

Full Length Research Paper

Examination of prospective psychological counselors' therapeutic alliance skills with their attachment styles and self-regulation skills

Kandemir Mehmet

Department of Psychological Counseling, Faculty of Education, Kirikkale University, Turkey.

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This study aimed to examine the relationship between the therapeutic alliance developed by prospective psychological counselors with clients in their psychological counseling practices and their attachment styles and self-regulation skills. The study used a correlational survey model and was carried out on 460 prospective psychological counselors. Data were collected using the Psychological Counseling Form of the Therapeutic Alliance Scale, the Interpersonal Attachment Styles Scale, and the Self-Regulation Dimension of the Emotional Literacy Scale. After the normality analyses, the data collected in the study were analyzed with hierarchical regression. It was found that the attachment styles involved in the regression model in the first stage to predict the therapeutic alliance skills of psychological counselors had a significant contribution to the model ($R = 0.42$, $R^2 = 0.21$, $p < 0.01$). It was found that avoidant attachment style predicted therapeutic alliance more strongly than other attachment styles but that this predictive effect was negative ($\beta = -0.30$, $t = 7.50$, $p < 0.01$). The self-regulation skill involved in the model in the second stage of the regression analysis had a significant contribution to the model ($R = 0.43$, $R^2 = 0.22$, $p < 0.01$). In addition, it was found that self-regulation skills positively predicted therapeutic alliance ($\beta = 0.17$, $t = 3.17$, $p < 0.05$). According to the results of the study, it was found that awareness studies about attachment styles and self-regulation in the education of prospective psychological counselors affected their therapeutic alliance skills.

Key words: Therapeutic alliance, attachment styles, self-regulation, prospective psychological counselors, hierarchical regression.

INTRODUCTION

In the profession of psychological counseling, the nature and quality of the relationship between the counselor and the client has attracted the attention of researchers and theorists in every period. This interest has become the main research topic of especially process-outcome researchers who have tried to determine the methods,

approaches, and variables that make significant contributions to the change of the client (Whiston and Sexton, 1993). According to Lambert et al. (2004), in these studies, practitioners were provided with evidence-based information to increase the effectiveness of the therapeutic process. While outcome research investigates

E-mail: mkandemir.tr@gmail.com.

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the momentary or permanent changes in the field of psychological counseling (counseling, therapy) emerging as a result of the psychological counseling and psychotherapy process, process studies focus on factors that are effective in counseling or psychotherapy sessions (Hill and Lambert, 2004).

In recent years, the interest of process-outcome researchers has focused on common factors affecting psychological counseling behaviors (Barber et al., 2000; Martin et al., 2000). According to the common factors approach, the basic principles and methods of psychological counseling theories have an effect similar to the well-being of the client when applied in the counseling process (Wampold, 2010). Shadish and Baldwin (2002) similarly stated that there was very limited evidence to support the superiority of any counseling approach over any other counseling approach. In this context, meta-analysis studies conducted by Lambert (1992) and Wampold (2001) pioneered the above-mentioned explanations. In the common factors meta-analysis study developed by Lambert (1992), factors affecting the results of the psychological counseling process were determined as four factors, namely, client factor, therapeutic relationship factor, therapeutic model or approach factor, and positive expectation (hope)/placebo factor. It was revealed that the social support perceived by the client and the client factors covering the experiences of the client affected the client's motivation, desire for change, and problem-solving resources by 40%, the therapeutic relationship factor including the quality of therapeutic relationship affected therapeutic alliance by 30%, and that the approach factor including the therapeutic principles and methods and the expectation factor that included the positive belief that the problem would be solved affected the counseling outcomes by 15% each (Lambert, 1992). The results of the meta-analysis study conducted by Wampold (2001) and Cuijpers et al. (2019) were found to support the meta-analysis results of the study conducted by Lambert.

Wampold (2001) stated that the most important part of common factors was the therapeutic alliance between the client and the counselor. Similarly, Wexler (2006) stated that therapeutic alliance, which is among the common factors that are known to strongly affect the well-being of clients, became the focal point. Known as part of a therapeutic relationship, the therapeutic alliance (Barber et al., 2000; Horvath and Luborsky, 1993) is defined as an understanding between the client and the psychological counselor about the goals of development and the tasks that must be fulfilled to achieve these goals (Bordin, 1979). Bordin (1979) thought that the therapeutic alliance consisted of three interrelated and integral components: goals, tasks, and emotional bonds. The collaboration established by developing an alliance between the counselor and the client about the aims of the psychological counseling process constitutes the goal component of the alliance. The collaboration established

by developing an alliance by the counselor and the client about the necessary tasks and responsibilities to reach the goals of the counseling constitutes the task component of the alliance. The formation of a trust bond between the psychological counselor and the client by developing respect and acceptance in the psychological counselor and the client relationship constitutes the emotional bond component (Bordin, 1994). Significant research findings regarding the effect of the therapeutic alliance on the psychological help process have been reached in literature (Buchholz and Abramowitz, 2020; Gobin and Freyd, 2009; Martin et al., 2000). In a study conducted by Fernández et al. (2016), a strong relationship was found between the therapeutic alliance and therapeutic outcomes in psychological counseling for adults and adolescents. In a study conducted by Martin et al. (2000), a moderate, significant positive relationship was found between the therapeutic alliance and the outcomes of the counseling. Given the explanations made, it is seen that the therapeutic alliance variable in the counseling process is a powerful variable that affects the counseling outcomes.

Identifying the factors that affect the alliance, as well as the therapeutic alliance itself, appears to be of interest for process and outcome research (Horvath and Symonds, 1991; Miller-Bottome et al. 2019). According to Hackney and Cormier (2008), the characteristics of the psychological counselor are very important factors affecting the change in the client during the qualified counseling process. Kivlighan et al. (1998) stated that the psychological counselor's attachment and attachment styles were a powerful factor affecting the therapeutic alliance in the counseling process. The basis of the attachment behavior, which is defined as the strong emotional bonds developed by a person towards others, is based on the relationship between the baby and the caregiver (Bowlby, 1980). Bowlby (1979, 1980) stated that there were three types of attachment styles namely, secure, insecure-anxious and insecure-avoidant. According to Bowlby (1980), for babies to have a fully secure attachment in their relationship with the caregiver, it is necessary to meet their need for protection and discovering environmental stimuli. Babies develop insecure attachment styles if the caregiver shows inadequate, inconsistent, uncertain, or insecure attitudes towards meeting these needs. Bowlby (1980) argued that attachment styles guided one's thoughts, feelings, and behaviors in later relationships. Meyer and Pilkonis (2001) suggested that therapists with a secure attachment style would cope more easily with the therapeutic interruptions than the therapists with other attachment styles.

McEvoy et al. (2014) stated that the self-regulation skills of psychological counselors were also an important determinant in the counseling process. Zimmerman (2000) defined self-regulation as planned behaviors that are cyclically adapted to achieve spontaneous emotions,

thoughts, and goals, and stated that it included behavioral, environmental, and latent regulation processes to achieve goals. Baumeister and Vohs (2007) strengthened the interpersonal acceptability of self-regulation skills by improving individuals' social adaptation skills. According to these explanations, psychological counseling requires structured plans, selection of methods and techniques appropriate for the plans, and their implementation. When the self-regulation literature is examined, it can be seen that there is a relationship with attachment styles, one of the variables of this study (Baysal and Özgenel, 2019; Bazzazian and Besharat, 2011; Blalock et al., 2015). In a study conducted by Bazzazian and Besharat (2011), it was found that there was a positive relationship between the secure attachment style and self-regulation skills and that there was a negative relationship between the anxious and avoidant attachment style and self-regulation skill.

According to the findings in the literature mentioned above, the therapeutic alliance skill of psychological counselors is an important part of the therapeutic process and a powerful factor affecting therapeutic outcomes. Therefore, knowledge of the variables that are correlated with this factor is of significance in terms of the therapeutic alliance. In particular, it is necessary to investigate which characteristics of the psychological counselors, who initiate, structure, and direct the therapeutic process, affect the therapeutic alliance. Carrying out therapeutic alliance studies on psychological counselors is a valuable stage in terms of guiding psychological counselors, revising knowledge and skills, and developing professional attitudes. Considering these requirements regarding the therapeutic alliance, this study aimed to examine the relationship between the therapeutic alliance skills of prospective psychological counselors and their attachment styles and self-regulation skills. On the other hand, this research will present new evidence on how the personal characteristics of the psychological counselor affect the therapeutic alliance established with the client. These pieces of evidence are thought to be important in increasing the knowledge and skills of prospective psychological counselors and other mental health professionals. When considered in this context, this study investigated the predictive effects of the gender, attachment styles, and self-regulation skills of the psychological counselors on therapeutic alliance.

METHODOLOGY

The method section of the research presents information about the study model, study group, data collection tools, data collection process, and data analysis.

The study model

This study, which investigated the relationship of psychological

counselors' therapeutic alliance skills with different variables, used the relational survey model, which is evaluated within the scope of the survey models. This model can be used in research to determine the covariance levels between multiple variables (Cohen et al., 2000). The study used a correlational model because it aimed to determine the variance that the therapeutic alliance variable went through depending on attachment styles and self-regulation skills. In the study, we tried to determine the change that the therapeutic alliance skills of prospective psychological counselor went through based on their attachment styles and self-regulation skills. For this reason, it can be said that the research model is the correlational survey model.

The study group

The study group consisted of a total of 460 4th-year Guidance and Psychological Counseling undergraduate students, including 110 (23.9%) males and 350 (76.1%) females. In the study group, the students had already completed the 4th-year course, "Psychological Counseling Applications", successfully and therefore fulfilled 10 individual counseling practice sessions in total within a 14-week period in the presence of a supervisor. According to this explanation, it can be said that the research group was formed using the "purposive sampling" method. The study group was determined using the purposive sampling method. According to Büyükoztürk et al. (2013), the purposive sampling method should be used when the research is carried out on a study group created under certain criteria. It can be said that the group of this study was determined using the "purposive sampling" method since the group involved prospective psychological counselors who held at least 10 counseling sessions for at least 14 weeks accompanied by a supervisor.

Data collection tools

The therapeutic alliance scale-psychological counselor form

This scale was developed by Kandemir (2020) based on Bordin's (1979) theory to measure the therapeutic alliance skills of mental health professionals who provided psychological assistance. In the validity study, a 20-item and three-factor scale was obtained after the exploratory factor analysis, and the reliability of the obtained structure was calculated based on Cronbach's alpha internal consistency coefficients. In addition, the factor structure of the scale was examined with confirmatory factor analysis, and adequate goodness of fit coefficients were obtained ($\chi^2 / sd = 3.48$; RMSEA 0.07; CFI 0.93; IFI 0.93; NFI 0.91; TLI 0.92; and RFI 0.88). In this study, Cronbach's alpha internal consistency coefficient of the scale was found to be 0.86 for the overall scale.

The Interpersonal Attachment Styles Scale: The scale was developed by Kandemir and İlhan (2017) considering Bowlby's (1980) theory of the theoretical foundations of the attachment concept. During the development of the scale, data were collected from university students for exploratory and confirmatory factor analyses. As a result of the exploratory factor analysis, a three-factor structure was obtained. The factors were named as "secure attachment", "anxious/obsessive attachment", and "avoidant attachment", respectively. Cronbach's alpha internal consistency coefficients of the scale were found as 0.80 for the first factor, 0.74 for the second factor, and 0.72 for the third factor. As a result of the confirmatory factor analysis applied to the interpersonal attachment styles scale, adequate goodness of fit coefficients were obtained ($\chi^2 / sd = 3.15$; RMSEA 0.06; CFI 0.91; IFI .90; NFI 0.90; TLI 0.91; GFI 0.92; and AGFI). In this study, Cronbach's alpha internal consistency coefficients of the scale were found to be 0.87 for the secure attachment factor, 0.83 for the anxious attachment factor,

Table 1. The correlation analysis between variables.

Variable	Mean	Sd	1	2	3	4	5
Therapeutic alliance (1)	4.92	0.52	1				
Secure attachment (2)	5.58	0.80	0.29**	1			
Anxious attachment (3)	3.70	1.15	-0.26**	-0.11*	1		
Avoidant attachment (4)	3.26	0.98	-0.37**	-0.21**	0.12*	1	
Self-regulation (5)	4.11	0.59	0.24**	0.61**	-0.17**	-0.11*	1

* $p < .05$; ** $p < .01$.

and 0.80 for the avoidant attachment factor.

The emotional literacy scale - self-regulation sub-dimension (ELS):

The emotional literacy scale was developed by Palancı et al. (2014) to determine the emotional literacy skills of young people and adults. To determine the construct validity of the scale, exploratory factor analysis was applied to the collected data. Then, confirmatory factor analysis was performed on the determined structure. Firstly, as a result of CFA, the goodness of fit values of the emotional literacy scale were found to be χ^2 , 3.47; RMSEA, 0.06; CFI, 0.98; GFI, 0.95; NFI, 0.97; IFI, 0.99; RFI 0.96; and AGFI 0.93. In this study, which investigated the therapeutic alliance skills of prospective psychological counselors, the self-regulation sub-dimension of the emotional literacy scale was used. For this study, the internal consistency score of the "self-regulation" sub-dimension of the scale was recalculated and was found as 0.93.

Data collection and preparation for analysis

The data of the study, which examined the relationship between the therapeutic skills of prospective psychological counselors and their attachment styles and self-regulation skills, were collected in the last week of the Psychological Counseling Practices course in the 2019-2020 academic year. The scales were administered after obtaining necessary permissions, and data were collected from students in the classroom environment using the scales.

The scale forms were distributed to the students to collect the data of the study, which investigated the relationship between the therapeutic skills of psychological counselors and their attachment styles and self-regulation skills. In addition, a sample application related to each scale was performed by the researcher. The data were collected from the study group by providing them with information about the purpose of the research, scales, and how to fill out the scales. After the collected data were entered into a file of the SPSS software package, some preliminary evaluations were made before the analysis. Extreme values were examined through the frequency distributions and Z values of the study data, and as a result of the examination, the extreme values of 6 data that were outside the range of +3 and -3 were removed from the data set. Another prerequisite of regression analyses is the absence of collinearity and multicollinearity (Çokluk et al., 2012). To ensure this, correlation analysis results were examined, and it was observed that there was no problem of collinearity and multicollinearity between variables. At the same time, the normality of variables was examined with the Kolmogorov-Smirnow test. The results of the Kolmogorov-Smirnow test indicated that therapeutic alliance scores showed a normal distribution ($D(454) = .26$, $p > .05$). At the same time, the skewness and kurtosis values of the variables were examined, and it was found that these values were

in the range of ± 1.96 and that they were acceptable (Tabachnick and Fidell, 2001). According to these results, it is possible to say that therapeutic alliance and other research variables did not create any problems related to normality for path analysis, which is a regression model.

FINDINGS

The findings section of the research presents the descriptive analysis of the variables, correlation analysis between variables, and the analysis results of the tested conceptual model. First of all, the descriptive results obtained from the therapeutic alliance, attachment styles and self-regulation scales and the correlations between variables were examined. The results are shown in Table 1.

As seen in Table 1, the mean score of the therapeutic alliance, which is the dependent variable of the study, is 4.92. The mean scores of the secure attachment style obtained as a result of the analysis are higher than the mean scores of the anxious and avoidant styles. As can be seen, the score obtained from the avoidant attachment style is lower compared to that of other attachment styles. Besides, the mean self-regulation score of the research group is 4.11. When correlation values are examined, it can be seen that there are significant relationships between variables related to the therapeutic alliance. Accordingly, a moderate, significant positive relationship was found between the therapeutic alliance of psychological counselors and their secure attachment ($r = 0.29$); also a significant negative relationship was found between the therapeutic alliance of psychological counselors and their anxious attachment ($r = -0.26$) and avoidant attachment ($r = -0.37$). Additionally, there were moderate level, significant positive relationships between the therapeutic alliance and self-regulation ($r = 0.24$). After that, hierarchical regression analysis was carried out to test whether the therapeutic alliance was predicted by the relevant variables. In the hierarchical regression analysis, a two-step model was tested. Accordingly, attachment styles in the first step and self-regulation skills in the second step were included in the model. The analysis results of the model created with these steps are presented in Table 2.

As seen in Table 2, in the first step of the step-by-step

Table 2. The hierarchical regression analysis related to the prediction of therapeutic alliance skills of psychological counselors.

Model	Variable	B	Standard error	β	t	p	Paired r	Partial R	VIF
1	Constant	6.26	0.44		14.22	0.00			
	Secure attachment	0.16	0.06	0.15	2.80	0.1	0.22	0.12	1.18
	Anxious attachment	-0.22	0.04	-0.23	-5.41	-0.00	-0.26	-0.25	1.11
	Avoidant attachment	-0.36	0.05	-0.30	-7.50	-0.00	-0.37	-0.33	1.08
R=0.42; R ² = 0.21 F= 39.04									
2	Constant	5.78	0.46		12.53	-0.00			
	Secure attachment	0.01	0.07	0.11	2.01	-0.04	0.22	0.10	1.38
	Anxious attachment	-0.21	0.04	-0.21	-5.10	-0.00	-0.26	-0.23	1.15
	Avoidant attachment	-0.38	0.05	-0.29	-7.79	0.00	-0.37	-0.34	1.09
	Self-regulation	0.31	0.09	0.17	3.17	0.01	0.24	0.15	1.63
R=0.43 R ² =0.22 F= 32.38									

conducted hierarchical analysis, the attachment styles of the prospective psychological counselors were added into the regression model, and the total contribution of the first step to the model was significant ($R = 0.42$, $R^2 = 0.21$, $p < 0.01$). In other words, it can be said that the attachment styles added into the model in the first step of the model had specific and significant effects on the model. When the standardized regression coefficients are examined, it can be seen that the secure attachment style of the prospective psychological counselors in this step had a significant and positive effect on therapeutic alliance ($\beta = 0.15$, $t = 2.80$, $p < 0.05$). Accordingly, the secure attachment style of psychological counselors positively predicted the levels of the therapeutic alliance to be established with their clients. In other words, people who offer professional psychological counseling can easily develop an alliance with their clients about the goals, duties, and communication styles of the therapy. In the first step, it was found that the anxious attachment style included in the model negatively and significantly predicted the therapeutic alliance levels of the psychological counselors ($\beta = -0.23$, $t = -5.41$, $p < 0.01$). At the same time, it was found after the analysis that avoidant attachment style negatively and significantly predicted the therapeutic alliance levels of the prospective psychological counselors ($\beta = -0.30$, $t = 7.50$, $p < 0.01$). Accordingly, anxious and avoidant attachment styles, known as insecure attachment styles, were found to be an important negative predictor of the therapeutic alliance. According to the results of the study, the insecure attachment styles (anxious and avoidant) of the individuals who provide psychological counseling negatively affect the development of alliance/cooperation with their clients in terms of the goals, duties, and communication styles of the therapy.

In the second step of the hierarchical analysis, the self-regulation skills of the prospective psychological counselors were added into the regression model, and it was determined that the total contribution of the

second step to the model was significant ($R = 0.43$, $R^2 = 0.22$, $p < 0.01$). When the standardized regression coefficients are examined, it can be seen that self-regulation skills of the prospective psychological counselors in this step had a significant and positive effect on their therapeutic alliance ($\beta = 0.17$, $t = 3.17$, $p < 0.05$). Accordingly, the high level of self-regulation skills of psychological counselors positively predicted the therapeutic alliance to be established with their clients. In the second step, with the addition of the self-regulation skill into the model, the values regarding the predictive effects of the attachment styles that were added into the model in the first step changed partially. Table 2 presents the values for these variances. In addition, it is possible to say that the concurrence of the attachment styles and self-regulation skills of the psychological counselors in the same regression model has a significant effect on the psychological counselors' ability to establish a therapeutic alliance. According to the results of the study, it can be said that two factors that affect the therapeutic alliance that prospective psychological counselors develop with their clients are attachment styles and self-regulation skills.

DISCUSSION

The findings of the research were evaluated by comparing them with related research findings and theoretical information.

As a result of the research, it was found that attachment styles had a predictive effect on therapeutic alliance. According to these predictive relationships, the secure attachment was found to have a positive effect, while anxious and avoidant attachment had a negative effect. Some studies in the literature were found to support these findings (Bruck et al., 2006; Kandemir and İlhan, 2020; Yusof and Carpenter, 2016). In a study conducted by Bruck et al. (2006) on 46 therapists, it was found that therapists with a secure attachment style

developed strong therapeutic alliances with their clients. In the same study, it was found that therapists with insecure attachment styles (anxious, avoidant) had difficulties in developing therapeutic alliances with their patients. In a study conducted on psychological counselors, Kandemir and İlhan (2020) found that psychological counselors with a secure attachment style established a very strong therapeutic alliance with their clients, whereas the therapeutic alliance establishment skills of counselors with anxious and avoidant attachment styles decreased. Bowlby (1979) thought that the relationship between a baby and a caregiver was important in the development and maintenance of internal representations or internal models. According to Bowlby (1979), internal representations that are created affect the relationships that the individual will later develop with others. Similarly, Henderson et al. (1997) stated that the internal representations formed in the attachment relationship tended to be self-managing and that these representations would guide the formation of relationships that would develop outside the family. Accordingly, psychological counselors can strengthen the therapeutic alliance by directing the internal representations, such as feeling valued, establishing closeness, and a safe base, which they gained in the secure attachment in their healthy relationships with their mother, to the client. On the other hand, the therapeutic bond can be weakened when psychological counselors reflect the internal representations that involve insecure attachment features that they developed in childhood to the relationship established during the counseling process. According to the literature, people with secure attachment characteristics have better interpersonal communication skills, such as empathy, sincerity and emotional intelligence (Zaynab and Baghmalek, 2017). Accordingly, psychological counselors who have a secure attachment style can make natural and positive contributions to the counseling process with their skills, such as emotional awareness, empathy, and sincerity. On the other hand, according to Collins and Read (1990), individuals who have a secure attachment style do not pose a threat to the self of others at the same time. Individuals with secure attachment care about others' as well as valuing their own selves (Bartholomew and Horowitz, 1991). According to Hazan and Shaver (1987), individuals who acquire an anxious attachment style have low perceived self-worth and have concerns about rejection in interpersonal relationships, while those who develop avoidant attachment styles regard their own self as valuable and have a very low awareness of others' self-values. According to these explanations, psychological counselors with a secure attachment style also care about the self of clients, and therefore the counselor tries to establish a therapeutic alliance where the client does not need to protect their self. Since counselors with insecure attachment style feel their self-

worth is under threat, the level of alliance developed with the client is likely to decrease. This situation explains to a certain extent why prospective psychological counselors who have a secure attachment style develop better therapeutic alliances/cooperation with their clients compared to other attachment styles.

In the study, it was found that the self-regulation skills of the prospective psychological counselors had a positive effect on their therapeutic alliance levels. Studies supporting this result of the research in the related literature have not been found. On the other hand, evaluations emphasizing the importance of self-regulation skills in the therapeutic process have been reached (McEvoy et al., 2014). McEvoy et al. (2014) stated that the self-regulation skills of psychological counselors were an important variable in the therapeutic process. Self-regulation requires the individual to make choices with conscious awareness, to make plans and organizations, and to control and implement the plans and organizations (Baumeister et al., 1998). According to these explanations, psychological counseling requires structured goals, plans, selection of methods and techniques appropriate to the plans, the configuration of tasks/responsibilities, and their implementation. These responsibilities and skills can be fulfilled by psychological counselors with self-regulation skills.

In the counseling process, the attachment styles of the counselors are an important variable affecting the therapeutic alliance they develop with their clients. Harris (2004) stated that anxious and avoidant attachment style could be transformed into trust gained with insight-based methods and approaches in the therapeutic relationship. Accordingly, in the education and supervising process of psychological counselors, developing awareness of attachment styles and their effects on the therapeutic process may be important in terms of the therapeutic alliance. In the current study, it was found that self-regulation skills positively affected the therapeutic alliance process. Therefore, during psychological counseling education, studies can be carried out to develop skills, such as making counseling plans and preparations, preparing a formulation, creating a treatment plan appropriate for the client, working on the goals of the counseling, or making preparations for counseling in terms of cognitive and emotional aspects, which can be evaluated within the scope of self-regulation. The therapeutic alliance is a two-sided concept. On one side of the therapeutic alliance is the psychological counselor and the client on the other side. This study focuses on the psychological counselor side of the process. Studies that collect data from clients are also needed to contribute to a better understanding of the therapeutic alliance. Moreover, it is thought that whether the therapeutic alliance skill of the prospective psychological counselors and the alliance skills they develop with their supervisors have an effect on the level of the alliance they have established with their clients is

considered to be a topic that is worth investigating to define the nature of the alliance. Finally, determining the basic counseling skills, competencies, and related self-efficacy beliefs of prospective psychological counselors with various studies may make significant contributions to the understanding of the concept of the therapeutic alliance.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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