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The Effects of COVID-19 on Counselor-in-Training Resilience: A Case Study

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The Effects of COVID-19 on Counselor-in-Training Resilience: A Case Study

Abstract

Contemporary literature in counseling suggests that resilience is a protective factor in preventing burnout among counselors and counselors-in-training. The strategies that counseling students have historically relied on to learn resilient habits have been disrupted by the COVID-19 pandemic, but the implications for students are still unknown. This qualitative case study examined the impact of the COVID-19 pandemic on 17 counselors-in-training, their adjustments through a resilience lens, and students' perspectives on the response of their program in support of pandemic-related challenges. Findings of the current study pinpoint specific causes of counseling students' psychological distress, as well as the social and academic ramifications. Findings also highlight coping strategies that may increase resilience among counselors-in-training. Implications and recommendations for counseling programs are included.

Keywords

COVID-19, pandemic, resilience, counselors-in-training, counseling students

Author's Notes

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The novel coronavirus (COVID-19) is an ongoing health crisis that has taken its toll on much of our population worldwide. Recent statistics indicate over 500 million confirmed cases of COVID-19 globally and over six million deaths (World Health Organization, 2022). The United States accounts for over 80 million of these confirmed cases and nearly one million of the reported deaths. Emergent research has suggested increases in depression and anxiety related to COVID-19. For example, Qiu et al. (2020) and Wang et al. (2020) surveyed a sample of Chinese citizens ($n = 52,730$) and ($n = 1,210$), respectively, to measure psychological distress, but these studies measured only the immediate effect of COVID-19 and did not take into account the cumulative psychological effects of the pandemic that could occur over time (Chen & Bonanno, 2020). Because the true lasting impression of the pandemic remains unclear, it is important for researchers to continue to explore the influence of COVID-19 to gain a more robust understanding of how humans' well-being are not only immediately affected, but what the enduring implications are as well. Researchers should also explore what protective factors individuals have developed to alleviate both the immediate and long-term psychological distress brought upon by the pandemic. A better understanding of the negative effects and protective factors related to the pandemic, particularly those present among counselors-in-training, can inform counseling programs in their attempts to adjust to students' needs, accommodate students' challenges when possible, and provide a supportive environment overall.

One such way to increase our understanding of the effects of COVID-19, and to examine protective factors, is to explore the relationship between the pandemic and resilience. Multidisciplinary experts define resilience in a number of ways that reflect perspectives of resilience as a trait or as a process in the context in which it is used. Chen and Bonanno (2020) described resilience as stability with one's mental health despite the presence of a serious stressor.

Southwick et al. (2014) defined resilience as a stable trajectory of healthy functioning, as the capacity to adapt successfully, and as a process to harness resources to sustain well-being. Nevertheless, the aspect of resilience that appears to be a commonality throughout the literature is its existence typically depends on the presence of some adverse event.

Resilience and Professional Counselors

In the counseling literature, few studies focus on resilience of counselors themselves. Among them, in their study of disaster mental health volunteers who responded to Hurricanes Katrina and Rita, ($n = 125$), Lambert and Lawson (2013) demonstrated the importance of resilience in easing the consequences of working in times of crisis or disaster. Hou and Skovholt (2020) explored resilience characteristics among therapists ($n = 201$) in non-crisis situations. They posited that strong interpersonal relationships, a clear sense of self and one's values, as well as a desire to learn and grow were central to the attribute of resilience, regardless of professional setting or population. Lakioti et al. (2020) surveyed mental health professionals ($n = 163$) to see how personal, professional, and psychological factors influenced their resilience. The authors' findings suggest that finding meaning in one's work, maintaining positivity, and having supportive interpersonal relationships are paramount to maintaining compassion satisfaction, reducing burnout, and limiting the effects of secondary trauma.

The relationship between COVID-19 and counselor resilience is in the early stages of exploration. In their study of professional counselors ($n = 161$), Litam et al. (2021) reported that counselors may be experiencing higher levels of stress and posttraumatic symptoms linked to working in the COVID-19 era, and that resilience and other coping strategies are essential in preventing burnout, compassion fatigue, and vicarious traumatization. Aafjes-van Doorn et al. (2021) examined the experiences of resilience and posttraumatic growth of therapists ($n = 185$) in

a longitudinal study. Although the participants in their study demonstrated low levels of posttraumatic growth, the authors reported a trajectory of resilience due to less self-doubt among the participants.

Resilience and College Students

Several studies have explored resilience among the college student population, particularly in recent years as the psychological distress and overall well-being of college students has become a more prominent area of focus. Pidgeon et al. (2014) argued for the importance of studying resilience among college students due to changes in their environment, a loss of social connections, and increased academic, financial, and social pressures. Among counseling students, as well as students from other allied professions, there are fewer studies that measure resilience. In a study of master's-level counseling students ($n = 585$), Machuca (2010) examined resilience through background variables (e.g., age, gender, marital status, etc.), program variables (e.g., number of credits taken, supervision status, etc.), and risk and protective variables (e.g., poverty, perceived support, etc.). Wilks (2008) and Wilks and Spivey (2010) studied 314 and 145 social work students, respectively, and also noted social support as an important factor in increasing resilience. While these aforementioned studies add valuable findings to the literature, they were conducted under circumstances in which typical academic and social stressors were not compounded by the burden COVID-19 has placed on students and society.

The Impact of COVID-19 on College Students

Recently, researchers have begun to gather data on the ramifications of COVID-19 on the college student population, but still, a minimal amount of literature exists. Emergent findings from a Madrigal and Blevins (2021) study ($n = 585$) suggest that students experience negative emotions as a result of COVID-19. Their findings also reported that students encounter difficulties in

transitioning from face-to-face instruction to an online environment. Thus, the switch to online learning may bring unwanted changes to students' motivation, social connections, and even health habits. Additionally, Madrigal and Blevins (2021) suggest that students may experience a decrease in connection with peers and professors. In another study examining students' experiences of transitioning to online learning due to COVID-19 measures ($n = 294$), Gonzalez-Ramirez et al. (2021) reported that students experienced barriers to online instruction, including poor WiFi quality and hardware or software issues.

Regarding coping strategies and other protective factors, researchers are in the early stages of understanding how students are mitigating pandemic-related effects. In their exploration of the impact of COVID-19 on undergraduate students ($n = 634$), Was and Greve (2021) posited that students whose goals were more task-oriented (i.e., related to task performance in a straightforward manner) were more resilient than students whose goals were seen as being self-oriented (i.e., comparing themselves to their past performances). Additionally, students who found new activities and routines, or simply focused on accepting their current situations, were able to navigate pandemic-related challenges more effectively than those students who avoided or ignored the impact caused by COVID-19 (Madrigal & Blevins, 2021).

Within counselor education, there is a paucity of research that explores the phenomenon of the COVID-19 pandemic. Furthermore, the literature that exists does not examine the pandemic through the impact on students or their responses, but rather, through potential changes in content or guidelines. For example, Harrichand et al. (2021) suggested wellness-focused curriculum enhancements counseling programs can make to be more responsive to students' struggles, while Pelden and Banham (2020) proposed changes to professional standards to acclimate to the changing environment due to COVID-19. Therefore, due to the uncertain yet continuing nature of

the pandemic, it is critical that counseling programs gain a more thorough understanding of the effects of COVID-19 on their students. Furthermore, programs would benefit from grasping what counseling students are doing to mitigate the impact of the pandemic, so that they may be more responsive to their students' needs and encourage behaviors that may help students foster resilience. Thus, the research questions for the current study were as follow:

1. What effect has the COVID-19 pandemic had on counselor-in-training resilience?
2. What measures can be taken by a Clinical Mental Health Counseling (CMHC) program moving forward to be more supportive of its students?

Method

In the current study, the research team utilized a qualitative, critical incident case study methodology for data collection and analysis. The research team utilized Yin's (2018) guidelines for choosing a case study approach. Yin advised that a case study design should be considered when: (a) you are focused on answering the "how" and "why" questions; (b) when you cannot manipulate the participants' behaviors; (c) you want to cover contextual conditions that are central to the phenomenon; or (d) when the boundaries between the phenomenon and context are unclear. Additionally, Miles and Huberman (1994) stated that a case is defined by "a phenomenon of some sort occurring in a bounded context" (p. 25). The research team chose to pursue the current study as a program evaluation, therefore, binding the case by time and place (Creswell, 2003). Binding the case ensured that the study remained reasonable in scope (Baxter & Jack, 2008). The lead researcher of this study, who is a counselor educator in a CMHC program, recognized students' struggles in adjusting to COVID-19 and hypothesized that some students were better equipped to adjust to unexpected life changes caused by the pandemic than others. The lead researcher sought to understand the experiences of the students in the program, as well as how students evaluated

the program's response to the pandemic, and what the program could do differently moving forward considering the ongoing uncertainty and evolving pandemic-related challenges of higher education. The research team developed propositions, guided from both the literature and from professional experience, to better focus the scope of a case study (Baxter & Jack, 2008).

The CMHC program that was the subject of the case study is a CACREP-accredited, two-year program housed within the Psychology Department at a small, Midwestern university. Instruction in this program occurred face-to-face through March 2020. When classes were dismissed for the spring break period, university administrators reached the decision to move the remainder of the spring semester to an online format. Faculty were tasked with moving content originally intended for in-person instruction to a virtual environment either through synchronous or asynchronous delivery. Instruction during the Summer 2020 semester was online as well. Beginning in Fall 2020, the university campus reopened, and faculty were given the freedom to hold classes face-to-face, synchronously online, or in a hybrid format that consisted of both in-person and online instruction. By the Spring 2021 semester, all course offerings in the CMHC program had returned to their traditional in-person delivery with the requirement of masks for all students, faculty, and staff. The mask mandate was lifted for those who were fully vaccinated at the outset of the Summer 2021 semester. At the time of data collection, there were 28 total full-time students in the program split between 1st and 2nd year cohorts, and an additional five part-time students. The faculty consisted of four core members and one adjunct professor. The two senior members of the faculty had been with the CMHC program for 10 and 9 years, respectively, while the junior members were in their 3rd year with the program.

Participants

The participants in this study ($n = 17$) were master's-level graduate students in the CMHC program. Eight (47%) of the participants were full-time students in their 1st year of the program and six (35.2%) were full-time, 2nd-year students. One (5.8%) participant was a 1st-year, part-time student, one (5.8%) was a 2nd-year, part-time student, and one participant (5.8%) was a 3rd-year, part-time student. The lead researcher sent an email to the program's students requesting participation in the study. Participation in the study was voluntary and anonymous.

Data Collection

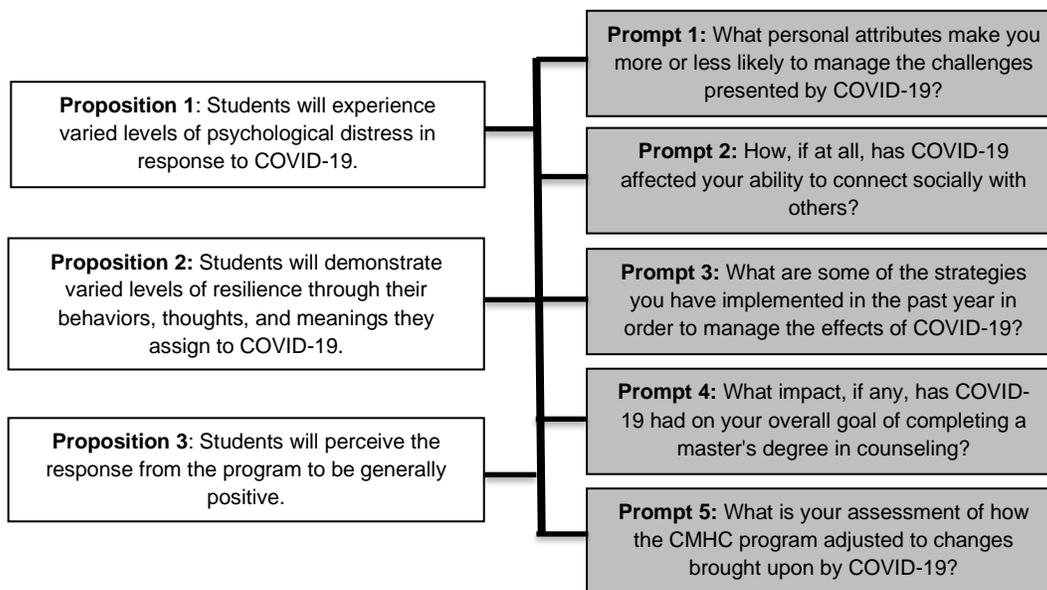
The research team consisted of the lead researcher, who was completing his 3rd academic year as a tenure-track faculty member in the CMHC program, as well as a 1st-year graduate student from the same program. Due to their involvement as part of the research team, the student was excluded from participating in the study. Completing the research team were two counselor educators from other universities. These final two members of the research team were included to reduce researcher bias and protect participants' confidentiality.

The research team utilized three forms of data collection for the current study: an online questionnaire, a focus group interview, and direct observation to increase credibility of the data (Patton, 2015; Yin, 2018). First, the team created items to be distributed to participants in the format of an online questionnaire. The questionnaire consisted of nine items that asked participants about basic demographic information, writing prompts about their perception of their own resilience during the COVID-19 pandemic, and whether they wished to participate in a follow-up focus group. The questionnaire was anonymous, except for those students who self-selected to participate in the focus group. The research team derived the open-ended items from the 25-item Connor-Davidson Resilience Scale (CD-RISC-25; Connor & Davidson, 2003). The research team

developed the questionnaire from the CD-RISC-25 by condensing similar items into one categorical measure of resilience. For example, Items 1 (i.e., adaptability to change), 8 (i.e., “bouncing back” after hardship), 17 (i.e., self-perception of strength), 21 (i.e., sense of purpose), and 22 (i.e., locus of control) were compiled into the category of “personal attributes” of resilience. Other emerging categories were social connectivity, coping strategies, and self-efficacy in goal attainment and perseverance. The final writing prompt allowed participants to assess the program’s response to the restrictions and guidelines set in place as a result of the pandemic and made suggestions how the program could improve their response.

Figure 1

Propositions and Questionnaire Writing Prompts



Participant responses to the online questionnaire were collected in April. The research team independently identified the initial themes from the data to minimize researcher bias. The two members of the research team who were not affiliated with the CMHC program, and therefore were not familiar with any of the participants, co-facilitated the focus group interview to preserve anonymity among participants. The 90-minute focus group was completed in June using Zoom as a platform. Eleven (66.7%) of the 17 participants took part in the focus group. The facilitators

presented the themes originally identified during the data analysis process and collected new data from the focus group. In addition to reviewing the identified themes with the focus group participants, an additional goal of the research team was exploring how participants' experiences had evolved over time due to the unstable and developing nature of the pandemic. Focus group interview questions were unstructured, but maintained the aim of capturing any changes in perceptions among the participants.

Concurrent to collecting other forms of data, the lead researcher also observed the participants during class time in both in-person and online environments. The lead researcher was not aware which students were participants due to the anonymity of the participants, but was able to observe the general disposition of the students in response to pandemic-related challenges. Students in the program, presumably participants included, also verbalized their struggles in adjusting to challenges of the pandemic with each other and with faculty, and some shared strategies for managing their psychological distress. Collectively, the three means of data collection provided sufficient data to address the propositions during the analysis process.

Data Analysis

The research team applied the "Codes and Coding" technique (Miles & Huberman, 1994) to analyze the data from the current study. This method was chosen, because it provided a straightforward approach to linking the data to the propositions (Atkinson, 2002; Miles & Huberman, 1994). The process began by creating a data repository, or spreadsheet, as a means of organizing the data (Atkinson, 2002). All responses from the questionnaire were transferred into the spreadsheet. Then, the research team constructed initial codes, based on the research questions and propositions, to serve as headings in the spreadsheet (Atkinson, 2002; Miles & Huberman, 1994). The team grouped the data under the initial codes; however, as the data emerged, they

developed expanded codes to include data that could not be sorted under one of the initial codes. The final step consisted of merging duplicate codes, and deleting other anomalies, to identify the rationalized codes, or themes (Atkinson, 2002).

Trustworthiness

The research team incorporated several measures to ensure trustworthiness in the current study, including data source and investigator triangulation, member checking, and the development of an audit trail (Hays & Singh, 2012; Lincoln & Guba, 1985). The research design included more than one form of data collection (i.e., questionnaire, focus group interview, direct observation), which helped improve the credibility of the study and added to the methodological rigor (Flynn et al., 2018). Investigator triangulation was reached by having four researchers who all were involved in data analysis. The research team conducted member checking during the focus group interview by sharing the themes that the team identified during data analysis. Lastly, the research team organized an audit trail by maintaining all raw data and each draft of coding by the members of the research team as they developed.

Findings

The findings from this study are presented as groupings of themes (i.e., rationalized codes) and subthemes (i.e., expanded codes). The research team identified four main themes and several subthemes that captured the effects of COVID-19 on the participants' resilience, and what measures students took to mitigate the effects of the pandemic. The main themes were titled (a) personal attributes, (b) social impact, (c) academic impact, and (d) coping strategies.

While some students admitted to struggling with programmatic changes and the overall disruption caused by the pandemic, the more successful students relied on their personality traits to negotiate the changes within the CMHC program brought upon by the pandemic, such as

adjusting to online meetings and a loss of social connection with their peers and professors. Several students adopted behavioral strategies to counteract the effects of COVID-19, including engaging in activities that promoted their mental and physical well-being or finding humor in seemingly dire situations. We detail the themes and subthemes below. To protect confidentiality, all participants were assigned a pseudonym.

Personal Attributes

The first theme captured the personal attributes students from the CMHC program believed they possessed, including the subthemes of (a) strengths and (b) shortcomings. Several of the participants referenced personal characteristics and traits they felt allowed them to persevere amid the pandemic. Many participants, despite recognizing their strengths, also admitted to struggling in the past year and spoke of their perceived weaknesses in mitigating the impact of COVID-19 in their personal and academic lives. Other participants recognized that the ramifications of the pandemic had taken a toll on their ability to function at their best, but spoke in hopeful terms of eventually regaining more control over their lives.

Strengths

Participants who identified positive attributes in themselves ($n = 12$) spoke about qualities such as optimism, persistence, adaptability, pride, and maintaining focus on goals as part of their response to COVID-19. Katie stated, “I see myself as a persistent and stubborn person, and I am very driven when it comes to meeting my goals.” Amanda added,

I have a strong ability to adapt and remain optimistic in the face of challenges. With COVID and [graduate] school, there was not a choice to not adapt to the new environment we found ourselves in. This allowed me to take some of the burden off myself and have a more external locus of control than I had previously before COVID.

Rebecca contributed,

I am a strong willed person and I'm fairly adaptable to change. To get where I want to be, I need to be licensed, so it is going to take a lot for me to stop. I bounce back easily...I am highly motivated to continue in the program and to take each challenge as it comes.

Henry referenced his sense of pride in working toward his goals. He stated, "When I set out to achieve something, I do it no matter what. My pride sometimes motivates me to keep going because I want to show the best version of myself to people and do my best."

Shortcomings

Other participants ($n = 11$) highlighted their struggles managing the effects of the pandemic related to disruptions in their routines, a lack of control, and a challenge to their mental well-being. Courtney reflected, "I am more stressed now than I have ever been before because I do not have a set schedule." Jessica spoke of difficulties with maintaining consistency in her life. She stated,

I struggle when there is a break in the routine. I do my best when I have areas for specific tasks, like going on campus for homework or working out at the gym. I really struggled with having an inability to create consistency and felt very out of control.

Anna also spoke about her struggles in terms of control, which have been exacerbated by other societal issues. She disclosed,

It is a challenge to bounce back from one disaster when multiple are occurring simultaneously and people argue against the rights of others. I attempt to view situations realistically and evaluate my options before I act. While it could be argued that my rationality allows me to be a strong person, I would instead argue that it causes me great distress because it keenly reminds me of things that are outside of my control that I desperately wish to change.

Mike referenced his ongoing battle with anxiety and depression, and acknowledged how the uncertainty of the pandemic was making things worse for him, particularly as he considered his professional goals. He admitted,

What I struggle with is not knowing how I am going to meet my goals, and anticipating the stress I have to endure to get there. So COVID placed many added layers of anxiety of not knowing how I am going to meet my goals, and knowing there was more stress to be expected than usual.

Social Impact

The second theme that we identified encapsulated the major impacts that COVID-19 had on students' social lives. Participants reported their social interactions as being among the most affected by the pandemic, but agreed that social connectivity was important. Participants prioritized connection with their fellow cohort members and described steps they took to minimize the risks of contracting COVID-19. Thus, the emergent subthemes were (a) cohort connection and (b) social precautions.

Cohort Connection

Due to the close-knit nature of program alumni experiences, several of the participants ($n = 5$) enrolled in the CMHC program with the hope of forming strong social bonds with their fellow cohort members as well. Maria stated, "I had expectations and hope that I would form meaningful connections with at least a handful of my peer group." Likewise, Samantha said, "I applied to this grad program under the pretense that our cohort would be close." Erica had similar expectations. She admitted,

One thing that bums me out is that the cohort isn't as bonded as all the professors and second year students preached about. I think that's because we don't spend time together

outside of class. We miss the chit chat before class starts in a classroom, or walking out together and starting up conversations.

Participants ($n = 10$) expressed feelings of loneliness and isolation as they spoke about the difficulties they faced making new connections with their peers and the lack of bonding opportunities given to them. Rebecca shared, “I rarely connect with my classmates because we all feel like strangers to each other.” Similarly, Shelby commented, “I somewhat feel like an outsider since there hasn’t been any bonding experiences yet to help build those relationships.” Some students felt particularly isolated after moving away from their hometowns, friends, and families to be part of a program where they knew no one. Abby stated, “I live alone in an apartment in a new city without knowing anyone before moving here.”

Social Precautions

Participants ($n = 6$) took several precautions regarding social interactions with others based on community safety guidelines despite its implications on social connection. Erica noted, “It’s hard to make strong relationships with peers due to social distancing guidelines and limitations during classes,” but also stated, “I don’t go out in public without a mask.” Other participants expressed similar concerns about being within close proximity to others and complying with mask wearing guidelines. Richard claimed, “I have religiously followed social distancing and mask wearing guidelines.” Apart from simply following the recommended guidelines for social distancing and mask wearing, some participants felt unsafe in large groups and typically avoided being around many others unless necessary. Maria reported, “The only time I am near others is at school and work and the occasional grocery trip.” Courtney added, “I don’t go to parties or gatherings.”

Academic Impact

The third theme that emerged from data analysis recognized the issues the participants faced from an academic perspective, as well as their views on the CMHC program itself. Participants referenced practical concerns such as accruing internship hours and changes in content delivery methods, but also wrestled with perceived deficits in motivation, work ethic, concentration, and time management skills. In terms of program responsiveness, participants seemingly had mixed feelings. Participants noticed a disconnect between them and their professors, but also recognized efforts by the professors to make changes to adjust to the new environment. We labeled the subthemes as (a) general implications and (b) program observations.

General Implications

Several participants ($n = 7$) alluded to newly-found obstacles they faced as a result of the pandemic. Emily admitted,

COVID, along with my other issues going on, has made it really difficult for me to complete the program. It's hard to focus, hard to concentrate, hard to think, hard to efficiently get things done, hard to balance everything. I've started having a lot more anxiety and mini panic attacks. I feel like I'm not doing things to the best of my abilities.

Tyler stated, "I have less motivation to get assignments and reading done. I have lost much of my time management skills." Amber added, "I've struggled to maintain a good work ethic while doing online classes, and I feel that I have done a poor job of doing so. Getting all the hours I need for internship has also been a challenge."

Program Observations

The general sentiments of the current study's participants were that the program responded in a positive way considering the circumstances, but the participants offered critical feedback as

well. Henry recalled, “I think the program did the best they could. Having to completely switch and redesign a program halfway through really could not have been easy.” Samantha shared, “I think the program did very well to adjust, especially in the beginning when changes had to be made extremely quickly.” The more critical comments referenced changes in the relationships between students and faculty due to content delivery methods, as well as how individual faculty members responded to the participants’ struggles. Amanda shared, “I feel like there is a disconnect between professors and students due to the deliverance of completely online classes. I also feel as if my relationships are stronger with the professors I have had in-person classes with.” Mike added,

I think all of the classes should have been online because I had a lot of anxiety after registering when it said it was an in-person class. I feel the decision to have selected classes in person, while the rest of our classes were online, was not the best choice by the university and put many more people at risk.

In contrast, Courtney mentioned, “I wish we were just able to be 100% in person. Being virtual has its conveniences, but I miss the physical interactions and dynamics of being in person.” Abby stated,

General platitudes that ‘there is an end point’ or seemingly empowering statements that I will be completing an already hard degree in a harder context did not serve a comforting purpose to me. It is enough to simply acknowledge that the situation is hard; there does not have to be some sense of greater achievement or silver lining associated with it.

Coping Strategies

The fourth theme from this study identified the coping strategies the participants employed to battle the effects of the COVID-19. Most participants mentioned they incorporated new ways to cope with the unprecedented challenges brought upon by the pandemic. Some participants

accentuated personal traits as a means of coping, while others implemented changes to their environment, mindset, or behaviors. Participants also used time in isolation to develop or revisit hobbies, to spend more time outdoors, or to connect with others in innovative ways. Consequently, the subthemes that emerged were (a) changes to meaning and mindset, (b) use of humor, and (c) behavioral strategies.

Changes to Meaning and Mindset

Some participants ($n = 5$) referenced changes to how they viewed themselves in the wake of the pandemic and allowed for more grace and flexibility in terms of their own expectations. Katie mentioned,

I have to constantly remind myself that I am working and living through a major global trauma and to have more forgiveness for myself. I have grown in being honest with internship and work duties and not forcing myself to do more than I can handle.

Emily added,

My threshold for what I consider good work has lowered because of these new challenges. I have managed to get acceptable grades in my classes, so it's more of an internal disappointment in myself rather than something that has real consequences.

Richard admitted, "I am coming to the realization that I am not always in control." He also added, "I've had to really change my mindset when being in a class online versus being in an actual classroom."

Use of Humor

Nearly half ($n = 8$) of the participants utilized humor as a coping strategy to reduce pandemic-related stress. Katie stated, "Using humor has helped to alleviate some of the stress caused by COVID." Tyler shared a similar approach. He reflected, "I've always used humor, so

that just kind of stuck around.” Three participants admitted to a more macabre style with their use of humor. Amanda admitted, “The dark humor is prevalent.” Mike added, “Many dark humor jokes have been made.”

Behavioral Strategies

A majority of the participants ($n = 16$) implemented behavioral changes in response to the challenges of COVID-19. Fourteen participants discussed adding new hobbies or reintroducing old hobbies they had moved away from for various reasons. Jessica reflected, “I revisited old hobbies I gave up in high school that I never had time for, like painting, drawing, and crocheting.” Five participants made it a priority to spend more time outdoors. Anna shared, “I extended my vegetable garden and built a chicken coop, and I got chickens.” Increased exercise was also a common behavioral change among participants ($n = 5$). Several participants ($n = 7$) made their mental well-being a priority through behaviors such as journaling, meditation, practicing gratitude, or seeking out (or continuing) counseling. Richard stated, “I have intermittently tried to implement meditation, mindfulness, and breathing exercises.” Abby shared, “I started a bullet journal to keep track of my movements, gratitude, and meals.” Lastly, many participants ($n = 8$) acknowledged that they had sought out ways to stay in touch with their friends, particularly during the height of social distancing. Emily stated, “I utilize social media more to stay connected.” Amber added, “I maintain communication through texting and calling, and I make more of an effort to do video calls with people.”

Discussion

While the negative effects of the pandemic have been apparent anecdotally, the current study is the first that addressed the ramifications of COVID-19 on the resilience of counselors-in-training. Resilience has been shown to be a protective factor against burnout among counseling

students (Thompson et al., 2011), but in the midst of the COVID-19 pandemic, much of the structure that students have relied on to maintain or move toward resilience has been challenged. Counseling programs have been tasked with reorganizing their programs in ways to meet current physical distancing and health guidelines; therefore, graduate students and faculty have been forced to adjust to differences in content delivery formatting (e.g., synchronous and/or asynchronous online formats). These changes can result in frustration due to unclear instructions and difficulties in self-regulation in terms of work and study time (Pentaraki & Burkholder, 2017). Additionally, the element of social connection to cohort peers has become markedly diminished among students.

Based on the findings, the research team determined that the initial propositions of the current study were accurate. The majority of students spoke of the psychological toll the pandemic has taken, but some were seemingly impacted more than others. Those students less affected demonstrated the ability to view the restrictions of the pandemic from a more positive perspective, and several took advantage of down time in productive ways. Regarding the response of the program, students noted some individual approaches among the faculty that were deemed less helpful, but in general, acknowledged a collective supportive atmosphere created by the program. These propositions are discussed in further detail below.

Proposition 1: Psychological Distress

Consistent with the literature, many participants admitted to struggling with the impact of the pandemic in terms of their motivation and a sense of a loss of control (Gonzalez-Ramirez et al., 2021; Madrigal & Blevins, 2021). Even those participants who identified as having more resilient traits noticed some negative effects initially, which were offset by adjustments they made to their personal expectations and meanings they prescribed to their experiences during the

pandemic. The most significant toll the participants faced was managing the social disruption they experienced due to physical distancing guidelines. The loss of social connection was evident in how participants described the changes in their relationships with members of their cohort and professors. Students did not anticipate shifting to online instruction after the university's spring break recess and struggled with maintaining social connections with their peers, especially as graduation approached. First year students, several who relocated for the CMHC program and were living alone and away from home for the first time, battled the impact of social isolation on their mental health and desire to stay in the program.

Proposition 2: Student Resilience

Many of the counselors-in-training from the current study exemplified several personal attributes that likely enhanced their resilience, including adaptability and maintaining focus on their goals. The participants utilized a variety of measures to mitigate the negative effects of COVID-19 that are supported by the literature, such as maintaining a positive outlook (Galatzer-Levy & Bonanno, 2014), seeking out social support (Chen & Bonnano, 2020; Madrigal & Blevins, 2021), or engaging in distraction tactics such as laughter or having fun (Keltner & Bonanno, 1997). Several participants revisited old hobbies or explored new interests. Many participants found creative ways to stay connected with friends and family. Specific to this study, activities that prioritized outdoor time or focused on mental well-being seemed to be the most common outlets for behavioral changes to promote resilience.

Proposition 3: Program Responsiveness

Several participants experienced concerns with accruing internship hours, but these issues were minimal because the CMHC program includes an advanced internship as part of its curriculum, which afforded students with the opportunity to gain clinical hours well beyond

CACREP and state licensure requirements. Some participants struggled with adapting to online content delivery or with perceived insensitivity among some faculty in response to their challenges, but participants generally responded positively to the support the CMHC faculty provided and the changes the program put into place as a result of COVID-19. Participants who were in their 1st year of the program were unable to compare their experiences regarding the impact to social connection or of program responsiveness to the pre-pandemic culture. Instead, they made assessments based on what they knew of the CMHC program's reputation and what messaging faculty conveyed to them during their interviews regarding the potential to build a strong social network among their peers.

Implications

Because the training of counselors is often associated with professional as well as personal growth, it is especially important to grasp the lived experience of counseling students, as well as explore what is helping them to thrive and continue into a profession where they will most likely be helping others who are struggling. The effects of the pandemic on personal and professional development, especially for counselors-in-training who may be tasked with providing resources to assist their own clients with building resilience, can prove to be detrimental if not recognized and addressed. Due to the ongoing nature of the pandemic, counseling programs must continue to evaluate the toll the pandemic is taking on their students both in the classroom and beyond. This is of particular importance as society moves in the direction of pre-pandemic living in terms of safety precautions such as physical distancing and masks. Counselor educators should maintain a focus on students' anxieties surrounding the loosening of safety regulations, as well as the looming concerns of students from marginalized populations, such as those who are immunocompromised. Additionally, the evolving landscape of mental health practices in response to COVID-19, such as

the increased utilization of telehealth, creates a need for counseling programs to enhance components of their curriculum.

Limitations

Several limitations existed in this study. There are inherent limitations in the methods the research team chose for data collection. With physical distancing precautions in mind, the research team chose to collect participants' initial responses via an online questionnaire. It is possible that some participants misinterpreted the questions in the questionnaire, therefore, influencing the types of responses they provided since there was no opportunity to seek clarification on the questions. Conducting semi-structured individual interviews instead would have perhaps enabled richer data to emerge. Secondly, when conducting focus group interviews, facilitators must balance the need to collect data with allowing meaningful conversation to unfold (Fontana & Frey, 2003). Additionally, the possibility for groupthink exists (Ravitch & Carl, 2016). Further, in terms of data collection, direct observation may result in researcher bias due to its subjective nature. An additional limitation is the modest participation level of the CMHC program's students (52% of students). As a result, the findings may not be representative of all students in the program. Lastly, the findings of a case study aimed at program evaluation may not be as transferrable to other institutions or their students, especially those that may be under different conditions, such as an exclusively online program.

Recommendations

The intention of this study was to highlight some of the specific struggles and resiliencies associated with students in a singular CMHC program, as well as pinpoint programmatic changes to better adapt to the ongoing challenges raised by COVID-19. However, it is the view of the researchers that findings from this study may be of value to other programs as well. Consistent

with extant research, this study found that individual differences in students, family context, and community characteristics were factors in how students adapted to the changes brought about due to COVID-19. This can create a challenge when looking to identify programmatic ways to address issues of counseling student resilience, as each student will have a variety of unique factors that affect student success.

Counseling programs may be able to influence protective factors in areas of social support. Engaging in cohort activities, both in person and online, may increase social support and encourage connection. Additionally programmatic advocacy or community engagement exercises and assignments may help students feel more connected to the community at large. Additional recommendations include creating more connection points for students and faculty to discuss the implications of the pandemic on students' well-being and capacity to support their clients, providing education on effective coping in times of stress, and encouraging counseling support services for students in distress. Due to the limitations of this study, it is also recommended that other types of programs (e.g., non-cohort and online delivery methods) with a wider range of demographic and regional diversity be examined. Future researchers may also consider longitudinal studies to measure the long-term effects of COVID-19 on counselors-in-training, as well as exploring the impact of COVID-19 from the perspective of counselor educators.

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