

THE INVESTIGATION OF THE THERAPEUTIC ALLIANCE IN TERMS OF PSYCHOLOGICAL COUNSELORS

Psikolojik Danışmanlar Açısından Terapötik İttifakın İncelenmesi

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ABSTRACT

This study aimed to examine the mediating role of psychological counselors' general self-efficacy beliefs and counseling self-efficacy beliefs in the relationship between the therapeutic alliance that is established by them with their clients and their attachment styles. The study, which used the relational screening model, was carried out on 421 school counselors who had been working in the field for at least 1 year and had been conducting at least 1 psychological counseling session a week. Data collection tools included Therapeutic Alliance Scale, Psychological Counselor Questionnaire, Interpersonal Attachment Styles Scale, Psychological Counseling Self-Efficacy Beliefs Scale, and General Self-Efficacy Scale. AMOS was employed to analyze the hypothesis test model, and the relationships between the variables were examined using path analysis. The findings revealed that counseling self-efficacy belief predicted the therapeutic alliance more than the general self-efficacy belief and that it had a stronger mediating role in the relationship between attachment styles and therapeutic alliance than the general self-efficacy belief. The findings were discussed in light of the literature, and various recommendations were made for future research.

Keywords: Therapeutic Alliance, Attachment Styles, General Self-Efficacy Beliefs, Counseling Self-Efficacy Beliefs

ÖZET

Bu araştırmanın amacı, psikolojik danışmanların danışanlarıyla kurduğu terapötik ittifak ile bağlanma stilleri arasındaki ilişkide genel öz yeterlik inançları ve psikolojik danışma öz yeterlik inançlarının aracılık rolünü incelenmesidir. İlişkisel tarama modelinin kullanıldığı araştırma, en az 1 yıldır alanda çalışan ve haftada en az 1 psikolojik danışma yapan 421 okul psikolojik danışmanı üzerinde gerçekleştirilmiştir. Araştırmada veri toplama araçları olarak, Terapötik İttifak Ölçeği: Psikolojik Danışman Formu, Kişilerarası Bağlanma Stilleri Ölçeği, Psikolojik Danışma Öz Yeterlik İnançları Ölçeği ve Genel Öz Yeterlik Ölçeği kullanılmıştır. Hipotez test modelinin analizi için AMOS kullanılmış ve değişkenler arasındaki ilişkiler yol analizi ile incelenmiştir. Bulgular, psikolojik danışma öz yeterlik inancının, genel öz yeterlik inancına göre terapötik ittifakı daha fazla yordadığını ve bağlanma stilleriyle terapötik ittifak arasındaki ilişkide genel öz yeterlik inancına göre daha güçlü aracılık rolüne sahip olduğunu göstermiştir. Bulgular, alanyazın ışığı altında tartışılmış ve ileride yapılacak araştırmalara çeşitli önerilerde bulunulmuştur.

Anahtar Kelimeler: Terapötik ittifak, Bağlanma Stilleri, Genel Öz Yeterlik, Danışma Öz Yeterliği

1. INTRODUCTION

In the psychological counseling profession, the nature and aspects of the relationship between the counselor and the client have always attracted the attention of researchers and theorists. The therapeutic alliance, known as part of a therapeutic relationship (Horvart and Luborsky, 1976), is defined as having a mutual understanding of the goals regarding the development between the client and the counselor and the tasks that must be fulfilled to achieve these goals (Bordin, 1979). According to Gelso and Carter (1985), the concept of alliance defined by Bordin (1979) is the strongest and most striking aspect of the therapeutic relationship. Willutzki (2004), on the other hand, states that Bordin's redefinition of the concept of therapeutic alliance regardless of approaches has increased interest in therapeutic alliance in studies.

There is considerable theoretical information and research in the literature into the role and impact of the therapeutic alliance in the psychological counseling process (Bordin, 1979; Duff & Bedi, 2010; Escudero, 2016; Horvath & Greenberg, 1989; Ligiéro & Gelso, 2002). In one study (Duff and Bedii 2010), psychological counselors' supportive talks, positive attitudes, and their welcoming the clients using positive body language have been found to positively predict the therapeutic alliance of the clients. Horvath and Symonds (1991), who conducted pioneering studies on the contribution of the therapeutic alliance to the

counseling process, found in a meta-analysis study on 24 studies that therapeutic alliance was an important variable in explaining the counseling outcomes. In other meta-analysis studies (Horvath, 2005; Martin, Garske & Davis, 2000), results supporting the findings of Horvath and Symonds were obtained and a moderate positive correlation was found between therapeutic alliance and counseling outcomes.

In studies on the therapeutic alliance (Dunkle & Friedlander, 1996; Dozier, Cue, and Barnett, 1994; Kivlighan, Patton, and Foote, 1998; Meyer and Pilkonis, 2001; Mohr, Gelso, and Hill, 2005), some personality traits including attachment were emphasized to be an important variable in the relationship between the client and counselor. Meyer and Pilkonis (2001) suggested that therapists with a secure attachment style would more easily deal with therapeutic interruptions than therapists with obsessive attachment styles. Similarly, Miranda and Andersen (2010) claimed that secure attachment of a therapist facilitated his status of being a safe shelter and a safe base for the client, which, in turn, contributed to positive therapeutic processes and outcomes.

Past studies support the views put forward on the significance of the role of attachment on the client-counselor therapeutic alliance. For example, Dunkle and Friedlander (1996) found that psychological counselors with a secure attachment style established therapeutic alliance more smoothly than those with insecure attachment styles. Similar findings were reported in the study of Bruck, Winston, Aderholt, and Muran (2006). In the study, positive correlations were found between the therapeutic alliance of psychological counselors with secure attachment styles and secure attachment. In a study, Eames and Roth (2000) collected data from 30 clients and 11 counselors. They determined a positive correlation between secure attachment and therapeutic alliance, and a negative correlation between insecure attachment and therapeutic alliance. Also, the majority of the counselors who established an earlier alliance were reported to have secure attachment styles.

In addition to attachment styles, self-efficacy beliefs are also seen as an important personality trait in explaining the therapeutic alliance (Larson and Daniels, 1998). This feature is an essential factor for the organization and putting into effect of behaviors which are based on thoughts regarding competence and capacity and which will be carried out in line with the determined goals (Bandura, 1977). This concept has been conceptualized as the counseling self-efficacy in the counseling area, as well as being a subject of research in many areas of life (social, academic, professional, etc.). Daniels and Larson (2001) defined counseling self-efficacy as the beliefs of psychological counselors in their ability to give effective counseling to a client soon. Ridgeway and Sharley (1990) stated that self-efficacy was a significant factor in adapting to the counseling process and conducting effective counseling.

In a study on 331 clients and 80 psychological counselors, Baldwin, Wampold, and Imel (2007) found that the counselor qualifications and the training that counselors received were important in terms of therapeutic alliance and counseling outcomes. In the study conducted by Heppner, Multon, Gysber, Allis, and Zook (1998), on the other hand, positive and significant correlations were found between the dimensions of counseling self-efficacy (readiness to counseling, self-confidence, support, and independence) and therapeutic alliance levels. In a study by Humeidan (2002), with the increase in counseling self-efficacy belief, the levels of establishing therapeutic alliance by psychological counselors were reported to increase, as well.

When studies related to the counseling process are examined, it can be seen that there is a limited number of studies investigating therapeutic alliance, attachment styles, and self-efficacy beliefs together. In a study conducted by Day (2006), a positive correlation was found between counseling self-efficacy and secure attachment style and a negative correlation between counseling self-efficacy and avoidant and insecure attachment styles. In the same study, the therapeutic alliance and psychological counseling self-efficacy were found to develop a positive correlation with secure attachment styles. In the study conducted by Mallinckrodt, Gantt, and Coble (1995) on 138 female clients, the correlations between the therapeutic alliance levels perceived by the clients and their attachment styles and general self-efficacy beliefs were investigated. In the study, positive correlations were found between therapeutic alliance, secure attachment, and self-efficacy beliefs.

In general, when the related studies are examined, it can be seen that psychological counseling self-efficacy belief is preferred more compared to the general self-efficacy belief. Also, there is no study addressing both self-efficacy beliefs together and their roles in the relationship between the alliance and attachment styles. Considering all these reasons, this study aimed to investigate which of these beliefs, counseling self-

efficacy belief or general self-efficacy belief, predicted the therapeutic alliance more and whether these two had a mediating role in the relationship between attachment styles and therapeutic alliance. The conceptual model created with this respect is as follows.

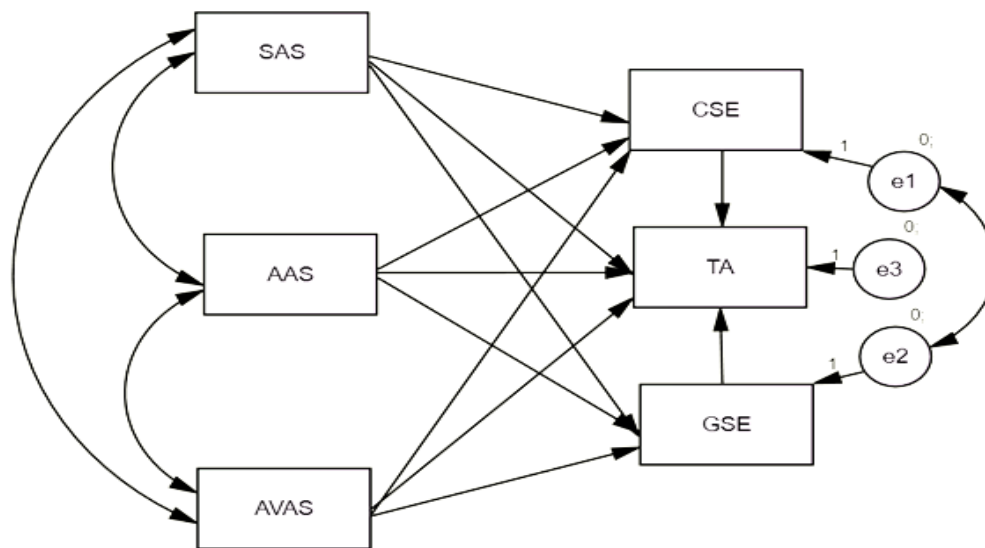


Figure 1. Conceptual model [SAS: Secure attachment style, AAS: Anxious Attachment style, AVAS: Avoidant attachment style, CES: Counseling self-efficacy, GCE: General self-efficacy, and TA: Therapeutic alliance]

2. METHOD

This section included information about the research model, study group, data collection tools, data collection process, and data analysis.

2.1. Model of the Research

The study used the relational screening model. This model is used to determine the levels of co-change between multiple variables (Cohen, Manion, and Morrison, 2000).

2.2. Study Group

The study group consisted of psychological counselors working in institutions affiliated to the Ministry of National Education. Data were collected from a total of 438 psychological counselors (265 female, 153 male). The ages of the participants ranged between 22 and 63 ($X = 30.69$; $SD = 7.97$), their professional experience varied from 1 year to 25 years ($X = 7.12$, $SD = 6.96$), and the number of their weekly counseling sessions was between 1 and 20 ($X = 7.44$, $SD = 7.69$). While 267 of the psychological counselors in the study group conducted the counseling process with a single counseling approach, 22 of them conducted the counseling process with two counseling theories and 40 carried out the process with at least three counseling approaches. On the other hand, 109 of the psychological counselors who participated in the study did not provide information about the counseling theory they followed. At the same time, while those in the study group were observed to mainly prefer cognitive counseling approaches (159 psychological counselors), and others were determined to use the Short-Term Solution Focused Approach (69 psychological counselors).

2.3. Data Collection Tools

2.3.1. The Therapeutic Alliance Scale - Psychological Counselor Form: The scale was developed based on the theory of Bowlby (1979) by Kandemir and İlhan (2017) to measure the therapeutic alliance skills of specialists providing psychological counseling services. After exploratory factor analysis, a 20-item and three-factor scale was obtained. Factors were named as "task and responsibility alliance", "goal alliance" and "emotional bond alliance" respectively. For reliability, Cronbach's alpha internal-consistency coefficients were examined, as a result, the coefficients of the factors were found to be 0.86, 0.87, and 0.68, respectively. Also, the factor structure of the scale was examined by exploratory factor analysis, and a good level of goodness of fit coefficients was obtained ($\chi^2 / sd = 3.48$; RMSEA, .07; CFI, .93; IFI, .93; NFI, .91; TLI, .92; and RFI .88). In this study, Cronbach's alpha internal-consistency coefficients of the scale were

.92 for the goal factor, .90 for the task factor, .87 for the emotional bond factor, and .88 for the overall scale.

2.3.2. The Interpersonal Attachment Styles Scale: The scale was developed by Kandemir and İlhan (2017) by taking into account the theoretical foundations of attachment concept based on Bowlby's (1980). During the development process of the scale, data were collected from university students for Exploratory and Confirmatory Factor Analyses. As a result of the exploratory factor analysis, a three-factor structure was obtained. Factors were named as "secure attachment", "anxious / obsessive attachment", and "avoidant attachment", respectively. Cronbach's alpha internal consistency coefficients of the scale were found as 0.80 for the first factor, 0.74 for the second factor, and 0.72 for the third factor. In the Confirmatory Factor Analysis, an adequate level of goodness of fit coefficients were obtained ($\chi^2 / sd = 3.15$; RMSEA, 0.06; CFI, 0.91; IFI, 0.90; NFI, 0.90; TLI, 0.91; GFI, 0.92, and AGFI, .91) and the three-dimension structure was confirmed. In the present study, on the other hand, Cronbach's alpha internal-consistency coefficients of the scale were found as 0.83 for the secure attachment factor, .84 for the anxious attachment factor, and .80 for the avoidant attachment factor.

2.3.3. The Counseling Self-Efficacy Scale: This scale was developed by Lent, Hill, and Hoffman (2003) to determine self-efficacy belief levels regarding counseling skills of psychological counselors during the counseling process, and it was adapted to Turkish by Pamukçu and Demir (2013). The Turkish form of the scale was designed in the Likert type with a scoring system ranging from 1 to 9. In the study of Pamukçu, Cronbach's alpha internal-consistency coefficients were 0.96 for the overall scale, 0.91 for the counseling skills self-efficacy sub-dimension, 0.97 for the session management skills self-efficacy sub-dimension, and 0.94 for the coping with counseling process difficulties self-efficacy sub-dimension. In the present study, aiming to predict the therapeutic alliance skills of psychological counselors, the overall internal consistency reliability coefficient of the scale was found to be 0.94.

2.3.4. The General Self-Efficacy Scale: This scale was developed by Schwarz and Jerusalem (1995) to measure individuals' efficacy beliefs about their capacity to cope with difficulties in life. The original version of the scale adapted to Turkish by Yeşilay, Schwarzer, and Jerusalem (1997) is German. As a result of the reliability analysis conducted during the adaptation of the scale to Turkish, the internal consistency coefficient of the scale was found 0.83. The item level internal consistency coefficient of the scale is between 0.80 and 0.83. The internal consistency reliability coefficient of the scale was found to be 0.90 in the present study, aimed to predict the therapeutic alliance skills of psychological counselors.

2.4. Data Collection Process and Preparation of Data for Analysis

Before starting to collect data from school counselors in the study, they were informed about the general objectives of the study, data collection tools, and the average implementation time. Data collection took 20 minutes in the study group. After the collected data was entered on IBM SPSS 21 statistical software, some preliminary evaluations were done to prepare the data for analysis. Frequency distributions of the study data were examined. Later, the Mahalanobis distances of the data collected from each psychological counselor were examined. Data obtained from 3 individuals were removed from the data set because they yielded a Mahalanobis value above the chi-square value as many as the number of independent variables used in the related hypothesis model to determine the significance value at 0.01 level. Before regression analysis such as path analysis, the normality of the dependent variable for single and multidimensional situations was examined with the Kolmogorov-Smirnow test. The Kolmogorov-Smirnow test result indicated that the therapeutic alliance scores were insignificant at a one-dimensional level, and therefore that the scores could be said to show normal distribution ($D(421) = 0.11, p > .05$). Another analysis, Shapiro-Wilk test, conducted for the normality test also indicated that the result was insignificant ($t(D(421)) = 0.99, p > .05$).

3. FINDINGS

In this part of the study, which aimed to predict the therapeutic alliance of psychological counselors within the context of a model with variables such as attachment styles, counseling self-efficacy, and general self-efficacy, the descriptive analysis of the variables, the correlation analysis between the variables, and the results of the analysis related to the tested conceptual model were included. First of all, descriptive results obtained from the therapeutic alliance, attachment styles, general self-efficacy, and the counseling self-efficacy scale and correlations between the variables were examined. The results are shown in Table 1.

Table 1. The Results of Correlation Analysis between Variables

Variables	X	Sd	1	2	3	4	5	6
1. TA	5.11	.79	1					
2. SAS	5.66	.87	.50**	1				
3. AAS	3.70	1.30	-.28**	-.14**	1			
4. AVAS	3.35	1.11	-.24**	-.21**	.47**	1		
5. CES	3.10	.53	.57**	.55**	-.11*	-.01	1	
6. GES	6.49	1.25	.33**	.42**	-.08	.15**	.55**	1

* $p < .05$, ** $p < .01$ [SAS: Secure attachment style, AAS: Anxious Attachment style, AVAS: Avoidant attachment style, CES: Counseling self-efficacy, GCE: General self-efficacy, and TA: Therapeutic alliance]

As seen in Table 1, there were significant relationships between variables associated with therapeutic alliance. Accordingly, the therapeutic alliance of psychological counselors was found to have a moderate, significant, and positive relationship with secure attachment ($r = .50$), whereas it had a low, significant, and negative relationship with anxious attachment ($r = -.28$) and avoidant attachment ($r = -.24$). Also, there was a moderate, significant, and positive relationship between the therapeutic alliance and the counseling self-efficacy ($r = .57$) and general self-efficacy ($r = .33$). According to these results, it is possible to say that the therapeutic alliance skills of the psychological counselors had a significant positive or negative relationship with the predictor and mediating variables of the study, and therefore that the necessary correlation adequacy for the model test was reached. Then, the process of testing the conceptual model was initiated. The results of the path analysis conducted to test the conceptual model are given in Figure 2.

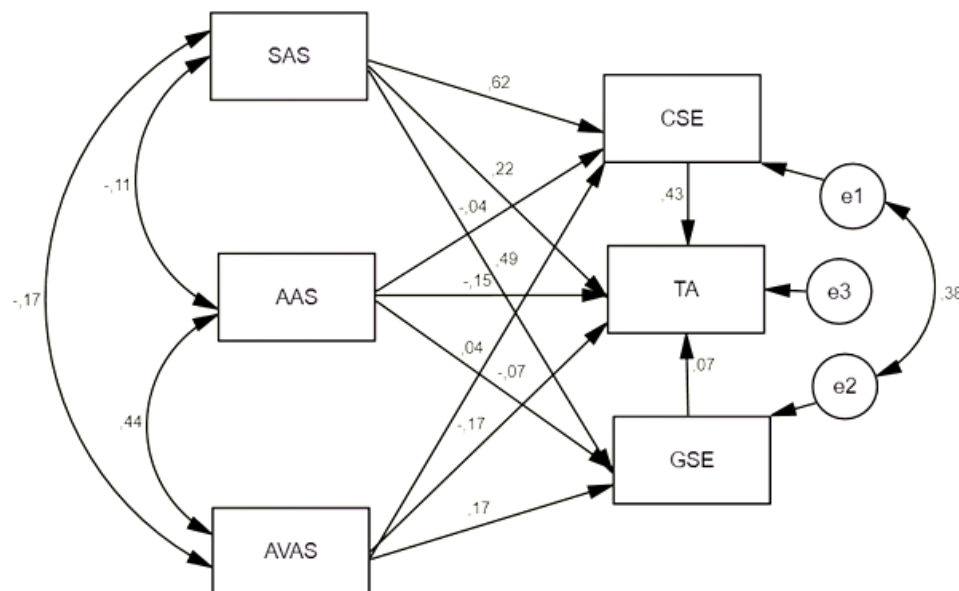


Figure 2. Analysis Results of the Model Created For Therapeutic Alliance [SAS: Secure attachment style, AAS: Anxious Attachment style, AVAS: Avoidant attachment style, CES: Counseling self-efficacy, GCE: General self-efficacy, and TA: Therapeutic alliance]

When the fit coefficients obtained concerning the tested model given in Figure 2 were examined, the Chi-Square value was found to be zero. This situation is considered to be a saturated model in the literature. According to Doğan (2015), in the saturated model, some indicators are limited by a single solution and the degree of freedom takes “0 (zero)” due to the sufficient data in the covariance matrix. When the effect coefficients of the tested model were examined, the avoidant attachment style was observed to affect the counseling self-efficacy level insignificantly ($\beta = -.04$; $t = -1.04$). According to the correlation analysis results between these variables, there was no significant relationship between the two variables ($r = -.01$). Also, when the effect coefficients of the tested model were examined, it the anxious attachment style was found to affect the overall self-efficacy insignificantly ($\beta = -.07$; $t = -1.46$, $p > .05$) and according to the correlation analysis results between these variables, no significant difference was found between the two variables ($r = -.08$). Considering this, the model was retested by removing the predictive relationship between these variables in the hypothesis test model. The standardized coefficients regarding the final results obtained are given in Figure 3.

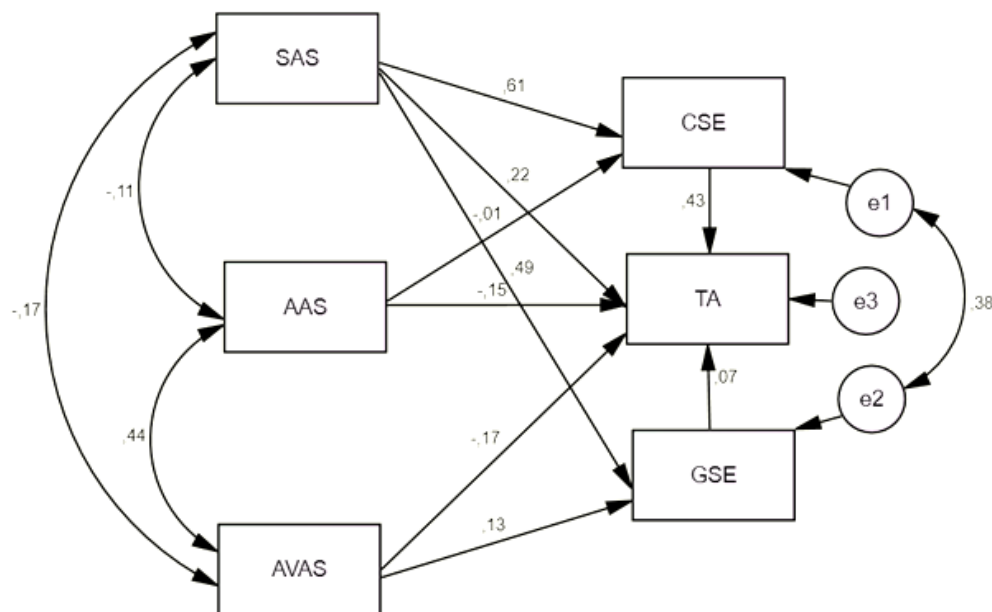


Figure 3. The Results Analysis of the Final Model Created for Therapeutic Alliance [SAS: Secure attachment style, AAS: Anxious Attachment style, AVAS: Avoidant attachment style, CES: Counseling self-efficacy, GCE: General self-efficacy, and TA: Therapeutic alliance]

As a result of the path analysis conducted to test the final model, all criteria indicated that the model had goodness of fit (CFI = .99, IFI = .99, NFI = .99, TLI = .98, GFI = .99, and AGFI = .98, $\chi^2 / sd = 1.37$, and RMSEA = .03). According to path coefficients between the variables, the safe attachment was found to positively and significantly affect both mediating variables (general self-efficacy and counseling self-efficacy) and therapeutic alliance (Standardized beta coefficients were 0.49, 0.61, and 0.22, respectively). On the other hand, the anxious attachment was determined to not have a significant effect on counseling self-efficacy ($\beta = -.01$; $p > .05$), but it had a significant negative effect on the therapeutic alliance ($\beta = -.15$; $p < .01$). The avoidant attachment style was observed to affect general self-efficacy positively and significantly ($\beta = .13$, $p < .01$) and to affect therapeutic alliance negatively and significantly ($\beta = -.17$, $p < .01$). The examination of the relationships of mediating variables with therapeutic alliance indicated that only the counseling self-efficacy affected the therapeutic alliance significantly ($\beta = .43$). Finally, the Sobel test was employed to examine the mediating role of the self-efficacy variables. The Sobel test is defined as a method that measures the significance level of the decrease in the variance explained by the predictor variable in the formation of limited or complete mediation (Sobel, 1982). As seen in Figure 2, since the effect of general self-efficacy, which is among mediating variables, on the therapeutic alliance was not significant, only the mediating effect of consulting self-efficacy was examined in the Sobel test. According to the Sobel test results, the mediating effect of the counseling self-efficacy was significant in the relationship between the secure attachment style and the counseling alliance, and it had partial mediation (Sobel $t = 9.29$, $p < .01$). When the findings were examined, only the counseling self-efficacy was observed to have a mediating role in the relationship between the secure attachment and therapeutic relationship, which are among predictor variables. When the results obtained for direct effect in the model test for predicting the therapeutic alliance skills of psychological counselors were examined, the safe attachment style of psychological counselors was determined to significantly and positively affect the therapeutic alliance levels ($\beta = .22$, $t = 4.83$, $p < .01$). In other words, psychological counselors who have a secure attachment style establish a therapeutic alliance with their clients. When the study findings were examined, the anxious attachment style had a significant negative predictor effect in predicting the therapeutic alliance directly ($\beta = -.15$, $t = -3.82$, $p < .01$). Accordingly, the therapeutic alliance skills of psychological counselors with anxious attachment styles were negative and significant. As a result of the study, avoidant attachment style turned out to have a negative and significant predictor effect in predicting the therapeutic alliance directly ($\beta = -.16$, $t = -4.40$, $p < .01$). Accordingly, the skills of psychological counselors with an avoidant attachment style for establishing therapeutic alliance were negative and significant. As a result of the study, while there was a positive correlation between the general self-efficacy beliefs of psychological counselors and the therapeutic alliance, yet the general self-efficacy beliefs were found to not predict the therapeutic alliance significantly ($\beta = .07$, $t = 1.55$, $p > .05$). Therefore, it is possible to say that although the

general self-efficacy beliefs of psychological counselors predicted their skills for establishing a therapeutic alliance with their clients positively, this predictor effect did not yield a significant result. On the other hand, counseling self-efficacy beliefs of the psychological counselors were found to predict the therapeutic alliance positively ($\beta = .43$, $t = 9.09$, $p < .01$). For this reason, it can be said that the self-efficacy beliefs of the psychological counselors about their counseling skills affected their skills for establishing a therapeutic alliance with their clients significantly. The study also reached findings related to the predictor effect of attachment styles on the general self-efficacy beliefs, which was a mediating variable of the study. In this context, the secure attachment style of the psychological counselors was determined to predict the general self-efficacy positively and significantly ($\beta = .49$, $t = 11.34$, $p < .01$). According to this finding, the general self-efficacy beliefs of psychological counselors who have a secure attachment style increase positively. As a result of the correlation analysis, there was no significant correlation between the anxious attachment style of psychological counselors and general self-efficacy ($r = -.08$), for this reason, this relationship hypothesis was removed from the analysis, in which the hypotheses of the study were tested. When the results of the study were examined, the avoidant attachment style was observed to predict general self-efficacy positively and significantly ($\beta = .13$, $t = 3.24$, $p < .01$). The study also reached findings related to the predictor effect of attachment styles on counseling self-efficacy, which was the other mediating variable of the study. Accordingly, the secure attachment style of the psychological counselors was determined to positively and significantly predict the counseling self-efficacy ($\beta = .61$, $t = 15.82$, $p < .01$). According to this finding, the self-efficacy beliefs of the psychological counselors who have a secure attachment style increase positively. Another finding of the study was that the anxious attachment style of psychological counselors did not significantly predict psychological counseling self-efficacy ($\beta = -.01$, $t = -.16$, $p > .05$). Therefore, whether psychological counselors have an anxious attachment style does not affect their counseling self-efficacy skills. Regarding the results for the mediator effect of the mediating variables in the model test for predicting the therapeutic alliance skills of psychological counselors, the safe attachment style was found to have a significant positive indirect effect on the therapeutic alliance ($\beta = .30$, $p < .01$). As seen in the model, the secure attachment style can indirectly predict the therapeutic alliance through counseling self-efficacy and general self-efficacy.

4. DISCUSSION, CONCLUSION AND RECOMMENDATIONS

As a result of the study, the attachment styles of psychological counselors were determined to have a significant predictor effect on their therapeutic alliance levels. When the predictor aspects of attachment styles were examined, the secure attachment style was observed to predict the therapeutic alliance positively, whereas anxious and avoidant attachment styles, known as insecure attachment styles, predicted it negatively. That is, only the therapeutic alliance levels of psychological counselors who have secure attachment styles increase positively. In the literature, some studies support these findings of the study (Bruck, Winston, Aderholt & Muran, 2006). Bruck et al. (2006) examined the correlation between attachment styles and therapeutic alliance on a study group of 46 therapists. The study found that there was a positive correlation between the safe attachment styles of therapists and the level of establishing a therapeutic alliance with their clients and that a negative correlation was found between anxious and avoidant attachment styles and their therapeutic alliance.

Bowlby (1979) thinks that the relationship between the baby and the caregiver is important in the development and maintenance of internal representations or internal models. According to Bowlby, the internal representations created have positive or negative contributions to the relationships that the individual will establish later, and individuals choose others to revive their relationship systems in their previous experiences. Henderson, Bartholomew, and Dutton (1997) state that internal working models tend to manage themselves and lead to the formation of relationships that will develop outside the family. With this statement, they agree with Bowlby. Considering these explanations, psychological counselors who created safe attachment representations with their mother during their infancy can generalize these representations to the relationship they will establish with their clients during the psychological counseling process. Psychological counselors can approach the client with internal representations, which they gained in their relationship with their mother during their infancy, such as feeling valuable, establishing a close relationship, and a safe base. Accordingly, for the psychological counselor, each client can be considered the reflections of a new attachment relationship and a new relationship to which attachment representations can be directed. Hersoug, Hoglend, Monsen, and Havik (2001) state that warm, friendly, caring, and sensitive characteristics of psychological counselors facilitate the therapeutic alliance. Considering these

explanations, psychological counselors, who developed avoidant attachment styles with their mother during their infancy, can be expected to transfer characteristics, such as avoiding interpersonal relationships, insensitivity, failing to establish empathy, indifference to counseling relationships. In this case, psychological counselors may not exhibit the basic features of the therapeutic alliance in the counseling process, such as setting a goal for the client, taking responsibility, or building a good relationship with the client.

As a result of the study, the secure attachment style of psychological counselors was determined to be a positive and significant predictor of their counseling self-efficacy beliefs and general self-efficacy beliefs. In the literature, some studies show that the secure attachment style of psychological counselors positively affects their self-efficacy beliefs (Taat, Talip, and Ambotang, 2015; Thompson, 2013). In the study conducted by Taat et al. (2015) on 295 teachers, a positive relationship was found between general self-efficacy and secure attachment style. In the study conducted by Thompson (2013), on the other hand, the secure attachment style was determined to strongly and significantly affect the counseling self-efficacy. Bowlby (1979) stated that mental models arising from the interaction between the caregiver and the baby were important for life experiences in the coming years. According to Bowlby, babies who have a secure attachment can generalize their internal representations to interpersonal relationships, which evaluate the environment and environmental stimuli as a safe base. According to Hazan and Shaver (1987), individuals who have gained secure attachment styles have a high perception of self-value and therefore they do not feel comfortable in interpersonal relationships. According to these explanations, it can be thought that psychological counselors who do not have problems with their value, who do not see their clients as a threat for themselves, who develop their internal representations of discovery, and who have internal representations of interpersonal efficacy will feel secure near their clients and have no difficulties in communicating with them.

After this result, a mediation analysis was performed using the Sobel test to find out which of the two beliefs, that is, the general self-efficacy belief or counseling self-efficacy belief, helped the secure attachment more to mediate in predicting therapeutic alliance. As a result of the Sobel test, the mediating role of the general self-efficacy by which the secure attachment style predicted the therapeutic alliance was found to be insignificant. On the other hand, the Sobel test revealed that the mediating role of counseling self-efficacy by which the secure attachment style predicted the therapeutic alliance was determined to be significant. No studies supporting this result were found in the literature. As a result of the study, the safe attachment style was found to predict the counseling self-efficacy at a higher level compared to the general self-efficacy. Although there are no studies directly supporting this study finding in the literature, this finding can be explained by indirect research findings and theoretical evaluations. According to the study of Bambling et al. (2006), the therapeutic alliance levels of psychological counselors whose counseling skills and efficacy beliefs were increased by getting supervisor support were observed to increase. Hazan and Shaver (1987) emphasized the relationship-based aspect of the attachment. Also, the "interpersonal attachment styles scale" used in the study measured attachment styles with interpersonal relationships. Considering these explanations, it may be expected that the secure attachment style will predict the counseling self-efficacy belief, which has a mutual relationship, more than the general competence belief in every area of life such as planning and coping with difficulties.

The attachment style of psychological counselors was found to be important for the therapeutic alliance that they establish with their clients. Accordingly, the development of awareness by psychological counselors to discover their attachment styles and their efforts to improve the negative outcomes arising from their anxious or avoidant attachment styles may be important in terms of therapeutic alliance established by the client. In the study, psychological counselors with anxious and avoidant attachment styles were found to fail to establish a therapeutic alliance with their clients because of these styles. Accordingly, the awareness of psychological counselors who have insecure attachment styles can be increased through supervisors during their education. As a result, prospective psychological counselors can obtain secure attachment styles. This study, in which the therapeutic alliance was predicted with attachment styles, general self-efficacy, and counseling self-efficacy, was conducted on psychological counselors working only in the field due to the insufficiency of time, access to clients, and measurement tools. But the alliance is a mutual relationship, and it is considered important to investigate these two aspects to understand the nature of the alliance. To understand the structure of the alliance concept, a supervisor must examine the alliance and relationships between a psychological counselor and a client in counseling

education. Accordingly, examining the relationship between the levels of therapeutic alliance perceived by each stakeholder (supervisor, prospective psychological counselor, and client) is important in terms of understanding the structure of the alliance. Positive and negative self is an important structure within the scope of attachment styles. These structures of attachment styles were used to discuss the relationships between attachment styles and the alliance that emerged in the study. In future studies, the relationship between attachment and alliance can be re-examined through the self-variable. That is, studies can include variables related to self such as the low or high self-esteem of the study group, whether others care about self-value and protection of self. Thus, evaluations done on self in the discussion section will be tested. In the study, the therapeutic alliance levels of psychological counselors were examined in terms of the therapeutic alliance perceived by psychological counselors. With a qualitative study, an external observer can be included in the process, and the levels of the alliance that the psychological counselor establishes with the client can be determined (together with the observation forms), and the consistency levels of the therapeutic alliance that is perceived by the psychological counselor can be identified. In the study, psychological counseling self-efficacy belief was found to be a strong variable that directly predicts the therapeutic alliance, and its mediating effect in predicting the alliance was determined to be important. From this point of view, to increase the psychological counseling self-efficacy beliefs of psychological counselors, psychological counseling principles and techniques and counseling practices can be enhanced, and the number of elective courses (for counseling skills) can be increased during undergraduate education.

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