

Counselors' Self-Efficacy: The Role of Multicultural Counseling Competencies, Social Justice, and Homosexuality Attitudes

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Abstract

Counselor self-efficacy is one of the significant features of counselors that play a role in providing effective counseling services. Variables that predict counseling self-efficacy such as age, gender, supervision, and multicultural counseling competencies are counselor features that have been examined in the literature. However, the relationships between counselor self-efficacy and multicultural competencies, social justice, and homosexuality attitudes, which are the core concepts of counselor education and training, have not been examined. In this regard, the purpose of this paper is to investigate the influence of multicultural counseling competencies, social justice, and homosexuality attitudes on the self-efficacy perceptions of counselor candidates. Fourth-grade psychological counseling and guidance students studying at various state universities in the 2020-2021 academic year participated in this study. The study group of this research consisted of 277 (193 women, %69,7%) 4th-grade psychological counseling and guidance students. Multiple regression analysis and correlation analysis were utilized for the data analysis. While multicultural counseling competencies and social justice attitudes of the counselor candidates explained 36% of the variance of counselor self-efficacy, homosexuality attitudes had no predictive power on counseling self-efficacy.

Keywords: counselor self-efficacy, social justice, multicultural counseling, homosexuality attitudes.

Introduction

Perceived self-efficacy is the confidence of the individual in whether he/she can produce a certain performance with his/her power to organize and use his/her cognitive and behavioral skills (Bandura, 1982). According to Beutler et al. (1994), one of the most important characteristics affecting the quality of counseling service is the self-efficacy perceptions of counselors. Counseling self-efficacy is the counselor's perceived self-efficacy regarding his/her capacity to cope with behaviors and certain clinical situations related to his/her field in the counseling process (Larson and Daniels, 1998). Larson et al. (1992) emphasize that the self-efficacy belief of a counselor is based on three basic assumptions: 1)

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Counselor self-efficacy is the most important condition for an effective counseling process. 2) Counselors with high counseling self-efficacy can be patient with difficulties in the counseling process. 3) Counselor candidates with high counseling self-efficacy are more competent in evaluating positive or negative feedback about themselves from an instructional point of view. Previous research indicated that gender (Bodernhorn & Skaggs, 2005; Sutton & Fall, 1995), age (Alvarez, 1995 as cited in Larson & Daniels, 1998), multicultural counseling competencies (Owens et al., 2010), supervision (Cashwell & Dooley, 2001; Daniels & Larson, 2001; Fernando & Hulse-Kulacky, 2005; Pamukçu, 2011), and school climate (Haron et al., 2010; Sutton & Fall, 1995) were associated with counseling self-efficacy. However, past research has not properly examined the significance of the recent and dominating themes of counseling. Thus, the present study investigated to the extent counselor features, multicultural competencies, social justice, and homosexuality attitudes were associated with counselors' self-efficacy.

Counselors, who support the mental health and well-being of clients, need to update their multicultural counseling competencies in parallel with social change to provide mental health services that meet the needs of clients with different characteristics (Ratts et al., 2016). Multicultural counseling can be defined as the process of applying counseling approaches and setting goals within the framework of the cultural differences and subjective experiences of clients; accepting their identities at the individual, collective, and universal level; advocating the cultural and universal roles and strategies in the counseling process; evaluating, diagnosing, and improving the systems of the client by considering the individual and social balance; and a form of assistance (Sue & Torino, 2005). Three competency areas have been determined for culturally competent counselors: 1) Awareness of the interaction of their own culture with other cultural differences; 2) Knowing culturally different clients; 3) Adapting counseling skills to the client's cultural differences (Sue, 2001; Sue et al., 1992; Sue & Sue, 2008).

While there are studies claiming that multicultural counselor efficacy and counselor self-efficacy cover the same competency areas, there are also studies confirming that these concepts show competencies independent of each other (Barden & Greene, 2015; Crook, 2010; Holcomb-McCoy et al., 2008). While multicultural counseling competencies are related to the counselor's awareness, knowledge, and skills to work with clients with different characteristics (Sue & Sue, 2008), self-efficacy is defined as a person's belief and perception of their own competencies to achieve a specific goal (Bandura, 1997). The perception/belief that counselors can generally work effectively with clients is also associated with the belief that they can work with culturally different clients (Constantine, 2002). In this direction, studies that predict counselor self-efficacy and multicultural counselor self-efficacy have been combined under the same roof. Multicultural counseling education and supervision (Constantine, 2001), counselor self-efficacy (Constantine, 2002; Owens et al., 2010), ethnicity (Holcomb-McCoy et al., 2008), and work experience (Owens et al., 2010) are counselor characteristics that predict counselors' multicultural counseling self-efficacy. Similarly, the multicultural counseling competency of the supervisor and not receiving prejudiced attitudes from other counselors (Kissil et al., 2015), and anxiety, teaching experience, and gender (Badenhorn & Skaggs, 2005) predict counselors' self-efficacy. Considering these findings, counselors with high self-efficacy have a higher tendency to notice the inequality of achievement among students and to apply the American School Counselor Association model, which is

based on multicultural education and equality, than counselors with low self-efficacy (Bodenhorn et al., 2010).

Another factor affecting the counseling self-efficacy of counselor candidates is thought to be social justice attitudes. Social justice is based on the idea that society should give individuals and groups fair treatment, equal benefits, and a share of resources and opportunities (Chung & Bemak, 2012). In addition, it is stated that social justice is mainly about the equal distribution of resources (Crethar & Winterowd, 2012). In fact, the point underlined here is about the division of resources and the view that every individual should have a fair and equal distribution of resources (Crethar et al., 2008). An example of this is the case where an individual with a physical disability is provided with additional resources (for example, by providing a guide dog) to have the same rights in the community as someone who is not physically disabled. Here, the distribution is based on individual needs rather than pure equality. In the definitions of social justice, this concept of fairness has been used to refer to resources or products, such as strength and obligations in society (Prilleltensky & Nelson, 1997), opportunities for individuals (Chung & Bemak, 2012), and income, education, and good healthcare (Lewis, 2010). More precisely, social justice includes knowledge and professional actions designed to change social values, structures, policies, and practices that enable disadvantaged or exceptional groups to gain more access to tools that serve to determine their own future (Goodman et al., 2004). In this context, it is reported that psychologists are in a position to lead the social change, social justice advocacy, and social justice that ensure the appreciation of multiculturalism, social understanding, and approval and appreciation of the individual against the harmful effects of negative factors, such as discrimination and especially prejudice, which are effective in the emergence of negativities towards individuals (American Psychological Association [APA], 2002). In this sense, it is understood that healthcare workers in the field of mental health have duties and responsibilities in ensuring social justice.

One of the fields of mental health is the field of counseling. In addition to the fact that there are many factors for individuals to experience effective counseling processes in this field, factors related to the counselor who takes an active role in the process have been emphasized (Hackney & Cormier, 2005). Various factors affect counseling self-efficacy (effective counselor qualifications, emotional intelligence, supervision process, life satisfaction, anxiety, styles of humor, personality traits, job satisfaction, and educational experiences), and there are some studies in the literature about these factors (Aydın, 2016; Çapri & Demiröz, 2016; Meydan, 2015; Pamukçu, 2011; Satıcı, 2014; Yam & İlhan, 2016; Yayla and İkiz, 2017). The importance of counseling self-efficacy in experiencing an effective counseling process is understood, and it is also noteworthy that individuals seeking psychological help recently have a multicultural nature. From this point of view, considering the multicultural nature of individuals seeking psychological help, it is thought that the importance of the idea of social justice will affect the counseling self-efficacy in the counseling process. In addition, another situation that is closely related to social justice attitudes is cultural awareness. Cultural awareness is the sensitivity of mental health professionals to their personal values and prejudices and their awareness of how these can affect the perceptions of individuals with problems, their problems, and the counseling relationship (Sue et al., 1992). Given that counselors and psychologists provide mental health services to a more culturally

diverse population than ever before, providing adequate service to diverse groups requires multicultural competencies. As Vera & Speight (2003) stated, commitment to multiculturalism also requires a commitment to social justice.

Sexual orientation affects the relationships that a person establishes with his/her environment, and it is also effective in the interaction of the individual with his/her environment. Thus, it is quite different from being just a personal characteristic (APA, 2012). As a matter of fact, it is emphasized that sexuality is an important part of both physical and mental and social well-being (Gendel & Bonner, 1992). However, it is seen that people who are not heterosexual in terms of sexual orientation may face various discrimination, stigmatization, and verbal or physical violence by society due to their sexual orientation. In addition, it has been stated that homosexual individuals who are exposed to prejudice and discrimination may face many health problems, such as mood and anxiety disorders, suicidal ideation and attempts, and alcohol/substance abuse (Herek & Garnets, 2007; Yalçınoğlu & Önal, 2014). The stigma caused by sexual orientation negatively affects the individual directly by causing stress and indirectly by influencing various self-efficacy coping skills that the individual can develop against stress. In addition, it is known that stress sometimes makes people in a minority group even more fragile. At the same time, it has been reported that the rates of developing psychopathology in non-heterosexual groups of people exposed to similar stress conditions differ (APA, 2012). In addition, it has been observed that children and adolescents who are victimized in schools due to their gender and sexual orientation are at high risk for mental health problems, suicidal thoughts and attempts, substance abuse, high-risk sexual activity, high levels of absenteeism, and poor academic outcomes (Birkett et al., 2009; Bontempo & D'Augelli, 2002; Çıtak & Yazıcı, 2022; D'Augelli et al., 2002; Russell et al., 2011). One of the ways that homosexual individuals resort to so that they can cope with these negativities is to receive counseling. It has been shown that the homosexuality attitudes of counselors in such a situation are generally positive and do not differ significantly according to age, region of the workplace, education level, and ethnicity (Bowers et al., 2015; Choi et al., 2005; Rainey & Trusty, 2007; Satcher & Schumacker, 2009; Savage et al., 2004).

Professional competencies of counselors who provide counseling to individuals with different sexual orientations or experiencing various emotional and behavioral problems due to their sexual orientation play an important role in the therapeutic relationship and outcomes. A guideline has been published by the APA to provide appropriate counseling to individuals with different sexual orientations, including lesbians, gays, and bisexuals (Dillon et al., 2008). In the guideline, which was prepared based on Bandura's social learning model, it was assumed that general self-efficacy and LGB affirmative self-efficacy were mutually supportive. In other words, it is considered that the competencies of counselors to work with clients with different sexual orientations may be related to counselor self-efficacy. For example, in a study with counselors, Balsamo (2014) found that the self-efficacy levels of practitioners who took a sexuality course were higher than those who did not. According to the results of another study, it was observed that counselors, who learned about sexuality-related issues, shared issues about sexuality more easily in the counseling environment (Harris & Hays, 2008). The common emphasis of these studies is that counselors who have knowledge about sexual orientation and sexuality and

strengthen their competencies will provide more effective counseling. In addition, considering the counseling self-efficacy scale, it may be suggested that experts who provide appropriate psychological support to clients with different sexual orientations will be competent in skills areas, such as helping skill self-efficacy, session management self-efficacy, and challenges self-efficacy, which are the subscales of the counselor self-efficacy scale. For example, the ability to work with clients who have different values due to different identities such as beliefs and gender can be interpreted as an indicator of high self-efficacy. Therefore, counselors' knowledge of sexuality and sexual attitudes, developing awareness, and gaining various skills by using resources such as education (Alessi et al., 2016; Balsamo, 2014) and supervision (Cashwell & Dooley, 2001) can also contribute to strengthening their self-efficacy. As a result, in terms of strengthening counseling self-efficacy, competencies to work with clients of different sexual orientations, in addition to social justice and multicultural counseling competencies, may also have an impact on counseling self-efficacy.

One of the most important goals of counselor education is to teach counseling competencies at undergraduate and graduate levels. Counseling competencies consist of competencies in different fields. Raising awareness about social justice, multiculturalism, sexual attitude, etc., and developing and strengthening these competency areas are important competencies that counselor education aims to teach. Since counselors mostly work at schools, the population they work with includes students, and the diversity of students in terms of gender, age, developmental periods, school type, socio-economic level, place of residence, family, and other characteristics reveals the importance of counselor competencies. Counselors need to be able to establish healthy therapeutic communication and carry out the counseling process healthily and effectively while working with individuals with different individual and cultural characteristics. Social justice, multiculturalism, and sexual attitude competencies/attitudes are prominent headings among the competencies/attitudes needed by counselors when working with individuals with different individual and social-cultural characteristics. Being able to respond to the needs of disadvantaged groups (social justice), working sensitively to the cultural needs of different schools (multiculturalism), and being able to work with different sexual identities are the professional attitudes that counselors should acquire. Considering all these, the importance and necessity of conducting research on social justice, multiculturalism, and sexual attitudes in counselor candidates in our country has drawn attention. Considering that there was no research on this subject in the literature in our country, this study was designed to fill an important gap in the literature. Therefore, the study was conducted to investigate the predictive effects of multiculturalism, social justice, and sexual attitudes of counselor candidates on counseling self-efficacy. Accordingly, the following hypotheses were tested.

1. Multicultural counseling competency will be associated with counseling self-efficacy.
2. Social justice attitudes will be associated with counseling self-efficacy.
3. Homosexuality attitudes will be associated with counseling self-efficacy.

Method

Research Design

In this study, the relationships between counselor candidates' attitudes towards multiculturalism, social justice, and homosexuality and their counseling self-efficacy were evaluated following the correlational research design. It is reported that the correlational research design used in this context is a research model that aims to determine the existence and degree of correlation between at least two variables (Fraenkel et al., 2012).

Participants and Procedures

The study group consisted of senior students of the Guidance and Psychological Counseling Department from four different state universities in the spring term of the 2020-2021 academic year. A total of 277 counselor candidates ($M_{age} = 22.9$, $sd = 1.69$, 69.7% female) were included in the study. After the approval of the ethics committee was obtained for the research, an online application form was prepared by the researchers. The online application form was delivered to undergraduate students through faculty members in the Guidance and Psychological Counseling Department. Convenient sampling method was used for the recruitment of the participants. Participation in the research was based on the principle of voluntariness. In addition, an informed consent form was sent to the participants along with the online application form, and their consent was obtained.

Measures

Demographic Data Form

This form, which was developed by the researchers, included questions about socio-demographic characteristics, such as age, gender, educational status, socioeconomic level, and class level.

Multicultural Counseling Competencies Scale

This scale was developed by Özer and İlhan (2014), and it was used to measure the multicultural counseling competency levels of counselor candidates. The three-factor model was coherent with Tripartite Multicultural Counseling ($\chi^2/df = 2.51$, $RMSEA = .07$, $NFI = .92$, $NNFI = .95$, $CFI = .95$, $IFI = .95$, $GFI = .85$, $AGFI = .83$, $SRMR = .06$). The scale consists of 26 items and three sub-dimensions. The sub-dimensions were named as skills, awareness, and knowledge, respectively. The scale has a 5-point Likert-type structure with evaluation options ranging between 1 (does not describe me at all) and 5 (exactly describes me). Scores on the scale vary from 26 to 130. Low scores obtained from the scale indicate a low level of perceived multicultural counseling competency and high scores indicate a high level of perceived multicultural counseling competency. The internal consistency coefficient of the scale was calculated as .88 for the total scale, .88 for the skills sub-dimension, .88 for the awareness sub-dimension, and .84 for the knowledge sub-dimension. The internal consistency coefficient of the scale was calculated as .81 in the present study.

Social Justice Scale

This scale, which was developed by Torres-Harding et al., (2012), was used to measure the social justice levels of counselor candidates. The scale has a total of 24 items and four factors. There are 11 items in the attitude towards social justice factor, 5 items in the perceived behavioral control factor, and 4 items in each of the subjective norms factor and behavioral intentions factor. Each item is scored on a 7-point Likert-type scale with options ranging between 1 (strongly disagree) and 7 (strongly agree). Cronbach's alpha internal consistency coefficients of the scale were calculated as .82 and .95. The Turkish adaptation study of the scale was conducted by Cırık (2015) and fit indices showed good fit ($\chi^2/df = 2.72$, GFI = .90, RMSEA = .05, NFI = .96, CFI = .97) The internal consistency coefficients obtained in the adaptation study were calculated as .92 for the total scale and between .84 and .92 for the sub-dimensions. The internal consistency coefficient of the scale was calculated as .89 in the present study.

Hudson and Ricketts Homophobia Scale (HRHS)

This is a 25-item measurement tool developed by Hudson ve Ricketts (1980) to measure attitudes towards homosexuals. The Turkish adaptation study of the scale was carried out by Sakallı and Uğurlu (2001). The Turkish form of the scale has 24 items. Participants are asked to grade each item between 1 (strongly disagree) and 6 (strongly agree). High scores obtained from the scale indicate a high level of homophobia. Cronbach's alpha internal consistency coefficient for the reliability of the scale was calculated as .90 for the original form and .94 for the Turkish version.

Counselor Activity Self-Efficacy Scales (CASES)

This measurement tool, which was developed by Lent et al., (2003), was used to measure counselor candidates' counseling self-efficacy. CASES consists of 41 items and three subscales. The subscales are helping skill self-efficacy, session management self-efficacy, and challenges self-efficacy, respectively. The scale is evaluated on a 10-point Likert-type structure with options ranging between 0 (no confidence at all) and 9 (complete confidence). It is possible to calculate a total score for the scale and a total score for each subscale. The lowest score that can be obtained from the scale is 0 and the highest score is 369. It is considered that individuals who score high on the scale have high counseling self-efficacy, while those who score low have low counseling self-efficacy. The validity and reliability study of the scale in the Turkish sample was carried out by Pamukçu and Demir (2013). The adaptation of the instrument had good fit ($\chi^2/df = 3.34$, $p < .000$, RMSEA = .072, S-RMR = .045, GFI = .91, AGFI = .88, CFI = .98). Within the scope of this study, the internal consistency coefficient of the scale was calculated as .95.

Data Analysis

The SPSS-23 statistical software package was used in the analysis of the data. Research data were collected from senior undergraduate students from the Guidance and Psychological Counseling program of different state universities in the spring semester of the 2020-2021 academic year. To carry out the research, the approval of the Social and Human Sciences Scientific Research and Publication Ethics Committee of Uşak University was obtained (date: 11/06/2020, issue: 2020-78). The data collection process was carried out through an online form, and it took an average of 15 minutes to fill out the form. First, the minimum, maximum, mean, and standard deviation values of the items were examined through frequency distributions and descriptive statistics to examine whether the data were within the

expected values. Univariate outliers were examined with reference to z scores, and 26 univariate outliers were excluded from the dataset. The data set was examined by using frequency distributions to find out whether there were missing data, and it was seen that there were not any. The assumptions of the regression analysis, including multivariate outliers, normality, linearity, covariance, multicollinearity, and independence of errors from each other, were examined. The skewness and kurtosis coefficients were examined for the assumption of normality, and it was seen that skewness values ranged from 0.54 to -1.52 and kurtosis values from 1.36 to -1.44. Mahalanobis values showed that there were no multivariate outliers in the data set. The results obtained showed that the normal distribution assumption of data was met (Table 1). The existence of multicollinearity and singularity problems between the variables was examined by correlation coefficients, tolerance values, and variance inflation factor. Correlation values between variables are presented in Table 1. Low and moderate correlation coefficients were observed. Tolerance values for attitudes towards multiculturalism, social justice, and homosexuality variables were calculated as 0.59, 0.58, and 0.87, and the variance inflation factor was calculated as 1.70, 1.72, and 1.14, respectively. In addition, the Durbin-Watson value (1.98) obtained from the model showed that there was no multicollinearity and singularity problem between variables. Finally, the scatter plot of the residuals was examined to test the assumptions of normality, linearity, and covariance. The values obtained showed that the data was appropriate for regression analysis. After the assumptions were met, data analysis was performed. Descriptive statistics, correlation analysis, and multiple linear regression analysis were used in the analysis of data. Descriptive statistics were used to calculate the mean, standard deviation, and frequency values of variables. Correlation analysis was used to examine relationships between variables. Multiple linear regression analysis was employed to predict counselor candidates' self-efficacy.

Findings

Descriptive statistics (mean and standard deviation values, and skewness and kurtosis coefficients) and correlation coefficients of variables are presented in Table 1. The examination of the descriptive statistics of counselor candidates in Table 1 indicated that the counseling self-efficacy, social justice, and multiculturalism levels were high. The skewness values for the levels of counseling self-efficacy, social justice, multiculturalism, and homosexuality attitudes were calculated as -.53, .33, -.77, and -.05, and the kurtosis values as 1.07, -.58, -.20, and -.66, respectively. These values were found to show a normal distribution as they were between -2 and +2 (George and Mallery, 2019).

When the correlation coefficients between the variables were examined in Table 1, there was a moderate positive correlation between counseling self-efficacy and social justice ($r = .54, p < .01$) and multicultural counseling self-efficacy ($r = .54, p < .01$). Also, there was a low level and significant negative relationship ($r = -.16, p < .01$) between counseling self-efficacy and attitudes towards homosexuality.

Table 1

Descriptive statistics and correlation coefficients for variables

Variables	1	2	3	4
Self-efficacy	-	.54**	.54**	-.16**
Multiculturalism		-	.63**	-.31**
Social Justice			-	-.33**
Homosexuality				-
Mean	244.35	96.06	140.13	88.00
Standard deviation	49.68	12.35	19.53	27.28
Skewness	-.53	.33	-.77	-.05
Kurtosis	1.07	-.58	-.20	-.66

* $p < .05$, ** $p < .01$

Multiple linear regression analysis was conducted to examine the role of counselor candidates' multicultural counseling competencies, social justice, and homosexuality attitudes on their counseling self-efficacy. The results of the regression analysis regarding the counseling self-efficacy of counselor candidates are presented in Table 2.

Table 2

The results of multiple linear regression analysis on the prediction of counselor candidates' self-efficacy

Model 1	B	SE B	β	t	p	R^2	F
Constant	-19.43	26,87		-.72			
Multiculturalism	1.35	.27	.34	5.058	<.001		
Social justice	.89	.17	.35	5.278	<.001	.36	46.87
Homosexuality attitudes	.10	.10	.06	1.042	.300		

As seen in Table 2, social justice and multicultural counseling competencies significantly predicted counselor self-efficacy [$F(3-247) = 46.87, p < .001, R^2 = .36$]. According to the results of the regression analysis, social justice ($\beta = .35, p < .001$) and multicultural counseling competencies ($\beta = .34, p < .001$) positively predicted counselor candidates' self-efficacy and had a significant effect.

Discussion

This study was conducted to find out whether counseling self-efficacy was predicted by multicultural counseling competencies, social justice, and homosexuality attitudes. According to the results of the study conducted with senior students from the Guidance and Psychological Counseling undergraduate program, multicultural counseling competencies and social justice attitudes explained 36% of the variance in counseling self-efficacy. Homosexuality attitudes were not associated with counseling self-efficacy. It was determined that the multicultural counseling competencies of counselor candidates and their social justice attitudes had a similar effect on explaining counseling self-efficacy.

As a result of this research, it was seen that the multicultural counseling competencies of counselor candidates had a significant predictive effect on their counseling self-efficacy. Due to the limited number of studies on the relationship between multicultural counseling competencies and counseling self-efficacy in the literature, factors affecting multicultural counseling competencies/self-efficacy were discussed. This situation can be justified as follows: the perception/belief that counselors can generally work effectively with clients is also related to the belief that they can work with culturally different clients (Constantine, 2002). First of all, multicultural counseling is covered in different courses in undergraduate education of counselor candidates or it is given as an independent course, and this may be one of the factors affecting the self-efficacy of counselor candidates. The results of the qualitative study conducted by Kağnıcı (2014) with undergraduate students showed that counselor candidates were effective in developing their multicultural counseling competencies. Badenhorn and Skaggs (2005) showed that multicultural counseling education affected multicultural counseling self-efficacy. Secondly, counselor candidates receive supervision in accordance with the multicultural counseling approach in counseling practices, and this can be presented as another reason. The multicultural counseling proficiency of supervisors positively affects the self-efficacy of counselors who are supervised (Kissil et al., 2015). The diversity of the theoretical and practical competencies of instructors in the field of counseling may affect the self-efficacy levels of counselor candidates. Finally, considering the cultural diversity in Turkey, students' different cultural backgrounds may be another reason. Characteristics such as gender (Badenhorn & Skaggs, 2005) and ethnicity (Holcomb-McCoy et al., 2008) affect the multicultural counseling self-efficacy of counselors. Cultural differences may affect multicultural counseling competencies and also general counseling self-efficacy.

According to the results of this study, another variable affecting the counseling self-efficacy of counselor candidates was observed to be social justice attitudes. The high social justice attitudes of counselor candidates ensure that their counseling self-efficacy is high. A review of the literature indicated that the current research finding was partially supported by a study on the relationship between social justice attitudes and the self-efficacy of individuals (Hosseinkhani & Giyaove, 2015). When the results of the study were examined, it was determined that the higher the social justice attitudes of the individuals were, the higher their self-efficacy was. In addition to this situation, there are also studies showing that individuals' high social justice self-efficacy expectations increase their social justice outcome expectations, interests in social justice, and commitment to social justice (Miller et al., 2009; Miller and Sendrowitz, 2011). On the other hand, it has been revealed that providing social support for social

justice also increases individuals' social justice self-efficacy (Miller et al., 2009; Miller and Sendrowitz, 2011). Furthermore, it has been found that high levels of social justice self-efficacy, social justice outcome expectations, and social support for social justice increase the activist nature of heterosexual individuals towards lesbians, homosexuals, bisexuals, and transgender individuals (Jones & Brewster, 2017). In addition to these studies, it has been revealed that individuals' social justice attitudes increase with self-differentiation and high levels of hope, which have a similar relationship with the person's self-structure such as self-efficacy (Sandage et al., 2014). In this context, it has been determined that individuals with high levels of self-differentiation can adopt the perspectives of others and balance emotional closeness and distance in relationships (Skowron, 2004). The result that individuals' self-differentiation levels increase as their social justice attitudes increase (Sandage et al., 2014) partially supports the current research finding.

It is known that social justice is based on the idea that society grants fair treatment, equal benefits, and a share of resources and opportunities to individuals and groups. However, it is known that people belonging to different beliefs, races, or religions, especially sexual orientation, are exposed to different kinds of discrimination. In this context, it is thought that mental health professionals who are educated based on unconditional acceptance and respect throughout their professional education grow up as individuals with ideas for providing knowledge and professional actions designed to change social values, structures, policies, and practices that enable these exceptional groups to gain more access to tools that serve to determine their own future. In addition, since mental health professionals are in a position to lead the social change, social justice advocacy, and social justice that ensure the appreciation of multiculturalism, social understanding, and approval and appreciation of these extraordinary groups against the harmful effects of negative factors, it can be said that this ensures that their counseling self-efficacy is high.

The results obtained from this study showed that counselor candidates' attitudes towards homosexuality did not predict their counseling self-efficacy. Considering previous research findings, it was assumed that homosexual attitudes might be related to counseling self-efficacy. The overlapping aspects of the sub-dimensions of counseling self-efficacy and homosexuality attitudes indicated that the two structures may be related. Similarly, according to the APA guidelines, it was assumed that general self-efficacy and LGB affirmative self-efficacy were mutually supportive. Various studies have shown results that support this assumption. The fact that self-efficacy levels of those who receive a sexuality education course during counselor education are higher than those who do not (Balsamo, 2014), and that those who receive education about sexuality can share issues on this subject more easily (Harris & Hays, 2008) show that homosexuality and sexuality attitudes can be related to counseling self-efficacy. In this study, the fact that counselors' homosexual attitudes were not related to self-efficacy can be justified for different reasons. Measurement of the homosexuality attitudes of counselor candidates with a general measurement tool can be presented as a reason. The use of a measurement tool specific to counselors may be beneficial in terms of examining the relationship between variables. The fact that counselor candidates have limited contact with homosexual individuals both in their social and professional lives can be considered as another problem for the behaviors to be measured. However,

considering the research results, the competency to work with different identities can also show high levels of counseling self-efficacy. In this direction, receiving education on topics such as sexuality and sexual attitudes (Alessi et al., 2016; Balsamo, 2014) and supervision (Cashwell & Dooley, 2001) can contribute to the development of counselors' self-efficacy.

This study, in which counselor candidates' counseling self-efficacy was examined, was conducted in a different culture and it was aimed to predict counselor self-efficacy according to social justice and multicultural counseling competencies, which were considered as characteristics that made the study powerful. The limitations and recommendations of this research can be presented under several headings. First of all, the main limitation of this study was that it was designed as a cross-sectional study. Considering that especially education has an effect on the general self-efficacy and multicultural counseling self-efficacy of counselors, there is a need to examine counselor self-efficacy via longitudinal studies. Secondly, the fact that there is a relationship between counseling self-efficacy and social desirability/acceptance and that social desirability/acceptance is taken as a control variable in studies in the literature points to another limitation of this study. In future studies, the use of variables, such as social desirability, education, and work experience as control variables in studies to be conducted on counseling self-efficacy may produce more useful results. Finally, unlike this study, in which counselor candidates' self-efficacy was examined, a similar study could be designed on various samples. Studies can be carried out to examine the self-efficacy of school counselors, academics, counselors from different cultures, and people who have specialized in the sub-fields of guidance and counseling. Particularly, studies to be conducted with counselors who have experience with multiculturalism and homosexual clients may be beneficial.

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