EMOTION-FOCUSED AND COGNITIVE BEHAVIOURAL THERAPIES AS DETERMINANTS OF PRE-SERVICE COUNSELLOR ANXIETY IN FEDERAL UNIVERSITIES IN SOUTHWESTERN NIGERIA

Babatunde Adewole AJANI

MATRIC NO.: 107962

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CERTIFICATION

I certify that this research work was carried out under my supervision by **AJANI Babatunde Adewole(107962)** in the Department of Counselling and Human Development Studies University of Ibadan.

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SUPERVISOR

Professor D.A. Adeyemo

Department of Counselling and Human Development Studies,

University of Ibadan, Ibadan, Nigeria

DEDICATION

The project is dedicated to GOD and To my Dad, Late Reverend Z.A. Ajani and my Mama Mrs J.A. Ajani; also to my dearest wife, Toluwalope, and my adorable Children, Oluwatimileyin, Moyinoluwa and Oluwabukunmi.

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Isaiah 40:31. " But they that wait upon the LORD shall renew their strength; they shall mount up with wings as eagles; they shall run, and not be weary; and they shall walk and not faint. Ecclesiastes 9:11 " I have seen something else under the sun, the race is not to the swift or the battle to the strong, nor does food come to the wise or wealth to the brilliant or favour to the learned; but time and chance happen to them all. Ecclesiastes 3:14 "I know that everything God does endures forever, nothing can be added to it or taken from it. God does it so that man will fear him. Ecclesiastes 7:8 "Better is the end of a thing than its beginning, and the patient in spirit is better than the proud in spirit". Job 13:15 "Though he slay me, yet will I trust in him: but I will maintain mine own ways before him". I thank and bless the name of the Lord for allowing these verses of the Bible to come to pass in my life, without God man is nothing. The Journey has been full of various challenges at every phase of my studies. All Glory must be unto the Lord, for He is worthy of my praise, no man on earth should give glory to himself. I return all glory to God the father, Son and the Holy Spirit, for counting me worthy to see the conclusion of this thesis.

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ABSTRACT

Pre-service counsellor anxiety is an emotional situation that inhibits counsellors' training and performance. The literature has shown that pre-service counsellors experience anxiety, which largely accounted for underperformance in their practicum sessions particularly in southwestern Nigeria. Previous studies on pre-service counsellor anxiety have centred more on personal factors, such as self-esteem, and career decision-making self-efficacy interventions than emotion-focused and cognitive behavioural therapies. This study, therefore, was designed to determine the effects of Emotion-Focused Therapy (EFT) and Cognitive Behavioural Therapy (CBT) on the pre-service counsellor anxiety in federal universities in Southwestern Nigeria. The moderating effects of emotional intelligence and counselling self-efficacy were also examined.

The study was anchored to the Self-determination Theory, while the pretest – posttest control group quasi-experimental design with a 3×2×2 factorial matrix was adopted. The multi-stage sampling procedure was used. The federal universities (University of Ibadan, Obafemi Awolowo University and University of Lagos) offering Bachelor's degree in Guidance and Counselling were randomly selected. Pre-service counsellors in 300 and 400 level from the selected universities were screened with Zung Self-anxiety Rating Scale (0.74) and a total of 74 respondents who scored high against the threshold level (60) were randomly selected. The participants from these universities were randomly assigned to EFT (25), CBT (25) and control (24) groups. The instruments used were Taylor Manifest Anxiety (r=0.82), Emotional Intelligence (r=0.78), Counsellor Activity Self–efficacy (r=0.97) scales, and instructional guides. The treatment lasted 10 weeks. Data were analysed using Analysis of covariance and Bonferonni Posthoc test at 0.05 level of significance.

The participants' age was 30.12+3.56 years, and 62.2% were females. There was a significant main effect of treatment on the pre-service counsellor anxiety ($F_{(2;72)}$= 1262.22, partial η^2=0.98). The participants in the cognitive behavioural therapy displayed the lowest pre-service counsellor anxiety mean score (27.51), followed by those in emotion-focused therapy (30.28), and the control (59.48) group. There was a significant main effect of counselling self-efficacy on pre-service counsellor anxiety ($F_{(1;73)}$= 54.43, partial η^2= 0.47). The participants with high level (38.70) of self-efficacy benefitted more than their counterparts. There was a significant main effect of emotional intelligence on pre-service counsellor anxiety ($F_{(1;72)}$= 16.14, partial η^2= 0.21). The participants with high level (39.14) of emotional intelligence benefitted more than their counterparts. There were significant interaction effects of treatment and counselling self-efficacy on pre-service counsellor anxiety ($F_{(2;71)}$= 16.24, partial η^2= 0.35) in favour of the pre-service counsellors with high counselling self-efficacy. There were significant interaction effects of treatment and emotional intelligence on pre-service counsellor anxiety ($F_{(2;71)}$= 13.74 partial η^2= 0.31) in favour of pre-service counsellors with high emotional intelligence. There were no significant interaction effects of counselling self-efficacy and emotional intelligence on pre-service counsellor anxiety. The three-way interaction effects were not significant.

Emotion-focused and cognitive behavioural therapies were effective in reducing pre-service counsellor anxiety in southwestern Nigeria Universities. Counselling educators should adopt these strategies for reduction of anxiety among pre-service counsellor in Nigeria.

Keywords: Emotion-focused Therapy, Cognitive behavioural therapy, Emotional Intelligence Counselling Self -efficacy, Pre-service Counsellor Anxiety

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The aim of any profession is to achieve its professional goals. Therefore, the goal of counselling profession is to help clients to be self-adjusted to the various challenges within and around them. Hence, the pre-service counsellors are exposed to theoretical underpinnings and practicum exercises to perfect the essential skills needed to achieve their career goals as counsellors. Hill (2014), affirms that expectedly skills training are impacted in pre-service counsellors with the view of inculcating into them the helpingskills. However, in the course of training, students faced more difficulty in skills acquisition, while experiencing decrease in confidence and increase level of anxiety. Anxiety has been distinct as a conscious fearful emotional state, which manifests in individual life (Rachel and Chidsey, 2005).

Bartley, Hay and Bloch (2013), similarly described anxiety as a pervasive and unpleasant feeling of tension, apprehension and feeling of impending disaster. Inherently, the authors contend that anxiety is a general phenomenon that reflects on every individual's life from time to time based on what one has experienced or about to do; feeling anxious when facing an important event such as an examination, job interview, perceived threat or danger. Such everyday anxiety is generally occasional, mild and brief. On the other hand, prolonged, persistent, severe cognitive, physical and behavioural symptoms of anxiety may lead to distress in a person's life to the point that one's ability to work, study, socialize and perform daily tasks could be negatively affected.

Practicum, during counselling session is one of the source of anxiety amongst pre-service counsellors. According to Shamsa and Hamid (2012), every pre-counsellor feels some anxiety at times, but for some, anxiety seriously inhibits their learning or performance. Anxiety is often a response to an undefined or unknown threat which

may stem from internal conflicts, feeling of insecurity or forbidden impulses. However, in the context of this study, pre-service counsellor anxiety is described as a state of discomfort, marked by a high level of apprehension and tension, with extreme sensitivity, self-consciousness and fears, which occur in response to situations involving counselling tasks or activities. Such feelings are known to lead to shame, helplessness, distress, inability to cope, avoidance, sweaty palms, nervous stomach, difficulty in breathing and loss of ability to concentrate (Castle, Kulkarni and Abel, 2006; Dada and Idowu, 2010; Graha, 2012). Without doubt, this type of condition hampers pre- counselling performance.

Every profession has its ethical codes and conducts that guides the professional behaviour of every personnel within the umbrella of the profession. These may include rules, regulations and ethics. Sometimes anxiety emanates from the fact that there may be some conflicts of interest between doing what one thinks is right and what the present system dictates. This may be further illustrated when pre-service counsellors have to deal with clients during therapeutic sessions. Pre-service counsellors in a tutelage session as a therapists or psychologists starting to practice psychotherapy are met with a prevalent number of inherent difficulties in engaging their clients in the therapeutic process. For instance, Ronnestad and Skovholtz (2013) study on the core difficulties pre-service counsellors face in engaging their clients in a therapeutic process, demonstrated that, pre-service counsellors experience

* difficulties with 'personal material';
* difficulties with certainty, control, and idealised intentions;
* frustrations with the client's presentation;
* difficulty in becoming the focus of attention;
* reactions triggered by perceived exclusion;
* anxieties about difference; and
* interpersonal strategies to manage intense emotions.

More so, during therapeutic sessions, pre-service counsellors may find unavoidable anxiety provoking moments with clients. Pre-service counsellors' anxiety in sessions may be viewed as a threat to the ego's integrity. A manageable level of anxiety can be motivating forpre-service counsellors' growth and acquisition of skills, however, if thepre-service counsellors fail to regulate anxiety during therapeutic sessions, then the

anxiety may be channelled into the session with the client which may limit the counsellor's effectiveness (Morrisette, 2006).

Anxiety among pre-service counsellors during therapeutic sessions could be viewed from a personal and professional level. In terms of personal level, the first common anxiety among pre-service counsellors in therapeutic session is concerns about not being good enough (i.e., perfectionism). Those with perfectionism tendencies are likely to pay excessive attention to their own mistakes, engage in self-doubt and self-criticism, have unrealistic expectations, or experience discrepancy between expectations and performance (Corey, 2008). For example, prior research indicates that some therapists are likely to have unrealistic expectations that one should perform at highest efficiency and competence with all clients at all times (Eriksen and McAuliffe, 2006; Larson, 1998). Therefore, for pre-service counsellors, having anxiety related to perfectionism can be detrimental to their self-efficacy and have a negative impact on their working alliance with clients.

The second most common anxiety among pre-service counsellors is the fear of a negative evaluation. Pre-service counsellors with a high fear of negative evaluation may tend to seek approval and avoid disapproval. These pre-service counsellors may have a strong desire to be liked and strive for approval from their clients or supervisors as validation of their skills. Research has shown that pre-service counsellors' fear of negative evaluation had a negative association with session management self-efficacy and client's satisfaction with therapy (Wei, Chao, Tsai, and Botello-Zamarron, 2012). Further, the third most frequent anxiety that pre-service counsellors report is the fear of being out of control during sessions. Literature has shown that not knowing what to do in sessions was one of the most typical reasons for anxieties among pre-service counsellors (Wei,2012). Pre-service counsellors who fear being out of control may have difficulty in tolerating ambiguity (Corey, 2008), and in an attempt to feel in control of the session, pre-service counsellors may take too much responsibility for their clients' progress. Pre-service counsellors are likely to dwell on the clients' presenting issues outside of the sessions; as a result, their worry may even take over the focus of the session.

In terms of professional level, one component of pre-service counsellors' anxiety in the session is that pre-service counsellors may worry about the rapport building with their clients (Hill and Levy, 2013). Hence, anxiety in sessions is related to concerns about building rapport as well as competence in utilising advanced skills. Although rapport, building has an important impact on the client's progress, it is common for pre-service counsellors to report difficulty maintaining emotional connection with clients. Moreover, pre-service counsellors' anxiety may come from their concerns about competence in utilising advanced skills; it is an anxiety-provoking situation for pre-service counsellors to encounter challenging clients or crisis situations. Counsellors report that the most stressful experience was being unable to help acutely distressed clients feel better. Counsellors may also be worried about not knowing how to help clients process their deep thoughts and emotions (Rønnestad and Skovholt, 2013).

Norton, Morton and Shannon (2013), identified first year entry and penultimate year as crisis points amongst pre-service counsellors capability to successfully adjust and or change to the demands and expectations of counselling profession programmes. Research suggest that many pre-service counsellors discontinue with their studies due to excessive anxiety (Nutt, 2014). Excessive anxiety is the most prevalent type of disorder experienced in the general population and is characterised by persistent worry and fear about different counselling activities and events (Bernstein, Hektner, Borchardt, and McMillan, 2013). In this process, excessive anxiety hinders learning, impacted on social competency and in some cases lead to physical problems among the pre-counsellors. Common concerns that many excessively anxious pre-service counsellors experience weeks prior to their counselling practicum include insomnia, panic attacks and poor eating habits. Hence, support for excessively anxious pre-service counsellors prior to (and during) their practicum is an essential component of counsellor's education programmes (Justice, 2008, Sanderson, 2013, Cassady, 2014).

It has been long recognised that many pre-service counsellors experience high levels of anxiety about their practicum exercise. However, it has also been noted that anxiety will decrease as knowledge and skills about counselling develop. Nonetheless, while this increased self-confidence towards practicum has been shown to apply to most pre-service students after three to four years of practicum training, studies suggest that

even after this period a number of students continue to exhibit excessive anxiety towards their practicum exercise. In an attempt to reduce such high level of anxiety, mentorship and supervision has been recommended that a More Knowledgeable Others (MKO) will be of a great help in reducing anxiety induced scenario among the pre-service counsellors (Ohnogi, 2006; Piggf and Marso, 2007 Sanderson, 2008).

Norton, Sonnenmann, and Shannon, (2013), also suggested support in form of interventions that combined both group and individual sessions where pre-service counsellors were encouraged to share experiences, explore anxieties and gain support from the group and were helpful in facilitating normative cognitive and emotional development and to alleviate developmental arrest. In particular, it was envision that workshops has been helpful in the development of strategies from managing anxiety in practicum situations and for settling in socially and academically into university life.

Likewise Warwick, Reardon, Cooper, Murayama, Reynolds and Wilson (2016) successfully used a series of workshops to help pre-service counsellors overcome excessive anxieties towards counselling activities. The encouragement of self-reflection, observational learning or modelling with the supervising counsellor acting as coach, have also been popular strategies to help encourage pre-service counsellorsto cope with their anxieties during their practicum. More so, many universities offer units that touch on how to handle anxiety during their practicum exercise. However, these strategies, while popular with supervising counsellors and with less anxious pre-service counsellors, have had limited success with pre-service counsellors with excessive anxiety.

There is a growing universal demand for well-prepared professionals in Counselling related endeavours (Counselling Association of Nigeria, 2009). The practicum in counselling is an academic programme that is designed to provide student counsellors with closely supervised counselling practice at approved field sites in either schools or non-school settings such as hospitals, industries, government agencies, and so on. The practicum is generally aimed at giving the student-counsellors practical experience in guidance and counselling services. According to Nwachuku (2009), practicum period is a period of closely supervised field work experience in guidance and counselling through which theoretical skills, techniques and organizational strategies are practiced in a selected and approved setting. The setting could be a school, an industry, a financial institution, or any other human institutional

establishment as may be deemed appropriate to the fulfillment of the pre-service counsellor's professional aspiration. Thus exposing the pre-service counsellor to real life counselling experience under close supervision by experienced professional guidance counsellors, the counselling practicum thus aims to groom these -pre-service counsellors for success in the counselling profession.

Society has delegated to the professional schools, the task of preparing its physicians, lawyers, engineers, teachers, nurses, counsellors, social workers, status, and responsibility of these practitioners has acquired an increased sense of importance and urgency in recent years (Aguayo, 2014). In Canada, for example, the Canadian Council on Learning (2016) recently admonished governmental and educational decision-makers to address the growing labour shortages, both in the professional fields and the skilled trades. Factors influencing this scarcity are: an aging workforce that will soon retire; a shortage of adequately trained personnel to replace them and to teach them; and the lack of a coordinated post-secondary educational plan to deal with these needs nationally and globally. The traditional educational landscape for professional preparation is being altered from one in which the large research universities served as the sole agents providing pre-service counsellors professional training to one in which a variety of providers is becoming involved – such as community clinics, affiliated organizations, or smaller colleges (Grossman, 2005). Regardless of the location and format of the preparation process, a key component of the pre-service counsellors' education and professionals in all fields has been the clinical or practicum phase of preparation (Goodlad, 1984; Rose and Best, 2005).

Basically on practicum/clinical aspect of pre-service counsellors,stakeholders suggests that educators across the professions are recognizing the importance of enhancing this practical element (Carnegie, 2006; Clift and Brady, 2005). However, the number of such studies--particularly those highlighting the voice of students in the decision-making process--is small, compared to the volume of research related to other pedagogical topics in each discipline. Although, the views of students often appear to be disregarded by policy-makers and programme administrators (Clift and Brady, 2005), it is of a general believed that post-practicum students could be helpful with a key source of information about the operation of the practicum programme. Schrantz (2013), who asserted that educators should not only acknowledge students'

personal observations in which pre-service counsellors are involved, but that programme administrators should in fact examine both the personal observations and post practicum students experiences in the field to help others improve on their strengths and weakness of the programme. (Gall, Gall, and Borg, 2006).

Numerous researchers have concluded that higher pre-service counsellor anxiety is a hindrance to counsellor training and performance (Daniels and Larson, 2001; Duncan and Brown, 1996; Larson, 1998). Specifically, counsellor anxiety has been shown to adversely impact important counsellor variables such as empathy (Bowman and Giesen, 1982), self-efficacy (Larson and Daniels, 1998), cognitive complexity (Duncan and Brown, 1996), attending skills, supervision (Levitt, 2001), and counsellor wellness (Shapiro et al., 2007). Despite the fact that anxiety permeates many aspects of counsellor training, there is little research to guide educators as to how one can successfully address anxiety to improve the education and performance of new counsellors (Hiebert et al., 1998). Therefore, counsellor educators would benefit from empirically proven methods that mitigate unproductive levels of anxiety in pre-service counsellors. In view of the above assertions, citations of various scholars on studies, therapies and trainings on pre-service counsellors anxiety and various causative indices. Combination of Emotion focused and cognitive behavioural therapies in treating pre-service counsellor anxiety are few or not in existence to the best of the researchers knowledge.

For the purpose of this study, Emotion focused and cognitive behavioural therapies were used based on the empirical evidence and effectiveness of the therapies in reduction of the pre-service counsellor anxiety. Emotion focused therapy (EFT) (Elliott, Watson, Goldman, and Greenberg 2004; Greenberg and Johnson, 1998; Greenberg and Watson, 2006) is an empirically supported experiential treatment (Elliot, Greenberg and Lietaer,2004) that integrates elements of person centered (Rogers, 1961) and Gestalt practice (Perls, Hefferline, and Goodman, 1951) with modern emotion theory and a dialectical- constructivist meta- theory. The approach was originally termed Process experiential therapy (PE) (Greenberg, Rice and Elliot, 1993) reflecting its roots in , and embodying principles of, a humanistic/ experiential approach. Emotion-Focused Therapy (EFT) was used earlier as the name of the couple therapy approach (Greenberg and Johnson, 2008).

Overtime developments in the understanding of the role of emotion in human functioning and in therapy led seeing emotion as centrally important in the experience of self, in both adaptive and maladaptive functioning, and in therapeutic change and the change in name reflected this development. Since the late 1990's the term Emotion- Focused Therapy has come to be applied to both the individual and couple therapy (Greenberg et.al. 2008).

EFT proposes that emotions themselves have an innately adaptive potential that if activated can help clients change problematic emotional states or unwanted self-experiences. This view of emotion is based on the belief, now gaining ample empirical support, that emotion at its core, is an innate and adaptive system that has evolved to help individual survive and strive. Emotions are connected to most essential needs that rapidly alert to situations important to someone well-being. Emotions also prepare and guide in these important situations to take action towards meeting individual needs (Greenberg and Watson, 2012).

EFTs has been shown to be effective in both individual and couples forms of therapy in a number of randomized clinical trials. A manualized form of EFT of depression in which specific emotion activation methods were used within the context of an empathic relationship was shown to be highly effective in treating depression in three separate studies. Studies on EFT was found to be as effective as or more effective than a client-centered (CC) empathic treatment and a cognitive Behavioural treatment (CBT). Both the treatments with which it was compared were themselves also found to be highly effective in reducing depression, but EFT was found to be more effective in reducing interpersonal problems than either the CC or CBT treatment, in promoting more change in symptoms than the CC treatment, and highly effective in preventing relapse (77% non-relapse) (Thoma, Nathan., Greenberg, and Leslie.2015). EFT also has been found to be effective in treating abuse, resolving interpersonal problems, and promoting forgiveness. Emotion focused therapy is recognized as one of the most effective approaches in resolving relationship distress. EFT also has generated more research than any other treatment approach on the process of change, having demonstrated a relationship between outcome and empathy, the alliance, depth of experiencing, emotional arousal, making sense of aroused emotion, productive processing of emotion, and particular emotions sequences.(Thoma et.al 2015)

Emotion focused treatment was developed as an empirically informed approach to the practice of psychotherapy grounded in contemporary psychological theories of functioning. Emotion-focused therapy (EFT) was developed by Greenberg (2002) out of empirical studies of the process of change and has developed into one of the recognized evidence-based treatment approaches for depression and marital distress as well as showing promise for trauma, eating disorders, anxiety disorders, and interpersonal problems.(Goldman, Rhonda, and Lieslie;2015).

A major premise of EFT is that emotion is fundamental to the construction of the self and is a key determinant of self-organization. At the most basic levels of functioning, emotions are an adaptive form of information processing and action readiness that orient people to their environment and promote their well-being. Contemporary emotion theorists see emotions as significant because they inform people that an important need, value, or goal may be advanced or harmed in a situation. Emotions, then, are involved in setting goal priorities and are biologically based tendencies to act that result from the appraisal of the situation based on these goals, needs, and concerns (Greenberg, Leslie, McWilliams, Nancy, Wenzel, and Amy 2014).

Emotion schematic processing is the principal source of emotional experience and the target of intervention and therapeutic change in emotion-focused therapy. Emotion schemes are seen as being formed from emotional events such as betrayals or abandonments that result in emotional reactions. The emotion will fade unless it is "burned" into memory. The more highly aroused the emotion the more the experience and the evoking situation will form a memory. An emotion scheme is thus formed by emotions being connected to memories of the self in the situation. As a result, the emotional response can be recreated again and again long after the event. Then a memory of the painful event or a reminder of it stimulates an emotional response (Greenberg et.al 2014). In a similar vein, cognitive behavioural therapy by its own indices plays an important role in mood and behavioural changes as dictated by external environments that has the ability to change both cognition and behaviour.

Cognitive behavioral therapy (CBT) is a type of psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence behaviors. CBT is commonly used to treat a wide range of disorders, including phobias, addictions, depression, and anxiety. Cognitive behavior therapy is generally short-term and focused on helping clients deal with a

very specific problem. During the course of treatment, people learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behavior and emotions.

Cognitive Behavioural therapy (CBT) is a psychotherapeutic approach that addresses dysfunctional emotions, maladaptive behaviours and cognitive processes and contents through a number of goal-oriented, explicit systematic procedures. The name behaviour therapy, cognitive therapy, and to
therapy based upon a combination of basic Behavioural and cognitive principles and research. Most therapists working with patients dealing with anxiety anddepression use a blend of cognitive and Behavioural therapy. This technique acknowledges that there may be behaviours that cannot be controlled through rational thought. CBT is "problem focused" (undertaken for specific problems) and "action oriented" (therapist tries to assist the client in selecting specific strategies to help address those problems).

CBT was primarily developed through an integration of behaviour therapy (the term "behaviour modification" appears to have been first used by Edward Thorndike) with cognitive psychologyresearch, first by Donald Meichenbaum and several other authors with the label of cognitive behaviour modification in the late 1970s. This tradition thereafter merged with earlier work of a few clinicians, labeled as Cognitive Therapy (CT), developed first by Albert Ellis as Rational Emotive Therapy (RET) and later Aaron Beck. While rooted in rather different theories, these two traditions have been characterized by a constant reference to experimental research to test hypotheses, both at clinical and basic level.

Cognitive Behavioural Therapy is a form of psychotherapy that emphasizes the important roles of accurate and faulty thinking in individuals' actions. CBT is designed to produce changes in thinking and therefore changes in behaviour or mood (Busari and Uwakwe, 2001). CBT also emphasizes the learning process and the ways in which external environments can change both cognition and behaviour. CBT for most populations usually includes a range of behaviour performance- based procedures, and often involve the family or school in therapy. It may include individual work, group sessions or both. The length of treatment varies considerably and depends on the severity of difficulties experienced (Busari, 2007).

Cognitive Behaviour Therapy has been widely used to treat anxiety, aggression, unhappiness, low self-concept, low self-esteem and conduct disorders (Busari, 2007; Snowden, Steinman and Fredick, 2008; Knoop, Stulemeijer, De Jong, Fiselier and Bleijenberg, 2008; Rathod, Kingdon, Weiden and Turkington, 2008). Against this backdrop, if the principles and techniques of Cognitive Behaviour Therapy are applied on counselling pre-service counsellor anxiety, this could reduce their anxiety with optimal improvement on their interaction and effectiveness. CBT has been demonstrated to be effective for the treatment of a variety of conditions, including mood, anxiety, personality, eating, substance abuse, and psychotic disorders . Many CBT treatment programme for specific disorders have been evaluated for efficacy; the health-care trend of evidence-based treatment, where specific treatments for symptom-based diagnoses are recommended, has favoured CBT over other approaches such as psychodynamic treatments. Self- efficacy has been established in the literatures as a major tools for task performance in every daily activitities.

Counselling Self-Efficacy is a moderating variable in this study. Generally, self-efficacy is a beliefs in individual's judgments or ability about what he/she can do with the skills individual possess (Bandura, 1986). According to Bodenhorn (2005), the determining factor that an individual will use a certain skill is the belief that the use of that skill will result in a positive outcome. The extent to which an individual believes he/she can adequately perform a certain task reflects the individual's self-efficacy beliefs regarding that task.

Pre-service counsellor's self-efficacy was defined as "pre-service counsellor beliefs or judgments about her or his capabilities to effectively counsel a client in the near future" (Larson and Daniels, 1998,). Larson (1998) indicated that negative emotion such as anxiety may impair pre-service counsellors' self-efficacy. Empirically, some studies have shown that high levels of anxiety were negatively associated with performance and Counsellors' effectiveness in providing service to their clients (e.g., Clark, Murdock, and Koetting, 2009; Fothergill, Edwards, and Burnard, 2004; Larson and Daniels, 1998; Levitt, 2001; Wilkerson, 2009). These results indicate that higher levels of anxiety may impair pre-service counsellors' self-efficacy and hinder their relationships with clients or impact the quality of treatment provided. Based on existing literature, pre-service counsellor's anxiety in sessions can be categorized into two levels: personal level and professional level.Extant literature has also emphasis

the moderating effects of emotional intelligence in performance related tasks on an individual in their various endeavours.

Another moderating variable in this study is Emotional Intelligence which has been well researched upon that indicates that an increase in emotional intelligence, particularly confidence in using the knowledge (trait EI), are likely to be associated with the ability to seek academic help or support from the appropriate quarters when required in solving any anxiety related challenges that may arise as a result of their professional training and competences.(Adeyemo and Ogundokun 2010; Gohn, Corser, and Dalsky,2005). This assertion connote that as a pre-service counsellor in counsellingare bounds to be anxious as a result of their professional requirement, but a good knowledge EI will help them to activate a help modus in them in finding a professionally able personnel in form of Mentor or based on Vygotsky activity theory or Cognitive development as "MKO" – More Knowledgeable Others.

It means that supervision, mentoring, guide and encouragement as a necessary indices or ingredients for a pre-service counsellor or interns in gaining self confidence in their various professions. As regards the pre-service counsellors, they are faced with various anxious moment when they come in first contact with a clients in a counselling session, creating a rapport with their clients may be a source of anxiety, making use of an appropriate psychological inventories in a diagnostics stage may increase their anxious state, the presence of their supervisors during practicum exercise in evaluating the professional code and conduct expected from a counsellor may also be a source of anxiety for pre-service counsellors. For pre-service counsellor to be regarded as an emotionally intelligent person, he or she must display some interpersonal skills that enhance positive relationship with others and clients.

Emotional Intelligent is essential for every individual, especially pre-service counsellor, many researchers have contended that merely displaying high emotional intelligence is insufficient (Abraham, 2004). He further emphasized that EI traits only suggest pre-service counsellor have the capability for learning task competencies have actually been learned. Similarly, Cherniss and Goleman (2001) posited that emotional competencies are learned abilities. Their argument that having social awareness or

skill at managing relationships does not guarantee that pre-service counsellor have mastered the additional learning required to handle interpersonal relationship well or to resolve conflicts, it merely connotes that individual have the potential to become skilled at these competencies. In buttressing this point, Goleman (1998) draws an analogy from a musical training, stating that, although some individuals are born with perfect pitch, those who do not receive voice training never blossom into Opera singers. He concludes that pre-service counsellor can be highly empathic yet in handling interpersonal conflicts if he or she has not learnt competence in handling counselling relationships.

Thus, it is based on the foregoing, that the present study tends to examine emotion-focused and cognitive behavioural therapies on the anxiety of pre-service counsellors in federal universities in south-west, Nigeria using counselling self-efficacy and emotional intelligence as moderating variable

1.2   Statement of the Problem.

Pre-service counsellors anxiety reduction among Nigeria federal university undergraduate is a very important efforts, given the high number of pre-service counsellors in counselling professions that are on tutelage of becoming a 'professional counsellor' with high concentration, performance and comportment in normal session. It is pretty normal to feel a little nervous and anxious for a pre-service counsellor in anticipation of a session or a practicum exercise where all the skills he or she has been exposed to will be put into practice. In real sense, a touch of nervous anticipation can actually help the pre-service counsellors to get revived and keep them at the peak performance when pre-service counsellors are going for their practicum exercise. But for some pre-service counsellors, this normal anxiety is more prolonged and tensed.

Also, pre-service counsellor anxiety have a number of significant negative effects on their feelings at counselling session on some challenging and threatening situation, feeling that pre-service counsellor cannot handle the challenging situations, or the pre-service counsellor might even focus more on the negative consequences, personal inadequacy, negative self-talk, expectation of failure and loss of regards by others, experiencing worry, social avoidance, and autonomic responses such as increased heart rate or perspiration in response to a possible threat or negative event before and after a practicum or counselling sessions, which result into low professional practices.

Similarly, various pre-service counsellors' studies have shown that the nature of cognitive activity (self-talk) influences anxiety and that excessive anxiety interferes with both current behaviour and the ability to learn new behaviour. Counsellor educators have observed that beginning counsellors frequently experience anxiety regarding their initial encounters with clients, and that this anxiety interferes with pre-service counsellor learning, and performance, thus high anxiety is associated with less clear counsellor intentions, that anxiety negatively affects counsellor empathy, and that anxious counsellors tend to rate their sessions less favourably than their less anxious peers. Thus counsellor cognitive activity, and the concomitant affective experiences, seems to be important variables to address in counsellor education.

Furthermore, pre-service counsellors studies suggested that counsellor self-dialogue might play a central role in counsellors' anxious experiences, traditional studies have tended to assess relatively stable dimensions of cognition and therefore have revealed little about what actually occurs during counselling sessions. Counsellor thoughts, which focus on self, and feelings of inadequacy or apprehension fostered anxiety. It is a form of anxiety-induced sources, which may compromise the self-efficacy of training counsellors who has a negative self-assessment because of not knowing what is expected of him or her during the practicum session.

To better understand pre-service counsellor anxiety between the supervisor and supervisee in practicum or clinical supervision is a complex one and often a source of anxiety for the pre-service counsellor. A supervisee's anxiety can be a result of many possible sources and can be affected by multiple factors such as the supervisee's maturity, experience level, personality, and relationship with clients and the supervisor. Most counsellors training continues to focus largely on verbal skills, utilizing a micro skill training approach and emphasizing triad and/or videotaped practice to teach students basic counselling behaviours. Research evidences also abound that "pre-service counsellor who lack emotional intelligence show some adjustive challenges or in some ways fail to handle effectively the demands of counselling sessions. Such pre-service counsellor might be said to have little or no emotional intelligence and may not be capable of attaining personal goals set during a practicum session and thereby increased their anxiety induced source." Students with low level of emotional intelligence also show greater levels of impulsiveness and poorer interpersonal, intrapersonal, and social skills, all of which encourage the

development of various pre-service counsellor anxious behaviour that may affects their counselling sessions (Oyinloye, Trinidad, Unger, Chou and Johnson, 2005).

Although several researchers have sought ways to reduce anxiety of university students as well as the pre-service counsellors, only a few have adopted psychological interventions in this regard. It is on this premise that the study seeks to employ emotion focused and cognitive behavioural therapies to reduce pre-service counsellor anxiety in federal universities in South-west, Nigeria. The moderating effects of counselling self-efficacy and emotional intelligence were also investigated.

1.3   Significance of the Study

The treatment techniques have benefits that are pivotal to the rising counsellors, and that can serve as a good springboard for their professional development. The amount of information that is available to the counsellor determines his or her strength.

Proper knowledge of cognitive behavioural and EFT will serve as a stronghold for pre-service counsellors in helping them to adjust to their environmental challenges in making trainees to be congruent and efficient in their day-to-day professional practices as a counsellor. Counselling trainees with the required skills of emotional understanding of themselves will not find it difficult in relating to their environments and thereby imbibe an efficient and strategic coping skill in understanding various emotional and environmentally induced stress that might arise as a result of dealing with various individuals.

Also, EI skills which help in intrapersonal and interpersonal understanding of one's self and the society at large is capable of strengthening pre-service counsellors' interaction with their immediate environment in handling various educational, vocational and personal social challenges which their clients can come up with. Counsellors in training cannot strive in the profession without the proper acquisition of EI skills because various challenges that will arise as a result of dealing with others emotion involves proper understanding in adjusting to the desired therapeutic change.

The inclusion of CSE in the study will help the trainee to understand the basic tenets of self-efficacy as propagated by Albert Bandura concerning counselling profession.

The counsellor must be congruent and the clients must be in a state of incongruence in a counselling session. Such knowledge will help trainee to be very inquisitive and curious about sourcing for required information that will help their professional pursuit in acquiring the basic skills that will result in a positive outcome.

The study will be beneficial to the lecturers in the field of Counselling Psychology in facilitating the adjustment of pre-service counsellors in the school environment and also during their practicum exercises and the world of work in understanding the core tenet of the profession. An adjustment will be beneficial to lecturers and other staff of the university, mostly because any individual who is well adjusted or that has mastered some coping strategies to various environmental challenges will be an asset to himself or herself and the society at large, thereby reducing the number of maladjusted or pathological individuals in the society.

Based on the outcome of this study, the policy makers, universities management or various tertiary institutions will be able to see the need and necessities for various cognitive restructioning and EI training in various levels of learning in making every individual free of emotional labour or what can be called a pent-up emotions that may have negative effects on students' workers' psychological well-being. Such training will foster an harmonious working and learning relationships, thereby making the world a better place for every individual.

Findings from this study will further create research gaps for other researchers who may decide to examine the effects of other therapies on PsCA.

1.4 Purpose of the Study

The broad purpose of this study applied Emotion Focused and Cognitive Behavioural therapies in the reduction of pre-service counsellor anxiety in federal universities in south-west Nigeria. Determined which of the training packages is more effective in reducing anxiety of pre-service counsellors in federal universities in south-west Nigeria. Consequently, the research will investigate the moderating effects of counselling self-efficacy and Emotional Intelligence on participants' pre-service counsellor anxiety.

Specifically, the study examined the following:

- The outcome of treatment on pre-service counsellor anxiety of the participants.
- The consequences of counselling self-efficacy and emotional intelligence on pre-service counsellor anxiety of the participants.
- The effect of treatment and counselling self-efficacy on pre-service counsellor anxiety of the participants.
- The effect of treatment and emotional intelligence on pre-service counsellor anxiety of the participants.
- The interaction effect of treatment, counselling self-efficacy and emotional intelligence on pre-service counsellor anxiety of the participants.

1.5 Hypotheses

The following null hypotheses were tested at 0.05 level of significance.

1. There is no significant main effect of treatment on anxiety of pre service counsellors.
2. There is no significant main effect of EI on PsCA.
3. There is no significant main effect of counsellor's self-efficacy on PsCA.
4. There is no significant two-way interaction effect of treatment and EI on PsCA.
5. There is no significant interaction effect of CSE and treatment on PsCA.
6. There is no significant interaction effect of EI, CSE and treatment on PsCA.
7. There is no significant interaction effect of treatment, counsellor's self-efficacy and EI on PsCA.

1.6 Scope of the Study

This research utilises emotional focused and cognitive Behavioural therapies to reduce anxieties among the pre-service counsellors in federal universities in the southwestern Nigeria. The study was delimited to three federal universities in Southwestern, Nigeria. The participants for the study were students from Faculty of Education, Department of Guidance and Counselling, who were in 300 and 400 levels respectively. The participants must have scored high on the screening instrument. The moderating effects of EI and CSE on the PsCA were evaluated.

1.7   Operational Definition of Terms

Emotional Focused therapy (EFT): Emotional Focused therapy is treatment given to counselling trainees that had an emotions innately adaptive potential that, if activated, could help trainees change problematic emotional states or unwanted self-experiences.

Cognitive Behavioural Therapy (CBT): This therapy sought to change pre-service counsellors' irrational thoughts about counselling anxiety and develop an approach that replaces these irrational thoughts with rational thoughts in order to reduce their anxiety in counselling profession.

Pre-service Counsellor Anxiety (PsCA): Pre-service counsellor pervasive and unpleasant feeling of tension, apprehension and feeling of impending disaster that affects the trainee.

Counsellors' Self-Efficacy (CSE): is primary mechanism between simply knowing how pre-service counsellor helps in a counselling situation and actually executing effective actions.

Emotional Intelligent (EI): Counselling trainee's ability to monitor his/her own and others' feelings and emotions to discriminate among them and to use this information to guide their thinking and actions.

Pre-Service Counsellors: They were a set of students who were not yet professionals in the field of counselling, but were still under tutelage in a programme, such a set of students could also be referred to as trainee counsellors.

CHAPTER TWO

REVIEW OF RELEVANT LITERATURE

Several studies have been conducted in relation to some variables used in this study. This chapter therefore sampled some of the theoretical and empirical reviews of such literature.

2.1   Concept of Anxiety

"Anxiety disorders are the most common mental illness in the U.S., affecting 40 million adults in the United States age 18 and older, or 18.1% of the population every year" (Anxiety and Depression Association of America [ADAA], 2018a,). According to Masand (2014), while anxiety is one of the most common mental illnesses, it is also one of the most misunderstood. Further, while highly treatable, only approximately 36.9% of those suffering from anxiety receive treatment (ADAA, 2018a).

According to the United State Department of Health and Human Services (2014), there are five major classifications of anxiety disorders; Generalized Anxiety, Obsessive Compulsive, Panic, Post-Traumatic Stress, and Social Phobia. The U.S. Department of Health and Human Services (2014) defines these five classifications of anxiety disorders as follows:

- Generalized Anxiety Disorder, GAD, is an anxiety disorder characterized by chronic anxiety, exaggerated worry and tension, even when there is little or nothing to provoke it.
- Obsessive-Compulsive Disorder, OCD, is an anxiety disorder and is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions).
- Panic disorder is an anxiety disorder and is characterized by unexpected and repeated episodes of intense fear accompanied by physical symptoms.
- Post-Traumatic Stress Disorder, PTSD, is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that may trigger PTSD

- include violent personal assaults, natural or human-caused disasters, accidents, or military combat.

- Social Phobia, or Social Anxiety Disorder, is an anxiety disorder characterized by overwhelming anxiety and excessive self-consciousness in everyday social situations.

2.1.1 Triggers, Symptoms, and Effects

While the classifications and definitions of the different types of anxiety disorders are relatively straightforward and easy to comprehend, identifying and generalizing the triggers, symptoms, and effects of anxiety can be much more difficult. This difficulty stems from the complex network of triggers that can be associated with genetics, brain function, trauma, and environmental factors known to be root causes of anxiety (National Institute of Mental Health [NIH], 2016; Mayo Clinic, 2016, National Center of PTSD, Cary 2017). According to Folk and Folk (2018), there are over 100 symptoms associated with anxiety. The authors state that all individuals who experience anxiety have a unique set of anxiety symptoms that differ in relation to type, number, frequency and duration.

Finally, like symptoms, the authors indirectly indicate that the effects of anxiety also affect individuals in different ways as it relates to type, number, frequency and duration. The complexity and range of the documented triggers, symptoms, and effects of anxiety cannot be realistically presented in comprehensive lists within this research. Common triggers, symptoms, and effects based on documented research (see Burke, 2016; Carey, 2017; Cherney, 2018; Folk & Folk, 2018; Mayo Clinic, 2016; National Center of PTSD, 2018; National Institute of Mental Health [NIH], 2016; National Social Anxiety Center, 2016; Vanin, 2008).

2.1.2 Primary Treatments

Treatment for anxiety and associated disorders can vary as much as the symptoms and the effects of the disorders. The treatment process typically begins with one's primary care physician. Further treatment may involve a variety of different professionals, such as psychologists, psychiatrists, and social workers (Legg, 2016). In addition, individuals may also seek assistance from established support groups or other therapy professionals (Maizes, 2008). Generally, regardless of the medical or mental health services one may receive for the treatment of anxiety, primary treatment options that have been documented to be effective in treating anxiety include: Cognitive Behavioral Therapy (CBT), medications, residential treatment, complementary and alternative treatment, and Transcranial Magnetic Stimulation (ADAA, 2018b).

Table 1: Anxiety Triggers, Symptoms & Effects

Anxiety Triggers, Symptoms & Effects			
Anxiety Disorder	**Common Triggers**	**Common Symptoms**	**Common Effects**
Generalized (GAD)	• Family history of anxiety • Prolonged exposure stress. Excessive use of caffeine tobacco, alcohol, or drugs • Physical or Mental abuse	• Restlessness/ •Being easily fatigued • Difficulty concentrating •Irritability•Muscle tension •Difficulty controlling worry • Sleep problems	• Weakened immune system• medications effectiveness • Digestive upset • Increased risk of heart disease, high blood pressure, clinical depression and substance abuse
Obsessive Compulsive (OCD)	• Not being able to finish a ritual •New situation /environment • Non-control of situations • Untreated symptoms	•Extreme washing/cleaning • Checking, Counting • Orderliness/strict routines •Demanding reassurances • Unpleasant thoughts	• Strain on time /relationships •Late/missing engagements •Physical pare/discomfort due to ritual
Panic	• Genetic History • Major Life Transitions • Excessive worry or perseveration on a stressor • Ignoring signs that the body is in a state of stress • prolonged period of being m a stressed state	• Sudden and repeated attacks of intense fear • Chest tightness/pare • Nausea • Dizziness/lightheadedness • Intense worries about when the next attack will happen • Fear or avoidance of specific places	•Palpitations Pounding heart/accelerated heart rate • Sweating •Trembling/shaking • Shortness of breath /smothering/or choking • Feeling of impending doom.
Post-Traumatic Stress Disorder PTSD	• Experiencing a traumatic event such as being subject to extreme physical/emotional/sexual/ or mental abuse, acts of violence, witnessing disasters, military combat, and other unusual situations that can cause mental disturbance.	• Reoccurring memories, flashbacks, and nightmares that seem unstoppable • Living with an underlying fear and trepidation • Overly vigilant m uncertain situations • A persistent internal struggle • Negative beliefs/feelings	• Persistently feeling unsafe and at risk • Situational avoidance that interferes with normal social functioning • Social Suppression due to avoiding others and triggers
Social Phobia or Social Anxiety	• Introducing yourself to strangers/small talk! sustaining conversations/s peaking on the phone • Inviting others to a social activity/hosting an event • Flirting/telling a story/making group commentary • Asserting your needs/asking for help with people in authority • Avoiding conflict and anger	• Feeling highly anxious about being with other people and having a hard time talking to them • Feeling very self-conscious • Fearful of offending others • Afraid other people will judge them • Worrying for days or weeks before an event with others • Staying away from places where there are other people	• Blushing, sweating, or trembling around other people • Feeling nauseous or sick to your stomach when other people are around • Low self-esteem • Low self-efficacy • Having a hard time making and keeping friends•Social suppression

Note. Table developed by author based on research and reformation from Burke, 2016; Cary, 2017; Cherney, 2018; Folk & Folk, 2018; Mayo Clinic, 2016; National Center of PTSD, 2018; National Institute of Mental Health [NIH], 2016; National Social Anxiety Center, 2016; Vanin & Helsley, 2008.

Related Anxiety and Triggers

As it relates to mental health problems, increased attention has been given to the mental health of college students over the last decade. According to Hunt and Eisenberg (2010), epidemiological data clearly indicated that mental health problems were highly prevalent among college students in 2010. Recent research substantiates a high prevalence still exists today (Center for Collegiate Mental Health [CCMH], 2016, 2017, 2018). In relation to anxiety, according to the CCMH in 2016, anxiety had replaced depression as the number one mental health issue facing U.S. college students. In addition, the research showed there was a slight but steady increase in the number of students that self-reported having experienced distress as it related to generalized anxiety, social anxiety and academic success.

According to the CCMH (2018), the average rate of students that self-reported generalized anxiety continued to increase. When considering the most common triggers for which college students sought mental health counseling or treatment, CCMH (2018) statistics indicated that, of students who sought mental health assistance during the 2017-2018 academic year, 61.8% sought mental health services for anxiety, with the most prevalent types of anxiety being general (41.5%), social (19.6%) and panic (11. I%). Table 1 reports the most common mental health triggers for which college students sought counseling or treatment for AY 2017-2018. It is important to note that the percentages presented in Table 1.1 are based on students who sought mental health counseling or treatment. There is a potentially strong argument that these percentages could be higher because only 36.9% of those suffering from anxiety receive treatment. Despite the recognition of the high prevalence of mental health problems among college students, research suggests that colleges and universities are under-equipped and under-staffed to meet the mental health needs of their student populations (Reilly, 2018).

Table 2: Mental Health Triggers for which Counseling or Treatment was Sought

Mental Health Triggers for which Counseling or Treatment was Sought	
Triggers	Percentage
Anxiety	61.8
Depression	49.8
Stress	43 9
Family Issues	31.0
Academic Performance	25.2
Relationship Problems	24.2
Interpersonal Functioning	21.7
Self-Esteem/Confidence	20.3
Sleep	15.9
Trauma	14.3
Body Image	14.0
Adjustment to New Environment	14.0
Social Isolation	13.1
Grief or Loss	10.4
Attention or Concentration	10.4
Suicidality	9.9
Identity Development	8.9
Sexual Abuse or Assault	8.9
Career	8.7
Emotional Dysregulation	13.6
Alcohol	8.0
Perfectionism	7.9
Drugs	6.3
Finances	4.8

Note' Table developed by author based on research and information from CCMH, 2018

The suggestion that colleges and universities may be falling behind in meeting the mental health needs of their students has the potential to become a serious issue.

2.1.3 Etiology of Anxiety

The etiology of anxiety, or its manner of causation, includes many complexities and can be difficult to identify. This difficulty stems from the complex network of triggers that can be associated with genetics, brain function, trauma, and environmental factors known to be root causes of anxiety (National Institute of Mental Health [NIH], 2016; Mayo Clinic, 2016, National Center of PTSD, Cary 2017). According to Martin, Ressler, Binder & Nemeroff, (2009)

"Mood and anxiety disorders are characterized by a variety of neuroendocrine, neurotransmitter, and neuroanatomical disruptions. Identifying the most functionally relevant differences is complicated by the high degree of interconnectivity between neurotransmitter- and neuropeptide-containing circuits in limbic, brain stem, and higher cortical brain areas. Furthermore, a primary alteration in brain structure or function or in neurotransmitter signaling may result from environmental experiences and underlying genetic predisposition; such alterations can increase the risk for psychopathology".

Researching anxiety from a biopsychosocial perspective, Bhatt & Baker (2018) further reiterate the complexity of identifying the etiology of anxiety concluding: "Anxiety disorders appear to be caused by an interaction of biopsychosocial factors, including: genetic vulnerability, which interact with situations, stress, or trauma to produce clinically significant syndromes". Example classifications of biopsychosocial factors presented in Varnekar (2018) and Physiopedia (2018) include:
• Biological - illness, disability, genetic issues
• Psychological - behavior, personality, self-esteem, self-control, impulsivity
• Social - culture, relationships, peer group, religion, economic status
• Biological/Psychological - I.Q., attitude, temperament
• Biological/Social - drug or medication effects, gender

• Psychological/Social - family relationships, trauma In many cases, the etiology of anxiety is researched based on isolating the influence of a particular biological, psychological, or sociological factor as it relates to anxiety.

For example, gender (McLean, Asnaani, Litz & Hofmann, 2011), culture (Hofmann, Asnaani & Hinton, 2010) or sexual orientation (Bostwick, Boyd, Hughes & McCabe, 2010) Despite the many etiological complexities associated with anxiety, research has identified a number of causal factors, typically referred to as triggers that are recognized as contributing to different anxiety types (National Institute of Mental Health [NIH] 2016; Mayo Clinic 2016; National Center of PTSD 2018; Cary 2017; Folk & Folk 2018; Cherney 2018; Burke 2016; National Social Anxiety Center 2016). Examples include:

• Family history of anxiety

 • Recent or prolonged exposure to stressful environments or situations

 • Excessive use of caffeine tobacco, alcohol, drugs or other stimulating substances

• Physical or Mental abuse

• Not being able to finish a ritual.

* Ignoring signs that the body is in a state of stress

* Prolonged period of being in a stressed state

* Experiencing a traumatic event such as being subject to extreme physical/emotional/sexual/or mental abuse, acts of violence, witnessing disasters, military combat, and other

• Being in a new situation/exposure to a new environment

• Not being in control of situations

• Genetic History

• Major Life Transitions

 • Excessive worry or perseveration on a stressor

• Avoiding conflict and anger

*unusual situations that can cause mental disturbance.

 *Introducing yourself to strangers/small talk/sustaining conversations

• Speaking on the phone

• Inviting others to a social activity/hosting an event

• Asserting your needs/asking for help with people in authority

Types of Anxiety

There are five primary classifications of anxiety disorders according to the U.S. Department of Health and Human Services (2014). These classifications include Generalized Anxiety Disorder (GAD), Obsessive Compulsive Disorder (OCD), Panic, Post-Traumatic Stiess Disorder (PTSD), and Social Phobia or Social Anxiety. According to the Department of Health and Human Services (2014):

"Generalized Anxiety Disorder, GAD, is an anxiety disorder characterized by chronic anxiety, exaggerated worry and tension, even when there is little or nothing to provoke it",

"Obsessive-Compulsive Disorder, OCD, is an anxiety disorder and is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions)",

"Panic disorder is an anxiety disorder and is characterized by unexpected and repeated episodes of intense fear accompanied by physical symptoms",

"Post-Traumatic Stress Disorder, PTSD, is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that may trigger PTSD include: violent personal assaults, natural or human-caused disasters, accidents, or military combat",

and "Social Phobia, or Social Anxiety Disorder, is an anxiety disorder characterized by overwhelming anxiety and excessive self-consciousness in everyday social situations".

Common Symptoms of Anxiety

According to Folk and Folk (2018) there are over 100 symptoms associated with anxiety. The authors further state that all individuals who experience anxiety have a unique set of anxiety symptoms that differ in relation to type, number, frequency and duration. According to the National Institute of Mental Health [NIH], common symptoms include: feeling restless, wound-up, or on-edge; being easily fatigued; having difficulty concentrating; mind going blank; being irritable; having muscle tension; difficulty controlling feelings of worry; and having sleep problems, such as difficulty falling or staying asleep, restlessness, or unsatisfying sleep.

Other common symptoms include persistent worrying about a number of areas that are out of proportion to the impact of the events; overthinking plans and solutions to

all possible worst-case outcomes; perceiving situations and events as threatening even when they are not; difficulty handling uncertainty; indecisiveness and fear of making the wrong decision; trembling or feeling twitchy; nervousness or being easily startled; sweating; and nausea, diarrhea or irritable bowel syndrome (Mayo Clinic, 2016).

Beyond common symptoms related to generalized anxiety, more specific symptoms for OCD, Panic, PTSD, and Social Anxiety have also been identified (National Center of PTSD, 2018; Cary 2017; Folk & Folk 2018; Cherney 2014; Burke 2016; National Social Anxiety Center 2016).

Examples include:

OCD - extreme displays of washing or cleaning, checking, counting, orderliness, following a strict routine, demanding reassurances, pervasive or unpleasant thoughts.

Panic- sudden and repeated attacks of intense fear chest tightness/pain, nausea, dizziness/lightheadedness intense worries about when the next attack will happen, fear or avoidance of specific places.

PTSD- reoccurring memories, flashbacks, and nightmares that seem unstoppable; ongoing anxiety and worry; living with an underlying fear and trepidation; overly vigilant in uncertain situations/hyperarousal; a persistent internal struggle; negative changes in beliefs and feelings.

Social- feeling highly anxious about being with other people and having a hard time talking to them; feeling very self-conscious/worried about feeling humiliated, embarrassed, rejected; fearful of offending others; afraid that other people will judge them; worrying for days or weeks before an event with others; staying away from places where there are other people.

Effects of Anxiety

According to Folk and Folk (2018), like symptoms, the effects of anxiety present differently for individuals as it relates to type, number, frequency and duration. Effects of anxiety can be as simple as a slight increase in heart rate, worrisome thoughts, or as debilitating as a panic attack or the perseveration of a topic or situation that consumes one's entire thought processes (Vanin & Helsley 2008). Also like symptoms, there are a number of identifiable effects for the different types of

anxiety disorders (National Institute of Mental Health [NIH] 2016; Mayo Clinic 2016; National Center of PTSD 2018; Cary 2017; Folk & Folk 2018; Cherney 2018; Burke 2016; National Social Anxiety Center 2016). Examples include:

GAD - weakened immune system; vaccines and medications can be less effective, digestive upset, increased risk of heart disease and high blood pressure, increased risk of clinical depression and substance abuse.

OCD - strain on time, personal relationships suffer due to the excessive rituals/processes, late/missing engagements due to time spent because of compulsions, physical pain/discomfort due to ritual (i.e. washing hands until skin is raw).

Panic-

Palpitations, pounding heart/accelerated heart rate, sweating,trembling/shaking, shortness of breath/smothering/or choking, feeling of impending doom.

PTSD- persistently feeling unsafe and at risk, situational avoidance that interferes with normal social functioning, social suppression due to avoiding others and triggers.

Social - blushing, sweating, or trembling around other people, feeling nauseous or sick to your stomach when other people are around, low self-esteem, low self-efficacy, having a hard time making and keeping friends, social suppression.

Coping Mechanisms

It is apparent in the literature that anxiety has the potential to have negative effects on college students' mental health. According to Ekpenyong, Daniel, and Aribo (2013) empirical evidence shows that undergraduate college students often suffer from psychosocial distress that can lead to negative patterns of behavior, the development of psychosomatic symptoms, and decreased academic performance. There are over 100 symptoms of anxiety (Folk & Folk, 2018). In addition, there are equally as many triggers that can cause an individual to experience anxiety (ACHA, 2018; CCMH, 2018).

Further, primary effective treatment options include Cognitive Behavioral Therapy (CBT), medications, residential treatment, complementary and alternative treatment, and Transcranial Magnetic Stimulation (ADAA, 2018b). When considering the extent of symptoms for anxiety and anxiety triggers, it is not surprising that there are

also as many coping mechanisms that have been identified for dealing with anxiety. This is particularly evident when one considers complementary and alternative treatments. If one were to search and review current information addressing complementary and alternative treatment coping mechanisms for generalized anxiety, they would find well over 100 suggested coping mechanisms ranging from physical activity to appropriate levels of sleep (ADAA, 2015, Boyes, 2015; Williams, 2015; Pathway2success, 2017).

It should be noted that developing appropriate mechanisms for dealing with anxiety is important, particularly for the traditional college age student. According to Monterio, Balogan, and Oratile (2014) during this age, young adults are still developing mentally and socially, and continuous stress has been linked to long-term mental health problems and further identity disruption. Literature has also linked mental health problems to physical health problems. According to Warburton, Gledhill, and Quinney (2006), psychological well-being plays an important role in the prevention and or management of cardiovascular disease, diabetes, hypertension, obesity and cancer. With mood disorders such as anxiety, people may become less motivated to be physically active. The opposite can be said for the positive effects physical exercise can have on reducing anxiety.

According to Anderson and Shivakumar (2013), physical exercise has the ability to reduce stressors. Additionally, indirect benefits of exercise such as improved sleep, mood, energy and a reduction in stress fatigue, weight, cholesterol and other health effects that can contribute to reducing high levels of anxiety (Sharma, Madaan, & Petty 2006). In addition to physical activity, there are other forms of coping mechanisms that can be put in place to help manage the stressors that come with being a college student. Some of the recommended strategies are making a problem list, editing lifestyle habits, seeking professional help, medication, and relaxation techniques (Burton 2012).

Burton suggests that a creating a comprehensive problem list should be the first step in identifying existing stressors, suggesting that once the trigger is revealed coping strategies can be put into place to help manage the resulting stressors. Some of the changes recommended by Burton were creating a schedule, getting enough sleep,

eating a healthy diet, prioritizing tasks, and connecting socially. Research also suggests different relaxation techniques that can be implemented to prevent, or cope with, current anxiety and stressors. Active engagement in mindfulness can help calm and refocus the brain. Specifically, practices of meditation, yoga, tai chi, deep breathing, and breath focus activities can help to reduce stress (Corliss 2016). By counteracting a stress response with the relaxation techniques, the body can remain calm m triggering situations.

Further, when properly employed, relaxation techniques can alleviate stress and aid in refocusing the mind in a positive manner (National Center for Complementary and Integrative Health, 2018). The use of relaxation can be a standalone treatment for an individual who has a proper understanding of the techniques and their personal symptoms or as a supplemental treatment for those who have more severe symptoms that need additional professional, medicinal, or other help. When considering the academic environment, other potential coping mechanisms could include creative arts, utilizing supportive relationships, accepting and acknowledging negative feelings, problem solving, humor, eating healthier, scheduling rest breaks, engaging in pleasurable activities, drawing from past experiences, positive affirmation, and avoiding excessive caffeine or alcohol.

Anxiety is an event that individuals typically experience inside their everyday encounters. There are numerous definitions and interpretations of anxiety; in any case, references are made to complex mix of negative emotional reactions that incorporate stress, dread, apprehension and tumult. It is viewed as a standout among the most widespread and constant human emotions, with a physiological excitement and cognitive capacities influenced by anxiety. It is a standout among the most broadly experienced emotion and a standout among the most basic development of all human conduct. Notwithstanding being emotionally undesirable, anxiety has expenses in battle for real (physiology) and Cognitive assets (Kalisch, Wiech, Critchley, Ben, O'Doherty, Oakley, Allen, and Dola, 2005).

Stedman's Medical Dictionary (2006) characterised anxiety as " experience of dread or apprehension in light of foreseen inner or outside threat joined by a few or the majority of the following signs-muscle pressure, eagerness, thoughtful (autonomic)

hyperactivity, for example, looseness of the bowels, palpitation, fast breathing, nervousness, hyper watchfulness, perplexity, diminished fixation or dread of losing control". Kaplan and Sadock (2014) proved that anxiety is portrayed by a diffused, terrible, ambiguous feeling of apprehension, frequently joined via autonomic indications, for example, cerebral pain, sweat, palpitation, snugness in the chest and gentle stomach issue.

Sarason further outlined five qualities of anxiety, (an) a difficult and undermining circumstance, (b) insufficiency with respect to one's capacity to deal with it, (c) center around pessimistic results and individual deficiency, (d) negative self-talk, and (e) desires for disappointment and loss of respect by others. However, others characterised anxiety as encountering stress, social shirking and autonomic reactions, for example, expanded pulse or sweat in light of a conceivable risk or negative occasion (Lehrer and Woolfolk, 2008; Roberts and Bowman, 1978) as referred to by Gerald (2012).

Anxiety can be viewed as a condition of apprehension, pressure or uneasiness- to any apparent or foreseen threat. It is an emotional response to threat. The trust that something significant is being undermined and an overestimation of the danger undergauge somebody capacity to adapt to it or undergauge the assets accessible to adapt to it; at that point, one will feel restless (Bhalla, Singh, Sujuta, Singh, and Choudhary, 2013).

Anxiety is a typical emotional reaction to apprehension, fear, fear to conditions, items and encounters (Akintumi,2001). Despite the fact that anxiety is frequently described as a negative encounter to be disposed of, it serves people in manners that are both constructive and adverse. The anxiety level makes ordinary life hard for understdies, in this way making unwinding practically outlandish. It could likewise influence ordinary day-by-day working or errands; for example, studies, their day-by-day exercises and public activities. Majority of the anxiety issues are characterised by the double normal for physiologic hyper-excitement and inordinate emotional dread (Brauer,1999). It is a disappointing sentiment of uneasiness, anxiety, apprehension, dread, concern or stress (Barlow,2017). It is likewise portrayed as the psychological expression that comes from a troublesome test for

which the subject has deficient adapting aptitudes (Heide and Borkovec, 2016). Anxiety is a typical response to a stressor and it might assist a person dealing with a requesting circumstance by inspiring him/her to adapt to it; however when anxiety ends up over the top, it can seriously affect everyday life and meddle with the ordinary working of an individual (Hartley and Phelps, 2012).

Anxiety in counsellor trainees has been a subject of excitement for different researchers who have contemplated that higher PsCA is an obstruction to educator preparation and execution (Daniels and Larson, 2001). As to propensity, there is apparently broad understanding that anxiety is multidimensional, regardless of the way that the cautious sections may vary.

2.2.1   Trait and State Anxiety

Anxiety research has generally disengaged anxiety into two classes subject to whether specialists are amped up for solid or transient anxiety: trademark anxiety and state anxiety (Spielberger, Gorsuch, and Lushene, 1970, 1999). Trademark anxiety can be viewed as either a person's general air to wind up tense or standard piece of anxiety, while state anxiety is reliably depicted as an individual's part of anxiety throughout decently brief timeframe spreads (seconds, minutes and hours). A victor among the most crucial and longstanding objections of character cerebrum research is to depict the basic appraisals along which individuals differ (Allport and Odbert, 2016) refering to (Wundt and Judd, 1897). Inside this show, analysts have built up a multitude of characteristic clear methodologies (Archer, Handel, Ben-Porath and Tellegen 2016).

Basically, all trait adroit solicitations have seen a spot for anxiety, the inventories separate in the breadth and level at which anxiety is conceptualise. Most genuine blueprints facilitate anxiety inside the more prominent reputation evaluation of character regularly as neuroticism (Eysenck, 1967), in any case all around as negative emotionality (Tellegen,2016) or low energised quality (Goldberg,1992). Anxiety is regularly either imagined as one of the many negative credits that neuroticism contains or, in astonishing models (Ashton et al., 2004; Costa and McCrae, 1992), as a discrete lower level bit of neuroticism. At any rate, astounding genuine requests spread things that might be viewed as pointers of anxiety in any

occasion to quality trait (Cattell, 1946) or viewpoint level (Hofstee et al., 1992), structures.

It is not attractive to consider between-explicit parcels all-around evaluation of anxiety or between-single separations in the inclination to wind up apprehensive. To get capacity with an expansive energy for anxiety in character, master should other than grasp the advancement of anxiety in inducing working of people over-all around short period of time ranges. Close to the day's end, specialists ought to understand inside individual combinations in state anxiety.

Dismissing the way that trademark anxiety may affect the evaluation or likelihood of state anxiety, likely, property and state kinds of anxiety are not totally isomorphic; that is, quality and state anxiety may move out of various causes and have various results. Assessments of state anxiety generally use head frameworks to prompt state anxiety and check whether it identifies with parts of mental overseeing or academic execution (Derakshan, Ansari, Hansard, Shoker, and Eysenck, 2009).

Late examination utilising Experience Sampling Method (ESM) has been reasonable in enumerating a touch of the normal archetypes and consequents of state anxiety. For instance, Nezlek (2002) found that both inside mental states and ordinary occasions sway the rehash with which one encounters anxiety consistently. This uncovered gradually private self-care and open self-care were emphatically identified with encountering more anxiety. Dubious parties were in likeway determinedly farsighted of how much anxiety people felt amidst the day.

The alliance model of anxiety proposed by Endler (1983) offered one path by which quality anxiety might be related with state anxiety. To Endler, trademark anxiety wires anxiety about social evaluation, genuine danger, anxiety about novel conditions, and anxiety about bit-by-bit designs. State anxiety is isolated into two features, insightful weight and autonomic vivacious. For an individual to experience state anxiety, the situational stressor that an individual encounters and the bit of trademark anxiety ought to be remarkable; for instance, an individual high on genuine peril anxiety should have been tensed in a condition recalling real peril for any case, less a potentially fighting social condition.

Neurobiological Basis of Trait and State Anxiety: Beginnings of an ABCD approach

Personality mind science has a long show, especially in Europe, of attempting to clarify customary segments that might be basic for understanding individual allotments (Eysenck, 1952). Contemporary examination has been significant at revealing diverse neurophysiological attributes identified with anxiety and that a touch of those qualities may limit the ABCD parts of anxiety. Quality anxiety is connected with more conspicuous advancement in the left 50% of the equator confined from the correct piece of the equator (Aftanas, Pavlov, Reva, and Varlamov, 2003), correspondingly as more irrefutable amygdala approval, especially in the left side (Stein, Simmons, Feinstein, and Paulus, 2007).

Pushing evaluation recommends that a wide psychological distraction plan of prefrontal attentional control might be sabotaged among people high in quality anxiety (Folk and Folk, 2018). State anxiety is in like way identified with attentional control, as broadened movement in the amygdala amid state anxiety may identify with the trouble to shield thought from compromising improvements (Sommerville, Kim, Johnstone, Alexander, and Whalen, 2004). As such, RST gives a rich hypothesis to merging trademark and state anxiety; it also proffers a convincing conventional hypothesis sorting out quality and state anxiety that affiliates certain cerebrum structures to various ABCD bits of anxiety (Gray and McNaughton, 2000). As of now, persuading (or objective) clashes are mediated by the BIS, which is fired up on an exceptionally essential level in the Septo-Hippocampal Framework (SHS) and the amygdala. Creature assessment uncovers that beginning to identify with a specific musicality in the SHS, the theta beat.

Protests are interceded by recursive systems between the SHS and the neural structures in which the different objectives are encoded. The recursive circles between the SHS and the neural objective structures work to broaden the negative effect related with these different objectives. This likewise complements the objective with the most un-negative affiliation being picked as the one that controls assurance to the engine structure, accomplishing improvement. Clear help for this view is in its beginning stages; in any case, the master imagines more examination testing this model, for example, the appraisal revealed by Andersen, Moore, Venables, and Corr (2009) finding that the event of EEG progress amid rumination

was strong with the model of recursive getting ready between the hippocampus and neocortex amid target deal proposed by Gray and McNaughton (2000).

On one hand, the division of anxiety into trademark and state sales might be key for operationalising anxiety in specific assessments; unmistakably, this may address a trick division with the probability to upset a more critical theoretical impression of anxiety. Much as misleadingly confining incessant character factors into groupings utilising an inside split acquiescences sound and essential variety (MacCallum, Zhang, Preacher, and Rucker, 2002), dichotomising character factors, for example, anxiety into "short" and "long" stretches of time may permit up to perceive how character is solidified logically over this current reality. As opposed to division appraisals of character as shown when task over which ABCDs are considered, one need to restrict solitary contrasts in the ABCDs as exhibited by an astounded data getting ready viewpoint (Sloman, Chrisley, and Scheutz, 2005).

By relationship to space science versus gem looking, one view staggered data getting ready models of anxiety as like causally related star social occasions and helpful models of anxiety as like star fantastic bodies, which are amassed absolutely at a shallow appraisal. Anxiety, nearly in like route with any character build, might be perceived at three snippets of data regulating – responsive, fundamental practice, and vigilant (Ortony et al., 2005). Underline that specialists have examined the three getting-ready levels is the degree that three unequivocal groupings at any rate do not consider them being restricted by sharp cutoff communities. Or then, again, obviously, maybe, consider them lying on a continuum going from the most basic, head, reflexive procedure to the wallowing, sensible sorts of framework that portray the statures of human inventive psyche and reflection. A couple (and at all unusual cases, by far most) of the conditions with which living animals are rose to request quick reactions that require astute, down to earth data overseeing. This lift reaction appraisal of data overseeing happens at the open evaluation. At this appraisal, instinct is unnecessarily present, and the stacked feeling, direct, and captivating pieces of anxiety are overall indistinct from one another.

Each part is only a substitute point of view on the indistinguishable bound-together system. Think about the open reaction of an individual strolling around a field and

experiencing a snake. There might be an energetic break in strolling around the snake, normal for fretful lead. Regardless, this direction is dubious without a notion about effect and inspiration; the individual most likely feels an on-edge trouble among theory and evasion inspirations. Rather than the responsive evaluation is the general course of action of all-around changed dealing with that controls the standard, particularly learned exercises (Smoller, Block, and Young 2009).

At this appraisal, impact, direct and inspiration might be seen from one another considering the improvement of low-level mental frameworks. Nature at this appraisal joins un-elaborated assumptions as for what is to come. Thus, at the standard section of supervising, people can see present states and the anticipated brief future.

2.2.2 Symptoms of Anxiety Disorders

Anxiety is a run-of-the-mill bit of life. Regardless, when anxiety ends up persistent and over the top it may show the presence of a clinically diagnosable anxiety issue. Those experiencing any of these signs may have an anxiety issue: panic or anxiety ambushes, persistent senseless exasperating considerations, excessive focusing on, phobias or fears of fundamental things or conditions , restlessness, feeling tense, keyed up, sleep issues, unexplained heart palpitations, stomach issues, feelings of misrepresentation and concentration inconveniences.

Like direct therapy, cognitive-social therapy trains patients to react differently to the conditions and genuine impressions that trigger attacks of anxiety and other anxiety signs. In any case, patients moreover make sense of how to perceive how their thinking models add to their symptoms and how to change their thoughts with the objective that signs are less disposed to occur. This thoughtfulness regarding instinct models is got together with acquaintance and other social strategies with assistance people go facing their feared conditions. For example, someone who ends up blurred looked at in the mid of an attack of anxiety and fears he is going to fail miserably can profit by outside intercession with the following strategy used in cognitive-lead therapy. The pro demands that he pivots until he winds up temperamental. At the point when he ends up terrified and starts assuming, "I'm going to pass on," he makes

sense of how to replace that thought with an undeniably appropriate one, for instance, "It's just a little dazedness—I can manage it."(Wilt and Revelle,2009).

Anxiety is viewed as a typical variable in human experience and a may found in most character speculations (Barlow, 2000; Endler and Kocovski, 2001). Anxiety in like way is viewed as a basic variable in teacher getting ready and execution (Ridley et al., 2011; Trusty et al., 2005). For the most part, anxiety is viewed as-like dread, yet several scientists have attempted to see the two. In such manner, anxiety is an encounter, including pressing factor, uneasiness and loss of control identified with a potential peril or danger; anyway dread is a response to a snappy moving nearer and present threat (Barlow, 2000). Obviously, Gray (1991) depicted dread as a "subspecies" (p. 77) of anxiety, proposing it is innate to anxiety yet does not clarify the wonder with everything considered.

2.2.3 Psychoanalytic View of Anxiety

There are three undeniable sorts of anxiety. Impression of self is the authentic wellspring of anxiety, id and the superego can be associated with anxiety too. The dependence that the impression of self has on the id can accomplish masochist anxiety, which is a fear of dull risk. The completion of masochist anxiety lives in the internal character, from inspirations in the id. Moral anxiety passes all around from the dispute between the little voice and the superego. It is addressed by an issue of valid necessities and what the superego oversees. An illustration of this could consolidate a young adult, who has lately developed a superego, feeling sexual allurements and confiding in them to be morally confused at that point. The third sort of anxiety portrayed by Freud is sensible anxiety. It is an unpalatable tendency that could unite a genuine possible danger. Such an anxiety looks like fear (Feist and Feist, 2009).

Anxiety might be portrayed as something seen outside of the body that could cause danger (Parker, 2006). Freud assessment of how an odious incident with no other individual cannot be removed in that it is not something that can be interpreted. He looks at the anxiety achieved by the nefarious mishap and how it wound up horrendous in the cerebrum of the individual. Despite the way that the event could be smothered, it does not suspect that the event is wiped out from care. It is generally

speaking reflected in the exercises of the harrowed individual. A terrible fiasco can be worked out in an individual and worked through; at any rate, this does not suggest that the anxiety recognised by the event is worked through. The anxiety related with a horrendous misfortune can change the life and the mind-set of the individual and ought to be coordinated or examined autonomously.

Freud acknowledged that psychological issues were isolated into two get-togethers, psycho and genuine. Anxiety mental issues were added to the confirmed social affair. Freud acknowledged that anxiety mental issues started from basic sexual injuries (Brill, 1910). Most producers in Freud's time, agreed that anxiety recognised a basic activity in mental issues; now Freud rule that individual gives its own extraordinary absolutely discrete depiction, and to ensure that it had its own stand-apart sexual etiology. There are a few appearances that go with anxiety mental issues. General interestingness is related with anxiety demoralisation and can consistently cause a resting issue. Anxious necessities and a negative perspective toward events (making mountains out of molehills) can equally be related with it. Hesitation can in like manner break into care viably with no specific idea related with it. These signs can be exemplified in different physiological spaces. As showed up by Freud, the distinction in spiritualist characteristics of anxiety to physiological effects incorporates horror or tumult. Anxiety frightfulness started from a party called neurasthenia (Jones, 1913). Some spot in the degree of 1926 and 1959, Freud moved that anxiety was the subject of libidinal loads to the likelihood that it was the inescapable after effect of a progressing toward hazard (Stolorow, 2006).

Freud had the likelihood that there were two extraordinary points of view on anxiety and its improvement with signs of mental maladjustment in 1936. One of the musings is that anxiety means that psychological issues with no other individual. In the other view, masochist reaction movement would be refined to keep up basic respectable ways from anxiety by far (Freud, 1936). He acknowledged that the "visionary centrality" of the individual is bound to the signs, and would by somehow be conveyed as anxiety. In this, he conveyed that anxiety is the explanation of mental issues, and gave an enormous part of the fuel and issues related with it (Freud, 1936).

Anxiety is something felt by Freud. It has a genuine express that should alert the individual of pushing toward danger. It is generally stacked with feeling. It is for the most part appalling. It is habitually difficult for the individual to point out the wellspring of the unpleasantness, yet it is reliably felt regardless (Feist and Feist, 2009). This state itself included questionable hypotheses, tendencies of squeezing factor, and anxiety. This, in like manner, caused worry about the genuine repercussions related with it. Freud's idea would if all else fails be reliable with the pivotal perspective given by Darwin (Spielberger, 2010). There were different purposes behind this consistency. It was seen as amazing thinking about how it was versatile in unequivocal propensities. Occasions of this would consolidate its versatile limit in prodding conduct that would empower individuals to change because of assaulting conditions. Remarkable anxiety is additionally vivaciously seen all around of psychosis (Spielberger, 2010).

Freud proposed two unquestionable speculations of anxiety and gatekeeper in the midst of his calling. The recent was proposed in the midst of the early wide stretches of his work, from around 1890 to 1900. The following speculation would remain with him from 1920 until the completion of his work. The best capacity between the two hypotheses deals with the relationship among anxiety and breaking point (Erwin, 2002). In the past speculation, screen, which can be portrayed as restriction or excusing, fills in as a precondition for anxiety. After this concealment occurs, the appeal, or some other sexual clash, could be imparted as anxiety. The speculation conveys that restriction causes anxiety (Erwin, 2002). The tables turn a piece with the improvement of Freud's following theory. In this speculation, anxiety or the indication of anxiety causes obstruction. Gatekeeper development is a completed reversal of the party that was as of late proposed. Anxiety is in like manner never again considered as a movement method (Erwin, 2002).

Freud accepted that goal anxiety, from time to time called dread, is invigorated at whatever point an individual is confronted with an aversive occasion or article that might cause torment (Sarnaoff and Zimbardo, 1961). The essential worry that could disconnect a person from this anxiety is to limit the individual being alluded to from the article. Anxiety is commonly encouraged by harmless redesigns. In individuals with inside characters in reasonable working requesting, the perspectives that

invigorate anxiety are curbed. From this time forward, anxiety itself can commonly be quelled beside if it is totally huge. There is an intricacy between the segments of dread and anxiety. On the change that the components of anxiety are moderate, the individual will then do everything to lean toward separation. In the event that the components of dread and anxiety are high, the individual will discover solace and assessments of security around others.

2.2.4   Behavioural Approach of Anxiety

Social methods of anxiety is based on changing conduct by controlling characteristic signs (that is, archetypes or reinforcers). Learning hypotheses have zeroed in on clarifying how the pieces of dread and evasion of the appalling memory related with PTSD are changed, initiated and braced. Fears can be expanded, reliant on relationship through developed adornment, or they can be changed vicariously through the arrangement of acknowledgment (Bandura, 1977, 1986). That is, an individual may sort out how to respond with dread by watching others' unpleasant responses to unequivocal things or occasions. Mowrer's (1956) two-factor theory speaks to one of the fundamental endeavours to give a Behavioural clarification to the ensuring about and sponsorship of dread related with PTSD (Cahill, Rothbaum, Resick, and Follette, 2009; Hembree and Foa, 2004).

Mowrer (1956) proposed that emotions are found through a two-region measure that wires both set up and operant trim. Excited dread is overcome by the system of regular trim, and helping from this dread happens when the threat sign is done through incredible evading of the dreaded thing or circumstance, thus making an assistant post of the evasion lead (that is, operant frivolity) (Feather, 1963). In the classical conditioning paradigm, unhealthy anxiety can arise when an otherwise neutral situation (such as, being in a lift) is associated with a shocking or risky result (such as, strike). For the present situation, the individual may cause oneself to respond to the reasonable condition with a near segment of dread related with the dangerous occasion. Also, it is conceivable that through the strategy for theory, the dread and staying away from may then create to different spots or conditions that assist the person with reviewing the injury.

These updates or musings may trigger the equivalent confident dread reaction and induce a tantamount evasion practices related with the principle lift. Furthermore, the avoidant direct winds up being operantly changed as it gives the individual help from the disturbing experience of dread and anxiety. In spite of the fact that standard learning speculations clarify the acquisition of dread and the arrangement of shirking found in PTSD, these theories are censured for missing the mark concerning clarifying the full extent of PTSD responses (Foa et al., 1989; Hembree and Foa, 2004). Of express note is the shortcoming to speak to speculation of dread across over unique conditions and the inability to unite contemplations, appraisals, and criticalness musings (that is, risk) related with the awful memory.

Emotional-Processing Theory (Foa and Kozak, 1986; Foa and Riggs, 1993; Rachman, 1980) offers a melded system to respite down and clarify the beginning and support of PTSD. This theoretical framework joins understanding from learning, psychological and Behavioural hypotheses of PTSD and builds up the probability that it is not surprising for emotional encounters to keep affecting one's practices long after the occasion from the start related with the emotion has passed. This emotional re-encountering can cause an instance of evasion of the injury memory and continue with the presence of PTSD (Foa et al., 1989; Foa and Jaycox, 1999). Foa and Kozak suggest that emotions are spoken to by data structures in memory. By ideals of dread, the connected memory unites data express to the dreaded assistance, clear reactions (that is, verbal, physiological and Behavioural) to the improvement and the recommendation that the individual has related with that upgrade.

The general furthest reaches of this data structure is to help the individual get away or keep up a key decent way from the obvious risk or threat (Foa and Kozak, 1986). Appropriately, it is the importance related with the memory, when in doubt as an inclination of danger or some disastrous result (for instance, "I will bomb appallingly"; "I will lose control"; "I will drop") that keeps the person from confronting the unpleasant memory and sensibly setting up the data, emotionally and intellectually, covered the memory.

Thus, the individual responds to the memory with the proportionate intellectual, stacked with feeling, and behavioural reactions related with the principle injury. Subsequently, the individual dread structure is in each useful sense stuck in a second in time that has now passed has not been arranged or dealt with in a persuading and sound way. Foa and Kozak (1986) depicted emotional dealing as the foundation and change of the memory structure that underlies the dread. This system wires, first, making admittance to the total memory of the occasion to reactivate the dread structure through the procedure of introduction (that is, imaginal, in vivo, PC created understanding) and, second, helping the individual access new data incongruent with the current maladaptive data to change the dread structure to cause a more beneficial reaction to the memory.

Anxiety disorders (AD) are the most common mental health concern across the lifespan (Kessler et al., 2005; Merikangas et al., 2010). Untreated AD in childhood and adolescence is associated with a host of deleterious effects, including increased substance use; lower academic performance and vocational achievement; adult psychopathology; decreased family cohesion; and interpersonal problems (Öst and Treffers, 2001). Costs of AD also impact society, including costs related to sick leave, unemployment, and remedial education services (Dupont, Rice, Miller, Shiraki, Rowland, and Harwood, 1996; Greenberg et al., 1999). In the most recent version of the Diagnostic Statistical Manual of Mental Disorders (DSM-V; American Psychiatric Association; APA   2013), nine anxiety subtypes are identified. Social anxiety disorder (SAD) is one of the most common subtypes of anxiety disorder (Kessler et al., 2005).

The impact of SAD, in a career context, is great. For example, there is evidence of a significant association between SAD and protracted unemployment (Himle et al., 2014). There is also evidence demonstrating that individuals with SAD are more likely to fail a grade or drop out of school (Dryman, Gardner, Weeks, & Heimberg, 2016). Despite the potentially severe ramifications of SAD on functioning in the career domain, little research has investigated how to help promote positive career outcomes for adolescents and emerging adults with anxiety (Miles, Szwedo, & Allen, 2018). Adolescence is a time of significant change and transition in the biological (e.g., puberty) and interpersonal arenas. School transitions often involve

disruptions to developed peer groups, the introduction of new authority figures (e.g., teachers), and typically a move to a different, potentially larger, school (LaGreca & Ranta, 2015).

Such transitions provide opportunities for individuals to develop and mature socially and emotionally and to learn skills to cope with and adapt to change. Learning how to navigate transitions during adolescence can set the stage for navigating other transitions in life, such as the transitions that occur throughout an individual's career development. In addition to these changes and the self-exploration taking place during this developmental stage, children and early adolescents are also exploring aspects of career. Career development occurs across the lifespan, although career development in late childhood and early adolescence is an area that is under-researched (Hirschi, Niles, & Akos, 2011). Career development has been conceptualized in many ways, including person-environment models and developmental theoretical approaches.

2.2.5 Social Cognitive Career Theory

A basic tenet of SCCT is that career development is influenced by the interplay between person, behavioural, and environmental variables (Lent, 2013). Interests, values and abilities are considered, as are self-perceptions, expectations, and behaviours. Furthermore, socio-cultural context, such as social support and how the environment responds to an individual's gender and ethnicity, is also weighed. This theory assumes that people have some agentic capacity in their career development (Lent & Brown, 2013). It is important to note that although some personal agency is assumed, SCCT posits that individuals do not have complete control over their career development process and that environment and contextual factors must be investigated. The SCCT theory emphasizes the role of the key cognitive-person variables (self-efficacy, outcome expectations and personal goals) in allowing people to exercise agency in career development. Self-efficacy refers to self-beliefs people have about their capability to plan and execute actions in a particular performance domain or activity. These beliefs are shaped by past and future experiences and environmental conditions – in essence, their learning experiences (Lent, 2013).

As success is experienced in a given performance domain, self-efficacy beliefs are strengthened. Similarly, repeated or significant failures can weaken a person's self-

efficacy beliefs. Out-come expectations involve beliefs about the consequences of a particular action or performance behaviour. Physical, social and self-evaluative outcomes are three types of outcome expectations described by Bandura (1986). Many aspects of human behaviour are determined by self-efficacy and outcome expectations. SCCT outlines two distinct personal goals: choice-content goals, which refers to the type of activity a person wants to pursue, and performance goals, which refers to the level or quality of performance an individual wants to achieve in a particular activity or domain (Lent, 2013). Setting personal goals facilitates the organization and execution of sustained behaviour. At times, this behaviour can be sustained even in the absence of external rewards. Self-efficacy and outcome expectations influence personal goals, and progress towards personal goals can impact self-efficacy, outcome expectations, and feelings of satisfaction (Lent, 2013).

The Four Models of SCCT

Within SCCT, academic and career development is formed from the cognitive-person variables functioning together with aspects of the person (e.g., gender, ethnicity), the environment, and learning experiences (Lent 2013). Four models are used to further understand the development of career. They include the interest, choice, performance and satisfaction models. Because of the overlapping foci, these models inter-act with and influence one another.

Interests model

Interests in career-related activities are cultivated when people believe they are self-efficacious and expect positive outcomes. These beliefs, in turn, can foster goals for continuing or increasing participation in the activities. These goals can reinforce practice and are more likely to lead to the achievement of goals, forming a feedback loop. Similarly, disinterest or aversion to activities can be fostered by doubts of self-efficacy and the expectation of negative outcomes. Interests are able to shift as people gain exposure to learning experiences that may expand or restrict their self-efficacy beliefs or expected outcomes. SCCT accounts for contextual factors, such as genetics; socio-economic variables; health and disability status; gender; and ethnicity that may influence the development of self-efficacy beliefs and expected outcomes.

Choice model

SCCT postulates that career choice is a dynamic process that requires the development of self-efficacy, outcome expectations, interests, and skills in different performance domains (Lent, 2013). As individuals and environments change, so too may their career choices change. Initial career choice is conceptualized as having three components: the expression of choice to enter a career or field (goal), the actions taken to help career choice come to fruition, and the resulting performance experiences. The interactions between goals, actions and performance form a feedback loop, which shapes future career-related choice options. Career development is not necessarily linear in progression. Rather, it is a process with multiple influences and points of choice. Environmental factors play a potent role in shaping career choice. In the SCCT, there is explicit recognition that environment may not support people's interests. Distal background influences, such as gender socialization and culture, are those that shape the cognitive-per-son variables. Proximal environmental factors impact the components of career choice more directly (e.g., expressing career goals or taking action to implement goals). For example, lack of financial support may restrict an individual's ability to pursue interests. Therefore, interests, alone, do not determine career choice and socio-cultural factors may be another driving force in career choice.

Performance model

Performance can be described in terms of the level of attainment achieved in activities and tasks related to work and education, as well as persistence in the face of challenges. A primary assumption in the performance model is that people who perform competently will persist and be allowed to persist (e.g., through continued employment) longer. As such, persistence is viewed as an indicator of performance success. Persistence may also shift as a result of a change in interests, and not just a result of performance. The cognitive-person variables and objective ability are factors within the performance model. Again, a feedback loop is formed between performance attainment and subsequent behaviours. As the performance goals are successfully met, self-efficacy beliefs are rein-forced, and subsequent outcome expectations are influenced. The opposite can also be true, where failure to achieve a performance goal may require a revision to self-efficacy beliefs, outcome expectations and/or behaviours. Context also influences this feedback loop. For

example, the quality of education, role models present, and socialization of gender roles can all impact learning experiences, performance and the approach an individual takes to dealing with adversity.

Satisfaction model.

Satisfaction in the career and educational domains is experienced to the degree that people are involved in activities they value, see them as making progress in their expressed goals, have strong self-efficacy to achieve their goals, and have access to resources in their environments for achieving their goals and promoting their self-efficacy. Contextual factors such as personality and work conditions (e.g., perceived organizational support, and fit be-tween individuals' needs and what their work environment provides) can influence the level of satisfaction a person experiences, both directly, and indirectly. Furthermore, this model views work satisfaction and life satisfaction as bidirectional influences on one another (Lent & Brown, 2008). Using SCCT (Lent & Brown, 2013; Lent, Brown, & Hackett, 1994) as a framework to under-stand SAD in the context of career allows a comprehensive view of career development by considering person, behavioural, environmental, and socio-cultural factors.

Understanding SAD in a Career Context through an SCCT Framework

Using the SCCT framework, SAD can be understood in terms of how cognitive-person variables impress upon other determinants in career development and interact with the individual and the individual's environment. Recall the vicious cycle of SAD where negative beliefs about the self and the expectation of feared outcomes increase the likelihood of avoidance behaviours, which then reinforces dysfunctional beliefs about the self and others. These cognitive-person variables interact with etiological and maintenance factors an individual may be exposed to (e.g., over-protective parenting style, gender, maladaptive causal attributions), which can influence the degree to which an individual experiences SAD. These interactions may also impede career development in individuals with SAD via the four models. It is important to reiterate that people's self-efficacy and outcome expectations may not align with their objective ability. This discordance can impact performance attainment levels. A characteristic of anxious thinking is

underestimating one's ability to cope with feared situations and overestimating threat (Wong & Rapee, 2015).

For example, it is unclear if individuals with SAD have social skills deficits, with research supporting both sides of the debate (Knappe, Sasagawa, & Creswell, 2015). Yet, many individuals with SAD have maladaptive beliefs about their ability to perform in the social domain. Although their social skills level may not match their self-efficacy (e.g., I am not good at talking to others), their expected outcomes are influenced (e.g., nobody will talk to me and I will be alone all lunch), despite the desire to be evaluated positively (e.g., I want people to like me). When the feared situation arises, people with SAD may engage in behaviours that facilitate the expected outcome, such as by using strategies to avoid interactions with others (e.g., wearing earphones, avoiding eye contact, speaking quietly). Such a situation then impacts their performance attainment and provides a learning experience to reinforce anxious behaviours, negative expected out-comes, and poor self-efficacy.

SAD and the Interest Model

To illustrate the interest model, an example of SAD can be used. As previously discussed, a feature of SAD is negative self-processing in the social domain, or in SCCT terminology, low self-efficacy. Youth with SAD may hold the belief that they are not competent and, therefore, engage in practices that foster disinterest and/or aversion to activities involving various social aspects. For example, youth with SAD may believe themselves to be unskilled at speaking in large groups and expect a negative outcome in class, such as saying something embarrassing during a class discussion. As a result of this type of low self-efficacy and negative expected outcome, youth with SAD may view class discussions as a threat rather than a challenge that can be mastered.

To cope with the distress of the expected negative outcome, youth with SAD may develop goals to reduce participation in class and engage in avoidance behaviours, such as not participating or skipping class. The relief from avoiding speaking during class discussion may then positively reinforce the avoidance behaviour, as well as strengthen their beliefs of low self-efficacy. Thus, disinterest in participating in class discussions is fostered. When faced with future class discussion situations, youth

may then engage in avoidance behaviours. Additionally, they lose the opportunity to be exposed to learning experiences that may challenge the beliefs of low self-efficacy, as well as lose out on the academic learning.

According to the SCCT framework, peoples' interests may be shaped through the interaction of cognitive-person variables and learning experiences. As posited by SCCT, context must also be considered. Mentors, parents and other influential people in the youth's life can impact the degree to which interests can be shaped by SAD. Research suggests that broad parent factors, such as parenting style, particularly over-protective and over-controlling parenting, play a maintenance role in SAD (see Wong & Rapee, 2015). It is possible that these parenting styles may limit opportunities for youth to build self-efficacy. Parental behaviour may also provide direct and indirect learning about the potential threat of certain activities (Wong & Rapee, 2016).

Using the example of youth feeling distress about participating in a class discussion, direct learning can come from explicit verbalization of a negative outcome that can be expected (e.g., don't say anything dumb, or the class will laugh at you). Indirect learning can take place in the form of encouragement or modeling of avoidance behaviours (e.g., it's safer to not raise your hand and not give them a reason to judge). These types of learning experiences can impact the youth's expectations of negative outcomes and impede interest development. Cultural factors may also influence the degree to which an individual's interests are shaped. For example, how assertiveness or extraversion is valued in a particular culture, may influence motivation to engage in social activities.

More indirectly, how stigmatized mental health issues are within a particular culture may influence an individual's willingness to access effective treatment for SAD, thus reducing the negative impact on the person's functioning. For example, research exploring service utilization for SAD in an ethnically diverse sample of adolescents found that Asian American students were more likely to report higher levels of distress associated with SAD and scored in the clinical range of SAD measures more often compared to other ethnic groups, but were no more likely to access treatment (Brice et al., 2015). How closely a person adheres to cultural values will also moderate the effects of various cultural factors on the development of interests.

Clearly, cultural factors can interact with personal factors to varying degrees in individuals with SAD to intricately influence the development of their interests. Finances are another example of a contextual factor that may influence the quality of support or opportunities an individual receives. For example, an individual with SAD who struggles to partake in activities in large groups may still be able to hone their skills and interests through private or individual lessons. In Canada, the ability to engage in treatment in a timely manner often depends on the financial freedom to access such resources, whether through fee-for-service treatment or through the use of extended health benefits provided by employers. These contextual factors are examples of how the development of interests may be impacted at any stage in the feedback loop.

SAD and the Choice Model

From the SCCT framework, SAD may serve as a distal back-ground influence in the choice model. SAD can influence career choice based on beliefs of self-efficacy. In a study involving university students, career indecision was found to be associated with negative self-perceptions and negatively correlated with occupational self-efficacy (Jaensch, Hirschi, & Freund, 2015). Performance goals of those with SAD may also influence the choice model. Individuals with SAD may be limited, occupationally, by lower academic achievement (Himle et al., 2014b). Research also suggests that the types of jobs and professions that people with SAD seek out are influenced by the amount of socializing required. Himle and colleagues (2014b) found that people with SAD are significantly more likely to aspire to the jobs that require less social interaction (e.g., manufacturing and janitorial) and less likely to seek out professions that are social in nature (e.g., hospitality and health care) compared to peers without SAD.

The avoidance of social interactions reinforces performance experiences and further solidifies beliefs of self-efficacy in the social domain and career interests. Thus, when individuals with SAD do ex-press career choice, they may limit their choices based on beliefs of low self-efficacy, performance goals, learning experiences and subsequent behaviour. People with SAD may have more difficulty expressing their career goals. Indeed, research indicates that people with SAD have more indecision with career choice compared to peers without psychiatric disorders (Miles et al.,

2018). Without a clear expression of goals, developing a plan of action becomes challenging and can hinder the career development process. SAD may also impact career choice through proximal environmental factors. For example, SAD can negatively impact the development of social relationships and the net-working possibilities that may come with social relationships (Himle et al., 2014a).

Supportive relationships with peers can also facilitate career development by fostering engagement. Adolescents who experience higher levels of attachment with peers are more likely to explore their environment and commit to career choices (Hirschi et al., 2011). The nature of SAD interferes with an individual's ability to form close relationships with peers. SAD then serves to limit the types of actions that can be taken and the support received to implement career goals. Contextual factors to con-sider in career choice include the socio-demographics such as income level and geographic region. Prevalence rates of SAD are highest in high-income countries and those located in the Americas and Western Pacific regions of the world, and lowest in low-income countries and those located in Africa and Eastern Mediterranean regions (Stein et al., 2017).

Future research is needed to explore career indecision and satisfaction in cultural groups and geographic regions with lower SAD prevalence rates. Gender differences in prevalence rates have been observed, with females being at higher risk of developing SAD compared to males (Stein & Stein, 2008; Merikangas et al., 2010). In community samples, females are twice as likely to develop SAD compared to males across all age groups (Wong & Rapee, 2015). Scant research has investigated the prevalence of SAD in individuals who identify as a non-binary gender. Gender may, therefore, play a role in the career choice model, not only by how an individual is socialized, but also through prevalence of SAD; with the implications of SAD on the cognitive-person variables being more prevalent in females.

SAD and the Performance Model

The level of attainment achieved in career development tasks are lower for people with SAD, as demonstrated by impaired functioning in academic, occupational, and social domains. There-fore, the performance model is influenced by SAD. Findings from research indicate that people with SAD are 2.25 times more likely to be unemployed despite expecting to work (Moitra, Beard, Weisberg, & Keller, 2011).

The discrepancy be-tween employment rates and desire to be employed for those with SAD indicate how the difference between expected outcomes and objective outcome may reinforce low self-efficacy. In terms of financial performance, people with SAD have lower hourly wages compared to peers with no psychiatric disorders (Moitra et al., 2011).

The behavioural response of avoidance or escape also fits within the performance model as it illustrates a deficit of the necessary skills to demonstrate resilience or persistence in the face of adversity. The negative impact of SAD on the performance model is supported by findings in research of an association between SAD and protracted unemployment (Moitra et al., 2011). An example of how con-text can shape the feedback loop in the performance model is gender inequality. Statistics Canada (2017) demonstrated pay-inequity based on gender, with females earning less, per dollar, compared to males.

The wage gap can provide external reinforcement for beliefs of low self-efficacy for women in the workplace, which may then impact their perception of reaching their performance goals. Their work may be of the same quality as their male counter-parts, but they may perceive less pay as an evaluation of impaired quality of work or decreased value as an employee by their employer. The interpretations people make about the pay-inequity can lead to a perception of not attaining the desired level of performance and result in subsequent avoidance behaviours, such as absenteeism or further reduction in interaction with others.

SAD and the Satisfaction Model

Because people with SAD are typically lacking self-efficacy, not progressing at personally relevant goals, and may have limited access to resources in their environment, the SCCT posits that they would have less satisfaction in the career domain. As previously mentioned, SAD is associated with lower quality of life (Dryman et al., 2016). Moreover, SAD has been found to be a risk factor for low satisfaction with career choice (Miles et al., 2018). Career indecision, which was discussed previously in this paper, has been found to be significantly associated with a decrease in overall life satisfaction (Jaensch et al., 2015). These findings point to the bi-directional nature of work and life satisfaction. The example of pay inequality

as a contextual factor impeding on the satisfaction model illustrates how this type of inequality may add an additional barrier for females with SAD.

They may have a lack of internal (i.e., skills or confidence) and external resources (e.g., social supports) to advocate for pay equality or raise the issue of pay with employers. This lack of resources, or access to resources, then limits their ability to progress toward their personal and performance goals. Not only is performance goals negatively impacted, but also psychological well-being. Using SCCT to conceptualize SAD in a career context demonstrates how the models are distinct but overlap in foci, and how the cognitive-person variables and the functions of the models have repercussions on each other. The impact of SAD on career development can be severe, and complex. The interplay between these factors and variables must be contemplated when helping, in order to practically support youth with SAD in their career development.

Practical Implications

The challenges in career development faced by those with SAD have been outlined in this pa-per. To promote career development, children and youth must be exposed to supportive environments and reduced barriers (Lent, 2013). Individuals with SAD are more likely to report lack of training, lack of inter-view skills, lack of work experience and limited education as barriers to employment (Himle et al., 2014b). It is crucial to consider these perceived barriers in career counselling practice for children and youth. Current research also underscores parents' "gatekeeper" role in accessing treatment for their children (Reardon et al., 2017). Therefore, involving parents in the career counselling process for children and adolescents with SAD may be warranted. How to effectively involve parents and caregivers of children and adolescents with SAD in the career counselling process is an area of research requiring further investigation.

There is evidence to suggest that parents value collaboration with professionals but ultimately prefer to make the final decision regarding their children (Mak, Hiebert-Murphy, Walker, & Altman, 2014). Providing parents with psychoeducation about the impact of SAD on career development and evidence-based practices to treat SAD may help to facilitate service utilization by families. As previously stated, much of

the research exploring career development in individuals with SAD focuses on adult populations. Career counselling services for this age-group often involve a remedial service orientation approach. In research comparing the effectiveness of work-related Cognitive Behavioural Therapy (CBT) to vocational services-as-usual for unemployed individuals with SAD, the CBT-based intervention resulted in significant improvement in job-search behaviours, and job-search self-confidence over treatment-as-usual.

However, given the early age of onset, the deleterious effects of untreated SAD, and the lengthy delay in seeking treatment, practitioners must also consider ways of encouraging preventative or early intervention strategies to help children and adolescents with SAD in their career development. CBT is an intervention that can be used to promote career development in children and youth with SAD. Cognitive Behavioural Therapy is the recommended evidence-based psychosocial treatment for SAD (Himle et al., 2014a; Katzman et al., 2014). Treatment typically involves the following components: psychoeducation, relaxation training, cognitive re-structuring, gradual exposures, and social skills and/or problem-solving training (for overview, see McLellan, Alfano & Hudson, 2015).

From a SCCT framework, CBT can be thought of as targeting the cognitive-person variables and effecting change in all four models. Parents can play a crucial role in shaping their child's cognitive-person variables by modeling and encouraging the practice of the strategies and interventions described below. Exposure-based strategies are arguably the central feature in most CBT for anxiety disorders (Seligman & Ollendick, 2011). They are therapeutic tasks that involve confronting anxiety-provoking situations in a graduated fashion with the support and assistance from a trained therapist (Peterman, Read, Wei, & Kendall, 2015). Part of the process involves learning to set small and realistic goals, which also serves to help track and acknowledge progress (an important feature in the satisfaction model).

The purpose of exposure-based tasks is for the client to face an anxiety-provoking stimulus, cope with the anxiety, and cultivate a sense of mastery in anxiety-provoking situations. Not only do gradual exposures allow opportunities for learning experiences to challenge and modify negative self-beliefs, shift expected outcomes from negative to more realistic in nature, and build the practice necessary to help

meet expected outcomes, the   process can help people with SAD build coping strategies to foster resilience. Therefore, exposures can serve as a preventative measure by targeting the cognitive person variables, fostering interest and persistence in performance, and contributing to experiencing satisfaction in career development.

Exposures can be used to target career-specific fears of performance and evaluation. For example, an individual can develop gradual steps to face the fear of making a mistake in an interview, carrying conversations with co-workers, or asking a supervisor for clarification. Exposures can also be designed to target fears of rejection (e.g., not attaining a job following an interview). In general, cognitive restructuring and cognitive bias modification strategies, such as attentional training and evaluating and challenging faulty or mistaken beliefs, can help individuals with SAD develop more realistic ways of thinking. To assist with developing "realistic thinking" in the career domain, psychoeducation may also be helpful. Specifically, children and youth with SAD should be educated, at a developmentally appropriate level, about the nature of the current job market and the increasing trend (and inevitability) for multiple occupational or job changes within their lifetime.

This type of psychoeducation can help to normalize the challenges and transitions that occur within the career domain, and help to motivate young individuals to learn to manage SAD. Research supports the notion that anticipation of career change can be beneficial. Adults reported better experiences of career transitions and self-perceptions of better coping when they were able to anticipate career change and thoughtfully and realistically take action, even when they appeared to have job security (Ebberwein, Krieshok, Ulven, & Prosser, 2004). Normalizing difficulties in career development can help to dispute attributional biases that contribute to low self-efficacy and impact the choice and performance model for those with SAD. They can begin to consider career choice and changes in the career domain as challenges that can be mastered rather than threats. To help reduce perceived barriers to employment, it would be beneficial to focus on skills training in career counselling with children and adolescents. As discussed in a previous section of this paper, the importance of practice has been highlighted in fostering interest.

Social skills training can be implemented through instruction, modeling, and the use of active practice, such as role-playing (McLellan et al., 2015). To target career-specific challenges and socio-political con-textual factors present in the work-place, social skills training should focus on the skills required to face the common types of social interactions in the workplace, for example, assertiveness and advocacy. In addition to general social skills, learning job interviewing, problem solving, and conflict resolution skills would be beneficial. The use of such skills training can help to improve beliefs of self-efficacy, shift expected outcomes, and improve performance attainment levels. Resilience, and the ability to persist in the face of adversity can be learned (Alvord & Grados, 2005). In order to help children and adolescents with SAD build resilience and overcome the barriers that arise as a consequence of SAD, they must learn develop strategies and skills, including those that are career-related. Having these skills will promote the adaptability of the individual throughout career development and help to build the individual's internal and external (e.g., social networks) resources to persist in the face of adversity. The ability to successfully navigate the inevitable challenges in the career domain will also impact the satisfaction model, where daunting demands shift from insurmountable threats to achievable challenges.

2.2.6 Emotion-Focused Theory.

The intuitive relationship remains a basic piece of EFT in giving emotional and social help central in planning emotions and driving change. Despite the fact that different treatments underscore the criticalness of empathy, sponsorship and joint effort, the supporting of EFT contrasts from other humanistic and intellectual hypotheses in how emotions are readied and the interventions used to recognise change. While the 1970s were directed by the humanistic, customer centered, and gestalt therapy moves close, eminent in countless graduated class getting ready projects and clinical settings, the 1980s offered approach to manage progressively psychological procedures, de-emphasising the importance of amygdala-based emotional responses for looking out for the deduction places about the cortex.

The EFT model uses a specific case conceptualisation which postulates that rather than being avoidant of emotional experience or of emotional processing in general (as typically proposed in CBT models), clients struggle to cope with specific triggers

which evoke in them specific chronic maladaptive painful feelings (e.g., sadness/loneliness, shame, and primary fear/terror). It is these triggers that the client then avoids (through emotional and behavioural avoidance, one expression of which is excessive worrying). In the context of these triggers, the client attempts to cope with his or her own painful feelings, often through negative self-treatment. It is further postulated that, contrary to mainstream CBT theories, change will be facilitated not through emotional habituation to difficult triggers, but rather through the restructuring and transformation of problematic emotion schemes through a sequence of emotional processing steps

The model of transformation assumes that the client is first facilitated to tolerate specific painful feelings; that he or she is then facilitated to articulate the unmet needs implicit in these painful feelings; and finally that, in doing so, he or she is helped to transform these painful feelings through the generation of adaptive emotions such as compassion and healthy protective anger. The therapy focuses on (1) a firm case conceptualisation, (2) the provision of a soothing relationship, (3) the overcoming of avoidance (worry) through experiential tasks which highlight both the cost of worry and the cost of obstructing the meeting of own needs (thereby leading to a resolve to fight the worry), and (4) the transformation of chronic dreaded painful feelings through experiential tasks that generate adaptive emotions (e.g., compassion and protective anger) in response to chronic emotional pain and the unmet needs embedded in that pain.

Notwithstanding the way that the grand dad of CBT, Albert Ellis, started mixing humanistic standards in with direct therapy in 1955, surrounding what was from the start reasonable emotive therapy (implied today as ordinary emotive lead therapy; Ellis and Blau, 1998), and Aaron Beck started dispersing his examinations on the utilisation of psychological therapy in treating discouragement during the 1960s (Beck, 1963), the intellectual treatments wound up being constantly standard during the 1980s with the introduction of administered thought and the sales for brief therapy models. The reason that emotions are responses to the psychological conviction structure won all through the 1990s; notwithstanding, advancing exploration has shown that emotion once in a while goes before mindfulness, and on an essential level adds to data dealing with and the improvement of intellectual outlines (LeDoux, 1996; Forgas, 1995). Unnoticeable warning of past damages,

accidents or injury are once in a while experienced as present-day burden considering amygdala-based emotional responses. The objective of therapy ends up changing difficult amygdala-based responses to consistently adaptable emotional working.

Notwithstanding the way that the psychological centered treatments work from a top-down model by moving shocking sentiments or intellectual bendings to pass on various stacked with feeling reactions , Emotion-Centered Therapy (ECT) works from the base up, supplanting maladaptive, amygdala-based responses with logically versatile, sensible emotional reactions prompting change and proliferation of the conviction framework (Greenberg, 2004). Unfavourable midbrain emotional states, yet fundamental for perseverance, as frequently as conceivable improvement brokenness in getting ready data and can overpower the person. A consistent overflowing with feeling style and the capacity to call good emotions amidst periods of torture create mental quality (Davidson, 2000). The purpose of intermingling of Emotion-Focused Therapy is to get to fundamental stacked with feeling states to pick if the states are versatile and lead to data dealing with, adaptable direct, and essential thinking or if the states are maladaptive and requiring change.

2.2.6a Emotion Processing Principles

Emotion-Focused Therapy wants to get to major overflowing with feeling material for either its adaptable cutoff or capacity to organise important development or its maladaptive, immobilizing influence holding up be changed and uprooted with progressively versatile emotions. Emotion-Focused Therapy goes past decontaminating, introduction, or change. Maladaptive emotions are not cleansed nor are they weakened from introduction. Or on the other hand, possibly they are changed or changed by introduction and overriding with a sensibly versatile overflowing with feeling data. Greenberg (2004) spread out three exactly strengthened emotion-getting ready standards: (a) developing emotion care, (b) improving emotion rule, and (c) emotion advancing.

2.2.6b Emotion care

The general objective of Emotion-Focused Therapy is to manufacture emotion care. Customers are asked to comments on their and perceive emotions as opposed to

evading or blocking ghastly full from guaranteeing feeling states. In a general sense, the goal is to interface with and articulate adaptable fundamental emotional reactions to get to versatile development propensities. Of corresponding enormity is to perceive maladaptive emotional states that smother the individual and forestall versatile thinking and direction. For instance, an essential emotional reaction of sound, sure shock may drive an individual into portraying real cutoff focuses, standing up to others' practices, and getting needs met. A maladaptive emotional reaction of shortcoming or discourtesy starting from past injuries may convey the individual fragile, baffled, emotionally dis-managed, and occupied with maladaptive lead to keep up a key decent way from or make up for the disturbing effect. Customers are helped with staying zeroed in on assessments and in defeating avoidant inclinations (Greenberg, 2008)

2.2.6c Emotion rule

The second standard in EFT is emotion rule. Key emotions, for example, disregard or optional emotions, inconvenience or despairing are regularly outstanding enough to overpower. As the individual watches out for these conclusions, the reliable, asserting, and empathic restorative relationship can help pick up constancy and solace to help emotionally controlling. Customers are approached to organise breathing, envision oust from the emotion, and get changing talk and other self-quieting procedures to permit and perceive, as opposed to keep up a key decent way from amygdala-based emotional intensity (Forgas, 2016).

2.2.7d Emotion change

The third principle of EFT is emotion change. Maladaptive emotional reactions are dislodged by powerfully versatile reactions. As opposed to endeavouring to reason one's direction close or to altogether stay away from disturbing effect, the customer is approached to encounter the effect and after that move spot to continuously immaculate quieting emotions. Purify alone is viewed as inadequate in changing the agonising effect. Or of course may be, the introduction of a disavowing emotional game plan puts together with the maladaptive effect, passing on a progressively adaptable, higher requesting estimation of working (LeDoux 2006).

(I)   Interventions

Interventions utilized various structures in a coordinated, arrangement, outfitted to follow the customer in identifying with the story and arranging the customer into encountering and advancing effect. These frameworks meld the accompanying: Shift thought: Shifting idea urges customers to focus on subdominant evaluations as a procedure for causing them change-emotional states. Thought is given to nonverbal data like non-verbal correspondence, voice tone, moans or strategy for articulation, to twist up managed amidst the gathering: Access needs and objections when customers experience maladaptive emotions; the customers were moved closer to communicate what they need to choose their torture. This aids customers in separating for strategies, maintaining for themselves, and getting to emotional neutral pathways (Davidson, 2010).

Positive symbolism: Imagery produces sway. Customers are assisted to make good emotional symbolism to get together with negative stacked with feeling. The customers are introduced to limits that will permit them to participate in acts that will help solitary resources of conviction and trust in others to have a decent picture of themselves.

Expressive endorsement: Clients are as every now and again as possible reference to look at open-seat exchanges with one or the other individuals to whom they have solid sceptical emotional affiliations or parts of themselves that encroach with their self and emotional confirmation (Foa and Kozak, 2013).

Recollect another emotion: Clients are moved nearer to interface with recollections of conditions in which they feel in an unexpected way. As a result of different encounters that the customers have insight in life at different formative stages and that at one point or the other added to their emotional lead, be it negative or positive, reflection on such emotions can make a better than normal climate for copying and changing negatives emotions.

Cognitively make new hugeness: Clients are urged to change their perspective of a condition or to put their emotions into exchange. Expert communicates the emotion for the customer; the insight takes over for the customer and expresses anguishing

sway that the customer is unacceptable to communicate. As recently communicated, the obliging relationship is basic in changing the customer's arrangement. Warmth, compassion, assertion, thriving and comfort are by and large certain emotional states utilised in changing maladaptive effect (Greenberg 2004).

2.2.8   Cognitive Behavioural Theory

Aaron Beck was set up in the psychodynamic model (like most experts in the purpose of combination of the basic exceptional century) and set out on a solid programme of assessment proposed to test Freud's imagined that plunge was an after effect of indiscreet weight framed against oneself. In an improvement of test and clinical examinations, he found insignificant confirmation of the retroflexed disdain set by excellent theory in front of the pack execution of his debilitate patients or in their dreams and free affiliations; what he discovered rather were solid subjects of disaster and individual missing the mark (Erwin, 2002).

As opposed to allowing existing theories to drive his interpretations, he proposed a fundamental reformulation that held that the middle issue in pity was not an inevitable result of missing drives and screens at the same time, rather, the delayed consequence of unduly negative assumptions and disproportionate information preparing. In this manner, he underlined the causal activity of one class of signs of pity, a causal activity that had been everything viewed as ignored by the imperative speculative perspectives of the day. It is unquestionably not hard to ignore totally how amazing this perspective was or how unrefined it exhibited to be (Langs, 2004).

Psychodynamic theory, dating from Freud, held that the explanations for dejection and various types of psychopathology lay in thoughtless motivations that could not be tended to quickly without beginning securities in the patient that drove them to restrict endeavours at change and required, rather, expansive stretches of vigilant and indirect appraisal. Then again, direct theory, its genuine enemy at that point, held that psychopathology was a postponed outcome of outside forces and could best be settled by reordering the external condition. Put a huge load of trust in the things a patient perceived, what he or she thought or imagined, recognised a work in the hour of frightfulness and issues in changing (Sarnaoff and Zimbardo, 2011).

Beck's cognitive reformulation of psychopathology was incredibly remarkable, and his cognitive theory of progress orchestrated clearly the best solutions of the cutting edge time. It equally was sensibly restricted at that point, and the more critical psychodynamic organise believed his to be as unconventional, absolute best condition. Beck's monograph on pity, streamed in 1967, depicted out this work and changed into a staggering in the field. In it, he prescribed that decline was somewhat eventual outcome of a definite proclivity to see things in a negative and disproportionate style.

He presented actually for him negative cognitive gathering of three—negative viewpoints about oneself, the world and the future—and explained the activity of synthesis, get-togethers of emotions, and proclivities with respect to information managing that serve to mutilate how information is set up toward existing suppositions. He also presented the basics of an approach to manage supervise treatment wherein he spread out major strategies for advising patients on the best way to deal with take a gander at the precision of their own emotions and how to shield themselves from the biasing effects of organising driven processing (Beck, Kovacs and Hollon, 2007).

Consequently, he attracted truly on propelling moves cognitive cerebrum research that emphasised the way where existing assumptions could inclination information managing and developed an impelled methodology of clinical frameworks to change those proclivities. By the mid 1970s, he had developed a reasonable technique to regulate treatment reliant on the guidelines that he called cognitive treatment. Starting at now, there was no attestation that any psychosocial intercession was as acceptable as arrangements in the treatment of horror or by far better than pill-counterfeit treatment controls. Earlier, past many opinions on possible of the decade, he and colleagues at the University of Pennsylvania surrounded a randomised controlled starter where cognitive treatment out maneuvered drugs, the current norm of treatment (Rush, Beck, Kovacs, and Hollon, 2007).

Patients in that essential were not relatively as skewed to respond to cognitive treatment as to drugs, yet they unmistakably stayed well after the treatment ended.

This was not simply the main event when any psychosocial treatment had held speedy with arrangement in the treatment of misery; moreover, the major away from of a lamenting impact over psychotherapy, something that had for quite a while been demanded now at no other time outlined out. Thirty years of following investigation has totally kept up these early cases. Cognitive treatment is beginning now generally seen as an unequivocally supported psychosocial treatment for debilitation, and the suggestion that it had thought about effects not found over prescriptions is generally kept up in the association (Hollon, Stewart, and Strunk, 2006).

Also, attestation of its fittingness is not obliged to wretchedness; he has hung out in loosening up the most ideal approach to manage direct varying issues, and distinctive others have followed. There is now a clear assertion for its good judgment and pondering effects about by far most of the nonpsychotic issues (checking alert and the anxiety issue, actual dissipates, for instance, hypochondriasis, dietary issues; for instance, anorexia and bulimia, substance abuse and inspiration, intimate difficulty, and a strategy of both covering and externalising youth issue), nearly as rising work in the character issue (tallying irrelevant character issue and free character) and the psychoses (checking bipolar issue and the schizophrenias) (Butler, Chapman, Forman, and Beck, 2006).

Aaron Beck has revolved around the exploratory assessment of his hypotheses and the treatment that delivered utilising them. He accepted his to be as brief and attempted to open them to observational disconfirmation in as blessed a path as could sensibly be conventional. His observational examinations have dependably set his supported mediation against the best existing prescriptions in the field, and he has showed up sharp care as for the need to change regulator vow to watch that each method attempted has a sensible chance at progress. The quality and reasonableness of these examinations have contributed, without a doubt, to his impact on the field, and the straightforwardness with which one has been duplicated, addresses the generalisability of the perspective. Making people stay inside, seeing appalling conditions, is called presentation treatment. It is an outstandingly staggering and talented way to deal with overseen treat anxiety. Regardless, as you may imagine, it is difficult to get people to agree to this strategy.

An arrangement kind of presentation treatment is called careful desensitisation. This technique avoids overwhelming fretful people. Regardless, the clients are shown age-reasonable loosening-up frameworks. This causes them to fathom how to remove up inside seeing repulsive conditions. Following to removing up has been aced, the clients are a smidgen at a time introduced to really progressively remarkable experiences of the conditions they fear. This may consolidate both imaginal and certified presentation. For instance, recognise someone fears lifts. Notwithstanding, the clients might be drawn closer to practice their delivering up structures while looking at a picture of a lift. Next, the client might be drawn closer to deliver up while imagining getting into a lift. Next, the client work on loosening up as they experience on and off a credible lift. Next, the client may wander on, grant the most ideal approach to manage close and restore, and after that get off. Finally, the client may ride one up one story. This dynamic, accurate structure attracts them to wrap up desensitised to the horrendous condition, and this occurs because of modification (Dobson, 2011).

Cognitive theory has made dependably and cognitive treatment has been restored, reliant on both exploratory disclosures and clinical encounters, allowing it to be summarised to different diverse issues over a mix of clinical conditions. There is even watch that cognitive treatment can be encouraged to individuals in danger in the organisation of hindering the progress of coming about hopelessness. His obligation to the guidelines of science and his capacity to open his emotions to potential disconfirmation has contributed both to paltriness the perspective and to the accomplishment;, it has gained some remarkable experiences. This progress is relied on somewhat to the moving distinction in CBT for an unbendingly more wide level of scatters and issues (Beck, 1997; Salkovskis, 1996). Regardless, various sales stay with respect to the overall presence of mind of CBT, its differential ampleness by jumble, the chance of the control packs by which its plentifulness has been made, and how much its advantages keep following the discontinuance of treatment.

The methodological issue at the reason for get-together of this particular conflict unites the show of conglomerating the outcomes for all medications over all issue into one meta-assessment. This method conceivably mists attested partitions between express meds for unequivocal issue. Evidence of the close to sufficiency of

elective prescriptions inside wrecks up and despite close to credibility, key sales exist concerning the critical part ampleness of CBT, that is, how many intervention impacts continue on after the discontinuance of treatment. Related to this is whether these effects persevere through everything considered than do those of various arrangements. Assertion suggests that the effects of mental and especially psychopharmacological interventions completely cripple, if not disperse absolutely, when the dynamic treatment is done (for example, Hollon, Thase, and Markowitz, 2002).

Regardless, given CBT's accentuation on changing thinking and trading the aptitudes learned in treatment to standard bit-by-bit closeness (that is, making the patient his/her own outstanding aide), treatment effects would be needed to keep following end (Beck, 1995). Without a doubt, a few clinical basics have shown CBT's all-inclusive length plentifulness and shirking of fall away from the certainty (for instance, Simons, Levine, Lustman, and Murphy, 1984). The CBT procedure gathers a class of interventions sharing the central explanation that cognitive components or cognitive techniques (Hofmann et al., 2012) keep up mental issue and mental difficulty. As set by Beck (1970) and Ellis (1962), maladaptive contemplations keep up excited hopelessness and irrelevant lead, for which helping or fixing is seen by making them.

The fundamental theory has been refined perseveringly by presenting new cognitive considerations (for instance, changed examinations, center constantly emotions, and synthesis theory), and changed according to treat new mental decisions. Its ordinary achievement in relieving signs of schizophrenia (Rector and Beck, 2012) which was seen as safe to treatment with psychotherapy (Tarrier, 2005) is one striking perspective. Later blends of the strategy, developing the foundations of CBT, for instance, CBT coexisted with care (Segal, Williams, and Teasdale, 2002), supported cognitive treatment with parts of social treatment (Castonguay, 1996), and metacognitive treatment (Wells, 2000), address help developments in CBT.

These fresher sorts of CBT have displayed promising reasonableness in clinical starters of solutions for afflictions, for instance, hypochondriasis (Lovas and Barsky, 2010) and summarised anxiety issue (Wells and King, 2006). In any case, scarcely

any assessments have demonstrated these improvements to be from a general viewpoint more convincing in treating DDs than normal CBT (for instance, Ashouri et al., 2013; Manicavasgar, Parker, and Perich, 2011). Generally having a trademark tendency, or an all-inclusive affectability to push, is not adequate to develop an anxiety issue. As of late, referred to, an individual will undoubtedly develop an anxiety issue, consistently disposed to anxiety, identified with a psychological weakness. Investigation on anxiety has seen four fundamental mental sections that anticipate a psychological weakness to anxiety.

These are:
1. Seen control;
2. Cognitive examinations;
3. Cognitive convictions;
4. Cognitive twists.

1. Perceived control:

One of the world's driving experts on anxiety issue is David Barlow. According to Barlow (2002), people may make mental weaknesses to anxiety due to early helpful experiences. One such lack of protection is the non-attendance of "saw control" over upsetting life conditions. Scientists have found the genuine nearness of stressors alone make anxiety. Or on the other hand, perhaps, anxiety is gigantically constrained by a person's evident ability to control a possibly upsetting event. Understand that this non-appearance of control may, or may not, be careful. Or maybe, it is the person's acumen about their degree of control that is huge (Wells and King, 2008).

2. Cognitive assessments:

The articulation, "cognitive evaluation", basically proposes examination and surveying a specific normal occasion or condition. Cognitive appraisal is a key idea in understanding one's weakness to stress and anxiety. As per Lazarus and Folkman, as referred to by (Biggs, A., Brough,P., in like manner, Drummond, S. 2017) cognitive appraisal contain two separate sorts of emotion. These emotions are hinted as "central" and "assistant" appraisals. Essential appraisal implies a person's hypothetical assessment of a condition. A person's fundamental evaluation picks if

the condition has any brief congruity to that individual's prosperity. Right-hand evaluation proposes a person's examination of their capacity to change in accordance with that circumstance.

Fundamental evaluation can be detached into three separate portrayals: "immaterial," "liberal valuable," and "upsetting." An occasion is viewed as a superfluous appraisal when its event does not have any effect an individual's thriving. For instance, acknowledge there was a social affair for an occupation. The secretary offered a dissent a sitting zone. Upon solitary insight, an impressive number of people are carelessly dressed, while one is circumspectly prepared in anticipation of this basic day. It was thought about that others must not be hanging on for an arranged delegate get-together. One picks that individuals must be in the monitoring things in that region for some other clarification. This is an insignificant appraisal. Around the day's end, different individuals in the parlor zone do not affect one's prospering in any capacity (Kick the container et.al 2011).

A nice positive evaluation infers occasion where one's appraisal of an occasion prompts positive sentiments. These positive emotions genuinely improve positive inclinations and besides working, coming back to the past point of reference, in a get-together for a tantamount activity. In any case, this time when one watches the other impulsively dressed individuals in the sitting zone, and reason that others are for an equivalent development. This evaluation may make one trust one has a fundamental decent circumstance over the other development hopefuls. The appraisal of this occasion would be viewed as perfect positive on the off -chance that one thought about inside: "No issue, I have this development!" and this additional confirmation empowered one to perform well amidst the social occasion (Drummond 2017).

Oddly, a weight appraisal infers a model where the event of an occasion prompts emotions that check hurt. Such emotions will incite an encounter of anxiety. For example, envision somebody is an occupation applicant once more. Regardless, this time when one glances at the parlor area and offsets one's attire with different competitors, by then one assumes that one who is tactlessly dressed. Different up-and-comers give off an impression of being smooth and arranged. This would be

viewed as a weight appraisal in the event that you accepted that one's messiness would in all likelihood hurt one's odds of dealing with the position. This appraisal may make one perform inadequately amidst the social event, considering how such competitors were profoundly on edge. From these three instances of an arranged labourer meeting circumstance, it winds up being certain that the key appraisals about a condition will influence whether one experience anxiety. (Biggs et.al.2017).

Optional evaluation is an individual's appraisal of their capacity to conform to the condition. This is somewhat obliged by their clear capacity to control, or to influence, the circumstance. See that the monitored impact administered by apparent control does not require an exact evaluation. It is just the point of view on control, regardless of whether so understanding is misdirecting. By plot, we ought to consider a juvenile who regularly encounters misuse. Misuse is probably a young adult stressor. In any case, not many out of each odd single abused-kid make anxiety issue. For what reason may this be? It is conceivable that one abused-kid may come to (deceitfully) accept that she can control, or forestall, the maltreatment by being a "superior than normal youth."

This evaluation may serve to shield this youngster from anxiety as it bears her the psychological excursion that her activities can control the maltreatment. Accordingly, it might fill in as a cushion against stirring up an anxiety issue. Then again, another abused youth may review her capacity to conform to the maltreatment in an unanticipated way. She may considerably more absolutely wrap up there is nothing she can do to forestall the maltreatment. Out of nowhere, while her recognition about her nonappearance of control is logically exact, it equally puts her at more real risk for stirring up an anxiety issue sooner or later not far-removed (Biggs et.al 2017).

Therefore, partner appraisals unite individuals' assessment of their changing aptitudes and cutoff points (altering assets). In this manner, having the stuff to suitably satisfy people's high wants, or to vanquished the stressor? The exactness of the appraisal does not have any sort of impact. As the points of reference above graph, a basic reason behind individual separations considering stressors are the

various ways individuals evaluate a specific occasion (Biggs et.al 2017). Their cognitive appraisals will thus affect whether they experience anxiety.

3.   Cognitive Beliefs:

These are control and cognitive appraisals. Notwithstanding, these two segments are really an impression of an individual's sentiments about themselves and their general natural elements. The relationship between an individual, remarkable sentiments about an occasion, and their reactions to that occasion, is fundamental to Rational Emotive Behavioural Therapy (REBT). This specific kind of cognitive treatment was made by Albert Ellis. As indicated by Ellis (2014), the particular stressors in an individual's space do not sincerely inspire their enthusiastic responses, or dangerous lead. Or then again,   perhaps, horrendous reactions are the consequences of an individual's awesome emotions. These emotions unite sentiments about the occasion itself, yet moreover emotions about one's capacity to change in accordance with, similarly has continued through negative occasions.

Strikingly, the sentiments about a specific circumstance and emotions about our capacity to change in accordance with it are less irregular. Or on the other hand, perhaps, the appreciation of a specific circumstance is ordinarily impacted by fundamental perspectives and "center emotions" around one self, and the world around. Center sentiments intend to make standards one used to grasp and decipher the occasions in condition. As indicated by Aaron Beck, one of the central organisers of cognitive treatment, the entirety of the structure unequivocally held, base sentiments on one self, others, and our general natural components.

Notwithstanding the way that these inside emotions from a general point of view impact one's appraisal of an occasion, which are regularly oblivious of these sentiments. In that capacity, one do not understand their effects on standard step-by-step existence. Unfortunately, these inside sentiments may not all things considered speak to an exact outline of the current condition. These sentiments can raise one to experience unnecessary passionate hellfire. Cognitive treatment would like to get these center sentiments care and to challenge the accuracy of those emotions (Ellis 2014).

4. Cognitive Distortions:

For the most part, emotions are routinely not assessed like their goal genuineness. The average statement, "one is prepared for ones sentiments", mirrors this assertion. Regardless, two or three sentiments can incite curved considerations. These bits of knowledge as such may incite upsetting feelings and maladaptive direct. As indicated by Beck and Emery (1985), individuals are inclined to make explicit sorts of cognitive "messes up" in their appraisals dynamically over different conditions in their lives. This is especially considerable for individuals with anxiety issue. These reasoning screws up are typically called Cognitive Mutilations.

There are a wide scope of sorts of cognitive curves that may impact anxiety. Nevertheless, two of the most broadly perceived are:

1.   The overestimation of risk; and,
2.   The underestimation of one's ability to adjust to the risk.

2.2.9   Counselling Self-Efficacy

Self-efficacy was opined by Bandura (1997) as the level of confidence an individual has of being able to perform a specific task successfully. The motivation to keep going and aim for a specific result is influenced by the individual's perceived self-efficacy for the task. Self-efficacy is a very important aspect of human cognition and survival because it shapes who a person becomes by what they believe they can do and what they go on to achieve. Right from a young age, parents, caregivers and teachers lay a foundational influence of expectations and abilities that children use as guidelines to evaluate themselves across contexts all the way to adulthood (Bandura, Barbaranelli, Vittorio & Pastorelli, 2001; Parajes, 2005).

Developing Self-efficacy According to Bandura et al. (2001), perceived self-efficacy toward career choice can be partly related to parents and teachers' influence. Bandura and colleagues conducted a longitudinal study with middle school children based on the three factor structure of perceived career choice, social and self-regulatory efficacy. The researchers also considered parental and teacher influence, socioeconomic situation and profession of the parents. The findings supported the hypothesis that pre-service counsellors do have a higher sense of self-efficacy for careers based on their perceived capabilities than for other careers.

Bandura's team was also able to connect parental influence on pre-service counsellor's self-efficacy to particular career choices.

The trainee with higher than lower self-efficacy did go on to achieve professional excellence and increase their efficacy towards their occupation of choice. Pajares (2005) found support for Bandura and colleagues' (2001) findings, but added that pre-service counsellors with high expectations due to their high self-efficacy react more negatively to a lower than expected performance compared to trainees with low self-efficacy. Bandura's Social Cognitive Theory (SCT; 1989) provided a broader explanation as to how self-efficacy may have come into existence. According to this theory, human development is enhanced by engaging in detailed interaction with the environment and social circumstances.

This process involves gathering self-relevant information through various reinforcing situational cues informing the self about what kind of activities to engage in and what not to engage in (Bandura, 1989). For example, a violent versus friendly face on a stranger may prompt avoidant versus approaching behaviour in the self. Repeated instances of successful avoidances versus interactions with others may instigate the analysis of self-knowledge, self-efficacy, or level of confidence from successes versus failures, and consequential self-regulatory actions (e.g., future avoidances or interactions based on cues and accumulated self-knowledge). Whenever interactions are rewarding, self-efficacy comes into play, boosting sense of capability, and encouraging people to engage in future, potentially more challenging interactions (Bandura, 1989). Based on this theory and supporting evidence, it is likely that social interactions enhance self-efficacy by increasing self-knowledge and facilitating self-related information processing needed for survival.

Measuring Self-efficacy Measurements have been created to quantify the amount of self-efficacy individuals perceive in specific situations. A popular measure is Schwarzer & Jerusalem's (1995) General Self-Efficacy Scale (GSE) designed for the general population. The GSE provides a broad view on how individuals perceive their ability to perform well in various situations and is used to predict the sense of control individuals perceive having in more specific and challenging situations. The GSE's design is useful because it takes real-life contexts and individual differences into account to an extent. These types of considerations make sense in the context of

SCT because Bandura (1989) explained that self-efficacy is a personal attribute developed solely by an individual to fit into one's own perceived future, which helps one in using self-regulatory capabilities to influence one's motivations and actions.

Perceived Self-efficacy is the amount of self-efficacy people perceive correlates positively with their previous performances and drives them to exude the confidence that influences the production of another good performance (Holzberger et al., 2013; Valiante & Morris, 2013). Self-efficacy is built by analyzing the available skills an individual has to accomplish a task successfully and if the perception supports a successful outcome of the task, self-efficacy is high. Self-efficacy also seems to determine where, when and by how much these acquired skills would be used in order to achieve the perceived success (Pajares, 2005). This concept of self-efficacy from past studies and this relationship with self-regulation toward performance is what brings me to ask the question, what might be some contributing factors to this relationship, and how might these factors affect actual performance on tasks?

Coping and Self-efficacy When an individual is faced with a problem, self-efficacy comes into play and instigates a particular coping strategy that matches with the level of the perceived self-efficacy of the individual (Carver et al., 1989). High self-efficacy has been associated with active coping (e.g., problem-solving, information seeking) and low self-efficacy with passive coping (e.g., avoidance, distraction). The most commonly reported active coping strategy used by individuals with perceived high self-efficacy is problem-focused coping (Carver et al., 1989; Shen, 2009; Hsieh et al. 2012). Problem-focused coping deals with a direct approach to solving the problem without making use of any external support apart from the acquired skills needed to solve the problem (Shen, 2009). With high self-efficacy, an individual believes that they do have the appropriate skills to successfully carry out a task or perform well with little to no external reliance or assistance (Pajares, 2005; Hsieh et al., 2012).

Measuring Coping Carver et al. (1989) developed the COPE scale that assessed coping and categorized the different response styles of individuals into various kinds of coping. The researchers conducted three related studies. The first study was to develop the 13-item COPE scale questionnaire that measured coping styles, and

the second study aimed to correlate the scale with personality types to see which personality types fitted with the different coping strategies. Some of the coping strategies assessed includes, active coping, planning, acceptance, and denial. Thirdly, Carver and colleagues validated the COPE scale and tested the hypothesis for the relationship between coping styles and situation specific coping responses.

Results showed that type-A personality (hard-driving, persistent) individuals used active coping but also engaged in emotion-focused coping by displaying strong emotions in stressful situations. The results showed that, in-line with previous theories and research, different situations sometimes warrant different coping techniques. A one-size-fits-all approach does not apply to using active coping, because some situations do not need direct solutions. Therefore, sometimes one needs an active strategy that involves some emotional or laid back approaches (e.g., going for a walk, expressing feelings, or socializing) in-order to relieve the accompanying stress of a situation, but not necessarily warrant a direct problem-solving approach.

Performance, Coping and Self-efficacy Hsieh et al. (2012) conducted their research on the relationship between test anxiety and final grades, personal control, self-efficacy, self-regulation, coping strategies and goal orientation as predictors of final grades among undergraduate engineering students. Two structural models emerged; the first model involved a collection of self-efficacy, self-regulation, personal control, test anxiety and midterm grades as predictors of final grades. The alternative structural model was used to examine how the variables influence each other and findings showed that test anxiety, personal control and midterm grade had a positive relationship with self-efficacy. Hsieh et al. (2012) also found that students who experienced lower test anxiety (a type of self-efficacy) performed well and engaged in more active coping strategies than those who experienced higher test anxiety.

Crucial to implementing adaptive coping strategies is the belief that one is capable of coping. This concept, also known as *self-efficacy*, refers to individuals' belief in their ability to carry out a behaviour necessary for reaching a goal (Bandura, 1977). Across a range of populations and in a variety of contexts, self-efficacy beliefs play a significant role in motivation and performance, independently influencing

performance attainment (Bandura & Locke, 2003). One domain-specific measure of self-efficacy, coping self-efficacy (CSE), concerns individuals' "perceived self-efficacy for coping with challenges or threats" (Chesney, Neilands, Chambers, Taylor, & Folkman, 2006, p. 2). It refers specifically to individuals' beliefs in their ability to cope with emotions and stressful events.

Three broad factors comprise CSE, including confidence in the ability to: use problem focused coping (e.g., "…find solutions to your most difficult problems"), get support from friends and family (e.g., "…get friends to help you with the things you need"), and stop unpleasant emotions or thoughts (e.g., "…stop yourself from being upset by unpleasant thoughts"; Chesney et al., 2006). It is a distinct component of coping separate from the ER skills that are actually performed, as it is based upon the idea that individuals need to believe they are capable of engaging in various adaptive regulatory actions in order to effectively do so (Chesney, Chambers, Taylor, Johnson, & Folkman, 2003).

In a study of English-speaking college students in South Africa, CSE mediated the relationship between distress and well-being (Wissing et al., 2011). CSE also mediated the relationship between childhood abuse and ADHD symptoms in young adults with high levels of ADHD symptoms (Singer, Humphreys, & Lee, 2016). In a sample of adolescents, CSE attenuated psychological maladjustment in those that had endured peer victimization (Singh & Bussey, 2011). Among individuals affected by natural disaster, CSE acted as a mediator between acute stress response and both PTSD symptoms and global distress (Benight & Harper, 2002). Given self-efficacy's role in performance attainment and the fact that the employment of coping strategies is a performance, it is logical to posit that a meaningful relationship exists between CSE and ER. One study examined this potential link, finding a strong relation between ER and CSE (Luberto, Cotton, McLeish, Mingione, & O'Bryan, 2014). This study also found that the relationship between use of mindfulness skills and ER was partially explained by individuals' CSE beliefs.

Few studies have investigated the association between self-efficacy and NSSI. One study found that among a group of adolescents, those who self-injure reported lower self-efficacy for carrying out healthy coping mechanisms (Nock & Mendes, 2008). Among college students, academic self-efficacy mediated the relationship between

emotional abuse from parents and frequency of NSSI, while social self-efficacy mediated the relationship between peer victimization and frequency of NSSI (Buser, Peterson, & Kearney, 2015). In a longitudinal analysis of adolescent self-injurers, Tatnell, Kelada, Hasking, and Martin (2014) discovered that low general self-efficacy was predictive of NSSI onset and partially mediated the relationship between attachment anxiety (i.e., perception of current relationship with parents) and NSSI.

In terms of CSE and NSSI, far less research is available. One recent study explored the potential role that CSE, grouped with other self-regulation abilities (i.e., ER, optimistic explanatory style, and coping strategies), plays in moderating the relationship between recent stress and frequency of NSSI (Weismoore, 2011). Self-regulation abilities, which included CSE, did not affect the strength of the relationship between stress and frequency of NSSI. In other words, the strength of the association between stress and frequency of NSSI was not dependent on individuals' degree of self-regulation ability. Another study examined CSE in terms of mediation, demonstrating that CSE fully explained the relationship between cognitive behavioural skills and the presence of NSSI (Heath, Joly, & Carsley, 2016). In essence, cognitive behavioural skills as a protective factor against anxiety occurred only as a function of the increase in CSE that follows an increase in cognitive behavioural skills. This reflects the importance of CSE as the mechanism by which individuals become less inclined to self-injure. Individuals stopped engaging in NSSI not due to an increase in cognitive behavioural skills, but as the result of an increase in perceived ability to cope with emotions and challenges. Such findings encourage additional research of the relationship between ER, CSE, and NSSI.

Guide teachers have driven examination on the chance of expert self-reasonableness (CSE). In particular, as indicated by Sutton and Fall (1995) "self-efficacy emotions depend upon person's needs that one has certain information and aptitudes, correspondingly as the capacity to make a move required to conquer issues and to win under the nerves and weights of life" (p. 332). Larson and Daniels (1998) defined admonishing self-appropriateness as, "one's sentiments or decisions about her or his abilities to enough guide a customer sooner rather than later" (p.180). The

term 'able to agreeably admonish' may mean various things, including the guide's capacity to (a) set up a helpful collusion with the customer, (b) face and challenge the customer, (c) be sincerely present and accessible, or (d) structure reasonable interventions that are the primary purpose for customer change. Self-plentifulness, or inclinations of being able as to given aptitudes, may essentially influence such a calling people pick and how they perform inside the setting of their work. People with practically identical aptitudes may perform interestingly. Explicitly, it is discovered that self-efficacy involves some degree of execution and achievement contrasts among individuals of near limit (Lent, Brown, and Hackett, 2002).

Further, higher CSE is associated with decision of work, execution in calling, and "force regardless of blocks and disconfirming encounters" (Sullivan and Mahalik, 2000, p. 55). Loaned and associates are credited with making Social Cognitive Career Theory (SCCT) (as referred to in Zunker, 2002). As appeared by Social Cognitive Career Theory, individuals may over-or under-check, their capacities subject to the data they have amassed and dealt with inside social structures where they are brought down. This impression of ability to perform given errands and to fulfil rules of capacity may change into the go-betweens of limit and exertion— either curbing the creation individual or pushing inclination improvement and achievement (Lent et al., as referred to in Zunker). There is an overflowing extent of exploration on CSE and it seemed to have a relationship with different elements identified with overseeing.

As indicated by Al-Darmaki (2004), CSE is identified with higher conviction, lower anxiety (both brand name and state), more grounded clear essential thinking plentifulness, and such a microskill picked by controlling understudies in practicum. Barbee, Scherer, and Combs (2003) found that CSE had a basic positive relationship with pre-practicum administration modifying possibly by virtue of the introduction to customers and clinical conditions experienced by the learners. Different specialists have discovered that normal oversight has broadened CSE, and that there is a negative relationship among CSE and educator anxiety (Leach and Stoltenberg, 1997).

Also, Barnes (2004) anticipated that control learners with higher CSE would perform at higher organising inclination level than students with lower CSE. Crutchfield and Borders (1997) discovered positive, at any rate astoundingly unassuming, positive increments in occupation fulfillment, CSE, and controlling reasonableness when field specialists were given clinical friend oversight. Hill, and Hoffman (2002) surmised that learners with higher CSE would have differential clinical working from their low CSE peers, explicitly more fundamental cognitive, lead and stacked with feeling reactions while admonishing customers.

An investigation of the organisation by Larson and Daniels (1998) uncovered that higher CSE was contrasted unmistakably and instructor execution. On the other hand, Leach and Stoltenberg (1997) exhibited that instructor learners who have high anxiety about working with unequivocal people groups, for instance explicitly abused customers, may have lower CSE. As showed by Urbani and accessories (2002), developing CSE and bringing down anxiety is fundamental so as to improve clinical judgement and controlling execution. Furthermore, Fernando and Hulse-Killacky (2005) found that oversight style impacts CSE, demonstrating that a fluctuating style of clinical administration that is dubious to the requirements of the supervisee is vital. Hence, creating enlightening conditions that may strengthen expanded components of counsel learner CSE is principal.

2.2.10 Concept of EI

Emotions are the yielded aftereffect of the perspective that go with a condition or occasion and depend upon one's viewpoint upon what is happening inside one's or in an indirect manner around one. In general, emotions are utilised to shield oneself from hurt and destructions yet emotions can be bestowed like satisfaction and vitality. (Emotional Intelligence) has being lately in a gigantic heap of energy for educational affiliation (Mayer and Salovey, 1993, 1997; Salovey and Mayer, 1990; Goleman, 1995, 1998; Bar-On, 1996, 1997). The distal covered foundations of EI can be followed back to the chance of social insight set up by Thorndike (1920), moreover as Ogundokun and Adeyemo (2010) which construes the capacity to recognise and control individuals and to act seriously in human relations.

Mayer and Salovey are not the primary clinicians to push the envelope on standard knowledge tests, doing engaging that the general factor is made out of more than normal scholarly insight (APA Monitor, 2003). Thorndike's (1920) tripartite theory of the intellect was able to clarify the possibility of people possessing different kinds of information. He indicated that three kinds of knowledge exist: applied, mechanical and social. Thorndike portrays social observations as "capacity to appreciate and manage people, young people and adolescents" (1920, p.228).

Social knowledge has got the most unequivocal thoroughly considered of the three-sided, contemplating how it is the hardest to see from different sorts of insight, both hypothetically (Such as Mayer and Salovey, 1993) and observationally (Cronbach, 1960). Force for social knowledge, in any case, has lately been restored. Principal endeavours to absolutely see social knowledge from crucial insight yielded vain outcomes (Thorndike and Stein, 1937; Keating, 1978). Regardless of the near -social insight thresholds integrating psychological and behavioural evaluations, experts have agreed to set up the need for social knowledge at the table actively (Wrong, Day, Maxwell, and Meara, 1995).

Emotions make thinking about affiliations, for instance, an individual who is seen as compromising is dreaded (Mayer and Salovey, 1995). The capacity to definitely get the messages that emotions pass on, with respect to affiliations, encounters the social world. For instance, encountering imperfection may oversee regard for the fight to show up seeing someone, one to push toward a goal. Right when emotions are a brief reaction to another individual, one accesses data about the other, oneself and the relationship.

Generally speaking, emotions may feel like one is truly reacting to another individual; yet, really, emotions are reacting to relationship in a prior spot and time. Right when 'emotional messages' get "crossed", one battles to keep up sound and helping affiliations. For instance, on the off-chance that one feels barely contemplated in all affiliations, one will miss the social signs that pass on sympathy and affirmation. Precisely when emotions improperly react to others in a manner that one reacted to before tremendous affiliations, one spreads maladaptive relationship subjects, or exchanges (Goleman 2008).

The wonderful relationship among emotion and intellectual frameworks, for example, learning, basic activity and memory, is known well from the evaluations in the field of exploratory cerebrum science since it started. All things considered, some shows that these psychological frameworks can be harmed if the areas of the mind subject for emotions are harmed (Damasio, 1994); hence, it very well may that emotion is one of the bits of insight (Goleman, 1995).

EI hardens the ability to see emotions, ingest emotion-related assessments, understand the data that emotions can give oneself, and enough direct emotions (Mayer and Salovey, 1997; Salovey and Mayer, 1990). EI can be inspected most clearly by alluding an individual game-plan with emotional issues, for instance, one kind of emotional issue may join evident, the emotion in a human face, hypothetical structure, or covering test (Mayer, Dipaolo, and Salovey, 1990). Mayer and Salovey have driven the development of a cutoff model of EI in which test takers are moved nearer to manage emotional issues. Beginning here, EI can be operationalised as a huge load of smart restricts that improve the treatment of emotional and psychological data and along these lines help the person with giving settlement to dynamically flexible choices (Mayer and Salovey, 1993). Until this point, Mayer, Salovey, Caruso, and Sitarenios (2003) have created what many would think about conceivable degree of EI.

Salovey, Mayer, Goldman, Turvey, and Palfai (1995) built up a self-report level of EI proposed to maul one's impression of one's emotional cutoff centers. In particular, the Trait-Meta Mood Scale (TMMS; Salovey et al., 1995) reports the level of felt that people rotate around their assessments, the clearness of their experience of these emotions, and their capacity to control their emotions. The three subscales of the TMMS (Thought, Lucidity, and Rule) are equivalent structures to the four subscales of the MSCEIT (emotions, enable idea from emotions, get emotions, and direct emotions); the breaking-point based measure made by Mayer, Salovey, and Caruso (2003). Salovey et al. (1995) did not guarantee that the TMMS is a blueprint of an emotional IQ, as surveyed by the MSCEIT, or a degree of one's genuine emotional cutoff centers or cutoff points. Then again, one's motivation that it checks clears EI, which is a basic, in single network parcels that may portray emotionally tricky people (Salovey et al., 1995).

The point of view on one's EI is a charming individual separation variable. For instance, it should consider one's inspiration to accomplish emotional cutoff focuses and one's propensity to get the ball really rolling with these aptitudes. Moreover, people may obviously change their practices, subject to their assessments about their capacities, rather than their affirmed cutoff centers (Bandura, 1977). Considering psychotherapy respects a customer's accessibility to uncover and get emotions. These qualities start with a person's energy to regulate speculations and encounter these emotions plainly (Salovey et al., 1995).

EI has consistently been conceptualised (especially in the ordinary game-plan) as reasonably, then the capacity to see, adjust, appreciate and direct emotions (Mayer et al., 2003). These elective structures portray EI as in excess of a cutoff, or tendency; yet in a like manner as inspiration, non-limit inclinations and credits, and all things considered individual and social working (such as Bar-On, 1997; Goleman, 1995). Mayer, Caruso, and Salovey (2000) referred to models such as blended models, considering the entirety of the thoughts they consolidate. These self-report measures are utilised to evaluate blended models. For instance, the Bar-On Emotional Quotient Inventory wires 15 self-report scales that measure an individual's tendency of pride, opportunity, fundamental thinking, reality testing, and different properties (Bar-On, 1997). Such appraisals as fundamental thinking and reality testing have all the stores of being broadly more unflinchingly identified with assessment of self-quality or social-limit than to EI (Mayer et al., 2000).

While EI has got a lot of regard from it revealed and asserts,, the same, it has additionally been in peril to unforgiving assessment. One likely clarification behind the assessment's energy (see Matthews, Zeidner, and Roberts, 2002) has to do with the possibility that mixed models have got, from the media, overwhelming Mayer and Salovey's ability model. The media have made twisted and nice cases concerning what EI truly is and what positive conditions it will yield for an individual.

2.2.11 Theoretical Framework of the study

This work is anchored to Self-Determination Theory (SDT) as proposed by Deci and Ryan (2000). Self Determination Theory (SDT) represents a broad framework for the study of human motivation and personality. But more importantly, SDT propositions focus on how social, personal and cultural factors facilitate or undermine people's sense of volition and initiative, in addition to their well-being and the quality of their performance. Conditions supporting the individual's experience of autonomy, competence, and relatedness are; argued to foster the most volitional and high quality forms of motivation and engagement for activities, including enhanced job performance, persistence, and creativity.

In addition SDT proposed that the degree to which any of these three psychological needs is unsupported or thwarted within a social context as in a work environment could have a robust detrimental impact on wellness in that setting. The SDT framework thus has both broad and behaviour-specific implications. According to SDT individuals experience the fundamental need to experience autonomy, feel competent, show empathy and reduce the level of anxieties and development relationships, called relatedness. Autonomy talks on the motivation of individuals to pursue their personal values and interests. Competence deals with the development of key skills and abilities. Relatedness refers to a sense of belonging in groups.

When all of these needs are fulfilled, individuals experience improvements in emotions, reduction in anxieties level, positive psychological wellbeing and satisfaction. They also become more resilient rather than sensitive to problems.

As indicated by Baron's model, for an individual to have passionate and social insight, he/she needs to understand and communicate for himself/herself, relates well with others, and recognises how to deal with the issues and weights of bit-by-bit life. Precisely when intrapersonal level is thought of, this requires the individual to consider himself/herself, to get his/her attributes and lacks and to communicate his/her feelings and considerations without giving shrewdness. On the intrapersonal level, then again, having passionate and social knowledge requires the capacity to consider the feelings, speculations and necessities of others to make and deal with satisfying, steady and routinely fulfiling affiliations. Concerning, requirements , on the off chance that one can adequately coordinate individual, social and common

changes by administering brief conditions, discovering answers for issues and picking, it construes one is genuinely and socially savvy (Bar-On 2005)

According to D'Zurilla and Goldfried (2002), issue can be portrayed as any condition in bit-by-bit life to be reacted to for versatile and persuading working. A circumstance can be depicted as an issue for an individual when he/she feels bothered by it and when the issue ruins the individual from accomplishing his/her objective (D'Zurilla and Nezu, 2002). In such conditions, on the off-chance that one can manage the issue, one can change in accordance with the obstructions. Fundamental thinking serves the constraint of updating the circumstance and diminishing the passionate sadness accomplished by it (D'Zurilla, et al., 2004).

D'Zurilla et al. proposed an essential instinct assessment in their social-fundamental thinking theory (D'Zurilla and Nezu, 1982,1990; D'Zurilla et al., 2002) as a summed-up set of sentiments or assumptions regarding one's fundamental thinking limits. In like manner, concerning them, fundamental thinking joins self-made cognitive and behavioural methodologies through which adaptable procedures for dealing with risky conditions can be perceived or found by an individual. In any case, one can fight that the term social does not mean association of essential finding to a specific kind of issue, rather it infers concentrating on fundamental thinking influencing an individual's capacity to change as per legitimate condition.

D'Zurilla and Goldfried (2001) proposed a social fundamental thinking model and most by a wide margin of the examination drove on essential instinct depends upon this model. This model was then extended and improved by D'Zurilla and Nezu (1982), and changed by D'Zurilla, et al. (2002). This model cases that there are two general at any rate generally self-administering strategies that are issue on courses and essential thinking style picking the outcomes of fundamental theory truth be told (Maydeu-Olivares and D'Zurilla, 1996). Issue course consolidates a metacognitive procedure, and this strategy relates the general emotions, evaluations of estimations of individuals about issues experienced in their life and their own fundamental thinking limit (D'Zurilla et al., 2004).

There are two sub-estimations making up issue on course that are sure and negative-issue heading. The rule attributes of positive issue course are reviewed an issue as a test, trust in the reasonableness of issues, having confidence in one's fundamental thinking limit, accepting that essential thinking requires some real essentialness, exertion, constancy and commitment to fundamental thinking. Notwithstanding what might be typical, the focal qualities of negative issue heading are believing to be as an essential danger to one's prosperity, imagining that issues cannot be illuminated, non-appearance of self-appropriateness in fundamental thinking and feeling discouraged when issues are experienced (D'Zurilla, et al., 2002).

Levelheaded essential thinking, impulsivity and evasion are the three portions of the style used to manage issues. On the off-chance that an individual can apply productive fundamental instinct limits, by then he/she can be articulated to ensure the insightful essential thinking style (D'Zurilla et al., 2004). The impulsivity style joins utilising fundamental thinking aptitudes imprudently and rapidly without taking a great deal of thought (Belzer et al., 2002). The last one is shirking style which prompts working inappropriately, and its basic parts are conceding, nonappearance of affiliation or inaction and reliance (D'Zurilla et al., 2002). On the off-chance that an individual can deal with the issues appropriately, by then he/she can reduce mental weight and weigh passionate states considering the way that productive essential thinking empowers individuals to conform to their reliable issues and their stacked with feeling impacts significantly more enough (McCabe, Blankstein, and Mills, 1999).

Based on the trust of this context therefore, this study wheeled on the principle of self-determination theory purports to determine the effects of emotional focused and cognitive behavioural therapies on counselling pre-service counsellor anxieties among pre-service counsellors in Nigerian Universities, based on the moderating influence of counsellors self-efficacy and emotional intelligence.

2.3.0   Empirical Review of Literature

2.3.1   Demographic variables and PsCA

Larson (1998) postulates counsellors' demographic factors and counselling self-efficacy as being internal factors involved in counsellor development. Counselling self-efficacy refers to the belief that one has the "capabilities to effectively counsel a client" (Larson et al. 1992, p. 120). Counselling self-efficacy regulates trainees' functioning in making counselling responses (Larson 1998), and consequently plays an important role in trainees' performances (Jaafar et al. 2009; Larson et al. 1992; Lent et al. 2006). According to the social cognitive theory of Bandura (1995), people's self-efficacy develops from experiences of mastery, observation of others' mastery, social affirmation of their mastery, and their perception of physiological or emotional states during the experience.

Cultural contexts, which include trainees' specific age, gender and ethnicity, may impact these four sources of self-efficacy (Klassen 2004) and shape the development of trainees' sense of competence (Pope-Davis et al. 1994). People from a specific age, gender, and ethnic grouping have typically dominated the counselling profession in the U.S. Riemersma (2010) conducted a demographic survey of Marriage and Family Therapists (MFT) in California with results showing that above 70 % of MFT's were female, had an average age of 56.4 years, and that above 90 % were White. The same percentage of female dominance has been reported in the number of undergraduate majors in counselling psychology in the U.S. (Carnevale et al. 2011).

To diversify the cultural backgrounds of counsellors, the Council for Accreditation of Counselling and Related Educational Programs (CACREP) (2009) has required that counsellor education programmes make "systematic efforts to attract, enrol, and retain a diverse group of students and to create and support an inclusive learning community" (p. 4). To accomplish this mission, counsellor educators are encouraged to consider the potential impact of diversity status on their students' professional development. Diversity includes differences in "races, economic backgrounds, ages, ethnic backgrounds, genders, sexual orientations, and physical and mental abilities" (CACREP 2009, p. 108). The scope of the present study, however, is limited to age, gender, and ethnicity factors.

Trainees' age reflects both developmental stages and generational affiliation. Using Erikson's 'Identity Development Theory', Evans et al. (2010) outlined the main concerns of college students in different age groups as follows: intimate relationship for young adults, professional establishment for the middle-aged, and significant changes in thought patterns for older adults (p. 51). Counsellor trainees' counselling self-efficacy may to some extent reflect their relative success in accomplishing such developmental tasks. Shallcross (2009) alerts us to the presence of generational identities that may affect one's sense of self: 'Baby Boomers' (50 years old and above) seem to have a strong sense of group identity; 'Generation Xers' (30–50 years old) a strong sense of individualism and autonomy; and 'Generation Yers' (10–30 years old) value both their identity as individuals and as members of a group.

Differences in the sense of self may affect the development and/or expression of self-efficacy. Furthermore, people's mastery of certain knowledge and skills may change as they age. Their perception of generation-related abilities may be affected by how much they value the skills and knowledge they have mastered for current job expectations. For example, one's cognitive self-efficacy may change across the lifespan due to the changing nature of the tasks one performs and the subsequent demands on the domain of cognitive functioning (Berry and West 1993). Similarly, age differences significantly affect how people perceive their efficacy in memory and specific knowledge domains (Marquié and Huet 2000).

Understanding whether age differences have a significant impact on trainees' counselling self-efficacy could increase counsellor educators' sensitivity to trainees' individual stages in life and their generational beliefs and values. Besides the age factor, Wester and Vogel (2002) urge counsellor educators to consider the impact of gender role conflict (GRC) on counselling self-efficacy, particularly that of male counsellor trainees. They argue that males typically are socialized to be more concerned about independence and more restricted in emotional expression than females (p. 370).

Males may struggle with expressing feelings, relating to supervisors, openly sharing reflections on the training process, and using relatively feminine styles of counselling. However, Betz and Hackett (1981) found that male college students showed consistent self-efficacy in both traditionally female and male occupations (p.

408). Even if trainees are not affected by their personal gender role socialization, their clients' perceptions of counselling quality based on gender role orientation and sex (Beckenbach et al. 2009) may impact trainees' development of counselling self-efficacy. Further research on the relationship between gender and counselling self-efficacy is warranted.

Differences in Total Self-Efficacy and Counselling Procedures among age groups approached significance, showing that 30 to 39 year olds ranked highest in these two variables when compared to 40+ year olds and 19 to 22 year olds. From a generational perspective, a likely stronger sense of individualism and autonomy may give Generation Xers (30–50 years old) an edge in developing greater counselling self-efficacy than the Generation Yers (10–30 years old). From Erikson's psychosocial developmental perspective during middle adulthood, 30–39 year olds are concerned typically more about creative and meaningful work while 19–22 year olds are still tackling the task of forming intimate relationships as young adults (Evans et al. 2010). These factors may render the 30–39 year olds more self-efficacious in their professional abilities.

Although the 40+ year olds belong broadly to the same generation and developmental stage as the 30–39 year olds, they showed less counselling self-efficacy. Since 40+ year olds most likely enter the counsellor education programme with more years of working experiences in another career and potentially a shorter remaining work span than 30–39 years old, they may have higher expectations for doing well, greater sensitivity to making mistakes, a stronger tendency to self-scrutinize and consequently lower counselling self-efficacy.

No significant difference on counselling self-efficacy based on gender was found in this study. This supports the observation that male college students showed consistent self-efficacy in both traditionally female and male occupations (Betz and Hackett 1981), but contradicts the concerns over Gender Role Conflict (GRC) suggested by Wester and Vogel (2012). This may indicate that males who pursue counselling as a profession typically possess personality traits that match the counselling profession, and therefore, are not necessarily socialized into traditional male roles. Despite these findings, further research is needed to explore the

association between counselling self-efficacy and the gender role orientation and sex of the counsellor.

2.3.2 Emotion-Focused Therapy and PsCA

To have the choice to have a charming nearness, individuals should recognise how to conform to issues thinking about the way that the unavoidable piece of one's life and routinely wellspring of stress which requires a reaction. The level of the issue similarly as individual attributes, for example, character, science, valuable experience and altering styles, including astonishing fundamental thinking, pick how authentic this reaction will be. Despite the way that character and science can be somewhat pre-picked and encounters cannot be disregarded, there are a gigantic measure of things to be done comparably as changing practices and essential hypothesis aptitudes with the target that the genuineness of the weight reaction can be decreased.

The discoveries of the outcomes are captivating since the fundamental affiliations were seen on the experiential bit of EI, and not on the key one, construing that social anxiety is fervently identified with lower impression of passionate data. Key EI joins the capacity to reason about feelings and their association, and it is identified with semantics, getting some answers concerning feelings and reflects logically getting ready of feeling. From this time forward, these aptitudes are positively not identified with social anxiety. Oddly, experiential EFT (that is, utilising and seeing feelings) is unequivocally identified with social anxiety, and explicitly considering the way that the genuineness of anxiety as evaluated by the BAI does not clarify the affiliations.

This finding proposes that a center-piece of social anxiety is truly identified with an inadequacy in the viewpoint and other enthusiastic states. In different words, people with decreased experiential EFT could be more influenced by social misinterpretations, inducing an improvement of social anxiety responses. Summerfeldt et al. (2011) guaranteed and developed these discoveries, which showed that SP is on an exceptionally fundamental level delineated by a lower social EFT score (that is, understanding and perceiving affirmation of others' feelings) as showed up distinctively according to controls, in any case that free-for-

all issues and over the top basic issue did not vary from controls. Thus, it was spoken to that intrapersonal EFT (that is, understanding and perceiving confirmation of cases feelings) was lessened inside the three clinical parties as considered to controls, yet with a more unquestionable estimation in SP patients.

An advancing report explored the relationship between social knowledge considered as a wide idea, including EFT and social anxiety (Hampel et al., 2011). The producers considered social knowledge from a theoretical model that incorporates five cognitive cutoff points: social understanding, social memory, social affirmation, social adaptability, and social learning. A degree of three of these points called the Magdeburg Test of Social Intelligence has been insisted. This introduction-based assessment contains a rating of feeling seen by the people all through situation delineation, video or picture of social connection. As imagined, social affirmation, social memory and social perception anticipate ominously the estimation of social anxiety.

A clear finding of passionate getting ready from the point of view of lead treatment is vitality despite acclimation to the upsetting lift and introduction to new data. Along these lines, it is the experience of old torture within the sight of new data. From an experiential treatment point of view, regardless, approach, intensity, assertion and adaptability of passionate experience are critical, yet not palatable for change. Ideal passionate managing also joins the coordination of acumen and effect. Exactly when contact with passionate experience is polished, customers should in like way cognitively arrange to that understanding as data; research, think about, and fathom it; and access other inner enthusiastic focal points for help, change the maladaptive state.(Greenberg,2002; Greenberg and Pascual-Leone, 1995)

Supporting the principle-bit of this theory, process-result research on the feeling-centered treatment of anxiety has appeared to be both higher enthusiastic vitality at mid-treatment, got together with reflection on the mixed feeling (Warwar and Greenberg, 2000), and more critical passionate getting ready late in treatment (Goldman and Greenberg, 2005; Pos, Greenberg, Goldman, and Korman, 2003) anticipated remarkable treatment results. Feeling-centered treatment seems to work by redesigning such a passionate managing that consolidates helping individuals

understand and perceive their feelings and get them. Advocates' intercessions that centered much more altogether additionally appeared to loosen up customers' incorporation and to foresee result. The vitality of progress through engaging further in-meeting enthusiastic experience that recalls both a thought for critical felt incorporation and the making of new essentialness is legitimately observed (Greenberg, 2002; Samoliov and Goldfried, 2000).

2.3.3 Cognitive Behavioural therapy and Counselling TA.

Exploration has shown that knowledge is cognitively unbelievable in the midst of and that the possibility of their cognitive progression impacts their quick (Martin, Meyer, and Slemon, 1986; Martin, Slemon, Hiebert, Hallberg, Cummings, 1989; Morran 1986). Studies other than have indicated that the possibility of cognitive development (self-talk) impacts anxiety and that over the top anxiety intrudes with both current lead and the ability to modify new prompt (for instance, Friedlander, Keller, Peca-Baker, and Oik, 1986).

Specialists have seen that beginning aids an essential bit of the time experience anxiety concerning their significant encounters with clients (Ronnestad and Skovholt, 1993), and that this anxiety intrudes with advisor learner learning (Ho, Hosford, and Johnson, 1985) and execution (Friedlander et al., 1986; Kelly, Hall , and Miller, 1989). Kelly et al. (1989) pointed out that high anxiety is related with less clear educator needs, that anxiety contrarily impacts control empathy, and that delicate course will rate their get-togethers less unequivocally than their less uneasy mates. Subsequently instructors cognitive unforeseen development, and the relating stacked with feeling experiences, is obviously an essential component to address in control bearing.

A investigations that have looked out for cognitive portions with direct students (for example, Bowman and Giesen, 1982; Sipps et al., 1988) have suggested that expert self-talk may recognise a central development in educators' fearful experiences. In any case, as Morran (1986) said, standard investigates have by and large reviewed tolerably stable portions of data and appropriately have revealed about what really occurs in the midst of social occasions. To adjust this, Martin (1984) proposed getting more clear data about unequivocal, and likely reasonably alterable, cognitive

exercises. In the spirit of this suggestion, Morran (1986) found that teacher's insights that idea on self-assessments of deficiency or fear made anxiety.

Cognitive behavioural therapy (CBT) perspective Benor, Ledger, Toussaint, Hett, & Zaccaro (2009) conducted a pilot study to determine which therapy provided the best approach to treating anxiety from a choice of three techniques: (a) wholistic hybrid derived from eye movement desensitization and reprocessing and Emotional Freedom Techniques (WHEE), (b) Emotional Freedom Techniques (EFTs) or (c) CBT. An additional goal was to shed light on the rate of change of anxiety over the course of CBT therapy (Benor et al., 2009). The cognitive behavioural interventions employed in this particular study were muscle relaxation with systematic desensitization individualized to each student's anxieties about their practicums (Benor et al., 2009).

Findings revealed that WHEE and EFT accomplished in only two sessions what took CBT five sessions to accomplish. Orbach, Lindsay and Grey (2006) also examined the effectiveness of CBT in the treatment of PsC anxiety particularly when the interventions were delivered via the Internet. The researchers argued that individuals suffering from anxiety might have such demanding schedules due to balancing employment and school that pursing in person treatment for anxiety is inconvenient. In addition, the researchers suggested the expense of treatment coupled with a scarcity of clinicians is prohibitive and therefore an Internet based intervention might provide a more suitable delivery method for those suffering from anxiety (Orbach, Lindsay & Grey, 2006).

The computer based CBT modules implemented by Orbach, Lindsay and Grey (2006) included psychoeducation, rational thinking, relaxation, thought records, and systematic desensitization. In the first module, participants were provided psychoeducation about what anxiety is and what they could expect from the other modules. Applying rational thinking involved presenting participants with examples of how to appraise negative thoughts so they did not worse anxiety and associated symptoms. Relaxation included providing instructions about how to engage in muscle relaxation. Thought records were created by asking participants to record upsetting emotions as they arose along with the context that contributed to the

distress, negative thoughts, and evidence that supported or refuted the maladaptive cognitions.

Systematic desensitization was accomplished by instructing participants to imagine an anxiety hierarchy while simultaneously practicing relaxation (Orbach, Lindsay & Grey, 2006). Findings revealed that computer based CBT was effective in the treatment of anxiety. Interestingly, although level of anxiety decreased substantially post-intervention, this had no impact on takers perception of their problem solving abilities, which draws attention to issues that could be related to self-esteem. An overarching theme in the literature is that although cognitive behavioural interventions have been successful in reducing anxiety, these interventions have been inconsistently effective interventions for improving PsC performance (Dendato & Diener, 1986).

Dendato & Diener (1986) called attention to this complex relationship between anxiety and PsC performance and concluded that PsC anxious students have poor study habits, which results in a failure to learn and understand the required material. Given this link between anxiety and PsC performance deficits, Benjamin, McKeachie, and Holinger (1981) explored information processing theory specifically in terms of both problems related to encoding and organizing information as well as in the retrieval of information in a practicum situation. Benjamin, McKeachie, Lin and Holinger (1981) suggested that there are two reasons for poor PsC performance in practicum sessions.

The first is that highly anxious students make task irrelevant responses (they called "worry responses"). The authors reasoned that high levels of anxiety produce task-irrelevant responses that compete with and/or interfere with the task relevant responses that are necessary for good performance in evaluative situations (Benjamin, McKeachie, Lin & Holinger, 1981). The second reason is that anxious students have poor ability on practicum related skills. The authors argued that the second contributor to decreased practicum performance might create even more anxiety. Given that poor ability and poor skills contribute to poor practicum performance, some highly anxious PsC have good reason to be anxious. Not only does anxiety produce poor practicum performance, but also poor ability produces anxiety (Benjamin, McKeachie, Lin & Holinger, 1981).

The authors suggest that the problems of highly practicum anxious students are not all located in one area but more likely lie along a continuum from poor counsellors skills study habits to worry in the practicum situation. This "taxes their attention so they are not able to retrieve the required information" and supports the strength model of self-control that states self-control is a limited resource that can be depleted (Baumeister, Vohs & Tice, 2007; Benjamin, McKeachie, Lin & Holinger, 1981).

Furthermore, Morran, (2008) found that the repeat of facilitative and non-facilitative self-talk was not related to execution, he seem to have had little effect on supporter arranging practices (Johnson and Heppner, 1989; Sipps et al., 1988). Most- guide preparing continues to be revolved around everything considered verbal aptitudes (Ronnestad and Skovholt, 1993; Sipps et al., 1988), utilising a microskill arranging approach and enhancing gathering of three and furthermore recorded practice to show understudies critical practices. Coincidentally, a couple of journalists (Robinson and Kinnier, 1988) have begun to help a movement of the fixation in direct wanting to join cognitive variables.

Disclosures suggest that higher parts of anxiety are related with higher segments of negative self-talk and lower assessments of positive self-talk. Higher sections of anxiety are in like manner associated with lower assessments of execution on a recorded gathering. Also, decreases in negative self-talk are related with reduction in anxiety, increases in certain self-talk and better execution on a recorded collecting. This suggests that diminishing the negative self-talk about guide learners may help decay anxiety and facilitates sway the presentation of aptitudes (Ronnestad and Skovholt,2003).

Information offers help for making a number of offers to build up the level of educator preparing projects (Hiebert, 1988; Kurpuis, et al., 1985; Robinson and Kinnier, 1988; Uhlemann et al , 1988). It was suggested that educator preparing errands may be refreshed by building up the level of wanting to combine course and practice in stirring up a facilitative and drawing in self-exchange that enables lower anxiety and positive lead concerning advocate learners. It may fuse advising educator students the most ideal approach to subvocally mentor them to zero on the

thing the customer is communicating and how one ought to react to the customer's remarks, rather than pestering the likelihood that one may present a misstep.

In an identical vein, Robinson and Kinnier (1988) recommended that survey hall time may be utilised considerably more usefully by entwining self-heading preparing into the instructor arranging measure. This may solidify appearing (by the teacher instructor, such as, Hiebert, 1988) and routine concerning self-strong, limit facilitative inside exchange (by the insight student, for instance, Kurpuis, et al., 1985).

Ybañez (2010) conducted one such study, examining the effects of an anxiety reduction classroom guidance intervention on third grade students' level of anxiety and self-concept. A 10-week educational instruction and support unit was conducted with 170 students, resulting in a measurable reduction in anxiety on two anxiety scales: physical symptoms and separation/panic. At the conclusion of the study, post-intervention interviews with 28 randomly selected study participants were conducted. The recorded interviews yielded qualitative data regarding which parts of the intervention made the most impact on relationships at school and home. Many students reported remembering how to identify feelings and implement relaxation techniques when needed, with one student specifically noting, "I used (the lessons) at home because my brother was mad…he was sad and crying." The student reported being able to use these indicators to help others identify and name feelings.

Another participant noted how his identified support system (i.e., parents and brother) routinely reinforced one of the guidance lessons (problem solving) when helping him to reduce the anxiety he was experiencing with reading difficulties: "they said take a step at a time when you're reading and that really helped me. When I heard you say take a step at a time, it reminded me of my parents." Regarding cognitive restructuring skills introduced in the lessons, one participant responded she used this skill at home: "If I got grounded, I could tell myself it's not going to be forever." This use of cognitive restructuring assisted the student in not becoming highly emotional when faced with consequences, a problem she reported having before learning and practicing these skills.

The making presents various systems for assisting customers with changing their anxiety and leading through self-instructional methodology (such as Cormier and Cormier, 1991; Dobson, 1988; Martin and Hiebert, 1985). It radiates an impression of being fitting for teacher educators to apply these rules to exhibiting educator students to deal with their own inner messages amidst limit preparing encounters and when working with customers. As argued by Kurpuis et al. (1985) earlier, it could be nearly basic to invigorate see student cognitive strategy, if possible, to enable customer cognitive philosophy. As promoter instructors start endeavouring different things with new systems and attempting to merge new foci into their endeavours, they will certainly end up being constantly capable at teaching another, expanded extent of limits.

2.3.4 Counselling Self Efficacy and PsCA

Barbee, et al. (2003) and Tang and accomplices (2004) found that understudies with more coursework, short lived position understanding and related work experience detailed higher components of health concerning organising limits. As to common sense amidst clinical encounters, Kozina and associates (2010) discovered that the instructing self-abundancy concerning first year Master's-level coordinating understudies stretched out amidst beginning work with customers amidst clinical experience. Moreover, Cashwell and Dooley (2001) found that rehearsing pieces of advices getting the executives, showed up contrastingly, corresponding to those not enduring oversight, detailed higher components of self-common sense, exhibiting that administration reinforces broadened sentiments of coordinating efficacy.

In any case, no appropriated examinations were seen looking at provoking understudies' longitudinal change in self-plausibility as a result of their assistance in a guide arrangement programme from the most punctual beginning stage of the programme through their clinical encounters.

Efstation, Patton and Kardash (1990) and Strauss (1994) found that there is a more grounded significant relationship between an undertaking arranged managerial style and Counsellor self-reasonableness than a drawing in or socially delicate style. Strikingly, regardless, Hanson (2007) found that the beguiling and socially dubious styles were without a doubt and decidedly identified with Counsellor self-

reasonableness; in any case, the undertaking planned style was not from an overall perspective related. These anomalies may exist considering the way that the creators utilised various degrees of CSE, utilised managers with changing degrees of planning and experience, and amassed information from various objectives. In the hypothetical workplace, Counsellors' point of view on collegial and regulatory help is unassumingly identified with their self-plentifulness (Larson et al., 1996; Sutton and Fall, 1995).

These indistinguishable examinations basically discovered little relationship between Counsellor self-plentifulness and extent of time spent on errands, reliably customer contact hours, customer or issue burden, and family impedance.

Larson (1996) and Sutton and Fall (1995) did not locate an essential relationship between Counsellor self-plentifulness and customer or issue burden. It ought to be noted, in any case, that the people in these examinations were utilised as Counsellors and never again in planning. Hence, they hypothetically had more chances to encounter execution achievements and recoup from execution disappointments. For Counsellor trainees, in any case, seeing all the furthermore testing customers may have a more grounded and more antagonistic effect on their self-appropriateness than on the self-efficacy of the individuals who have graduated and are utilised as Counsellors. Along these lines, it is worth further exploring, whether and how impression of customer or issue burden impacts CSE among trainees.

The target bits of the administration/workplace can in like way be researched. Larson and accomplices (1992) found a colossal positive relationship between's Counsellor's self-plentifulness and semesters they got to executives. Harris (2007) found that extent of clinical oversight was positively identified with Counsellor's self-abundancy, paying little heed to how the relationship was not significant. Different discoveries recommend that self plentifulness develops following different sorts of planning. For instance, Urbani and accomplices (2002) found that CSE on an essential level stretched out after a particular sort of planning called the skilled Counsellor getting ready model. Educator self-sensibility has in like way been found to build following to getting ready in full center (Levitt, 2001), after pre-administration planning (Barbee et al., 2003), and after imagines (Larson et al., 1999).

Analysts have utilised break-faith assessments to consider indicators of Counsellor self-sufficiency. All things considered, the most grounded relates of Counsellor self-abundancy are in like way the most grounded indicators of Counsellor self-common sense. For instance, Daniels (1997) found that past self-sufficiency quality, state anxiety and positive information anticipated 80% of the qualification in Counsellor self-achievability. Melchert and accessories (1996) found that experience level and estimation of getting ready together spoke to 43% of the differentiation in CSE. To Watson (1992), Counsellor-related coursework and related experience spoke to 35% of the change in Counsellor self-plausibility. Efstation and accomplices (1990) revealed that point of view on managerial style (that is, task-course) by both the boss and the supervisee spoke to 14% of the instability in CSE; anyway, Hanson (2007) found that the regulatory working association (as saw by the supervisee) spoke to 31% of the alteration in Counsellor self-plausibility.

Undeniably, estimation of consideration, estimation of getting ready, anxiety and viewpoint on the oversight/workplace contribute gigantic complexity to Counsellor self-attainability. Applying the SCT system, estimation of getting ready and estimation of experience can be named stable Counsellor Characteristics. Anxiety can be named an individual association variable. Notwithstanding how introduction is a basic segment of SCT, it is past the level of this current investigation. Instructors' readiness, right off the bat clinical encounters and the board identifies with their self-appropriateness emotions. Inclination, et al. (2008) found that aptitudes planning influenced school understudies' affirmation concerning the use of helping limits. Regardless, Hill and associates (2008) considered that to be understudies faced logically badly designed limits, their confirmation diminished, yet finally reached out in the wake of getting experience utilising the inclination.

Barbee and associates (2003) found that trainees' (N=113) joint effort in administration learning had a positive relationship with oversee self-efficacy. In any case, these specialists additionally found that all out credits of coursework (that is, time in the readiness programme) and earlier - related works were more grounded indicators of self-efficacy when showed up contrastingly comparable to support learning.

Supporting the discoveries from Barbee and accessories (2003), Tang and accomplices (2004) found that understudies with more coursework, entry level position understanding and related work experience pronounced higher components of wellbeing concerning limits. As to common sense amidst clinical encounters, Kozina and associates (2010) found that the self-efficacy of first-year Master's-level under studies reached out amidst starting work with customers amidst clinical experience.

Additionally, Cashwell and Dooley (2001) found that rehearsing advocates enduring oversight stood apart from those not getting the executives, point-by-point higher components of self-efficacy, showing that administration reinforces expanded sentiments of sensibility. In any case, no circled investigations were perceived analysing understudies' longitudinal change in self-common sense considering their assistance in an instructor's readiness programme from the most punctual beginning stage of the programme through their clinical encounters. Evaluating the relationship between section level trainees' estimation traits revealed self-efficacy at three key fixations amidst their graduated class arrangement programme. The discoveries from this appraisal displayed no relationship between people's age, sexual orientation, ethnicity or programme track and their revealed self-common sense at whatever point in the programme. These outcomes look like Tang and accomplices' (2004) discoveries, which saw no relationship between trainees' self-efficacy and their age.

Regardless, Tang and accessories (2004) found that coursework and passing position hours finished had a legitimately colossal effect on trainee' self-efficacy.
The current appraisal is remarkable in that it longitudinally considered master's-level trainees' self-efficacy at formative fixations from the most timely early phase past what many would consider conceivable of their planning programme, while different examinations have separated the self-efficacy through a cross-sessional system or concentrated on clinical encounters (such as, Barbee at al., 2003; Cashwell and Dooley, 2001; Kozina et al., 2010; Melchert et al., 1996; Tang et al., 2004). The after effects of this appraisal perceived separations in trainees' self-efficacy at the three total habitats (enormous impact measure), showing that trainees had an augmentation in self-appropriateness considering their joint effort in the programme. Additionally, the outcomes saw mean separations in trainees' self-attainability taking

into account time in the programme from New Student Orientation (NSO) to Practicum Orientation (CPO) to Final Internship Group Supervision Meeting (FIGSM).

It is sharp that trainees entering counsel arrangement adventures need high components of heading, showing and course because of their freshness in the control. Open gateways for indicating aptitudes transitionally over subject areas, near to events for rehearsing limits, offer opportunities to trainees to make quality encounters other things being equal in their programme. As claimed by Kozina and accomplices (2010), giving commitment on the bumble between trainees' ability competency and seeing efficacy may push reflection and improvement at key occasions all through their readiness programme (Daniels and Larson, 2001; Hoffman, Hill, Holmes, and Freitas, 2005).

Also, discoveries perceived the centrality of trainees' instructor arrangement coursework, in particular, stretched out understudy course essentials to satisfy accreditation rules (for instance, Bobby, 2013; CACREP, 2009; Hagedorn, Culbreth, and Cashwell, 2012) are likely going to improve trainees' self-reasonableness (Tang et al., 2004). Earlier examination showed that all-encompassing coursework, because of higher accreditation estimates, impacts expert learning (Adams, 2006). Findings create existing structure by displaying that coursework impacts trainees' self-efficacy before their fundamental clinical encounters, advocate teachers ought to be fundamental and see essential courses to upgrade understudies' self-efficacy on earnest points (for instance, limits, get-together, confirmation and treatment courses) going before understudies' fundamental work with customers.

An extra outcomes identify with trainees' component of self-efficacy as one enters starting clinical encounters. People in the investigation entered practicum with high components of self-efficacy concerning clinical limit; furthermore, people had low to direct increments in self-efficacy among practicum and the finishing of their passageway level position. In that limit, the discoveries challenge the possibility that improvement in self-reasonableness happens amidst the clinical work season of planning (such as, Kozina et.al.,2010),because an enormous bit of progression in self-efficacy for this current examination's people happened before beginning

clinical encounters. Then, again, people's reports of self-efficacy because of coursework may have been inflated, given that the trainees regardless of everything could not seem to finish their clinical work. Thus, guide teachers ought to analyse supervisees amid their essential clinical work to audit their unmistakable attainability and authentic limit.

All around, the discoveries as for the relationship between Counsellors self-appropriateness and execution are blended. For instance, experts have proclaimed little to direct positive associations between's Counsellors' self-efficacy and execution (Watson, 1992). Among first-year ace's estimation understudies, Johnson (1985) found expansive collection in the relationship between Counsellors' self-appropriateness and execution. This colossal combination may not so much be clarified by formatively basic dangers in self-efficacy, check of anxiety, or starting Counsellors' trouble in absolutely exploring their introduction (Johnson et al., 1989).

According to Bandura (1977b), self-efficacy comes from four sources: vicarious experience, performance accomplishments, emotional arousal and verbal persuasion. The more reliable the sources, the greater the impact on a person's perceived competency.

When individuals have the opportunity to observe others model behaviour, they are engaged in vicarious experience. Witnessing someone engage in tasks successfully can create a sense that they, too, can accomplish the task. There are circumstances that can impact the strength of the vicarious experience. For example, when there is a clear connection between the behaviour and the outcome, the observer's self-efficacy is more likely to be affected. Likewise, when the observer can see "diversified modeling," or witness people with varying characteristics complete the task effectively, their own self-efficacy is likely to improve.

Performance accomplishments refer to the hands-on experiences individuals have with behaviours. When one engages successfully in a behaviour their efficacy can increase, whereas being unsuccessful can diminish efficacy beliefs. Unsuccessful experiences are particularly harmful when they occur early in the learning process. As individuals consistently obtain more successful experiences, later failures can become less detrimental (Bandura, 1977b). Emotional arousal refers to the physical

response the body has when faced with certain situations. When individuals are overcome with anxiety or fear, it could be evidence that they do not feel confident in their ability to perform well. Bandura also notes that decreased emotional arousal can also limit the amount of avoidance behaviours. Verbal persuasion speaks to the power of suggestion.

The feedback received regarding others' belief in their ability can influence self-efficacy, be it negative or positive feedback. The impact of verbal persuasion is, however, impacted greatly by personal experience. In other words, when individuals have endured, firsthand, something that contradicts what they are being told, the impact of the verbal feedback is not as strong. Additionally, the perceived credibility of the source of the feedback can determine the weight it is given.

The influence of these sources of self-efficacy was studied using a group of individuals with a snake phobia (Bandura, 1977b). The participants were separated into three groups, with the first group engaging directly in behaviours with a snake, the second observing someone else engaging in behaviours with a snake, and a control group.

Participants were asked to report on their perceived ability to complete threatening tasks related to their phobia. In the end, individuals who engaged directly in the experience reported the highest efficacy expectations ($r = 83$), with the vicarious experience group being second highest ($r = 84$). For counseling trainees, the opportunity to engage directly occurs during experiential activities such as the clinical internship. In the field, self-efficacy relates to the individual's perceived ability to use counseling skills and techniques effectively. Barnes (2004) notes that the fundamental premise of counselor self-efficacy (CSE) is that it can predict counselor performance. Specifically, individuals with increased self-efficacy will complete counseling skills more effectively than those with lower CSE.

2.3.5 Emotional Intelligent and PsCA

There are a wide degree of emotional, cognitive and social results found in customers who have finished a development of EI gatherings that combine some emotional delivery and emotional recouping (Pearson 2003). Utilising EI has been appeared to prompt a wide degree of positive results for a customer, and has been

found to help brought capable fulfilment up in authorities (Holian 2001; O'Brien and Burnett 2000; Pearson 2003; Tereba 1999). For instance, Goleman (1995, 1996), a central guide of the blended model start of EI, reasoned that if IQ tests are known to foresee 20 % of the change in execution, by then EI must account for 80 % of the difference in execution.

Different ways to deal with oversee depicting and surveying EI asks test takers their self-pronounced sentiments about their EI. A self-report degree of EI may solidify things, for example, "I'm in contact with my emotions," or "I am a delicate individual" (e.g., Mayer and Stevens, 1994; Salovey, Mayer, Goldman, Turvey, and Palfai, 1995). Regardless, self-reports of cutoff and certified breaking point are just insignificantly related in the space of intelligence research (for example, r=. 20 or 4 %; Paulhus, Lysy, and Yik, 1998), including EI (Davies, Stankov, and Roberts, 1998). Self-report degrees of intelligence are immense, considering the way that individuals reliably follow up on their sentiments about their capacities, instead of their veritable cutoff points (Bandura, 1977). In any case, in the space of intelligence, self-report assesses that are sufficiently faked and affected liberated from some other individual idea, negligence to gauge one's customary capacity to play out a given undertaking, regardless of whether that try joins verbal, spatial or emotional learning.

Some emotional changes, seen by the creators, when a customer works through emotions include: an even more quiet demeanour, less opposition, less anxiety, expanded assurance and unequivocation (Pearson 2003); assessment of possibility, fragile quality and correspondence (Pearson and Wilson 2007); re-relationship with a feeling of control and emotional quality, savvy and imaginative brain; broadened conclusion of self-assertion; dynamically cheerful perspective on the future (Pearson and Wilson 2001); sureness (Pearson 2006) aliveness and importance (Fosha 2000).

A piece of the cognitive changes include improved capacity to focus and energy for learning; broadened cutoff concerning imaginative fundamental thinking. Social or social results include improved ability to relate, emphatically, greater accessibility to mastermind, a legitimately sure perspective which can have a positive social effect (Pearson 2003). Fosha (2000) depicted an intensely outcome about a result of getting

ready noteworthy emotion: access to new assets and resuscitated vitality. This prompts what she terms 'versatile activity tendencies'. The capacity to change is at the focal point of making versatility.

Boyatzis and McKee (2004) recorded a time of preliminary investigation into the fundamental work EI plays in fruitful reasons for living. Specialists guide with high parts of EI will all-around succeed, practise solid impact over others, and accomplish authoritative goals. Low components of EI in an inciting trainee present basic obstacles to progress. Irrefutably, regardless the relationship among people with various foundations to the degree ethnicity, religion, severity, sex, sexual bearing, race, covering, age and differing financial aspects, correspondingly as status concerning handicap, military help and residency with the association, trigger weight and even anxiety in the work environment.

This social relationship stress, which accomplices view emotionally and genuinely, interrupts with execution. Essentially under the least perfect conditions, the weight and anxiety can incite disunity and counterproductive clash, fundamentally diverting people and social occasions from their responsibilities and commitments. Examination has discovered that trainee advocates with the learning of EI will have all the moreover modifying capacity to different difficulties that will no ifs, ands or buts come up set out toward being capable instructors (McCabe et al., 1999).

2.4   CONCEPTUAL MODEL

Independent Variables	Moderating Variables (Organismic Factors).	Order Intervening variables (Environmental factors)	Dependent Variables

COGNITIVE BEHAVIOURAL THERAPY EMOTION FOCUSED THERAPY	* Self Efficacy. *EI, and personality factors.	Facilities, Practicum School environment, Supervisors,Evaluation, Leadership, and Teachers attitude	Reduction in PsCA.

Stimulus S   ⟶   Organism O   ⟶   Response R

CONCEPTUAL MODEL FOR THE STUDY

 In this study, a conceptual framework was developed around the interventions with a view to reducing pre-service counsellor's anxiety. Based on the model, Emotional Therapy and Cognitive Behavioural Therapy were the two treatment packages that were used within. The variables manipulated by the researcher to determine their effects on the dependent variable, are PsCA. The intermediate variables were of two kinds; primary and secondary. Primary intervening variables are organic or intrinsic variables that are internally related to individual research participants.

These include self-efficacy and EI. The secondary intervening variables are environmental or external variables that include Practicum Experiences and Supervisor Evaluation.

2.5   Hypotheses

The following null hypotheses were tested at 0.05 level of significance.

1.   There is no significant main effect of treatments on anxiety of pre service counsellors.

2.   There is no significant main effect of EI on PsCA.

3.   There is no significant main effect of counsellor's self-efficacy on PsCA.

4.   There is no significant two-way interaction effect of treatment and EI on PsCA.

5.   There is no significant interaction effect of CSE and treatment on PsCA.

6.   There is no significant interaction effect of EI and CSE treatment, on PsCA.

7.   There is no significant interaction effect of treatment, counsellor's self-efficacy and EI on PsCA.

CHAPTER THREE
METHODOLOGY

This Chapter presents the design and methodology used for this study. It is arranged under the following headings for clear presentation and comprehension.

3.1   Design

This study adopted 3x2x2 pretest - posttest, control group quasi-experimental design. The research had three (3) groups: two experimental groups and one control group. The experimental groups had participants in Emotion Focused and Cognitive Behavioural Therapy. There were two columns stating the Counselling Self Efficacy of the participants and two columns for EI, indicating High, Low, and High and Low levels, respectively. This design was adopted to enable the researcher examine the interactive effects of independent variables and dependent variables.

Table 3x2x2 FACTORIAL MATRIX FOR THE STUDY

Factorial Matrix for the Study

TREATMENT	CSE				
	HIGH (B_1)		LOW (B_2)		
	EI(C)				
	High (C_1)	Low (C_2)	High (C_1)	Low (C_2)	Total
EFT(A_1)	n= 5	n= 7	n= 6	n=7	
CBT(A_2)	n= 7	n= 7	n= 6	n= 5	
Control(A_3)	n= 6	n= 6	n= 5	n= 7	

EFT-Emotion- Focused , CBT- Cognitive Behavioural Therapy

Key

A1- Emotion-Focused Therapy

A2- Cognitive Behavioural Therapy

A3-Control Group

B1- High Counselling Self Efficacy

B2- Low Counselling Self Efficacy

C1- High EI

C2- Low EI.

3.2 Population

The population for this study included all the Pre- Service Counsellors from the Faculty of Education in the three selected federal universities in South-West Nigeria (University of Ibadan, Ibadan, Oyo-State, Obafemi Awolowo University, Ile-Ife, Osun-State and University of Lagos, Lagos-State).

3.3 Sample and Sampling Techniques.

The multi-stage sampling procedure was used. Purposive sampling technique was used to select four federal universities (University of Ibadan UI; Obafemi Awolowo University OAU; University of Lagos UNILAG; and Federal University Oye-Ekiti, FUOYE) that offered Bachelor of Education Degree in Guidance and Counselling. Simple random sampling was used to select three federal universities (UI, OAU, and UNILAG) out of the four federal universities. The participants who scored high on Zung Self- anxiety rating (r=0.74) were selected and randomly assigned to Emotion Focused Therapy (25), CBT (25) and Control groups (24). The samples were sustained with provision of exercise books, ball pens and refreshment during sessions.

3.4 Inclusion Criteria

1. The participants of this study were students in 300 and 400 levels in the selected universities offering Bachelor of Education Degree in Guidance and Counselling. They were the pre-service counsellors.
2. The participants were bonafide full-time undergraduate students of the selected institutions.
3. They must have scored high in Anxiety Screening Scales administered to them.
4. Those that were willing to participate in the treatment programmes.

3.5 Instrumentation

This study utilised four instruments for collection of data. One scale was used for the screening exercise.

3.5.1 Zung Self Anxiety Rating Scale

The Zung Self-Rating scale developed by Zung (1971) was adapted and used as a screening tools to measure pre-service counsellors anxiety in this study. The Zung scale is a survey of only 20 statements. Inter-rater reliability constructs has been reported as an Intra class Correlation Coefficient of 0.74–0.96 [Bruss 1994] and Validity of The total score obtained using the structured inter-view format correlated highly with the total score of the traditional format on both day one (r = 0.77, P < 01) and day two (r = 0.75, P < 01). Examples of some of these statements include: (1) "I am bothered by dizzy spells."(2) "I feel more nervous or anxious than usual."(3) "I can breathe in and out easily." However, for the present study, the items in the scale were modified to measure pre-service counsellors anxiety. For example "I am bothered by dizzy spells during counselling session" I feel more nervous and anxious than usual during counselling session" and I can breathe in and out easily during counselling session with clients" the scale was subjected to a pilot test for cultural sensitivity and it recorded a Cronbach alpha of 0.87.

Each one is a positive or negative statement that relates to some of the symptoms of anxiety. Patients are expected to answer these questions on their own by selecting any one of the following four answers:

A little of the time,- Some of the time,- Good part of the time,- Most of the time.

There is neither a "none of the time" nor an "all of the time" option on this scale, presumably to force people to think more about their true symptoms.

Zung Self Rating Scale for anxiety is widely used in the psychiatric field. It is not considered a replacement for a professional diagnosis, but has been proven at least internally reliable in many different tests, and continues to be used in the clinical field.

Taylor Manifest Anxiety Scale developed by Taylor 1953 was adapted to measure pre-service counsellors anxiety. It is a test of anxiety as a personality trait, to identify subjects who would be useful in the study of anxiety disorders. The scale has often been used to separate normal participants from those who would be considered to have pathological anxiety levels. The TMAS has been shown to have high test-retest reliability. The TMAS has been proven reliable using test-retest reliability. O'Connor, Lorr, and Stafford found there were five general factors in the scale:

chronic anxiety or worry, increased physiological reactivity, sleeps disturbances associated with inner strain, sense of personal inadequacy, and motor tension.

This study showed that persons administered the test could display different anxiety levels across these areas. Samples of the original items were as follows: "I frequently notice my hand shakes when I try do something", "My hands and feet are usually warm enough" the reported reliability constructs for scale was 0.82 indicating a high reliability. However, for the present study, the items in the scale were modified to measure pre-service counsellors anxiety. For example "I frequently notice my hand shakes when counselling client(s), "My hands and feet are usually warm enough during interaction with client(s)". This items were measured using 5 likert response ranging from Strongly Disagree to Strongly Agree. More so , for the current study, the scale was subjected to a pilot test for cultural sensitivity and it recorded a Cronbach alpha of 0.74

Emotional Intelligence Scale- EIS

Emotional Intelligence Scale- EIS: - The Emotional Intelligence scale (EIS) also known as The Schutte Self- Report Emotional Intelligence Test (SSEIT) was developed by Schutte, Maluff, Haggerty, Cooper, Golden and Dornheim (1998) to assess emotional intelligence based on self-report responses of the respondents. It is a method of measuring general Emotional Intelligence (EI), using four sub-scales: emotion perception, utilizing emotions, managing self – relevant emotions, managing others' emotions. The SSEIT is structured from the Emotional Intelligence model by Salovey and Mayer (1990). The SSEIT models is closely associated with the EQ-I model of Emotional Intelligence. The instrument has 33 items appraising emotions in self and others, regulation of emotions in self and others, utilization of emotions in solving problems, This scale have been effective in studies carried out in Nigeria; (Adeyemo and Agokei, 2011, Adeyemo, 2010, 2005; Salami, 2007 ; Aremu and Tejumola, 2008).

Respondents are required to respond to items by indicating their agreement to each of the 33 statements using a likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scores range between 33 and 165. A score below 77 is low

while a score from 78 to 121 is moderate and 122 and above is high. Emotional intelligence Scale (EIS) demonstrated high internal consistency with Cronbach alpha ranging from 0.87 to 0.90 and a two week test-retest reliability coefficient to 0.78. Examples of some items in the scale " *I know when to speak about my problems to others" and "I expect that I will do so well on most thing I try"*.

Counsellor's Activity Self-Efficacy Scale:

The Counsellor Activity Self-Efficacy Scale (CASES) is a self-report measure of counselling self-efficacy developed by Lent et al. (2003). It consists of 41 items with a 10- point Likert-type scale in which respondents rate their confidence from 0 (no confidence at all) to 9 (complete competence). Participants respond to items by indicating how confident they are in their ability to use listed skills effectively "over the next week, in counselling most clients." It measures three aspects of counselling self-efficacy. These are; Helping Skills Self-efficacy - ability to create a facilitative relationship and elicit information from client, help client gain understanding, promoting changes in affect thought or behaviour (for example, "to point out discrepancies, contradictions, defences or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change");

Session Management Self-efficacy - Integrating basic skills to manage common counselling tasks such as responding to normative session demands(for example, "to keep sessions on track and focused"); and Counselling Challenges Self-efficacy - Managing situations that seasoned counsellors would find challenging, coping with and problem solving difficult session scenarios. For example, "to work with a client who shows signs of severely disturbed thinking".

To explore the validity of the CASES, Lent et al. (2003) administered a packet of instruments to a sample of 345 undergraduate and graduate students. The instrument pack included the CASES as well as the Counselling Self-estimate Inventory (COSE), the interest in therapy activities subscale of the Scientist- Practitioner Inventory (SPI), the Counselling Role Outcome Expectations Scale, the Positive and Negative Affect Schedule (PANAS), and the Social Desirability Scale. Additionally, the authors develop two questions regarding counselling career goals.

Each of the theoretically posited scales was explored individually with factor analysis, suggesting that the Helping Skills Self-efficacy Scale consisted of three factors (exploration, insight and action skills), the Session Management Self-efficacy Scale had a one factor solution, and the Counselling Challenges Self-Efficacy consisted of two factors (client distress and relationship conflict). The total CASES was subjected to factor analyses which revealed strong inter-scale correlations and informed the collapsing of factors one and two, suggesting that helping and session management skills self-efficacy strongly overlapped while counselling challenges self-efficacy included distinct elements.

Convergent validity was found as the CASES correlated highly with the COSE, an existing measure of counselling self-efficacy. Further evidence of discriminant validity was established as the CASES show small and non-significant correlations with the social desirability measure. Criterion validity was explored by testing relationships among administered measures against what would be anticipated by social-cognitive career theory (SCCT) interest and choice model. Consistent with the interest model, CASES scores contributed uniquely to the variance of occupational interest and when combined with outcome expectations, accounted for 47% of the variance in occupational interest.

In addition, small to medium correlations were found between CASES scores and students' occupational goals, a directional relationship which is theoretically consistent, albeit modestly, with what is posited by the choice model. Additionally, CASES scores increased with level of counselling experience as anticipated and were adequately sensitive to notice changes that occurred during 15 weeks of pre-practicum experiences. The authors also reported the CASES total score had a high reliability with a Cronbach's alpha of 97. The scale was pilot tested with pre-service counsellors from a university other than those in this study produced a scale alpha of 0.78.

3.6 Procedure

The researcher sought the permission of the Universities' authorities and the departments that were used for the study. A-day training was organised by the

researcher to train the research assistants. The research assistants were Masters Degree students in Guidance and Counselling.

The researcher began an eight (8)-session of training to the number of participants selected who were in third and final years. Pre- service counsellors' students participated in the training in each of the universities. An EI scale was used as a pre-test to assess the level of pre-service counsellor's anxiety from the selected universities in related departments. Selected participants from the two treatment groups were given training on Cognitive Behavioural and Emotion focused respectively.

3.7 Control of Extraneous Variables

The researcher controlled some extraneous variables that could affect the outcome of the experiments using certain strategies that helped to manage the intrusion of these variables. The researcher first ensured randomisation in the selection of the participants for the study. More so, the major interventions were administered in two different universities, while a placebo treatment were administered to a different university as a control group.

Secondly, the researcher ensured that a 3x2x2 factorial matrix was carefully adhered to in the course of carrying out the study, and the selection of participants was strictly based on the outlined criterion.

3.8 Treatment Packages Outline

Different training sessions were held for pre-service counsellor's anxiety.

Experimental Group 1 (Emotional Focused therapy)

Counselling Pre-service Counsellor Anxiety

Session 1: Pre-test Administration

Session2: Definition of Counselling pre-service counsellor's anxiety, as well as pros and cons of counselling pre-service counsellor's anxiety

Session 3: Explaining the meaning and Stages of Emotional Focused Therapy

Session 4: Discussion on Un-covering the Emotional truth of the symptom

Session 5: Training in Creation of Discovery Experiences and Related Concepts

Session 6: Discussion on Creations of Integration Experiences

Session 7: Explaining the Concept of Emotion Transformation

Session 8: Training in Behaviour Modification

Session 9: Overall Review, Post- Experiment Test Administration and Conclusion

Session 10: Follow-up

Experimental Group 2 (CBT)

Counselling Pre-service Counsellor's Anxiety

Session 1: Pre-test Administration (Establishing rapport with the students and Goal Setting)

Session 2: Definition of Anxiety and its nature (Identifying the current problems)

Session 3: Discussion of Meaning and processes of CBT (Self-Observation)

Session 4: Training in Positive Thinking Strategies (Goal Setting)

Session 5: Training in the Management of Anxieties (Strategies – Self talk)

Session 6: Explaining Structured problem-solving training

Session 7: Discussion of how to deal with anxiety

Session 8: Training in Assertive Imaginary Self- monitoring

Session 9: Post- Experiment Test Administration and Conclusion

Session 10: Follow-up

Control Group

Session 1: Administration of Pre-test Instrument in the 1st week

Session 2: Meaning of Examination Malpractices

Session 3: Consequences of Examination Malpractices

Session 4: Administration of Post- test Instrument in the 4th week.

3.9   Method of Data Analysis

Data were analysed using Analysis of Covariance (ANCOVA) which was used for the following reasons:

- For the elimination of confounds (Confounds are unmeasured variables that distort results of study. It varies systematically with experimental manipulation).

- Ancova has the ability to adjust treatment means, interpret data, estimate missing data, increase precision in randomised experiment, and take correlation between pre- and post-test measures into account.

CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter provides the statistical results of the analysed data, revealing the outcomes of the study.

4.1 Demographic Profile of Participants

DEMOGRAPHICS		
AGE (N=74)	FREQUENCY	PERCENTAGE
16-20 years	8	10.8
21-25years	42	57.8
26-30years	24	32.4
GENDER (N=74)	FREQUENCY	PERCENTAGE
Male	28	37.8
Female	46	62.4
LEVEL (N=74)	FREQUENCY	PERCENTAGE
300	38	51.4
400	36	48.6

Table 4.1 revealed that 8 (10.8%), out of the 74 participants, were between 16 and 20 years of age; 42(57.8%) were between 21 and 25 years of age, and 24(32.4%) were between 26 and 30years of age. Male participants were 28 (37.8%), and forty-six (62.4%) were females participants. This implies that there were more females than males in this study. Also, thirty-eight (51.4%) were 300 level students, and thirty-six (48.6%) were 400 level students.

Hypotheses

Hypothesis 1:

Table 4.2 The summary of the Analysis of Covariance (ANCOVA) is presented in below.

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	15084.299[a]	12	1160.331	261.807	.000	.982
Intercept	28.878	1	28.878	6.443	.027	.096
Pretest Anxiety	87.927	1	87.927	19.551	.000	.243
Treatment	11314.706	2	5657.353	1262.238	.000	.976
EI	72.318	1	72.318	16.135	.001	.209
Counselling-Efficacy	243.963	1	243.963	54.432	.000	.472
Treatment * EI	123.145	2	61.572	13.738	.000	.311
Treatment * Counselling-Efficacy	145.534	2	72.767	16.235	.000	.347
EI * Counselling-Efficacy	11.746	1	11.746	2.621	.172	.041
Treatment * EI * Counselling-Efficacy	10.870	1	10.870	2.425	.169	.038
Error	273.415	61	4.482			
Total	120524.000	74				
Corrected Total	15357.714	73				

R Squared = 982 (Adjusted R Squared = 977)

Table 4.4 shows that there is a significant main effect of PA treatment at federal universities; F (2; 71) = 1262.2, p <0.01, η2 = 0.976. Consequently, the null hypothesis is rejected. This means that counselling efficacy influences their TA. The table also shows that the student counselling efficiency rate is 47.2% of the change in their TA.

The pair-wise comparison using Bonferroni was computed, and the result is shown in table 4.2.

Table 4.3: Bonferonni Pair-wise Comparison showing the significant differences among various treatment groups and the control group.

(I) Treatment	(j) Treatment	Mean Difference (I-J)	Std. Error	Sig.^{c}
Control group (mean= 59.481)	EFT group	29.197	.867	.000
	cognitive behaviour therapy group	31.975	.807	.000
EFT group (mean= 30.284)	Control group	-29.197	.867	.000
	cognitive behaviour therapy group	2.778	.829	.005
Cognitive behaviour therapy group (mean= 27.506)	Control group	-31.975	.807	.000
	EFT group	-2.778	.829	.005

Table 4.5 reveals that after controlling for the effect of pre-TA, experimental group II (CBT) (mean= 27.506) displayed the lowest TA, followed by experimental group I (EFT) (mean= 30.284) and control group (mean= 59.481). By implication, CBT is more potent in reducing PsCA than emotion focus therapy.

Hypothesis Two:

Table 4.4: Bonferonni Pair-wise Comparison showing the significant difference among levels of counselling efficacy.

(I) Counselling efficacy	(J) Counselling efficacy	Mean Difference (I-J)	Std. Error	Sig.[c]
Low counselling-efficacy (mean=40.438)	High counselling-efficacy	1.735	1.014	.280
High counselling-efficacy (mean=38.703)	Low counselling-efficacy	-1.735	1.014	.280

Table 4.4 shows that after adjusting for the effect of TA pre-testing, participants with high counselling efficacy (mean = 38.703) had a lower PsCA than participants with low counselling efficacy (mean = 40.438). The implication is that more effective counselling reduces the likelihood of TA.

Hypothesis Four:

Table 4.5 also shows that there is a significant interaction effect of the effectiveness of treatment and counselling on PSCA; F (2; 71) = 16.235, p <0.05, η2 = 0.347. Therefore, the null hypothesis is rejected. This means that the effectiveness of counselling significantly reduced the effect of treatment on TA.

Table 4.5: Bonferonni Pair-wise Comparison showing the interaction effect of treatment and counselling efficacy on TA.

Treatment	Counselling-efficacy	Mean	Std. Error
Control group	High counselling-efficacy participants	58.544[a]	.799
	Low counselling-efficacy participants	64.793[a,b]	.842
Emotion-focused therapy group	High counselling-efficacy participants	26.550[a,b]	.973
	Low counselling-efficacy participants	31.647[a,b]	.916
Cognitive behaviour therapy group	High counselling-efficacy participants	33.450[a]	.906
	Low counselling-efficacy participants	22.797[a,b]	.955

Table 4.5 shows that after controlling for the effect of TA pretesting, treatment group II (CBT) was more moderate in terms of counselling effectiveness than treatment group I (emotion-focused therapy) and control group. Participants in experimental group II showed different levels of PsCA depending on the effectiveness of the counselling. The CBT intervention was more effective in reducing PsCA among participants with low counselling effectiveness (mean = 22,797) than among participants with high counselling effectiveness (mean = 33.450).

A graphic representation of this interaction is presented in figure 4.8
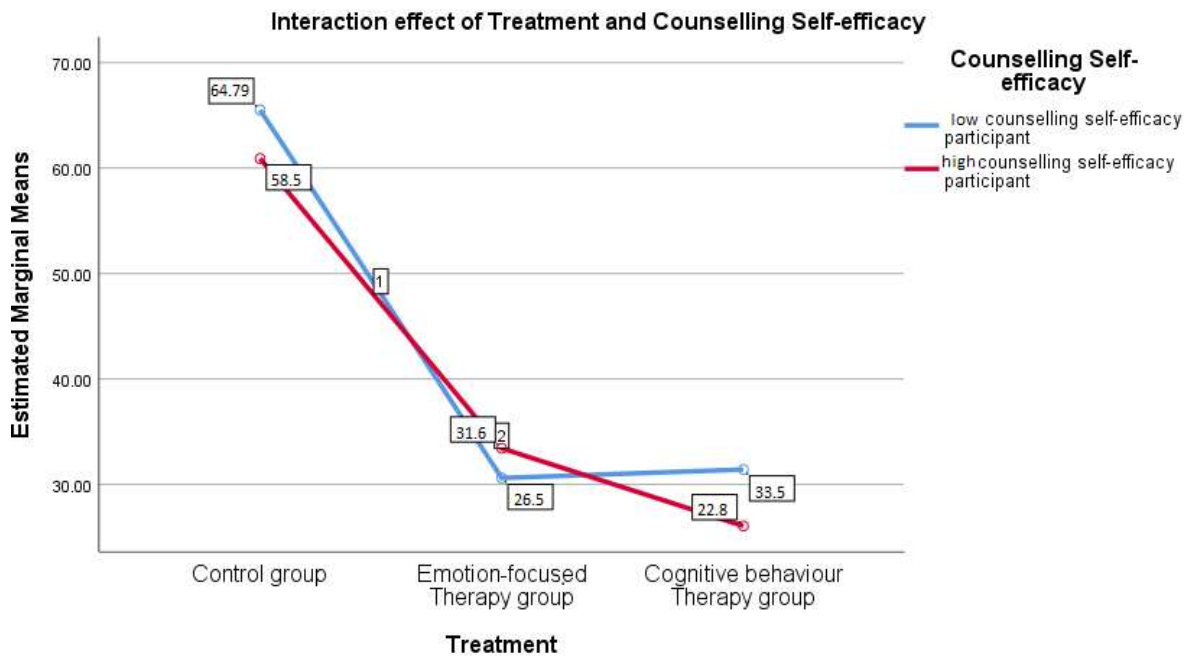
Figure 4.4: Line graph showing the interaction effect of treatment and CSE

Hypothesis Four:

Table 4.6 further shows that there is a significant main effect of EI on PSCA; $F_{(1;71)}=$ 16.135, $p<0.01$, $\eta^2= 0.209$. Hence the null hypothesis is rejected. This implies that there is a significant difference in the PsCA of low and high EI participants. The table further reveals that participants' EI accounted for 20.9% change in their TA; that is, EI had large effect in the variation of their PsCA score the result is shown in Table 4.6.

Table 4.6: Bonferonni Pair-wise Comparison showing the significant difference in EI (high and low) of TA.

(I) EI	(J) EI	Mean Difference (I-J)	Std. Error	Sig.[c]
HighEI participants (mean= 39.14)	Low EI participant	-2.204	.704	.003
Low EI participants (mean=41.29)	High EI participant	2.204	.704	.003

Table 4.6 reveals that after controlling for the effect of pretest TA, participants with lowEI displayed higher (mean=41.29) anxiety than those with highEI (mean= 39.14). By implication, lowEI participants had higher tendency to display PsCA than those with high EI participants.

Hypothesis Five:

Table 4.7: Bonferonni Pair-wise Comparison Showing the Interaction Effect of Treatment and EI on TA.

Treatment	EI	Mean	Std. Error
Control group	High EI participant	57.819[a]	.794
	Low EI participant	61.973[a,b]	.829
EFT (EFT)group	High EI participant	28.715[a,b]	.991
	Low EI participant	33.422[a,b]	.986
Cognitive behaviour therapy (CBT) group	High EI participant	25.818[a]	.888
	Low EI participant	28.631[b]	.728

Table 4.7 reveals that after controlling for the effect of pretest TA, experimental group II (cognitive behaviour therapy) was more moderated by EI than experimental group I (emotion focus therapy) and control group. Participants in experimental group II displayed varying levels of PsCA based on the EI. Moreover, CBT intervention was more effective in reducing PsCA among participants with high EI (mean=25.818) than those with low EI (mean=28.631). However, emotion focus therapy intervention was more effective in reducing the PsCA of participants with those having high EI (mean=28.715) than those with low EI (mean= 33.422). A graphical representation of this interaction is presented in figure 4.13.

A graphic representation of this interaction is presented in figure 4.5

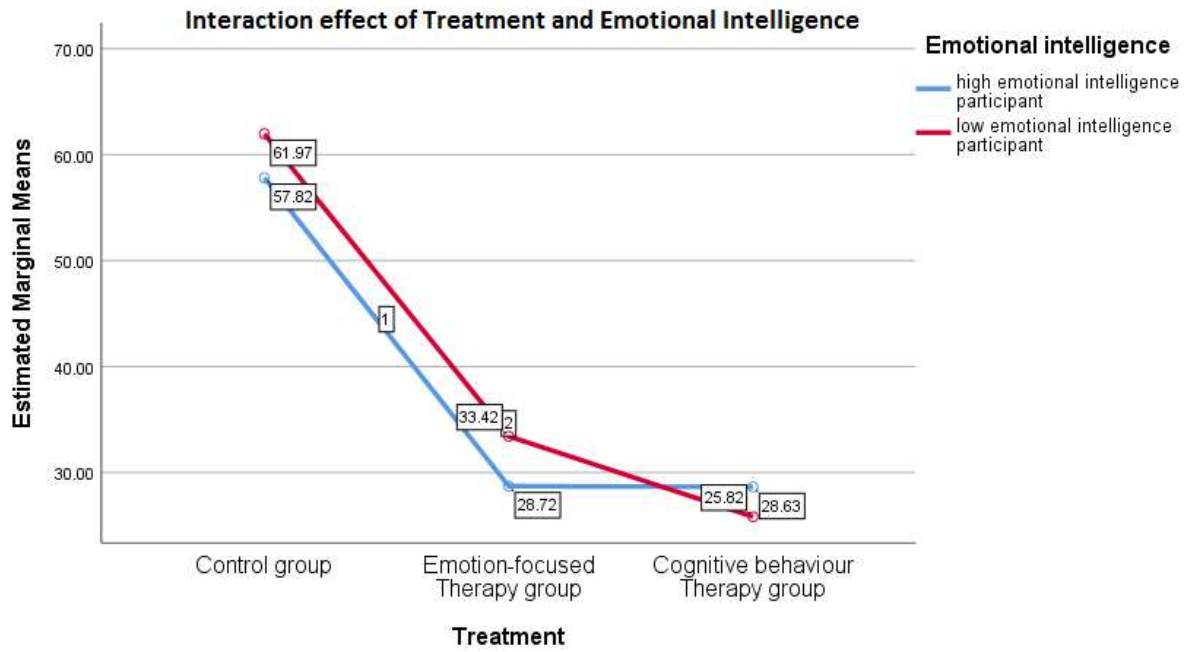
Figure 4.5: Line graph showing the interaction effect of treatment and EI

Hypothesis 6:

Table 4.7 also shows that there is no significant interaction effect of counselling efficacy and EI on TA; $F_{(1, 71)} = 2.621$, $p > 0.05$, $\eta2 = 0.041$. Hence, the null hypothesis is accepted. This means that the effectiveness of counselling could not significantly reduce the effect of EI on TA.

4.2   Discussion of Findings

Demographic profile of the participants

In line with the demographic profile of the participants as illustrated in their age distribution, the result revealed that 8(10.8%) of 74 participants are between the age range of 16-20 years of age. By implication this might be as a result of the level range of the respondent used in the study, the researcher made use of 300 level and 400 students in the selected universities. The distribution age of 21-25 has the highest frequency and percentage of (57.8%) of the 74 participants, by implication this might be as a result of the individual experiences according to the screening instruments, most of the respondent came in as a direct entry student which means that they must have gone through a national certificate examination (NCE) or advance level of education (A'levels) before coming in for their degree programme. Age is also an indices for mastery and maturity.

Larson (1998) postulates counsellors' demographic factors and counselling self-efficacy as being internal factors involved in counsellor development. Counselling self-efficacy refers to the belief that one has the "capabilities to effectively counsel a client" (Larson et al. 1992, p. 120). Counselling self-efficacy regulates trainees' functioning in making counselling responses (Larson 1998), and consequently plays an important role in trainees' performances (Jaafar et al. 2009; Larson et al. 1992; Lent et al. 2006). According to the social cognitive theory of Bandura (1995), people's self-efficacy develops from experiences of mastery, observation of others' mastery, social affirmation of their mastery, and their perception of physiological or emotional states during the experience. Cultural contexts, which include trainees' specific age, gender and ethnicity, may impact these four sources of self-efficacy (Klassen 2004) and shape the development of trainees' sense of competence (Pope-Davis et al. 1994).

 Age, gender, and educational qualifications have typically dominated the counselling profession in the U.S. Riemersma (2010) conducted a demographic survey of Marriage and Family Therapists (MFT) in California with results showing that above 70 % of MFT's were female, had an average age of 56.4 years, and that above 90 % were White. The same percentage of female dominance has been reported in the number of undergraduate majors in counselling psychology in the

U.S. (Carnevale et al. 2011). To accomplish this mission, counsellor educators are encouraged to consider the potential impact of diversity status on their students' professional development. Diversity includes differences in "races, economic backgrounds, ages, genders, sexual orientations, and physical and mental abilities" (CACREP 2009, p. 108). The scope of the present study, however, is limited to age, and gender. Trainees' age reflects both developmental stages and generational affiliation.

UsingErikson's 'Identity Development Theory', Evans et al. (2010) outlined the main concerns of college students in different age groups as follows: intimate relationship for young adults, professional establishment for the middle-aged, and significant changes in thought patterns for older adults. Counsellor trainees' counselling self-efficacy may to some extent reflect their relative success in accomplishing such developmental tasks. Shallcross (2009) alerts us to the presence of generational identities that may affect one's sense of self: 'Baby Boomers' (50 years old and above) seem to have a strong sense of group identity; 'Generation Xers' (30–50 years old) a strong sense of individualism and autonomy; and 'Generation Yers' (10–30 years old) value both their identity as individuals and as members of a group.

Differences in the sense of self may affect the development and/or expression of self- efficacy. Furthermore, people's mastery of certain knowledge and skills may change as they age. Their perception of generation-related abilities may be affected by how much they value the skills and knowledge they have mastered for current job expectations. For example, one's cognitive self-efficacy may change across the lifespan due to the changing nature of Larson (1998) postulates counsellors' demographic factors and counselling self-efficacy as being internal factors involved in counsellor development. Counselling s elf-efficacy refers to the belief that one has the "capabilities to effectively counsel a client" (Larson et al. 1992, p. 120). Counselling self- efficacy regulates trainees' functioning in making counselling responses (Larson 1998), andconsequently plays an important role in trainees' performances (Jaafar et al. 2009; Larson et.al. 1992; Lent et al. 2006).

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Trainees' age reflects both developmental stages and generational affiliation. Using Erikson's 'Identity Development Theory', Evans et al. (2010) outlined the main concerns of college students in different age groups as follows: intimate relationship for young adults, professional establishment for the middle-aged, and significant changes in thought patterns for older adults (p. 51). Counsellor trainees' counselling self-efficacy may to some extent reflect their relative success in accomplishing such developmental tasks. Shallcross (2009) alerts us to the presence of generational identities that may affect one's sense of self: 'Baby Boomers' (50 years old and above) seem to have a strong sense of group identity; 'Generation Xers' (30–50 years old) a strong sense of individualism and autonomy; and 'Generation Yers' (10–30 years old) value both their identity as individuals and as members of a group.

The first hypothesis stated that, there is no significant main effect of treatment on PsCA in federal universities. However, the result evinced a significant difference among groups (EFT, CBT and control) in the post-test scores on PsCA. This significant difference indicated a substancial main effect of treatment on PsCA in federal universities. Hence, the null hypothesis was rejected. This implies that EFT and CBT are effective in reducing PsCA among federal universities students' counsellors. The Bonferroni Pair-wise Comparison further indicated that the group treated with CBT displayed lowest PsCA in comparison with the other groups (EFT and control group).

The above findings corroborate prior studies (Cummings, Hallberg, Martin, Slemon, and Hiebert, 1990; Cormier and Cormier, 1991; Ronnestad and Skovholt, 2003; Mennin et al. 2005). Most of these studies suggest that PsCA is cognitively driven as such attempts to reduce anxiety were typically CBT programmes. In all these studies, the cognitive behavioural approach (such as self-talk, assertive imaginary

self-monitoring, goal setting, role-play and/or visual imagery used either alone or combined) was effective in reducing PsCA among federal universities students' counsellors. These are underpinned on the fact that the CBT framework, as espoused by Becks and Emery (1985), and Wells and King (2006), proposed a theory of counsellor- training that integrates various components of cognitive behavioural theory into a unified, empirically testable model. This model is unique in that it focuses on variables that may relatively reduce PsCA. In this regard, researchers have explored the impact of specific cognitive behavioural interventions and training methods on the reduction of PsCA.

The possible explanation for the current finding revolves around the fundamentals of CBT. The CBT module focus on modifying maladaptive thoughts and transferring the skills learned in therapy to everyday life. It also provides the practical framework for alleviating or curing psychological/emotional distress and dysfunctional behaviour, via understanding and modifying automatic thoughts, intermediate and core beliefs, and schema (Hofmann et al., 2012; Rector and Beck, 2012). The effectiveness of CBT can be viewed from the perspective that the treatment beliefs unarguably influence how people think, feel, motivate themselves and act. Pre-service counsellors exposed to CBT were trained to recognise and manage their anxiety.

Furthermore, according to Becks, CBT and corollaries are important aspects of performance and preparation to successfully acquire a new set of skills, such as overcoming anxiety.These attributes may have impacted significantly and positively on the reduction of PsCA among participants. This plausibly explicates the nature of connection that was found between CBT and PsCA of participants in this study.
Emotion Focus Therapy (EFT) was also found to be effective in the reduction of PsCA. This finding is in congruence with studies of earlier researchers (Pos, Greenberg, Goldman, and Korman, 2003; Amir et al., 2005; Straube et al., 2005; Goldman and Greenberg, 2005; Fernandez-Berrocal et al., 2006; Fisher, Brown, Aron, Strong and Mashek 2010; Summerfeldt et al. 2011; Hampel et al., 2011).

The effectiveness of EFT in the reduction of PsCA stems from its ability to go beyond catharsis, exposure or habituation, in restructuring and transformation of

problematic emotion schemes through a sequence of emotional processing steps (Pascual-Leone and Greenberg, 2007; Timulak and McElvaney, 2018). In contrary to CBT models, the EFT model postulates that individuals struggle to cope with specific triggers which evoke in them specific chronic maladaptive painful feelings such as anxiety (Timulak, McElvaney, Keogh, Martin, Clare, Chepukova and Greenberg, 2017). These triggers are vehemently avoided by individuals using negative self-treatments, emotional and behavioural avoidance.

Pre-service counsellors exposed to EFT in this study were encouraged to experience and accept feelings as opposed to avoiding or denying unpleasant affective states, articulate the unmet needs implicit in these unpleasant affective states and help to transform these painful feelings through the generation of adaptive emotions. By extension, this transformation model included increase in emotion awareness, enhancing emotion regulation, and emotion transforming (Davidson, 2000). This could account for the effectiveness of EFT in the reduction of PsCA in this study.

There is a significant main effect of counselling efficacy on PsCA. The result further indicates that higher CSE reduces the likelihood of PsCA. This cannot be distanced from the fact that self-efficacy and anxiety have been found to be inversely related (Hoffman, Hill, Holmes, and Freitas, 2005; Kozina et.al., 2010). These findings can be contextualised in several possible ways. For instance, social learning theory counsellor avers that there are constellations of determinants of an individuals' self-efficacy, including mastery experiences, vicarious experiences, verbal persuasion and emotional arousal (Bandura, 1977). Studies in support of this observation demonstrate that level of training and amount of counselling experience did significantly predict counselling self-efficacy (Barbee et al. 2003), as well as decrease PsCA (Bischoff and Barton, 2002).

Hypothesis Three reveals that EI has a significant main effect on PsCA in federal universities in south-west Nigeria. Prior studies have shown that the acquisition of EI skills can significantly lower anxiety in adolescents (Resurreccion, et al., 2014). Likewise, studies (Lumley et. al, 1996; De Gucht et.al, 2004) have observed that low EI contributes to the development, maintenance and exacerbation of anxiety which might negatively impact counsellor development and performance.

A viable explication of the significant main effect of EI on PsCA can be underpinned on the corollaries of EI, which signifies that better self-awareness, paying attention to emotions, recognition and understanding oneself and others' emotions, and using them to manage their relationships and provide social support are integral components of counselling development and performance. In addition, the ability of emotion regulation and social skill improves coping mechanisms and better resilience (Lolaty, Ghahari, Tirgari and Fard, 2012; Radfar, Aghaie, Motashker, Noohi and Saburi, 2013). These attributes may explain the kind of linkage that was found between EI and PsCA of participants in this study.

In Hypothesis Four, a significant interaction effect of treatments and counselling efficacy on PsCA was observed. Moreover, the interaction effect reveals that having a high CSE in addition to the effect of treatments approaches is essential in the reduction of PsCA. This, however, is different for both treatment groups, given that pre-service counsellors exposed to EFT with high CSE were better off than those exposed to CBT with high CSE. Although a few possible explanations on the nexus between the treatments and CSE on PsCA exist from previous studies (Gunter and Whittal, 2010; Ilkhchi, Poursharifi and Alilo, 2011), CSE accounted for a substantial amount of the variance in PsCA in the current study.

More so, this finding supports previous study outcomes, evincing that, the strength of therapeutic interventions on PsCA varies, depending on intermingling elements that contribute to training anxiety (Ellis et al., 2002; Bischoff and Barton, 2002; Gunter, 2002). However, these studies suggest that counsellor training designed to lower PsCA could be moderated bycounsellors' beliefs about their ability to perform counselling-related behaviours or negotiate particular clinical situations. In contrast, the result of this study also implies exposure of counsellors in training to psychological treatments (CBT and emotional focused therapy) with high self-efficacy will reduce anxiety.

While exposure to psychological treatments (CBT and emotional focused therapy) with low self-efficacy might not reduce anxiety among trainees. It implies that despite therapeutic injections discussing disputing negative thoughts and engaging in positive self-talks the possibility of experiencing anxiety while engaging in

counselling activity by a trainee is still high except there is high self-efficacy which is the confidence in their ability to carry out counselling activity effectively. This assertion aligns with the findings of Henry, Schacht, and Strupp (1990) who found that trainees who are more likely to be critical toward themselves and their clients may lead to negative counseling outcomes. Also, trainees with lower self-compassion in their clinical work at Time 1 may be over-identified or be completely absorbed by their own anxiety. Because they are preoccupied with anxiety, it may be hard for them to focus on the present moment with clients and may freeze their counseling self-efficacy. By implication, the effectiveness of treatments requires high self-efficacy to record reduced anxiety among counsellors in training. This may account for the effectiveness of counselling efficacy in this study.

The result for Hypothesis Five demonstrates that there is a significant interaction effect of treatment and EI on PsCA. In addition, the interaction effect reveals that having high EI tallying with treatment approaches is essential in reducing PsCA. This outcome corroborates a previous research outcome evincing that EI could serve as a protective factor from therapeutic interventions to anxiety (Liu and Ren, 2016; Foster, Lomas, Downey and Stough, 2018; Kousha, Bagheri and Heydarzadeh, 2018).

Similarly, the result also aligns with Koch et al. (2010) who examined the relationship between emotional intelligence and factors such as coach ability, concentration, dealing with pressure, and motivation among top junior level basketball players from the United States and China. Basketball players from the United States scored higher than basketball players from China on all factors of emotional intelligence and results showed that the interpersonal competence factor of the EI was the most important factor for performance-related indicators. To provide a plausible explanation for this result, it can be inferred that emotional intelligence is class of positive emotion which possess that capacity to reduce anxiety which a negative emotional disposition.

More importantly, negative emotional disposition like anxiety can only thrive where there are other negative emotional factors but lacks the capacity to resist the presence of emotional intelligence. It is therefore possible to assume that counsellors in training would have some level of emotional intelligence which after exposure to

CBT develop capacity to withstand thoughts creating negative signals in the mind. This submission agrees with Lane, Thelwell, Lowther, and Devonport, (2009) who reported from their study that individuals with higher EI were found to be positively related to the use of psychological skills, such as imagery and self-talk.

Hypothesis Six shows that there is no significant cooperation impact of counselling efficacy and EI on PsCA. Also, the collabouration impact shows that advising self-efficacy levels did not direct the impact of EI on PsCA. This outcome refutes the results of earlier investigations indicating that counselling self-efficacy is identified with cognitive and emotional factors, including EI (Martin, Easton, Wilson, Takemoto, and Sullivan, 2004) and anxiety (Larson and Daniels, 1998). Moreover, EI instructors that the capacity to distinguish individual emotions, use emotions for critical thinking, and impart emotions to another are compelling in expanding advisor self-efficacy, just as decline PsCA (Nelson and Low, 2003; Low and Nelson, 2005; Aremu and Akpochafor, 2007; Adeyemo and Agokei, 2009).

To justify the originality of this findings, it is possible for a counsellor in training to be anxious at their first experience of operationalising their prospective career without actually been an anxious individual. The possibility of having an interaction of the variances that exist among the level of counsellors' efficacy and their emotional intelligent could survive when anxiety is a trait. However, in this context there are no evidences that anxiety is a trait but conditional disposition owing to first experience in the field. It will be uncommon not to find a trainee of a profession not displaying anxiousness at first experience of a real-life situation related to their field.

More so it is their first time of trying out the connection that exist between theory and practice for the counsellors in training. This submission agrees with Haley, Marin and Gelgand (2014) who conducted a 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. By implication, the none significance of the interaction effect of counsellors' self-efficacy and EI on PsCA is expected, more so it is an evidence of conditional anxiety which will be difficult to have a matrix of variance that exist between counsellor's self-efficacy and EI to explain in a significant manner.

The outcome in Hypothesis Seven demonstrates that there is no significant three-way collabouration impact of treatment, advising efficacy and EI on PsCA. Consequently, the invalid hypothesis is acknowledged. This infers that EI and counselling efficacy could not significantly direct the impact of treatment on PsCA. The insignificant three-way connection impact of treatment, counselling efficacy and EI on advising PsCA might be a fairly capacity of a generally homogenous example which needed fluctuation on both EI, counselling self-efficacy and PsCA measures, with significant levels of EI, counselling self-efficacy and PsCA under-spoke to. Moreover, EI, CSE and PsCA were estimated through self-report measures. It is conceivable that social allure impacted respondents to shorten consequences for EI, CSE and the basis measure.

As expected, the result also indicates that the interaction between counsellor's self-efficacy and EI did not significantly moderate the effect of treatments on PsCA. It further indicates that there are no sufficient mix of variances that exist between counsellor's self-efficacy and EI to explain the effect of treatment on PsCA. Mathematically speaking when three positive class of variables are multiplied the result will produce a positive variable. This however indicate that the three-way interaction in this study cannot reach significance because the three independent variables (treat, counsellors' self-efficacy and EI) are positive variables while the dependent variable (PsCA) is a negative variable.

This assertion partial aligns with Stoeber et al., (2006) who concluded that striving for perfection in sports is not maladaptive. They further buttressed that athletes who strive for perfection and successfully control their negative reactions to imperfection may even experience less anxiety and more self-confidence during competitions. Similarly, Filaire et al., (2008) reported that winners had significantly lower cognitive anxiety and higher Self-confidence scores than losers. While somatic anxiety was significantly higher in the losers. Theoretically speaking, emotional intelligence relates to the ability to monitor, employ, and manage emotions (Salovey & Mayer, 1990). Therefore, participants high in emotional intelligence are more likely to regulate their emotions. Another construct that aligns with controlling emotions and arguably shares some similar characteristics to emotional intelligence

is self-efficacy. One useful strategy to enable emotional control is psychological skills (Thelwell, 2008), which may help to raise emotional intelligence and enhance self-efficacy.

CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter presents the summary, conclusion and recommendation of the study.

5.1   Summary of Results

This study, investigated the utilisation of emotion-focused and cognitive behaviour therapies to manage counsellor anxiety in South western, Nigeria. The moderating impacts of CSE and emotional intelligence (EI) were also examined. There was a significant influence of emotion focused and cognitive behaviour therapies on the participants' anxiety. The trainees' anxiety improved most among participants with high EI when compared to others with low and moderate EI. Equally, the trainees' anxiety improved more among participants with high counselling-efficacy.

5.2   Implications of the Study

The current study offers observational help for the conjectured connection among EFT, CBT and key-counsellor training and development. The results give proof that a sizable bit of the difference in counsellor self-efficacy and EI can be clarified by an understudy's capacity to incorporate individual, ecological, social activities and being careful in regular day-to-day existence and deliberately control consideration during counselling meetings. In view of the effect of counsellor self-efficacy and EI on customer results, it is basic that counsellor training programmes give learning encounters that develop these abilities. Consequently, the outcomes have suggestions for counsellors as far as potential counsellor preparing confirmations, counsellor training, and counselling practice. Hence, the investigation gives a significant commitment to writing and information, especially to controlling and calling of character advancement and advising brain science.

As proven from the findings, CBT is more viable than EFT in boosting counsellor efficacy among the participants. Similarly, CBT is more intense than EFT in lessening PsCA. The ramification of these findings is that the two preparing modalities ought to be incorporated into guide training educational plan and projects focusing on counsellor efficacy and EI.

The outcome likewise has a suggestion for diminishing PsCA through the fundamental principles of the treatment bundles and furthermore accentuates the individual abilities and expert skills which they should have in order to be productive and successful characters in rehearsing the calling. Notwithstanding the results in this study, empirical evidence proposes that the incorporation of cognitive conduct therapy into pre-service counsellor instruction may have extra advantages. Cognitive conduct therapy may give counselling understudies abilities that can help them to successfully handle the pressure of being a counselling understudy and, at last the difficulty that accompanies it (Baer, 2003; Shapiro et al., 2005). By acquainting counsellors in-preparing with cognitive social aptitudes, counsellors would give them apparatuses that may assist them to better handle the stressors of being a guide.

The findings demonstrate that EI essentially moderated the improvement of counselling efficacy and efficacy revealed in this study. Pre-service counsellors with high degree of EI have been found to have critical proportion of guide efficacy. In this way, giving and empowering rudimentary preparing in EI is indispensable to improving counselling efficacy.

5.3   Limitation of the Study

The results of the current study provide insight into the relationship between EFT, CBT and counsellor-training variables. The results, however, should be viewed in light of some limitations in the research design and of the current sample. This study is based on an experimental design. Experimental designs have several limitations, the most obvious of which is related to the evaluation (such as, to assess the impact of a programme, logistical and feasibility issues) constrain of experimental frameworks. In

this study, the response rate and style, students' interest, area of delineation and timing are acknowledge limitations.

First, the response rate for this study was less than expected. Since participation is based on volunteering for all groups, an average was attained. However, despite the average significant participation, it is possible that those individuals who chose to participate might systematically differ from those who chose not to participate. This might have resulted in some bias in the survey sample. An attempt is made in the research design to limit this threat to internal validity. The variance of mean scores on the variables of interest, at the pre and post-test, however, suggests that this is not a major limitation in this study.

The study was also limited to the areas of delineation (Lagos, Oyo and Osun states) which have a preponderance of a particular ethnic group. Although the schools used for the study are federal institutions which are expected to reflect the various ethnic groups in Nigeria, the preponderance of a particular ethnic group cannot be dismissed. Hence caution should be exercised in terms of generalisation of the findings.

Another limitation in this study is in the measure of counsellor effectiveness. Basically, it is easier to determine CSE from the perspective of the clients. However, this study focused on counselling PsCA from the perspective of the pre-service counsellors. Although care was taken to avoid bias by using a standardised instrument for the measure, caution should be taken when generalising these findings. Finally, the study was directed at penultimate and final-year counselling undergraduate students alone; therefore, it was limited to that level of education. This, however, suggests that the results should cautiously not be generalised to the national and larger population of master's and doctoral levels' counselling students.

5.4 Conclusion

The broad objective of this study is the application of Emotion-focused and cognitive behavioural therapies in the reduction of counselling PsCA in southwestern, federal universities. The study made use of EI and CSE as moderating variables. Treatment programmes were executed; relevant data were also obtained and analysed using

appropriate statistical methods. Based on the findings of this study, the following conclusions were drawn: Emotion-focused and cognitive behavioural therapies were effective in the reduction of counselling PsCA of pre-service counsellors; hence, application of these remedial strategies will assist in reducing or moderating the various levels of anxiety that may affect the pre-service counsellors if the principles are adequately applied.

In clearer terms, CBT was found to be more effective in reducing counselling PsCA in federal universities in southwestern Nigeria. Furthermore, EI significantly moderated counselling PsCA. Pre-service counsellor with high EI displayed lesser anxiety during the practicum exercise as compared with pre-service counsellor with low EI.

5.5   Recommendations

The following recommendations were highlighted from the findings of the study:

 These findings provide meaningful information for understanding of PsCA. Hence, the results may provide valuable cues for university counsellors and lecturers to utilise psychological interventions, such as emotion-focused and cognitive behavioural therapies interventions to reduce the negative effects of PsCA in counselling practices, and these should be incorporated into the training programmes of universities.

Students' counselling and assessment centres in higher institutions should utilise these interventions in helping students who have anxiety. Counsellors efficacy and EI should be incorporated and evaluated at all levels of counselling training and development to ensure, encourage and foster its development among counsellor pre-service counsellors.

As revealed in the findings of this study, synergising EFT and CBT could yield a maximal result in reducing PsCA It is, therefore, recommended that a package integrating the two interventions should be developed for reducing PsCA among pre-service counsellors.

5.6   Contributions to Knowledge

This study has been able to contribute to knowledge in the following areas:

1. The study has been able to demonstrate the effectiveness of emotion-focused and cognitive behavioural therapies in reducing PsCA on southwestern Nigeria federal universities counsellors.

2. The study has been able to demonstrate that CBT was more effective than EFT in reducing PsCA on southwestern Nigeria federal universities counsellors.

3. The study has also demonstrated the relevance of psychological interventions in helping pre-service counsellors become equipped with internal cognitive skills, habits of the mind and ways of being for full professional functioning.

4. It has provided clinical and counselling psychologists, as well as counsellor educators a rich treatment package with high sensitivity and repository of quality skills for effective behaviour change.

5. It has also provided empirical data to assist clinical and counselling psychologists, as well as counsellor educators, navigate the problem of PsCA.

5.7   Suggestions for further studies

In accordance with the fact that there is no finality in research, this study is open for further investigations and challenges. The researcher thus welcomes the replication of this study elsewhere. This may validate and establish further the findings of the research. This study was limited to three Federal Universities in Nigeria. The researcher suggests a further extension of the scope to include larger samples. Finally, it is suggested that the participants could be extended to include masters and doctoral students in order to ensure continuity and re-invigoration of training. For better effectiveness, it is suggested that the treatment should be assigned as courses for the semester in order to facilitate longer period of treatment, increased participation and reduce the problems of time and location.

More psychosocial variables that were not considered here, such as stress, depression, mindfulness, total locus of control, personality, family and peer support should be considered as moderating variables. In addition, empirical approaches geared towards developing intervention measures and studies should be attempted to develop models of counselling PsCA. A study of this kind will be generalised to cover all factors known in reduction of PsCA among federal universities students.

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APPENDIX 1

SECTION I

ZSRAS

Dear Respondent,

The information provided would be used solely for the purpose of this research and would be treated with absolute confidentiality. Please kindly supply the necessary information that would enable me to carry out this research.

Thank you for your co-operation,

Babatunde Ajani

P.art 1: PERSONAL BIO-DATA: Tick (✓) as appropriate

GENDER: MALE () FEMALE ()

AGE: 16-20 () 21-25 () 26-30 () 31-35 () 36- Above () LEVEL 300 () 400 ()

NAME OF UNIVERSITY: --

MATRIC NO --------------------------------------

TELEPHONE NO……………………… Whatsapp No:……………………………

Email: …………………………………………………………………………

Previous educational qualification obtained: SSCE (), DIPLOMA CERT(), NCE ()

SECTION 2

(SAS)

Listed below are 20 statements. Please read each carefully and decide how much the statement describes how you have been feeling during the past week. Circle the appropriate number for each statement.

S/N	ITEMS	A little of the time	Some of the time	Good part of the time	Most of the time
1.	I feel more apprehensive and on edge than expected during counselling session.				
2.	I feel apprehensive for reasons unknown at all when in contact with customers.				
3.	I get disturbed effectively or feel panicky during counselling session with customers.				
4.	I have an inclination that I'm self-destructing and turning out badly during advising experience with customer.				
5.	I feel that everything is okay and nothing terrible will occur during directing session with customers.				
6.	My arms and legs shake and shudder when I am going to begin directing session.				
7.	I am disturbed by migraines, neck and back agony during counselling session.				
8.	I feel powerless and get worn out effectively during directing session.				
9.	I feel quiet and can sit still effectively during counselling session.				
10.	I can feel my heart thumping quick at whatever point I am going to begin advising session.				
11.	I am pestered by dazed spells during counselling sessions.				
12.	During counselling session, I have				

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	swooning spells or feel like it.				
13.	I can take in and out effectively during directing session.				
14.	I get sensations of deadness and shivering in my fingers and toes while connecting with customers.				
15.	During directing session, I am disturbed by stomach throbs or acid reflux.				
16.	I need to purge my bladder frequently during counselling session.				
17.	My hands are generally dry and warm when I am counselling customers.				
18.	During directing session, my face gets hot and becomes flushed.				
19.	I nod off effectively and get a decent night's rest after my experience in advising session.				
20.	I generally have bad dreams doing advising session.				

S/N	ITEMS	SD	D	U	A	SA
1.	I don't get tired immediately when counselling client(s)					
2.	I trust I am not any more apprehensive than others during counselling session					
3.	I have not many cerebral pains when advising client(s)s					
4.	I work under a lot of pressure during advising					
5.	I habitually notice my hand shakes advising client(s)					
6.	I blush no more frequently than others during my experience with client(s)					
7.	I am only sometimes winded during advising sessions with client(s)					
8.	I am stressed considerable amount when been assessed					
9.	I for all intents and purposes never become flushed during my session with client(s)					
10.	I am frequently apprehensive that I will blush during advising session					
11.	My hands and feet are normally warm during communication with client(s)					
12.	I sweat effectively even on cool days while making compatibility with client(s)					
13.	Once in a while when humiliated during counselling session, I break out in a perspiration					
14.	I scarcely ever notice my heart beating during advising sessions with client(s)					

15.	I feel hungry practically the entirety when I have client(s) to take care of					
16.	I am extremely only from time to time upset by blockage when I have client(s)s to guide					
17.	I have a lot of stomach inconvenience when directing client(s)					
18.	I have had periods in which I lost rest stressing over my client(s) challenges					
19.	I am handily humiliated during advising sessions					
20.	I am more touchy about client's verbal and non-verbal hints than most others during directing					
21.	I regularly end up stressing over my advising sessions with client(s)					
22.	I wish I could be as upbeat as others appear to be when advising client(s)					
23.	I am typically quiet and not handily irritated during counselling session					
24.	I feel restless about client's un-participating mentality practically the entirety of the time during directing sessions					
25.	I am glad more often than not during directing session					
26.	It makes me anxious to need to hang tight for client(s) reaction during counselling					
27.	Once in a while, I become so energised that I think that it is difficult to rest subsequent to advising session					
28.	I have here and there felt that challenges accumulating so					

	high I was unable to get over them during my experience with client(s)					
29.	I concede I have felt stressed ridiculous over customer's challenges					
30.	I have not many feelings of trepidation about directing contrasted with my companions					
31.	I absolutely feel pointless now and again during counselling session with client(s)					
32.	I think that it is difficult to keep my psyche on a client's challenges during directing					
33.	I am generally reluctant when assessed during directing session with client(s)					

EI SCALE

Instruction: Answer each item as carefully and as accurately as you can by placing a tick (/) in the appropriate box. Use the following response format as a guide.

SD =Strongly Disagree, D =Disagree, U=Undecided, A=Agree , SA =Strongly Agree

SN	ITEMS	S	D	U	A	S
1.	I don't get tired immediately when advising					
2	I trust I am not any more anxious than others					
3	I have not many cerebral pains when advising					
4	I work under a lot of strain during directing					
5	I oftentimes notice my hand shakes directing					
6	I redden no more frequently than others during my experience with client(s)					
7	I am rarely winded during directing sessions					
8	I stress a considerable amount when been					
9	I essentially never become flushed during my					
10	I am frequently apprehensive that I will redden					
11	My hands and feet are typically warm during					
12	I sweat effectively even on cool day while					
13	At times when humiliated during advising					
14	I scarcely ever notice my heart beating during					
15	I feel hungry practically the entirety of when I					
16	I am exceptionally only sometimes upset by					
17	I have a lot of stomach inconvenience when					
18	I have had periods in which I lost rest stressing					
19	I am effectively humiliated during advising					
20	I am more touchy about client(s) verbal and					
21	I oftentimes end up agonizing over my advising					
22	I wish I could be as upbeat as others appear to					
23	I am normally quiet and not effortlessly					
24	I feel restless about client(s)un-coordinating					
25	I am cheerful more often than not during					
26	It makes me apprehensive to need to sit tight for client(s) reaction during counselling					

27	Now and then I become so energized that I					
28	I have now and then felt that challenges					
29	I concede I have felt stressed ridiculous over					
30	I have not many feelings of trepidation about					
31	I unquestionably feel futile on occasion during					
32	I think that its difficult to keep my psyche on a					
33	I am generally unsure when assessed during					

COUNSELLOR ACTIVITY SELF-EFFICACY SCALES- CASES

PartI.

S/N	How confident are you that you could use these general skills effectively with most clients over the next week?	0	1	2	3	4	5	6	7	8	9
1.	Joining in (arrange yourself genuinely toward the customer)										
2.	Tuning in (catch and comprehend the messages that customers convey).										
3.	Repetitions (rehash or reword what the customer has stated, in a way that is brief cement, and clear).										
4.	Open inquiries (pose inquiries that help customers to explain or then again investigate their contemplation or emotions).										
5.	Impression of sentiments (rehash or reword the customer's explanations with an accentuation on their emotions).										
6.	Self-revelation for investigation (uncover individual data about your history, accreditation, or emotions).										
7.	Purposeful quiet (use quietness to allow customers to get in contact with their contemplations or sentiments).										
8.	Difficulties (bring up disparities, inconsistencies, safeguards or silly convictions of which the customer is uninformed or that the person in question is reluctant or unfit to change).										
9.	Interpretations (offer expressions that go past what the customer has unmistakably expressed and that give the customer another method of seeing their conduct, musings, or sentiments).										
10.	Self-revelations for understanding (unveil past encounters in which you increased some										

	close to home understanding).												
11.	Quickness (uncover prompt emotions you have about the customer, the remedial relationship or yourself in connection to the customer).												
12.	Data giving (instruct or give the customer information, conclusions, realities, assets, or answers to questions).												
13.	Direct direction (give the customer recommendations, orders or, on the other hand, counsel that infers activities for the customer to take).												
14.	Pretend and conduct practise (help the customer to pretend or practice practises in-meeting).												
15.	Schoolwork (create and prescribe restorative tasks for customers to give a shot between meetings).												

Part II.

Instructions: Please indicate how confident you are in your ability to do each of the following tasks effectively, over the next week, in counselling most clients:

S/N	How confident are you that you could do these specific tasks effectively with most clients over the next week?	0	1	2	3	4	5	6	7	8	9
1.	Keep meetings "on target" and focused.										
2.	React with the best helping aptitude, contingent upon what your customer needs at a given second										
3.	Help your customer to investigate their musings, emotions and activities.										
4.	Help your customer to discuss their interests at a "profound" level.										
5.	Comprehend what to do or say next after your customer talks.										
6.	Help your customer set sensible counselling objectives.										
7.	Help your customer to get their contemplations, sentiments and activities.										
8.	Assemble an away from of your customer and their directing issues.										
9.	Stay mindful of your aims (that is, the reasons for your intercessions) during meetings.										
10.	Help your customer to choose what moves to make in regards to their issues.										

Part III.

Instructions: Please indicate how confident you are in your ability to work effectively, over the next week with each of the following client types, issues or scenarios.

S/N	How confident are you that you could work effectively over the next week with a client who…	0	1	2	3	4	5	6	7	8	9
1.	is clinically depressed.										
2.	has been explicitly manhandled.										
3.	is self-destructive.										
4.	has encountered an ongoing horrendous life occasion (e.g., physical or mental injury or misuse).										
5.	is very on edge										
6.	gives indications of seriously upset reasoning.										
7.	you find explicitly appealing.										
8.	is managing issues that you actually discover hard to deal with.										
9.	has basic beliefs or convictions that contention with your own (e.g.,regarding religion, gender jobs).										
10.	varies from you in a significant manner or ways (e.g., race,ethnicity, gender, age, social financial status).										
11.	isn't "mentally disapproved" or reflective.										
12.	is explicitly pulled in to you.										
13.	you have negative responses toward (e.g., boredom,annoyance).										
14.	is at a stalemate in therapy.										
15.	needs more from you than you are eager to give (e.g., as far as recurrence of contacts or critical thinking prescriptions).										
16.	shows manipulative practices in meeting.										

APPENDIX 2

3.9 Treatment Packages

Experimental Group 1 (Emotion Focused therapy)

Anxiety

Session 1: Pre-test Administration

Goal: At the end of this session, trainees should have responded to the pre-test questionnaires.

Activities: The researcher warmly welcome the trainees into the programme Trainees were informed that they would have eight sessions of one hour each for a period of eight weeks for the training exercise.

Pre-test instrument were administered to the trainees. Pre-service counsellor Anxiety Scale, Emotional Intelligence Scale.

Homework: Identify five areas in which you have exhibited anxiety as a pre-service counsellor?

Conclusion: The trainees were commended for their cooperation and encouraged in doing their homework. They also are reminded of the time and venue for the next session.

Session2: Definition of Anxiety as well as pros and cons of anxiety

Review of Homework

Goal: At the end of this session, the trainees should be able to: define Counselling pre-service counsellor anxiety and explore the pros and cons of pre-service counsellor anxiety as it affects process.

Activities: pre-service counsellor anxiety is an apprehension and feeling that an impending disaster might start at the beginning of their teaching practicum, the first time the pre-service counsellor is facing a clients in a practicum exercise.

For this, discussion surrounding requirement for practicum exercise the knowledge based, personality based and comportment required during this process were extensively discussed.

Homework: Explain what you have done to overcome pre-service counsellor anxieties.

Conclusion: The trainees were commended for their cooperation and reminded of the time and venue for the next session.

Session 3: Meaning and Stages of Emotion-Focused Therapy

Review of homework

Goal: At the end of this session, the trainees should be able to know the meaning of Emotion Focused Therapy and identify the different therapeutic strategies of Emotion-Focused Therapy.

Conclusion: The trainees were commended for their cooperation and encouraged to do their homework. They were also are reminded of the time and venue for the next session.

Session 4: Uncover the Emotional truth of the symptom

Review of Homework.

Goal: At the end of the session, trainees were able to explain the emotional truth of the symptom.

Homework: Write out what you understand by the term emotional truth and identify what trigger your pre-service counsellor anxiety tendency.

Conclusion: The participants were commended for their cooperation and encouraged to do their homework. The participant were also is reminded of the time and venue for the next session.

Session 5: Creation of Discovery Experiences and Related Concepts

Review of Homework

Goal: At the end of this session, the trainees should be able to explain the meaning of discovery experiences and should be able to identify the discovery states of their anxiety traits and state.

Activities: The discovery state is the moment where there is no longer any purpose requiring a symptom; hence, the client stops producing it. It leads to a clinical methodology, Emotion Regulation Therapy.

Homework: Identify and list reasons that guide having the symptom (anxieties) for Emotion-Focused Therapy**.**

Session 6: Creation of Integration Experiences

Review of Homework

Goal: At the end of this session, the trainees should be able to define integration experience and comprehend how to integrate their pro-symptom.

Activities: In this session, the participants were asked to resume the type of experiential discovery.

Homework:

Conclusion: The trainees were commended for their cooperation and encouraged to do their homework. They were also reminded of the time and venue for the next session.

Session 7

Topic: Emotion transformation

Review of Homework

Goal: At the end of this session, trainees should be able to attain transformation stage of Emotion-Focused Therapy.

Activities: The implication of anxieties upon emotion-focused therapy was raised and participants were taught how to disconfirm and dissolve earlier construct, that is, emotional awareness that helps to minimise the anxieties that may occur in practicum/ Session. A vivid explanation of how the pre-service counsellors need to understand the clients that came for help in knowing the approach, tolerate and regulate, as well as accept their emotion with the mind to transform it into more benefitting and adaptive behaviour.

Homework: Anytime you experience anxiety as a pre-service counsellor in practicum exercise or process, reflect on your pro-symptoms statement in the index card.

Closing remark: The trainees were commended for their cooperation and encouraged to do their homework. They were also reminded of the time and venue for the next session.

Session 8

Topic: Behaviour Modification

Review of Homework

Goal: At the end of this session, the following should be attained:

1. The trainees should have been able to identify, the influence of pre-service counsellor anxiety in their practicum.

2. They should be able to master how to reduce the pre-service counsellor anxiety.

3. They should be able to reduce the pre-service counsellor associated anxieties in the future.

   Homework: The trainees were required to a self-observation on some probable causes of anxiety during Practicum Exercise.

Session 9:

Overall Review, Post- Experiment Test Administration and Conclusion.

Goals: At the end of this session, trainees have responded to the post-experiment test questionnaires.

Conclusion: The trainees were commended for their cooperation all through the sessions. They also are reminded of the time and venue for the next session.

Session 10: Follow-up

There were an interactive session between the experimenter and the trainees on how effectively they can be able to reduce pre-service counsellor anxiety tendencies with the application of emotion focused therapy.

Experimental Group 2 (CBT for Pre-service counsellor Anxiety).

Session 1

Topic: Pre-test Administration (Establishing rapport with the student and Goal Setting)

Goal: At the end of this session, trainees should have responded to the pre-test questionnaires.

Activities: The researcher warmly welcome the trainees into the programmeme Trainees were informed that they would have 10 sessions of 1 hour each for a period of ten weeks for the training exercise.

Pre-test instrument were administered to the trainees. The State- Trait Anxiety Inventory (STAI), Emotional Intelligence Scale (E.I.S.)

Homework: The trainees were required to list practicum goals set before without achieving them.

Conclusion: The trainees were commended for their cooperation and encouraged to do their homework. They were reminded of the time and venue for the next session.

Session2

Topic: Definition of Anxiety and its Nature (identifying the current problems).

Review of Homework

Goal: At the end of this session, the trainees should be able to: define counsellling pre-service counsellor anxiety and explore the pros and cons of pre-service counsellor anxiety as it affects process.

Activities: pre-service counsellor anxiety is a pervasive and unpleasant feeling of tension, apprehension and feeling of impending disaster that affects the pre-service counsellor.

Homework: Explain what you have done to overcome pre-service counsellor anxieties.

Conclusion: The trainees were commended for their cooperation and remind them of the time and venue for the next session.

Session 3

Topic: Meaning and processes of CBT (Self Observation)

Review of homework.

Goal: At the end of this session, the trainees should be able to state the meaning of CBT and identify the different therapeutic strategies of Cognitive Behavioural Strategies.

Activities: CBT focus on the thoughts, cognitive schema, beliefs, attitudes and attributions that influence one's feelings and mediate the relationship between antecedents and behaviour.

Homework: Write out what you understand by the term CBT.

Conclusion: The trainees were commended for their cooperation and encouraged to do their homework. They were reminded of the time and venue for the next session.

Session 4

Topic: Positive Thinking Strategies (Goal Setting)

Review of Homework.

Goal: At the end of the session, the trainees were able to explain tasks analysis, goal setting and strategic planning, and identify the stages involved in goal setting (SMART).

Session 5:

Topic: Managing Anxieties (Strategies – Self talk)

Review of Homework.

Goal: The following goals were expected for achievement at the end of this session; the participants' were able to explain the strategies for managing anxieties in self-talk, based mainly on pre-service counsellor anxieties.

Homework: List the advantages and disadvantages of keeping a Thought Record. 2. Use an old Thought Record and analyse it using the Automatic Thought Questions we have discussed.

Conclusion: The trainees were commended for their cooperation and encouraged to do their homework. They also are reminded of the time and venue for the next session.

Session 6:

Topic: Problem Solving Skills:

Review of Homework.

Feature of the Step 1. Present Behavioural initiation and its possible impact to the patient.

Stage 2. Utilise customer's guides to show the connection among temperament and conduct.

Stage 3. Distinguish charming exercises/dynamic adapting practices.

Stage 4. Set an activity plan.

Stage 5. Screen progress.

School work:

1.   What exercises did you already use to appreciate that you might want to begin taking an interest in once more?

2. Rundown exercises that you have to improve your present circumstance (try out school; get your examination sticker, and so forth)

3. Make a timetable of the new exercises you perform. Which ones did you achieve? Were there any hindrances? Why? How could you handle them?

End: Members were recognised for their participation and were urged to get their work done. They additionally are helped to remember the time and scene for the following meeting.

Session 8:

Topic: Post- Experiment Test Administration and Conclusion and Follow up.

Targets: At the end of this meeting, members should have reacted to the post-explore test polls.

End: The member was complimented for their participation all through the meetings. They additionally were helped to remember the time and scene for the following meeting.

Development

There was an intelligent meeting between the experimenter and the members on how successfully they could have the option to diminish pre-administration advocate anxiety with the use of CBT.

Control Group

Meeting 1:

Point: Administration of Pre-test Instrument in the first week

Goal: To control pre-test instruments to the members.

Exercises: The scientist heartily invites the members into the programme. Members were educated that they would have five meetings of one hour each for a time of five weeks for the preparation work out.

The specialist acclimated with the individuals from the gathering (those related to pre-administration instructor anxiety through the screening scale).

End

The specialist appreciates the members for their time and exertion.

The members were helped to remember the time and setting for the following meeting.

Meeting 2:

Theme: Meaning of Guidance and Counselling

Goal: At the end of this meeting, members had the option to distinguished between Guidance and Counselling.

Exercises: Guidance is a wide term applied to an absolute school/college programme of exercises planned for helping understudies/students complete sufficient plans and accomplish palatable change throughout everyday life. It, well, may be done by anyone; for example, teachers, level consultants, nurture, guardians and so on.

End: The members were praised for their collabouration. They were likewise helped to remember the time and scene for the following meeting.

Meeting 3:

Point: Services delivered by a Guidance Counsellor in the University

Goal: At the end of this meeting, members ought to have the option to realise the administrations delivered by a Guidance Counsellor.

Exercises: University year's current extraordinary difficulties. It is really a period of incredible self-improvement and dynamic with respect to one's qualities, individual connections, calling and other life-Goals all in an unpleasant understudy scholarly condition. The different administrations that a direction advisor acts in the college condition incorporate the following:

1. Gather, break down and utilise instructive, individual, social and mental information about every understudy to appropriately comprehend and assist him with getting himself.

2. Spreading information among understudies about expert, instructive and individual chances to settle on reasonable decisions and pertinent choices.

3. Helping understudies benefit, as much as possible, from assets and diverting their energies shrewdly into different instructive streams and spaces.

4. Teach understudies to encourage self-understanding and self-advancement.

5. Arranging situations and follow-up projects to help with choosing and misusing openings in the realm of work and business.

End: The members were complimented for their participation. They likewise were helped to remember the time and setting for the following meeting.

Meeting 4:

Subject: Counselling Processes

Goal: At the end of this meeting, members had the option to realise the Counselling measures

Exercises: The most widely-recognised methodology of offering direction and guiding administrations to college understudies are individual and gathering advising measures.

1. **Singular Counselling**: This is where a specialist manages and a client develops an instinctive relationship that supports client care and empowers that person to decide their particular situational issues feasibly.

a. In the fundamental stage, a teacher-client relationship is set up; those revolve around understanding client issues. The issues are assessed; theoretical working hypotheses are made, and targets set.

b. In the inside-stage, the client explores emotions and progression of pieces of information. The client and the guide experience a sentiment of advancement as they work through the client's emotional unsettling influence, client and advocate exchange, that counter exchange and client restriction.

c. In the last stage, guides help clients with applying their new pieces of information and perspectives to their lead in customary day-by-day presence.

1.   Group Counselling: Group Counselling may be described as an extraordinary association among individuals for avoidance or remediation of difficulties or for redesign of self-improvement through the participation of the people who get together for normally surrendered to reason and at prearranged times.

2.   Conclusion: The members were praised for their participation. They additionally were helped to remember the time and setting for the following meeting.

Meeting 5

Point: Administration of Posttest Instrument at the fifth week.

Goal: To manage the present test instrument on the members.

1.   **Activities**: The post -test instrument: Beck Anxiety Inventory (BAI) Emotional Intelligence Scale (EIS) and the Counsellor Activity Self-Efficacy Scale (CASES) were managed to the members, after which the specialist gave some advicing chat on profession dynamic and urged the members to look for any help concerning their vocation dynamic from the analyst at whatever point they need such. Token blessings were given to every individual to show thankfulness and expressed gratitude toward them for their co-activity.

Closing Remark: The researcher commended the trainees for their time and effort.

EXPERIMENTAL GROUP 1

EXPERIMENTAL GROUP 2

EXPERIMENTAL GROUP 1

Clinical Psychology
Prof. J. O. Osiki
B.Ed., M.Ed., Ph.D, Dr.PH
Dr. Chioma C. Asuzu
B.Sc., M.Ed., Ph.D
Dr. O. B. Oparah
B.Sc., M.Ed., Ph.D

Counselling Psychology
Prof. D. A. Adeyemo
B.A.Ed, M.Ed., Ph.D
Prof. Ajibola O. Falaye
B.A. PGDE, M.Ed., Ph.D
Prof. J. O. Osiki
B.Ed., M.Ed., Ph.D, Dr. PH
Prof. S. O. Salami
B.Ed., M.Ed., Ph.D
Prof. T. A. Hammed
B.Ed., M.Ed., Ph.D
Dr. E. A. Awoyemi
B.Ed., M.Ed., Ph.D
Dr. R. A. Animashaun
B.Ed., M.Ed., Ph.D
Dr. D. A. Oluwole
B.Ed., M.Ed., Ph.D
Dr. Olanike A. Busari
B.Ed., M.Ed., Ph.D
Dr. A. O. Adeyemi
B.Ed., M.Ed., Ph.D
Dr. Ndidi M. Ofole
B.Ed., M.Ed., Ph.D

Developmental Psychology
Prof. Ajibola Falaye
B.A. PGDE, M.Ed., Ph.D
Dr. Adebunmi O. Oyekola
B.Ed., M.Ed., Ph.D

Educational Psychology
Prof. C. B. U. Uwakwe
B.Ed., M.Ed., Ph.D
Dr. E. A. Awoyemi
B.Ed., M.Ed., Ph.D

Personnel Psychology
Prof. T. A. Hammed
B.Ed., M.Ed., Ph.D
Dr. A. M. Jimoh
B.A. PGDE, M.Ed., Ph.D
Dr. A. A. Owodunni
B.Ed., M.Ed., Ph.D

Tests and Measurement
Dr. M. O. Ogundokun
B.Ed., M.Ed., Ph.D
Dr. J. O. Fehintola
B.Sc., PGDE, M.Ed., Ph.D
Dr. A. K. Taiwo
B.Sc., M.Ed., Ph.D

Date: 02/05/2019

HEAD OF DEPARTMENT
EDUCATIONAL FOUNDATIONS
UNIVERSITY OF LAGOS
AKOKA, LAGOS

LETTER OF INTRODUCTION

This is to certify that ...Babatunde Adewale AJANI... with

Matriculation No.: ...107962... is one of our M.Phil/Ph.D./Ph.D. students in

the Department of Guidance and Counselling, University of Ibadan. He/She

would like to collect data for his/her thesis titled: EMOTION – FOCUSED AND

COGNITIVE BEHAVIOURAL THERAPIES ON TRAINEE

ANXIETY AMONG PRE-SERVICE COUNSELLORS IN

FEDERAL UNIVERSITIES IN SOUTH WESTERN

NIGERIAN.

Kindly assist him/her in any way you can.

Thank you.

Dr Chioma C. Asuzu,
Acting Head of Department

Approved
3/5/19

DEPARTMENT OF GUIDANCE AND COUNSELLING
UNIVERSITY OF IBADAN, IBADAN, NIGERIA

Acting Head of Department
Dr. Chioma C. Asuzu
B.Sc., M.Ed., Ph.D. (Ibadan)

Telephone: +2348023288194
+2348052946055

E-MAIL:
chiomasuzu20@yahoo.com
counshumandevelopment@gmail.com

Date:

Clinical Psychology
Prof. J. O. Osiki
B.Ed., M.Ed., Ph.D. Dr.PH
Dr. Chioma C. Asuzu
B.Sc., M.Ed., Ph.D
Dr. O. B. Oparah
B.Sc., M.Ed., Ph.D

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Dr. A. K. Taiwo
B.Sc., M.Ed., Ph.D

HEAD OF DEPARTMENT
GUIDANCE & COUNSELLING
OBAFEMI AWOLOWO UNIVERSITY
ILE - IFE, OSUN - STATE

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NIGERIAN.

Kindly assist him/her in any way you can.

Thank you.

Head of Department
Dept. of Guidance and Counselling
University of Ibadan

Dr Chioma C. Asuzu
Acting Head of Department

HEAD
DEPT. OF EDUCATIONAL FOUNDATIONS
AND COUNSELLING
OBAFEMI AWOLOWO UNIVERSITY,
ILE-IFE

SIGN:............ DATE: 6/6/2018