Counseling Self-Efficacy of International Counseling Students in the U.S.: Contributions of Language Anxiety, Acculturation and Social Connectedness with American People

by

Chi Li

A Thesis Presented in Partial Fulfillment
of the Requirements for the Degree
Master of Counseling

Approved May 2016 by the
Graduate Supervisory Committee:

Bianca L Bernstein, Chair
Judith Ann Homer
Lisa Beth Spanierman

ARIZONA STATE UNIVERSITY
August 2016
ABSTRACT

The purpose of this study was to examine the contributions of language anxiety, acculturation and social connectedness with American people to the counseling self-efficacy of international counseling students (ICSs) in the United States. The study used hierarchical multiple regression analysis with a sample of ICSs from counseling, counseling psychology and related programs in the U.S. (N=72). Major findings indicated that ICSs’ language anxiety was inversely associated with their counseling self-efficacy; neither ICSs’ acculturation nor social connectedness with American people had a significant relationship with counseling self-efficacy. Further, there was no significant interaction between language anxiety and social connectedness with American people; language anxiety, acculturation, social connectedness with American people, and the interaction between language anxiety and social connectedness with American people together did not account for a significantly different amount of variance in counseling self-efficacy over and above the variance accounted for by language anxiety alone. Implications, limitations and recommendations for future research are discussed.
ACKNOWLEDGMENTS

I would first like to express my gratitude to my thesis committee chair/academic advisor, Dr. Bianca Bernstein. Her continued support of my academic development, unconditional patience and faith in me, and guidance during this thesis project have been invaluable.

I would like to thank my thesis committee members, Dr. Lisa Spanierman and Dr. Judith Homer, for their insightful suggestions and passionate support. I am grateful to Dr. Bryan Henderson for the great lessons he taught me in his classes. I am also grateful to Dr. Jonathan Pettigrew for the valuable learning experience he offered to me through two semester’s research assistantship. I would like to take this opportunity to thank all of the department faculty members for their help and support during the past two years.

I would also like to thank all my research participants. In addition, I would like to thank all the program directors who took the time to distribute my participant recruitment emails to their students. I would also like to thank Kim and Paul of ASU’s online graduate writing center, who helped me to improve my writing.

Finally, I must express my profound gratitude to my family and friends. Without their precious support, it would not have been possible for me to finish this thesis.
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INTRODUCTION

The Problem in Perspective

American counseling professionals started to participate in international conferences and training in the 1940s. Non-U. S. counseling professionals have also been actively involved in international work in the past several decades (Gerstein et al., 2009a). Due to the advancement of counseling professions in the U.S., many international students came to the United States to obtain counselor training in programs such as counselor education and supervision, counseling and counseling psychology (Hasan, Fouad, & Williams-Nickelson, 2008; Lough, 2009; Mittal & Wieling, 2006; Nilsson & Anderson, 2004; Ng, 2006a).

According to the Institute of International Education (IIE) (2015), there were 974,926 international students in 2014/15 and these students represented approximately 4.8% of all U.S. higher education students. Also, 362,228 (37.2%) international students were in graduate programs and 329,301 (33.8%) were in undergraduate or associate’s programs (IIE, 2015). More than half of international students were enrolled in majors such as engineering, business and scientific fields of study (IIE, 2015). There were 17,675 (1.8%) students enrolled in education majors and 12,840 (1.3%) students enrolled in psychology (IIE, 2015). Specific international students’ enrollment data in counseling or related programs were not reported, but generally, counseling programs are either within education or psychology programs and it seems the total number of International Counseling Students (ICSs) is relatively small compared to the international students in other academic programs.
ICSs contribute to their programs in different ways, from college tuition to program diversity. For example, ICSs provide domestic students with instantaneous cross-cultural learning opportunities (Paige, 1990). ICSs also help domestic students gain access to the parts of culture that may be overlooked in current literatures (Smith & Ng, 2009). Researchers perceive ICSs as “key players in the internationalization of counseling” (Casas, Park, & Cho, 2010). ICSs who are well-trained here in the U.S. will make significant contributions to their home countries’ mental health field (Clawson, 2004). Ng (2006b) concluded that counselors from other countries might be able to offer mental health services to immigrant and international clients in the U.S.

After moving to a new country, international students face numerous potential challenges, such as acculturative stress and adjustment problems. However, it can be even more challenging for the ICSs who study in a field that language and culture play such prominent roles (Chung, 2013). Past research shows that the challenges ICSs experiencing include acculturative stressors and also challenges specific to counseling training itself. For example, some students reported encountering cultural and language obstacles in communicating with American clients (Ng, 2006b; Smith & Ng, 2009). In Nilsson and Anderson’s study (2004), some lower acculturated level ICSs reported they have less self-confidence in future therapy-related behaviors and encounter more difficulties in working with supervisors. Some ICSs reported that the American counseling training curricula did not fit their needs when they tried to apply what they’ve learned here in the U.S. into their home countries’ situations (Mittal & Wieling, 2006; Ng, 2006a; Smith & Ng, 2009). Compared to the American counseling students in the program, ICSs may know less about the historical, social or political issues in the U.S.,
which may impact their clinical work as well (Inman, Jeong, & Mori, 2008). ICSs’ options for internships and post-degree practices are also limited by their visa issues concerning study and work permission (Ciftci & Williams, 2008).

How to effectively cope with these challenges and how to make the most out of these foreign learning experiences become questions for ICSs and even program faculty who want to better assist their ICSs’ personal and professional growth. Not dealing with these challenges might negatively influence ICSs’ mental health, course learning and even their clinical practices. However, so far there is little relevant research focused on ICSs (Nilsson & Anderson, 2004; Ng, 2006a).

Counseling psychology or counselor education program faculty want to provide effective counselor training to everyone in the programs including ICSs, and in the past years they have studied the factors that would affect counseling training. One of the factors that particularly draw faculty’s attention is the counseling trainee’s belief of self-efficacy (Rushlau, 1998). Bandura’s definition of self-efficacy is “the conviction that one can successfully execute desired behaviors” (Bandura, 1986a). Bandura (1986a) considered self-efficacy to impact whether an individual will start a given assignment, the amount of exertion an individual will put in to it, and to what extent an individual will continue reacting to challenges and obstacles.

Counseling Self-Efficacy of International Counseling Students

Self-efficacy is a critical aspect of counselor competence (Kozina, Grabovari, Stefano, & Drapeau, 2010). Counseling self-efficacy, adopted from Bandura’s (1997) general social cognitive theory, refers to counselors’ beliefs in their abilities to effectively conduct future counseling behaviors (Larson & Daniels, 1998). Researchers consider
counseling self-efficacy to be related to counseling practices’ effectiveness, students’ endeavors and dedication in counselor training (Larson, 1998). Variables such as counselors’ cognitive process and client characteristics might hinder the development of counseling self-efficacy. These variables might trigger trainees’ anxiety, reduce counseling self-efficacy, and affect the development of effective counseling skills training (Larson, 1998). Studying factors affect ICSs’ counseling self-efficacy might help faculty in counseling or counseling psychology programs to ensure effective counselor training for ICSs and also give insights for how to facilitate ICSs in dealing with the challenges they encounter. However, few studies have been conducted on the counseling self-efficacy of international counseling students in the U.S. Based on previous studies, language anxiety, acculturation, and feeling accepted by American people are possible factors interfering with ICSs’ counseling self-efficacy (Haley, Martin & Gelgand, 2014; Nilsson & Anderson, 2004; Kissil, Davey & Davey, 2013).

Language Anxiety of International Counseling Students

Language is one of the most basic ways that we can learn about different cultures and make connections with people of different backgrounds (Kim, 1988). Language also plays a preeminent role in the counseling process (Sella, 2007). Language often serves as a bridge between counselor and clients through which counselors can make clients feel safe and comfortable, and thus it allows the counselor to better understand and interact with the clients (Henley, 1995).

International students are of various levels of capabilities when they learn English as a foreign language (Novera, 2004). They may experience issues in different areas such as accents, idioms, and cultural references (Choi, 2005). Trice (2003) reported that
English proficiency poses great challenges for international students in their academic performances. Specifically, in counseling programs, being able to understand and communicate with American clients and implement appropriate counseling skills in sessions, write notes after sessions, and communicate with supervisors who only speak English during supervision may pose even more challenges to the ICSs.

Foreign/second language anxiety refers to a “feeling of tension and apprehension specifically associated with second language contexts, including speaking, listening and learning” (MacIntyre & Gardner, 1994, p. 284). According to Tallon (2009), language anxiety is different from other forms of anxiety, since it is situation-specific. For instance, language anxiety is related to situations such as language learning or usage. Jones (2004) stated that people who experience second language anxiety often experience fear as well. For example, they might be afraid of being negatively evaluated by others, making grammatical mistakes, or being unable to express themselves in clear and effective ways when using the second language. Many literatures mention that second language anxiety negatively affects achievement in various situations, including academic achievement (Gardner, Tremblay, & Masgoret, 1997; Horwitz, Horwitz, & Cope, 1986; MacIntyre, Noels, & Clement, 1997; Mahmood & Iqhal, 2010).

Since this research mainly focuses on ICSs in the U. S., the following discussion of ICSs’ language anxiety is only limited to English. Haley, Marin and Gelgand (2014) conducted a similar study to see how non-native English counseling students’ language anxiety affects their counseling self-efficacy. Their results showed that there was a significantly negative correlation between non-native English students’ language anxiety and their counseling self-efficacy, $r = -.61$, $p < .001$. This is the only study about
language anxiety and non-native English speaking counselor trainees’ counseling self-efficacy the current researcher found in the field. However, Haley et al. (2014) recruited all the non-native participants from one counseling program and most of them came from the U.S.-Mexico border area. These participants’ years of exposure to English and levels of English proficiency might be different from ICSs who come from various countries in the world. Therefore, the authors recommended future researchers might recruit more diverse international student participants. In addition, the authors indicated that future research should include other factors such as acculturation, and determine the relationship between those factors and counseling self-efficacy (Haley, Marin, & Gelgand, 2014). Thus, current study will explore how language anxiety relates to ICSs’ counseling self-efficacy with a diverse sample and also include other variables, but will use the same scale to measure language anxiety.

**Acculturation of International Counseling Students**

Miller (2007) defined acculturation as “cultural adaptation that occurs as a result of contact between multiple cultures” (p.118). Berry and his colleagues (1989) categorized the acculturation experience into four statuses: assimilation, separation, integration, and marginalization. Assimilation occurs when individuals absorb the dominant culture while rejecting the indigenous culture (or high in acculturation but low in enculturation). Separation occurs when individuals just want to maintain their indigenous culture (or low in acculturation but high in enculturation). Integration occurs when individuals become proficient in the dominant culture while retaining proficiency in the indigenous culture (or high in both acculturation and enculturation). Marginalization occurs when individuals show no interest in maintaining or acquiring
proficiency in any culture, dominant or indigenous (or low in both acculturation and enculturation).

Acculturation has developed as a popular concept in counseling and minority psychology in the past few decades (Yoon, Langrehr, & Ong, 2011). As mentioned earlier, culture can play a significant role in counseling practice. ICSs might be affected by acculturation in many ways including their academic learning, clinical practice and even the supervision process. ICSs from non-Western countries may experience difficulties in adapting to the cultural norms and values in the Western classrooms. For example, ICSs may feel challenged about asking questions in the classes, express individual opinions or critically evaluate others’ work (Tavakoli, Lumley, Hijazi, Slacin-Spenny, & Parris 2009). Some students report that the cultural and language barriers impede their communication and interaction with American clients (Ng, 2006; Smith & Ng, 2009). ICSs with higher levels of acculturation report they are in better working relationships with their supervisors, speak English more fluently, and feel Americans are less prejudiced against them (Ng & Smith, 2011). Sangganjanavanich and Black (2009) found that ICSs with lower levels of acculturation who reported that their supervisors frequently overlooked the fact that they are consistently encountering struggles and challenges of adjusting to the U.S. culture, tended to experience lower levels of supervision satisfaction.

There is a great amount of research on the acculturation of international students in general, but few researchers study how acculturation affects ICSs, especially, how acculturation affects their self-perceptions as clinicians and their abilities to work with U.S. clients. Based on the current researcher’s finding, three previous research used the
American-International Relations Scale (AIRS) to study the relationship between acculturation and counseling self-efficacy (Nilsson & Anderson, 2004; Kissil et al., 2013; Ng & Smith, 2011; Sodowsky & Plake, 1991, 1992). AIRS includes three subscales: (a) perceived prejudice, which assesses the participants’ perceived degree of acceptance by Americans; (b) acculturation, which assesses the participants’ degree of acceptance of Americans and the US culture; and (c) language use, which assesses the participants’ preference for using English compared with their native language. Nilsson and Anderson (2004) recruited international students in APA-accredited professional psychology programs as participants and used the Counseling Self-Estimate Inventory to measure counseling self-efficacy (COSE; Larson et al., 1992). Based on their study, the whole model including other predictors accounted for 25% of the variance in counseling self-efficacy and acculturation was one of the two factors that significantly explained the most variance in counseling self-efficacy. However, Kissil et al. (2013) addressed how acculturation and English proficiency influence foreign-born therapists’ counseling self-efficacy. The results showed no significant correlation between these therapists’ level of acculturation and their counseling self-efficacy, measured by the Counselor Activity Self-Efficacy Scale (CASES; Lent, Hill, & Hoffman, 2003). Similar result was found in Ng and Smith (2011)’s study with 71 ICSs in the U.S. counseling or related programs. Due to the limited relevant literature available, more research about the relationship between acculturation and counseling self-efficacy is warranted.

Social Connectedness with American People

The concept of social connectedness has drawn continuous attention from researchers in the past decade. Social connectedness refers to “a subjective sense of
interpersonal closeness with the social environment” (Lee & Robbins, 1998). Lee and Robbins (1995) stated that, “One develops the sense of connectedness by internalizing experiences of interpersonal closeness with family, friends, acquaintances, strangers and society.” People guide their feelings, thoughts and behaviors in many situations through a “social lens”-social connectedness (Lee & Robbins, 1998). Also, social connectedness is a basic psychological need and positive results will happen when this need is satisfied (Jose, Ryan & Pryor, 2012).

Yeh and Wang (2000) mentioned that building close social relationships are critical for international students, because these social relationships might help them deal with things such as acculturative stress. One important source of social support for international students is the friendships they develop with co-nationals or fellow international students. Some international students also seek support from their families back in the home countries (Smith & Khawaja, 2011). However, as presented earlier, most international students study business, technology or other popular majors. ICSs on the other hand, might have only a few co-national friends or fellow international students in the counseling programs. Also, counseling is not as popular in other countries as it is in the U.S., so ICSs’ families may not be able to understand the emotional and personal nature of the clinical work (Chung, 2013).

Based on previous research, social relationships with American people are also imperative for the international students (Kashima & Loh, 2006; Li & Gasser, 2005; Zhang & Goodson, 2011). Since this research focuses on the ICSs in the U.S., the following discussion of social connectedness is limited to the social connectedness with American people. Kissil et al. (2013) found that how much immigrant therapists felt
accepted or connected to the U.S. was significantly associated with their clinical self-efficacy. However, so far no other study has been conducted on the influence of ICSs’ social connectedness with American people on their counseling self-efficacy. Also, past research has shown individuals with higher level of social connectedness were less likely to experience issues such as depression and anxiety (Kohut, 1984). And it might because these people have the ability to effectively manage their feelings and needs, and then they tend to experience less anxiety and depression (Tesser, 1991). Thus, social connectedness with American people might have a “buffer” role that influences the effect of language anxiety on counseling self-efficacy. That is, there might be a weaker association between language anxiety and counseling self-efficacy on ICSs who are in higher levels of social connectedness with American people compared to those who are in lower levels.

**The Present Study**

The current study investigates relationships among international counseling students’ (English) language anxiety, acculturation, social connectedness with American people and counseling self-efficacy. As discussed before, so far few researchers have paid attention to ICSs (Nilsson & Anderson, 2004; Ng, 2006a) and the counseling self-efficacy of ICSs. To the researcher’s knowledge, there is no current research studying all these factors together. Identifying factors that contribute to ICSs’ counseling self-efficacy might provide some insights for program faculty in facilitating their international students’ professional development and might help ICSs find ways to deal with the challenges they encountered.
The primary research question is: What are the relationships among language anxiety, acculturation, social connectedness with American people and counseling self-efficacy of ICSs in the United States? The research hypotheses are as follows:

H1: Language anxiety will be inversely associated with counseling self-efficacy.

H2: Acculturation will be positively associated with counseling self-efficacy.

H3: Social connectedness with American people will be positively associated with counseling self-efficacy.

H4: There will be a weaker association between language anxiety and counseling self-efficacy among ICSs who perceive higher levels of social connectedness with American people compared to those with lower levels of social connectedness.

H5: Language anxiety, acculturation, social connectedness with American people, the interaction between language anxiety and social connectedness with American people together will account for a significantly different amount of variance in counseling self-efficacy over and above the variance accounted for by language anxiety alone.
METHOD

Participants

Participants in the study included 72 current international counseling students from counseling programs (i.e., counselor education, school counseling, mental health counseling, marriage and family counseling) accredited by Council for Accreditation of Counseling and Related Education Programs (CACREP) and counseling psychology programs accredited by the American Psychological Association (APA) in the U.S., along with students who graduated from the above programs and currently are looking for jobs in the U.S during their Optional Practical Training (OPT). The sample showed considerable diversity in terms of following areas: Participant ages ranged from 23 to 46 years old ($M = 29.04$, $SD = 4.842$). Their length of stay in the U.S. ranged from 6 to 150 months ($M = 49.72$, $SD = 34.321$); 10 (13.9%) of participants had stayed in the U.S. less than 12 months, 22 (30.5%) of participants had stayed in the U.S. between 12 and 36 months, and 40 (55.6%) of participants had stayed in the U.S. longer than 36 months. Among these participants, 52 (72.2%) participants were female and 20 (27.8%) of participants were male; 31 (43.1%) participants were from China, 11 (15.3%) were from Turkey, 8 (11.1%) were from India and other participants were from other countries such as Malaysia, Japan and Nigeria. In addition, 31 (43.1%) of participants were master’s level ICSs and 41 (56.9%) of participants were doctoral level ICSs.

Procedure

University Institutional Review Board approved the protocol for the study. Participants were recruited via electronic invitation on listservs, such as the Counselor Education and Supervision Network (CESNET) and Counseling Graduate Students
Also, in order to reach more participants, the researcher sent out research invitations to program directors in different APA-accredited counseling psychology programs listed on APA websites or the CACREP-accredited programs listed on CACREP websites. Participants answered all the questions through an online questionnaire. Prior to the online questionnaire administration, all the participants were given an online consent form and the opportunity to withdraw from the study. No personal identification information was collected and all the participants were randomly assigned ID numbers in order to identify themselves.

Upon completion of the online survey, participants were asked if they are interested in entering a raffle to win one of three $20 Amazon gift cards. If participants wanted to participate in the raffle, they were asked to provide an email address in the end of survey. Their email information remained separate and no identifiable information was connected to their survey responses. The raffle was completed and all email addresses of participants were deleted.

To determine the appropriate sample size, a priori power analysis was conducted with an alpha level of .005, a power of .80, and 4 predictors. To guard against Type I error, a Bonferroni correction was conducted and the alpha level was adjusted to .005 (.05/10). G* Power (3.1 version) result suggested a total sample size of 40 participants for a large effect size and 56 participants for a medium effect size. The recruitment process produced 95 ICS participants from CACREP and APA approved counseling and counseling psychology programs and 4 international counseling students who graduated from the above programs and currently are looking for jobs in the U.S during their Optional Practical Training (OPT). Among these 99 responses, 20 participants agreed to
participate in the survey but did not answer any survey questions; 5 participants participated in the survey but they did not answer the items in the COSE scale (37% missing); 2 participants reported their native language is English, so these 27 responses were excluded from the total responses and 72 participants were used for data analysis in the current study.

Measures

**Foreign Language Classroom Anxiety Scale (FLCAS).** The FLCAS is a 33-item measurement assessing the degree of language anxiety in the following areas: negative performance expectations, social comparisons, psychophysiological symptoms, and avoidance behaviors (Horwitz, Horwitz, & Cope, 1986). Each item is rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate higher levels of language anxiety and possible scores on the FLCAS range from 33 to 165. The FLCAS has an internal consistency of .93 and test-retest reliability of .83 (Horwitz et al., 1986). The FLCAS is the most frequently used instrument for assessing foreign language anxiety (Tallon, 2009). The current researcher first got permission from the instrument developer and then made some changes for the wording in the scale. For example, since the main foreign language international counseling students encounter in the U.S. is English, the current researcher changed foreign language into English and foreign language classes into English-speaking counseling classes. The Cronbach’s alpha for FLCAS in the current study is .95. For the purpose of the current study, each participant’s mean score for the scale was used in the current study.

**Vancouver Index of Acculturation (VIA).** The VIA is a 20-item instrument designed to measure acculturation with independent heritage and mainstream subscales.
(Ryder et al., 2000). Each item is rated on a 9-point Likert scale, ranging from “strongly disagree” to “strongly agree”. Items are presented in content-based pairs: One is about the heritage culture and the other one is about the mainstream culture. In accordance with the suggestions of Ryder et al. (2000), the researcher changed “North American” to the descriptor of “American.” Internal reliability estimates for the Heritage and Mainstream subscales range from .85 to .91 (Ryder et al., 2000). Because current study focuses on how ICSs’ acculturation to the U.S. would affect their counseling self-efficacy, only the subscale for acculturation with the Mainstream (American) was used in the study. The Cronbach’s alpha for VIA in the current study is .86. For the purpose of the current study, each participant’s mean score for the scale was used.

**Social Connectedness in Mainstream Society and Social Connectedness in the Ethnic Community Scale (SCMN and SCETH).** SCMN and SCETH, designed by Yoon (2008), is a ten-item scale. Five items measure respective social connectedness to the mainstream and the other five measure respective social connectedness to the ethnic communities. Participants rate the degree of agreement with each item on a scale from 1 (strongly disagree) to 7 (strongly agree). Total scores on each scale range from 7 to 35 and a higher score represents a greater sense of connectedness. Sample questions are “I feel a sense of closeness with U.S. Americans” for the Social Connectedness in Mainstream Society Scale (SCMN) and “I feel like I fit into the ethnic community” for the Social Connectedness in Ethnic Community Scale (SCETH). Depend on research purpose, the “ethnic community” may be specified, such as Asian American community and Mexican American community. Either total scores (ranging from 7 to 35) or item means (ranging from 1 to 7) can be used. The internal consistency for SCMN ranges
from .88 to .92 (Du & Wei, 2015; Yoon & Lee, 2010). The Cronbach’s alpha for SCMN in the current study is .88. Because current study focuses on how ICSs’ social connectedness with American people would affect with counseling self-efficacy, only the SCMN was used and each participant’s mean score for all the items (SCMN) was included in the data analysis process.

**Counseling Self-Estimate Inventory (COSE).** The COSE is a 37-item Likert scale that assess counselors’ perceptions of their self-efficacy in counseling situations (Larson et al., 1992). Higher scores indicate more counseling self-efficacy. The COSE yields a total score and includes five subscales: (a) Micro-skills, which assesses counselors’ belief in their ability to perform basic and intermediate counseling skills, such as conceptualization and clarification; (b) Counseling Process, which measures counselors’ belief in their ability to manage the therapeutic process; (c) Dealing With Difficult Client Behaviors, which assesses counselors’ belief in their ability to work with difficult client behaviors; (d) Cultural Competence, which assesses counselors’ belief in their ability to respond to diversity in clients; and (e) Awareness of Values, which measures counselors’ belief in their ability to manage issues related to their own biases and values. Larson et al. (1992) reported an internal consistency of .93 for the total scale. Internal consistencies for the five subscales were reported as .88 (Microskills), .87 (Counseling Process), .80 (Difficult Client Behaviors), .78 (Cultural Competence), and .62 (Awareness of Values). The Cronbach’s alpha for total COSE scale in the current study was .95 and the Cronbach’s alpha for five subscales were .93 (Microskills), .84 (Counseling Process), .85 (Difficult Client Behaviors), .71 (Cultural Competence), and .57 (Awareness of Values). The mean score of the total scale and the mean score of
each subscale, except the awareness of values due to the questionable alpha level, were used in the analysis.

**Demographic Information Questionnaire.** Participants were asked to complete a demographic questionnaire regarding country of origin, native language, gender, age, length of stay in the U.S., numbers of current international students in their programs, current educational status, current program type, and clinical counseling practice experience.

**Data Analysis**

After data collection, the researcher screened the data by putting all the data into SPSS Statistics software and ran “Descriptive Statistics” for each of the variables. Also, the researcher ran “Bivariate Correlations” to test hypothesis 1, 2 and 3. To test hypotheses 4 and 5, the researcher ran a “Hierarchical Multiple Regression Analysis” after checking the model assumptions. Demographic variables that are considered as covariates were entered at Step 1; language anxiety was entered at Step 2; acculturation was entered at Step 3; social connectedness with American people was entered at Step 4; and the interaction between language anxiety and social connectedness with American people was entered at Step 5.
RESULTS

Preliminary Analysis

The means, standard deviations and intercorrelations among the variables are presented in Table 1. As categorical variables, gender and education status were split into dichotomous variables via dummy coding. Gender: “1” Female \(n=52\) and “0” Male \(n=20\). Education status: “1” Master’s level ICSs \(n=31\) and “0” Doctoral level ICSs \(n=41\). If a demographic variable had a significant correlation with the outcome variable in the regression, the demographic variable was considered as a covariate in the hierarchical regression analysis. As shown in Table 1, age was significantly correlated with counseling self-efficacy, \(r (28) = .24, p < .05\). Education status was also significantly correlated with counseling self-efficacy, \(r (38) = -.42, p < .01\). In addition, length of stay was significantly correlated with counseling self-efficacy, \(r (48) = .44, p < .01\). Thus, age, education status and length of stay were included as covariates in the hierarchical multiple regression analysis. For this research, the predictor variables of primary interest are language anxiety, acculturation, social connectedness with American people, and the interaction between language anxiety and social connectedness with American people. The outcome variables are COSE total scale and four subscales separately.
Before proceeding with the main analysis, each of the fundamental assumptions for regression analysis was examined.

**Independence of Observations.** Due to the study method and procedure, each participant took the survey independently from others. Also, there was an independence of residuals in the regression model, as assessed by a Durbin-Watson statistic of 1.654. The Durbin-Watson statistic ranges from 0 to 4 and a value of 2 or close to 2 stands for no correlation among residuals. Therefore, the assumption of independence of observations is met.

**Outliers.** Outlier analysis was conducted to identify extreme values. Using the outlier labeling rule (Hoaglin, Iglewicz, & Tukey, 1986), no outliers were detected.

**Absence of Multicollinearity.** This assumption requires that there are no high correlations among predictor variables. This assumption is supported, as assessed by Tolerance statistics greater than .20 and VIF statistics less than 5 for all predictor variables in the model.
**Linearity.** This assumption requires that predictor variables are linearly related both individually and collectively with the dependent variable. This assumption can be assessed by visual inspection of partial regression plots. In the current study, only the partial regression plot for language anxiety and counseling self-efficacy suggested an approximately linear relationship (see Figure 1). The researcher further examined the Scatterplot of Studentized Residuals versus Unstandardized Predicted Values; and visually confirmed that there is a roughly random distribution about the Studentized residual value of zero (see Figure 2). That is, roughly the same number of data points appear above and below a horizontal line corresponding to a Studentized residual value of zero. Therefore, the assumption of linearity is upheld.

**Homoscedasticity.** It is required that the variance of residuals should be independent of the values of the predictor variables in the linear model, and this assumption can also be checked with the data displayed in Figure 2. A visual inspection showed that residuals are roughly equal for all values of the predicted dependent variable. Thus the homoscedasticity assumption appears to be upheld.

**Normality of Residuals.** This assumption requires that residuals are normally distributed and it can be examined with a Q-Q plot of Studentized Residuals. As seen in Figure 3, most of the points on the Q-Q plot lie along the diagonal line, thus the assumption of normality of residuals is met.
Figure 1. Partial Regression Plots.
Figure 2. Scatterplot of Studentized Residuals vs Unstandardized Predicted Values.

Figure 3. Q-Q Plot of Studentized Residuals.
The same assumptions for each subscale (except the Awareness of Value subscale) as outcome variables were also checked. All the assumptions are met for each subscale.

**Main Analysis**

Based on Table 1, language anxiety was inversely correlated with counseling self-efficacy (total scale), $r(58) = -0.57$, $p < .01$; social connectedness with American people was positively associated with counseling self-efficacy (total scale), $r(68) = 0.23$, $p < .05$; and acculturation was positively correlated with counseling self-efficacy (total scale), $r(78) = 0.24$, $p < .05$. However, as shown in Table 1, language anxiety had significant correlations with all the subscales as well, $r(59) = -0.56$, $p < .01$, $r(510) = -0.56$, $p < .01$, $r(511) = -0.39$, $p < .01$, $r(512) = -0.39$, $p < .01$, respectively; whereas both acculturation and social connectedness with American people only had significant correlation with the cultural competence subscale, $r(612) = 0.28$, $p < .05$, $r(712) = 0.23$, $p < .05$, respectively. To further test the relationships, the researcher conducted several partial correlations and found after controlling for other variables in the model, there was no significant correlation between acculturation and counseling self-efficacy (total scale) or between acculturation and each counseling self-efficacy subscale. Same results were found between social connectedness with American people and counseling self-efficacy (total scale and each the subscale). But after controlling for other variables in the model, there was still a significantly negative correlation between language anxiety and counseling self-efficacy (total scale). There were also significant negative correlations found between language anxiety and subscales such as the microskills and counseling processes, but not between language anxiety and subscales such as deal with difficult client behaviors and cultural competence. Therefore, only the first hypothesis was partially
supported.

After checking that all the assumptions have been met, the researcher conducted a hierarchical multiple regression analysis to test hypotheses 4 and 5. As shown in Table 1, there was a significant correlation between social connectedness with American people and acculturation, $r (67) = .69, p < .01$. However, the variance inflation factors (VIF) for these each of the variables were far less than 10, suggesting no multicollinearity in the data set (Stine, 1995). Thus, both variables were included in the analysis. The reasons each variable was entered in this order include: First, because current study focuses on whether adding additional variables (i.e., acculturation and social connectedness with American people) would explain different variance in counseling self-efficacy above and beyond the model that only has language anxiety, those additional variables were entered after language anxiety in the hierarchical multiple regression analysis. Second, according to Keith (2015), previous research can help make the decision for the order of variables entry in hierarchical multiple regression analysis. There were more previous studies about the possible relationships between acculturation and counseling self-efficacy among this population, but there was only one study found the relationship between social connectedness and counseling self-efficacy. Thus, acculturation was entered before social connectedness into the analysis. Third, there was no previous research about the interaction effect between language anxiety and social connectedness, and then the interaction was entered last into the analysis. Therefore, the variables were entered in the following sequences: The demographic variables that were significantly correlated with predictor and outcome variables, i.e., current age, education status and length of stay in the U.S., were entered as covariates into Step 1. Language anxiety was entered at Step 2.
Acculturation was entered at Step 3. Social connectedness with American people was entered at Step 4. The interaction between language anxiety and social connectedness with American people was entered at Step 5. Before creating the interaction term, both language anxiety and social connectedness with American people were centered.

The hierarchical multiple regression results are presented in Table 2. As mentioned earlier, the alpha level was adjusted to .005. The significance level for each omnibus test was assessed at the adjusted alpha level and the significance level for the predictors were assessed at the .05. Results indicated that the covariates (i.e., age, education status and length of stay) significantly contributed to counseling self-efficacy and accounted for 28.2% of the variance in counseling self-efficacy ($\Delta F (3, 67) = 8.771, p < .005, \Delta R^2 = .282$). The adding of language anxiety in Step 2 explained an additional 15.9% of variance in counseling self-efficacy ($\Delta F (1, 66) = 18.827, p < .005; \Delta R^2 = .159$). Including acculturation in Step 3 did not account for additional variance in counseling self-efficacy at the 0.5% significance level. Entering social connectedness with American people in Step 4 did not account for additional variance in counseling self-efficacy at the 0.5% significance level either. In Step 5, the interaction of language anxiety and social connectedness with American people did not account for additional variance in counseling self-efficacy at the 0.5% significance level. Therefore, the final model accounted for 44.1% of the variance in counseling self-efficacy and language anxiety was the only significant predictor for counseling self-efficacy ($\beta = - .443, p < .05$). On average, controlling for all other variables, one unit increase in language anxiety is associated with .443 decrease in counseling self-efficacy. The results revealed that neither hypothesis 4 nor 5 was supported, that is, there was no interaction between
language anxiety and social connectedness with American people. Also, language anxiety, acculturation, social connectedness with American people, and the interaction between language anxiety and social connectedness with American people together did not account for a significantly different amount of variance in counseling self-efficacy over and above the variance accounted for by language anxiety alone.

Similar results were found when using COSE subscales as outcome variables. Language anxiety was the only significant predictor for microskills ($\beta = -0.425, p < .05$) and the whole model accounted for 45.4% of variance in microskills. Language anxiety was the only significant predictor for counseling process ($\beta = -0.503, p < .05$) and the whole model accounted for 38.6% of variance in counseling process. None of the predictor variables was significant in the model in which difficult client behavior was the outcome variable. None of the predictor variables was significant in the model where cultural competence was the outcome variable.
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*Note.* EduSta=Educational Status; LenStay=Length of Stay in the U.S.; LanAnx=Language Anxiety; SocCon=Social Connectedness with American people; Accult=Acculturation; L*S=LanAnx*SocCon; Dependent Variable=Counseling Self-Efficacy

*p < .05. **p < .005.
Discussion

The purpose of the present study was to explore the relationships among ICSs’ language anxiety, acculturation, social connectedness with American people and counseling self-efficacy. Identifying factors that contribute to ICSs’ counseling self-efficacy might provide some insights for program faculty in facilitating their international students’ professional development and might also help ICSs find ways to deal with the challenges they encountered. The interpretation, implications of results, and limitations of the current study and recommendations for future research are discussed.

First, the results showed that language anxiety was inversely related to counseling self-efficacy and this result was consistent with previous finding. For example, Haley et al. (2014) conducted a similar study with a sample of 59 non-native speakers and 61 native speakers, to examine the influence of language anxiety on counseling self-efficacy. Among these 59 non-native speakers, students with higher language anxiety tended to have lower counseling self-efficacy. However, Haley et al. (2014) recruited all the non-native participants from one counseling program and most of them came from the U.S.-Mexico border area. These participants’ years of exposure to English and levels of English proficiency might be different from ICSs who come from various countries in the world. The current study recruited 72 ICSs from diverse programs and various countries in the world. For example, 31 (43.1%) of participants were master’s level ICSs and 41 (56.9%) of participants were doctoral level ICSs. These 31 master’s level ICSs, 25 of these master’s level ICSs are currently enrolled in CACREP-accredited clinical mental health counseling program, 3 ICSs are currently enrolled in CACREP-accredited school counseling program, and 3 ICSs were currently enrolled in APA-accredited counseling
psychology programs. Among these participants, 31 (43.1%) participants were from China, 11 (15.3%) were from Turkey, 8 (11.1%) were from India and the rest participants were from other countries such as Malaysia, Japan and Nigeria. None of these participants’ native language is English. Therefore, the current study result provided more valid evidence for the negative association between language anxiety and counseling self-efficacy among ICSs. The results reinforce the importance of taking language anxiety into account. People who experience second language anxiety might be worried about being evaluated negatively by others, making grammatical mistakes, or being unable to express themselves in clear and effective ways when using the second language (Jones, 2004). Therefore, ICSs with higher language anxiety may be concerned about not being able to use appropriate words to reflect, interpret or confront clients in concise and precise ways, which eventually lead to lower counseling self-efficacy.

In this study, there was no significant association between acculturation and counseling self-efficacy. Relationships between these two variables vary in the literature. To the researcher’s knowledge, there were three previous studies about non-native speakers’ acculturation and counseling self-efficacy and all the researchers used the American-International Relations Scale (AIRS) to study the association between acculturation and counseling self-efficacy (Nilsson & Anderson, 2004; Kissil et al., 2013; Ng & Smith, 2011; AIRS, Sodowsky & Plake, 1991, 1992). AIRS includes three subscales: (a) perceived prejudice, which assesses the participants’ perceived degree of acceptance by Americans; (b) acculturation, which assesses the participants’ degree of acceptance of Americans and the US culture; and (c) language use, which assesses the participants’ preference for using English compared with their native language. Nilsson
and Anderson (2004) found that non native speakers with higher levels of acculturation tended to have lower levels of counseling self-efficacy. However, with the same scale, Kissil et al. (2013), Ng and Smith (2011) found that acculturation was not related to counseling self-efficacy. Due to these incongruent results, the researcher chose a different measure, Vancouver Index of Acculturation (VIA; Ryder et al., 2000). Because the current study was mainly interested in how ICSs’ acculturation to the U.S. influences their counseling self-efficacy, only the mainstream subscale was used to assess the relation between ICSs’ acculturation to the U.S. and their counseling self-efficacy. These ten items in the mainstream subscale include questions such as “I enjoy American entertainment (i.e. movies, music)” and “I often participate in mainstream American cultural practices”. Higher scores indicate higher levels of acculturation. Results shown that there was no significant association between acculturation and counseling self-efficacy, just as what Kissil et al. (2013), Ng and Smith (2011) found earlier in studies.

Social connectedness with American people was not found to be positively related to counseling self-efficacy. The result is different from Kissil et al.’s (2013) finding that how much foreign therapists feel accepted by the U.S. culture or people was significantly related to their clinical self-efficacy. In Kissil et al.’s (2013) study, the perceived prejudice subscale in AIRS was significantly associated with the Counselor Activity Self-Efficacy Scales (CASES), that is, the more immigrant counselors felt accepted or connected to the U.S., the higher counseling self-efficacy they reported. To further study this relation, the researcher of the current study used the Social Connectedness in Mainstream Society Scale (SCMN) scale. SCMN included items such as “I feel accepted by U.S. Americans” and “I feel connected with U.S. society”. Unfortunately, the result

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did not support Kissil et al’s (2013) finding. This might be because of the COSE measure itself. COSE includes five subscales: (a) Micro-skills, which assesses counselors’ belief in their ability to perform basic and intermediate counseling skills, such as conceptualization and clarification; (b) Counseling Process, which measures counselors’ belief in their ability to manage the therapeutic process; (c) Dealing With Difficult Client Behaviors, which assesses counselors’ belief in their ability to work with difficult client behaviors; (d) Cultural Competence, which assesses counselors’ belief in their ability to respond to diversity in clients; and (e) Awareness of Values, which measures counselors’ belief in their ability to manage issues related to their own biases and values. Among the items for each subscale, there are many items that are language-related. For example, one item in the microskills subscale is “I am confident that the wording of my interpretation and confrontation responses will be clear and easy to understand”. Also, one item in the process subscale is “I am worried that the wording of my responses lack reflection of feeling, clarification, and probing, and may be confusing and hard to understand.” However, there are fewer items that are acculturation-related and almost none that are related to social connectedness. Thus, the results showed no relationship between social connectedness with American people and counseling self-efficacy.

Contrary to the current study’s hypothesis 4, the result did not support the interaction effect of social connectedness with American people on the relation between language anxiety and counseling self-efficacy; that is, the level of social connectedness did not make a difference in how participants’ language anxiety was related to their counseling self-efficacy. One possible explanation for this non-significant interaction is that, even though social connectedness with American people might prevent ICSs from
experiencing issues such as anxiety and depression (Kohut, 1984; Tesser, 1991), language anxiety is different from other forms of anxiety, since it is situation-specific. For instance, language anxiety is related to situations such as language learning or usage. Due to the nature of counseling work, being able to use the appropriate words at the right moments can make a substantial difference in communicating with clients. Thus, no matter how well ICSs can speak English, there always will be time that they struggle with finding appropriate words when they talk to clients in sessions, just as other American counseling students do. In this case, the level of social connectedness with American people did not affect the relation between ICSs’ language anxiety and counseling self-efficacy.

In this study, the model that included the variables of language anxiety, social connectedness with American people, acculturation, and the interaction between language anxiety and social connectedness with American people together did not account for a significantly different amount of variance in counseling self-efficacy over and above the variance accounted for by language anxiety alone. As shown earlier in the partial correlations, there is no significant correlation between acculturation and counseling self-efficacy or social connectedness and counseling self-efficacy. Partial correlation is similar to regression in a way that both look at the relationships between variables, while controlling for other variables in the model. Due to the non-existing relationship between acculturation and counseling self-efficacy, adding it to the model would not explain additional variance in counseling self-efficacy. The same holds for social connectedness with American people.

Implications
The primary finding from the study is that language anxiety appears to be an important issue that is associated with lower counseling self-efficacy of international counseling students. The present findings yielded the following practical implications for ICSs, clinical supervisors, and program faculty. First, for the language anxiety issue, ICSs can do a lot to help themselves. For example, ICSs who have a higher level of language anxiety may take extra language classes, find more opportunities to practice English with native speakers, or seek help from other counseling professionals. ICSs who find it challenging to understand the slang terms clients use during sessions can discuss with supervisors or refer to online resources such as urbandictionary.com. In addition, supervisors can help ICS by being aware of ICSs’ potential anxiety toward language and how it might affect ICSs’ counseling self-efficacy. Supervisors may spend extra time teaching ICSs how to address certain situations by orally stating exact English words or sentences. In the beginning, ICSs can repeat the words or sentences their supervisors stated, but as they progress, ICSs will be able to communicate better with clients by using their own words. Furthermore, teaching faculty can also help during the process by being aware of the language proficiency differences among students in each class, and provide ICSs with additional explanations for certain words or concepts.

**Limitations and Recommendations for Future Research**

There are several limitations of this study. First, the current sample was small, especially in comparison to the total number of ICSs in the programs reported by participants. Thus, future researchers may use different approaches to recruit more participants for a study with greater power. Second, although language anxiety is a significant predictor for counseling self-efficacy in this study, the scale used to measure
language anxiety in the current study is focused predominately on language anxiety in classroom settings. It is possible that ICSs feel lower levels of language anxiety in their counseling classes because they are well prepared when they go to classes. For example, ICSs may already know the topics of the classes according to the syllabi, so they can read the books and prepare for class discussion before classes. But ICSs cannot prepare for counseling sessions as well as they do for classes, because clients may bring up different topics in sessions and share whatever they feel comfortable in discussing at any time during the sessions. Therefore, the language anxiety in classrooms might be different from the language anxiety in counseling sessions. Future study may use scales specifically for language anxiety experienced by counselors in counseling sessions. Third, even though there is no issue of multicollinearity among predictor variables as assessed by the Tolerance and VIF statistics, all the predictor variables are correlated with each other to some degrees, especially the correlation between social connectedness with American people and acculturation in current study, so future studies may include other types of variables and see how they affect ICSs’ counseling self-efficacy.
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APPENDIX A

INFORMED CONSENT
Dear Participants:

My name is Chi Li, and I am a graduate student under the direction of Dr. Bianca Bernstein in the Master of Counseling program at Arizona State University. I am conducting a research study to examine the counseling self-efficacy of international counseling students in the United States. This study has been approved by ASU IRB (STUDY00003737). I am writing to invite you to participate in this research study, which includes a survey that will take approximately 20-25 minutes. Once you complete the survey, you will be given instructions for entering into a raffle to win one of THREE $20 Amazon gift cards.

To be eligible to participate in this study, you must be:

1) 18 years or older

2) A current international student in CACREP-accredited doctoral or masters counseling (i.e., counselor education, school counseling, mental health counseling, family and marriage counseling) program in the U.S.

OR an international student in APA-accredited counseling psychology program in the U.S.

OR an international student who graduated from the above programs and currently resides and and is looking for jobs in the U.S. during the Optional Practical Training (OPT) period.
Your participation in this research study is completely voluntary. If you decide not to participate in this study at any time, you won’t be penalized or lose any benefits for which you otherwise qualify. There are no foreseeable risks to you for participating in this study. We expect 50-150 people to participate in this research. If you choose to participate in the raffle, you will be prompted to enter your email address at the end of the survey. This information will remain separate and no identifiable information will be connected to your survey responses.

Your confidentiality is important. Therefore, your answers will be completely anonymous. You will not be asked to provide any identifying information on the survey and you will be assigned an ID number in order to protect your confidentiality. Your anonymous responses will be kept confidential, and only the researcher and principal investigator for this study will have access to them. Any electronic copies of data will be protected with password, and only the researcher and principal investigator for this study will know the password. The results of the study may be published but they will show nothing about your identification information.

If you have questions or concerns regarding this study or if any problems arise, please feel free to contact Chi Li at chili3@asu.edu or (614) 266-5188. The principal investigator for this study, Dr. Bianca Bernstein, is also available for questions and/or concerns at bbernstein@asu.edu. If you have any questions about your rights as a subject/participant in this research, please contact the Arizona State University Office of Research Integrity and Assurance, at (480) 965-6788.
Thank you very much for your participation.

Sincerely,

Chi Li, M.A.

Department of Counseling and Counseling Psychology

Arizona State University
Thank you for your interest in this study. Please answer the following questions for descriptive and exploratory purposes.

1. Which country are you from? __________

2. What is your native language? __________

3. What is your gender?
   A. Female
   B. Male
   C. Transgender
   D. Prefer not to disclose

4. What is your current age? ____________ years old

5. How long have you stayed in the U. S. in total?
   ____ Years ____ Months

6. Numbers of current international counseling students in your program:
   __________

7. Are you currently enrolling in counseling or counseling-related program?
   A. No, I graduated
   B. Yes
   C. Others, please specify______________________________

   If yes, what is your current educational status?
   A. Master level international counseling student
   B. Doctoral level international counseling student
If you are a Masters level international counseling student, which year are you in your counseling or counseling-related program? _____________

If you are a Doctoral level international counseling student, which year are you in your counseling or counseling-related program? _____________

8. What specific counseling program are you currently in?

A. Clinical Mental Health Counseling
B. School Counseling
C. Marriage, Couple, and Family Counseling
D. Rehabilitation Counseling
E. Counseling Psychology
F. Other, please specify____________________________________________

9. Please indicate your clinical counseling practice experience by:

a. Have you taken a counseling techniques and skills (i.e., pre-practicum) course?
   A. No
   B. Yes

b. Have you taken practicum/field placement or internship courses?
   A. No
   B. Yes

   If yes, please specify how many client hours have you had before taking this survey?
   ____________ direct client hours ____________ indirect client hours
(Adopted from) Foreign Language Classroom Anxiety Scale (FLCAS; Horwitz, E. K., Horwitz, M. B., & Cope, 1986)

Instructions: Please mark the number from the scale that best corresponds to your answer.

5       4       3       2       1
Strongly agree  Agree  Neither agree nor disagree  Disagree  Strongly disagree

1. I never feel quite sure of myself when I am speaking in my English-speaking counseling classes.
2. I don't worry about making mistakes in English-speaking counseling classes.
3. I tremble when I know that I'm going to be called on in English-speaking counseling classes.
4. It frightens me when I don't understand what the teacher is saying English.
5. It wouldn't bother me at all to take more English-speaking counseling classes.
6. During English-speaking counseling classes, I find myself thinking about things that have nothing to do with the course.
7. I keep thinking that the other students are better at English than I am.
8. I am usually at ease during tests in my English-speaking counseling classes.
9. I start to panic when I have to speak without preparation in English-speaking counseling classes.
10. I worry about the consequences of failing my English-speaking counseling classes.
11. I don't understand why some people get so upset over English-speaking counseling classes.
12. In English-speaking counseling classes, I can get so nervous I forget things I know.
13. It embarrasses me to volunteer answers in my English-speaking counseling classes.
14. I would not be nervous speaking English with native speakers.
15. I get upset when I don't understand what the teacher is correcting.
16. Even if I am well prepared for English-speaking counseling classes, I feel anxious about it.
17. I often feel like not going to my English-speaking counseling classes.
18. I feel confident when I speak in English-speaking counseling classes.
19. I am afraid that my English-speaking counseling teacher is ready to correct every mistake I make.
20. I can feel my heart pounding when I'm going to be called on in English-speaking counseling class.
21. The more I study for a counseling test in English, the more confused I get.
22. I don't feel pressure to prepare very well for English-speaking counseling classes.
23. I always feel that the other students speak English better than I do.
24. I feel very self-conscious about speaking English in front of other students.
25. English-speaking counseling classes moves so quickly I worry about getting left behind.
26. I feel more tense and nervous in my English-speaking counseling classes than in my Non-English speaking classes.
27. I get nervous and confused when I am speaking in my English-speaking counseling classes.
28. When I'm on my way to English-speaking counseling classes, I feel very sure and relaxed.
29. I get nervous when I don't understand every word English teacher says.

30. I feel overwhelmed by the number of rules I have to learn to speak English.

31. I am afraid that the other students will laugh at me when I speak English.

32. I would probably feel comfortable around native English speakers.

33. I get nervous when English-speaking teacher asks questions which I haven't prepared in advance.
APPENDIX D

VANCOUVER INDEX OF ACCULTURATION
(Adopted from) Vancouver Index of Acculturation (VIA)

Instructions: Please circle one of the numbers to the right of each question to indicate your degree of agreement or disagreement.

<table>
<thead>
<tr>
<th>Extremely disagree</th>
<th>Extremely agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
</tr>
</tbody>
</table>

1. I often participate in mainstream American cultural traditions.
2. I would be willing to marry a white American person.
3. I enjoy social activities with typical American people.
4. I am comfortable interacting with typical American people.
5. I enjoy American entertainment (i.e. movies, music).
6. I often behave in ways that are typically American.
7. It is important for me to maintain or develop American cultural practices.
8. I believe in mainstream American values.
9. I enjoy white American jokes and humor.
10. I am interested in having white American friends.
APPENDIX E

SOCIAL CONNECTEDNESS IN MAINSTREAM SOCIETY SCALE
(Adopted from) Social Connectedness in Mainstream Society Scale (SCMN; Yoon, 2008)

Please indicate your agreement with the following items using the 1–7 scale below. There are no right or wrong answers. Please be open and honest in your responding.

1                    2                 3                  4                  5             6            7
Strongly Disagree    Disagree           Neither            Slightly Agree   Agree   Strongly agree nor disagree

1. ____ I feel a sense of closeness with U.S. Americans.
2. ____ I feel a sense of belonging to U.S. society.
3. ____ I feel accepted by U.S. Americans.
4. ____ I feel like I fit into U.S. society.
5. ____ I feel connected with U.S. society.
Counseling Self-Estimate Inventory (COSE; Larson et al., 1992)

Below is a list of 37 statements. Read each statement, and then indicate the extent to which you agree or disagree with that statement, using the following alternatives:

1                      2                      3                      4                      5                      6
Strongly  Moderately  Slightly  Slightly  Moderately  Strongly
Disagree  Disagree  Disagree  Agree  Agree  Agree

Please put your responses on this inventory by marking your answer to the left of each statement.

_____1. When using responses like reflection of feeling, active listening, clarification, probing, I am confident I will be concise and to the point.

_____2. I am likely to impose my values on the client during the interview.

_____3. When I initiate the end of a session, I am positive it will be in a manner that is not abrupt or brusque and that I will end the session on time.

_____4. I am confident that I will respond appropriately to the client in view of what the client will express (i.e., my questions will be meaningful and not concerned with trivia and minutia).

_____5. I am certain that my interpretation and confrontation responses will be concise and to the point.
6. I am worried that the wording of my responses lack reflection of feeling, clarification, and probing, and may be confusing and hard to understand.

7. I feel that I will not be able to respond to the client in a non-judgmental way with respect to the client’s values, beliefs, etc.

8. I feel I will respond to the client in an appropriate length of time (neither interrupting the client nor waiting too long to respond).

9. I am worried that the type of response I use at a particular time, reflection of feeling, interpretation, etc., may not be the appropriate response.

10. I am sure that the content of my responses, i.e., reflection of feeling, clarification, and probing, will be consistent with and not discrepant from what the client is saying.

11. I feel confident that I will appear competent and earn the respect of my client.

12. I am confident what my interpretation and confrontation responses will be effective in that they will be validated by the client’s immediate response.

13. I feel confident that I have resolved conflicts in my personal life so that they will not interfere with my counseling abilities.

14. I feel that the content of my interpretation and confrontation responses will be consistent with and not discrepant from what the client is saying.

15. I feel that I have enough fundamental knowledge to do effective counseling.

16. I may not be able to maintain the intensity and energy level needed to produce client confidence and active participation.

17. I am confident that the wording of my interpretation and confrontation responses will be clear and easy to understand.
18. I am not sure that in a counseling relationship I will express myself in a way that is natural, without deliberating over every response or action.

19. I am afraid that I may not understand and properly determine probable meanings of the client’s nonverbal behaviors.

20. I am confident that I will know when to use open or closed-ended probes and that these probes will reflect the concerns of the client and not be trivial.

21. My assessments of client problems may not be as accurate as I would like them to be.

22. I am uncertain as to whether I will be able to appropriately confront and challenge my client in counseling.

23. When giving responses, i.e., reflection of feeling, active listening, clarification, probing, I’m afraid that they may not be effective in that they won’t be validated by the client’s immediate response.

24. I do not feel that I possess a large enough repertoire of techniques to deal with the different problems my clients may present.

25. I feel competent regarding my abilities to deal with crisis situations that may arise during the counseling sessions (i.e., suicide, alcoholism, abuse).

26. I am uncomfortable about dealing with clients who appear unmotivated to work towards mutually determined goals.

27. I may have difficulty dealing with clients who do not verbalize their thoughts during the counseling session.

28. I am unsure as to how to deal with clients who appear noncommittal and indecisive.
29. When working with ethnic minority clients, I am confident that I will be able to bridge cultural differences in the counseling process.

30. I will be an effective counselor with clients of a different social class.

31. I am worried that my interpretation and confrontation responses may not, over time, assist the client to be more specific in defining and clarifying his/her problem.

32. I am confident that I will be able to conceptualize my client’s problems.

33. I am unsure as to how I will lead my client towards the development and selection of concrete goals to work towards.

34. I am confident that I can assess my client’s readiness and commitment to change.

35. I feel I may give advice.

36. In working with culturally different clients, I may have a difficult time viewing situations from their perspective.

37. I am afraid that I may not be able to effectively relate to someone of lower socioeconomic status than me.
APPENDIX G

IRB APPROVAL LETTER
Dear Bianca Bernstein:

On 2/9/2016 the ASU IRB reviewed the following protocol:

<table>
<thead>
<tr>
<th>Type of Review</th>
<th>Initial Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Counseling Self-efficacy of International Counseling Students in the U.S.: Contributions of Language Anxiety, Acculturation and Social Connectedness with American People</td>
</tr>
<tr>
<td>Investigator</td>
<td>Bianca Bernstein</td>
</tr>
<tr>
<td>IRB ID</td>
<td>STUDY00003737</td>
</tr>
<tr>
<td>Funding</td>
<td>None</td>
</tr>
<tr>
<td>Grant Title</td>
<td>None</td>
</tr>
<tr>
<td>Grant ID</td>
<td>None</td>
</tr>
</tbody>
</table>
| Documents Reviewed | • Survey for Counseling self-efficacy of ICS in the US.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);  
• Email contacting listserv manager.pdf, Category: Recruitment Materials;  
• Consent form.pdf, Category: Consent Form;  
• Email contacting program director .pdf, Category: Recruitment Materials;  
• HRP-503a-TEMPLATE_PROTOCOL_SocialBehavioralV.docx, Category: IRB Protocol; |

The IRB determined that the protocol is considered exempt pursuant to Federal Regulations 45CFR46 (2) Tests, surveys, interviews, or observation on 2/9/2016.
In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc: Chi Li

Chi Li