kind of feeling of anger coming into you and getting defensive and emotional and crying um I don't know how to control that yet ...**

115Cllr: Uh hm.

114Clt: And...

116Cllr: **But you took control over the circumstances that caused...**

115Clt: **I guess so**

117Cllr: **your feeling.**

Although the counsellor directed the client toward an efficacious self-evaluation of her emotional regulation capabilities, the client's efficacy construction was limited to the communicative abilities that she had enacted with her father and stepmother. She described herself as being more capable of open communication but continued to locate control of her emotions within the environment.

The client and counsellor's dialogue helped consolidate the increased self-efficacy the client described in relation to her father and stepmother. Though this was seen in different parts of the session, it was particularly evident in the following 2 minute segment. Here the counsellor asked the client about her goals for the session. The client responded by indicating that she did not expect to experience change so quickly. The counsellor followed this with a lengthy set of utterances that began and ended with efficacious evaluations that extended the change into the

future. The client accepted the counsellor's efficacious evaluations and offered her perspective on how this would help her deal with future conflict.

S3; M37

200Cllr: **Did you.... You were talking about ah the connection, ah, when you were talking about your dad – that assumption about being able in a ah** Ah ... and so [sigh]... um I was just wondering about um the decision that you're going to or - or you can make about that connection – with – your step mother and another thing you had conflicts and – seeing them separate like – oh I have – like over generalizing like the way your dad did? ... um And how you're going to see the conflicts in the future in – like relationships – if it will happen ... it's - it's something that there's a high possibility it will happen – it might not happen but there is a chance – like it's just – you can't – it's hard to go through life without having any conflict with anybody and if you leave if you take the risk – if you take challenges you're going to...

198Cnt: Yeah.

201Cllr: Face difficult times and – and so that's a good thing because otherwise there would be sort of flat when nothing happens **but it sounds like you'd like to - to fi – to see yourself in a way that – oh I can manage this challenge – I can work through a conflict and um so how is it going to be in the future for you if you find yourself in ...?**

198Cnt: Yeah.

199Cnt: Well ...

202Cllr: In situations like that?

200Cnt: Do you know? I mean I guess the more we go through the – your approach changes right? Um ... like the conflict I had last fall with my teacher I still don't know how I could have made that better um ... so if I came up with that – a similar situation to that I still – I still don't know – **except for if I'm in a position where I have more confidence or where I can speak up for myself more ... I assume that will make a difference um but in general the way I hope to deal with conflicts it's like you say to treat them as individual things and not like part of a - a general problem [chuckle] that I have with people.**

This sequence showed that perceptions of the client's capabilities were embedded within the conversation that described the change that she identified. These efficacy relevant utterances served as indicators of the self-efficacy construction that occurred within the dialogue of the session as well as that which occurred between the sessions.

4.1.1.4 Session four

There was a noticeable shift in the subject matter in the fourth session. The conversation remained focused on the client's family relationships but shifted from her father and stepmother

to her grandmother and mother. This transition was consistent with the efficacy construction described in joint action of the first three sessions. Having addressed one set of relational concerns the dyad turned their attention to new relational issues. Similar to the previous problem situation, the problem with the client's grandmother was addressed using efficacy relevant utterances.

S4; M11

55Cllr: uh hm ... um ... I just wonder ... **how would it – how would it look like for you if you, if you take control of the situation.** If you don't allow her to, um engage into or start going into the negativity. You start it – you start with a positive and you can start it in - in lots of different ways – maybe a letter, a phone call...

66Cllr: And so instead of agreeing with her **how can you change the direction of the...**

66.1Clt: **I don't know.**

66.1Cllr: ...**situation?**

S4; M14-15

68.2Cllr: ... very generous). Maybe you have memories that you sh – that you can share with her and remind her how wonderful she is.

69Clt: Yeah.

69Cllr: ...**and how much you appreciate. Maybe you can search your memories and look into what was a good time for you with her and just instead of allowing her to go into the negative direction and be in control of the situation, you prepare yourself – and it's not easy.** It's not going to happen right away...

S4; M23

92Clt: I'm sure it is um ... but I feel like I don't really want to know those stories

91.1Cllr: Um hmm.

92.1Clt: ... it - it upsets me and I also feel like **I can't – it's beyond me to help her or to say anything useful.** I don't know. I really don't know how – what to say um ..

92Cllr: Well you can't really help her because it's the past.

93Clt: Yeah.

93Cllr: and you cannot help her with the past. It happened – it's ... it's gone.

94Clt: Right.

94Cllr: **Umm but what you can help her with is to focus on that “Well grandma but it's so great that you're here and you must be so strong”**

94.1Clt: **Yeah.**

94.1Cllr:**and help her focus on how she survived**

94.2Clt: **Yeah.**

Later in the session the conversation shifted to difficulties the client experienced with her mother. The counsellor used an efficacy question to help the client consider how she might also act more assertively with her mother.

S4; M39

159Cllr: Hm ... **How can you see yourself being more assertive with your mom and taking – take control of the situation?. How can you see that happen?**

Similar to previous sessions the counsellor challenged the client to consider what she was capable of. She also challenged the client to act more efficaciously. She described her intentions in the self-confrontation interview.

S4; CRSC; M4

33Cllr: And so whenever she puts up a wall and describes her relationship. . . a kind of distance with her family. . . I wanted to keep it in my mind that. . . she does want connection and so how can I challenge her. . . **how can I move her around and help her to. . . see what can you do but not always expecting others to be in charge of your situation but what can you do about it. . . and I guess that was just in the back of my head that if this doesn't work I'm at the end..**

Although the counsellor employed a similar intervention strategy, namely using efficacy questions to challenge the client to think about what she is capable of doing, the client responded somewhat differently. Consider the following two segments take from the client's self-confrontation.

S4; CLSC; M3

26CInt: Um and.... **And just kind of being able to see it a little from that point of view . . . that was another one of those moments when I thought "oh yeah that's new . . . that's interesting too"** um ... but ... then I did start to feel a little bit more frustration about it because when (counsellor's name) explains to me in a circumstance **how I could talk to my mom and how I could say things to my mom, . . . my mom and I don't have the kind of relationship where we talk like that and it makes my mom really uncomfortable to talk like that** so I felt like "okay ... we really have to hurry through this part because this isn't rel . . . this isn't relevant . . . this isn't . . . this doesn't make sense in this context

29RA: **Yeah, I'm not going to be able to apply this.**

27CInt: **Yeah,** so I felt myself wanting to cut her off more than last time.

S4; CLSC; M4

32CInt: Um this was the point where I started to realize that if (counsellor's name) was going to kind of understand the circumstance we had a lot more to talk about than I had time to talk about ... and ... (pause) I guess I was feeling a little bit a kind of like resignation to the idea that we probably weren't going to get very far ... on this.

34RA: **That you weren't going to be able to get her to understand.**

33CInt: **No**, and that I that I ... like I wasn't going to take an awful lot away that was useful from this.

Similar to previous sessions the client indicated mixed efficacy. She indicated that she was able to understand what the counsellor was suggesting. She also said that she could execute the behaviour suggested by the counsellor. She did, however, question the effectiveness of what the counsellor suggested. It was on this basis that she secretly rejected the counsellor's suggestion. The second self-confrontation excerpt demonstrated that the client experienced inefficacy in her attempts to communicate with the counsellor. Interestingly, her perceptions of incapability coincided with a lack of progress in this relationship issue.

The counsellor and client continued to explore the problems the client experienced with her mother. Their joint action included a sequence of efficacy relevant utterances.

S4; M59-62

262CInt: But ... at the same time I would like my relationship with my mom to be significant and meaningful.

263Cllr: Uh hm.

263CInt: But I guess ... it's just choices right?

264Cllr: It is and **you can make it significant and meaningful** um you just have to find levels of where is it going to be or - or a common interest or other things that you can connect on...

264CInt: **Yeah.**

265Cllr: to make it significant and meaningful and **you can have really close relationships with her and not talk about your boyfriend** if she doesn't - if she's negative. **You can do that** - that's ...

265CInt: **That's true ... That's true.**

266Cllr: and talk to somebody you trust about your boyfriend who's going to not give you the negative reaction ... Not to be so concerned. At the same time to think of, a, that you have a mom...

266CInt: Yeah

267Cllr: who's worried about you, who's very concerned about you and wants the best for you. It's a good thought to have in the back of your mind that "I trust myself". "I

know what I'm doing with my relationship but it's good that you're concerned. That means that you care about me and I'm not going to discuss any of my feelings with my relationship...."

267CInt: (laughing)

268Cllr: with you and so that's it ...

268CInt: (laughing) Yeah.

269Cllr: Are you able to?

269CInt: Yeah ... maybe ... Maybe – it's worth a try I think. Yeah.

270Cllr: Yeah um ... This would fit with this. (hands Client some papers).

The counsellor offered efficacy questions and efficacious reframes in this sequence. The client responded with several efficacious self-evaluations as well as a mixed-efficacy response at the end of the sequence. Her mixed-efficacy response appeared to be half-hearted and similar to what she communicated within the self-confrontation segment shown above.

Efficacy relevant utterances were part of the dyad's ending dialogue. This was particularly evident in the last two minutes of the session. Here the counsellor directed the client to articulate things she appreciated about herself. The client responded with several efficacious self-evaluations.

S4; M62

274CInt: Ah. Okay ... Um It's.... **I'm very good at finding opportunities where I can ah do something meaningful.** Do meaningful work um and I don't, I don't settle for circumstances where I don't feel like I'm doing something important.

275Cllr: Uh hm.

275CInt: So I appreciate that **I'm good at those, at finding those opportunities. Um, I'm very resourceful. I appreciate that I can, in any situation, make anything work.** Ah and what else do I appreciate? Um I keep promises to myself. I appreciate that I'm more and more and more **I appreciate that, that I can make, tell - tell myself that I will do something or that something is important to me or that I will say something that I intend to say to someone and I and I follow through and I feel good about that too.**

This joint action represented the dyad's attempt to end the session focused on the client's perceived capabilities.

4.1.1.5 Assertions

Efficacy relevant utterances were manifest within different facets of the counselling process including exploration of the client's story, problem definition, intervention, client change experienced between sessions, consolidation of change, and termination. This pervasive manifestation of client self-efficacy also illustrated how this particular dyad constructed perceptions of client capability. More specifically, the constructive process involved: 1) open and detailed exploration of the client's experience including perceptions of capability and incapability; 2) the use of questions that orientated the client to consider things she can do; 3) a powerful parallel process experience; 4) the enactment of new behaviour in the client's out of session experience; 5) a detailed review of the extratherapy session change reported by the client; 6) ending dialogue oriented toward perceptions of the client's capabilities.

4.1.2 Dyad 2

This dyad consisted of a 21 year old female client of Asian decent and a white female counsellor. They met for 2 sessions but discontinued after the client did not return for the scheduled 3rd session. The client did not volunteer a reason for her discontinuation and the research team was unsuccessful in their subsequent efforts to contact her. The sessions addressed a number of the client's relationships including family relationships, personal friendships, and work relationships but were primarily focussed on the client's career concerns. Both sessions were aimed at helping the client find direction for her career. The first session involved an exploration of the client's past and current educational and work experiences. The second session centred on a lifeline exercise that the counsellor initiated. The dyad's efficacy relevant dialogue was primarily focussed on the domain of career and encompassed numerous specific behavioural tasks such as deciding upon two options, completing school work, exploring specific careers, and

making decisions. The joint action was replete with utterances that noted the client's inefficacy and thus constructed a strong inefficacy theme for the sessions. The inefficacy theme encompassed the client's in-session behaviour (i.e., communicating with the counsellor or identifying a specific past experience). In this way, the dyad serves as an exemplar of inefficacy construction.

4.1.2.1 Session one

The client identified a specific problem, career indecision, in the second minute of the first session. Client inefficacy was embedded within the client's description of her problem.

S1; M2

Clnt: **I find myself like—having a hard time even keeping a job** because I know (unclear) I don't like doing that for the rest of my life

Cllr: right

Clnt: and doing temping (laughing)

Cllr: you're temping

Clnt: yeah—so I can like get to the (unclear) test sort of thing

Cllr: okay

Clnt: **but I can't figure out what to do and I'm torn between whether I should do something I really like or something that could me more financially, wise**

The client's initial declaration that, "I can't figure out what to do" gave initial direction to the session and was explored further in the dyad's subsequent dialogue.

Exploration of the client's indecision encompassed a range of topics including school and work experiences, hobbies and interests, family relationships, and personal friendships. The joint action that explored these topics included efficacy relevant utterances. The following sequence illustrated how the client's perceptions of self-efficacy were embedded within her understanding of a previous work experience.

S1; M6

Clnt: yeah—the people make it an amazing job—I started work at McDonald's for a long time—that job actually got me out of my shell—I **used to be really shy**

Cllr: yeah

Clnt: **timid and then it'd be like—I can't talk to anybody except my friends you know**

Cllr: yeah

Clnt: **but um that made me—loud** (laughing)

Cllr: wonderful

Clnt: **a lot louder than I usually am**

Cllr: (unclear) yeah—and how did it bring you out of your shell—what were—what was the feeling there—what were the aspects that made it

Here the client described how a particular job helped her move from being shy a person incapable of conversation with non-friends to someone who is loud and boisterous at work.

After further dialogue on this work experience the conversation transitioned to the client's interest in animals. The counsellor asked the client if she had considered the veterinarian field and the client responded by identifying an interest in marine biology, an interest that led her to obtain a scuba diving certificate. The subsequent joint action in which she expressed interests in marine biology included several efficacy relevant utterances including the following inefficacious self-evaluation.

S1; M18

Cllr: yeah-yeah—so have you ever umm—children's illustrations—well that sounds very exciting—have you ever gone to the aquarium at all and spoken to them about

Clnt: I have gone to the aquarium

Cllr: anything—marine sort of related there

Clnt: no (laughing) I went like 2 years ago and I had considered volunteering **but I heard it's like quite a long process you need to be able to commit to training—which I haven't been able to do yet so—I can't do it yet**

Cllr: yeah—okay so

Clnt: cause they—if you do know how to dive too—they let you clean the tank so like cool (laughing) you can swim with the big fish

Here the client's inefficacious self-evaluation functioned as a barrier to a volunteer experience that could potentially help her determine direction for her career.

The joint action of the second half of the session continued to address the lack of direction that the client experienced. The client's past and present school experiences were a focal point in this discussion and the exploration of these experiences established academic

inability as an important barrier, one that blocked the client in her effort to determine direction for her career. The joint action was saturated with inefficacious evaluations regarding the client's academic capabilities. Consider the following inefficacious self-evaluations made in minutes 32, 36, and 40 of the session.

S:1M:32

Clnt: —so it's going to be pretty hectic—less sleep—which I hate (laughing) you know—and ahh—**just be able to study straight through and be able to go to school and attend the classes is pretty**

Cllr: yeah

Clnt: —**might be hard for me**

S:1; M36

Clnt: It's ridiculous, I hate math right—so and then when I found myself at that thing that my sister suggested—oh my god—I was motivated at first and then—maybe I was happier—and then she did mention it—and I was looking into it—and then I was very interested and that's going to take upgrading and everything and I'm like

Cllr: yeah

Clnt: yeah **it'll be a challenge and be something that I'll try and make myself do—but then—I found myself looking at it—later on**

S:1M40

Clnt: umm not really—it's just the—I find myself like—**it's hard to pay attention to—like I'll absorb the information and then I'll forget it**

Cllr: okay

The counsellor offered simple acknowledgements, reflective statements, and probes that combined with the client's inefficacious self-evaluations and helped establish the client inefficacy. This joint action process was also illustrated in the following exchanges.

S1:M:35

Cllr: **I mean you sort of speak about the potential courses being difficult and that kind of thing**

Clnt: **yeah—they're-they're very** (unclear)

Cllr: keeping you up and—what-what do you think

Clnt: **cause I think it would be quite a challenge cause math—physics—they would be my weak—like weak areas for schooling especially—I like—I like—I enjoy biology**

Cllr: yeah

Clnt: **but I don't know if I could go into it in the more like—detailed—intensive like form or anything like that—like breaking it down completely**

Cllr: right

Clnt: I don't know if I'd be that interested in it to actually go into a career where you have to know this stuff right

Cllr: yeah

Clnt: **and math—I'm absolutely horrible at that**—so I didn't think I'd ever pursue anything that dealt with math so I never really like—paid attention to it—like in grade 11 I just got out of it as fast as I can and I'm like I'm not taking it for grade 12

S1:M38-39

Clnt: I didn't—like a lot of my friends are like you should have done that or something but I was like—**it's too much schooling (laughing) so yeah—and I thought it'd be too hard for me**

Cllr: **you thought it'd be too hard for you hey—are things too hard for you**

Clnt: I just aah—I just would not care about my marks or anything right—so—I'd just do it to get it over with—I've been like—I don't know—I just don't put the effort that I used to

Cllr: what would it, what's the difference between before 9 and then—we sort of said pre-9—I mean it sounds like there was a difference in—your

Clnt: I thought—I don't know

Cllr: **in school work was it har—did it become harder or**

Clnt: **no—it's—it hadn't been too difficult** it's just—I don't know I probably—I think I got lazy or you know or had a different group of friends that were like—kind of carefree and loud (laughing) so it kind of puts me—and you know or they were some—**they were smart enough to be able to know the information but I'd have to take that extra effort or time** to with like—they'd be like—oh let's go

Cllr: do something—**they could manage it but you**

Clnt: yeah

Cllr: **you would have needed to study or do things in order for it to**

Clnt: **yeah**

Cllr: **so you do have to work hard at school I guess**

Clnt: **yeah**

Cllr: or-or that you know

Clnt: **I need to put way—a lot more studying into it—to like actually remember the information**

Cllr: right

Clnt: cause I'm—I'm—those are the people that naturally just

Cllr: yeah

Clnt: can be

Cllr: absorb it

Clnt: exactly—and like **when I'm in class I barely listen (laughing) to the teacher—or I do it's just it's hard for me**

Cllr: trying

Clnt: yeah

Cllr: **you're trying but it just doesn't necessarily**

Clnt: **go in**

Cllr: **go right in**

Clnt: **yeah-yeah**

Cllr: **quick enough**

S:1; M:45-46

Cllr: would—is that—are you feeling that right now or is it something that you're going to continue to pursue

Clnt: I have—well—cause **I think I would be proud of myself if I actually accomplished it**

Cllr: right

Clnt: **but I'm not sure if I can** (laughing)

Cllr: right

Clnt: so I'm just a bit like—apprehensive about it so

Cllr: yeah

Clnt: and

Cllr: and the apprehension is—I think—I think about the workload—what's your apprehension about it

Clnt: you know probably umm—**more so not being able to get into ah—yeah the work load—like—I think I haven't been to school for so long it's hard for me to actually get into ah doing homework constantly—reading the material that they give you—so probably I'll just put it off and procrastinate or something like that—so**

Cllr: have you done that before

Clnt: yes

Cllr: you've done that before

Clnt: I've done that before

Cllr: and been unsuccessful

Clnt: umm like I would actually drop the class

Cllr: you would drop the class

These lengthy examples illustrate how the joint action aimed at addressing the client's career indecision functioned as an exploration of the client's inefficacy. They show that the client offered numerous inefficacious utterances related to the educational and occupational paths that the client and counsellor were exploring for the client. The sequences also showed that the counsellor offered two types of responses that supported the inefficacy dialogue and the barriers this dialogue constructed. The first type of response that the counsellor made was a simple acknowledgement of the client's inefficacy. The counsellor's frequent use of "yeah" is illustrative of this type of response. The second type of response included reflective statements and probes that invited further exploration of the client's inefficacy. For example, the counsellor

utterance “you thought it’d be too hard for you hey—are things too hard for you” included a reflective statement and a probe that invited the client to say more about her perceived difficulties in school. The consistent use of these types of responses along with an absence of responses that challenged the client’s perspective with an alternative perspective appeared to provide passive agreement with the client’s inefficacious self-evaluations. All told, this joint action served to construct perceptions of incapability, perceptions that functioned as barriers to the career direction goal the dyad was working toward.

The counsellor was aware of the client’s orientation toward inefficacy. She also indicated that she wanted to help the client become more aware of her strengths. In other words she hoped to help the client shift toward a more efficacious stance. She revealed this intention within her self-confrontation interview.

S1; CRSC; M14

Cllr: oh so many good questions are coming that I might ask. It’s so different when you watch yourself—so all I’m trying to do—all I’m thinking about right now is the connect—she’s talking about her sister and then her so I’m sort of trying to—to umm, figure out you know how she sort of—you know they’re different and how are they’re different—yeah—I’m thinking right now what **I should have been saying what are your strengths and that kind of thing**

S1; M14

Cllr: so—she just said something which I thought was important—so **I just wanted to draw her attention to that as being a strength as opposed to what I assumed she was thinking which is the—that’s not good to be carefree**

RA: uh-huh

Cllr: **and it’s the one—it’s the one attribute that she’s talked about - about herself—that I could—make it into a strength so far**

RA: so you’re thinking this is a good place to resource her—to use our terminology

Cllr: uh-huh-uh-huh

RA: so you’re seeing a resource here

Cllr: **yeah a strength I’m trying to draw her attention to that**

The phrase “make it into a strength” suggested an intervention strategy aimed at constructing client self-efficacy. However, the preceding words, “it’s the one attribute ...” indicated that the

counsellor experienced the client's persistent use of inefficacious self-evaluations as a limiting factor for this intervention strategy. The counsellor suggested that she did not see many opportunities where she could draw attention to the client's strengths. She also said that she missed out on the one opportunity that she did see. Her comments seemed to suggest that she struggled to shift the dialogue from the inefficacy saturated conversation that emerged within the session.

Near the end of the first session the counsellor invited the client to do some career research in preparation for their next session. This homework suggestion contained efficacy relevant utterances that were some what tentative and questioning in regards to the client's capability.

S1; M50

Cllr: so do you think the internet might find you a little about ah—marine biology

Clnt: yeah (laughing)

Cllr: yeah

Clnt: probably yeah

Cllr: so maybe—you know maybe **you could—maybe you could do that this week is like when you have—have some time and just—click on and see if there you know what might be available for you—just keep exploring as you're continuing on with this**

Clnt: yeah

Cllr: ...seeing how that goes but maybe explore a little about marine biology or you know—that—that one I'm sure and children's illustrations—how do you think you could find out a little bit more about that

It appeared that the counsellor questioned the client's capacity to do the research. Interestingly, the client identified career research as an immediate goal on the Youth Response Sheets that she completed following the session. The level 2 rating she provided indicated low confidence in her ability to do this task.

The client appeared to be somewhat uncomfortable during the session. This was evident in the nervous laughter that occurred throughout the session. It was also evident in her self

confrontation interview where the client indicated that she struggled with the basic communicative tasks of counselling. She revealed these perceptions of inefficacy within the first two minutes of her self-confrontation interview.

S1; CLSC; M1

Clnt: yeah—or at least trying to because I found myself rambling quite a bit throughout the whole process

RA: okay

Clnt: and I just talked and talked and like yeah—I think I was very uncomfortable—not like—with her or anything

RA: mhmm

Clnt: but just because I've never done it before

RA: okay

Clnt: yeah

RA: **so this is about—what you were having to do was difficult**

Clnt: **yeah, because I don't usually talk to someone those**

S1; CLSC; M2

Clnt: ah just ah—well **I couldn't really ah like I was saying before—I couldn't really say what I really wanted to say**

RA: okay

She made similar inefficacious self-evaluations throughout the self-confrontation. She also offered explanations related to the inefficacy she described. Her first explanation involved the fact that she had just met the counsellor.

S1; CLSC; M2

Clnt: **like I could have said more but I-I didn't know how to say it**

RA: okay

Clnt: **I find it hard to speak to somebody that ... I just meet** (laughing)

Her next explanations encompassed personality factors and the effect of being unemployed.

S1; CLSC; M5

Clnt: yeah well I-I just didn't know how much I should tell her so she would get an—to get an idea of what I really felt or like—saw

RA: okay so you were—uncertain as to what—how much you should say

Clnt: how much I should say and then—**I felt it hard to even describe how—like (unclear) as well—I was**

RA: okay—so it was difficult

Clnt: **it was difficult yeah**, umm. I don't know—I just don't—I'm not, like it seems lately—I'm not very social as well so—I mean it's hard to talk to people—I don't—

like being unemployed I haven't been in touch with people **and I've like lost my—you know—I can't wait to speak—it just—it comes out in clumps**

Toward the end of the first session's self-confrontation she offered two efficacious evaluations about her ability to communicate to the counsellor. She attributed the increase in efficacy to feeling calmer and more "into the conversation."

S1; CLSC; M11

Clnt: blurt (laughing) but ah, yeah—I think I was feeling better after that so—in my—I **was able to talk to her –after I calmed down**

RA: m-hmm, so you were feeling more calm

Clnt: yeah

RA: and relaxed

Clnt: cause we had been into the conversation you know like—hey **I can sort of do this now so**

These comments were particularly interesting given what the client said at the end of the session.

The counsellor asked the client if there was anything about the session that had been helpful and

the client responded with the following efficacious self-evaluation.

S1; M57

Clnt: what's been helpful umm (laughing)—a lot (laughing) **ah just being able to say things**—it makes me realize like how I really feel about them—it's like sometimes I tell you what I think about it and then you're like wow—I didn't realize that but you know yeah I should put that in (unclear) because I'm in denial sometimes (laughing) it's like arggh

It appeared that the increased comfort the client experienced at the end of the session led her to feel more efficacious about her ability to express herself. It also appears that this experience of efficacy contributed to the helpfulness of the session.

4.1.2.2 Session two

The second session began with some initial dialogue regarding the client's current work situation and a brief discussion on the career research the client did in between the two sessions. The majority of the session involved a lifeline exercise the counsellor initiated in 5th minute of

the second session. The stated purpose of this exercise was to help the client explore herself and identify themes useful for discerning career direction.

The first part of the lifeline exercise required the client to identify 7 early recollections from her childhood. The client struggled with the task of coming up with specific memories and said things like “My mind’s gone absolutely blank right now” (S2: M7; Clnt61). There were also long lapses in the dialogue as she attempted to come up with things to say as well as numerous incidents of nervous laughter. Interestingly, the dialogue from this part of the session does not contain any efficacy relevant utterances even though her behaviour clearly demonstrated that she found the task extremely difficult. In some regards it appeared that the client and counsellor silently agreed not to discuss the inefficacy the client experienced as she attempted to identify significant childhood memories.

Although the client’s self-confrontation from the second session contained fewer efficacy relevant utterances, it provided valuable insight into the internal processes that accompanied her behaviour during the session. Similar to the first session the client made inefficacious evaluations regarding her ability to come up with things to say. Unlike the first session the communicative challenges she identified were directly related to a lifeline intervention the counsellor initiated to help the client gain direction for her career. As noted above, the client struggled with the task of coming up with specific memories and said things like “My mind’s gone absolutely blank right now” (S2: M7; Clnt61). She was also silent for extended periods of time and exhibited nervous laughter as she struggled to come up with things to say. The transcript from her self-confrontation illustrated the internal steering processes that accompanied the inefficacy constructed in this joint action.

S2; CLSC; M2

Clnt11: **Yeah but I didn't have no idea what to write but...like if you put me on the spot usually my mind will go blank, usually.**

RA12: Okay. So did you feel a little bit of that in that moment?

Clnt12: Umm, not really. I wasn't really anxious or anything like I usually am when that happens but, like, [clears throat] I was just hoping that I wouldn't get too embarrassed cause **I don't- couldn't say anything.**

RA13: Okay.

Clnt13: **Or come up with ideas or things that she's asking me to do.**

RA14: Okay. So a little bit concerned over what it might involve.

Clnt14: Yeah for sure. Probably concern and, um, [coughs] I wasn't sure what she wanted me to do.

S2; CLSC; M5

Clnt27: (laughing) Um, yeah, pretty much. Um, that and [coughs] **I hope she doesn't get too impatient with, um, me not being able to come up with**

Clnt32: [coughs] **It's a bit uncomfortable with, um, not being able to come up with it.**

In addition to signalling the client's perceptions of inefficacy these examples also illustrated the distress the client experienced while completing the lifeline exercise. More specifically, they pointed to anxiety, embarrassment, and discomfort, emotions consistent with the nervous laughter and visible distress observed in the video footage of the session. Note that while her verbal account in the first example indicated that her mind didn't go blank and included the declaration "I wasn't really anxious or anything", these specific indications were interpreted as self-protective behaviour that further underscored the distress she experienced. The indication that her mind didn't go blank contradicted what she said in the session. Her denial of anxiety contradicted the visible signs of anxiety evident in the video footage, the nervous behaviour exhibited in the self-confrontation (coughing and throat clearing), and her subsequent acknowledgement of "concern."

Another interesting observation to note from these quotes was the apprehension the client expressed regarding her relationship to the counsellor. The client connected her inefficacy to a

potential negative reaction, impatience, from the counsellor. Clearly the client's experience of inefficacy encompassed strong negative emotions associated with the tasks of counselling and concern regarding the therapeutic relationship, features consistent with a poor therapeutic alliance and indicative of poor counselling outcomes.

The counsellor's second session self-confrontation demonstrated that she was aware of the client's struggle to identify 7 childhood memories. The self-confrontation also showed how the counsellor used efficacy relevant utterances to understand what she observed in the client. In other words, she conceptualized the client's "in-session" struggles as an inefficacious experience.

S2; CRSC; M4

CLLR57: It's okay. (laughing) Just so...I'm sorry if I...copy you. Um, anyways...so I was just thinking about, uh...that...**you know it's not an easy—it's not an easy kind of process for her.** So thinking about then...you know, breaking it down a bit and then let's talk about it...knowing that as we sort of talk about it more we'll have...

S2; CRSC; M9

CLLR122: And, um...so...once again there was that feeling of...at the very beginning there of this silence and **her having difficulty coming up with another memory of that**—that living in ambiguity. Um, I think we said a little bit...I can't remember what we said. Living in the ambiguity...like, just living in that sort of

Like the client, the counsellor did not acknowledge the client's inefficacy during the session. However, the transcript from her second session self-confrontation indicated that she considered addressing it openly.

S2; CRSC; M14

CLLR177: **so she's really struggling with this.** So I'm wondering what that's about for her.

RA172: Right.

CLLR178: And I'm wondering, sort of...you know, has she really shared all her significant events is, sort of, what is happening in my head and, like, **I'm wondering it's so difficult for her.** And whether I really...gathered her memories or what—what's happening for her. Whether she's thinking about something she doesn't want to share...something she does want to share or, like, whatever. So

RA173: So a lot of figuring out her boundaries.

CLLR179: Yeah. Wondering.

RA174: Yeah. Wondering about

CLLR180: Because I can't really. Well, I didn't really address, you know...I guess I could have said this seems difficult for you but I didn't think of that actually. Um, so...I think that's about it of just, uh...cause we're sort of ending with me just probing her into trying to make it easier I guess.

The counsellor's experience of the client's inefficacy was also similar to the client's experience in that it was accompanied by a range of difficult emotions. The counsellor's difficult emotional experience included discomfort with the client's inefficacy

S2; CRSC; M6

CLLR82: Okay. So feeling a tad bit uncomfortable because I'm sensing just, um...that **it's kind of difficult for her to come up with memories so, um...just slightly uncomfortable that it's a little bit difficult. It seems a little bit more...difficult than let's say I'm used to** but, um...so a little bit of uncomfortableness. Wanting to make it easier for her. Like I'm thinking **I'm wanting to make it easier for her.**

and uncertainty regarding how she should respond.

S2; CLSC; M14

CLLR176: Um, then there's silence. And I know I'm thinking...you know, how...how long do I leave the silence? Or do we really need to do five, sort of thinking about the exercise right now. Sort of, you know can we end it here or sort of, um...when she says I don't know how to write. I'm trying to trigger some thoughts into her to sort of...**I think I'm surprised when people have difficulty trying to figure** cause I feel like there's so many things that happened in life

All told, the emotional discomfort and uncertainty the counsellor experienced were part of her seemingly passive collusion in the inefficacy construction process occurring in this session.

The second part of the lifeline exercise involved an exploration of the values that emerged out of the memories that the client identified. Similar to the first part of the exercise there were minimal efficacy relevant utterances in this part of the session. In fact, the only efficacy utterance, the first of the session, occurred in minute 34. This utterance was noteworthy because it involved an evaluation of the client's decision-making ability.

S2; M34

Cllr244: And yourself? How do you feel about yourself with making decisions or...with investing and that...sort of expectations.

Clnt239: **I'm a bit iffy** (laughing)

Although this self-evaluation was in reference investment decisions, it signalled mixed-efficacy beliefs that may have reflected perceptions of incapability in the general decision-making domain.

The next efficacy relevant utterances were directly connected to career decision-making. They occurred after the lifeline exercise was completed and signalled a transition in the conversation. The counsellor began the sequence with an efficacy relevant utterance that directed the dialogue back to the problem that was identified in the first session.

S2; M44

Cllr298: Yeah. **Okay. So for you...what do you think some of your barriers are? Like what...you know we said sort of choosing a career is you know...challenging right now. What—what do you feel like some of your barriers are? What's stopping you from making?**

Clnt293: A decision?

Cllr299: A decision, yeah.

Clnt294: Um, I probably need to...like find out all my options, I guess.

Cllr299.1: M-hmm

Clnt294.1: **Like I just find it hard for me to, like, find, like, an outlet or inspiration on what to do.**

Here the counsellor openly acknowledged that the client found it difficult to make a career decision. She also invited the client to explore potential barriers that kept her from making a decision. The client acknowledged that she found it hard and offered a potential solution. The client's proposed solution to the decision-making difficulties she experienced, finding out options, involved gathering occupational and educational information. As mentioned in the session one analyses, career research was something the client identified as a current task of her transition to adulthood on the Youth Response Sheets that she completed following each self-confrontation. The ratings she provided, 2 (1st session) and 3 (2nd session), signal low to

moderate self-efficacy and offer additional support for efficacy relevant problem constructed in the sessions.

The remainder of the session involved a discussion of potential career options that the client had considered or was considering. This dialogue was aimed at helping the client surmount the barriers that stopped her from making a decision. This dialogue also contained several efficacy relevant utterances, most which were erected as potential barriers to the option under consideration.

S2; 43

Clnt307: **Maybe ... a vet technician sometimes. I could go into that**

S2; M45

Clnt323.1: **and it's hard to network yourself.** Again like...I find a lot

S2; M46

Clnt328: And also my old manager she—she had taken a course but like she said it's very competitive and **it's hard to get into it.**

S2; M52-53

Clr385: Yeah. Yeah...you're...yeah—what part—what part would make you proud?

Clnt380: **Um, just being able to, ah, just go through that intensive of schooling**

Clr385.1: M-hmm.

Clnt380.1: **and doing the subjects that I find myself most weak at or ...**

Clr386: Right.

Clnt380.2: you know just (unclear) ...

Clr386.1: **The challenge.**

Clnt381: **Yeah exactly.**

The counsellor followed this somewhat awkward and seemingly ineffective sequence by restating the client's problem and by asking her what she would find helpful.

S2; M54

Clr387: Yeah. Okay. So you know I'm just sort of wondering you know where-...so today we've sort of spoken a bit about some of the themes in your—your life and how they are related to your career and we've spoken about some of the expectations that you have on yourself with regards to career and also some of your friends' influence and we didn't quite get to your family influence although there was a bit last week about some—some influences that

Clnt382: Yeah.

Cllr388: your family does have...on you and, um, additionally...a lot of the research that you know you're already done with it...and just **briefly it's sort of touching on some barriers of why this is a challenging decision for you to make**. Where—where would you like to go you know? Where—what would you find helpful?

The counsellor offered a number of reassurances regarding how the next session's activities might lead the client to finding clearer direction. The client and counsellor agreed to continue exploring options but the client did not return for another session.

4.1.2.3 Assertions

The numerous efficacy relevant utterances made within the two sessions and the efficacy relevant internal processes emerging in the self-confrontation interviews merged into a set of shared meanings thereby constructing a client inefficacy theme. The efficacy relevant utterances observed in the session were organized around the help seeking and help providing goals and behaviours of the dyad. In seeking to assist the client the dyad used efficacy relevant dialogue that identified career indecision as the client's problem. Subsequent action aimed at understanding the client's problem involved additional efficacy relevant utterances that further explored the client's inefficacy and the career decision-making barriers embedded therein. The exploratory joint action, including the counsellor's basic acknowledgements, reflections, and probes, served to further construct the inefficacy meanings shared by the participants.

The efficacy relevant utterances within the self-confrontation transcripts reflected perceptions of the client's inability to perform specific tasks of counselling, perceptions coinciding with a lack of forward movement within the counselling sessions. The tasks the client and counsellor enacted in their aim of helping the client, basic communicative exchanges and the lifeline exercise, were accompanied by evaluations of the client's inefficacy as well as a palpable tension related to the client's inefficacy. The "in-session" experience of inefficacy and the

emotional tension surrounding it punctuated the declarations of inefficacy enacted within the two sessions.

4.1.3 Dyad 3

This dyad was comprised of a 20 year old English speaking client from Europe and a master's level female counsellor with seven years of experience. The client had recently come to Canada as part of an exchange program and volunteered for the study in order to gain direction for her career. The dyad met for a total of three sessions and addressed a range of issues including educational and career options, family, work, and peer relationships. The first session addressed how the client was adjusting to Canada and identified career indecision as an area of concern. The second session was focused on the client's current work situation. The third and final session addressed the client's work situation but focused more on social relationships. The dyad's efficacy relevant dialogue followed this pattern of topics. The domain of career development was primary for the first session and encompassed behavioural enactments such as moving out from home, decision making, committing to a decision, and achieving independence. The second session focussed on work and encompassed specific behavioural enactments like completing work duties, talking with customers, and asserting oneself. The efficacy utterances of the third session addressed the client's interpersonal skills and included being open with others, getting along with others, interacting with people at parties, and acting nicely toward people. All of the sessions were marked by the client's earnest efforts to express herself, the counsellors attempts to understand the client, and a series of partially veiled rebuffs the client made in response to specific comments by the counsellor. The client's persistent inefficacious self-evaluations of her communicative capabilities were central to this interactional pattern and a defining feature of the joint action observed in these sessions.

4.1.3.1 Session one

The first session was aimed at understanding the client's current situation. It addressed a range of topics but focussed on how the client was adjusting to Canada and the career indecision that she experienced. The client described school and family experiences in her effort to help the counsellor understand her current situation. The counsellor listened intently to what the client said and used probes to gain a better understanding of the client's situation.

The client began the session with questions about the counsellor's credentials. The counsellor answered the client's questions and proceeded to ask the client questions about her situation. The client indicated that she was participating in an exchange program. She said that she had arrived in Vancouver a month earlier and would return home after spending a year in Canada. The client proceeded to explain why she decided to travel.

S1; M5

Clnt25: And um then I studied for one semester but I – at the university that I knew that I didn't want to continue studying in. I just did it and um and yeah, I thought it would be for one year but I didn't really like it.

Clr28: Yeah.

Clnt26: So I dropped out and - **and I just said and then I can also travel to see the world.** When I come back I'm still young enough and then if I know what I will do then. **Then I can still do it.**

She used two efficacious self-evaluations to describe her decision to travel, one expressed her perceived ability to travel and one conveyed confidence in her ability to resume university studies. Her explanation also suggested that she was dissatisfied with and somewhat uncertain about the direction of her career.

The counsellor and client stayed with the topic of career for a couple of minutes but quickly began exploring the client's adjustment to Canada. The counsellor initiated the shift with an exploratory question and the client responded by saying that it was quite different than she had imagined. She described her expectations and contrasted them with her actual experience.

She used several efficacy relevant utterances to describe the contrast between her expectations and her actual experience.

S1; M8

Clnt36: Different than I imagined it and there are so many things here that – when you're young you dreaming about this. Going away and everything, it's like a movie and -

Clr39: Yeah.

Clnt37: with everything going on with the Internet and everything, it's - it's always suggesting that it's – **everything's so easy and you can go around and there are no limits, no borders**. But it's not the way it really is. And it's kind of manipulating you cause you think you can do everything and have all the possibilities and –

Clr40: Uh hm.

Clnt38: **then you realize that it's harder than it is**. And um, I don't know.

Clr41: **So you found it to be more difficult than - than your fantasies before you came here**.

Clnt39: Different because I didn't think about a lot of things because I just thought it would be great. I didn't think about the details. What you really – what will you do and everything in your – you just -

Clr42: Uh hm

Clnt40: I don't know. **You think everything is easy** and you're going – moving out from home and you're free and everything is great (laughing) but then you realize that it's also I don't know. It's also you're not really free. And there's a lot of – **I don't know how to explain it (laughing)**.

Perceptions of capability were central to the contrast the client provided. She anticipated that the adjustment would be easy but experienced difficulty in the adjustment process. The counsellor picked up on this and used an empathic reflection to communicate understanding of the inefficacy experience the client was describing. The client backed away from the counsellor's empathic response and distanced herself from the experience. Interestingly, the responses on the Youth Response Sheet that she completed at the end of the session confirmed the inefficacy that she expressed in the sequence shown above.

The final words of the segment, "I don't know how to explain it", were noteworthy for this case. The words suggested that client experienced inefficacy in communicating with the counsellor. This expression of inefficacy was not an isolated incident. The client uttered these

words at different times during the session. They were also a prominent reflection within her self-confrontation interview.

S1; CLSC; M2

Clnt19: and not - not – **I mean I had to some kind of explain it to her that I was asking myself if I could say it detailed enough that she could really get a picture of what I'm really saying because it's such a complex and complicated situation** that just to say it one way then she maybe won't get the things behind it – the little things because it's so. I mean it's what's what it's all about. **And just to explain it like this it's you cannot say it different shaded enough and everything.** And um, what I - I actually – she was right when she was saying but it – when she said something like, you're 20 and you hardly went to university. I was actually some kind of, she was right about it and I knew it but also I felt some kind of – not judged – but I - I just didn't like her (laughing) to say it. It was some kind of ...

Clnt22: But I don't know. And um, yeah it is – it's all the things – that's why I ask her sometimes to [sigh] specify. **Because it's so complicated to explain everything cause it's this big, thick structure and there are a lot of details** and it's so complicated to understand when you – when you under – when you explain it one way you – it's cause it's (laughing). **It's such a complicated, differentiated construct. But you cannot explain every little detail** and so I was some kind of asking myself – well does she - she really a good person? That's what I really wanted to say.

Clnt23: **Because it's – it's just hard to put it into words so that she can see every side of it and I ask myself whether I could some kind of explain it to her.** And um, I thought that it may would be easier if she could ask specific questions so that it – it – she could some kind of show that she's some kind of – wants to see it more specified and different. But she just kept it – I mean she's a psychologist. It's always like that. She cannot ask questions (laughing), she just takes something I say and um, so that we just talk and talk and talk. Because she's not some kind of usually don't ask questions just for yourself and-

These indicators of the client's internal processes revealed an intense internal struggle. On the one hand the client was intent on being understood by the counsellor. On the other hand she doubted her ability to communicate effectively. She also appeared to feel misunderstood by the counsellor. All told, she was blocked in achieving her goal, understanding, and perceived herself incapable of fulfilling a basic task of counselling, self-disclosure. The counsellor demonstrated awareness of the client's struggle and encouraged the client with the following reassuring words, "I think you're doing a good job of explaining it" (S1; M6; Clnt41).

The client continued to talk with the counsellor and directed the conversation to her high school experience. She provided descriptive details of her past but quickly moved to an explanatory style of speech. Her explanation, which came in response to a clarifying question that the counsellor asked, sought to clarify her inner experience. It also included an inefficacious self-evaluation related to her decision-making abilities.

S1; M14

Clnt67: No I didn't like – I didn't like it so much in school because um

Clr70: Um, okay.

Clnt68: over the times, sometimes I just reach a point that I felt too old for all this. All the procedures and other limits and the way they handle you. And I just felt too old and I'm just sitting there asking myself why am I doing this? I'm an adult. I don't have to have to do this and I don't have to be nice to the people and - and everything and I don't like them. **I cannot make the decision what to do by myself because you're in the system**

The expression of inefficacy was clear and obvious. The client viewed herself incapable of making a decision. Despite the clarity of her words, her expression of inefficacy was somewhat obscured by the complex and ambiguous explanation that surrounded it. Consequently, the client's career indecision and perceived inefficacy were not fully explored despite their place in the client's goal structure.

Nonetheless, the problem of inadequate career direction persisted as a subtle thread within the client's account of her high school years. Though the problem was visible in the discussion, it was often surrounded by the client's explanatory dialogue. It was also expressed using efficacy relevant utterances.

S1; M19

Clnt85: And that was some kind of way you could also meet other people and they're really nice too. That was some kind of very good and I really liked some of my teachers. But also there are teachers you don't like so much and then they also made up their minds about you.

Clr88: Uh hm.

Clnt86: **And - and then you cannot break out of that – that's the problem.**

Cllr89: So breaking out seemed to be a big thing for you. Once you were actually finished school it sounds like you really seized the opportunity to break out from it. And that's what brought you here.

Clnt87: Yeah, some kind of (laughing).

The client explained the constraining influence of her teachers and noted her inability to break out. The counsellor responded to the client's expression of inefficacy with an efficacious depiction of the client's decision to come to Canada.

The client redirected the conversation to her high school years and continued to use these experiences to explain the career indecision she experienced. She also used efficacy relevant language to explain her problem.

S1: M22

Clnt94: It's some kind of – **you want to have it back because it's so easy, you have the- you have the so many things. You don't have to decide what to do. You don't have to specify what you want to do** because you kind of are and you can read literature and you have everything and I think you're you will never know so - so much of so many different fields.

She offered the freedom of high school as a contrast to her current state. She suggested that high school was easy because it did not require career decisions. By contrast, her current state was difficulty because she was faced with the task of deciding what to do with her life. The client and counsellor explored this contrast a couple of minutes later.

S1; M23

Clnt97: Yeah that's some kind of– um in Europe, they're always (laughing) complaining about different things like, for example – like all this math and chemistry and that were **different things that I really couldn't do. And um, but it's also some kind of great that you can do so much, you know. I have to decide whether I want to do art, or I want to do something else.**

Cllr100: Yeah.

Clnt98: And - and the thing is you have to be - if you choose one way, you have to be really good. At school you couldn't do everything the same way.

Cllr101: Yeah. **Well it sounds like in a way that, um, when you're in school and - and - all of the subjects were chosen for you in - in some ways that was – it made things easy for you because you got everything. Whereas now**

Clnt99: Yeah.

Cllr102: **You've got all the freedom but it's almost overwhelming to have all the freedom because with freedom there comes a lot of, sounds like responsibility or - or you know, ah...**

Clnt100: **Pressure.**

Cllr103: **pressure to commit to something or pressure to find your way. Is that what's happening for you?**

Clnt101: **Yeah.**

This sequence described some of the client's academic abilities. It described her as incapable of math and chemistry but capable of art. More importantly, the sequence continued to describe the client's problem. The counsellor reiterated the client's earlier assessment of high school when she indicated that high school was easy because everything was chosen for you. Similar to the client's earlier comments, the counsellor contrasted the ease of not having to decide to the pressure of committing to something. This particular sequence illustrated how the client and counsellor used efficacy relevant language to describe the client's problem. It also revealed the pressure the client experienced in connection to the problem.

The subsequent dialogue explored the pressure the client was facing as well as the various meanings that supported it. This exploratory joint action included an efficacy relevant question that the counsellor asked and the inefficacious self-evaluation that the client offered in answer to the counsellor's question.

S1; M25-26

Clnt110: And it's sometimes – it's - it's – like in a way it's sad

Cllr113: Yeah.

Clnt111: -because there's great plans. And the dreams you wanted and – but you - you don't think about all the aspects or you don't know them.

Cllr114: What aspects are - are sort of the most surprising or - or - or um, **new or challenging for you right now?**

Clnt112: **I cannot, I cannot say that.** They're not- It's the whole situation of some kind of different.

The counsellor's efficacy question focused the client on her current experience of indecision.

The client indicated that she was unable to answer the question. This sequence showed that

efficacy relevant language was integral to the joint action that described the client's problem. It also highlighted the communicative difficulties the client experienced throughout the session, difficulties that served as barriers in the counselling process.

The joint action of the second half of the session continued to explore the client's decision-making problem. Efficacy relevant utterances served an important role in this exploratory joint action. The joint action included inefficacious self-evaluations related to work and lifestyle options,

S1; M31

Clnt130: **You only think you can do whatever you want when you – when you grow up. But it's real enough to think you cannot get the jobs you want. You cannot do what you want because you have to have – everything relates hm, on the past. Everything.**

Clr133: Uh hm.

Clnt131: Any – anyhow, **because you cannot just live the way you want** cause you have to find something that's in your budget and then you have to find people who are willing to let you live with them and things like that.

efficacy questions regarding work opportunities,

Clnt134: I mean I didn't know what I wanted to do here.

Clr137: Yeah.

Clnt135: And what I – when I wanted to do something I said okay then I just go. **And now I have to see what can I do** and it's also some kind of- and I have to see what kind of jobs are there.

and efficacious self-evaluations regarding a potential work options.

Clnt139: So I have to do a lot of things now I don't know what they what they should get me to. **So I can be a waitress** (laughing).

Clr142: Yeah.

Clnt140: **I can - I can wash dishes.** And it actually it's not badly paid to wash dishes. But where will it get me? That's - that's exactly the thing is like, I'm here and - and I always did voluntary work. And um, because my father is a clergyman and everything so I was always involved in - in work there

Clr143: Yeah.

Clnt141: and through my school school, I did this training - with um, severely disabled adults and - and things like that. And I always did something. **I - I could think about or I could build on that.**

The counsellor contributed to the exploratory action when she offered an empathic statement that reflected the inefficacy that the client had expressed.

S1; 38

Cllr163: **Well I would – I would imagine that it would be really difficult to commit to something if you're if you're constantly questioning what the point of it is.**

Clnt161: **Yeah** it's – I'm looking for something that [sigh] it has to be something I like doing.

Cllr164: uh hm.

Clnt162: And that I can contribute to something.

Cllr165: Yeah.

Clnt163: **And that's not easy to find that** and maybe it's not the right -

Cllr166: **No.**

Clnt164: question (laughing).

The client expressed agreement with the counsellor's empathic reflection and elaborated on her experience of inefficacy. In the minutes following this sequence the counsellor and client agreed to use the remaining three sessions to address the client's problem.

4.1.3.2 Session two

Session two introduced a shift for the career decision-making problem identified in the first session. The shift was from a conversation aimed at understanding the client's lack of direction to a discussion that examined a work decision that the client made between the first and second sessions.

The shift in focus occurred in the first minute of the session. The counsellor asked the client about her week and the client responded by saying she just started a new job. The dyad launched into a discussion about how the client got the job and quickly established that the client was having second thoughts about her decision. She said that she was exploring two job opportunities and that she may have chosen the wrong job. She used efficacy relevant language to explain herself.

S2; M5

Clnt38: *Restaurant 1*, but the other one would be more fun maybe and more yeah.

Maybe it's easier to work in the other environment than to work at *Restaurant 1*.

That's what I think.

Cllr39: yeah. Less demanding.

Clnt39: It's less busy and you have to work a lot of – the other – the atmosphere's more relaxed than

Cllr40: than the other place?

Clnt40: Yeah and *Restaurant 1* they were some kind of more serious.

The client determined that the job she chose was more difficult than the one she didn't chose and on this basis questioned whether or not she made the right decision. She reiterated and expanded on this line of reasoning a few minutes later.

S2; M10

Clnt54.4: And I'm working as a deli clerk.

Cllr54.5: Oh...

Clnt54.5: So and they're many people who– and it's also some kind of expensive and they really want to have quality

Cllr54.6: yeah

Clnt54.6: and so we also have to – also quality from, from the people who are serving them.

Cllr54.7: Uh hm.

Clnt54.7: or selling them to them.

Cllr55.1: Well it sounds like there's a part of you that's afraid of letting people down or you know wanting to –

Clnt55.1: no

Cllr55.2: please people.

Clnt55: That is – That's true. That's my type but it's

Cllr56.1: Right, a bit too extreme

Clnt56.1: I think it's - it's some kind of more – **it's not less serious in a café like**

Restraunt 2 is more easy going and easier just to do it. Cause I can just small

(unclear). It's also – **you're also in contact with the people but it's – they're easier to handle** and it's also because Granville Street is different from fourth avenue so.

Here the client rejected counsellor's explanation that she was afraid of letting people down and once again suggested that the other job would be easier. The explanation depicted in this segment is somewhat more specific than the previous one in that it signalled out the client at her new job and implied that they were more difficult to handle.

The client's decision and apparent regret remained as a key focus for subsequent dialogue. Their discussion revealed how deeply affected the client was and served to explore the inner conflict that she was experiencing. Their exploratory joint action identified the client as an extremely loyal person and connected her sense of loyalty to the dissonance she felt. Essentially the client felt compelled to stay at her new job even though she was unhappy with her decision.

S2; M15-16

Clnt67.3: **Then would be very easy for me to say I go and I don't want to be part of it** but I think it's - it's great. But it's just not what I want so for me it's probably not enough of a reason that I would – that I would go.

Cllr68: Right.

Clnt68: Because I always -

Cllr69: You have a feel sense of loyalty.

Clnt69: Yeah that's the problem (laughing).

Cllr70: So it's a problem for you. Has it been a– has loyalty been a problem for you in the past or has it worked for you in the past?

Clnt70: Hm it some kind of – it's like hm – loyalty. Umm it's always a good excuse so that's the problem. So I'm brought up that way that if you commit yourself to something you really do it.

Cllr71.1: Uh hm.

Clnt71.1: **And um so and it's also – it's easier to stay there and complain (counselor laughs) than - than to really change it.**

Cllr71.2: Uh hm

Clnt71.2: So it's more – maybe - maybe the bigger problem is the problem maybe that you're or that I'm too lazy to - to do it. Or too afraid.

Cllr71.3: Uh hm

Clnt71.3: But then there's also next to it those – the loyalty – (sighs) so yeah.

Cllr72.1: So you've got all of these reasons that you've already decided are reasons why you can't leave this job. Or probably won't leave this job if it's not working out you know -

The client used an efficacy relevant utterance in her attempt to explain why she would stay at the job she did not like. She indicated that loyalty kept her from doing what she considered easy, quitting. However, she also acknowledged that her loyalty was a problem for her. The counsellor focused in this and challenged her to consider how her sense of loyalty might work against her. The client responded to the counsellor's challenge by saying that her commitment to being loyal was so strong that she found it easier to complain about her situation than to reconsider her

loyalty. In essence she said that she was unable to quit because of her loyalty. The counsellor challenged the client by stating the client's position directly, "you can't leave this job."

The client noticed the counsellor's repeated challenges and commented on them during her self-confrontation interview. She acknowledged that the counsellor was correct in some ways but also indicated that the counsellor's argument didn't fit her situation. She maintained that it was not easy for her to quit the job. She also highlighted the complexity of her situation and said that it was complicated for her to respond to the counsellor's challenge. Once again she experienced inefficacy in a basic task of counselling.

S2; CLSC; M11

Clnt45: It's - when she was talking and then - then - also the way she said - if it's really - and - it's some kind of. I know that she was right. And I know the way she - she - that she's some kind of - also have to handle it's - oh that she's also has to say - see how she says it herself. **It's complicated to explain.** It's a thing a lot of people say to me like that. Or people said to me before and that it's some kind of - you're standing in your own way and that's kind of the way she-she picked the words. So if it's really that kind of a problem. If you did it. Of course she had to say it that way. Um, for some kind of - maybe deja-vu? That people telling me about it and I totally know them - this is some kind of an issue. And then - but I'm not sure I thought about it. It's like

RA55: It felt familiar.

Clnt46: It felt familiar. And, um - some kind of. Yeah that's actually a good thing. To say - it felt familiar and I-I **some kind of - already knew the answer, the complexity of the answer and then - she's right and it's very easy and I know that but it's also - that it's - that is has some kind of complicated to-to respond to that - what she said. And then to answer it cause I know she's right and it should be very easy but in my case it's not so.** It was some kind of familiar and - yeah.

S2; CLSC; M12

Clnt48: **Yeah. It's some kind of - trying to explain it cause it's a very complex thing and trying to explain it the right way. So that she understands it. And, um - because it's very complicated and complex thing. So trying to explain it some kind of way that she understands it and.**

The counsellor appeared to be unaware of the client's inefficacy experience and continued to challenge the client. Here she challenged the client's commitment to loyalty even though the client had provided other reasons in support of staying at the job.

S2; M18

Cllr81.1: So you're a very fiercely loyal person it sounds like – or I mean that's the way that you were raised. And that's a part – a part of your work ethic. If you commit to something you really are determined to follow through on that.

Clnt81.1: yeah

Cllr81.2: And that's worked for you a lot in your life. Has it?

Clnt81.2: **I can't say if it worked or it didn't work. Cause I - I - I always did it that way so I don't know how it would be if I didn't do it other ways.**

The client used an inefficacious self-evaluation to avoid answering the counsellor's challenge.

As before, she proceeded to provide additional arguments in support of staying at the job. The client's self-confrontation revealed that the client felt compelled to defend herself from the counsellor's challenges.

S2; CLSC; M15

Clnt78: So it was some kind of - yeah putting me in the position to some kind of - defend myself because it was such a familiar thing to me to think of that and then to - to make it sound like so easy it sounds so kind of - yeah - challenging to some kind of - yeah.

The back and forth pattern of counsellor initiated challenge and defensive responses from the client characterized the dialogue from minutes 15 to 30. In the joint action of this part of the session the client reiterated how important loyalty was to her but also acknowledged that she really wanted to work at the other job because of how much fun she thought she would experience there.

S2; M19

Cllr92: You haven't tried doing something.

Clnt92: I deeply, I deeply believe in that loyalty and everything.

Cllr93: Uh hm.

Clnt93: (sighs) But I also – that – to come here is some kind of an opportunity to try something different and to maybe do the thing that's more fun but work less.

Cllr94.1: You're really conflicted about this

Clnt94.1: (laughs) that's true

The counsellor persisted in challenging the client to see how her commitment to loyalty worked against her. Although the client continued to defend her position, she admitted that loyalty and fun were competing forces within her and that loyalty often won out over fun. The

joint action that constructed the struggle between the counsellor and client as well as the tension between loyalty and fun incorporated efficacy relevant utterances.

S2; M24-26

Clnt99.3: So that's because I just – I also know how I am so now that I've made this commitment I will not break it until I came through. Or I

Cllr100: When you say I know how I am – say more about that. How are you?

Clnt100: It's like now that I – I said that I did it and that's I could have – I should have said I want to think about it. But I did not, now I signed everything and now that would not be fair to - to withdraw.

Cllr101: Fair enough. Now I hear that. And I mean it might feel really uncomfortable for you at this point to completely withdraw. Are there any options in between? In between completely withdrawing

Clnt101: No.

Cllr102: **So you couldn't for example ask if you could work part time instead of full time?**

Clnt102: **Yeah but then because of the money then I would have to look for another job?**

Cllr103: **Well exactly, you could work part time at a fun place.**

Clnt103: **Yeah. Yeah, but, but the problem is to - to co-ordinate it.**

Cllr104: Okay.

Clnt104: That's the problem 'cause -

Cllr105: **So it's not possible to co-ordinate two jobs.**

Clnt105: **It's possible but that would be really, really complicated** because I'm - I'm - I'm not the one who's doing the schedules at work. So they - they will just say you work then - then - then and then it's - it's - **it's almost impossible to coordinate the two jobs.** So I would have to say to them just – I'm just available then. But they also – the other workers. So...

Efficacy relevant utterances constituted a defining feature of the struggle enacted in these minutes of the session. They were also central to problem described in the dialogue. In essence the struggle was about what the client can do. It was about possible courses of action and the client's capability to act differently than she was inclined to. The problem was that the client's commitment to loyalty served as a barrier that left the client feeling incapable of acting differently. The counsellor provided a clear description of the client's problem and ended it with simple inefficacious evaluation. The client responded with agreement as well as another statement that labeled it complicated.

S2; M30

Cllr119.1: But it sounds to me like this is – there's a bigger issue here. It's not just about - because this job really... It's only going to be a couple of months. But I think the bigger issue is what and we kind of talked about earlier.

Clnt119.1: Yeah, then

Cllr119.2: Which is there's a part of you that wants to have fun and - and let loose. And not worry about the things like loyalty necessarily. And the part of you that is really, really attached to being a loyal person. Like you just said yourself that's just the way I am. You know I - I made a commitment and I have to I said I was going to do it. I was going to deal with it but it's too late. **There's nothing I can do.**

Clnt119: **Yeah.** So I'm kind of – **But it's also because um – that's the complicated thing about it** is um I could say I'm some kind of angry about it. Angry's not the right word. But it's some kind of -

The joint action of the following minute expanded and explored the client's problem. The dialogue established that the problem was a longstanding one. It also revealed the depth of emotion the client experienced in connection to the problem.

S2; M31

Cllr122: You're not feeling good about this?

Clnt122: Hm no.

Cllr123: So this is – this has happened before. There's a bit of a history to this? (LONG PAUSE) (CLIENT APPEARS TO BE CRYING, OR AT LEAST VERY SAD). So you're really feeling hard on yourself huh?

Clnt123: (NODS YES, SHIFTS IN HER SEAT) This is what I came to you for. (laughing)

Cllr124: (laughing) That's right.

Clnt124: Um, what's the question?

Cllr125: It sounds like you feel – when you said angry – it sounds like you feel angry at yourself somehow.

Clnt125: Yeah. That's not good.

This expression of emotion was noteworthy for this case. It signaled a brief lowering of the client's defenses, something that stood apart from the rest of this session and the other sessions of this case. As illustrated above, the client offered numerous responses to deflect and defend against the counsellor's repeated challenges. The emotion displayed here coincided with a more open admission of the problem she was facing as well as a direct acknowledgement of the problem's impact. The dialogue slowed down in this part of the session and the client expressed

more openness to the emotional tension within her. The moment was also significant because it was directly connected to the specific goal that brought the client to counselling. In the client's words, "This is what I came to you for." Her action in this moment of the session was aligned with her goal of addressing a longstanding emotion filled problem, a problem marked by perceptions of incapability.

The counsellor attempted to build upon this key therapeutic moment. She suggested that the client explore the adventurous part of herself that wanted to have fun. The client rejected this intervention strategy and said that she did not believe that there were two separate people within her. The client went on to distance herself from the emotion that she had expressed. The counsellor responded by highlighting the inner conflict that the client was experiencing and the two briefly discussed the client's fun side. Nonetheless, the client remained somewhat detached from the emotion she expressed earlier in the session and steered the conversation toward a cognitive analysis of her situation. The conversation eventually returned to the client's new job and the client restated her problem as a problem of inefficacy.

S2; M40-41

Clnt159.2: And now I um did it now **I cannot go back. And that's the problem.** And I didn't know that [sigh] I didn't came to the conclusion now that it would be what I'm always doing. Or what - what I always did so that it would really be nothing new. And it's something so it's - it's nothing new but it's a lot of pressure at work. And so I'm not so excited about it but more concerned.

Cllr159.3: yeah

Clnt159.3: **And can I – can I do this? Because it's a lot of work.**

The remainder of the session involved an analytical discussion aimed at understanding the client's situation. This discussion included an analysis of the emotion that the client expressed earlier in the session. This discussion was marked by that same kind of counsellor-client struggle noted earlier in the analysis of this session. The struggle at the end of the session encompassed the counsellor's efforts to focus the conversation on the client's emotional

experience and the client's repeated efforts to distance herself from the emotion that the counsellor was drawing attention to.

4.1.3.3 Session three

The counsellor started the third session by asking the client about her new job. The client said that it was going well and the counsellor responded by drawing attention to the apprehension that the client expressed during the second session. The client acknowledged the emotion with the following efficacy relevant utterance. "Hm I know its some kind of afraid if I could do it, the cleaning and everything" (S3; M2). As before the client used efficacy relevant language to describe concerns regarding her new job. Unlike the previous session when the client had not yet started work, the client had some experience that she could refer to. She drew upon this experience and answered the counsellor's subsequent inquiries; she used efficacy relevant utterances to redress the view that she offered in the previous session.

S3; M3

ClIr19: Hm, so. What are some of your impressions of – of the work and the people and just the whole situation?

Clnt19: Hm, Some of the people are real nice.

ClIr20: Uh hm.

Clnt20: But um not all. And um – what else? **Yeah it's – it's good work – it's actually not so complicated. And it's not so – [sigh] yeah not so complicated and not so hard or difficult so.**

The counsellor asked additional questions that helped the client explore her new job. The client responded with statements that contrasted her previous concerns with her recent experiences.

S3; M6

ClIr30: Is there anything about the job that's better than you expected?

Clnt30: Hm, better than I expected - I expected it to be good. **But I was just afraid that I could make not (unclear) because like physically working 8 days – ah 8 hours**

ClIr31: 8 hours

Clnt31: All on your feet, especially the last month. I have done like nothing this big and so just going to school it's different.

ClIr32: Uh hm.

Clnt32: **And um – yeah I can do that and it's not so hard.** It's okay. So,

Interestingly, the contrast involved a shift from perceived inefficacy to experienced efficacy. This shift appeared to open the door for new topics of conversation.

The dyad talked about work for several more minutes and then transitioned to a conversation about the client's social experiences. The client said that she was spending some time with some of the other German exchange students and that she was anticipating the arrival of her best friend later in the summer. The client indicated that she was thinking about meeting her friend in Toronto but that she had not yet decided what she would do. They also talked about the cost of living in Vancouver and how expensive the client was finding it.

Though their conversation wandered from topic to topic, it generally explored how the client was adjusting to life in Vancouver and was organized around the goal of understanding the client's experience. There was also an underlying tension and general tentativeness in the conversation that, in addition to the adjustment theme and goal of understanding the client's experience, defined the joint action of the third session. The tentativeness and tension appeared to be a continuation of the struggle that was observed in second session. As noted in the previous session's analysis, the counsellor and client engaged in communicative struggle whereby the counsellor challenged the client and the client responded with a variety of defensive responses. While there were less signs of an overt struggle in the third session, there were indications of a residual tension and tentativeness in this session.

The client provided clear indications of the tension throughout the self-confrontation interview that followed the session. In fact her first response in the self-confrontation indicated that she felt that the counsellor was judging her. In her third response she admitted that she felt somewhat suspicious toward the counsellor.

S3; CLSC3; M1

Clnt1: It was some kind of I don't know complicated. It was some kind of a funny. You could maybe say um on the verge of getting judged. So it's not that I that I felt that I am getting judged but it's just something when I'm – you know there are people that think that when you say you like being alone who think like – come on it's just because you don't have any friends and in reality if you had a lot of people doing a lot of things, you would like that more. So it's some kind of – some kind of sense that it's subjective pain kind of. Trying to explain it right. And also some kind of maybe suspicious looking out for – if (laughing) that could be some kind of that she could be some kind of judgmental or something.

RA3: Okay.

Clnt2: So some kind of yeah.

RA4: Okay. So you were sort of feeling a bit suspicious and looking out for that.

Clnt3: Yeah, because it's some kind of yeah. It's also – of course when you know that there's someone who's studying psychology is – when you - you some kind of fear that when you say some key words or something that they – that they are using psychology or something – have some kind of these [sigh] – when you're alone a lot and then they ask maybe this – then they maybe have some kind of these steps in their mind. How it comes to that and that it's not really what you're happy with or something. So, some kind of this

Later on in the self-confrontation she indicated that she defended herself despite not wanting to.

It appeared that she felt she had to defend herself as a precaution or as a way of preventing attack.

S3; CLSC3; M11

RA82: It almost sounded like you were defending yourself.

Clnt75: Ah yeah. It was something like that. I didn't want to defend myself but I wanted to make a point before she could perceive it that way that I had to defend myself. Some - some kind of defending before I had to do it really.

The client also displayed disdain for the questions that the counsellor asked.

S3; CLSC3; M12

Clnt80: Like so it was for me some kind of a stupid question. Like of course, otherwise they wouldn't be friends. Because for the – and then I tried to - to explain it and then I know what she means for other people. For a lot of people. The people that are around them they also – they also already are and they just say that they all had friends. But for me is a friend is a friend it's just anyone so it's some kind of – for me like the way I have it's some kind of s stupid question. But then - then she said that I'll say that and it's a matter of definition or something. And so from me with my definition it's some kind of a stupid question. The way that I define it of course it's - it's – it's just a very deep thing for me. For other people it's not; it's just the way of [cough, cough] how you have gotten over it.

CLSC3; M13

Clnt82: It was again some kind of stupid or yeah so you know a stupid question. It's all a matter of - of departing. But values are values. And values can list (unclear). Values are very hard things. And if they're not values, they're just things. (laughing)

RA91: Just ideas.

Clnt83: Just stuff.

RA92: Just there.

Clnt84: (unclear) I don't know. So, these kind of questions for me is some kind of really stupid and then she - she wants me to confirm or something. That's some kind of - what can I say to her but of course friends are friends. It's like yeah friends is - like they say the - the - the family should you choose for yourself.

This composite of self-confrontation quotes demonstrated that the client felt judged, acted suspiciously, defended herself in anticipation of a perceived threat, and experienced disdain for the counsellor's questions.

The tentativeness of the session was apparent in the counsellor's behaviour during the session and in what she said during the self-confrontation interview. Unlike the previous session where she persistently and openly challenged the client, she offered fewer challenges in this session and was more tentative in how she delivered them. She offered two lengthy explanations for this in her self-confrontation interview.

S3; CRSC3; M10

Clnt78: Yeah again I'm starting to ah - ah you know when I asked that question I was wanting to challenge her a bit on this assumption that small talk is useless and I - I was sort of thinking maybe that bringing to light that small talk doesn't always stay as small talk.

RA79: Uh hm.

Clnt79: And you know perhaps exploring how ah should she be cutting herself off other people. (laughing)

RA80: Uh hm. Yeah.

Clnt80: Um, that was kind of where I was going with that. Um but it didn't really seem to go anywhere. So I sort of went back to feeling a little bit (laughing) almost irritated like

RA81: Okay.

Clnt81: Well okay and now there's sort of - another gesture that's fallen a bit flat here. (laughing)

RA82: Okay. So you're offering up a better opportunity to understand it a bit more.

Cllr82: Yeah. I felt a bit cut off when she – when she was almost cutting me off. And maybe what was going on for other people too.

RA83: Uh hm.

Cllr83: I don't know so.

RA84: Okay.

Cllr84: I was starting to feel like okay -

RA85: So it was frustrating.

Cllr85: I was feeling like a bit shut out here.

RA86: Oh.

Cllr86: Yeah.

RA87: Yeah, yeah and like with each offering it kind of gets chopped.

Cllr87: Yeah.

S3; CRSC3; M13

RA100: And what it was taking to - to break that apart.

Cllr100: Yeah.

RA101: And it's a sense of frustration.

Cllr101: Yeah. I didn't feel a comfort with her about you know using immediacy or saying I'm finding it really hard to like you know some clients I'm more comfortable with them. It's been like I'm feeling like you know really lost here.

RA102: Uh hm.

Cllr102: And I didn't even feel safe enough to do that with her.

RA103: Okay.

Cllr103: Like I just felt like she'd – she would give me – I was worried that if I said that that I'd get kind of a blank stare back or you know a really embarrassed look. So, I was you know that's the approach that I would have liked to have taken. But I didn't really even have the guts to pull that off. Because I was -

RA104: Okay.

Cllr104: just not um – just not – I didn't think it would go over very well.

RA105: So you're - you're – it sounds like your sense was that it wouldn't and -

Cllr105: Uh hm.

RA106: and I mean it I I'm kind of hearing two things. In one sense kind of assessment wise and intellectually wise sense of that it probably wouldn't work. And then also a little discomfort or fear that at risking something like that.

Cllr106: Yeah. Exactly.

Her language was rather vivid. Phrases like cut off, shut down, feeling flat, sense of frustration, really lost here, didn't even feel safe enough, I was worried, and didn't think it would go over well indicated vulnerability and caution. They also suggested that her decision against challenging the client was connected to how the client responded to her. In this regard the open struggle of the second session evolved into a more cautious distrustful relationship.

The caution and distrust observed in the participants' internal processes permeated their relationship and were important for understanding the manifest behaviour of this session, including the efficacy relevant utterances that were identified in session's transcript. Essentially, their behaviour was guarded and lacked transparency. The client presented herself very carefully and was intent on being understood accurately. She was driven to make sure that the counsellor did not misinterpret her words or trick her into saying something that could be misconstrued. The counsellor backed away from challenging the client and generally held herself back in the relationship. The dialogue from minutes 19 to 21 encompassed a series of efficacy relevant utterances and illustrated how they were woven into the joint action processes described above.

S3; M20

Clnt99: Of course sometimes it's - it's - it's some kind of lonely because it's just – because then I get some kind of homesick

Cllr98.1: mhmm

Clnt99.1: that's where everyone not just in my situation but I think that's for everyone not just in my own situation or something.

Cllr99: Of course yeah.

Clnt100: **I could also – I could also be more open to the other people** – like from - the - the German people who came here. So, there's as I say I don't want to go out with them and that's okay with them. Yeah. But um I don't know there are people with a lot of friends, but they're. I like to have a small group of friends like very selective and they're really good friends. **And I know like there's – I can get along well with a lot of people.** And it's a problem if they like doing it but I don't have to do it and I don't feel comfortable with – I don't feel totally comfortable with it but (laughing). Like small talk and everything. And I don't see somehow to makes sense of it so.

Cllr100: I understand.

Clnt101: **Um, so I can do that and I can enjoy that.** And if there – if there are big parties with friends, there's also a lot of people that I don't know coming from and **I can do that on a small part. And I can I can – yeah** I would get to know people and their past and everything.

Cllr101: Yeah.

Clnt102: But um I don't – on the other hand I don't have to do it. I and **if I - I - I could do it but I don't like doing it so much.**

Cllr102: **Yeah it sounds like it's more of an effort for you.** You know you and maybe more tiring for you to go out and make small talk with people you don't feel very connected with than it is for you to just be by yourself. You're okay and you're comfortable by yourself. But you're – it sounds almost bored when meeting people without having a close relationship.

Clnt103: Yeah, I - I don't know people here that I have a close relationship with them.

There were a couple of notable features to this dialogue. First of all, the client presented herself as being relationally capable but embedded her efficacious self-evaluations within a complex explanation that served to account for the loneliness that she was experiencing. This behaviour was consistent with the self-protective intentions identified above. The counsellor's responses were also notable. She allowed the client space to make these complex explanations and reassured the client that she understood her. She also attempted to demonstrate that understanding with a highly reflective, non-challenging response. This behaviour was consistent with the self-protective mindset revealed in her self-confrontation interview.

Their dialogue shifted temporarily to a conversation about the client's best friend but quickly returned to the client's current situation and focussed on the solitude she was experiencing. The client indicated that she enjoyed spending time on her own and offered complex explanations in support of this. The sequence depicted below went as follows: tentative challenge, efficacious self-evaluation, and clarifying questions. Perceptions of the client's capabilities were embedded within the client's complex explanations.

S3; M20

Cllr119: But I wonder – I wonder though you know it's I hear you that you've got no problems with being alone. And that sounds - sounds really healthy to me. Um, but part of me wonders you know when you say I don't like small talk and it's not very interesting to me.

Clnt120: Oh I don't – I - I like it and I like to be [sigh] with people and do it but I do not have to do it to be happy. Or I like reading a book that when now here **I can just go out and talk to a stranger or I can do something like um reading a book or something that I really want to do.** And I think that's [sigh] getting further than just talking to some stranger or something.

Cllr120: So talking to a stranger does it make you nervous or you just don't?

Clnt121: No.

Cllr121: you just don't care.

Clnt122: Not at all. I just – I just don't care. I – yeah.

Cllr122: Okay. I - I guess what I was going to ask before is that um maybe I was off base but I was under the impression that you actually weren't very fond of small talk. So I guess I was wrong there, you don't mind it?

Once again the client combined efficacious self-evaluations with complex explanations to protect herself from being misunderstood. For her part, the counsellor proceeded cautiously and backed away from the contradictory messages she was hearing. In this regard their joint action failed to explore the heightened and potentially exaggerated perceptions of capability expressed by the client.

A similar joint action process occurred in the 35th minutes of the session. The dialogue remained focussed on personal relationships and served to explore the client's views on authenticity. The client indicated that authenticity was an important value for her, one that guided how she related to others. As before, she offered a complex set of explanations that appeared to serve self-protective functions. Her explanations also included a number of efficacy relevant utterances.

S3; M34-335

Clnt151.3 [over counsellor] ... **sometimes – sometimes I could maybe more I don't know. I could sometimes be nicer or superficial** I don't know how to say it.

Cllr151: You have to fake it more.

Clnt152: Yeah and **that will probably make it easier. Sometimes to get along with people or to fit in or to anything.**

Cllr152: Uh hm.

Clnt153: But it's just not I don't know I don't see any sense in it.

Cllr153: Well, I imagine just from what you've been telling me in the past few moments that you you're – **it - it seems that you see through people. Or you think anyway that you know when people are not being authentic.** So, how do you know? How do you know if somebody's just faking it or - or - or not being authentic? How are you sure that they're – that that's – maybe they are being true to themselves? Maybe that's who they really are?

This segment was a bit different than the previous one in that the client admitted some inefficacy related to social functioning; she indicated that she found it difficult to get along with inauthentic people. Nonetheless, her admission was tentative and embedded within the complexity of her

dialogue. These two qualities had a moderating effect on the client's efficacy utterances, an effect that seemed to serve the client's self-protective goals. The counsellor response reflected the perceptions of capability that she heard in the client's description. Alternatively, she could have explored the tentative inefficacy expressed by the client.

The counsellor and client focussed on the client's social functioning and her views on authenticity for the remainder of the session. Part of this involved an exploration of being fake or superficial; the client wondered if this was something that would make social relationships easier. She also wondered if things would be easier for her if she was more "adjusted" to people. Interestingly, she phrased this second efficacy question in the third person. The counsellor noticed that the client used the third person and challenged her.

S3; M40

Clnt168.1: And ... Um, but of course when you – when you're maybe on your own on a Saturday night but I think it could be so – maybe you would be happier doing this. And then you start wondering and all the people seem to be so happy who are doing this. But on the other hand **so you're some kind of wondering if it would be easier to be more adjusted to the people.**

Cllr168: **So you're saying that you have wondered sometimes if it would be easier for you if you were more accepting of people.**

Clnt169: I mean, [sigh] I think it's always like that if you're some kind of [talking over each other].

Cllr169: We're talking about you personally not everybody, just you.

Clnt170: I mean everything I say is just about me because it's just about what I perceive.

Cllr169.1: mhm

Clnt170.1: And um I cannot be objective. Because I'm not an object (laughing) so I just cannot be objective. So everything I'm saying is just how I see it.

Cllr170: Okay. I just thought ...

Clnt171: I cannot

Cllr171: It just sounded like you were generalizing a bit when you said well you know when you, this, that instead of when I, so I wasn't sure.

Clnt172: **Yeah it's just some kind of hard to explain it.**

Cllr172: Okay.

The client used a philosophical argument about objectivity to defend herself from the counsellor's challenge but in this instance the counsellor persisted with her challenge. The client

responded to the second challenge by saying, “Yeah it’s just some kind of hard to explain it.”

This short inefficacy utterance was important for two reasons. First of all, it signalled perceptions of inability related to a basic task of counselling, communicative exchange. Secondly, it signalled that the client felt misunderstood by the counsellor, the precise experience the client was working to avoid. The client experienced inefficacy within her interactions with the counsellor and the dyad was blocked in their attempts to understand the client. The client persisted in her attempt to explain her experience but arrived at a similar conclusion, “it’s complicated to explain.”

S3; M41-42

Clnt174: And um they are just not so many people who share exactly the same ideals as you in the world.

Cllr174: And that’s difficult.

Clnt175: And of course there are a lot of people and-who believe in the same things but I mean you know what I mean.

Cllr174.1 I do.

Clnt175.1: That you really share a bond with. And I get along well with all the other people but then and it’s - it’s not a problem but I – [sigh]

Cllr175: But relationships -

Clnt176: So ... when I when I go with them it’s no problem but I don’t have to – but I don’t seek being with them all of the time.

Cllr176: Uh hm.

Clnt177: So maybe the people and um [sigh] – so maybe ... **it’s complicated to explain.** So, like I said maybe then you’re on your own and you’re just not in a good mood and then you think oh maybe it would be easier so you could have more fun if you were together with a lot of people right now. But the other issues I think the thing on the other thing – on the other hand I told them that it wouldn’t be that way.

The last part of the session explored a documentary that the client described. The client used the documentary to further explain her thoughts on authenticity. The counsellor listened to the client’s description, directed her to reflect on the stories meaning, and reassured the client that she understood her. The client did not return for the final session.

4.1.3.4 Assertions

Perceptions of the client's capabilities were embedded within the client's joint action; they were observed in the session dialogue as well as the participant's self-confrontation interviews. Efficacy evaluations were integral to the specific problem situations identified and described within the sessions. This included efficacious and inefficacious evaluations regarding the client's capacity to determine direction for her career, choose a job, function at work, and relate to others. Though perceptions of the client's capabilities were seen throughout the sessions, the dialogue that referenced the client's self-efficacy beliefs did not provide an in-depth exploration of specific self-efficacy beliefs. There was, however, one brief moment in the second session where dialogue slowed down and focused on an emotionally laden perception of inefficacy. This sequence of action was noteworthy because the client's inefficacious self-evaluation aligned with the very goal that brought her to counselling; she experienced the inefficacy that she hoped to address in the counselling.

The client experienced inefficacy in relationship to the communicative tasks of counselling. She had difficulty explaining what she was thinking and feeling and questioned whether she was being understood by the counsellor. This experience of inefficacy was in opposition to the dyad's joint-goals. It also appeared to disrupt the counsellor-client relationship and impede positive therapeutic gains.

4.1.4 Dyad 4

The participants of this dyad, a 19-year-old English-speaking female client and a female counsellor with the masters degree in counselling psychology, met for four sessions. The client came for counselling in order to gain perspective on her previous drug use and to find a way to move forward in her life. Each of the four sessions contributed to this goal. The first session

explored the client's past, examined her current situation, and established her desire to move forward in her life. In the second session the dyad processed a recent situation where the client was arrested and placed in jail. The conversation of the third session explored the client's family dynamic as well as several different paths the client was thinking of taking. The final session focused on the client's travel plans and examined her family relationships. The dyad's efficacy relevant dialogue was consistent with a broadly focussed discussion in service of the client's goal to move forward in a positive direction. The joint action of each session encompassed a variety of domains of function and numerous more specific behavioural enactments and provided a somewhat diffuse exploration of the client's self-efficacy beliefs. The sessions' joint action did, however, help the client establish some direction for her life along with increased confidence regarding her ability to move forward in this newly established direction. Though the session stands as an example of efficacy construction, the change observed was subtle and broadly focussed.

4.1.4.1 Session one

The joint action of the first session explored the client's past, established her current situation, and identified her intention to find a way to move forward in life. The conversation covered a lot of ground and moved back and forth from past experiences to her current situation. The first half of the session was broadly focused on how the events and experiences of the past brought the client to her current situation. Although the second half of the session focussed more on the client's intention to move forward, the client's past experiences and current situation served as important reference points in the conversation.

The counsellor began the session by inviting the client to talk about herself. The client responded by saying that she had recently moved back to Vancouver after spending the previous

year competing at karate in Montréal. She also said that she was in the process of finishing high school. The subsequent discussion explored the client's family life and then chronicled how she rebelled against parental control, turned to drugs, and eventually moved to Montreal in order to get her life back on track. The joint action that explored the clients past and present was infused with efficacy relevant dialogue that include a mixed efficacy self-evaluation regarding the client's academic abilities,

S1; M3

Clnt18: I just finally got my books sent to me yesterday, **but it's pretty simple**. Like on my first test I got – in my English course was 45 out of 46. That's not bad.

Cllr18: Wow, fantastic.

Clnt19: Yeah. I'm not – **I'm not stupid, I'm just like bored easily**. (Laughing) So.

an exchange of efficacy relevant utterances relating to the clients capacity to choose her own path amidst the pressure and politics of competitive karate,

S1; M13

Cllr116: Okay. It's wonderful that you've chosen a different path. You don't want to be like them and

Clnt117: Yeah, I don't want to.

Cllr117: So that's really good.

Clnt118: Yeah.

Cllr118: Hm,

Clnt119: **It's harder though too** because it's like I want to be – I want to still be part of the organization obviously because I like competing in it and being in it but it's hard because like you still, have to, like you're still always going to be part of it like politically to some extent. Like to some extent. But I don't like that.

Cllr119: Uh hm.

Clnt120: But. Whatever.

Cllr120: **Yeah – you could – you could choose whether or not you partake in – in that, as you called it backtalk. And you could choose**

Clnt121: **Yeah, exactly.**

Cllr121: **You've got that that power. You don't have to get drawn into it.**

Clnt122: **Yeah I guess so.** (laughing)

Cllr122: Yeah, so that's really good.

an efficacious self-evaluation regarding the client's ability to make good lifestyle choices,

S1; M15

Clnt136: But like that wasn't the – like that wasn't what was bothering me. What was bothering me was like they wanted to control every little thing I did. So they like give me

like um dinner time curfew. Even on weekends and stuff, like Saturday night I was allowed out like once a week with my friends and so just like I started doing all these things and I think that I'm showing – **I'm showing you that I'm responsible and I can make**

Cllr136: Okay. Uh hm.

Clnt137: **I just wanted a choice you know to make the right decision on my own instead of like being controlled to do it.**

Cllr137: Exactly. Yeah.

and an efficacious self-evaluation describing the client's ability to discontinue drug use.

S1; M26

Clnt245: **So like I was like able to kind of go through my little like detox on the bus,** so you know what I mean? So.

All told the joint action of the first half of the session outlined important background information regarding the client's life. It was oriented toward breadth and did not explore any one area in depth, nor did it identify a particular problem for the counselling to address.

The conversation became more problem focused near the mid way part of the session. The client identified some recent struggles including problems with school, lifestyle, and karate. This led to the following exchange in minute 28.

S1; M28

Clnt262: But. That just kinda like fell apart. (laughing) So.

Cllr262: So where are you at now with it in terms of – because you're at these huge crossroads.

Clnt263: Yeah - yeah I'm at my crossroads. That's pretty much why I wanted to do this [the counselling]. (laughing) But now I'm like "Okay I need to get my shit together because I want to go back to Montreal for the next team selections".

Cllr263: Excellent.

The notion of a crossroads became an important image for the rest of the session. The image fit with the goals that brought the client to counselling, the goals of exploring her past and finding a way to move forward in her life. The joint action of the second half of the session was organized around these goals.

The conversation of the second half of the session was similar to the first half in that it covered a range of topics but did not converge upon any one area of the client's life. The

emphasis on breadth of exploration was also observed in the efficacy relevant utterances identified in the second half of the session. More specifically, the efficacy relevant utterances encompassed a variety of behavioural enactments but did focus in on any one domain of function. The efficacy relevant dialogue extended to a range of capabilities including work skills,

S1; M30

Clnt283: And I don't like – like I like to talk to people and you know **I tried working in a café but I really suck.**

Clr283: Okay.

the task of finding a place to live,

S1; M31

Clnt304: obviously I still need to get like – **I need to find – but that's the thing that's hard because by then they're going to be in their winter.**

Clr304: Uh hm.

Clnt305: **It's going to be hard to find a place.** It's going to be like you know – you still have to – even if I have all my things

goal setting,

S1; M35

Clnt336: Yeah. He's like – he's got like the hugest dreams like we'll sit there and we'll – like he'll talk for like – he'll get so ahead of himself and it's so funny like and he's like okay I want to go and do this is my dream and then I want to do that and it's like 50 years and it's like holy.

Clr335: So that can motivate you.

Clnt337: Yeah, It did totally.

Clr336: And say you don't jump 50 years like this guy.

Clnt338: Yeah yeah yeah. He'll get away ahead of himself. It's like okay. Stop (laughing) like

Clr337: But if you were to jump, let's say, I don't know 5 to 10 years,

Clnt339: **I'm not even capable of doing that.**

Clr338: Okay.

Clnt340: Even ah like

Clr339: **You know I think it's pretty great that you can jump to January** (laughing).

Clnt341: **Yeah, honestly– like that's my problem – I can't see myself in the future.**

Like I'm not

Clr340: Okay.

Clnt342: **very good at doing that.**

academics,

S1; M36

Clnt346: But um the problem is that I have like **four things that I could pursue**. I'm just not sure which one of them where it's like

Cllr345: Right.

Clnt347: **The law, teaching,**

Cllr346: Uh hm.

Clnt348: **or um business**

Cllr347: Uh hm.

Clnt349: **and counselling.**

Cllr348: Oh okay so

Clnt350: Yeah psychology kind of – well I dated a guy who did cognitive science and that's like super super interesting but I'd do probably more like cognitive therapy.

karate,

S1; M41

Clnt395: Cause you know. I remember I went to Chile for Pan-Ams in 2004. I got second but I lost to a Canadian girl and I was choked because **I knew I could beat her**. I was like

Cllr394: Okay.

Clnt396: **During the match it was like all doubt**. You know I was just like "Fuck, okay **I can't go**. She's going to hit me back". You know,

and areas outside of karate.

S1; M44

Clnt423: That's all I hear is oh you did good in karate dadada.

Cllr422: (laughing)

Clnt424: And then it's just like yeah **but it's not the only thing I'm capable of doing you know**.

Cllr423: Yeah.

Clnt425: So, it's just like.

Cllr424: And what other things would you want them to - to take notice of?

Clnt426: Well, like before I joined **I was writing – I was going lots of things**. Like.

Cllr425: Writing?

Clnt427: **Yeah. And basketball**. Like I always wanted to pursue basketball but my parents, they just didn't they didn't support it.

The efficacy relevant dialogue observed in the second half of the session was embedded within a broadly focused conversation that described the client's past experiences and present

situation. Perceptions of the client's capabilities were also a part of the joint action that unfolded potential pathways for the client to take. The counsellor listened to the client describe her past, present, and potential future. She also formed impressions of the client that she revealed in the self-confrontation interview. Her impression was marked by perceptions of the client's capabilities.

S1; CRSC: M9

Cllr98: So I was hoping that she wouldn't get stuck in - in some of the um patterns that her friends had gotten stuck into because **she seemed to have so much potential. So, um I thought that it was pretty brave of her to let go of friends – if she doesn't feel that she could stand up to them and tell them that she wasn't interested in doing drugs with them. I thought it was pretty brave of her to know herself well enough that if she couldn't um if - if she couldn't say no to them then at least she could um let the friendship go.** Who knows if that will be temporary or

Cllr103: But now um I - **I do I see her as um somebody as – who has a lot of potential.** And who

RA105: uh hm

Cllr104: has already accomplished a lot.

The counsellor viewed the client efficaciously. She did not identify specific abilities but offered more of a global view of the client's capacity. This was consistent with the broadly focused conversation they were engaged in. The counsellor appeared to anchor her view of the client's potential in the past achievements the client described as well as the client's successful journey out of a lifestyle of drugs.

The client experienced difficulty with the self-confrontation interview. All of her efficacy relevant utterances were inefficacious self-evaluations related to the task of the self-confrontation interview. She found it hard to identify the thoughts and feelings that accompanied her behaviour during the sessions. Although her self-confrontation interview did not add to what was observed in the sessions, her responses on the Youth Response Sheet did. She identified future plans and goals (i.e., get a job, move to Quebec, enter post secondary school, etc.) that

were consistent with the positive future she described in the session. She also indicated high confidence in her ability to attain them, an assessment that was consistent with the view that the counsellor formed during the session.

4.1.4.2 Session two

The second session involved a continuation of the exploratory joint action of the first session; self-understanding and positive forward direction remained as important goals for this action. The client began the session by recounting a distressing experience that had occurred in the week between two sessions. She reported how she went out drinking with a couple of friends, missed her bus, slept in a construction site office, was awoken by a security guard at 3:00 am and handcuffed face down on the ground for 2 hours, charged for breaking and entering, and thrown in jail. The experience served as a focal point for much of the session.

The client indicated that she was concerned about how the incident might hurt her reputation in the karate world and explained how she hoped to keep the experience from people she knew. She also expressed disgust regarding two prostitutes that she observed during the 9 hours she spent in jail. The counsellor responded by saying, “So, it must have um it must have made you think about you know different paths that you could take” (S2; M8: Cllr89). This led to a discussion about change, a discussion marked by efficacy relevant language.

S2; M10-11

Clnt104: And they're not like used to it – most of those people aren't adaptable people. That's how they ended up there.

Cllr109: **Change is hard. Change is real hard.**

Clnt105: **yeah**

Cllr110: Like even how you've shifted from doing drugs to getting out of that lifestyle and not partying as much.

Clnt106: uh hm

Cllr111: **That was probably very hard. Was it? Would you say that it was hard?**

Clnt107: **Ah yeah, it was, pretty..., not that hard.**

This segment of joint action was interesting in that it presented a basic human capability, the capacity to change, as something that was difficult for most people but easy for the client. This contrast in abilities was particularly compelling given the significant lifestyle change that the counsellor referenced in the dialogue. The contrast in abilities was also supported by the joint action that explored the lifestyle change in the previous session. The client's strong and persistent efficacious self-evaluations provided additional impetus for the perceptions of capability constructed in this segment of joint action. Finally, the segment was noteworthy because of how it connected to the client's goal of maintaining a drug free lifestyle.

The client's experience in jail continued to be a reference point even though the conversation shifted to incorporate her brother and the problems he was creating for her parents. She reported how she didn't call her parents from jail and depicted herself as being strong, independent, and capable of handling her situation. She said, "Like I would have like handled it on my own and like ... they didn't need to deal with that" (S2; M12; Clnt135-136) in contrast to how her brother handled a night in the drunk tank.

References to her brother's lifestyle provided another opportunity to explore the changes that the client made as well as the process of change. This conversation was comprised of several efficacy relevant utterances.

S2; M15-16

Cllr179: And so what about that shift from where you were to where you are? **Like how did you make that change?** What - what did it for you?

Clnt174: I don't know I had to like do what I had to do.

Cllr180: Well, what sort of things?

Clnt175: I don't know like I went – I guess I knew I had to – like **I knew I had to change. But I had to force myself to because otherwise I'm not going to.**

Cllr181: okay

Clnt176: **So, I went to Montreal.**

Cllr182: Yeah.

Clnt177: **I lived on my own.**

Cllr183: uh hm

Clnt178: And honestly if you want to live on your own you have to I wouldn't. My parents would never give me money to like and I wouldn't – I'm proud to do that anyway. I wouldn't ask for money.

Cllr184: uh hm

Clnt179: **So, obviously I have to pay rent so I had to get a job and then**

Cllr185: yeah

Clnt180: I needed a phone. So I needed to get a phone. And you know like I just had to do everything.

Cllr186: **Yeah, so you just had to rely on yourself and you just chose to push yourself out there.**

Clnt181: **Yeah.**

Cllr187: And have that new adventure.

Clnt182: Yeah pretty much.

The counsellor's efficacy question directed the client to explore the process of change that she had experienced. The client responded by describing herself as being strong, independent, and in control of her situation. The counsellor affirmed the client's depiction by noting her self-reliance and capacity to choose. The client accepted this affirmation. This exchange built upon the previous exchange transitioning from a declaration of capacity to more of a description of how the client changed.

The conversation shifted at the 15 minute mark and became oriented to specific details of the client's current situation. This included a discussion regarding the client's time management capabilities and updates regarding her work and school experiences. Both participants used efficacy relevant utterances explore these topics. Their dialogue on time management revealed that the counsellor asked an efficacy question and the client answered with an efficacious self-evaluation as well as a statement indicating how difficult it was.

S2; M17

Cllr208: And how are you managing your time? **Are you able to do it?** Do you think you'll?

Clnt203: **I – am but it's hard** and I'm like, I'm tired. (laughing) Like

Cllr209: yeah

Clnt204: I'm yeah like I'm tired but I got – I started a job

Cllr210: Good for you. Look at you. That's fantastic.

Their conversations on work and school were also infused with efficacy relevant language.

S2; M18-19

Clnt212: And my boss he likes me right and he knows that like obviously he knows **I'm a hard worker, but like I'm not capable to like lift 80 pound boxes over my head, right?** Like so

Cllr218: yeah uh hm

Clnt213: he's just making me do like the basics right now. Like working on the floor, getting familiar with the stock and with the people and everything like that.

Cllr219: uh hm

Clnt214: And then he's going to teach me how to use the fork lift?

Cllr220: oh wow

Clnt215: And then I'm going to get – then once I have my permit, then I get – I get, they said up to 18 dollars an hour and it's not physical anymore so. I just have to wait it out.

Cllr221: okay

Clnt216: So that's good. (laughing)

Cllr222: And how long is that going to take in terms of?

Clnt217: I don't know – I have no idea.

Cllr223: All right.

Clnt218: But I don't really care. Like

Cllr224: uh hm

Clnt219: **if I can do that** I'm going to go to Montreal and then I'll have my permit too you know so.

Cllr225: okay

S2; M24

Clnt275: Oh I have to. Because I've got to make up for my lost time. Like I have a month to finish my English course.

Cllr281: yeah

Clnt276: And that's ridiculous. (laughing) But

Cllr282: And are you taking any time for yourself? Like during - during – try to – you're working now and you're studying.

Clnt277: uh hm

Cllr283: You've got a lot to do in the next month. Are you finding that you've got time to take for?

Clnt278: Well I take weekends off so.

Cllr284: okay

Clnt279: And if I do, then like – like it isn't – the work, it's just - time consuming. **It's not hard**, it's time consuming.

The conversation returned to the client's family and the dyad looked more closely at the client's brother's lifestyle and how it was impacting the client's family. The client recounted how she had been in a similar position prior to leaving for Montreal. This led to more exploration

of the change that the client had achieved and more importantly, her efforts to maintain those changes. As before the dyad described the client's journey of change using efficacy relevant language.

S2; M30-31

Clnt327: And I think that was like – well when actually I realized how stupid I was being towards my parents. And like when you're away from the situation then you can like actually understand it, you know?

Clr334: You know, **you've got a lot of wisdom in you.**

Clnt328: (laughing)

Clr335: **You really do. Because that you – and I – it seems like you know yourself well. And I'm sure you know it takes time and - and it's a lifelong process. I know I'm still getting to know myself so.**

Clnt329: uh hm

Clr336: **But I think that that's pretty interesting, that you know that it takes you – you need to be away**

Clnt330: yeah

Clr337: **from the situation in order to reflect back.**

Clnt331: **Yeah that's why I want to change here. I don't want to leave here until – like I don't think I should be away from like my home**

Clr338: uh hm

Clnt332: **in order to be like how I really am. You know what I mean? Like I should – don't think like not even how I am but how I want to be – like how I think I should be. It's not even**

Clr339: **But - but you could always take time for yourself, like as you said go for a run or**

Clnt333: **yeah yeah yeah yeah I could but I just don't have like initiative at home because I know it's not forced upon upon me.**

In addition to illustrating that the dyad constructed the client's change process using references to her capabilities, the segment also shows the client's determination to maintain change while at home. Their previous joint action described how she changed by going to Montreal and asserted her desire to remain drug free. Though that desire was reasserted in this segment, the reassertion was accompanied by concern that the change might be limited to her Montreal experience. The distinction she made between changing in Montreal and changing at home illustrated the close connection between context and capability. In part, the client located her capability in her

context. The counsellor's response, an efficacious evaluation regarding the client's capacity to enact a self-care activity, was interesting because it invited the client to be an active constructor of change in her current context. The client's mixed efficacy response acknowledged her capacity but also located her capacity within the context. She reiterated this in the following utterance.

S2; M41

Clnt349: I really love it there right?. **Like I think I can get farther in life if I go back there** but I don't want to leave her until I get to how I was like – until I become like how I was there. Motivation, and doing things, more myself, just like notlike I don't know **like it's hard to explain**. But.

The client's self-confrontation interview revealed internal processes consistent with the growing confidence and determination observed above. It also revealed how important contextual factors were to the growing confidence and determination she was experiencing.

S2; CLSC: M5

Clnt86: I don't know like - like I was like a sense of determination.

RA93: okay.

Clnt87: And I don't know I just need like I need to – like I know what I need to do and like – I feel like I'm more actually like on my way now.

RA94: You feel here or there?

Clnt88: Yeah, I know today – I know like today – I know like today

RA95: Or in the session with *counsellor's name*?

Clnt89: I know like in – compared to two weeks ago. Like two weeks ago

RA96: oh okay

Clnt90: um I feel more like

RA97: okay

Clnt91: on my way to like achieving my goals. Just go back to Montreal right?

RA98: uh hm Uh hm so

Clnt92: **I guess I feel like a confidence here**. Because I am more on my way you know?

The second half of the session explored a couple of moves the client was considering. This included a return to Montreal as well as a possible move to Los Angeles. The client described both moves as offering her future growth opportunities. Montreal was also deemed attractive because of the supportive network that she had there. The client used efficacy relevant

dialogue to describe what it would take to make the move. This included the tasks of finding work and finding a place to stay.

S2; M41

Clnt391: And I'm worried a little bit of getting a job. But if I get my forklift permit

Cllr398: yeah

Clnt392: **then that will be easier for me.** But ah

Cllr399: uh hm

Clnt393: aside from **that I need to find roommates and a place to live which is also going to be hard because it is January.** And like nobody moves in January. It's just like it's inconvenient and like -30 degrees. And no one really like moves and like

The last part of the session involved a conversation about achievement and self-care. The client expressed high levels of self-efficacy in saying, "Well, like um like I can achieve a lot because I'm like everything has to be perfect. You know I can achieve a lot, just by pushing myself" (S2; M40; Clnt433). However, the client also acknowledged the ill effects of the motivational process that supported her capacity to achieve. The dyad's subsequent dialogue explored the client's capacity to monitor her thoughts, temper her criticism, and incorporate more supportive inner dialogue.

S2; M40-41

Cllr454: **But then how can you temper that criticism that that you may feel, which is the flipside of that? How can you um support yourself through it where you don't get so down on yourself.**

Clnt448: That's like. That's where I look to the outside support.

S2; M43

Clnt468: But, that's why I think you have to look for outside things in life,

Cllr474: uh hm

Clnt469: rather than just in yourself.

Cllr475: yeah. But it's also – the most important I think is it come – it coming from within like, **so if you can**

Clnt470: yeah

Cllr476: **um just take note of that within yourself,** if you're getting too hard on yourself and find a way to.

Clnt471: (laughing) yeah

Cllr477: You know give yourself what you need from other people – being that positive support.

Clnt472: Uh hm

Cllr478: **If you could take that and internalize it, that would be really beneficial.** But it's also great that you have it.

Of note in this example was how the client located her capacity within her environment. The counsellor responded by challenging the client to consider how she might also support herself. She issued these challenges using efficacy relevant questions and statements. Her self-confrontation interview revealed that the challenge was intended to help the client attain inner strength.

S2; CRSC; M15

Cllr194: So I think I was trying to take a strength-based approach and how wonderful it is for her to have these people on her team. But eventually where I'd like to go with her and I'm thinking about that now, is what if she didn't have people on her team. What if she didn't have people supporting her? **How could she get that from within herself?**

RA202: Hm.

Cllr195: I let her know that it's okay if you don't ah succeed – succeed in this area. **It's okay and how could she comfort herself and have positive coping mechanisms** instead of I don't know. For sure I don't know her well enough

RA203: yeah

Cllr196: what her coping mechanisms are. **But just to have ah a really source of inner strength**

RA204: yeah

Cllr197: **from within.**

The counsellor's goal was to help the client increase her self-regulatory capabilities, to help the client become more efficacious in responding to adversity. She worked toward this goal by challenging the client to consider that she had the capacity to support herself. In essence she sought to help the client construct perceptions of capability.

4.1.4.3 Session three

The first half of the third session focused on the client's family. The client described some of the legal trouble that her younger brother was getting into and expressed critical views of the life he was leading. She also described some conflict that she was having with her mom and indicated that she thought her mom was trying to control her because of the trouble her

brother was getting into. The precipitating experience involved a situation where her mom insisted that the client clean up her brother's room. The client expressed frustration and anger over this situation and used efficacy relevant utterances to support her view that the control was unmerited.

S3; M13

Clnt107: Yeah, like he's... like they are pretty like... like this is what really pisses me off. Like I've had living experiences, **I can handle myself, like (laughs), I lived by myself for like a year**, like "Why are you trying to, like..."

Cllr106: Um hmm

Clnt108: still parenting me like I'm 15, when my brother needs it" and you're not doing it

The counsellor responded by describing a way that she could communicate her concerns to her mom. Though the client listened to the counsellor, the self-confrontation interview revealed that she rejected the counsellor's suggestion on the grounds that she did not think it would be very effective with her mom. The client expressed additional frustrations and noted how she felt that her parents were treating her like a kid. The counsellor responded to the client's plea for less control by asking an efficacy question aimed at helping the client consider what she can do to establish boundaries with her parents.

S3; M18-19

Clnt157: But it's like, "Holy, lay off".

Cllr156: Yeah. **And how can you tell them to?** It basically sounds like, setting boundaries. It's just setting boundaries with your parents. **Letting them know that you're in control** and....

Cllr163: **And it's so hard to do – to set boundaries. And especially parents they may push back with it.**

Clnt165: Um hm.

Cllr164: **But you could do it in a gentle way and just let them know, without yelling, saying it assertively and with kindness that**

Clnt166: **Yeah** (laughing).

Cllr165: If it works for you.

Clnt167: **Yeah.**

Cllr166: That, uh....

Clnt168: **Communication is really hard in our family.**

Cllr167: Okay.

This dialogue following the counsellor's efficacy relevant intervention acknowledged that boundary setting was difficult. The dialogue also included efficacious evaluations of the client's ability to communicate assertively. This particular combination, an efficacy question, statements describing the difficulty of the task, and statements affirming the client's capabilities, had elements of challenge, empathy, and support. It also functioned to explore and construct client self-efficacy.

The counsellor issued a similar challenge several minutes later. This time the challenge was aimed helping the client consider her capacity to initiate change in the family's communication patterns.

S3; M24-25

Cllr214: **And do you think that that's something that you could help change in your family dynamic or is it just too huge and you'd need to**

Clnt215: You mean the affection thing?

Cllr215: Well maybe not the affection thing but maybe the communication.

Clnt216: Okay.

Cllr219: Ah hah. Now what about the communication? What about helping? **Can you communicate certain things to her that you feel more ready to communicate?**

Clnt220: Uh what do you mean?

Cllr220: **Things you couldn't talk about before. Such as your feelings. Can you let her know how you feel about certain things?**

Clnt221: **Well I do and then she takes it as an insult.** Like she gets insulted (laughs). I don't know.

This example shows how the dyad combined outcome expectancies with perceptions of the client's capabilities. The counsellor's question encompassed words such as "could help change" that fused the client's behaviour with a particular outcome. Similarly, she acknowledged that the task might be too big, a statement that referenced a task but emphasized outcome. Her subsequent challenges were more behaviourally oriented and urged the client to consider concrete things she could do. Interestingly, the client acknowledged her capability but also

referenced a negative outcome. All told, this example illustrated how the counsellor used efficacy questions to challenge the client and how the dyad's joint action merged perceptions of capability with outcome expectancies.

The second half of the session focussed on the client's future plans. The client indicated that she was having second thoughts about her decision to move back to Montreal. She conveyed a key part of her rationale in the following efficacy relevant utterance, "... I've always followed the same path in karate, and it is what it is, and I know what it is and it's never going to be like..., it's not....like I've never felt like it was hard. It was never a challenge really." The client went on to indicate that she was torn between following a new opportunity and returning to Montréal in order to satisfy the expectations of others. The counsellor used efficacy relevant utterances to help the client explore her options.

S3; M31

Cllr273: Yeah and what's your voice? What's in your heart?

Clnt274: I don't know. Honestly? Honestly I don't know.

Cllr274: Um hm. **But you can always come back. Like you could move to Montreal.**

Clnt275: Um hm.

Cllr275: **It would be a challenge.** You'd have to sell a bunch of things. You'd have to.... **It would be hard but you can always come back** and it's important to know that and keep that in the back of your mind that it doesn't have to be forever.

The counsellor acknowledged the client had the capacity to initiate a course of action and then reverse her decision and enact a return move. This example was intriguing in that the counsellor's use of the words "can" and "could" conveyed possibility as well as capability. However, her subsequent statements regarding the challenge associated with moving further focused the conversation as a conversation related to the client's capabilities.

The client went on to acknowledge that she could return and that her decision to go to Montréal did not have to be a final decision. She also located her concern as one of indecision

when she said, “I just want to know what I want” (S3; M33; Clnt280). Later she expressed concern regarding how rushed she felt in making a decision.

S3; M32-33

Clnt286: And I feel like I’m rushing way too much and like I’m totally all over the map right now.

Cllr286: It’s uncomfortable for you.

Clnt287: Yeah, it is uncomfortable for me and it’s just like there’s too much shit going on all over the place in my life right now to get there and I don’t like it because **I can’t do anything properly.**

Cllr287: Um hm.

Clnt288: I don’t like feeling like shit all the time (laughs). You know, like it’s not...

Cllr288: Um hm.

Clnt289: ...like a good lifestyle for me.

Cllr289: So you’re going too fast.

Clnt290: Yeah, definitely. I don’t like it (laughs).

Cllr290: So what if you were to slow yourself down? **Can you do that? Can you maybe stop doing one thing? Is there one thing that you can cut back on?**

Clnt291: That’s like... I don’t know. It’s just like, like what thing? I don’t know, it’s just like....

The counsellor responded to the urgency the client felt and intervened with efficacy questions aimed at helping her slow down. The client, however, remained fixed on the uncertainty she was experiencing and appeared not to slow her thought processes down.

In the next minute the client identified a new opportunity that she was considering, a move to Japan. She supported this plan with an efficacious self-evaluation, “But I want to, like, if I get my Grade 12 then like I can teach English” (S3; M35; Clnt307) and the counsellor affirmed her capacity by saying, “Okay, then you could teach in Japan” (S3; M35; Cllr307). They explored the new opportunity for a couple of minutes. The client conveyed excitement and enthusiasm throughout the exploration and counsellor responded, “I think what’s amazing is that it shows you that you can create your life through your choices. You could, you know, as you go along, and if you don’t like something, you can choose again” (S3; M37; Cllr320). In essence

she used a straightforward efficacious evaluation to reframe the client's uncertainty as opportunity to create her own life.

The remainder of the session explored the client's options. The client provided details of what each option involved and expressed her views on the various options. The counsellor listened, paraphrased, and clarified. Their exploratory joint action encompassed efficacy relevant utterances pertaining to the client's ability to save money, self-validate, and communicate to her family.

S3; M41

Clnt355: And no matter what, I'm going. If I go to Montreal, **I will be able to save money and I will be able to go to Japan,**

Clnt362: So, like I'm making lots of money and if I continue on this track **then I can save enough money.**

Clr362: Okay.

Clnt363: But if I'm pushing myself to finish everything da-da-da-da-da [makes chopping motion with her hand], I'm going to burn myself out and so I'm thinking, before I dive in, and **then I won't be able to do anything.**

S3; M44

Clr383: **What is it that you feel you can give to yourself? Or what sort of validation could you give to yourself? I know it would be hard for you to change tracks** and just let everybody know that Montreal may not be what you're going for now. Maybe it's this whole new adventure in Japan, but it's also, not like you're just going to travel and take off with somebody...

S3; M46

Clnt398: But I don't think they take me seriously so like I haven't actually sat down and talked to them and I haven't told them that **Like it's hard to... I told you communication with them is hard**

Clr398: Um hm.

Clnt399: **... to just like bring that up with them,** like

Clr399: Um hm.

Clnt400: The fact that I'm planning to go there and I'm not going to Montreal, like **just bringing that up is going to be hard.**

Minute 48

Clr416: **So maybe they're just so good at communication but you are excellent at it and so it maybe important to just give them as much as you can** because it sounds like they're not getting it from your brother or your older sister and that's why maybe your mom also gives you a lot of her anxiety because she feels that she's closest to you.

Clnt417: Um hm, it's probably that.

Cllr417: **Maybe you can just try to give her some..., just keep her informed, keep her updated. Let her know that it's not just partying at this second job.**

4.1.4.4 Session four

The fourth and final session of this case occurred 4 weeks after the third session. The session was shortened to 35 minutes and was somewhat rushed because the client arrived late and the counsellor was unable to stay beyond the prearranged timeframe. The client began the session by updating the counsellor on her future plans. She relayed that she was scheduled to leave for Japan in a couple months time and that she would spend a month and a half there. This was to be followed by a period of travel in China. The client was hurried in her communication and expressed this in the following efficacy relevant utterance.

S4; M6 6

Clnt40: But like my friend whose place I'm staying at—like his parents' place. Like he is going in January to like one of the like—to study with him. When he goes in January he'll study with him. So maybe like—if he can then he'll like—somehow get in touch—like—make contacts and stuff. **Like I can't talk right now**—but you know what I mean like.

Though the utterance indicated perceived inability regarding a basic task counselling, it was not a concern for the client. It appeared as a momentary experience of inefficacy and was not thematic for longer sequences of action. This particular expression of inefficacy appeared to be a function of the client's late arrival, a shortened session, and the numerous details she was attempting to communicate. The client made a similar expression of inefficacy near the end of the session when she said, "Like I went through all the stages. I went like I don't know like. I don't know. It's hard to explain" (S4; M30; Clnt215). This second isolated expression occurred as the dyad was discussing the end of the counselling and appeared to be a function of the reflective processes the client was engaged in. As with the first example, this expression was not described within a long sequence of action.

The middle part of the session encompassed more discussion regarding the client's new plans. It also explored the client's family dynamics and examined the connection between the two. The client indicated that family obligation was a powerful force in her life, one that she had tried to break free from. The counsellor asked the client if her current behaviour was based upon obligation. This led to the following exchange.

S4; M12-13

Clnt95: Umm, not as much as before.

Clr96: Okay.

Clnt95.5: Like I always know like she—cause I confronted her about it.

Clr96.5: Um hm.

Clnt95.6: Like right before I left Montreal. Like everything that was bugging me like—like I told her I wanted to do my own thing because. Like it has never been brought up in the open. Like how I was thinking like

Clr96.7: Um hm.

Clnt95.7: —that I wasn't doing things for myself I was doing it for her.

Clr96.8: Um hm

Clnt95.8: Cause it had never been brought up. It's like right before I left I kind of just like said all my feelings to her and stuff and it was like hard for her to take at the beginning.

Clnt96: Uh-huh.

Clr97: But then by the end she was like kind of like in—she was like kind of in like—she was absorbing it. By the end.

Clnt97: Okay.

Clr98: So what is it you would like for her—how would you like her to behave when—when you do things for yourself?

Clnt98: Well

Clr99: That you know she may not approve of.

Clnt99: Okay. Well—no she's pretty good. Like supportive now.

Clr100: Okay.

Clnt100: Like after that—after that kind of like—took a weight off my shoulders.

Clr101: Okay. so it was a turning point?

Clnt101: **Yeah. Sort of like—I can actually do things for myself now. Sort of like when I went and did karate that year—if was for—like myself—mostly.**

The client ended this exchange with an efficacy relevant utterance that declared her ability to do things for herself. She embedded this efficacious self-evaluation within two key experiences from her past, one where she confronted her mom and asserted her independence and one where

she followed her own path. The client's efficacious self-evaluation connected to a major goal for these sessions, namely exploring her past in order to move forward in her life. It also represented a shift from previous sessions where the client expressed more doubt regarding her self-determining capabilities.

The doubts and questions the client expressed in previous sessions resurfaced toward the end of the session. The conversation remained focused on the client's family and the anger she felt toward her mom. The client said that her mom pressured her to act in particular ways and failed to provide adequate support for her. The counsellor responded by suggesting that the client did not have to act based on the guilt that others placed upon her. This led to the following exchange.

S4; M25-27

Clnt186.5: Like what. Like **I have trouble determining like what I want. And like what other people—like the difference between what I want like what I actually like**

Cllr187: Yeah.

27:30

Clnt187: **and like the difference between like—doing something for other people you know what I mean?**

Cllr188: Okay.

Clnt188: **Like I have trouble—I really do have trouble like determining the differences between the two.**

Cllr189: Okay.

Clnt189: Because it's like—I don't know. **All my life like I haven't done what I wanted so like I-I don't even know what that is.**

Cllr190: And that's okay. That's completely natural.

Clnt190: Yeah, but it's frustrating.

Cllr191: **And you may find what you want by finding what you don't want.**

Clnt191: It's frustrating though.

Cllr192: **Yeah. I mean if—even if—even with this whole example of Montreal—you found out that you—you do want Montreal eventually but you don't want it now.**

Clnt191.5: Um hm.

Cllr192.5: And the-the idea of Japan came up and traveling there.

Clnt191.6: Um hm.

Cllr192.6: So figuring out what you—you know what you want by looking at what you don't really want right now.

Clnt191.7: Um hm.

Cllr192.7: And it may change. Even tomorrow you may decide—"You know what,?"

Clnt192: to switch it up or whatever.
 Cllr193: "I really want to go to Montreal".
 Clnt193: Yeah. Okay.
 Cllr194: And maybe you will.
 Clnt194: Yeah.
 Cllr195: Because you're not stuck on one set idea. Life is all about transition.
 Clnt195: That's true.
 Cllr196: We're all about change or growth.
 Clnt196: That's true.
 Cllr197: You're creating yourself. From moment to moment you're creating who you are.
 Clnt197: That's true.

Here the client described herself as being less capable of self-determination than she had declared earlier in the session. More specifically, she indicated that it was difficult for her to distinguish between what she wanted and what others wanted for her. The counsellor normalized the client's expression of inefficacy and described a process whereby she might become more capable of understanding her own motivation. The counsellor described this process using the client's current experience as an example and then followed her description with a philosophical assertion of the clients self-determining capabilities. The client's self-confrontation interview demonstrated that the client accepted the process that the counsellor described and perceived herself as being more capable.

S4;CLSC; M10

Clnt78: I remember like when she said like to try—like one thing that really hit me and I was like that's really cool actually. She's like, she said—figure out what you want by not doing what you don't want. Something—she said something that was like that.

RA87: Uh-huh.

Clnt79: But it's totally true like. This isn't like I decide like this is not what I wanted. And I don't even know if it's like what I want but **like I can experience—I can figure out what I do want by like letting the things I don't want go.**

The counsellor's self-confrontation revealed the counsellor's inner conviction regarding the client's self-determining capabilities.

S4; CRSC; M9

Cllr53: I think—I-I felt really comfortable with the fluidity of it. And how life is really open. I liked the concept of what we were talking about and I think it seemed to really fit for her. It—I think it's a pretty important belief that she knows that she's not caged into doing one thing. Especially given her personality.

RA56: Uh-huh. That she can change her mind.

Cllr54: Exactly. And-and for it to be natural—if she does change her mind. It's not that she has to do—have one plan and follow that one course. That she—it's creating her life through her choices.

RA57: Okay. Um.

Several observations emerged from these examples. First, perceptions of capability were embedded within the dialogue. They were integral elements of the action that explored the client's past, present, and future experiences. Secondly, efficacy construction occurred as an interactive and dynamic process that spanned several sessions. The process was integrated by the goals of understanding the client's past and helping her move forward in her life. It involved expressions of efficacy and inefficacy.

The last five minutes of the session included two more efficacy relevant exchanges. Both focused on the client's future. The first exchange likened the client's future to a “fantastic adventure” and a “huge challenge.” It also described the client as one capable of the challenge.

S4; M31-32

Cllr227: I think it's going to be a fantastic adventure.

Clnt227: Yeah for sure.

Cllr228: Yeah.

Clnt228: **It's good. It's going to be a huge challenge for me though.**

Cllr229: Um hm..

Clnt229: **But—I don't know. I think I can do it.**

Cllr230: But it sounds like there's growth for you in challenges.

Clnt230: Um hm. I always push myself (laughing)

Cllr231: And you're not the type who shies away from challenges.

Clnt231: No.

Cllr232: You're—you're—you face them head on.

The second exchange emphasized the end of the counselling and the beginning of an exciting opportunity. The counsellor conveyed the excitement she experienced for the client. The client

described the speed at which her life was moving and how crazy things were. She also offered efficacious evaluations regarding her mental capacity and strength.

S4; M32-33

Cllr245: But I'm so excited. (laughing) This is—consider that, whatever, —but I'm just—you know it's really fantastic. What an opportunity.

Clnt245: Yeah and I'm really happy.

Cllr246: Yeah.

Clnt246: I don't know. It's kind of crazy actually. Like when you think of like—I don't know. Like how fast my life goes.

Cllr247: Yeah.

Clnt247: **It's like how life goes—when you and I talk about it like—you pretty much can make—like whatever like—your mind, you have a mental capacity. Like you have so much more strength than you know.**

Cllr247.5: Um hm.

Clnt247.5: **Because your mind is capable of so many more things and you're like**

Cllr247.6: Um hm.

Clnt247.6: **—and then you like—can actually like really believe. Like you know what I mean.**

Cllr248: Yeah.

Clnt248: It's like outside of your—like I don't know how to say that.

Cllr249: Anything is possible.

Clnt249: Yeah. Exactly. You've just got to like really—like how fast do you want to go and how far you want to go is really up to you like—100%

The client's efficacious evaluations were global and unbounded. They were uttered in the third person but were clearly self-referent. They were also consistent with the confidence she indicated on the Youth Response Sheet.

4.1.4.5 Assertions

Perceptions of the client's capabilities were embedded throughout the four counselling sessions of this case. They were an important part of the broadly focused discussions that occurred and were instrumental in exploring the client's past experiences, present circumstances, and intended future. This exploratory joint action served to distinguished perceived capability from perceived incapability as well as the various contextual factors that supported the client's

capabilities. Though there were examples of perceived efficacy and perceived inefficacy within all four sessions, the joint action emphasised perceptions of the client's capabilities.

The construction of self-efficacy occurred over the course of the sessions and was not attributable to one particular event. The dialogue that explored the client's past highlighted the client's capabilities as well the contextual factors that supported them. The dialogue that examined present circumstances invited the client to act more efficaciously thereby steering her toward perceived efficacy. The client's goal of moving toward a positive future was consistent with perceived efficacy; perceptions of capability were further strengthened with the steps she took to achieve that goal. The counsellor supported efficacy construction by combining efficacy questions that challenged the client with empathic reflections that demonstrated understanding of the inefficacious self-evaluations that the client made.

4.1.5 Dyad 5

This dyad consisted of a 21 year-old female client from Korea and a female counsellor in her early 30s. The client, an ESL student who was studying business in Vancouver, volunteered for the study in order to address career and personality concerns. The dyad met for four sessions despite experiencing communication struggles arising out of the client's limited English language ability. The first two sessions focussed on anger issues and were aimed at helping the client manage anger experienced with her classmates and with her boyfriend. The counsellor helped the client prepare for a job interview in the third session. The fourth and final session addressed concerns regarding the client's mood, concerns the client had intended on addressing in the previous session. The efficacy relevant joint action of the first two sessions was primarily focussed on the client's intrapersonal and interpersonal skills. The goal of anger management was predominant in this discussion and the joint action explored and challenged self-efficacy

beliefs related to this larger domain. Throughout the first two sessions the client presented herself as helpless and inefficacious, the counsellor persisted in reframing the client's situation as being optimistic and hopeful, and the client returned to the subsequent session with brief reports of increased efficacy. Though the third session explored and challenged self-efficacy beliefs related to the client's capabilities to perform in a job interview, this was in contrast to the client's unspoken goal of addressing specific mental health concerns. The joint action of the final session addressed this goal and explored the client's self-efficacy beliefs related to a number of self-management capabilities. All told, the joint action of the dyad were marked by subtle increases in the client's perceived capability to manage her anger and mood.

4.1.5.1 Session one

The client was nervous at the onset of the first session. The counsellor responded with a short deep breathing exercise and then asked the client to say a bit about herself. The client indicated that she was a 21 year-old ESL student from Korean who planned to return home in 3 months time. The client went on to label herself as being "hot-tempered" and the dyad began exploring the client's concerns. Their initial exploratory action encompassed several efficacy relevant utterances.

S1; M15

Clnt96: Hot-tempered is the biggest, like after I came here I took several business courses and introductory courses I took a lot of team presentations – team - team whatever, but **if my opinion is not accepted by the others I cannot breathe. I cannot breathe...** Like

ClIr108: uh hm

Clnt97: I am very – I am – I get very angry and very nervous and like that.

ClIr109: And so – and so **when you say you can't breathe, you just um you get nervous** and

Clnt98: Not - not nervous – annoyed.

ClIr110: Annoyed.

S1; M16 - 17

Cllr112: (laughing) Irrit – **irritable and - and then when you say you can't breathe, I mean – what - what does that mean? To you or? Literally – physically you mean?**

Clnt101: **Yes. Physically. Physically and like my body condition -**

Cllr113: oh wow

Clnt102: **is getting worse like, like, like you know – like – it's gotta to be hard to say.**
(laughing)

Cllr114: (laughing)

Clnt103: Like - like if I am going – if I – if I am like only because of my opinion is not accepted that like... my stomach hurt, my body condition is getting very, very worse. **I cannot eat and if I eat something then my body cannot do- digest it.**

Cllr115: So like you actually get a physical response.

Clnt104: yeah

Cllr116: Hm And in your thinking and you're angry and all these other things are going on

Clnt105: yeah

Cllr117: **Ah that's - that's challenging for you hey?**

These two sequences established that the client became so angry that she experienced difficulties breathing and digesting. The client and counsellor's dialogue further clarified that the difficulties encompassed observable physical problems related to these basic biological functions. Their use of efficacy relevant language suggested that the client's anger left her incapable of exercising control over these basic bodily functions.

The counsellor and client's subsequent dialogue explored the context surrounding the client's experience of inefficacy. This exploratory joint action identified that the client was prone to anger when working on group projects. The client indicated that she felt other students dismissed her opinions during these meetings and said this led her to become angry. The dyad also strove to establish clarity regarding the physical symptoms that accompanied these episodes. The client's language limitations appeared to hinder this discussion. The client expressed concerns about this in her self-confrontation interview.

S1; CLSC; M2

Clnt39: I mean—I really want to—want her to understand my problem—that was getting bigger and bigger.

RA41: You felt that the problem was getting bigger and bigger because she seemed to be understanding less and less or?

Clnt40: No-no. I mean it's like—**if I-if I cannot make her to understand my situation then it's going to be hurtful for me-you and my counselor**—whatever the person included in the—their research. So I really want to—let her to know what's my problem is and like—like-like—to make this counsel product—productively?

This vantage point into the client's internal processes reveals that she had questions about her ability communicate with the counsellor. In other words, the client experienced inefficacy regarding her ability carry out a basic communicative task of counselling. She also expressed concerns about her capacity to understand the counsellor. Though this occurred toward the end of the self-confrontation it is depicted here to further illustrate the inefficacy the client experienced in connection to the communicative tasks of counselling.

S1; CLSC; M10

Clnt182: It—same as before because I didn't dis—**I cannot distinguish that language—the meaning difference between anger and—anger and angry**. Anger and
RA189: Anxiety?

Clnt183: No not anxiety. Anger and—the other words are there. Like inc—no-no—**like I couldn't understand clearly what she said**. You know like the word angry—love—it's intangible. It's not—you cannot see it. So

RA190: Right.

Clnt184: the meaning that I thought and the meaning that she thought is different. So I thought angry—the word meaning—the meaning of the word angry that I think—I am thinking and what she's thinking will be different.

RA191: May be different.

Clnt185: Yeah. May be different.

Clnt188: **And I cannot distinguish the meaning difference between this and this**.

And what she wants to me—what she wants to me-for me—what she wants from me is—the feeling difference between this and this. **So I can not do—do that things for her because I don't know the difference between this things**. So yeah.

The client persisted in her efforts to be understood and the counsellor continued to seek clarifications for what the client was describing. In this way the dyad worked together to describe the client's problem. The dialogue from the 25th minute of the session was illustrative of this joint action process.

S1; M25

Cllr169: Um, and so you're worried that when you're in the real world and – and you're faced with this annoyance or you're feeling annoyed. And oh here it comes. And then you're just – you're fearful that it might

Clnt158: yeah – yeah, that's what I do.

Cllr170: Well I mean the first thing that I heard from you is that you're really aware of it.

Clnt159: Ah yeah. I am aware of it, **but I cannot do anything (laughing) that's the problem.** (laughing)

Cllr171: **So are you feeling helpless?** (laughing)

Clnt160: (laughing) yeah.

The client offered a succinct statement of her problem when she said, "I am aware of it, but I cannot do anything (laughing) that's the problem." She echoed this perspective in her self-confrontation interview when she said, "It's exactly the same what I said. Like—like I know the problem but I also know that I cannot do anything with it" (S1; CLSC; 134). This dually noted inefficacious self-evaluation placed the emphasis on her inability and made it the defining feature of her problem. The counsellor responded with an empathic response that affirmed the client's inability. The inefficacy conceptualization established in this exchange was further developed in the dialogue that ensued.

S1; M25 - 26

Cllr172: Oh boy that's quite funny. Um, not honestly I mean is there – is there um could it be that you're **feeling a sense of sort of um like helplessness.** Like seriously. **Like it's happening and you just don't know what to do or it just happens** and

Clnt161: yeah

Cllr173: **it's out of control** and.

Clnt162: I really, really want to fix my characteristics. It's better that part, I have a lot of problems in my characteristics but just to fix. But just the part that I really really want to fix it.

Cllr174: uh hm What I'm hearing you say and I mean it sounds like you know you're really determined and **there's no reason why you won't - won't be able to um you know work on it** and so that maybe it doesn't happen like that for you. You know.

Clnt163: uh hm

Cllr175: The word "fix" is - is you know it means that something's - something's wrong and there's nothing wrong with you. You're – you seem like a very lovely person. And there's always things that we can work on ourselves, right?

Clnt164: uh hm oh yeah

CLlr176: To make ourselves um more productive or things that we don't really admire about ourselves. But then we can work on those. So, this is something you want to work on.

CLnt165: yeah (laughing)

Interestingly, though the counsellor helped the client describe her problem as a problem of inefficacy, she used efficacious evaluations to suggest that the client was capable of changing herself. The counsellor's suggestion conveyed subtle but profound modifications to the client's stated desire, "I really, really, want to fix my characteristics." The counsellor's suggestion depicted a process of change and ascribed the client an active role in the process, something different than the event oriented change that the client had wanted. The counsellor maintained that the client had the capacity to address her problem.

The agreement the client spoke to the counsellor suggested a shift toward a more efficacious outlook. Her inner process indicated something different. The following segment from her self-confrontation interview captured the thoughts and feelings she was experiencing as she and the counsellor explored her problem.

S1; CLSC; M7

CLnt134: It's exactly the same what I said. Like—like I know the problem **but I also know that I cannot do anything with it. Like—depressed—disappointed.** Like—kind of

RA138: **You were disappointed that—you were aware and you couldn't do anything?**

CLnt135: Yeah. Yeah.

RA139: So during that point in time you are saying all you felt was disappointment during that minute when you were talking about that?

CLnt136: Like she tries to—make me feels better or like make—**she wants to be optimistic but— what I am thinking is**—it's kind like—too aware my problem can be good but—**even I know the problem I cannot do anything with it.** So yeah.

Depressed—disappointed by myself, to myself.

The client appeared to maintain an inefficacious outlook despite what she said to the counsellor. She also had distinct ideas about what the counsellor said during the session. More specifically,

she saw that the counsellor was trying to instill an optimistic outlook but remained skeptical of the counsellor's efficacious viewpoint.

The counsellor continued to advance an optimistic perspective regarding the client's struggle with anger. She countered the client's negative view on anger and indicated that client could learn to manage her anger. She also suggested that the counselling sessions could be used to teach the client specific techniques. The follow segment illustrated how the counsellor incorporated efficacy relevant utterances into her conceptualization of the intervention strategies, change process, and plan for counselling that she described to the client.

S1; M33

Clnt200: Oh, what if you are really angry (laughing)?

Clrr212: (laughing) If you're really angry and - and

Clnt201: yeah

Clrr213: and **you manage it, you manage your anger,**

Clnt202: **yeah yeah yeah yeah yeah**

Clrr214: **with different techniques that we need to talk about then it can be as I say it can then be a productive**

Clnt203: **ah yeah yeah yeah yeah**

Clrr215: **situation.**

Clnt204: **Yeah that can be.**

Clrr216: **And you can do that. I know you can. (laughing) I know you can do that.**

Clnt205: **Ah really?** (laughing)

Of note is how she ended her description with two emphatic efficacious evaluations. The client's puzzled, questioning response suggested a slightly less efficacious outlook. The counsellor's self-confrontation indicated that she may have lacked some of the conviction she displayed in the session.

S1; CRSC; M14

Clrr180: But I remember I was just trying to think cause I said like you know and I said to her there's techniques **and I - and I know you can - can - can do that.** There was something going on and I'm just trying to pinpoint what that was. Um, cause I mean I didn't have to say that and I just paid her this little compliment and I didn't really need to do that or-

RA197: uh hm ... hm.

Cllr181: But I - I did it and - and I didn't remember why. I just had this thought in my head and then I said, **"I know you can do that."** Like it's kinda like I feel bad for her I think.

The rest of the session continued in a similar fashion. It explored the client's anger and described her inability to control it. The client emphasized her inability and the counsellor helped the client describe her experience of inefficacy. Their exploratory joint action produced a stone metaphor aimed at describing the client's bodily experience of anger. The metaphor provided a vivid picture of the client's inefficacy.

S1; M44 – 45

Clnt294: It's stuck – yeah – it's stuck. Like I think some stone is on my here. (laughing)

Cllr306: Sorry, what did you?

Clnt295: A stone.

Cllr307: A stone.

Clnt296: yeah. A big stone is press my chest here.

Cllr308: **And so that's maybe why it's hard to breathe.** Is cause

Clnt297: ah

Cllr309: you're having this big stone in - in your chest. And how, so – how big is this stone?

Clnt298: (pause) How big? (laughing)

Cllr310: Imagine – imagine the stone. Like imagine this - this stone that that's – you know

Clnt299: ah

Cllr311: that anger stone if you will. I mean how - how big is it?

Clnt300: It depends on the degree of my anger. **Like if I am very angered then I cannot breathe then each (unclear) is like that big.** (laughing)

Cllr312: So, it's a huge stone.

Clnt301: Yeah it's huge.

The counsellor became increasingly persistent in her efforts to direct the client toward a more efficacious view of her anger problem. She began describing ways that the client might start to manage her anger. For example, she used the client's stone metaphor and suggested that the client learn to identify the stone while it is still small rather than waiting until it is too larger to contend with. The counsellor followed this intervention with an efficacy question that asked the client whether or not she thought she was able to identify her anger while it was small. She

also described what it would look like for the client to be in control of her anger. The following sequence illustrated the efficacious picture the counsellor described and revealed how the counsellor persisted in asking questions related to the client's self-efficacy beliefs.

S1; M48-49

Cllr334: When it's this little, that's when you have to start managing it. Do you know what I mean?

Clnt323: Yeah I know.

Cllr335: And so this is where you identify it.

Clnt324: hm

Cllr336: So when you're starting to feel it, right away that's when you need to be on top of it and go, "Whoa. I'm feeling this anger again and there's that stone. What am I going to do now?"

Clnt325: yeah

Cllr337: And - and - and that's what I mean about you know being aware of it before

Clnt326: oh

Cllr338: it turns into this thing and you're red and blowing up and (unclear)

Clnt327: ah (laughing)

Cllr339: **Is that you know is that some something that you – you think you could do? The awareness part – being aware when it's this little.**

Clnt328: **Yeah. I know – I know that part, which is the trigger that – how can I do it?** (laughing)

Cllr340: **Yah so you're familiar with that. You're familiar with that part already.**

Clnt329: **yeah – yeah yeah**

Cllr341: **So, what - what do you think you could do? Like do you have any ideas? I mean what would work for you to try and keep you in a place that you're not going to be exploding and - and**

Clnt330: hm

Cllr342: **giving power to this anger, you know?**

Clnt331: **Um, you mean how can I conquer it or?**

Cllr343: Or like- Yeah I mean just some things that um you know **I mean we could brainstorm some ideas about**

Clnt332: right

Cllr344: **like what might work for you.**

Clnt333: ah

Cllr345: **To - to try and you know keep - keep it smaller and just keep you know**

Clnt334: ah yeah

Cllr346: **keep yourself in check a little bit**, so you're not sitting there biting your lip.

Clnt335: ah

Cllr347: You know and

Clnt336: (laughing)

Cllr348: **'cause you know you can't speak because you're so angry and you don't want to offend anybody.**

The session went on for another 20 minutes after this. The counsellor continued to direct the client toward anger management strategies. The counsellor also persisted in asking the client whether she thought she could employ the strategies. The client followed along with the counsellor but maintained an ineffectual outlook.

S1; M70

Cllr459: **And ah I mean could - could you go into a room and close the door? And - and let your anger out?**

Clnt448: Um,

Cllr460: **Could you do that? Like when you're with your boyfriend and - and you know in your apartment or whatever. I mean**

Clnt449: **yeah yeah yeah I did. I tried before but not didn't work.**

The client said that she was able to enact the behaviours suggested by the counsellor. Though she also suggested that strategy helped her manage her anger a little bit, she declared the strategy unsuccessful.

4.1.5.2 Session two

The second session started with a brief discussion regarding the client's physical appearance. The client indicated that her eyes had been swollen shut one hour prior to her arrival for the session. The counsellor acknowledged the swelling in the client's eyes and told the client that she knew something was up. She chose not to acknowledge the strong and pervasive smell of alcohol but invited the client to direct the conversation. The client thanked the counsellor for the previous session and indicated that the anger management techniques had worked. She said that she had completed a big group presentation and had not experienced problems with anger.

After receiving assurance from the counsellor that she could use the current session any way she liked the client directed the conversation to a new problem situation. Interestingly, she used the stone metaphor to introduce her new problem which involved a big fight with her

boyfriend and an episode of uncontrollable anger. Her use of the stone metaphor functioned as a bridge between the two sessions. It also served to describe her new problem as one of inefficacy.

S2; M4-5

Clnt13: Um, actually I didn't apply that method into my fighting. And the time that I recognize that I am getting angry was my ...at the moment my stone was like this big. **So I could not fought this one.** Fought, fought, fought... Um ... yeah. So yeah that is the problem like hm. **Now I can control my - my - my ang – not anger – like I can control my feeling during the work - work - work atmosphere.** But like ... it's like this – like I thought my fighting with my boyfriend starts ... started three days ago. It was very small thing, very small thing that **I was a bit upset about that. And I couldn't** – I didn't like him like - like you know I - I said to my – myself that I don't like him, I don't like him, I don't like him – like this. And like two days ago or – yeah two days ago – I want to ... I want to be- make up. Is - is that a good word?

Clr16: Make up?

Clnt14: Yeah.

Clr17: You wanted to fix or - or make better

Clnt15: No - no - no it is not like this. Apologize to him?

Clr18: Yeah yeah.

Clnt16: To get a better relationship.

Clr19: Yes.

Clnt17: I want to get a better relationship with him again.

Clr20: Uh hm.

Clnt18: **But my - my pride myself ... pride myself or something doesn't allow me to** (laughing) **So I was talking to him – talking to him, but in my mind I want to be getting along with him but my actions is like no - no go away – go away – go away like ...**

This joint action described the client's new found ability to control her anger at work but depicted her as being unable to control her anger with her boyfriend. It also conveyed that she wanted to reconcile with her boyfriend but that she was unable to get her actions in line with this desire. This description of her problem established direction for the remainder of the session.

The next 20 minutes of the session were focused on the fight that the client had with her boyfriend. The counsellor and client covered details of the event but primarily explored the client's emotional experience. They worked hard to navigate language barriers and to clarify the client's feelings regarding the situation. Though the client indicated that she experienced varying levels of hurt, shame, disappointment, fear, and pride, she emphasized the intense anger she felt

and continued to describe it as a problem. For example, she said, “And I want to sleep, but I cannot sleep and so what I was doing was being stupid woman (laughing) ...” to convey that her anger lead to uncontrollable behaviour and impaired her ability to sleep.

The counsellor responded to the client’s inefficacious self-evaluation by initiating a conversation on self-talk. She assumed a teaching role and provided the client with educational information regarding the undesired consequences of negative self-talk and the benefits of more positively oriented self-talk. The client responded by indicating that she was not able to prevent herself from thinking negatively. The counsellor challenged the client and told her that she was able to control her thoughts.

S2; M29

Clnt194: Yeah I feel – **I feel very bad, but I cannot stop.** (laughing) Like ...

Cllr197: **Well, I mean that’s up to you. You know that’s up to you. You’re not helpless, right?**

Clnt195: **Yeah.**

Cllr198: **You’re not helpless. And um you control your negative thoughts and you control your positive thoughts.** Just like I do too. You know I have negative thoughts and I have positive thoughts. And ...

Clnt196: Uh hm.

Cllr199: **and I and you - you can control them.**

S2; M31

Clnt204: **I can understand what you mean by positive thoughts. I can understand the word.**

Cllr207: Yeah.

Clnt205: **The word, but like if I were in a bad way, then I can’t say positive things.**

Cllr208: Hm.

Clnt206: You know? Like ...

Cllr209: **You - you can’t?**

Clnt207: **I cannot. How - how can I?** Could you give me some examples?

The client rejected the counsellor’s efficacious evaluation and reasserted her inefficacy. She also assumed more of a questioning posture and asked the counsellor to provide her with an example of positive self-talk.

The dyad's subsequent joint action continued in a similar pattern. The client declared her inefficacy and the counsellor challenged the client. This pattern amounted to a struggle centred on perceptions of the clients' capability to exercise control over her thoughts. The struggle encompassed the counsellor's intervention strategy as well as the dyad's intention to help the client increase her capacity to manage anger. The pattern was evident in minutes 37 and 38 of the second session.

S2; M37 – 38

Cllr250: Uh hm. And by, but by saying those thoughts to yourself, like five times, **you're making it really difficult for yourself to make any – to do anything different or ... to make change** because the negative voice is really loud in your head. Yeah, it takes up a lot of space.

Clnt248: Yeah.

Cllr251: You know and - and **it's going to make it really hard for you to make a change if you're always putting yourself down.**

Cllr254: Well - well what thoughts would you have? I mean, I might have different thoughts than you.

Clnt252: Yeah, I have crazy bitch.

Cllr255: Okay, I see what you're saying to yourself.

Clnt253: Yeah.

Cllr256: Um, why - why - why is it – why - why are you ... why are you asking me?

Clnt254: **Because I can copy** (laughing)

The client's last comment in this sequence indicated her willingness to learn from the counsellor. This indication suggested some perceptions of capability. It also illustrated a well established source of self-efficacy, namely vicarious experience.

The last fifteen minutes of the session addressed the client's capacity to be open with her boyfriend. The client likened this kind of self-disclosure to the act of telling someone a personal secret and declared that she did not want to share her secret. She went on to acknowledge that there were advantages to sharing her thoughts and feelings with her boyfriend but concluded that she lacked the capability.

S2; M43-44

Clnt290: Like if my father write - write like my, my advantages, like my good things, **I can do piano, I can play piano, or (client name) can play piano, I can do tennis or like I can do good things.**

Cllr293: Uh hm.

Clnt291: And I write down beside **like I cannot do that and I cannot do that** and – or she is tall then I am too tall (laughing).

Cllr294: It's kind of – it's kind of the same thing.

Clnt292: And that point is my problem. And one other is I don't want to express my - my - my secret. My - my ... it's not just feeling um my fault. Yeah I don't want to express my thoughts to the others because it's my secret. You know what I mean?

Cllr295: Like it's personal.

Clnt293: Yeah yeah yeah. Even to my boyfriend. Like I - I feel hurt ... like I am disappointed to you because of that thing. It's my thought.

Cllr296: Uh hm.

Clnt294: **But it would be better to express the feeling, express this thought, to tell him about the thought. But I cannot.**

The client reported similar thoughts and feelings in her self-confrontation interview. More specifically, she indicated that self-disclosure was “the best way” but something that would be very difficult for her to do.

S2; CLSC: M15

Clnt320: What she is saying to talk about – to expose my feelings to talk about it...

RA335: Right.

Clnt321: I know that.

RA336: uh hm.

Clnt322: But I don't want to know that. Like (laughing) um - um because I don't want to do that. No ... not don't want to but I think ... **I think it's the best way, but it's bad ... it's going to be very hard.**

RA337: uh hm

Clnt323: So,

RA338: So you think sharing would be – expressing yourself to your boyfriend will be a good thing, **but it's going to be a difficult task for you to do.**

Clnt324: **Yeah.**

Comments the client made earlier in the self-confrontation interview indicated that she had also experienced difficulty sharing with the counsellor. In particular she said that it was hard to tell the counsellor about the situation with her boyfriend. This was noteworthy in that it signaled a parallel process. The client was provided with an enactment opportunity that aligned

with her desire to be more open with her boyfriend. In this regard her act of disclosing to the counsellor provided an opportunity for her to construct perceptions of capability.

S2; CLSC; M8

Clnt181: I am explaining something to her.

RA189: uh hm

Clnt182: **But I cannot explain it well. Even if it is in Korean I think.**

RA190: Okay.

Clnt183: Yeah.

RA191: **So, you're kind of having difficulty expressing ...**

Clnt184: **Yeah.**

RA192: **what you were thinking...**

Clnt185: **Yeah.**

RA193: **at that point.**

Clnt186: **Yeah.** Because I've never expressed, explained about that to the others.

Clnt189: She's interes .. I hope she could, she could understand.

The segment illustrated the difficulty of this task and suggested a mixed-efficacy experience. She was able to expose her secret side to the counsellor but retained questions regarding her ability to communicate it effectively.

4.1.5.3 Session three

The third session began somewhat slowly and was not initially focussed on any one topic or issue. The client talked about the difficulties she had sleeping the previous night, her dorm experience, her boyfriend, and a series of interviews that she was in the midst of completing. The counsellor was somewhat confused during this part of the session and expressed this in the self-confrontation interview. "A little confused. Not sure what the agenda was for her to do that." (S3; CRSC; M; Cllr68). The counsellor checked in with the client in the 10th minute of the session and asked her about how the sessions were going for her. The client proceeded to describe the dramatic change that had occurred since the previous session.

S3; M10-11

Cllr70: Um, so let's check in about, since we talked last, and how things are going then.

Clnt70: Yeah. But they are still counseling, now I have no idea why I was – why I was – why I fought with my boyfriend again, but I ... we fought again.

Cllr71: The next day?

Clnt71: Yeah, the next day. And we make up. We make up.

Cllr72: You make up?

Clnt72: Yeah. We make up. So now things are very good with my boyfriend. And ...

Cllr73: I'm glad to hear that.

Clnt73: Yeah - yeah, two... I don't think I can – I don't think I can say ... opportunities, but I have – I had two opportunities to fight with my boyfriend. (laughing)

Cllr74: Oh yeah?

Clnt74: Two times – two times to fight with my boyfriend.

Cllr75: Uh hm

Clnt75: But because I said, "I don't like you – I don't like you to just like this with another girls – like that."

Cllr76: Uh hm

Clnt76: So I didn't fight with him.

Cllr77: So just explain to me – you didn't fight because you didn't say anything or you didn't fight ...

Clnt77: Because I said something.

Cllr78: Oh because you said something ...

Clnt78: Yeah yeah yeah.

Cllr79: You used your words.

Clnt79: Yeah yeah.

Cllr80: Instead of ...

Clnt80: Instead of like (laughing).

Cllr81: Showing him through your actions and ...

Clnt81: Yeah.

Cllr82: Wow.

Clnt82: (laughing)

Cllr83: That's amazing. You must be really proud of yourself.

Clnt83: Yeah yeah.

Cllr84: That's awesome.

Clnt84: And he knows that I am changing. He knows that I am changing.

Though her description did not include any of the keywords or phrases used to identify efficacy relevant utterances, she described herself more efficaciously than she had in the previous session. She said that she fought with her boyfriend but that they made up, something that she had said she was unable to do. She also indicated that she was open and honest with her boyfriend and spoke to him rather than acting out. This was in sharp contrast to the inability she described the previous week, inabilities pertaining to self-disclosure and emotional regulation. Her new found

capacity was consistent with what she had hoped to achieve but surpassed what she felt she was capable of.

The counsellor and client continued to explore the change that the client described in her relationship with her boyfriend. In the discussion the client indicated that her boyfriend had tried to change her for over a year but had not been able. The client proceeded to credit the counsellor for the change. The counsellor responded by making reference to the work that the client was doing. She used an efficacy utterance that highlighted how difficult it was to change.

S3; M13-14

Clnt102: Because he tried to change me for more than one year. But he failed. But you success – you were successful.

Cllr103: Well a - a lot of it too you know I mean it's not me. **You know you're doing ...**

Clnt103: No - no.

Cllr104: **You're doing all the work...** I'm just ...

Clnt104: (laughing)

Cllr105: maybe you're – maybe you're ready now. Maybe ... you're more ... maybe you're willing to try new things. You know it's ... **it's ah it's you. You're doing all the work.**

Clnt105: (laughing)

Cllr106: Yeah yeah.

Clnt106: Ah yeah.

Cllr107: **You have to take all the credit.** You know.

Clnt107: (laughing)

Cllr108: I'm with you there all the way and we talk about ideas, but it's you that has to make them work for you, right? **So you have to give yourself some credit. Lots of credit.**

Clnt108: (laughing)

Cllr109: **Because it's hard to do to try new things. It's - it's hard.**

All told the joint action that described how the client had changed functioned to construct new perceptions of the client's capabilities.

The efficacy enhancement observed in the session data stood in contrast to the client's internal processes during the first third of the session. The client's self-confrontation interview revealed that the client had other things that she wanted to talk about. It also showed that she grew impatient as the session moved forward without addressing these other things. The efficacy

question she uttered in the self-confrontation indicated she did not feel capable of directing the session to the things that she wanted to talk about.

S3; CLSC; M5 (16)

RA91: Right. So you're kind of feeling like you were not meeting your agenda. You were just kind of talking all over.

Clnt89: Just talking.

RA92: And when it came to your mind you were just ... you were just saying (unclear) mind.

Clnt90: (laughing)

RA93: And do you know at that point in time when you were just saying all these things, what were you feeling?

Clnt91: [sigh] Feeling regret and impatient and **what can I do? What can I do, at the moment I didn't have a brain.** Ah ...

RA94: Uh hm.

Clnt92: I shouldn't do this, but **I have no idea what to do. Just let it go.** (laughing)

RA95: So at that point in time you're really just wondering and almost kind of feeling like, **"What do I do? What can I do now since I'm here? I'm not really thinking."**

Clnt93: And I think ...and why I am in a hurry is the ... and I think two big things.

RA96: Uh hm.

Clnt94: I think I cannot afford to do that during just one session.

RA97: Okay. That huge thing you're talking about.

Clnt95: Both issues.

RA98: Okay, both issues you don't think you can do in one session.

She revealed her experience of inefficacy throughout the self-confrontation interview including the three segments provided below.

S3; CLSC; M13

Clnt243: **Can I finish?** As-as in the

RA252: You're still thinking about the agenda?

Clnt244: And it's getting worse like – **I - I think I cannot finish.** (laughing)

S3; M12

Clnt235: **I can – can I finish the other that within these two sessions or not.**

RA243: Okay, so you're thinking ...

Clnt236: **can I finish.**

RA244: Anything else? In this minute?

Clnt237: No.

S3; M15

Clnt279: The confusion was bigger than the ...confusion was bigger than the relationship at the moment.

RA289: Confusion about?

Clnt280: About **that I can do the talking or not was bigger than the ...**

RA290: uh hm

Clnt281: going out with her.

RA291: Okay.

Clnt282: Yeah.

RA292: So, the confusion kind of went being about whether **you were able to get to talk about the topic you wanted to talk about.**

Clnt283: Ah?

RA293: **The confusion about um the topic that you wanted to bring up ... or not being able to talk about it was stronger....**

Clnt284: **Yeah yeah.**

This inefficacious experience was important because it was in connection to a basic task of counselling. Clients are invited to identify their reasons for coming to counselling and to direct the conversation to areas they want to discuss. In fact, the counsellor made a similar invitation to the client near the beginning of this session. The client's self-confrontation revealed that she felt incapable of fulfilling this basic task. The persistence with which she revealed this throughout the self-confrontation suggested that she was preoccupied with and somewhat distracted by these perceptions of incapability.

The joint action that constructed this inefficacy experience encompassed the client's efforts to direct the session to her agenda. The behavioural part of her efforts occurred while the dyad was discussing the positive change that the client had experienced. The client drew the counsellor's attention to another agenda when she said that her boyfriend gave her some agenda items for the counselling session. The dialogue that followed focused on the source of the agenda, the boyfriend, but did not identify the specific items on the agenda. The agenda was eventually dropped from the conversation and was not mentioned again until the very end of the session when the counsellor suggested that they use the fourth session to explore it. This joint action appeared to be steered by the counsellor's concerns for the client as well as her views on what is culturally appropriate.

S3; CRSC; M12

Cllr221: Uh hm. So I'm all ears. I'm just trying to follow her.

RA233: Yeah.

Cllr222: Where she's going to take me next. Still in my holy crap kind of feeling though. Still.

RA234: So, when she told you that he had an agenda for her to bring into the session...

Cllr223: Uh hm.

RA235: what were you thinking?

Cllr224: Well, the same thing. Like you know, "Who is this guy?" And power - power and ... but I - I kind of touch on that though. I ...

RA236: Okay.

Cllr225: because I wasn't going to let that one go, but um... I'm still like ... in my head I'm like... holy shit.

RA237: (laughing)

Cllr226: She runs her life a lot different than I you know ... I mean I don't.. we don't live in a culture like that.

The majority of the session focused on the client's interview preparations despite the client's attempt to bring up another agenda to discuss. The counsellor, guided by the internal steering processes illustrated above and the client's verbalized concerns about an impending interview, directed the conversation to the interview that the client was scheduled to attend. The counsellor asked the client about what she thought she needed to do to prepare. The client referred to a list of interview questions that she had obtained. The counsellor presented an efficacy relevant framework as a guide for evaluating the client's preparedness.

S3: M25

Cllr193: **Are - are you feeling really – are you feeling confident about your...**

CInt193: No.

S3: M26

Cllr202: **Okay, so what ... do you have a plan? Or what do you need to do? In order to feel better and more confident?**

The client referred back to her list of questions and suggested that she needed to have rehearsed responses for these questions. The counsellor offered a different preparation strategy. She suggested that the client focus on being herself.

S3; M28

Cllr220: And so it - it sounds like you have some questions that you sort of need to study some answers to or know how you're going to answer a question. **But I'm also wondering if some of you know some of your success in the interview could be just you. You just being you and using your charm and you know you're very friendly. And just using some of those – your qualities that you have.** You know?

S3; M29

Cllr221: You have a nice smile and you're - you're great to talking to you know you - you and I. **You talk great you know.**

Clnt221: (laughing)

Cllr222: So I was wondering if you know ...

Clnt222: [throat clearing]

Cllr223: **yes you have to prepare some answers but also could you not just be yourself as well?**

The counsellor's presented the idea tentatively and in question form. In this way she offered it as possibility but also inquired about whether the client thought she could relax and focus on acting more naturally.

The joint action that followed this suggestion looked and felt like a mild struggle. To some extent the struggle involved differences in strategy. However, perceptions of the client's capabilities were woven into this joint action and appeared to be a key feature of the struggle. Though the conversation referenced a variety of abilities, the client tended to portray herself inefficaciously and the counsellor repeatedly offered a more efficacious perspective. The struggle appeared to be centered on this underlying difference in orientation. The struggle was evident throughout the last half of the session including the following segments taken from minutes 38, 40, 43 to 44, 48, & 49.

S3; M38

Cllr282: And - and yes it's good to have some memory – stuff in your memory. But also just to be you.

Clnt282: Hm.

Cllr283: And recall some of the things that you memorized. Okay, I'm - I'm a self-starter, you know I'm social. I like animals. **Um you know some of those things and then just and then that way you can just retrieve them. And - and - and just talk as you would with me.**

S3; M40

Cllr296: Just something – just something to think about maybe you know cause it would – cause I'm hearing that you're nervous and sometimes you know **when you're nervous we can't always... you - you can't get what's in your head out your mouth.**

Clnt296: ah.

Cllr297: When you study it exactly. **So, it's sort of like a back up plan that you can just - just try and answer it on just your own.**

Clnt297: There is a very big problem. Like I in my 100 questions there is a question that – what is the best thing and the worst thing of your previous job?

Cllr298: Hm. Uh hm.

Clnt298: **And I cannot find the best thing (laughing). And the worst thing is the job was hard ... there is not good (laughing).**

S3; M43 - 44

Clnt314: Hm, just relax. (laughing) And relax and woh ... (laughing) I don't know. Um, like you know – even if I think I will talk I will tell them myself. Like if they – if they ask me what is your – what is your strength?

Cllr315: Uh hm.

Clnt315: Then... **I have several strengths not just one or two.**

Cllr316: Right.

Clnt316: **So to - to pick out one or two strengths is very hard.** Or if they said, what is your bad things and I have so many bad things. Then yeah.

Cllr317: Uh hm. But to - to say that you know to – if you are asked what your strengths are and you mention two of them. That's ... and explain them and everything, are you thinking that's not enough?

Clnt317: No. To pick out one or two...

Cllr318: Oh - oh I see ...

Clnt318: is too... yeah.

Cllr319: Right, yeah. **Could you pick the - the – one or two that are really important to you?** Are there...

Clnt319: **That's the problem, I cannot (laughing). I don't know which one is the best one or not.**

Cllr320: For you, though, like **out of all your strengths**, just you. Just what - what do you think – what do you really value in yourself?

S3; M48

Cllr354: Yeah. You really want it badly. Yeah. Yeah. **What's a positive thought that you could um you know maybe before your interview and tonight and what's a positive thought that you can you know you kinda you have to encourage yourself.** Right? And - and pump yourself up. Do you know what I mean?

Clnt354: Yeah.

Cllr355: For your interview tomorrow, **what's a positive thought that you can say to yourself?** Right before – right before your interview and...

Clnt355: **I can say I can do it. What I'm thinking is my brain is think – is thinking some other thing and my mouth is just saying I can do it.**

S3; M49

Cllr361: **So you're going to tell yourself that you can do this.**

Clnt361: Uh hm.

The last two sequences occurred near the end of session. The counsellor was bringing the session to a close and attempted to direct the client toward a more efficacious stance. The client recognized the counsellor's intended message but maintained her perceptions of inability when she indicated that her inner experience did not match what the counsellor was asking her to say. The counsellor persisted and asked the client tell herself that she was capable.

4.1.5.4 Session four

The fourth session revealed that the client and counsellor had exchanged emails since the previous session. Though the emails were not part of the data set, the counsellor offered a few summative comments during her self-confrontation interview. She indicated that the client was feeling depressed and used the email as an opportunity to express her feelings. The counsellor also said that she responded with a brief email that acknowledged that she had received the client's email. All told, the email exchange provided the client with an opportunity to address the big issue she was not able to address in the third session. It also provided a link to the fourth session.

The fourth session focussed on concerns the client had about her mental health. This was the big issue she was unable to address in the previous session. She reported that she compared her emotional experience with materials provided on several different counselling websites (Korean) and that the websites indicated she had manic depression illness. Subsequent dialogue explored the client's emotional experiences. This included a brief discussion on the email the client sent the counsellor. The joint action established that the client was very distressed at that time she wrote the email but was feeling somewhat better now. The counsellor asked the client if

that was the first time she felt that way. The client reported that she had felt that way on two or three other occasions. She went on to describe herself as a perfectionist. The counsellor replied with the following efficacy relevant utterance.

S4; M16

Cllr89: Do you understand that? Like how—do you—understand how you know if-if you are a perfectionist and-and take everything on and do everything yourself—without asking help from others. I mean in one sense—it's serving the need—because you know everything's going to be done your way. Right? It's done your way—to your expectations. **Cause it is hard to sort of let other people help us and ask for help. I mean that's hard to do?**

The dialogue that explored the client's mental health encompassed a range of topics including family supports, daily activities, her boyfriend, and her work situation. The client described her work situation using efficacy relevant utterances. The counsellor responded with more information about positive and negative thinking.

S4; M21-22

Clnt104: Yeah—better and—I have a hope, like, I can get a part time job or like that. But if it is like—**if I cannot get a part time job** then probably I will be—better that time. I don't know whether I will go back at that time that my feeling went up or. Right now I'm good.

Cllr106: And you know that's where your positive thinking comes in right now is—you know **I just heard you say I can't get a part time job** then you know....

Clnt105: (laughing)

Cllr107: then, it's going to look really bad, you know. But that po—you know, remember how we talked about sort of the positive and the negative voices

Clnt106: Yeah-yeah-yeah.

Cllr108: **I mean, this is where you can help yourself by saying, Na—I'm going to get a part time job. I'm going to get a great part time job. You know, you tell yourself that and then, eventually you feel more confident.**

Clnt106b: Mmm

Cllr108b: Because you're hearing the positive—you know, talk in your head. Not—oh I don't know and—you know, cause that-that affects you.

Clnt106c: Mmm

Cllr108c: Like how we think affects how we behave and feel—about ourselves, right? So by thinking I'm going to get a part time job. I'm going to do this. **You'll feel stronger—more confident. And then you'll walk in for that part time job you know—really confidently.** So that's why, that's, positive talk is really—vital for you right now. Cause you will get a part time job.

The counsellor challenged the client's inefficacious self-evaluation and suggested that she adopt a more positive mental framework. She told the client that she would feel more confident if she were to think more positively. Her comments were interesting in that they mixed together different aspects of the client's experience including outcome expectancies, self-talk, perceived confidence, and behavioural elements. Though she does not distinguish these elements in a way that is consistent with SCT, her basic message is that the client will experience more success if she tells herself she can do it.

The counsellor and client continued to explore the client's depression in the mid part of the session. They discussed the client's symptoms as well as different things she has done to address them. This joint action was congruent with the goal she listed on the Youth Response Sheet that she completed for this session. The goal was "to fix her problems." She listed it twice and indicated low to moderate confidence in her ability to reach it. The exploratory joint action of the session was organized around this goal. It described the client as being very depressed and described how difficult it was for her to "get over it."

S4; M31-32

Clnt139: I don't know, but like, when I am very depressed...

Clr141: uh hm

Clnt140: **it's very hard.**

Clr142: Yeah

Clnt141: **Yeah. It's very hard ... like yeah. I don't know, it's very hard, to get over it.**

Clr143: Uh hm.

Clnt142: Like, I don't, like, at this point if I think of – if I think about, the last, like last week or two weeks later – two weeks ago – nah, nah, nah. If I think about my behaviour of two weeks ago or three weeks ago, it was just nothing. But at then – at that moment, I was very depressed, and I was very – **I was having very hard time and like ...**

The inefficacy the client experienced in relation to her depression led to a conversation aimed at increasing the client's self-management capabilities. The counsellor started this conversation with an expression of empathy. She described how severe depression made it very

difficult for people to seek out help. She then suggested that it might be easier for the client to establish a supportive counselling relationship while she was feeling stronger and less depressed. With a supportive counselling relationship in place, she would be more capable of getting help if her depression returned. The counsellor laid out this efficacy enhancing strategy in the following sequence taken from minutes 35 to 36 of the session.

S4; M 35-36

CLlr163: it may be a time that you think okay I want to talk to somebody, but sometimes it's - it's – **it might be really hard to sort of, have the energy or to - to go out and seek this you know, extra help, if you're already feeling really blah, and in a dark, icky place, it's – sometimes it's harder to make that happen, than to when you're – when you're actually feeling stronger...**

CLnt162: Uh hm.

CLlr164: **and in a better place.** And then – and then if something, you know, if you were feeling getting depressed again, it would – it's nice to actually have that person already there.

CLnt163: uh hm

CLlr165: **And able to talk** and maybe you've even met a couple of times, so you have a bit of a relationship already.

CLnt164: **Ah yeah. Ah yeah that ...**

CLlr166: You know, instead of being this down and under crisis control. You know? You've already sort of have a bit of a relationship with the person.

The client indicated her acceptance of the counsellor's efficacy enhancing strategy during the self-confrontation interview when she said, "Yeah-yeah-yeah. What she was saying was—I need to have a good relationship with a psychologist and—if I am in manic depressive—then I can talk—talk about it with him easily" (S4;CLSC; M11; CLnt144). The counsellor's strategy involved substituting a difficult task, one that may have surpassed the client's capabilities, with a task that the client was more capable of performing. The client's acceptance of the strategy indicated that she perceived herself capable of establishing a relationship and accessing it during a time of crisis.

The dyad spent a few more minutes talking about the client's manic depressive symptoms and then shifted to discuss the client's views on relationships. They spent the majority of the last

15 minutes exploring the client's ideas on male female relationships. The discussion included a number of efficacy relevant utterances but did not explore them to any great extent. The session ended quickly but positively.

4.1.5.5 Assertions

Perceptions of the client's capabilities were embedded within the dyad's joint action. Efficacy relevant utterances were integral to the dialogue that identified, described, and explored the client's problem. They were also central to the interactions aimed at helping the client address her problem. This joint action unfolded according to a struggle where the client stated her inefficacy, the counsellor demonstrated understanding of the client's inefficacy experiences but also used efficacy questions to challenge the client to adopt a more efficacious outlook, and the client restated her inefficacy view. Efficacy construction occurred as the client responded to the counsellor's challenges, enacted new strategies in the time between sessions, and reported the change in the next session.

Efficacy relevant utterances made within the client's self-confrontation revealed that the client experienced inefficacy in connection to a basic task of counselling. Her perceived inability to steer the conversation to a particular issue was accompanied by distress and served to impede the counselling process.

4.1.6 Dyad 6

This dyad consisted of a 21 year-old female in her 3rd year of university and a female counsellor in her early 30s. The client sought out counselling to address career indecision and to explore how she might become more independent from her parents. The dyad met for a total of four sessions. The first session established career indecision as a significant concern but also identified a number of deeply felt personal issues. The second session consisted of a focused

exploration of the career indecision the client was experiencing. In the third session the client and counsellor discussed the newfound direction the client had for her career and then transitioned to a discussion regarding family relationships. The fourth and final session served to consolidate change observed in the previous sessions and to end the counselling. The dyad's efficacy relevant dialogue followed these topics of conversation and the client's career and relational goals. The joint action of the first session explored perceptions of capability related to the client's medical school ambitions. The second session established perceived inefficacy as a potential barrier to pursuing medicine. In the third session the dyad examined the events and processes that helped the client move from questioning her capabilities to complete medical school to believing she was able to complete medical school. The session also encompassed a discussion regarding family relationships and perceptions of capability and incapability in this new area of discussion. The joint action of the final session described the client's change as the acquisition of self-efficacy beliefs and helped the client prepare for additional questions related to her capabilities. In this regard, this dyad serves as a second exemplar of efficacy construction.

4.1.6.1 Session one

The first session of this case introduced the client and counsellor to each other and identified the concern that the client hoped to address in the counselling. The counsellor described her professional background and provided some basic personal information. The client responded by describing her recent educational journey, family background, and current situation. This included her first efficacious self evaluation, "UVic too easy" (S1; M10; CInt86) as well as efficacy relevant language that described the problem she hoped to address in their counselling sessions.

S1; M12-13

Clnt98: I try to keep myself moderately busy. But um no I - I started working at this physio clinic and I'm working amongst all these physiotherapists and then thinking, "Well, maybe this isn't really what I want to do." You know? Cause I look at some of them and - and I don't think a lot of them really enjoy what they do. And it's kind of the same thing and all these things just keep popping up – like I'm not – if I'm going to be a doctor, I'm not accessing my creative side and I love to you know create and paint and my dad's an architect. He's a landscape architect and I've worked for him before when I was really young. And um I was always over at his office, just kind of like watching people. And I was fascinated by what they did.

Clr99: Uh hm.

Clnt99: But I always thought, **"No I want to be totally independent and stray as far away as I can from that."** And now I'm kinda going well maybe that is kind of the one appropriate thing for me, you know? I know that – **I know that I would do really well in that sort of situation.** Um, but at the same time it's like I have this urge – you know it's like that urge that you just want to do a job that's helping people. And um like a doctor's the first thing for me that comes to mind so that's kind of why I wanted to do the med school thing. But, I'm just not sure you know. I'm just really not sure.

Here the client described her desire to pursue a career path independent of her father's work. She indicated belief in her ability to work in architecture as well as an urge to help others. Though she did not say, "I am unable to decide" she established that she was unsure of what to do. In other words, she was blocked in her decision-making. This functioned as an initial step in constructing her problem. The dialogue also showed how perceptions of ability, in this case architectural ability, were embedded within the uncertainty she experienced. The client reaffirmed her career indecision on the Youth Response Sheet that she completed at the end of the session. She indicated that "determining my career" was a step she hoped to take. She also indicated very low confidence in her ability to accomplish this.

The initial dialogue on career gave way to a discussion of her family experiences. This conversation encompassed her parent's divorce and how difficult that experience was for the client. Her account included efficacy relevant utterances that described how she got stuck in the middle of her parent's disagreements and was unable to confront them.

S1; M21-22

Clnt145: Yeah, that's what it was. It was space because I was – I was a little sick of - of – I always felt like I was um a mediator. And you get things passed right? It's really hard after a while.

Clr145: Yeah. Like passed around. Yeah.

Clnt146: **And um I'm not very good at confrontation.** So I would get told all these things and I'm going to say this and I'm going to say this. But then you never really do, right? **I never had the courage to say it.** Um, I do love my parents dearly. They're so wonderful. And they have their issues. That's what I realized too. Was leaving home I realized their real people. (laughing)

The client went on to disclose a very intimate and personal experience from her childhood. The experience was the loss of her best friend who committed suicide at the same time her parents were getting a divorce. The client also described how she felt during this time of her life. Though brief and somewhat unanticipated, the client's personal disclosures were important to the session. Both the client and the counsellor addressed the client's personal disclosures in their self-confrontation interviews. These reports on their internal processes demonstrated a quickly forming bond between them. They also revealed a positive direction for the counselling sessions.

S1; CLSC: M3

RA49: Did you think you were going to bring that up today?

Clnt49: I didn't think I was going to bring up any – really any personal things, other than the fact that I was going to school – and I think just starting to talk – like I talked – I'm sure I talked the whole time (laughing).

RA50: (laughing)

Clnt50: **But like it just – I guess it was just within the context of...**

RA51: It felt okay to do that.

Clnt51: **I thought I could ... like those are deep, personal things.**

RA52: Yeah.

Clnt52: And I don't tell very many people. You know? So, um, I think it was just – yeah within the context of the situation it kind of added to try and explain why I'm feeling so confused.

RA53: Uh hm.

Clnt53: Um, so ...

RA54: It obviously felt okay.

Clnt53: Yeah. yeah. So I felt um – it felt appropriate and she kept saying you know um - um “That must have been hard for you.” And so you know I would kind of elaborate on that and um so yeah. It-it felt good to talk about – a little bit about my parents’ divorce.

S1; CRSC; M6

Cllr64: Ah, well, when she was talking about the loss of childhood, in my head I was like, “Uh hm.” (laughing) I just kind of confirmed my earlier thought when she kind of brought it up really briefly before. And I was like, “Yeah.” You know and then um she kept talking so you know I wasn’t going to interrupt her or say anything. And then the growing up piece I wanted to talk about like well you know what’s that for you? What was, you know, what were some of the characteristics or what just what that was like for you? But, she kept talking so I just kind of held that question in my head. (laughing) Cause you know – as you know you probably have an idea of what that might be and I do and I wanted to know what she meant. Um, I can make some guesses, but, I you know I don’t want to do that either. And so um I was just listening. I was just being really engaged and truly interested. Like I - I really like her already.

RA69: Uh hm. Uh hm.

Cllr65: I was a little bit shocked because you know sometimes my first sessions with people don’t go so wonderfully, or that connections aren’t made that fast.

RA70: Uh hm.

Cllr66: Um,

RA71: What do you think is....?

Cllr67: But she’s really easy to talk to.

The client’s used an efficacy relevant utterance when she described how comfortable she felt in the session; she indicated that she could talk about intimate things. This expression of perceived capability was particularly important because it indicated perceived ability to perform a specific task of counselling. This perception of efficacy helped her communicate openly with the counsellor. It also appeared to be facilitative of the connection that developed between them. The counsellor’s self-confrontation also illustrated how the client’s perceived ability contributed to the session; she noted that the conversation flowed easily and referenced the connection she felt. The counsellor elaborated on the client’s openness later in the self-confrontation and suggested that the client’s self-disclosures provided valuable therapeutic opportunities.

S1; CRSC; M7

Cllr92: But not – and I - I mean she was like – and then the next thing I noticed she’s like “Oh yeah” and she kind of I think talked some more and then took - took it off in a different tangent. And I was like “Oh wow god **I can go there too.**” **It was just so much I felt that she could really tap into and work at and it might help her.**

Though the client appeared open and comfortable with the personal disclosures she made, she transitioned the conversation back to her career indecision. She did this by likening her situation to a crossroads and by stating that she was facing a really big decision. The counsellor supported this transition when she acknowledged the depth of the client's previous disclosures and invited the client to proceed at her own pace.

S1; M24-26

Clnt155: So, I don't know I feel like a lot of the childhood issues are suddenly coming a little up to the surface, you know? I can see them kind of coming up a little bit. But, in terms of trying to figure out what to do with my life.

Cllr155: Yeah.

Clnt156: **I - I know it's hard to explain it.** Um I feel like I'm at the crossroads of like this is – this is like a really, really big decision.

Cllr156: Uh hm.

Clnt157: And ah I don't know. I don't know.

Cllr157: So when you say you're kind of feeling that things are ...

Clnt158: Uh hm.

Cllr158: you know are rising a little bit. And things are kind of coming more to your attention,

Clnt159: Uh hm.

Cllr159: you know we don't have to talk about this today,

Clnt160: Yeah.

Cllr160: you know. Um, sorry what do you mean – if you don't want to go there today, I totally understand (laughing) because we just met, but ...

Clnt161: Yeah.

Cllr161: **maybe at some point it might be something we can talk about.**

Clnt162: Yeah, I think – I think it will be beneficial to talk about it ah. **It's difficult to explain.** Um, Why - why they are all of a sudden coming um having all these like childhood issues coming – rising up, but I think it's just because I'm looking at my life overall.

This pivotal segment of the session helped construct the problem addressed in the session, career indecision. Her expressions of inefficacy indicated that she experienced some difficulty explaining her thoughts in this segment. Although her experience of inefficacy pertained to a communicative task of counselling, it was not indicative of the client's overall experience and did not appear to disrupt the session. It was an isolated experience, likely attributable to the emotionally laden issues that came up for her.

Perceptions of the client's ability were embedded within the subsequent joint action that explored the client's problem. The client used the following efficacious self-evaluation to explain her pull toward medicine.

S1; M26

Clnt166: Yeah. And I think another thing too is – this is kind of weird but – I have – I have – being in human kinetics, I love it. I love learning about the medical side and science based stuff and - and...

Cllr166: It's a good degree.

Clnt167: **I'm good at that kind of stuff, right?**

Cllr167: Yeah.

Clnt168: **Versus arts**, but it's not letting me access my creative side. So I took this course.

The counsellor joined in and supported these perceptions of the client's abilities when she said, "And you also really enjoying the sciences and your commitment to UBC. You're really strong in the sciences" (S1; M38; Cllr237). The client went on to show how perceptions of capability served to produce the indecision she experienced.

S1; M31

Clnt191: Well, (unclear) to kind of back up you know. Because that's what it's like inside. It's just like a really fast train. You know, but and I and I hate when people tell me, "Well, you have to be so passionate about what you're doing to do. And you really, you just know." And then I'm like, "Okay. I don't – I don't know." **You could jabber off a million jobs that I'd be like, "Yeah, I could see myself doing that."**

Their exploration of the client's indecision also included perceptions of inability. The client's experience of career indecision included anxiety. The counsellor helped the client identify this in the session. She also noted the client's anxiety in her self confrontation interview.

S1; CRSC; M11

Cllr136: I think I was like holy like **her brain is going a hundred miles a minute and she can't stop it**. And you know it –you know do I want to do this, or do I want to do that? I just thought that's exhausting as she tries to keep coming up with the perfect – the perfect answer. You know to this huge question that she's got in the room with us right now.

RA143: Uh hm.

Cllr137: That's what I was thinking.

RA144: And feeling some anxiety there you said?

Cllr138: Uh hm.

RA145: Yeah. Yeah.

Cllr139: Yeah, cause it's like and I got wind or **I guess it's the pace like it must be like you know can't get the answer so it's like banging her head against the wall. Can't get an answer.**

The counsellor's described the client's anxiety as a series of rapid thoughts that she was unable to stop. She also described the client's indecision as her inability to answer the question of "what's next?" Both levels of her conceptualization, the root cause and resulting experience, were constructed in terms of the client's inability.

They briefly explored some ways that the client might strengthen her capacity to control her thoughts and reduce her anxiety. Their exploration included an inefficacious self-evaluation the client made about her meditative capabilities.

S1; M32

Clnt202: On how um even – even how monks meditate.

Cllr202: Uh hm.

Clnt203: **Um, which is completely beyond me. I could never achieve that stage or what they do,** but um – and sort of within that idea is just like um finding a comfortable spot.

It also included a couple inefficacious evaluations that the counsellor used to convey understanding of the client's thought processes.

S1; M34

Cllr212: **So it's really difficulty for you, like you're saying is it's difficult for you not to think and - and ruminate about these things.**

Clnt213: Yeah.

Cllr213: And have them come up kind of (unclear) as you said.

Clnt214: Yeah.

Cllr214: And then there you are you're you know it's - it's – I almost get the sense that you're like in a stuck place. Like you're stuck.

Clnt215: Yeah. I'm totally just feeling like – yeah I feel like I'm getting stuck.

The discussion quickly returned to the client's career. The client referenced her past and explained how she got on her current educational track. Perceptions of capability and incapability were integral to her explanation.

S1; M39

Clnt239: Yeah, I um I was a lot, like I – art class for me was a big deal. I did really, really well in that class. Like that was always – and it was my favourite. But that wasn't drawing – that was junior high. High school was when I did the drawing, which was intimidating. (laughing) To me it was huge. But it was far too intimidating. But um but I – as much as I loved art class, **like English class, I never did well in. I cannot write. Like I'm just not good at writing papers.** Um,

Cllr239: Okay.

Clnt240: **Same with this art history class.**

Cllr240: Uh hm.

Clnt241: I loved it, but **um I did far better in my anatomy class, you know? So my brain works um very well um test wise, writing, science-based tests** or ...

The sequence showed how the client embedded perceptions of capability into the decision-making process she was struggling with. Her perceived capabilities in science supported her decision to pursue Kinesiology as did her perceived inability to write. The subsequent joint action took this line of reasoning a step further.

S1; M41

Clnt249: But I just I hated it. I really hated it. Um but I did – I did really well in biology and otherwise I've been interested in the fitness kind of thing and - and so I did human kinetics. I just kind of picked it.

Cllr249: Uh hm.

Clnt250: Um and I do – I love it. So,

Cllr250: But there was all those other things you loved too.

Clnt251: Yeah, but at this **point I couldn't really see myself in any other program.** In any other undergrad program.

Cllr251: And that's important to know. I mean ...

Clnt252: Yeah.

Cllr252: That's really something huge, you just said right now.

Clnt253: Yeah.

Cllr253: **You can't you know envision yourself in any other program.**

Clnt254: **Yeah. Yeah I couldn't – yeah I wouldn't – I know I wouldn't do very well in arts. I know I wouldn't...**

Here the client and counsellor agreed that the client's perceived capabilities limited her capacity to envision any other program of study. All told, perceptions of capability were infused within the dialogue that constructed the career decision-making problem that the client faced.

After a couple more minutes of discussion on the client's current program of study the conversation transitioned to the client's travel plans. The client said that she was planning a trip to Thailand with a couple of friends. The two talked about her trip and how it would help the client rejuvenate from a hard year of studies. The counsellor recommended that the client keep a travel journal and the client expressed interest in what the counsellor indicated. They wrapped up the session and agreed to meet in two weeks time.

4.1.6.2 Session two

This session represented a direct continuation of the previous session. It began with some light opening dialogue. In the second minute the counsellor asked the client where she was at and the client reported on the career indecision that the two had explored in the first session.

S2; M3

Clnt20: So, I don't know, I'm still confused about - about job stuff. Because last week I was leaning toward architecture. Now this week I'm leaning towards med school again.

Cllr20: (laughing) So it's – so it's sort of ah um – have you been to this place before, where you are sort of okay, you said it's med school again.

Clnt21: Uh hm. Yeah I have. **But there's so many pros and cons I can put to both.**

Cllr21: Uh hm.

Clnt22: **And um I'm just having trouble balancing it, so I don't know.** I'm feeling like it's going to be this process for a while and then **hopefully by the time my degree is finished, I'll be in check and hopefully ready.**

Cllr22: Uh hm.

Clnt23: **To make a decision.**

The client described her indecisiveness using two efficacy relevant utterances related to the process of making a decision. She made an efficacious self-evaluation regarding her ability to identify pros and cons for each of the two options she was considering. She followed this with a mixed efficacy self-evaluation; she indicated that she had not been able to weight out all of the information but was hopeful that she might be able to do it in the future.

This led to a brief discussion on the pressure the client felt to come up with a decision. The client updated the counsellor on her current state. She said that she was trying to be more

relaxed, was taking a chemistry course in preparation of possibly going to medical school, was observing her roommate who was in medical school, and was hoping to travel to Thailand later in the summer. As in the first session, efficacy evaluations were prominent features of what she described to the counsellor. This was evident in the brief tangential option the client explored with the counsellor.

S2; M10

Clnt73: And he does a lot of stuff at home like make little videos and little montages and stuff. And he's really good at that kind of stuff. And he called me up today and he said, "There's this thing on YouTube, you should check it out. It's from the Vancouver Film School. They're putting on a scholarship for – you create a video of um what matters to you." And so there were all these entries and these people made amazing – like very creative videos and I was just like so amazed. I thought, "Wouldn't that be fun to do?" **So I'm thinking I could do that maybe** (laughing). But it was very fascinating. I think that was so interesting. So that was really neat and ... I've done that before, too, is make videos. I've made videos with him where we've put together all the old photos and put it to music. It was like this – it was really fun. I really liked it. So.

Cltr73: What do you think is preventing you from looking at that or?

Clnt74: I don't think I'm ah as – **I don't think that's my best stuff – it would be my best option. I don't think that's where I'd shine.**

Comments like, "he's really good at that kind of stuff" and "I could do that maybe" and "I don't think I'm ah as – I don't think that's my best stuff" and "I don't think that's where I'd shine" revealed how perceptions of capability were integral to the way she constructed this option.

The client and counsellor briefly explored the client's parents' careers. Though her parents were presented as role models, the dyad's joint action envisioned a unique journey for the client. The counsellor also observed the mixed feelings the client had regarding the journey. "So, what excites you about um you know I'm hearing that there's some sort of self-doubt or some fears, even about you know the journey..." (S2; M17; Cltr117). The client answered the counsellor's question by pointing to the enjoyment she derived from learning. The journey metaphor and self-doubt were picked up later in the session.

The conversation returned to the two main options that client was considering, architecture and medicine. The counsellor clarified that there weren't any other considerations. The subsequent joint action established the rationale for choosing from these two options. Perceptions of the client's capabilities were integral to the rationale established in their discussion.

S2; M24-25

Cllr154: What say you – you're - you're your confusion right now is sort of between med school, architecture and is - is there anything else that you're sort of ...?

Clnt155: Nothing that's really um like a serious option.

Cllr155: Okay.

Clnt156: I think that's – those are the two that I've kind of narrowed it down to that I know...

Cllr156: Uh hm.

Clnt157: **I would be good at. So.**

Cllr157: **And so when you say you'd be good at, I'm just curious about (unaudible)...**

Clnt158: Okay. I know it sounds a little bit um – like it's not what I want. But - but it is. I think what I mean to say is that **I think those would be the two options that I would excel at** and that um I would really like. I really enjoy.

Cllr158: **So, what about architecture would you would excel in?**

Clnt159: Um, well um I definitely have like the - the artsy side of things and the creative side of things. And um like I've worked with my dad a - a few times and he is an architect himself. Um, I kind of worked in that environment and um. I'm always asking questions and I'm excited about it. And he had me do a few things for him and so I – you know I thought that was really fun and - and um **I just I - I just know I would be good at that.** And I know that um it would be fun to have a job that you can travel with and you know there's always the opportunity to travel with that kind of a job. Um, and I yeah I just see lots of potential there. It's just it seems like an exciting kind of a - a thing.

There's- there's just so much room for a person to grow into. You know? Do – **there's new things you can do** and just I don't know.

The question the counsellor used to clarify what the client was good at led to a lengthy elaboration of the client's view of architecture. The client's explanation revealed that exposure to her dad's work provided her with a basis for envisioning herself in the field. Consistent with SCT research, the client's vicarious experiences were associated with perceptions of capability.

The counsellor proceeded to inquire about the client's interest in medicine. The client identified her interest and fascination with information as reasons for pursuing medicine but quickly redirected the conversation to architecture. Her description further illustrated how her vicarious experience helped her see herself enacting a career in architecture.

S2; M27

Clnt165: Uh hm. Uh hm. So there's so I'm fascinated on either side. I think with um med school, I'm very interested and fascinated with the information and architecture it kind of - it kind of excites me. You know, but you know there's so many possibilities to do like ... Um I mean I - I just feel like you kind of start out um you can start out the business and then and then there's just like this room to grow and become you know successful and - and I don't know how to describe it. I guess, okay, **I guess I could put it as like I could use my dad as an example.** He started out like he started his own company and with no loan, he was in debt. You know, no money. And now he's created his own company and you know he's - he's successful. He's - he's made a name for himself in his business. And people know who he is.

The counsellor listened to the client's explanations and helped her explore the reasons for choosing each option. She also reiterated the problem they were addressing when she said, "it's a hard decision to make and you know there is – you are feeling just from this – even the first time we met it was like I could definitely sense the pressure that you have..." (S2; M29; Clnt174). Her statement used efficacy relevant language. It also emphasized the pressure the client was experiencing.

Their subsequent joint action examined the pressure the client felt. The counsellor suggested that the client was intent on making "the right decision." The client agreed with this assessment. Together they explored what might happen if the client were to make a wrong decision. In minutes 34-35 the counselor used an efficacy question and helped the client explore what she might do if she felt that she needed to change a decision.

S2; M34-35

Clnt206: And um you know **I mean do you think you'd have – do you think you'd have the courage to sort of move forward and - and change things or you know what**

do you think you would do in the situation if it – if it wasn't fitting? Like if you were in the School of Architecture at UBC,

Clnt207: Uh hm.

ClIr207: second year,

Clnt208: uh hm.

ClIr208: what would you do?

Clnt209: And I didn't like it; I felt like I should be somewhere else?

ClIr209: Maybe, I don't know, maybe ... I mean.

Clnt210: If I was in that position um I'd for sure just say okay, that's it. I need to – I need to – this isn't feeling right, I need to - to change it. And then I'm the person who's like, **“Well, you know if I'm going to do it, I'll do what it takes. If it's a matter of financial issues, you know I'll take out a loan or”** I'm sure I'll have many loans by then, but you know I tried to not worry about um those sorts of things when I make decisions like that. Like I left (unclear) when I left Calgary and didn't even think like is it going to be a huge financial issue or is it going to be ...

ClIr210: Uh hm.

Clnt211: Um, you know it's going to be okay with my family. It's something I need. I'm going to do it. So, I did it. And it turned out to be the right decision. Um, yeah, I know if I if I did – made this decision and I went to it the program and I wasn't feeling comfortable, **I'd change it for sure.**

This joint action seemed particularly relevant to the client's concerns and perceived inability to make a decision because it specified behavioral enactments the client might face following a wrong decision. In essence, the counselor asked the client if she could enact change after making a wrong decision. The client indicated perceived ability. In highlighting the client's perceived ability to adjust from a bad decision the dyad constructed efficacy regarding the decision-making process. More specifically, perceived ability to recover from a bad decision served to lessen the pressure and anxiety associated with making a decision thereby removing an emotional barrier in the decision-making process.

The counsellor also helped the client address the stress and anxiety she experienced in the decision-making process. Their discussion focused on self-talk and explored the client's capacity to monitor her self-talk. Their discussion incorporated several efficacy relevant utterances.

S2; M37-38

ClIr223: Uh hm. So the self talk that you're doing is sort of you know ...

Clnt224: Uh hm.

ClIr224: the self talk of "It's going to be okay. You'll get there." I mean that's – that's wonderful that you're doing that.

Clnt225: Uh hm. Sometimes I think I for – yeah I forget to do that and then I'll – then I'll do that "Snap out of it kind of thing." And then I'm like "No you - your mind should be elsewhere. Don't stress yourself out like that."

ClIr225: Uh hm.

Clnt226: **So sometimes I can catch myself. Sometimes I can't.**

ClIr226: Uh hm.

Clnt227: Um, my mind's racing too, like Ooohhh,

ClIr227: (laughing)

Clnt228: Um, the self talk is - is something to be aware of.

ClIr228: **Uh hm. And it's awesome that you can sort of talk yourself into a calmer place.**

Clnt229: **Yeah.**

ClIr229: Um, and it sounds like you know you're saying nice things to yourself. Like you're - you're encouraging yourself to sort of ...

Clnt230: Uh hm.

ClIr230: have some faith and you know it will work out and that's wonderful.

Clnt231: Yeah.

ClIr231: **That you are able to do that and practice that more maybe?** (laughing)

Clnt232: Yeah, well I think you're right. You know? **It's hard sometimes when you're feeling a certain way to talk yourself out of it, but ...**

The counsellor expounded the benefits of having positive self-talk. The client responded with a number of self-evaluations, some efficacious others inefficacious, regarding her capacity to monitor self-talk. The counsellor offered efficacious evaluations that affirmed the client for her self-regulatory capabilities. These two minutes showed how self-efficacy was embedded within the counsellor's intervention strategies and was seen as an important part of the change process. This was further illustrated in the client's self-confrontation interview.

S2; CLSC; M2

Clnt12: Um, so I think again I was trying to remember the kind of self talk that I do. Um, and um I was feeling um I was enjoy – I was glad she was ah telling me about – you know encouraging me to do more self talk. **Because I think if I make – I was thinking if I make it more conscious, um to - to talk to myself, that – in a positive way – that I'll be able to do it more often.**

RA15: Uh hm.

Clnt13: **You know maybe I will be able to catch myself more often.** So, um, it was good to hear that kind of advice, you know? To do more self talk.

The discussion on self-talk was followed with more dialogue regarding the client's indecision. The counsellor asked the client if she had ever job shadowed a physician. The client indicated that she had and recounted a story that described her inclination toward medical school. The story was embedded with efficacy relevant utterances that appeared to evaluate the client's past and present capabilities.

S2; M40-41

Clnt247: It wasn't anything serious. It was just a fatty lump she wanted to get rid of it. They just put her under a local here and I – I hung out with her for a little while. It was so nice because I think I was only 15 at the time, but um **I was able to chat with her and kind of calm her down.** And then while he was performing the surgery, I was talking with her and she was like – I was trying to keep her mind off of things. And she said it was nice to have me there. And so it felt like – it felt amazing. But at the same time I was really um I was quite queasy watching the surgery like it was very – it was gross, like he was removing this fatty lump off of her arm.

Clr247: (laughing)

Clnt248: And um and she was like, "I don't feel good." You know she was going to you know – so I was quite – I was quite faint.

Clr248: Uh hm.

Clnt249: Um, so at the same time I was like, **"Wow, I don't know if I can handle this – like am I gonna you know be - be nauseous and queasy every time that like I'm seeing something gross?"** But um but it was so good. I really enjoyed it. I thought it was really, really amazing.

The client provided an efficacious account of her relational skills and noted how she helped the client through the procedure. She also indicated mixed efficacy regarding her capacity to handle physical reactions resulting from the surgical procedure. The counsellor picked up on the client's efficacious self-evaluation and reflected this back to the client. "So, something that you - you know you get a really strong sense of satisfaction when you're able to help somebody" (S2; M43; Clr260). All told, their joint action highlighted a perceived ability, helping others, that was fused with the client's medical school intentions.

The strength of the client's medical school intentions were such that the counsellor invited the client to identify potential road blocks to a medical school journey. The last 10 minutes of the session followed the journey metaphor and sought to identify the source of the client's indecision. The dialogue was replete with perceptions of the client's capabilities. The client responded to the counsellor's invitation by raising questions regarding her capability to complete the journey.

S2; M44

ClIr266: So, is that what's you know – could – could that be the road block here?

Clnt267: Uh hm.

ClIr267: Is the sort of the journey?

Clnt268: I think yeah, I think the - **the problem is that um if – I know I'd like – if I was to um to really put my mind to it, and I knew this is really what I wanted to be you know and I would do it and I'd do it well.** But um, at the same time um, I look at – I look at my roommate and how much he studies and I think it would drive me crazy. **It would drive me absolutely bonkers. Um, to be studying that much. Um, but ... and I think back on how I would have to compromise you know my um my abilities to be a great – a great physician, like would I have the full wealth of knowledge that ...**

ClIr268: Uh hm.

Clnt269: **and you know be able to retain it? You know? So I don't know. Sometimes I feel like you know the work is - is in ways the work is – the amount of work you have to put into it would - would be too much for me.**

The client's questions stemmed from watching her roommate. They were constructed out of efficacious and inefficacious self-evaluations. The questions extended to her memory capabilities as well as her work load capacity. Later, during the self-confrontation, she applied the label self-doubt to describe the question she had regarding her ability to complete medical school.

S2; CLSC; M8

Clnt79: Um, so I was comp – I had been comparing myself to my roommate um...

RA88: Who's in med school.

Clnt80: Who's in med school. And so um I was feeling like well **I'm nowhere near his - his commitment level. So there was a lot of – a lot of self doubt. I was feeling a lot of self doubt.** And then um – and then I was feeling okay if I want to do this, I want to be the best. **How can express that um I want to be the best at what I do, even though that's totally irrational.** So I was feeling um – I was feeling – **I was having trouble um expressing why it was that –** cause I had said, **"If I put my mind to it, I can do it."** But then I thought, "Well, you know I'm not going to be the best at it." I don't know I was ...

RA89: You couldn't see – because you couldn't see yourself doing the kind of work that it – that you perceive that it takes.

Clnt81: Right.

RA90: Or that you see that this other person is putting into it.

Clnt82: Right. Yeah. And I perceive – I have this um this idea that it's so much work.

RA91: Or the amount of effort you saw him doing...

Clnt83: Uh hm.

RA92: equals success or being good at it.

Clnt84: Right.

RA93: Right.

Clnt85: Right, so I was comparing myself to the one person and saying, **“Oh I could never measure up to that.” So, I think that was a little bit of – yeah definitely a lot of self doubt, but some stress associated with that too.**

RA94: Okay, you were processing that as you were talking to her.

Clnt86: Yeah. (laughing)

RA101: and **the self doubt. Yeah. Yeah it shows in your body.**

Clnt93: **I think so.**

RA102: You've tightened up.

Clnt94: Yeah. Yeah absolutely.

The internal processes that the client reported here suggested mixed efficacy beliefs. She observed her roommates commitment level and on one level thought she could do it but also expressed strong doubts bout her ability to “measure up.”

The counsellor picked up on the mixed efficacy evaluation the client reported and noted this during the self-confrontation interview.

S2; CRSC; M8

Clnt79: **Just oh there's the self-doubt again. That disbelief that**—you know—and-and her not knowing. Like there's also the just not knowing and-and—like she's not sure like if—cause she says earlier like—her friend is studying a lot right now but it's just because it's right now that they haven't been out but throughout the year it's not that bad. And—but the studying piece—like the workload's holding her back and so—but I'm also gonna—like **she doesn't really know how she would be in that situation.** And so that's why—and—you know I mean it's not rocket science that that kind of happened. **I mean it sounds like she couldn't do that already** cause she's like uh-hmm. Kind of like—yeah. (laughing) Of course—you know of course it is. And so—I figured—you know I heard—when she kind of was answering that way it's like okay well this is—well she knows this. But you know she says I'm not sure. And so my thing is we'll get more—let's get—let's get some information then. To see that point—to see what that really looks like.

RA85: Uh-hmm.

Cllr80: That was my thinking with her.

RA86: Okay. Okay. When you say more information—more information about? About? Like where were you leading? What were you thinking?

Cllr81: More information about—the profession. **Because she's got like you know some self-confidence and disbelief.** And a little bit of like—I don't know. Like I don't know but that you know if the studying is like that all the time or

RA87: Yeah-yeah. Okay.

Cllr82: **So it's also that she's not too certain about the-the-the journey—the process itself. She just goes yeah it's going to be a lot of work.** But what does that mean? I was thinking a lot of it is about getting her hooked up or getting some more information. Cause the shadowing didn't—it was in a hospital. So that was my thinking about well she's got to get some more information. Cause she's kind of making guesses based on—guesses. You know?

RA88: Yeah-yeah. Any feelings you recall? Kind of associated with those thoughts or associated with what you were getting from her? Or?

Cllr83: Oh yeah I had thoughts. Like oh this girl loves science and she's excited by this but her fear's holding her back.

RA89: Uh-hmm. And how was that? Kind of trying to access what you were—what you were feeling there? If there is—was kind of anything you recall.

Cllr84: Whenever—yeah whenever sort of a client—it's more of a generalized feeling. **Like whenever a client sort of has some disbelief or self-doubt**—I mean it's—it—I don't feel happy. I don't feel happy about that. I feel it's-it's not sadness but it's—I think it's just like empathy like that—(unclear) the facts that

RA90: Uh-hmm.

Cllr85: **You know she has that self-confidence stuff going on.**

As did the client, the counsellor used the words self-doubt when she described the client's perceptions of inefficacy. She contrasted self-doubt with confidence and noted the mixed efficacy view that the client described. Nonetheless, her last statement in this sequence suggested that she saw more efficacy than inefficacy. She acted on her thoughts and impressions later in the session when she invited the client to gather more information about medical school.

The joint action of the next minute entailed a focused exploration of the client's perceptions of capability. It started with a direct but tentative question from the counsellor. It went on and observed the self-doubt and confidence noted in the self-confrontation interviews.

S2; M45

Cllr269: **I mean you know I'm sort of hearing that there is you know you're not sure if you can do it?**

CInt270: **Uh hm.**

Cllr270: **So there's some self doubt – confidence and ... has you know in looking – is there a situation that you can think of in the past where you know you sort of felt um not very competent?**

Clnt271: **Um, well definitely with finals this semester.**

Cllr271: Uh hm.

Clnt272: I know the last final I just – I actually gave up. I just said I've had enough. **I can't take this anymore. I'm just going to go in and just do what I can. And um I could have done better. I didn't – I didn't study as hard as I should have.**

Cllr272: Uh hm.

Clnt273: **Um, so I didn't feel confident going in there.**

Cllr273: And what – what happened like?

Clnt274: Oh I was just like – I was just – I don't know **I was just sick of studying and my brain hurt (laughing). It just you know I just couldn't – I actually couldn't do anymore. I – or I would have ...**

The counsellor chose to explore the client's inefficacy beliefs in this segment. Perhaps, this was based upon her assessment of the underlying self-efficacy she thought the client possessed. The client joined in and explored her inefficacy beliefs. She used a recent educational experience where she felt incapable but described it in a way that suggested an underlying confidence in her capabilities.

Both participants noted the counsellor's exploratory question in their self-confrontation interviews. The counsellor indicated that she thought the question would shed light on the client's situation and possibly lead her down some kind of path, presumably a step forward.

S2; CRSC; M9

Cllr87: My attempt was to—just kind of be there for a minute—about you know—**self-doubt and wanting to sort of you know just no there is another time in her life that she thought that way.** And—cause-cause that can shed some light or you know. I don't know. I mean it's just questions that

RA94: Uh-hmm.

Cllr88: You know. Like when she's felt that before. I learned that—I learned that at school. (laughing) I don't remember what class or (laughing). I got somewhere (unclear) downstairs. Just to sort of get—help her you know maybe lead her down that path sort of. To be there again and-and—that was my attempt.

The client was quite candid when she described her reaction to the counsellor's question. First, she reported being aware of numerous experiences of inefficacy and indicated that she

described the first one that came to mind. Next, she acknowledged how she was in the process of shutting down when the counsellor asked the question and that the question caught her off guard and kept her in touch with her feelings of inefficacy. The experience of inefficacy was physically palpable for her and led her to further question her ability to complete medical school.

S2;CLSC; M9

Clnt95: Um, in the moment **she asked her original question – what um have you ever been in a situation where you did not feel confident? I thought, “Yes, there’s many (laughing) situations.” Many - many** and the first one that came to mind was definitely finals. Um, cause it was pretty recently, so I was thinking um, “oh yeah, that final, right.” Um, bringing that back up. Um,

RA105: Did you wonder why she asked it?

Clnt96: Yeah. Yeah I was kind of – I was kind of thrown by the question. You know um Cause it felt like – cause yeah **I had closed up already with the talk about self doubt and doubting myself and then - then she wanted to know more about not being confident myself and so um that’s not something that I can – would easily talk about or would want to talk about I suppose.**

Clnt99: **I think I think what it did too was reinforcing the fact that I’m not going to be able to study as hard.** So I kept thinking, “Yeah, I remember how hard it was to study for that final.” **And that was just in my undergrad. How am I going to deal with what comes next?** So, yeah, I was kind of – I was um – I don’t think upset is the proper word, but it was like ...

RA109: Maybe deflated.

Clnt100: Yeah, deflated. Okay.

RA110: I mean that’s what your body language was saying there.

Clnt101: **Yeah. (laughing) Maybe I can’t do it.**

RA111: (laughing)

Clnt102: Yeah – deflated, that’s a good word, yeah. I was feeling deflated I think.

The counsellor and client continued to explore the client’s inefficacy experience. Their joint action described how the client shut down and stopped studying. It described the emotional discomfort and irritation the client experienced in the situation. The irritation was particularly significant because of how it tied into an underlying and seemingly persistent perception of capability.

S2: M46

Clnt274: So you just sort of shut down.

Clnt275: Yeah, it was. It was like my mind was shutting down and saying that's it, I don't want to do this anymore.

Cllr275: Uh hm.

Clnt276: And so it um yeah um I didn't feel comfortable going into the exam with what I knew.

Cllr276: Uh hm.

Clnt277: And it showed. Um, I did fine. **I didn't do as well as I could.** So it bugs me (laughing). You know, but. ..

Cllr277: It bugged you that you..?

Clnt278: **It bugged me that I could have done better.** But I you know I sort of look back on it now and say, "Why didn't you study? You should have just studied?" But why didn't I in that situation?

The client transitioned the conversation from her past experience to her current career situation. Perceptions of capability and incapability remained at the centre of the conversation. The joint action of the next three minutes clarified that it was perceptions of incapability that held the client in a state of indecision and prevented her from pursuing medicine.

S2; M47-49

Clnt282: But there's such a limitless amount of knowledge for - for a doctor to know.

Cllr282: Uh hm.

Clnt283: You know?

Cllr283: Uh hm.

Clnt284: So, I don't know.

Cllr284: So is that – could - could it be that that's the main thing that's preventing you from ...

Clnt285: Yeah, I think so. I don't want – I don't know though. Yeah, I think so.

Cllr285: **The journey – the journey – like the challenge of the journey.**

Clnt286: **Yeah.**

Cllr286: Bringing ... is - is more scary than.

Clnt287: That is quite a bit scary. Yeah.

Cllr287: Because?

Clnt288: **Because I feel like um it would be very intense.**

Cllr288: Uh hm.

Clnt289: And um just like I would have to be just completely focused on that and nothing else you know. And I kind of don't want to do that. You know? I'd love to I don't know like I would – I don't know (laughing).

It just – it seems scary. Medical school just seems like a scary thing.

Cllr289: Uh hm.

Clnt290: You know? **So, I don't know. I could do it.** It's only – it's only 4 years until you have an MD and then it's another 2 for residency and stuff.

Cllr290: Right. Right.

Clnt291: But like four years is another degree.

Cllr291: Uh hm.

Clnt292: Which is quite a long time.

Cllr292: Yeah.

Clnt293: **But I don't know I mean maybe it won't be that intense for me, if I really like the stuff. Maybe it will just be a lot easier.**

Cllr293: Uh hm. Yeah.

Clnt294: You know?

Cllr294: **Is there – could there be a possibility that you know you could go to the med school here, at UBC, and - and - and talk to residents? Like say for example talk to some residents or talk to third year ...**

Clnt295: **Uh hm.**

Cllr295: **students and - and sort of just see what that's like and sort of educating yourself now that you're older and ...**

Clnt296: **Yeah.**

Cllr296: Um, you know what - what - what – what it could be like or if it – if it provided a different picture or it might confirm some of your thoughts or it might confirm your fears or challenge them, maybe?

The last segment of this joint action constituted a subtle but significant shift. The shift occurred after the client described how long and difficult medical school was. She proceeded to say, “But I don’t know I mean maybe it won’t be that intense for me, if I really like the stuff. Maybe it will just be a lot easier” (S2; M49; Clnt293). The counsellor picked up on the client’s tentative but subtly tenacious perceptions of self-efficacy and suggested that the client gather more information about medical school.

The next two minutes of the session reduced the client’s career indecision to a simple straightforward question, “Can I do this?” The counsellor and client established it as a question that the client wrestled with on a minute by minute basis. They acknowledged the client’s perceptions of capability and the normality of her question. They also agreed to make this the focus of their work together.

S2; M50-51

Cllr308: But yeah you really need to. **And um because you know it - it definitely I mean you know it sounds like you have some self doubt and just you know.**

Clnt309: **Yeah, it's totally the process.**

Cllr309: **You know one minute you know can I do this or not.**

Clnt310: Hm.

Cllr310: Instead of ...

Clnt311: **You're right. You're very right. Can I do it?**

Cllr311: I mean I think we all ask ourselves that question (laughing).

S2; M52

Cllr322: Uh hm. **And that's something that we can look at and ...**

Clnt323: Yeah.

Cllr323: Maybe not today, but it's just sort of what was that about? **The self doubt and - and that confidence and ...**

Clnt324: Uh hm.

Cllr324: you know **we could – we could always look at that or explore that a little bit if you like** and ...

Clnt325: Yeah - yeah maybe.

Cllr325: and work at that a little bit.

Clnt326: Hm. This is helpful. (laughing)

4.1.6.3 Session three

The third session focused on two issues, the career indecision discussed in the previous two sessions and difficulties the client experienced in her relationships with her parents. The client began the session by informing the counsellor of a significant conversation that she had with her father. The client indicated that this extra-session experience had helped her reduce some of the career pressure that she had described in previous sessions. She said her father was supportive and encouraging toward her and then reported how she had taken steps toward pursuing medicine.

S3; M4-5

Clnt18: Yeah. And then we also talked about um cause **when you said you were sensing I was having this self doubt, that was bang on. In order to do med school – totally I had some self doubt.** And when I was talking to him, he said I just you know he – you know, he was going on about how his – he always has nice things to say like, "I'm proud of what you're doing and on and on."

Cllr18: That's great.

Clnt19: And then he said, "You know you never worry about it because you have so much you know ambition. And you're just going to do it." And he said, **"Don't ever doubt yourself because you can do it."** And I was just like well you know it's so nice to hear it coming from him. So that was really helpful and now I've kind of getting myself together and then I want to get organized a chemistry class for – in August, when I go back to Calgary. I've enrolled in a chemistry class and I've started doing that and I'm

kind of looking into MCATs now again and I'm sort of getting myself organized (laughing) so I'm leaning back toward the med school option.

Cllr19: Uh hm. So he – so that conversation with your dad was really pivotal in - in sort of what you were in your mind kind of with what you're doing today.

Clnt20: Yeah, yeah well actually after our last session, it was kind of, "Okay, well" I thought about it for you know that next week and then I said, "Why don't I just start getting things organized?" And then that's when I signed up for the chemistry course and then I started to get the MCATs in order. And then when I had the conversation yesterday with my dad, it was like yeah, all right, I you know **I can be a little bit more solid in my decision.**

Cllr20: Uh hm.

Clnt21: So.

Cllr21: And what was that like for you um you know to sort of explore the chem. – like get the chem class thing going and look into the MCATs and what was that?

Clnt22: Exciting.

Cllr22: Yeah?

Clnt23: Yeah. It was really exciting. Um, not the chemistry stuff (laughing). Um, **I was a little happy that I was able to take it through um like a - a correspondence type situation, so like self led right?**

The client framed her shift toward medicine as a shift away from self doubt. She also acknowledged her capability to act more decisively. Though she didn't offer specific efficacious self-evaluations about her ability to complete medical school, she described herself as being more efficacious. She noted how her father expressed belief in her capabilities and described behavioural enactments that were intended to move her toward a medical school. Put another way, the intentional goal-directed behaviour the client described was a constitutive action sequence of the medical school project she was constructing.

The joint action that followed contributed to the client's medical school project. This included a recent interaction the client described to the counsellor. The client's account went as follows.

S3; M7-8

Clnt37: Um, a gentleman came in and he um at the physio clinic and he said, "You know I was a lawyer for 25 years. I went back to school and I don't miss it. Now I'm a teacher." And he said, "Well, one of my good friends was a lawyer who studied along with me and at the exact same time she said no I'm going to be a doctor and she went

back to med school. You know? And he said, “She was totally scared and she doubted herself the whole time until she did the MCAT. And she said, ‘I can do this.’”

Cllr36: (laughing)

Clnt38: So, it was kind of interesting. I don't know how that came up in conversation. But it was just like some other – some more kind of (unclear).

Cllr37: It's been kind of building – building up and ...

Clnt39: Totally. Yeah.

Cllr38: People's different stories and **you know I mean that feels – is what's happening for me and they made it happen and ...**

Clnt40: Uh hm.

Cllr39: **you could make it happen too. It's just believing in yourself.**

Clnt41: **Right. Yeah.**

The client appeared to draw increased confidence in her own capabilities as she interacted with this man. This was consistent with the vicarious source of self-efficacy beliefs demonstrated by previous SCT research. The joint action of telling and hearing the story also appeared to construct self-efficacy. The client described what happened in her life and the counsellor helped frame the client's experience as a growing sense of confidence, an underlying belief that the client could “make it happen.” The client's agreement at the end of the sequence was indicative of her belief.

The counsellor and client acknowledged the client's growing sense of confidence more directly in the 9th and 10th minutes of the session. The client expressed excitement regarding steps she'd taken over the last week. The counsellor directed the conversation toward feelings of confidence and self doubt and invited the client to reflect on how she was feeling. The client acknowledged feeling more confident but also attested to lingering feelings of doubt.

S3; M9-10

Cllr44: Uh hm. **And are you feeling um more confidence or - or you know – because there is that self doubt piece that you were talking about.**

Clnt46: **Yeah.**

Cllr45: Last time a little bit.

Clnt47: **Yeah. No, there's definitely still a lot of self doubt because um it is it is so much – so much more and um so I still have that self doubt in the back of my mind. But I'm trying to kind of quash it and think “You know what? If I just think in a different – different way I can.”**

Cllr46: Uh hm.

Clnt48: **I can ah I can do it I suppose you know?** Like I – it's - it's just a matter of kind of rearranging my thinking right now.

Cllr47: Uh hm.

Clnt49: So it's still there but it's you know slowly you know sinking away.

The client was candid as she oscillated between self doubt and confidence. Her words “I can ah I can do it I suppose you know? Like I – it's – it's just a matter of kind of rearranging my thinking right now” demonstrated the back and forth movement between perceived capability and perceived incapability. Nonetheless there was a growing movement toward efficacy construction. All told, the segment also showed efficacy construction as a process occurring over time versus a single decisive event.

The efficacy construction process was evident several minutes later in the session. The client returned to the interaction she had at work and described the strong pull toward medicine that she felt. She also drew more confidence from the man's story and took an “if he can do it, I can do it” stance toward medical school. It was almost as if the client was talking herself into feeling more efficacious.

S3; M14-15

Clnt67: And I think and I think I would regret it. I think I would do the same thing as the other guys who were working as the lawyer for 25 years and he said you know, “I just got to the point where I was just getting through my days. I just wanted to get through it.” And I thought, “You know what? That could be me because you know I never pursued something that it is – I am so passionate about. So why not just ... and - and it was all because **I was self – I was doubting myself.**”

Clnt74: And um I thought, “Okay, well, all right. He's – he's doing it and he's ...

Cllr73: He's surviving it.

Clnt75: he's surviving and he's.

Cllr74: Yeah.

Clnt76: Yeah, and it's - it's totally all a pass/fail system for them.

Cllr75: Uh hm.

Clnt77: There is like honours and stuff like that.

Cllr76: Uh hm.

Clnt78: And fail. But um it's not a matter of getting a certain GPA for them. It's a pass/fail type thing.

Cllr77: Okay.

Clnt79: So. So yeah,

Cllr78: **So what it's coming down to right now is your belief in yourself.**

Clnt80: **Uh hm.**

Though the counsellor did not say much in the previous segment, she summarized the process succinctly with a statement that indicated an increase in self-efficacy beliefs. She elaborated on this summary a couple of minutes later.

S3; M17

Cllr87: **So you're feeling more confident today or this past couple of weeks.**

Clnt89: **Yeah.**

Cllr88: **And um the self doubt is still there.**

Clnt90: **Uh hm.**

Cllr89: **But I'm - I'm also hearing you say that you are developing and having a little faith or you know kind of this you know you could do this and um ...**

Clnt91: **Yeah.**

Cllr90: **and um yes it's going to be hard work but I can do this and...**

Clnt92: **Uh hm.**

Cllr94: **And that's you know you can do this, you can do this.**

Clnt96: **Yeah. Yeah.**

Cllr95: **That will help. But I mean that will help get you to believe in yourself even more.**

Clnt97: **Yeah.**

This influencing summary further illustrated the extent to which the dyad conceptualized the client's indecision as an issue involving perceptions of incapability. It also showed how they worked toward constructing perceptions of the client's capabilities.

The client's comments in the 19th minute suggested that they succeeded in their goal of increasing the client's self-efficacy beliefs.

S3; M19

Clnt105: Yeah, I think the decision is just – I just made it. **And I just know that I've always known that I shou – I can – I can do med school. It was just ...**

Cllr104: Uh hm.

Clnt106: **could I really do it?**

Cllr105: Uh hm.

Clnt107: **Could I really do it?**

Cllr106: Uh hm.

Clnt108: **And now I think, “Yeah. I could really do it.”**

This short exchange stood out as an important outcome indicator for their work on the client's career indecision. Though this exchange appeared to signal clear and definitive shift, it was but a momentary segment of joint action. As noted early, the efficacy increases observed in this client occurred over time. The constructive process involved numerous exchanges over the course of 3 session as well as important extra-session action. All told, this joint action constructed efficacy beliefs that were entwined within the medical school project the client was constructing.

Though the counsellor and client spent a few minutes discussing the client's passion and excitement for medicine, they quickly transitioned to a new area of the client's life. The client initiated the transition when she described a family situation that she was having difficulty adjusting to. The situation involved her father's recent engagement and subsequent marriage. The client informed the counsellor that her father began a relationship with this woman immediately following his divorce from the client's mother. The client said that the divorce was hard for her and that she was too young to accept the woman at that time. She also indicated that it was strange to see him married again even though the divorce occurred over four years ago.

Their subsequent joint action explored this problematic situation. Unlike the previous issue, the action that explored and described this issue did not identify one particular perception of inefficacy as the source of the client's problem. Instead, the dialogue explored various aspects of the problem situation and encompassed self-efficacy relevant utterances that helped describe different the various aspects. For example, there were efficacy relevant utterances embedded within the dialogue that explored how the client attempted to: adjust to her dad's marriage,

S3; M28

Clnt167: And then all of a sudden they got engaged and now they're married. It's like, "Oh my god." **But I'm happy it wasn't a big, huge wedding because that just – I don't think that I would be able to handle that.** So...

Cllr167: Because it's ...

Clnt168: It would just – it would feel like – it would just – it would actually feel too weird and awkward and strange. I don't know – I don't know how to say it. (laughing)

cope with the go-between role she fulfilled with her parents,

S3; M33-34

Clnt202: (laughing) Yeah I was – yeah I guess yeah. I'm usually in the middle of things. (laughing)

Cllr202: **Yeah, that must – that must be hard.**

Clnt203: **Yeah.**

Cllr203: To be in that place again.

Clnt204: Well, there's at times um I feel more comfortable being in the middle. **Like maybe I can control some of this.** But then at times I said you know just – would you just leave me out of this, please?

Cllr206: **And I'm wondering about you know you're – you're stuck in this place again. The hard place like...**

Clnt207: Uh hm. Uh hm.

Cllr207: **should you tell her, shouldn't you tell her.**

Clnt208: Yeah.

Cllr208: **And um and I - I - I and I'm sort of like wow that's - that's hard for you.** And - and what about you? (laughing)

initiate activities to build relationships with her dad's wife's family,

S3; M37-39

Clnt228: So um they would get – yeah they would be really excited if I did that. Or if I said something like that. **I - I could – I could totally say that. Well I always do say to them you know I - I always like to meet Brian** – he's the other brother I've never met. You know and they said, "Oh yeah, he's off in ..."

Cllr228: Uh hm.

Clnt229: Like he's an important guy or something you know, doing whatever in his life. Working on 14 oil rigs or something like that, so. You know I've said it but if I actually said like it'd be nice to have ...

Cllr229: Uh hm.

Clnt230: a dinner with us – with us kids and you guys one night, they would be totally excited. Oh I'm sure it would happen, **yeah. I could do that.** (laughing)

Cllr230: **I'm sure you could.**

Clnt231: **It's just that easy.** (laughing)

Cllr231: **For you.**

Clnt232: **Yeah.**

Cllr232: **For you.**

Clnt233: **Yeah.**

complete a letter to her dad's wife,

S3; M40

Clnt239: Um, and I've started – in the journal, I've started a letter before to her.

Clr239: Oh yeah?

Clnt240: It begins, "I feel this way..." But then it stops...

Clr240: Uh hm.

Clnt241: when I say – I - I just wanted to apologize and then it stops...

Clr241: Oh.

Clnt242: because I have nothing else to say. **So I can't finish the letter.** It's just – it's not – this is really short. It doesn't feel finished. It doesn't feel full. So, I've never you know I've never given it to her or said anything of this sort.

talk with her dad's wife,

S3; M44

Clnt258: Which I think I would like to do. And I'm still in that process, right? Because I'm still – I'm still, you know trying to – trying to write that letter was a step towards actually, physically talking to her. And so I will.

Clr258: **It must take a lot of strength to kind of go there again and - and ah ...**

Clnt259: Yeah.

and talk openly to her parents about the effects of the divorce.

S3; M46

Clnt271: Yeah. Yeah. Because he doesn't want to admit that...

Clr271: Uh hm.

Clnt272: that stuff kind of happened. Um, but it was good to get all of that up and out on the table, so he knows. And I'm glad he knows that that's the way I felt when I was younger, you know? There's still a lot of stuff he still doesn't know, right? (laughing) Because there's so much...

Clr272: Hm.

Cnt273: you never tell your parents and **hopefully down the road, I'll be able to tell them.**

The counsellor was supportive in this dialogue and helped the client express thoughts and feelings about her family situation. The counsellor also aimed to encourage the client. This was particularly evident toward the end of the session as the client talked about a friend who was also experiencing difficulties with her father. The counsellor responded to the client by highlighting differences between how the client handled her situation and how the client's friend handled her

situation. The counsellor embedded numerous efficacy relevant utterances within the encouragement that she offered the client.

S3; M49-51

Cllr299: **So I mean it's amazing that you're able to you know deal with it – with adversity and - and make it happen and make it work for yourself and ...**

Clnt300: **Yeah.**

Cllr307: right. **You've been able to take something away and ...**

Clnt308: **Yeah.**

Cllr308: **and sort of learn something and...**

Clnt309: **Yeah. Yeah.**

Cllr309: **You know some people just – they're caught up in the anger and they cannot get by it.** I mean anger's a really – you know anger hurt – you usually hurt – you know if - if you know anger's up here and hurt's usually the overall feeling in the bottom, but it – **it's not so easy to get there, so people sometimes hang out in the anger area.**

Clnt310: **Yeah.**

Cllr310: Because **it's really – it can be really difficult for people to sort of move forward or you know work - work through that. And um I mean you were able to but maybe your friend doesn't you know – maybe she doesn't have the strength to do that or ...**

Clnt311: **Yeah.**

Cllr311: And you know she may have a different relationship with her dad than you do.

Clnt312: Uh hm. Uh hm.

Cllr312: **But you were just able to - to just talk yourself through it and - and value the relationship with your dad** and that's what you you're – sounds like that was your motivator.

The counsellor's encouraging words were indicative of her view of the client's capabilities as well as the strong working relationship that the client and counsellor experienced. The counsellor expressed confidence in the client's capabilities throughout the session, something that was highlighted earlier in the analysis of this session. She also reported this view during her self-confrontation interview.

S3; CRSC; M6

Cllr114: Which you know she definitely—she said you know I know I'll get better. It'll just take me some time. So I mean it-it's—I said right on. **Like she is confident and deems herself capable because she knows she'll—she'll get there.** It's not like she's—wallowing and oh you know. So I'm like wow. Okay. That's good for her and—she's not like in this place where she's sort of ruminates about it and ooh. Okay great.

Though the strength of their relationship was seen throughout the session, it was particularly evident within the participants' self-confrontation interviews. Both the client and the counsellor described the relationship positively in these interviews. Some of the client's observations were particularly noteworthy because they connected efficacy relevant language with positive comments about the relationship. More specifically, the client linked positive relational comments to her ability to share openly and express feelings related to her family.

S3; CLSC; M2

Clnt17: It-it felt good to talk about—why I had resented her—because—you know. A lot of my family doesn't know the true reason right? So it felt good to have it—to have it up—and out. And said to somebody. And then you know—a lot of thi—a lot of this stuff I hadn't expressed specifically to my dad. And to-to (Step Mom's name) **I was able to you know express to counsellor's name and say it. So it-it felt good you know to get it out.**

RA19: Uh-hmm.

Clnt18: Yeah. So.

RA20: Like a relief?

Clnt19: **Yeah. Like okay. I can explain it. I get to explain some things—you know? So it was—it was ki—yeah—it was relief.**

S3; CLSC; M3

Clnt26: and validation. **And almost sort of comfort. Like okay I can keep talking to you about—about this, because you're understanding the—you know that—the sort of depth and seriousness of you know—what it was you know?** So yeah. Even for her to say that briefly in there was-was kind of comforting.

S3; CLSC; M6

Clnt59: Almost—yeah. I guess sort of a sense of relief. Like okay—she's kind of straightened that out. **You know that's something we can—I can—I know is—true.**

RA64: You guys are teasing it apart together.

Clnt60: Yeah.

RA65: It seems

Clnt61: Yeah.

RA66: It seems to me. Yeah.

Clnt62: I feel like we're solving something. You know?

RA67: Yeah. A puzzle and you're putting it together.

Clnt63: Yeah.

Open communication and emotional expressivity are basic tasks of counselling. The efficacy relevant utterances depicted above demonstrated that the client felt capable of fulfilling these

basic tasks. The counsellor offered a similar view of the client's ability when she said, "So I was glad that she felt that she could go there. Or that she could just—talk about that" (S3; CRSC; M2; Cllr44). The client's perceived ability to enact these tasks appeared to be facilitative of the counselling process and important for the positive outcome noted earlier in the analysis of this session.

Open communication and emotional expressivity were particularly important for this session because they represented goals that the client identified for her family relationships. The client had also indicated that she experienced difficulty expressing herself to her mom, her dad, and her dad's wife. Consequently, this parallel process experience allowed her to align her in-session action with relational goals that she felt blocked in. Her experience of speaking openly with the counsellor showed her that she was capable of expressing difficult thoughts and feelings. It also served as a mastery experience and helped equip her with capacity that was foundational to her relational goals.

4.1.6.4 Session four

The fourth session was organized around termination activities. It reviewed previous sessions, noted positive outcomes, identified future growth areas, and ended the relationship. The counsellor-client relationship was characterized by familiarity, warmth, support, and encouragement. The conversation moved freely through a range of topics including the client's impending travel plans, a visit the client had with her mom, the client's medical school aspirations, the client's relationship with her father, the client's relationship with her father's wife, the mediator role the client fulfilled in her family, a friend of the client's, and a letter the counsellor wrote the client.

The start of the session was very informal and light hearted in tenor. The counsellor and client discussed the client's travel plans and the excitement she was experiencing. The counsellor invited the client to keep a journal during her travels and shared of her experience of keeping a travel journal.

The session became slightly more serious when the client shifted the conversation to her mom and the time they spent together over the last weekend. The client informed the counsellor that she had told her mom about her dad's remarriage. Though the client did not use one of the keywords used to identify efficacy relevant dialogue, she described a behavioural enactment that she had previously said would be difficult for her to do. Her description of the experience was marked by strength and was followed by positive statements regarding the time she and her mom spent together. The counsellor noted their positive relationship and the client's efficacy experience when she said, "you enjoy spending time with her and you know you're able to talk to your mom" (S4; M6; Cllr68).

The counsellor directed the conversation to the client's medical school plans and the two discussed this for a couple of minutes. Their joint action acknowledged the decision that the client had made over the course of the sessions and connected this decision to the increase in happiness and wellbeing that the client now felt. The client noted this connection using an efficacy relevant utterance.

S4; M10

Clnt103: But I do – I feel a lot better and happy.

Cllr104: Could it be a part of that, is you sort of committed to something – you know you committed to med school?

Clnt104: Uh hm.

Cllr105: And you're going to try that on for a little anyways.

Clnt105: Yeah. Yeah. Yeah, I'm going to try it on for a while.

Cllr106: So maybe it's just part of what you're feeling is just – I don't know could it be that it's just um the calmness and just having made the decision?

Clnt106: Uh hm.

Cllr107: and so,

Clnt107: I think so. I really do. I think that has most of it – I think that's mostly to do with it right?

Cllr108: Right.

Clnt108: Is that it's okay, now I have a place to direct my attention. **Now I can go here.** You know?

The client's last utterance in this segment acknowledged an increase in her ability to contend with career decision. Their combined dialogue suggested that the client's increase in self-efficacy had resulted in a shift toward more positive emotions.

The next minute's dialogue provided additional support for the client's decision-making capabilities. The counsellor helped the client anticipate and reflect on the possibility that she might question her decision to pursue medicine. She normalized this experience for the client and suggested that the client had the capability to adjust her decision if she realized that it no longer fit with her.

S4; M12

Cllr114: But by going back you know in passing ... you know if that's what it needs to be then that's okay, right?

Clnt114: Right. Yeah.

Cllr115: Because it's better than you being second year med school and going oh ...

Clnt115: This isn't for me (laughing).

Cllr116: Yeah. (laughing) This is a mistake. And ... you know?

Clnt116: Yeah.

Cllr117: **So I hope that um you know you're able to sort of adjust that if it doesn't fit and ...**

After the counsellor supported the client's decision-making capabilities she directed the conversation to the client's relationship with her father. The counsellor reviewed the feelings the client expressed in the previous session and reminded the client of an important efficacy question that had emerged in that conversation.

S4; M14-15

Cllr133: And any other thought to um last time we met and we ...

Clnt133: Uh hm.

Cllr134: after we sort of were talking about the med school stuff, we started um ...

Clnt134: Uh hm.

Cllr135: you brought up the stuff about your dad and - and ...

Clnt135: Uh hm.

Cllr136: his marriage and ...

Clnt136: Hm. Uh hm.

Cllr137: you had a lot of questions about that. And not really feeling okay when – well not as okay as maybe you originally anticipated.

Clnt137: Yeah.

Cllr138: **And I posed the question if you had at all – in the future do you think you might be able to talk to your dad about or his partner about how you were feeling?**

Clnt138: Uh hm.

Cllr139: **And um you weren't sure like you - you know you – it was – it's a hard thing to think about.**

Clnt139: **Yeah.**

Cllr140: Um, have you given any thought to that since last time we talked?

Clnt140: Well, I remember last time we talked and I and I left kind of feeling – I almost felt a little bit angry at him. When I left. Like I was just like I had said something like he – he's never really said sorry. And I thought about it more. He never has.

Cllr141: Uh hm.

Clnt141: And I started to get angry. And then you know I was angry for a little bit and then I thought, "You know what? It's – there's no reason to be angry over it." Um, he's not even here. I'm sure he doesn't even realize that that's the way I feel, you know?

Cause I didn't even realize that's the way I felt until I brought it up and said it.

Cllr142: Uh hm.

Clnt142: You know? **So, um I think you know eventually I'll be able to talk to him about it, if the timing is right and the situation comes about. Um, then I would – I would feel okay saying those things to him.** Um, but um,

This joint action invited the client to reflect on her ability to talk openly and honestly with her father and her father's wife. It reviewed the previous sessions' content, described the client's current self-efficacy beliefs, and anticipated potential changes. Overall the segment illustrated how efficacy relevant dialogue was an integral part of the termination activities.

The topic of conversation quickly shifted from the client's father to her father's wife. Despite this quick shift, the anger elicited in the previous segment produced a rich set of comments in the participants' self-confrontation interviews. Both sets of comments included efficacy relevant utterances. The client's self-confrontation interview showed how difficult it was for her to express the anger that she felt toward her father.

S4: CLSC; M14

RA105: What were you thinking or feeling there?

Clnt99: So I was thinking—I **was thinking about how I was going to express the feelings I had felt because they were difficult feelings to express—with regards to the anger** and then—and then it kind of fading away and it turning into this sort of weird feeling that it was—I didn't really know how to put into words. So I was really consciously trying to think about you know—really my next words.

The counsellor picked up on how difficult it was for the client to express her anger. She also noted the courage that the client demonstrated in expressing her anger.

S4; CRSC; M14

Clr173: Oh of-of course lots. I mean come on. I'm sure yours was too. But no—then I was like – yes like you know. She was 'I kind of was a little angry when I left' and I was like okay—of course. I mean your dad's never said sorry to you in your whole life. That's ridiculous. (laughing) And so I was—I was glad. **I was happy that she felt angry—and was able to say it.** Which I-I complimented her later on saying that.

RA184: Okay.

Clr174: **Cause I know it can be hard and it takes courage ...**

All told the client was provided with another mastery experience. She was given an opportunity to enact behaviour that supported her goal of communicating more openly with her father. That she struggled with this revealed that she was still in the process of constructing efficacy.

The client also acknowledged her struggle to communicate with her dad's wife. She described her inefficacy as follows.

S4; M16-17

Clnt142.5: **talking to his wife still is a bit of a daunting thing to me.** Even though she would just you know. I - I just feel like she wouldn't be angry or she would never say offensive things. I just feel like um she's a very fragile person and I might upset her or you know I don't know. I - I just feel ah – I don't know she's kind of hard person to describe um because she's in no way – like in no way confrontational or um would ever try to impose on me or make me angry or upset or anything. She's very – a very big people pleaser. So um in a way talking to her would just leave me thinking, "Okay if I say this would it hurt her?... instead of just me saying something and having it out there." And then her telling me her true feelings. I think it would be her getting upset over me feeling that way. Does that kind of make sense?

Clr143: Oh it totally makes sense.

Clnt143: Yeah.

Clr144: Yeah I think I – I think I understand what you mean, but then ...

Clnt144: **It feels – it just feels like a daunting task to bring something up with her.**

Cllr145: Uh hm.

Clnt145: You know?

Cllr146: Uh hm.

The counsellor helped the client process the inefficacy she experienced in this relationship. The client indicated that she was glad for the opportunity to talk about it. She said that it had been a long time since she had expressed what she felt and that she was relieved now that she had. The counsellor responded with an efficacious evaluation of the client. This brief interaction provided another example where the client's in session action aligned with an important relational goal. It also illustrated how efficacy relevant dialogue was embedded within the termination activities of the session.

The second half of the session continued to review material covered in previous sessions and helped prepare the client for the future. The next topic of discussion encompassed the role that the client fulfilled with her parents. Though previous sessions had described the client in a mediator role, they had not fully explored the role. The joint action of this session was similar to that of previous sessions; it noted the mediator role that the client fulfilled and acknowledged the difficulty of the role. It did, however, extend the dialogue in a significant way. It described the client as one capable of coping.

S4; M26

Clnt192: And it is, but I - I think it's just – it's just been something that's come along with me for so long now, that it's - it's not – it doesn't really get me all that riled up anymore.

Cllr193: Uh hm.

Clnt193: Um, but it still is something that's just.

Cllr194: **You - you sort of learned ways to cope with it.**

Clnt194: **Yeah. I think that's what it is. I've just found certain ways to cope with it and it's just almost expected, you know?**

S4; M29

Cllr213: and you just happen to be in this place – and still in this place, you know, and - and your parents, yes they're lovely people and I'm not judging them, but ...

Clnt213: Uh hm.

Cllr214: just having you put in this situation. And even now um you have ...

Clnt214: Yeah.

Cllr215: **you know you have developed coping strategies.** (clears her throat)

Clnt215: **Uh hm.**

Cllr216: **And um are managing it so.**

Clnt216: **Yeah.**

The client's coping capabilities were also addressed when the conversation shifted back to the client's father. The client had identified a friend who was in a similar position to the client. She described the intense conflict occurring between her friend and her friend's father. The counsellor noted significant differences in how the client and her friend handled their respective situations. The counsellor's contrast was infused with efficacy relevant utterances.

S4; M35-36

Cllr261: Because even though you might um you know have some – have some feelings

...

Clnt261: Uh hm.

Cllr262: um towards the past with him and it, you know, it does sound like you have – you value the relationship. That you guys, do, you know you know hang out **and you can talk.** And um...

Clnt262: **Yeah.**

Cllr263: And so yeah, I mean that deserves acknowledgement that you know. **You have been able to let stuff go with your dad** and ...

Clnt263: **Yeah. Yeah**

The segment of joint action described the client as one capable of coping with difficult relationships. More specifically, the client was described as one who could talk with her father and one who was able to let go of past hurts. Once again perceptions of capability were woven into the termination activities of the session.

The last 10 minutes of the session were characterized by more immediacy. The counsellor and client continued to focus on the end of the counselling but became more focused on describing what had occurred over the course of the counselling. The client noted the value of the sessions and expressed appreciation for the help that the counsellor had provided. The counsellor said she felt privileged to talk with the client and identified the courage that the client

had shown throughout the sessions. She also highlighted how the client had addressed her indecision and gained greater clarity for her career. She described this change using numerous efficacious evaluations.

S4; M45

Cllr333: **I found it quite amazing that you um were able to sort of um come to that decision making place so quickly.**

S4; M47-48

Cllr349: and some of the stuff that scared you away initially, **but last week um when you were like – I can do this, I can do this, I can do this – I thought yah!.. (laughing) (pumps her arms in the air as if cheering for someone)**

Clnt350: Yes... (laughing)

Cllr350: **She can. I wanted to be like jump up and say yes you can. Yes, I totally you know believe that you can and it's just – you know you've gotta – you've gotta believe that you can, right?** (reaches over and touches the client on the thigh)

Clnt351: **Yeah. Yeah.**

The counsellor observed the client's decision-making capabilities and described how the client transitioned from "Can I do this?" to "I can do this." She also added her personal evaluation of the client's capabilities when she said, "Yes, I totally you know believe that you can..." The client received the counsellor's emphatic declarations. All told, this joint action provided a succinct summary of the sessions and helped bring the session to a close.

4.1.6.5 Assertions

Perceptions of client efficacy and inefficacy were embedded within the joint action of these sessions. They were observable as action elements and as internal steering processes and were integral to the counselling process. Client issues were explored, defined, described, and addressed using efficacy relevant language. The dyad conceptualized the client's problems in terms of perceived inefficacy, sought to foster perceived efficacy, used efficacy relevant language to observe and consolidate therapeutic gains, and included efficacy relevant language in their termination activities.

The dyad's joint action constructed perceptions of the client's capabilities. This was particularly evident in the joint action that addressed the career indecision the client presented with. The dramatic change from "Can I do this?" to "I can do this" was constructed within an open exploration of the client's experience. The constructive joint action processes also encompassed the counsellor's positive perceptions of the client's capabilities, efficacy questions used by the counsellor, an important extra-therapy event occurring between the second and third sessions, the client's perceived capability to engage in the tasks of counselling, positive parallel processes, and a strong bond between the client and counsellor. The prominent, albeit ongoing, declaration of the client's perceived efficacy appeared to be transformative for the client; it was also accompanied by a shift to new areas of concern.

4.2 Cross Case Analyses

The cross case analyses examined the within case findings and looked for similarities and differences between the six cases. Though the analysis procedures used to generate the cross case findings were thorough and rigorous, the findings are presented in a succinct format. The presentation highlights and synthesizes what emerged in the analysis but does not attempt to duplicate the rich thick descriptions provided in the within case analyses. The within case findings were structured to develop each case fully and to provide the conceptual building blocks used to construct the cross case findings. Consequently, they stand as the evidentiary base for the cross case findings presented in here.

4.2.1 Manifestation of client self-efficacy

In regards to the first question, how is self-efficacy manifest with the counselling process, the cross case analyses found that perceptions of client self-efficacy were embedded throughout the counselling sessions of all six cases. Though the dyads differed in terms of the time spent in

various aspects of the counselling process including exploration, problem definition, intervention, client change, consolidation of change, and termination, efficacy relevant dialogue comprised an integral part of the joint action of these aspects. Efficacy relevant dialogue was particularly evident in the joint action that explored and defined the clients' issues. For the dyads that described specific client changes, Dyads 1, 4, 5, and 6, the joint action describing the changes were infused with perceptions of the clients' self-efficacy; the joint action of Dyads 1 and 6 was particularly explicit in conceptualizing the client's change as a shift from inefficacy to efficacy.

The efficacious and inefficacious self-evaluations observed in the dataset varied in terms of the emotional intensity that they held for the clients. Some self-efficacy beliefs, efficacious and inefficacious, were associated with very little emotional intensity and seemed rather unimportant to the client and the counselling process. Other expressions were accompanied by heightened client emotionality and seemed more critical for the counselling process. The critical emotionally laden expressions involved perceptions of inefficacy relevant to important goals that the client had. Client 1's expressed inability to talk with her stepmother, client 2's expressed inability to complete the lifeline exercise, client 3's expressed inability to let herself have fun, and client 1's, and client 6's expressed inability to communicate openly with their fathers were examples of perceived inefficacy that was associated with heightened client emotionality. The joint action of these moments appeared to slow down and shift from a conversation about something outside of the session to a more direct experience of the clients' inefficacy. In other words, they were parallel process experiences where the moment-to-moment goals of the dialogue became more closely aligned with specific unrealized goals that the clients experienced in their day-to-day lives.

The clients' perceptions of capability and incapability were also evident within the clients' self-confrontation interviews. These interviews reported on the internal steering processes accompanying the clients' in-session action. They revealed that clients held important self-efficacy beliefs regarding their capabilities to engage in the tasks of counselling. These beliefs, which were also observed in the session dialogue and the counsellors' self-confrontation interviews, encompassed perceived efficacy and perceived inefficacy. Perceptions of client inefficacy were particularly salient in Dyads 2 and 3. The clients in these two dyads described themselves as inefficacious and displayed heightened negative emotionality, most notably anxiety (Dyads 2, 3, and 5), frustration (Dyad 3), and irritability (Dyad 3), in connection to their inefficacy. The clients from Dyads 2 and 3 experienced negative feelings regarding the client-counsellor relationship and they discontinued counselling prior to the fourth session. In contrast to the perceived inefficacy described by these clients, the clients in Dyads 1 and 6 described themselves as feeling efficacious with regards to the self-disclosing behaviour of the counselling sessions. These clients expressed positive feelings regarding the client counsellor relationship. The joint action of these two dyads also described transformative change for the clients.

4.2.2 Constructions of clients' capabilities

The cross case analyses revealed commonalities and differences related to the study's second research question, "How are perceptions of clients' capabilities constructed within the individual and joint action of individual counselling sessions?" As noted in the cross case analyses related to the first research question, the session transcripts were replete with efficacy relevant dialogue. In this regard, the efficacy relevant evaluations and questions contained in each of the counselling sessions described client efficacy as well as client inefficacy and thus constructed shared meanings regarding the clients' capabilities. All of the dyads were similar in

that they included both types of evaluations. That is not to say, however, that each dyad described the client's capabilities in exactly the same way or that the constructive pattern was identical across each dyad's counselling sessions. There were a number of commonalities in how perceptions of capability were constructed within each dyad even though certain constructive processes may have been more strongly represented in specific dyads. There were also distinct processes that were observed in a limited number of dyads. What follows is a description of some of the common findings along with some comments on their relative strength in specific dyads. The presentation also identifies where observable processes are confined to a limited set of cases.

The exploration of client self-efficacy beliefs was a common constructive process observed within the dataset. More specifically, the clients and counsellors' joint action served to identify and distinguish areas of client capability and incapability. This exploratory joint action appeared to have a clarifying effect that was followed by perceptions of capability. Perhaps clients felt more efficacious as they gained a clearer sense of what they could and could not do and when they identified the contextual supports they needed to enact specific behaviour. Exploratory behaviour that was focused on specific domains of function appeared to be more helpful than exploration that was more broad or diffuse. This constructive process was also more evident in dyads characterized by open and honest self-disclosure on the client's part. In this way, clients who experienced efficacy relevant to specific tasks of counselling tended to engage in exploratory dialogue that eventually described the client efficaciously. Dyads 1, 4, and 6 served as exemplars of this constructive process. Dyad 2, 3, and 5 illustrated how perceived inefficacy for specific tasks of counselling was associated with less of exploratory dialogue.

Dyad 3 also illustrated how client defensiveness limited the exploratory joint action that was associated with efficacy construction.

The counsellors' use of efficacy questions was another common finding of the study. More specifically, counsellors asked the clients questions aimed at the clients' capabilities. Sometimes these questions were very specific and served an important role in the exploration noted in the previous paragraph. In other situations, however, the efficacy questions prompted clients to answer the question, "What are you able to do?" This particular question functioned as a challenge to clients' inefficacious self-evaluations. It was also associated with increased awareness of the clients' capabilities. The counsellor from Dyad 1 employed numerous efficacy questions of this type. Efficacy questions were also prominent in the efficacy construction observed in Dyads 4, 5, and 6. In contrast, the counsellor from Dyad 3 asked very few efficacy questions and the counsellor from Dyad 2 held off challenging the inefficacy that the client expressed. In fact, the persistent use of reflective statements in the face of numerous inefficacy self-evaluations appeared to support this client's perceptions of inefficacy.

Extratherapy events occurring outside of the sessions appeared to be part of the efficacy constructive processes observed in the data set. The extratherapy events included ordinary and extraordinary events. In terms of ordinary events, client 3 expressed concerns about her ability to manage at her new job in session 2 but expressed confidence in her abilities after a week of work. In contrast to this ordinary event, the efficacy construction of the clients from Dyads 1 and 6 involved extratherapy events that were more pronounced. For example, client 6 had a significant conversation with her father and came to the place where she believed that she was capable of completing medical school. Client 1 wrote a letter to her stepmother and engaged her stepmother and father differently; this was accompanied by increased perceptions of her

capability to speak openly and honestly with them. The client from Dyad 5 employed some of the counsellor's suggestions and reported increased perceptions of her capability to manage her anger. These last two examples are noteworthy in that counselling sessions helped the clients get to the place where they were ready to enact new behaviour relevant to the problems they faced. In contrast, client 6's conversation with her father appeared to be somewhat more serendipitous. That being said, it seems likely that the efficacy question she arrived at in session two served as an important contextual factor for the conversation she had with her father between sessions 2 and 3.

Finally, efficacy construction appeared to be facilitated by some of the parallel process experiences identified above. This was true for Dyads 1, 5, and 6. In these situations the clients experienced their perceived inefficacy and the accompanying emotions within a key moment of the session. In other words, they had heightened awareness of their inefficacy as well as the strong emotions accompanying it. However, they also found a way to enact behaviour parallel to the behaviour they felt incapable of enacting. For example, client 1 experienced inefficacy regarding her capacity to talk about the strong emotions she held toward her stepmother yet found a way to disclose them to the counsellor. Similarly, client 6 indicated that she could not talk about the feelings she experienced in relation to her parent's divorce yet found a way to talk about them in the session. Client 5 expressed inefficacy about her capacity to talk openly about her feelings with her boyfriend yet was able to discuss them with her counsellor. Interestingly, all of these parallel process experiences involved emotional self-disclosure, a common task of counselling. Clients who were able to express strong emotions within the session appeared to feel more confident about their ability to express those emotions in other contexts. They constructed emotional self-disclosure self-efficacy.

Chapter 5: Discussion

This chapter describes how the current study advances counselling process and self-efficacy research methodology and generates new knowledge regarding the role of client self-efficacy beliefs within individual counselling. It begins with a short paragraph that situates the study within the counselling process and self-efficacy literatures. This is followed by the chapter's two main sections. The first section outlines the methodological contribution of the study and the second presents implications arising from the findings. The chapter ends with comments regarding the study's limitations, recommendations for future research, and a brief conclusion.

5.1 Situating the Study

Counselling and psychotherapy research has become increasingly focused on identifying and understanding change processes of individual counselling. The focus on change processes is marked by specific calls for research on the mechanisms of change (Kazdin, 2007; Pachankis & Goldfried, 2007). Self-efficacy is identified as a central mechanism of therapeutic change (Bandura, 1977a). Research has demonstrated that therapeutic intervention is associated with increases in self-efficacy expectations related to several areas of clinical functioning including anxiety (Bouchard, et al., 2007; Casey, et al., 2005; Williams, et al., 1984; Williams, et al., 1989; Williams, et al., 1985), depression (Usaf & Kavanagh, 1990), disordered eating (Schneider, et al., 1987; Wilson, et al., 1986), and substance abuse (Burling, et al., 1989; Karatay, et al., 2010; Kavanagh, et al., 2006). This collection of research also demonstrated significant positive relationships between client's self-efficacy expectations and positive therapeutic outcomes. Recent research has also indicated that clients' sense of efficacy may function as a common change process within individual counselling aimed at addressing a heterogeneous set of issues

(Tschacher, et al., 2000). What is missing from the literature is research that provides rich, detailed descriptions of client self-efficacy as it is manifest within the dynamic interactions of a series of counselling sessions and research that illuminates how clients and counsellors jointly construct perceptions of client capability.

5.2 Methodological Contributions

The study's purpose necessitated a significant departure from standard methodological approaches to self-efficacy research. The researcher's choice of the action-project method and the development of the study's research questions yielded an innovative approach to self-efficacy research. This approach addressed significant limitations of previous self-efficacy research; it offered a fully contextualized depiction of client's self-efficacy beliefs and investigated client self-efficacy as a dynamic interactive process. The specific innovations and contributions of the approach are examined below.

The current study differed from previous research in that it used the action-project method's data collection methods to observe perceptions of the clients' capabilities as they emerged within the counselling sessions. In contrast, previous research has focussed on specific domains of function and has employed self-report inventories that assess self-efficacy for specific behavioural enactments. Though these inventories are efficient and precise, their specificity limits their applicability for research that investigates a broad spectrum of client issues. Although some research has circumvented the limitations associated with highly specified self-efficacy scales by using one of a number of general self-efficacy scales (Schwarzer & Jerusalem, 1995; Sherer et al., 1983), this approach to self-efficacy measurement is inconsistent with social cognitive theory's conceptualization of self-efficacy (Bandura, 1997). The current study demonstrates that perceptions of client self-efficacy can be observed as they emerge within

the joint action of individual counselling sessions and provides a methodological example for researchers interested in studying perceptions of self-efficacy within individual counselling.

The current study's data collection methods yielded efficacy relevant dialogue pertaining to numerous domains of functioning including career exploration, career indecision, emotional self-regulation, emotional self-disclosure, interpersonal communication, anger management, work tasks, academics, personal coping, personal relationships, and family relationships. The broad spectrum of skills encompassed in the participants' efficacy relevant utterances goes well beyond the scope of previous counselling process research which has focused on self-efficacy related to anxiety, depression, disordered eating, and substance abuse. In this way, the current study's application of the action-project method provides a methodological example for researchers seeking to investigate self-efficacy as a common underlying process of individual counselling. Researchers do not have to limit their investigations to samples defined by a single diagnostic category but can study self-efficacy in samples that present with diverse issues such as those experienced by participants in this study.

Another distinguishing feature of the current study's application of the action-project method is that it contextualized client self-efficacy beliefs according to the participants' goals and social meanings. This contextualization of clients' self-efficacy beliefs addresses a significant shortcoming of previous self-efficacy research. Most previous attempts to understand the role of self-efficacy in counselling have relied on self-report self-efficacy scales. These scales present respondents with a predefined set of items, aggregate their confidence ratings, and treat self-efficacy beliefs as individual units of measurement. They fail to account for the unique meanings accompanying a particular perception of capability and assume that the effect of feeling efficacious about a particular behavioural task will be highly similar among a group of

clients. The current study's findings showed that the expression of participants' self-efficacy beliefs were closely tied to the goals they identified within the sessions and suggests that specific self-efficacy beliefs have differential effects that are closely connected to the social meanings within which they are constructed. Qualitative research that generates rich, thick descriptions of participants' experiences offers an alternative approach for understanding the role of self-efficacy within counselling process, an approach that enriches knowledge of the unique effects of specific self-efficacy beliefs.

The action-project method's self-confrontation procedure provided an innovative data collection strategy useful for identifying and describing client self-efficacy beliefs. The use of this video prompted recall procedure allowed the researcher to describe the self-efficacy beliefs that clients experienced in connection to their in-session behaviour. The use of open ended prompts provided clients with the opportunities to identify those thoughts and feelings that were central to their in-session action. The use of this procedure revealed that perceived self-efficacy for the basic tasks of counselling was highly salient to these participants' in-session action. It also showed how these perceptions of inefficacy can have differential effects depending upon the goals and social meaning of the participants. Perceptions of inefficacy related to the communicative tasks of counselling appeared to have a paralyzing effect on the counselling process of Dyad's 2 and 3 where as similar utterances of inefficacy expressed by clients from Dyads 4 and 6 appeared to have little impact on the session. In contrast, expressions of perceived capability related to self-disclosure appeared to be a facilitating factor in the counselling process of Dyads 1 and 6. These findings illustrate the differential effects of specific self-efficacy beliefs and further illustrate the importance of contextualizing clients' self-efficacy beliefs according to the goals and meanings that they are embedded within.

The current study's application of the action-project method described perceptions of client capability as a dynamic interactive joint action process. In contrast to the majority of self-efficacy research which focuses on a set of isolated time anchored self-efficacy beliefs, the current study focused on perceptions of capability that were infused within interactive exchanges, spanned one or more sessions, and connected to each other via the dyad's goals. By viewing client self-efficacy as a dynamic joint action process the current study illuminated constructive processes that unfolded over time. The methodological approach showed how clients and counsellors exploratory communicative exchanges constructed perceptions of client capability, how counsellors' efficacy questions invited clients to describe themselves more efficaciously, and how in-session activities connect with important extra-session events and helped build client self-efficacy. The approach also depicted significant communicative exchanges where client's in-session action aligned closely with highly important client goals, elicited strong emotions, and yielded close connections between the client and the counsellor.

The current study's methodology provided an in-depth vantage point into these participants' experiences and treated client self-efficacy in a manner consistent with social cognitive theory's fundamental postulates, triadic reciprocal determinism and interactive emergent agency. While on one hand the findings challenge researchers to explore new sources of self-efficacy, the dynamic interactive constructive processes observed in the data also challenge researchers to consider methods that investigate self-efficacy as dynamic interactive process of human agents. The vast majority of self-efficacy research relies on one or two measurement points and is not capable of describing self-efficacy as a dynamic interactive process. Although current research is beginning to employ advanced statistical procedures and multiple data points to analyse self-efficacy growth and change over time (e.g., Bouchard, et al.,

2007; Kavanagh, et al., 2006; Restubog, Florentino, & Garcia, in press; Tschacher, et al., 2000), the current study illuminates an alternative methodological approach for describing dynamic interactive approaches, an approach that is capable of providing in-depth descriptions of action occurring across time.

5.3 Implications of the Major Findings

5.3.1 Manifestations of client self-efficacy

The current study sought to describe how client self-efficacy is manifest within counselling process. The findings revealed that perceptions of client self-efficacy were embedded throughout all aspects of the counselling process, occurred in connection to a range of emotional intensities, and extended to important tasks of counselling. Each of these findings has implications for theory and practice.

5.3.1.1 Implications for theory

The persistent occurrence of efficacy relevant dialogue observed in the study and its infusion within all aspects of the counselling process is consistent with the role social cognitive theory ascribes to perceptions of self-efficacy. Social cognitive theory posits a dynamic self-efficacy belief system and asserts that perceptions of capability are elemental to human experience (Bandura, 1997). It describes self-efficacy as a mechanism of human agency (Bandura, 1982, 2001) and therapeutic change (Bandura, 1977a). The participants of this study infused efficacy relevant utterances throughout the sessions' dialogue. They identified perceived inefficacy as problematic, worked toward changing it, and moved to new issues once clients felt more efficacious.

It is compelling to think of self-efficacy beliefs as discrete units that have uniform effects. Perceived efficacy leads to approach behaviour, increases persistence, and results in high

quality performance whereas perceived inefficacy leads to avoidance behaviour, decreased persistence, and low quality performance. The use of self-efficacy scales that quantify self-efficacy beliefs conveys a similar understanding. The findings from this study showed that perceptions of client self-efficacy varied in terms of the emotions they elicited. Some beliefs were accompanied by intense client emotionality whereas others were uttered in the absence of any noticeable effect. This suggests that self-efficacy beliefs do not operate in a uniform fashion and that the effect of individual self-efficacy beliefs vary according to other factors.

Contextual action theory (Valach, Young, et al., 2002) highlights the intentionality of human action and offered a theoretical perspective that was useful for understanding the differential effects observed in the study. In taking an action theory perspective it became clear that the emotionally laden expressions of inefficacy could be understood according to the individual and joint-goals of the dyad. More specifically, clients expressed heightened emotionality when they experienced inefficacy in connection to important goals that they were acting on within the counselling session. Thus, the action theory perspective was useful for understanding how perceptions of efficacy and inefficacy have differential effects that are partially attributable to individual and joint-goals. Although social cognitive theory acknowledges a bidirectional relationship between self-efficacy beliefs and goals, it asserts an asymmetrical relationship where self-efficacy beliefs precede goals in the causal ordering of human experience (Bandura, 1997). The findings from this study indicate that goals are highly important to understanding self-efficacy beliefs and suggest renewed consideration of the asymmetrical bidirectional relationship posited within social cognitive theory.

5.3.1.2 Implications for practice

The persistent occurrence of self-efficacy relevant dialogue observed in these sessions suggests that these clients were attentive to their own capabilities and that their perceptions were integral to how they conceptualized their problems and how they evaluated their progress in counselling. The findings indicate that these clients felt blocked by their perceived inefficacy and that they were helped as they develop heightened awareness of their own capabilities. In fact, when clients in this study experienced dramatic shifts in perceived efficacy they shifted the counselling sessions to new areas of concern thereby indicating their readiness to address new issues. These observations are consistent with prior conceptualizations that position self-efficacy as mechanism of therapeutic change. That they were observed within a group of counsellors using diverse theoretical approaches adds further support to this claim.

The occurrence of self-efficacy relevant dialogue throughout the exploratory, problem definition, intervention, and consolidation of change phases observed in these sessions suggests that perceptions of capability may be pertinent through different phases of the counselling process. Counsellors who are attentive to clients' perceptions of efficacy and inefficacy may find it useful to address them in various phases of the counselling process. For example, knowledge of a client's self-efficacy beliefs could help counsellors and clients as they identify specific concerns, establish therapeutic goals, and evaluate client progress.

The observed relationship between perceived inefficacy and heightened emotionality is an interesting and potentially useful finding for counsellors. Although counsellors' theoretical orientations influence their views on the role of emotion, counsellors are generally mindful of clients' emotional expressions. They monitor client emotionality and seek to assist clients in improving their emotional functioning. The current findings provide counsellors with another

interpretive lens for understanding client emotionality. Heightened emotionality may serve as an indicator of perceived inefficacy relative to an important client goal. In addition to working directly with clients' emotions, counsellors can help clients explore the perceptions of inefficacy that accompany their distress and introduce intervention strategies (e.g., Betz, 1992) aimed at helping clients construct self-efficacy.

The findings also suggest that counsellors may benefit from paying particularly close attention to the perceptions of capability clients have toward the tasks of counselling. Past research demonstrates that clients' perceived inefficacy to manage counselling tasks predicts client attrition (Longo, Lent, & Brown, 1992). The current research extends previous research in that it showed how perceived inefficacy for the communicative tasks of counselling was associated with heightened emotionality and was linked to difficulties in the counsellor-client relationship. Clients who felt inefficacious with regards to their ability to communicate with the counsellor became anxious and frustrated within the counselling sessions, worried about the counsellor's response, and experienced annoyance toward the counsellor. Conversely, clients who found it easy to self-disclose to their counsellor and experienced self-efficacy in relationship to the communicative tasks of counselling experienced more positive emotions toward their counsellor and appeared to move forward in addressing their issues. Although the current study does not provide a basis for inferring causal relationships, it clearly depicts the interconnectedness of client self-efficacy, client emotionality, and the therapeutic relationship in these cases. Counsellors who observe clients struggle with basic counselling tasks may want to monitor the client's emotional experiences and be extra attentive to the therapeutic relationship.

5.3.2 Self-efficacy construction

The study aimed to explore how perceptions of clients' capabilities were constructed within and across individual counselling sessions. The findings revealed several constructive processes including the exploration of client self-efficacy, the use of efficacy questions, the occurrence of critical extratherapy events, and powerful parallel process experiences.

Implications pertinent to theory and practice are described and elaborated on in the following sections.

5.3.2.1 Implications for theory

Previous research establishes four sources, mastery experience, vicarious learning, verbal persuasion, and decreased physiological arousal, of therapeutically enhanced self-efficacy (see Bandura, 1997 for a review). Past research has also demonstrated that self-efficacy increases are attained using various types of therapeutic intervention (i.e., cognitive-behavioural, interpersonal therapy, motivational interviewing, etc.) and for different types of problems (i.e., anxiety, depression, disordered eating, and substance abuse). Although the constructive processes observed in the current study may be partially explained by one or more of the four sources of self-efficacy, they also appear to go beyond the four sources identified within previous research. Consequently, the four constructive processes observed in the current findings expand upon previous research and invite additional research regarding the process of efficacy construction within individual counselling. The theoretical implications of each constructive process are examined below.

The exploratory joint action of the counsellor and client dyads described a range of client capability and incapability. Consistent with self-efficacy theory (Bandura, 1997), the exploratory joint action revealed how clients' perceptions of self-efficacy fluctuated according to variations

in the behavioural task and the particular contextual factors surrounding the behaviour. Although clients may have communicated a vague and general sense of efficacy or inefficacy at different times within the sessions, the dyads' exploratory joint action revealed that clients held self-efficacy beliefs that were specific to behaviour enacted within a defined set of circumstances. Furthermore, the joint action that explored the behavioural enactments and contextual factors associated with perceived efficacy and perceived inefficacy appeared to construct perceptions of client self-efficacy. Interestingly, the identification of specific inefficacy beliefs seemed to be helpful in the construction of self-efficacy provided that the exploratory joint action also identified specific perceptions of capability. In some regard, these identifications of capability served as starting points that allowed clients to adopt an initial stance of efficacy. Perhaps this constructive process involved moving from a vague and somewhat pervasive sense of inefficacy to a more concrete appraisal of a specific capability along with some belief that one could build upon this initial ability.

The efficacy enhancing effect of the participants' exploratory joint action expands upon the four sources of self-efficacy noted in self-efficacy theory and is not fully explained according to mastery experience, verbal persuasion, vicarious experience, or diminished physiological arousal. Of note is how the exploratory joint action process was analogous to the complex conceptual analyses recommended in the construction of specific self-efficacy scales (Bandura, 1997, 2006a; Lent, Brown, & Hackett, 2000). Although scale construction calls for a systematic process and is intended to produce a sophisticated hierarchy of behavioural tasks and contextual supports related to the domain of interest, both processes are similar in that they outline a range of behaviour that can be used to assess a person's self-efficacy beliefs. That the exploratory

process of counselling enhanced clients' self-efficacy beliefs raises questions about the potential efficacy enhancing effects of completing a self-efficacy scale.

As noted above, three of the other four efficacy enhancing processes observed in this study expand upon the sources of self-efficacy asserted within self-efficacy theory. The lone exception is the extratherapy event process observed in Dyads 1 and 6. The two main examples of this process appear to be explainable by the sources outlined in self-efficacy theory; one is explainable as a mastery experience (Dyad 1) and the other as verbal persuasion (Dyad 6).

It is reasonable to suggest that the efficacy enhancement that accompanied efficacy questions is partially explained according to the verbal persuasion source of self-efficacy. The counsellors' questions may have conveyed belief in the clients' abilities and functioned to persuade the clients to see themselves as more efficacious. Efficacy questions might also be explained according to the imagery source theorized by Maddux and Gosselin (2003). Of course efficacy questions might also operate according to processes not currently identified within self-efficacy theory. Various forms of questioning including the miracle question, scaling questions, and questions regarding expectations and coping are prominent within solution focused approaches to counselling (Berg & Miller, 1992; de Jong & Berg, 1998; de Shazer, 1991). Consistent with the efficacy questions observed in the current study, solution focused questioning invites clients to shift their perspective from their problem to their potential. The prominence of efficacy questions observed in the current study invites additional consideration regarding the function of various types of questions. Solution focused approaches may offer additional theoretical insight into the efficacy enhancing effect of efficacy questions and may provide new frameworks for understanding efficacy construction within individual counselling.

The efficacy enhancement that accompanied powerful parallel process experiences appeared to incorporate client mastery experiences. More specifically, the clients in Dyads 1 and 6 disclosed strong emotions to their counsellors, something that they felt incapable of doing with specific people in their lives. Their successful enactments during the session appeared to help them feel more capable of direct emotional self-disclosure with those people they wanted to be more open with. Although these experiences fit well with a mastery experience explanation, the strong emotions and notable client-counsellor bond that accompanied these experiences appeared to be central to this process of efficacy construction. This finding invites consideration of additional therapeutic processes beyond mere mastery experience and points to potential opportunities for theoretical convergence (i.e., process-experiential, emotion focussed, therapeutic alliance, etc.).

5.3.2.2 Implications for practice

The findings for the first research question alert practitioners to the relevance and prevalence of client self-efficacy beliefs within counselling process. The findings for the second question inform counsellors on the joint action processes the participants used to construct perceptions of client self-efficacy. The second set of findings provides suggestions for how counsellors might work with clients to enhance client's perceptions of capability.

The role of open exploratory dialogue observed in the current study reminds counsellors of a basic yet extremely valuable function of individual counselling. Clients are helped as they talk through difficult experiences and hear counsellors respond empathically. Supportive exploratory dialogue helps people gain cognitive and emotional clarity regarding their experience, develop new perspectives, and enact meaningful change. These basic processes of counselling, exploration, insight, and action, and the fundamental skills used to facilitate them

form the backbone of longstanding models used in the training of new counsellors (Egan, 2010; Hill, 2009). Exploration is a crucial first step and an ongoing process of individual counselling. The findings of the current study indicate that open exploration is also an important process related to self-efficacy construction. In other words, self-efficacy enhancement flows out of the kind of exploratory conversations that are considered fundamental or basic to individual counselling. Counsellors who facilitate open exploratory dialogue with their clients also help their clients become more aware of their agentic capabilities. Perhaps this is why Canadian “counselling psychologists view individuals as agents of their own change and regard an individual’s pre-existing strengths and resourcefulness and the therapeutic relationship as central mechanisms of change” (Beatch et al., 2009).

The use of efficacy questions may be another way that counsellors help clients become more aware of their capabilities. The efficacy questions observed in the current study functioned as probes and invited clients to explore their capability. They also served to challenge clients by shifting their focus from incapability to capability. In fact, the challenging aspect of the efficacy questions was distinguished from a purely reflective form of responding and appeared to be particularly useful in directing conversations from inefficacy construction to efficacy construction.

The role of efficacy questions observed in the current study invites consideration of specific intervention strategies employed within solution focused approaches to counselling (Berg & Miller, 1992; de Jong & Berg, 1998; de Shazer, 1991). These approaches advocate for the use of several different types of questions including the miracle question, scaling questions, and questions aimed at coping and expectations. Solution focused approaches employ these questions as a way of inviting clients to shift their focus from problems to solutions, a shift that

is highly consistent with a shift from perceived inefficacy to perceived efficacy. The use of questions appears to be a useful technique for facilitating these kinds of shifts and merits consideration for counsellors seeking to help clients who appear to be fixed in their perspective.

Motivational interviewing represents a counselling approach that is useful for helping people who are stuck within a particular stage of change (Miller & Rose, 2009). Interestingly, the early motivational interviewing research identified the support of client self-efficacy as a core component of motivational interviewing (Bien, Miller, & Tonigan, 1993). Though the support of client self-efficacy remains as a key emphasis of the approach, the intervention strategies are not based upon the four sources of self-efficacy. Instead, motivational interviewing techniques are aimed at evoking and reinforcing client change talk (Miller & Rose, 2009), an approach that seems somewhat akin to the efficacy questions observed in the current study and the solution focused questions noted above. The commonalities involve the careful use of language and an emphasis on helping clients persuade themselves of what they can do. The current study's findings offer support for these emphases.

The relevance of extratherapy events on counselling process is noted in major reviews of counselling process research (Hill & Williams, 2000; Orlinsky, et al., 2004). The current study's findings illustrate how connections between client's and counsellor's in-session joint action and client's extra-session experience can help in the construction of client self-efficacy beliefs. The convergence of client's in-session and extra session goals appeared to be a crucial feature of the connection and the increase in perceived capability that it facilitated. The findings remind counsellors to be purposeful in exploring and understanding their clients' reasons for coming to counselling, in initiating activities that address their clients' counselling goals, and in establishing meaningful connection between counselling sessions and clients' day-to-day lives.

The powerful parallel process experiences described in the current study's findings serve as examples of how counselling activities can converge with important relational goals that clients bring to counselling. The examples from the current study showed how clients' perceived capability to discuss strong emotions regarding family relationships increased after emotional self-disclosure with their counsellor. These increases in perceived self-efficacy were also associated with increased self-disclosure within their families and increased closeness in difficult family relationships. Clients' perceptions of capability appeared to be central in to the emotional and relational changes described by these clients. These findings invite counsellors to consider how process-experiential intervention might be used to help address relational difficulties that are maintained by perceptions of inefficacy.

The powerful parallel process experiences described in the current study's findings also underscore the importance of the client-counsellor relationship and provide new ways for viewing the complex dynamics of this relationship. As noted earlier, the clients made efficacious and inefficacious evaluations regarding their ability to communicate with the counsellor. Client's expressions of capability regarding the basic communicative tasks of counselling were associated with emotional self-disclosure in the session, openness in the client-counsellor relationship, and positive affect toward the counsellor. Conversely, expressions of perceived inability were marked by defensiveness and negative affect toward the counsellor. Though the current study's design does not provide a basis for inferring directionality in the associations observed between the clients' perceived capabilities, emotional self-disclosure in the sessions, feelings toward the counsellor, and increased emotional self-disclosure with their families, the findings provide counsellors with another lens for understanding changes occurring within the client-counsellor relationship.

5.4 Limitations

5.4.1 Self-efficacy construction

The current study approached self-efficacy change as a constructive process. In action theory terminology, the construction of self-efficacy was seen as a joint-action process that encompassed three perspectives on action, four action systems, and three levels of action organization. Although construction of self-efficacy was understood and described as a joint-action process, the participants' in-session behaviour and their internal processes as revealed in the self-confrontation were critical to the identification efficacy relevant dialogue. The coded material from these transcripts formed the basis of identifying self-efficacy relevant action. The clients' responses were also important for observing and describing the strength of the clients' self-efficacy beliefs and any changes to those beliefs. This approach was consistent with the constructivist-interpretivist paradigm that guided the study in that the phenomenon of interest, client self-efficacy, was understood according to the participants' perspective. The approach was also highly consistent with social cognitive theory's conceptualization of self-efficacy beliefs as *perceptions* of capability. Nonetheless, the approach taken in this study did not utilize quantitative ratings to provide definitive statements of the clients' self-efficacy beliefs nor did it direct the participants to specific domains of function or provide systematic assessments of the various domains identified.

There are several implications associated with this approach to self-efficacy change. First, though the client participants described clear shifts from inefficacy to efficacy in their utterances and though the analyses described these shifts as efficacy construction, the approach did not provide a basis for making definitive statements regarding the magnitude of the change. Another implication or limitation of the current study's approach to self-efficacy construction is

that it described perceived changes without taking a stance on the relative importance of the domain referenced in the participants' efficacy evaluations. The analyses noted efficacy evaluations made by the participants and described them according to the participants' goal structure thereby providing an indication of the perceived importance to the participants. They did not, however, attempt to determine how important these particular domains were to the clients' overall well being nor did they offer a particular position on the long term effects of the change observed in the sessions. In this regard, the constructions of self-efficacy noted and observed in the current study do not stand as objective indicators of the outcome or success of the counselling sessions.

5.4.2 Transferability of the findings

The current study provided an in-depth analysis of the joint action of six counsellor-client dyads. The dyads were established in order to address the transitional needs of the emerging adult clients. Though the dyads discussed a range of issues related to the transition to adulthood (i.e., career indecision, anger management, family relationships, work, etc.), the study's recruitment activities were organized around recruiting clients with transitional needs and counsellors equipped to help emerging adults. Consequently, the findings describe manifestations of client self-efficacy and self-efficacy construction processes of emerging adult clients in an individual counselling relationship aimed at helping with the transition to adulthood. The transferability or exchangeability of the findings to clients in different developmental stages and with different counselling issues may be limited given the narrow parameters of the current sample.

The recruitment activities and case selection process created additional limitations related to the transferability of the findings. The *current study* reanalyzed data gathered for another

study and was ultimately limited to 6 of 12 cases. Though there was strong rationale for the decision to reanalyze these six cases, the findings are based upon a convenience sample not the principle of saturation or some other sampling strategy. All of the dyads included in the detailed analyses were made up of female-counsellor, female-client pairs. Thus, the findings are particularly pertinent to female clients and female counsellors who are in an individual counselling relationship intended to help with the transition to adulthood.

Though this study employed a longitudinal approach that spanned more than one session, the data was limited to joint action spanning four sessions. Consequently, the findings pertain to perceptions of client self-efficacy manifest over four sessions and efficacy constructive process of the same length. The findings do not address manifestations and constructive processes occurring in mid to long term counselling relationships.

As a qualitative study guided by a constructive-interpretivist paradigm, the current study does not purport to make causal assertions regarding the processes of self-efficacy construction witnessed in these participants' joint action. Rather, the current study describes how self-efficacy was manifest within the counselling sessions of these participants and how their joint action constructed perceptions of client capability and incapability. The reader is invited to consider how other counsellor-client pairs might construct client self-efficacy similar to the participants of this study and to consider the implications forwarded in this chapter but is cautioned against making causal assertions or definitive conclusions. Though the findings of this study are valuable and informative, they are not exchangeable with research conducted with other participants. It is the author's anticipation that further research will generate additional knowledge related to the role of client self-efficacy within individual counselling process.

5.5 Future Research

The findings from this study invite additional research into the role of client self-efficacy perceptions within individual counselling. The various implications forwarded earlier in this chapter allude to numerous possibilities. What follows is a more direct statement regarding my suggestions for future research.

The current study employed the action-project method of contextual action theory to describe perceptions of client self-efficacy across multiple counselling sessions. This choice in method and theoretical framework represented a significant departure from previous self-efficacy research. More specifically, the methodological approach of the current study did not aggregate a set of discrete self-ratings assumed to have universal meaning nor did it rely on one or two data collection points. Instead, perceptions of client self-efficacy were contextualized according to the participants' unique and shared meanings, were linked across time via participants' intentional frameworks, and were described as dynamic interactive processes. This approach was consistent with how social cognitive theory conceptualizes self-efficacy and helped surmount the challenge of identifying and describing a potentially boundless set of perceived capabilities. Consequently, I recommend additional research into the role of self-efficacy within individual counselling process. More specifically, I recommend research that addresses the limitations of the current study, namely action-project studies that extend the current findings to a more diverse set of participants.

The findings of this study demonstrated that self-efficacy was manifest throughout different phases of the counselling and clients experienced changes in their perceptions of capability. These findings are consistent with the view that self-efficacy is a common mechanism of therapeutic change. I recommend future counselling process-outcomes research that employs

multiple data points along with advanced statistical procedures capable of measuring self-efficacy growth and change over time.

The findings of this study showed how clients' perceptions of self-efficacy related to the tasks of counselling. Perceived efficacy for basic counselling tasks was associated with positive therapeutic gains where as perceived inefficacy was linked to client attrition. I recommend future research that explores this connection further, research that investigates the relationship according to numerous different counselling tasks, that provides an indication of the strength of the relationship, and that identifies client and counsellor variables that influence the relationship.

The efficacy construction processes identified in the current findings implicated several theoretical approaches including solution focused, process-experiential, and motivational interviewing. This collection of approaches is interesting in that self-efficacy is typically endorsed as a cognitive-behavioural construct. Solution focused, process-experiential, and motivational interviewing approaches offer unique perspectives on the role of self-efficacy within counselling process. I recommend research that explores how these theoretical functions influence the way that perceptions of client self-efficacy are constructed across one or more sessions.

5.6 Conclusion

This study is supportive of previous research and theorizing that identifies self-efficacy as a process of therapeutic change. It breaks new ground in its use of the action-project method to describe dynamic interactive manifestations of client self-efficacy beliefs. The findings provide rich, detailed descriptions of perceived client self-efficacy within individual counselling sessions and the joint action processes that constructed perceived capability and perceived incapability in the current sample. Finally, the findings contribute new ideas pertinent to the role and function of

self-efficacy in counselling process and raise numerous questions for future researchers to explore.

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Appendix A: Recruitment Poster**ATTENTION YOUTH AGED 19-21**

If you are between the ages of 19 and 21 and would be interested in receiving up to four counselling sessions free to assist you with addressing issues related to your transition from adolescence to adulthood (your future, career, education, relationships, living independently), the following study may be of interest to you.

We are studying how the counselling relationship supports youth who are making choices about school, work, and relationships. We want to find youth, and counsellors who are willing to talk to us about moving into adulthood and what roles the youth and counsellor have in this process.

Counselling as a Context for Youth Transition Project

The study is being conducted at UBC in the counselling psychology program. Participants may be completing high school, attending post secondary education, and working part or full time or may be out of school and making decisions about future plans.

Principal Investigator: Dr. Richard Young

Co-Investigator: Dr. Sheila Marshall

Your involvement in the study will involve four counselling sessions with a professional counsellor. In addition, we would ask you to participate in a follow-up interview after each session in which a research assistant will review the session with you to look at your thoughts and feelings during the session. Your participation would be voluntary and you can withdraw at any time. The total time for your involvement would be about 10 hours. There is no cost to you for the counselling.

If you are interested in hearing more about this opportunity please email us at youthtransitions@gmail.com or call us at (604) 822-6380 to leave your name and a number where you can be reached. Somebody from the research team will contact you.

Version 2, Recruitment Poster Form: October 16, 2006

Appendix B: Online Posting

!!UBC Counselling Research!!! 19-21 yr old volunteers needed (University of British Columbia)

Reply to: comm-725444628@craigslist.org

Date: 2008-06-19, 10:57AM PDT

Hello:

If you are between the ages of 19 and 21 and would be interested in receiving up to four counselling sessions free to assist you with addressing issues related to your transition from adolescence to adulthood (your future, career, education, relationships, living independently), the following study may be of interest to you.

We are studying how the counselling relationship supports youth who are making choices about school, work, and relationships. We want to find youth, and counsellors who are willing to talk to us about moving into adulthood and what roles the youth and counsellor have in this process.

Counselling as a Context for Youth Transition Project

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Your involvement in the study will involve four counselling sessions with a professional counsellor. In addition, we would ask you to participate in a follow-up interview after each session in which a research assistant will review the session with you to look at your thoughts and feelings during the session. Your participation would be voluntary and you can withdraw at any time. The total time for your involvement would be about 10 hours. There is no cost to you for the counselling.

If you are interested in hearing more about this opportunity please call us at (604) 822-6380 and leave your name and a number where you can be reached. Somebody from the research team will contact you. You can also e-mail us youthtransitions@gmail.com

- Location: University of British Columbia
- it's NOT ok to contact this poster with services or other commercial interests

PostingID: 725444628

Appendix C: Adolescent Screening Interview

Thank you for your interest in the Counselling as a Context for Youth Transition Project. Where did you hear about us?

As you may know, we are studying how the counselling relationship supports youth who are making choices about school, work, and relationships. We want to find youth, and counsellors who are willing to talk to us about moving into adulthood and what roles the youth and counsellor have in this process.

Do you have anything specific that you would like to know about this study, and what would be involved if you decide to participate?

We are looking for people who would be interested in having up to four counselling sessions with a professional counsellor. The purpose would be to discuss issues that are important to you related to moving into adulthood. Each session would be followed by an interview with someone from the research team about your thoughts and feelings during the session. The sessions would be spaced at least two weeks apart and would take place in counselling rooms available at the University of British Columbia.

Are you interested in becoming involved? There are a couple of things that I should let you know about; the first is that all the information will be kept strictly confidential, to ensure your privacy. Also, we will not be able to accept everyone who wants to take part in the study, so I have some questions that I need to ask to determine your eligibility. We can go through these now or I can call back in two days to complete the form if you would like some time to think about it.

Date of Screening Call: _____

Name: _____

Note youth's gender. _____ male _____ female

Date of birth: _____

Born in Canada? _____ yes/no.

If no, number of years you have lived in Canada? _____

Language spoken in the home while growing up? _____

Currently in High School? _____

What grade? _____

Attending post-secondary education? _____

Name of institution and the program you are enrolled in?

Working? _____ yes/no. What occupation? _____

Work approx. how many hours per week? _____

Telephone # where you can best be reached: _____

Are you currently receiving counselling? _____

What are the best days and times of the week for you to come in for counselling sessions and interviews?

Have you thought about the issues you would like to address in the counselling sessions? This does not commit you to staying with these issues. It just gives us some idea of whether the four counselling sessions would be helpful in addressing your concerns and the counsellor that might provide a good fit for you.

Do you have any questions at this point?

What happens next is I will present this information to the research team, and call you back in a week or two to let you know whether we will be able to include you in the study.

We appreciate your time and interest.

Appendix D: Counsellor Screening Interview

Thank you for your interest in the Counselling as a Context for Youth Transition Project. Where did you hear about us?

As you may know, we are studying how the counselling relationship supports youth who are making choices about school, work, and relationships. We want to find youth, and counsellors who are willing to talk to us about moving into adulthood and what roles the youth and counsellor have in this process.

Do you have anything specific that you would like to know about this study, and what would be involved if you decide to participate?

We are looking for counsellors who would be interested in providing up to eight counselling sessions to two adolescents aged 19-21 (up to four sessions for each adolescent). The purpose would be to discuss issues that are important to the adolescent related to moving into adulthood. Each session would be followed by an interview with someone from the research team about your thoughts and feelings during the session. The sessions would be spaced at least two weeks apart and would take place in counselling rooms available at the University of British Columbia.

You will also be expected to participate in a three-hour orientation session. Supportive supervision of your work as a counsellor on this study will be available during the course of this study.

Are you interested in becoming involved? There are a couple of things that I should let you know about; the first is that all the information will be kept strictly confidential, to ensure your privacy. Also, we will not be able to accept everyone who wants to take part in the study, so I have some questions that I need to ask to determine your eligibility. We can go through these now or I can call back in at least two days to complete the form if you would like some time to think about it.

Date of Screening Call: _____

Name: _____

Note counsellor's gender. ☐ male ☐ female

Level of post secondary education (degree obtained & date conferred)?

Counselling approach. _____

Experience working with youth in transition? _____ yes/no.

Please explain _____

Telephone # where you can best be reached: _____

What are the best days and times of the week for you to come in for an interview?

Do you have any questions at this point?

What happens next is I will present this information to the research team, and call you back in a week or two to let you know whether we will be able to include you in the study.

We appreciate your time and interest.

Appendix E: Master Code List for the Initial Study

Acknowledges

- minimal statements such as um-hmmm
- yes, sure, OK, that acknowledges the statement by the other

Advises

- I think the best idea for you is to get a job in the short term and then think about your educational concerns in the long-term.

Agrees

- Yes, I agree, That's true, You're right, I concur, We see eye to eye.

Ambiguous response

- Response is unclear, not readily interpretable, has more than one possible meaning, hazy or fuzzy meaning

Answers question

Apologizes

- Sorry, I apologize, Oops, My-bad.

Approves

- positive evaluative or judging statement (affirms)
- It's a great idea that you're _____.
- validates

Asks for clarification (further explanation or expansion)

- Can you tell me more about that?
- I'm wondering which of your dilemmas seems to have the most importance for you right now. Can you give me more details about that situation?
- Can you expand on that?

Asks for confirmation

- Am I getting this right?
- Is that what you mean?
- So, you'll be here for next week's appointment?

Asks for information

- When was it that you moved out of your parents' home?

Asks for justification or reasons

- Why was that?
- What was your rationale for making that choice?

Asks for opinion or belief

- What do you think about that?
- What do you believe to be the most important aspect of becoming an adult?

Asks for speculation or hypothetical scenario (challenges)

- What if . . . ?, Let's say _____ happened?, How do you think you would handle _____?

Clarifies

- Usually in response. Involves giving more information to clear up an ambiguity or a misinterpretation.

Complains

- My employer gives me every crappy shift. It ruins my weekend plans.

Confirms

- So you are coming for dinner tonight. Response to a request for further information.

Continues other's statement

- After an interruption
- Continues own statement after a pause

Demands**Describes future**

- My mother will be visiting next week.

Describes other

- You

Describes past

- I told my mother that I was grateful for everything she has done for me.
- I went to college 5 years ago.
- When I was a kid, I was bit by a dog and now I can't seem to get over it.
- I used to hate my brother.

Describes possibility or hypothetical situation**Describes self**

- I suck at tennis
- I'm a generous person.
- It really wasn't like me to behave that way.

Describes situation or event

Disagrees (denies)**Disapprove**

- Negative evaluative or judgment statement

Dismissive or diminishing statement

- Oh c'mon, Don't be silly, That's nonsense.

Elaborates

- Extends a previous statement

Encourages

- Give confidence, cheer, hearten

Evaluative or judging statement

- Focused on a phenomenon, or event, or person without approving or disapproving

Expresses anger

- (irritation, exasperation, rage, disgust, envy, torment)

Expresses belief or disbelief

- I just know things are going to work out
- I don't believe in God
- I can't believe this is happening to me.

Expresses desire**Expresses disgust**

- (more of a facial expression, distaste, expression of not liking or loathing)

Expresses dissatisfaction

- School isn't what I thought it would be.

Expresses doubt

- I'm not sure I can handle that.
- I doubt I have the ability to get into university.
- Questioning, has emotional content
- Not about indecisiveness
- I don't know about that, I don't know if that fits for me (POSSIBLE OTHERS – disagrees, dismissive statement)

Expresses fear

- (horror, nervousness)

Expresses gratitude

- Thank you. I really appreciate what we are doing here. I'm thankful for this opportunity.

Expresses humor

- Tells a joke
- Says something funny (either intentional or unintentional)
- Contextual use of humour, use of wit, lightheartedness, kidding around

Expresses joy

- happiness, cheerfulness, zest, contentment, pride, optimism, enthrallment, relief

Expresses love

- (affection, lust, longing)

Expresses realization

- I realize that these people are very important to me.
- Client expresses an "ah-ha" moment in the present tense.
- Wow, I've never thought about that before. (add surprise to the code)
- "Oh no, really. I hadn't thought about that consequence before" (add disappointment to the code)

Expresses sadness

- suffering, disappointment, embarrassment, shame, neglect, regret, sympathy

Expresses surprise

- more of a facial expression
- I was really surprised that she reacted that way.

Expresses uncertainty

- Is about decision-making. Not being able to sort something out. Not able to accurately predict.
- I'm not sure.
- I can't decide what option to take.

Expresses understanding

- I get that. I see where you're coming from.
- That makes sense. I see what you mean.

Incomplete statement

- Can be questions, statements, or sentences.

Interrupts

Laughs

Invites or elicits a response

- Use of hand gesture to elicit a response from a client.

Paraphrasing

- Repeats previous statement
- Repeats a previous statement in your own words

Partial agreement

- “sort of” – specifying the amount of agreement.
- Half hearted agreement,

Pause

- A break in the sentence or dialogue.
- Silence, a pregnant pause.

Praises

- compliments, admiring remark, accolade, congratulates

Provides information

- You can get an application on-line if you go to the website.

Reflects affect

- Capturing an image that is beyond what was previously stated
- beyond paraphrasing
- Advanced empathy, empathy
- You felt disappointment when you didn’t get into UBC this year.

Reflects cognition

- Advanced empathy, empathy
- That was a tough situation for you.

Requests

- Asks the person to do something. Asks for
- Could you sign this form?

States a plan

- I’m going to go to school next term
- I will be here next week for my appointment

Suggests

- I’d like to suggest that your father didn’t mean to hurt your feelings.

Unintelligible response

- Cannot be understood on tape or through transcription

Appendix F: Youth Response Sheet

Life and career can be organized into specific stages (i.e., childhood, adolescence & adulthood). The movement from one stage to another usually involves a transition that occurs over time. Think about your life and career as they relate to the transition to adulthood and respond to the following.

- What things (i.e., activities, involvements, etc.) are you currently doing that are relevant to this transition?

Circle the number that matches how confident you feel about your ability to do each thing.

Very Unconfident			Very Confident		
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	

- What are the next steps (within the year) that you plan to take in your life and career?

Circle the number that matches how confident you feel about your ability to take each step.

Very Unconfident			Very Confident		
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	

- Identify the mid range goals (1-4 years) that you have with regard to you life and career.

Circle the number that matches how confident you feel about your ability to accomplish each goal.

Very Unconfident			Very Confident		
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	

Appendix G: Final Coding System Guidelines

Efficacy Relevant Codes

*efficacious self-evaluation; inefficacious self-evaluation;
 efficacious other-evaluation; inefficacious other-evaluation
 difficulty hard client; difficulty easy client
 difficulty hard counsellor; difficulty easy counsellor
 efficacy question – self; efficacy question - other
 mixed efficacious-inefficacious self-evaluation
 mixed efficacious-inefficacious other-evaluation*

Major criteria

- Where the keywords of can, could, strength, & control or their negatives are used in reference to an identifiable **ability** (not merely an outcome or character trait) and in connection to a view/assessment of the client (Client utterances contain a personal pronoun; counsellor utterances reference the client with “you”)
 - Code as *efficacious self-evaluation, inefficacious self-evaluation, mixed efficacious-inefficacious self-evaluation efficacious other-evaluation, inefficacious other-evaluation, or mixed efficacious-inefficacious other-evaluation* depending upon who the utterance belongs to and whether the utterance indicates perceived ability, inability, or mixed-ability

or
- When the keywords hard (synonyms) & easy (synonyms) are used in evaluation of an **ability** under discussion
 - Code as *difficulty hard client, difficulty easy client, difficulty hard counsellor, or difficulty easy counsellor* depending upon who makes the utterance and whether the utterance indicates that the behaviour is easy or hard

or
- When the client or counsellor’s utterance involves a direct response (i.e., affirmation or refutation) to an efficacy relevant utterance
 - Code as *efficacious self-evaluation, inefficacious self-evaluation, mixed efficacious-inefficacious self-evaluation efficacious other-evaluation, inefficacious other-evaluation, mixed efficacious-inefficacious other-evaluation difficulty hard client, difficulty easy client, difficulty hard counsellor, or difficulty easy counsellor* depending upon who makes the utterance, the utterance the participant is responding to, and whether the response indicates agreement or disagreement with the original response

or
- Where the keywords (can, could, strength, control, hard (synonyms), & easy (synonyms) are not used but the text describes an ability in relationship to the client and communicates an evaluation of the client’s capacity; the context of the session (especially the text immediately preceding or following utterance) can be used to support this interpretation of an utterance
 - Code as *efficacious self-evaluation, inefficacious self-evaluation, mixed efficacious-inefficacious self-evaluation efficacious other-*

evaluation, inefficacious other-evaluation, or mixed efficacious-inefficacious other-evaluation depending upon who the utterance belongs to and whether the utterance indicates perceived ability, inability, or mixed-ability

Inclusionary criteria

- Include “you” references made by a client who repeatedly uses “you” in place of personal pronouns; especially other dialogue includes efficacy relevant utterances for the domain/behavioural enactment
- Include can/can’t & could/couldn’t utterances that are statements of choice/opportunity/possibility when the choice/opportunity/possibility hinges on an assessment of ability
 - Enactment of choice requires unstated abilities that go beyond basic behavioural enactments (i.e., earn a degree)
 - Choice involves a basic behavioural enactment (i.e., talk, breath, walk, stand, sit, etc.) that is deemed more difficult with the context (i.e., *breathing* while experiencing anxiety; *talking* to someone about ones emotions, walking a long distance)
 - Surrounding dialogue establishes a relevant efficacy evaluation (efficacious or inefficacious)
- Include utterances where semantics indicates a character quality (i.e., being) as opposed to an ability but where the text references/describes behavioural enactments (i.e., doing)

Exclusionary criteria

- Exclude can/can’t & could/couldn’t expressions where the context establishes the utterance as a choice/opportunity/possibility that is not ability based
- Exclude can/could utterances that are requests for permission (i.e., Can we talk about his next week?) or questions of fact not ability (i.e., “Can you remember a time when ... → do you remember when)
- Exclude indices of inefficacy when the context establishes that the behaviour is either impossible, impermissible, or undesirable

Possible Efficacy

possible efficacy – other; possible efficacy – self

- Keywords are used in reference to behavioural enactments that are deemed personally undesirable (not universal)
- Keywords are used in reference to behavioural enactments that are deemed (subjectively) impermissible
- Keywords are used in reference to behavioural enactments that are deemed (subjective) impossible
- When it appears that the client has used “you” in place of a personal pronoun
- Keywords (could/can/hard/easy) with no reference to an ability but the surrounding dialogue includes references to behavioural enactments that are connected to the keyword
- Hard/difficult as an expression of a difficulty emotional experience and with no reference to behavioural enactments

- Instances where the client's response to a counsellor's efficacy utterance is minimal (i.e., uhm, mhm, etc.)

No Efficacy

can-could—no efficacy

- Keywords (could/can/hard/easy) with no reference to a behavioural enactment (ability)
- Keywords are used in reference to behavioural enactments that are deemed (objectively) impermissible
- Keywords are used in reference to behavioural enactments that are deemed (objectively) impossible
- Keywords are used in reference to behavioural enactments that are universally undesirable or unwanted → annotate with “desirable?”
- Keywords are used but not in reference to the client (no personal pronoun from the client; no “you” from the counsellor)