

## Measuring the Preservice Counselor's belief-diagnostic competence: A Reflective Practice Experience from Peer Evaluation

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**Abstract:** Belief diagnostic is one of the main competence during the cognitive assessment within cognitive counseling, including the Rational Emotive Behavior (REB) counseling. This study aims to measure and explore the preservice counselor belief-diagnostic and reflective practice during the course and training. This study used the mixed method and involving 40 preservice counselors within four sessions. Structured observation and reflection using belief-diagnostic instruments and analyzed use of descriptive analysis both in numbers and words based on the notes from both. The results indicate the improvements of belief-diagnostic competence for diagnostic accuracy and reflective depth from the first into fourth sessions in general. The strongest gain indicate in conceptual differentiation of the irrational beliefs. Specifically, a slight performance dips occurred within the fourth sessions. The belief-diagnostic reasoning and interpretative reflective practice had been reached the high score with general upward trends. This study suggest to gain broader reflective practice and led to research design of longitudinal or multiple single subject design to gain deeper exploration of preservice counselor professional growth.

**Keywords:** belief diagnostic; counselor education; peer evaluation; preservice counselor; reflective practice

**Abstrak:** Belief diagnostic adalah kompetensi utama dalam tahap asesmen kognitif pada paradigma konseling kognitif, khususnya konseling *Rational Emotive Behavior* (REB). Penelitian ini untuk mengukur dan mengeksplorasi *belief diagnostic* dan *reflective practice* calon konselor dalam masa Pendidikan dan pelatihannya. Penelitian ini menggunakan mixed-method dan melibatkan 40 calon konselor selama 4 sesi praktik. Observasi dan refleksi terstruktur menggunakan *belief-diagnostic instrument*, dan dianalisis menggunakan analisis deskriptive baik dalam angka maupun kata berdasarkan catatan keduanya. Hasil penelitian mengindikasikan peningkatan kompetensi dan akurasi *belief-diagnostic*, serta pendalaman refleksi dari sesi 1 hingga sesi 4 secara umum. Perubahan terkuat mengindikasikan perbedaan konsep belief irasional. Khususnya, adanya penurunan tipis pada performansi sesi 4. *Belief-diagnostic reasoning* dan *interpretative* dalam *reflective practice* telah mencapai skor yang tinggi dengan tren yang secara umum meningkat. Penelitian ini memberikan saran untuk mendapatkan *reflective practice* yang lebih luas dan desain riset *longitudinal* atau *multiple subject design* untuk mendapatkan eksplorasi lebih mendalam terhadap pertumbuhan profesional calon konselor

**Kata Kunci:** *Belief diagnostic*; Pendidikan konselor; evaluasi sebaya; calon konselor; *reflective practice*;

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### Introduction

Rational Emotive Behavior (REB) had the distinct theoretical foundation of counselor performance. It has systematic and mechanistic procedure that required complex competencies to assessing and diagnostic belief, disputing belief, and restructuring new rational beliefs (Chrysidis et al., 2020; DiGiuseppe et al., 2018; Haktanir et al., 2022). The model emphasize the cognitive aspect always the main resource of emotional and behavioral problems. The counselee belief system always had been embedded deeply by indoctrinated and internalized from long-term experience or impactful events, both in negative or positive effect (Brown, 2022; Castillo et al., 2020; Hanafi et al., 2020). In other words, both a single catastrophic event or dozens of simple experience might led one's belief into rational or irrational.

REB Counselor required the belief-diagnostic competence to gain their sensitivity and capacities to recognize the main irrational belief underlies between counselee problem narratives. The counseling process are not moving forward without any accuracy of belief-diagnostic. The counselee needed to differentiate between irrational thoughts that consequencing their emotions and behaviors. Thus, they can identify their cognitive distortions that perpetuate their distress and had the ways to dispute and restructure it (Ciccarelli et al., 2021; Permatasari et al., 2024).

This diagnostic phase require both metacognitive understanding, reflective awareness, interpretative and reasoning skills from the counselors. Identifying the patterns of absolut thinking, perfectionistic standards, and catastrophic tendencies is a complex ability, especially for preservice counselor with limited experience (Irani & Ramli, 2022). Preservice counselor in their education had learn the basic performace as their competencies of graduate students. However, most preservice counselor only gain the surface-level behavior and problem statements, and they had limited cognitive mechanism to stimulate their professional growth (Hanafi, Hidayah, Atmoko, M., et al., 2022).

As a novice practitioner, they often demonstrate limited abstraction skills, mostly struggling to translate any of REB principles into case formulation adaptively and responsively. Moreover, their belief-diagnostic had limited reasoning and had less accuracy when facing the complex belief stucture. In this case, their metacognitive fail to activate and overwhelm them in the counseling dynamic conditions. This cognitive disruption would affect their cognitive management for rapport-building, questioning, directing the phase, mapping the cognitive structure, and even their emotional regulation during their counseling sessions (Bennett-Levy et al., 2020; Reis et al., 2018; Sinclair, 2020; Yunita et al., 2024). In the end, the course and training progams should provide the proper scaffold learning experience to promote their belief-diagnostic competence by mantaining metacognitive and reflective practice activity (Hidayah et al., 2022a; Ramli et al., 2023).

One of the effective pedagogical approach are the experiential learning, especiaally with the structured peer-practice and peer-evaluation. This integration had been proven as one of best practice and had the effectiveness evidence to stimulate preservice counselor skills (Barna, 2020). Furthermore, the peer evaluation had the feedback mechanism and reflective discussions based on the performce and delivered immediatly and responsively. During their performance, the preservice counselor and observer required to do the reflective on the performance and it stimulate them to engage tot he counseling process. This will spread the experience of the counseling performance for each of the group peer members (Cahyani et al., 2022; Oncu, 2015) The peer-evaluation activity led them to analyze the counseling performance in details and assess the accuracy of the belief-diagnostic results. In this process, peer-evaluator sharpen their own diagnostic schemas, internalize the theoretical framework, and learn to articulate feedback using professional and casual tone to their peers (Hidayah, Fauzan, et al., 2024; Hidayah, Ramli, et al., 2024).

Peer evaluation also provide a dynamic learning environment that differs from traditional supervision during training. As peers share similar levels of training, the exchanged feedback is perceived as more accessible, easy to understand, less hierarchical, and often more candid (Rodríguez et al., 2018).

This atmosphere encourages dialogue, reflective discussions, mutual learning, and the co-construction of understanding from each parties. From a pedagogical perspective, this aligns with Vygotsky's social constructivist view of learning (Hyldegård & Jensen, 2023). This activities empower the knowledge development within social interaction and through each "zone of proximal development", both counselor and evaluator. In this sense, peer evaluation acts as a cognitive apprenticeship to collaboratively enhance the diagnostic reasoning.

Another essential dimension of peer evaluation is the reflective function within the activities. When preservice counselors articulate observations about their peers, they engage in metacognitive processing (Alt & Raichel, 2020; Erdemir & Yeşilçınar, 2021). This metacognitive come on their reflective stance. It fosters awareness of diagnostic reasoning of Irrational beliefs, form how conclusions are drawn, what cues are prioritized, and where assumptions may mislead judgment of the diagnostic (Ghanizadeh, 2017; Wong & Vinsky, 2021). In other words, peer evaluation transforms an observational activities into a reflective practice that simultaneously develops cognitive, analytical, and self-regulatory skills, both as evaluator and counselor. As Schön conceptualized, such reflection-in-action and reflection-on-action enable practitioners to learn not just from outcomes but from their own process of reasoning (Armawadjidah Marzuki, 2025; Coulson & Homewood, 2016; Dorner & Káplár-Kodácsy, 2020). Furthermore, the reflective discussions after sessions might decide reflectively the improvement point, as the reflection-for-action.

In the context of diagnosing irrational beliefs, reflective peer evaluation offers specific pedagogical value. It externalizes cognitive steps that are often implicit in the diagnostic process, making them observable and reflectively discussable (Lamprecht & Pitre, 2018; Olariu et al., 2015). The counselor might had improvement points based on feedback, while the evaluator reinforces conceptual clarity through identification and explanation. Over multiple sessions, these reciprocal reflections accumulate, fostering greater diagnostic precision and professional framework mastery for practical use.

Existing studies in counselor education supports the role of feedback and reflection in skill development (Fauzan et al., 2023). However, the peer evaluation remains underexplored as a structured diagnostic training tool as it mostly occur as side part of the learning activities. Studies have emphasized supervisor feedback and self-reflective journaling as primary methods for professional growth in healthcare practitioner. In other hand, peer evaluation provides real-time, contextualized feedback embedded within the practical cycle. Its immediacy promotes learning transfer, while its reciprocal nature enhances motivation and engagement (Cahyani et al., 2022; Oncu, 2015). Although peer evaluation had a significant impact (thoeritically), it should be acknowledged that the role of the supervisor remains essential as a facilitator in the development of a counselor's professional.

Therefore, the purpose of this study is to assess and describe the development of counselors' diagnostic performance in identifying irrational beliefs through structured peer evaluation across multiple counseling sessions. Specifically, this study aims to examine how repeated real-case practice and peer feedback contribute to the improvement of diagnostic accuracy and the deepening of reflective understanding within counselor training. By analyzing both quantitative performance data and qualitative reflective indicators, the study seeks to illustrate how peer-based evaluation functions as a pedagogical mechanism for strengthening diagnostic competence in Rational Emotive Behavior (REB) Counseling..

## Method

This study used quantitative non experiment with a descriptive evaluation design (Creswell & Creswell, 2023; Miller et al., 2020). The study emphasized the assessment and observation of preservice counselors' performance to diagnostic the Irrational Belief through the peer evaluation. The core design relied on the performance evaluation based on a structured instrument by peers within all the four rounds of counseling practice sessions.

The participants in this study were selected using purposive sampling with 40 preservice

counselors. The participants required to be enrolled in a professional counseling education program from some Indonesian public university. All participants should in the middle stage (4th and 5th semester) of their counselor education curriculum. They should take the practical counseling course that using the REB approach. The cohort included both male and female students (16 Male and 24 Female), predominantly aged between 20 and 23 years. All participants were purposively involved in the study as part of their coursework, specifically as the learning design was in Rational-Emotive Behavior (REB) counseling as one of the main approach of the course.

The participants engaged in peer counseling practice and peer-evaluation activities, organized in both dyadic (pair) and small-group formats, provided in each university. Each preservice counselor performed two complementary roles: as counselor and as peer evaluator in four rounds of practicing the REB approach. This structure ensured that every participant not only practiced counseling but also critically observed and reflected on their peer’s performance. After the practice sessions, both of counselor and evaluator engaged the reflective discussions to identify and decide the improvement aspect.

The instrument used is evaluation form of Diagnostic Irrational Beliefs (Hidayah, 2022; Hidayah et al., 2022b). This structured rating instrument consisted of nine indicators, each focusing on a specific aspect of diagnostic competence in identifying and preparing the disputing irrational beliefs during counseling practice. The criteria were rated on a five-point Likert scale ranging from 1 (very poor) to 5 (excellent). In the previous research, the instrument had high reliability with the 0.892 at Donald’s  $\omega$  coefficients and 0.890 for Cronbach’s  $\alpha$  coefficients. The point-biserial show the results of 0.456 – 0.797 range that indicate high validity item results. The nine indicator of Irrational belief diagnosis described in Table 1.

**Table 1.** The peer evaluation construct of Irrational Belief Diagnosis

| Diagnostic Aspect   | Description   | Item Number |
|---|---|-------------|
| <b>Aspect 1: Stage of Identifying Counselor Past Experience and Problem Situation</b> | This stage focus on measuring the counselor’s performance to elicit and clarify the counselee’s relevant past experiences that contribute to the current problem issue. This stage focuses on contextual understanding and the counselor’s accuracy in capturing situational details. | 1,2,3       |
| <b>Aspect 2: Stage of Identifying Negative Feelings (C- Emotional)</b>                | Measures the counselor performance to recognizes and identify the counselee’s negative emotions. It includes emotional attunement, labeling accuracy, and empathetic validation of current counselee emotional consequences   | 4,5         |
| <b>Aspect 3: Stage of Identifying Failure Behavior (C- Behavioral)</b>                | Measures the counselor performance to recognizes and identify the counselee’s failure behavior as the belief consequences. It include the link between emotional distress and observable behavioral patterns.   | 6,7         |
| <b>Aspect 4: Stage of Identifying the Activating Event (A)</b>                        | Evaluates the counselor’s skill in distinguishing the triggering event or stimulus that initiates the emotional and behavioral chain. This aspect emphasizes the temporal and causal understanding of the problem situation.  | 8,9,10      |
| <b>Aspect 5: Stage of Identifying the Belief (B)</b>                                  | Focuses on how accurately the counselor identifies the underlying belief or thought mediating between the activating event and emotional consequence. This reflects conceptual clarity in the REBT model.   | 11,12,13    |
| <b>Aspect 6: Stage of Clarifying the Belief Statement</b>                             | Examines the counselor’s ability to reformulate the belief clearly to differentiate rational from irrational content. This step ensures precision before categorization and disputation.  | 14,15       |
| <b>Aspect 7: Stage of Identifying the Type of</b>                                     | Measures the counselor’s ability to classify the belief into the appropriate REBT category (demandingness, awfulizing, low frustration tolerance, or  | 16,17,18    |

| Diagnostic Aspect                           | Description  | Item Number |
|---|--|-------------|
| <b>Irrational Belief</b>                    | global evaluation). It requires analytical reasoning and conceptual accuracy.  |             |
| <b>Aspect 8: Stage of Deciding the Goal</b> | Measuring the counselor’s capacity to set an appropriate, rational, and achievable counseling goal that corresponds with the identified irrational belief. It reflects problem-solving and cognitive restructuring competence.   | 19,20       |
| <b>Aspect 9: Basic Communication Skills</b> | Measuring the basic of communication skills used during diagnostic phase from active listening, empathy, questioning techniques, and verbal-nonverbal congruence. This aspect underlies the effectiveness of how preservice counselor used these skills efficiently and effectively. | 21,22,23,24 |

Data analysis was conducted in two stages. Descriptive statistics (mean and standard deviation) were calculated for the evaluation scores for each criteria. The results were visualized and highlight changes and patterns across evaluation aspect and sessions. The trend analysis conducted to describe the graph of growth of diagnostic competence each sessions. The further analysis calculated the N-Gain of each aspect for the four sessions. This N-gain will defined the improvement between sessions based on the counseling practice activity, peer evaluation and reflective discussions.

### Results

#### Descriptive Measurement

The descriptive measurement of the peer-evaluation of Irrational Belief diagnostic performance were describe in Table 2.

**Table 2.** Descriptive Statistic of Preserving Counselor’s Performance

| Evaluation Criteria | Practical Counseling Sessions |       |       |       |       | Overall |
|---------------------|-------------------------------|-------|-------|-------|-------|---------|
|                     | 1st                           | 2nd   | 3rd   | 4th   |       |         |
| Aspect1             | M                             | 3.845 | 3.929 | 3.878 | 3.942 | 3.885   |
|                     | SD                            | 0.744 | 0.85  | 0.781 | 0.725 | 0.771   |
| Aspect2             | M                             | 3.782 | 4.054 | 3.898 | 3.923 | 3.868   |
|                     | SD                            | 0.747 | 0.644 | 0.743 | 0.621 | 0.703   |
| Aspect3             | M                             | 3.6   | 3.804 | 3.735 | 3.692 | 3.656   |
|                     | SD                            | 0.804 | 0.699 | 0.861 | 0.673 | 0.778   |
| Aspect4             | M                             | 3.555 | 3.875 | 3.857 | 3.788 | 3.690   |
|                     | SD                            | 0.785 | 0.634 | 0.677 | 0.696 | 0.751   |
| Aspect5             | M                             | 3.627 | 3.857 | 3.735 | 3.808 | 3.662   |
|                     | SD                            | 0.8   | 0.645 | 0.758 | 0.715 | 0.773   |
| Aspect6             | M                             | 3.4   | 3.661 | 3.551 | 3.673 | 3.501   |
|                     | SD                            | 0.88  | 0.64  | 0.843 | 0.76  | 0.811   |
| Aspect7             | M                             | 3.445 | 3.571 | 3.49  | 3.577 | 3.442   |
|                     | SD                            | 0.852 | 0.783 | 0.739 | 0.825 | 0.809   |
| Aspect8             | M                             | 3.6   | 3.571 | 3.633 | 3.692 | 3.623   |
|                     | SD                            | 0.837 | 0.892 | 0.859 | 0.755 | 0.843   |
| Aspect9             | M                             | 2.591 | 2.875 | 2.837 | 2.731 | 3.327   |
|                     | SD                            | 0.932 | 0.935 | 0.898 | 0.931 | 0.789   |

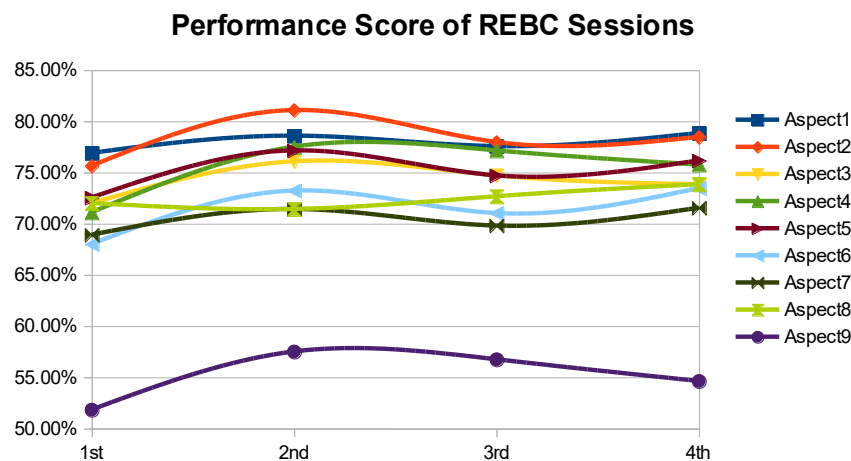
Table 2 presents the descriptive statistics of preservice counselors’ performance across four REBC (Rational Emotive Behavioral Counseling) practice sessions, measured through nine core stage as the counseling competence Diagnostic-belief. The overall mean (M) score was at 3.63 across all aspects and

sessions. This score indicates a moderate-to-high level of preservice counselor performance. The overall standard deviation (SD) was at 0.80 and indicated as fair degree of score variation among participants’s skills and performance.

Across all sessions, most aspect show an overall steady upward trend from 1st to 2nd session. The earthlu adaptation and confidence growth had been well done by preservice counselors. Specifically, the Aspect 1 and 2 consistently had the highest mean score. This initial diagnostic sessios had been show as the strongest aspect mastered by preservice counselors. In the other hand, Aspect 9 are the lowest mean score even in the moderate score level. Contoling the pace and using various communicatio technique and skills are still the main challenge for preservice counselor. In general, most participants show their progress steadily per sessions, and the other had dynamic and fluctuative trend in procedural, working-alliance or reflective components of Diagnostice belief aspects.

**Trend Analysis**

The following data was visualizing the descriptive results to describe the trend for the four sessions of each aspect in figure 1.



**Figure 1.** Performance graph inter sessions of REB Counseling

The trend across four sessions show moderate improvement at the early stage, and steady performances in the following sessions. Most aspect experienced an increasing and upward trend. The 1st to 2nd sessions indicate an upward and increased score, while the rest steadily. In specific, the aspect 9 of Basic communication skills had the same trend, even as the lowest level performances.

The initial improvement indicating an early phase of adjustment and skill acquisition as participants became more familiar with the Rational-Emotive Behavior Counseling (REBC) structure and peer evaluation process. The further trends suggesting that participants had reached a consolidation phase in which performance stabilized rather than continued to rise sharply. This results indicate and reflect the growing of preservice counselor consistency of the practice as their routines and the natural limit of the short-term effect growth within the repeated performance of their practical sessions.

In specific case, the Aspect 7 shown a slightly different pattern as it show a temporal decrease for second session, and the following sessions had gradual and consistent growth (within third and fourth sessions). This dynamic change might indicate some components diagnostic needed a deeper reflection with longer adaption into their performance. Even some variations and differences ocured across aspect, the overall trend shown that peer-based reflective approach had evidence support for steady competency maintenance after the initial growth. This steady had been sustained the accuracy and engagement for diagnostic competence throughout the fourth-session.

### N-Gain Analysis

The N-Gain analysis results described from the first to fourth sessions of each aspect of preservice counselor belief-diagnostic criteria as in Table 3.

**Table 1.** The N-gain Analysis Result

| Belief-Diagnostic Criteria | N-Gain |
|----------------------------|--------|
| Aspect1                    | 0.083  |
| Aspect2                    | 0.116  |
| Aspect3                    | 0.066  |
| Aspect4                    | 0.161  |
| Aspect5                    | 0.132  |
| Aspect6                    | 0.171  |
| Aspect7                    | 0.085  |
| Aspect8                    | 0.066  |
| Aspect9                    | 0.058  |

The N-Gain analysis, which measures the relative improvement of preservice counselors' performance across the REBC sessions, indicates an overall average N-Gain of 0.10, categorized as low improvement. This results indicate there was observable progress during the initial until final sessions. In general, the low average of N-gain might reflect the pattern of incremental with uneven growth of preservice counselor.

### Discussions

This study results provide the insight of the preservice counselor growth for their competencies of identification and diagnosed the irrational beliefs. This growth had been supported by the repeated counseling practices followed by peer evaluation and reflections. During the four sessions of the practical course and training, descriptive results indicate the consistency and variability of their performances. Some evaluation criteria had been consistently reached higher scores of mean across sessions. These criterias become the area of the preservice counselor quickly mastered for their diagnostic skills. However, other criteria shown the fluctuations or stagnation. One of them is the ability to accurately link counselee statement with their core irrational beliefs. This skills required deeper conceptual integration, interpretative skills, and even deduction and causal analysis.

The preservice counselor growth from the first to the fourth counseling practical sessions had shown general upward trend in their performance. This trend suggest that repeated practice had important role for their skills acquisition, reducing the gap of experiences of professional counselor. This results supported by experiential learning theories used in this course. The competence is not achieved in a linear style of experiences, but it should had cycles of practice, feedback and reflection (Almusharraf & Khahro, 2020; Barna, 2020). However, some of criteria that requires complex reasoning, advanced questioning technique, might need more than experience. Reflective process of each experience is the key to gain those technical skills performance.

The peer evaluation acivity provide the unique lens to track their growth. The use of peer feedback, make the feedback could deliver soon after performance. The peer relations between preservice counselor make the collective evaluative perspective to gain the experience for all of them (Armawadjidah Marzuki, 2025; Backer & Keer, 2016). Nevertheless, the pattern of the proress had uneven growth as it undescores the reason of diagnostic competence is develop in layers. Initial sessions sometimes characterized by superficial identification of irrational statement and context, whereas the following sessions show more nuanced and accurate engagement with counselee belief system

(Alfonsson et al., 2018; Turner & Davis, 2019).

Peer evaluation emerged as the essential activity in the practical course and training sessions. This activity functioned as assessment tools, exploration and problem-solving discussions and facilitate the mechanism of professional growth (Afridah et al., 2023; Backer & Keer, 2016). This reciprocal evaluation engage the preservice counselor as dual role of practitioner and peer-observer. This duality foster their metacognitive activities to the regulate and reflect their ow practices through their peer's lens of observation (Arip et al., 2018; Schwartz et al., 2025) The successive cycles of their performance, followed by reflective feedback made them taking a step from the level of identification of counselee thoughts into more precise recognition of irrational belief structures. This iterative process indicate the concept of deliberate practice, emphasized repetition, reflected performance, and incremental improvement (Culver, 2023; Erdemir & Yeşilçınar, 2021). Descriptive evaluation and reflective feedback become valuable data of their professional growth and evolution of their diagnostic competence over time (Ashar et al., 2021; Verdín & Perez Leon, 2025).

The reflection activity adds the depth to understand the diagnostic skills developed within preservice counselor professional growth. Reflection within counselor education involves the ability to step back from the immediate practice, critical analyze of their performance and integrating the feedback into subsequent decision and actions (Alt & Raichel, 2020; Dorner & Káplár-Kodácsy, 2020). Based on the reflective notes, this study found the varying levels of preservice levels of reflective engagement. This indicate there are also various experience notes from basic descriptive statements to deeper interpretative insights. The various experience led to dynamic reflective-discussions to gain the reflection-on-action and reflection-for-action of their performance (Enochsson, 2018; Tay et al., 2022; Warhurst, 2016).

The growth and development during the training course highlight the interplay between practice and reflection. The reflective evaluation, writing feedback, discussing the improvement are the advantages beyond gaining the experience. Engaging in reflection will make them began to internalize the evaluation criteria, sharpening their awareness and increase their accuracy of belief-diagnostic. This findings come as the training model facilitate the Schön's theory of the reflective practitioner (Coulson & Homewood, 2016; Wong & Vinsky, 2021), as it underscores that professional competence is cultivated by performance and its followed thinking about those performance. Reflective practice gave the advantages to enhance individual growth within the collective learning. As the preservice counselor shared their reflection and evaluation within groups, reflection become a dialogical process involving everyone experience and taking-giving insight to each of them. This process will comparing insight, challenging assumption and co-construct meaning (Warhurst, 2016; Ziomek-daigle, 2016). This collaborative reflection would benefit to ease the complex task mastery of belief-diagnostic by using multiple perspective that might illuminate aspect broader than single observer overlook (Hanafi, Hidayah, Atmoko, Ramli, et al., 2022; Woo et al., 2023).

Specifically, the most developed aspect within the experemintal experience was the 4th aspect, Identifying the Activating Event (A), even this aspect was not the highest competencies in the overall results, but it hast the most significant growwth during 1st to 4th sessions. Identifying the Activating event is crucial and need more focus to gathering the related event to the belief, and the involvement of external source that affect the belief growth (Bruno & Fritzman, 2021; Samadifard & Narimani, 2017). Furthermore, the increase of the Identification of Activating event helped the novice counselor to stimulate their analysis of the ABC structure, and make their involvement both emotion, behavior and cognitive increased (Hanafi et al., 2021; Hanafi, Hidayah, Atmoko, Ramli, et al., 2022).

On the other hand, the highest score of the belief diagnosticc competences is the "Identifying Counselee Past Experience and Problem Situation". This aspect was a common procedure to built the insight of the counselee problem and situation into the counselor metacognitive experience (Jagadeesan & Kanchana, 2023). In most counseling model and procedure, this competencies used as initial and first-sessions. However, this competencies had the same importance as the other competences, but it has

provide the problem construction foundation and context understanding (Nienhuis et al., 2018). Nevertheless, as this stage was a common procedure in counseling, the preservice counselor experience might help them to quickly mastering this competencies.

Some limitation of the study are defined as (a) the peer-evaluation and reflective discussions remain susceptible to subjective bias as they might had friendship relations, halo effect, and the burnout that may affecting the accuracy of the rating and feedback. Other limitation from external that havent measured is their counseling experience, personality traits, study habit and style, motivation level, etc. As thos external variable was not controled, the results of this study cant be a final statement of universality results.

This study findings carry important implication of counselor education curricula design, especially of REB therapy/counseling course and training component. The core of the model to identify and detec the irrational belief system. The instructor contribution was meant as one of the reflective finding to follow-up this findings. Workshops, modeling, structured supervision might be an alternative to fill the limitation. The refelctive practice capacities of the preservice counselor also need to be encouraged within the reflectional learning design.

## Conclusions

This study aims to assessing the development and growth of preservice counselor's belief-diagnostic performance through peer evaluation during multiple practical counseling course and training. By engaging real practical with peer and followed by peer evaluation, students encounter reflective and problem solving discussions of their complexity to identify and diagnose the counselee irrational belief. This dynamic involve the metacognitive activity to sharpens their reasoning, interpretative and reflective insights. This study contributes as empirical evidence of the structured reflective assessment as tool for reflective practice stimulation, especially for belief-diagnostic competencies.

The finding suggest the counselor education program to bring the balance curricula to maintain the reflective activities and stimulate the professional growth. Peer evaluation become one of the design for experiential and collaborative learning design to support th collective reflection for preservice counselor development. This embedded activity provide more sistematical and immediate feedback based on performance, and strengthen their preparation to face complex challenge of unique counselee and counseling condition. This study also suggest to evaluate and measure the overall performance to gain more broader reflective view of the preservice counselor professional growth. Other suggestions also come within the research design for longitudinal studies and multiple single-subject design to explore in depth of the experience of their growth.

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