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Ernest George Zullo III

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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

STRESS, ANXIETY, AND COPING IN A LIVE SUPERVISED
INDIVIDUAL COUNSELING PRACTICUM:
A GROUNDED THEORY

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

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College of Educational and Behavioral Sciences
School of Applied Psychology and Counselor Education
Counselor Education and Supervision

August 2015

This Dissertation by: Ernest George Zullo III

Entitled: *Stress, Anxiety, and Coping in a Live Supervised Individual Counseling Practicum: A Grounded Theory Study*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in College of Educational and Behavioral Sciences in School of Applied Psychology and Counselor Education, Program of Counselor Education and Supervision

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ABSTRACT

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This study represents the initial attempt to create an emergent theory of how counseling students cope with the stress and anxiety inherent in a live supervised individual practicum from CACREP accredited training programs. This research followed the qualitative research traditions surrounding emergent theory creation and involved nine participant masters' students throughout the entire practicum semester.

This study found 16 themes separated into three categories. Sources of anxiety: (a) anticipatory anxiety and fear, (b) meeting obligations outside of practicum, (c) interpersonal conflicts, (d) the live supervision environment, and (e) feedback. Modifiers and influencers of stress and anxiety: (a) practicum social environment, (b) need for perfectionism, (c) trait anxiety, and (d) previous experiences. Coping strategies used by students: (a) support, (b) effective supervision, (c) positive attitude change, (d) self-care interventions, (e) blaming, (f) catharsis, and (g) foreclosure or no coping.

The emergent theory consists of six coping dimensions that every practicum student must navigate. Each of the dimensions are anchored and defined by a continuum of coping effectiveness: poor, moderate, and excellent. The six coping dimensions are: (a) personal characteristics, (b) interpersonal characteristics, (c) group interactions, (d) emotions, (e) cognitions, and (f) use and understanding of coping skills. The final

component of the emergent theory are three coping trajectories that help to explain individual student's pathways throughout the practicum semester, with regard to the coping dimensions. These coping trajectories are: effective, inconsistently effective, and ineffective.

Recommendations for counselor educators and supervisors include creating a formal student self-care plan, the addition of a pre-practicum skills class, and group stress relieving activities for students.

Key words: Anxiety, Stress, Coping, Live Supervision, Counseling Students, Counselor Education, and Emergent Theory.

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Helm, you have taught me that I can be firm and also be kind and gentle. I have been in awe of your abilities as a counselor educator. To Dr. Jennifer Murdock, when things in my doctoral program were flipped upside down, you were the only one who asked me what I wanted to do. I appreciated so much that I felt like you were always on my side. To Dr. Doug Woody, who started this whole adventure many years ago. Dr. Woody, you saw potential in a goofy psychology student that even I didn't see. You believed that I could be more than a bartender from Texas, when I didn't. Without you Dr. Woody, none of my academic accomplishments would have been possible. Thank you all.

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CHAPTER I

INTRODUCTION

No pressure, no diamonds.
-- Robert Carlyle

The story of Mary:

I'm terrified to walk into that room again. I want to be a counselor *so* badly, but it seems like it's all slipping away. I feel a lump in my throat as I leave the classroom with my classmates and the professor. As we approach the counseling rooms I feel like I'm about to burst into tears. I'm not sure I can face my client today because I am worried about failing practicum. I walk into the dark observation room and place the video disk in the recorder. I know I have to review this session later, but I just don't want to see myself again stumbling and fumbling. I look through the one-way mirror into the counseling room and feel a whole new wave of panic. I know my client is in the waiting room. As I get up to leave, a few of my peers offer encouragement, "You can do this," and another whispers in support, "You're going to be great." I don't believe either one of them, they're not telling me the truth; they just feel sorry for me and don't want me to cry.

As my session begins fear and panic rise up in me. At times, I am not sure what my client said, because I was so distracted by my self-talk or thought I could hear my peers' comments behind the glass. Once the session was over a sense of Dread overwhelmed me as I anticipated my peers' feedback and how I had to sit through their feedback. It's difficult to hear or understand anything others are saying to me except that I've screwed up, just like I knew I would. My eyes well up with tears; thankfully

feedback was brief because we needed to reset for the next client. My peers wrote down their feedback; I hope to read it when I am alone.

The previous vignette presents a composite of some of the personal and professional experiences some students encounter during a live supervised practicum; experiences that are both common and unique and which likely exist on a continuum ranging from progressive (e.g., growth producing) at one end to regressive (e.g., growth restricting) at the other. For students like Mary to develop into effective mental health counselors they need to understand the process and address the dynamic interplay between her anxiety and coping responses and how they impact her learning (Bandura, 1956). Should students fail to do this, they are likely to be less effective with their clients and may experience frustration or concern related to their education and training (Cowden, 2010).

There exists a real need in our society for well-trained mental health counselors (Honberg, Kimball, Diehl, Usher, & Fitzpatrick, 2011). The National Institute for Mental health (NIMH, 2013) reported in 2008, 27.9 million people in the U.S. adult population utilized mental health services; a number that increases each year (NIMH, 2003.) At the entry level, most counselor-in-training (CITs), engage their first clients during their practicum experience; where they are expected to systematically integrate and apply their theoretical knowledge, skills and personal dispositions. Much like the Carlyle quote that opened this chapter, the counseling practicum can be a time of great pressure, stress and anxiety which ultimately provides the *pressure* to produce ‘diamonds’ from rough material. To complete this metaphor, counselor educators create the environment in which the ‘pressure’ is experienced as students’ high standards, quality support, and the

opportunity to grow personally and professionally (Association for Counselor Education and Supervision, 2011).

Most counseling students come to their graduate education as adults (Schweiger, Henderson, Clawson, Collins, & Nuckolls, 2008). Thus, their experience and needs differ from those of undergraduates and are focused on meaning making, real world application, and the integration of previous experiences (Knowles, Holton, & Swanson, 2011; Mezirow, 1996). Additionally, graduate students who train in the area of counseling are believed, by some, to progress through a stage developmental process from novice counselor to a pre-licensure status during their initial formal training period (Loganbill, Hardy & Delworth, 1982; Stoltenberg & McNeill, 2010; Ronnestad & Skovholt, 2003).

Model of Counselor Development

Several theories of counselor development exist in the professional literature. For the purposes of this study, I utilize the Integrated Developmental Model (IDM) of counselor development and clinical supervision (Stoltenberg & McNeill, 2010) because it is the most empirically supported model available as noted by Bernard and Goodyear, 2014, "... IDM is the best known and most widely used stage development model of supervision. It has the virtue of being both descriptive with respect to supervisee processes and prescriptive with respect to supervisor interventions" (p. 34). The Integrated Developmental Model has four distinct levels of counselor developing. Because this study is focused on counselors during their formal graduate training only the first two will be articulated for the reader (Stoltenberg & McNeill, 2010). Level one of IDM is described as a time when the student demonstrates high motivation, experiences high levels of stress, and engages in dichotomous thinking. Level two is described as a

time when student's often experience wild fluctuations in motivation and confidence. Levels one and two of IDM are believed to be experienced by a student during the typical 15-17 weeks of a university semester or time frame of a counseling practicum (Stoltenberg & McNeill, 2010) which is also the time frame of inquiry for the present study.

The transition from Level one of IDM to Level two can be difficult for the student as his or her sense of equilibrium and confidence in his or her abilities are challenged by the increasing complexities of the counseling and supervision processes as well as his or her fear and desire for autonomy. Stoltenberg and McNeil (2010) described this transition as a time when the supervisor must "shake the tree" (p. 80) of the supervisee by assigning them to increasingly more difficult and complex clients. Stoltenberg and McNeil (2010) wrote:

The Level 2 therapist is making a transition across the various domains from dependence on the supervisor to a sense of more independent functioning, from primarily a self-focus to more of a focus on the client experience, and from a previously high and fairly stable level of motivation to more fluctuating levels. Unless this transition is successfully negotiated, this period can be a difficult, conflictual time for supervisee and supervisor alike, characterized by disruption, resistance, ambivalence, and instability (p. 83).

This conflictual time can be a great source of anxiety for the practicum student. Too much anxiety can lead to higher levels of frustration and may inhibit their growth during this critical time in practicum (Stoltenberg & McNeill, 2010). It is no wonder then that many beginning counseling students in practicum cite the facilitative and supportive behaviors of their supervisors as the most important during this transition period between levels (Heppner & Roehlke, 1984).

Student Perceptions of Stress in Practicum

The literature and research on students' perceptions of practicum have focused mostly on students' perceptions of the supervision experience (Daniels & Larson, 2001; Gnika, Chang, & Dew, 2012; Hendrickson, Veach, & LeRoy, 2002; Mauzy & Erdman, 1997; Trepal, Bailie, & Leeth, 2010; Wong & Res, 1997; Worthen & McNeill, 1996). Supervision is described as a formal relationship between a senior counselor who mentors, monitors, and evaluates the work of a novice [e.g., student] counselor (Bernard & Goodyear, 2014). In general, the results of these studies indicate poor supervision leads to the perception of higher stress and conversely competent supervision leads to the perception of lower amounts of stress. Counseling students indicated that poor supervision involved unspecific and vague feedback, not feeling heard by the supervisor, and a lack of emotional support from the supervisor (Daniels & Larson, 2001; Trepal et al., 2010; Worthen & McNeill, 1996). Competent supervision behaviors, as perceived by counseling students, involved clear and specific feedback, constant emotional support, and feedback that is appropriate for the counseling student's developmental level (Daniels & Larson, 2001; Trepal et al., 2010; Worthen & McNeill, 1996).

Other researchers have explored counseling students' perceptions of practicum including the phenomenon of anxiety, stress, and fear in practicum (Barbee, Scherer, & Combs, 2003; Edwards & Patterson, 2012; Hill, Sullivan, Knox, & Schlosser, 2007; Woodside, Oberman, Cole, & Carruth, 2007). These perceptions included the hopes and fears experienced by students. The chief fear perceived by the student was the anticipated/expected failure of practicum, followed by potentially harming their clients, and or an inability to handle the feedback given to them regarding their performance

(Trepal et al., 2010). Much of the literature related to counselor training, development and supervision is from the point of view of the supervisor, is likely reductionistic in nature and limited in scope because it examines few psychosocial variables (e.g., typically stressors rather than coping), does not relate the experience from the student's perspective and often is not longitudinal in scope. Almost none of these studies mentioned above focus on the coping experiences of students in practicum. Of these studies, none utilized a grounded theory methodology to explore counseling students' appraisal and coping in a live supervised individual practicum.

Coping

In the vignette that opened this chapter Mary was not coping as effectively as she could given the anxiety she experienced in her live supervised individual counseling practicum. It is likely Mary's experienced anxiety from many sources, e.g., her personal process of continued, constant, critical evaluation and her perception of harsh feedback from her peers and supervisor, her dependency on her supervisor and her perceived lack of support from her practicum peers. If Mary is unable to adequately cope with her stress and anxiety it will most likely continue to interfere with her ability to function, learn, and display new skills in an appropriate and timely manner (Stoltenberg & McNeill, 2010).

Coping with stress has been the lifelong work of Richard S. Lazarus and Susan Folkman (e.g. Lazarus, 1966; Lazarus & Folkman, 1984; Folkman & Lazarus, 1985; Folkman & Lazarus, 1988; Lazarus, 1999; Folkman & Moskowitz, 2000; Folkman & Moskowitz, 2004). Lazarus and Folkman's model of stress and coping is known as the appraisal model of coping. In their model, a person perceives some sort of stressor from within themselves or in their environment and appraises or evaluates this stressor for the

proper reaction. A key factor in the appraisal theory is the *individual's perception* of the stress. In other words, the idiosyncratic nature of perception is paramount. For example, one person may appraise an event as mildly stressful while another person may experience the event as intensely stressful. The reaction to stress is a process referred to as a coping scheme. These schemes are constantly updated as environmental stressors change and are reassessed. Much like the interference reference by Stoltenberg and McNeill (2010) in the preceding paragraph Lazarus and Folkman (1984) note that difficulties which arise from faulty appraisals and or coping schemes are ineffective in ameliorating the specific stress or stressors.

Types of Coping

A person's coping scheme falls within some combination of four types of coping: problem focused, emotion focused, meaning focused and social focused (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984). Problem focused coping is perhaps the most active and straight forward as the person experiencing the stress and anxiety tackles the source of the problem head on and actively seeks out ways in which to ameliorate the stressors impact. Emotion focused coping is centered on dealing with the negative emotions revealed by the stress and anxiety of the situation. This form of coping may possibly lead to faulty coping schemes involving a variety of distracting activities including but not limited to Drugs and alcohol use, denial and or blaming others. Meaning focused coping often involves finding the meaning in adversity as a possible function of coping. This type of coping may involve religious beliefs, humor, and or existential thinking and is useful in situations of chronic stress and anxiety, such as a terminal illness or involvement in a war. Social focused coping involves seeking help and

support from others. This coping strategy involves seeking out the individual's social network of family and friends to supply comfort, support, and possibly guidance during a stressful and anxiety producing times.

Recall the vignette of Mary, her perception of events in practicum involved appraising other people's behaviors as insincere or sympathetic. In effect, she perceived her peers and supervisor's positive feedback and attempts at support as false, disingenuous and coming from a place of pity. Mary's appraisals of the stressors in practicum may also be influenced by internal beliefs of incompetence and a lack of self-efficacy in acquiring counseling skills. Her ultimate appraisal of practicum is that she will fail, likely resulting in an ineffective coping scheme which may lead to cognitive restriction, becoming emotionally numb, and isolating her further from the very peers and supervisors who want to help her. The unfortunate effect of Mary's less than productive coping scheme is that it will inexorably lead to her failing practicum without some means of intervention.

Statement of the Problem

The setting of a live supervised individual practicum is by its nature a high risk and high reward environment. Students practice skills and processes which are still in development in real time with a real client while their peers and supervisor watch from behind a one-way mirror. Students' counseling skills are witnessed live, evaluated, and discussed by the supervisor and often the students' peers. Often, feedback is given in front of other students and supervisors; students are expected to hear, understand and integrate post-session feedback between sessions so that they can perform new skills and demonstrate increased understanding over time. Understandably, this process is likely to

lead to increased levels of stress and anxiety. For some students, increased scrutiny may bring a positive response (e.g., increased focus and motivation, rising to the challenge) yet for other students various levels of stress and anxiety can lead to negative or non-productive response (e.g., dismissing peer support and or supervisor feedback, not engaging in reflective practice) in the form of faulty coping schemes which create interference with their learning. Because no empirically supported training/supervision model exists for faculty, students (and by extension the field of counselor education) face a problem in that there is no credible reference which describes and aids students' coping response(s) to anxiety and stress during a live practicum. The lack of an empirical derived model prevents students and faculty from utilizing a framework or process to address students' anxiety and coping in practicum. Students' personal, academic, and professional lives may be adversely impacted, as well as the welfare of their clients.

From my perspective much has been assumed about the process of student's anxiety and coping in a live practicum. Little empirical research exists that focuses on the dynamic interrelated nature of these two experiences. The professional literature contains numerous anecdotal works that exist which describe students' anxiety or coping from the perspective of the individual supervisors (Costa, 1994; Dodge, 1982; Fitch & Marshall, 2002; Heckman-Stone, 2004; Liddle, 1986; Yager & Beck, 1985) or is focused primarily on the supervisory relationship rather than the students' individual experiences of practicum as a whole (Daniels & Larson, 2001; Gnika et al., 2012; Hendrickson et al., 2002; Mauzy & Erdman, 1997; Trepal et al., 2010; Wong & Res, 1997; Worthen & McNeill, 1996). Fewer studies were found that focused on the student's point of view; most of these examined counseling students' stress and anxiety outside of the practicum

setting (Abel, Abel, & Smith, 2012; Smith, Robinson, & Young, 2007; Williams, Polster, Grizzard, Rockenbaugh, & Judge, 2003; Bowman, Roberts, & Giesen, 1978) or with post-degree professionals (Bandura, 1956) and even fewer studies located that dealt with anxiety during practicum from a student's perspective (Barbee et al., 2003; Edwards & Patterson, 2012; Hill et al., 2007; Woodside et al., 2007).

Current theories pertaining to counselor training are neither complete or systematic nor do they integrate the voices of the counseling students. Numerous authors seem to focus more on techniques and pedagogical styles than on the student experiences (e.g. Neufeldt, 2010; Truax & Carkhuff, 2000; Kagan & Kagan, 1990; Ivey, Ivey, & Zalaquett, 2014). The goal of my study is to examine students' live experiences in a live practicum over time (one 15-17 week semester) so that an emergent model may be developed.

Rationale for the Study

As a doctoral student I have repeatedly engaged in the training of counselors via a live supervised practicum. Through this process I have witnessed students' anxiety, stress and their struggles to cope. The professional literature provides little guidance or explanation from the students' perspective regarding these experiences or direction regarding how I could assist students' learning as the supervisor. The rationale for this study is to intentionally and meaningfully examine students' experiences of stress and coping during a semester-long live supervised individual practicum in hope of identifying an emergent theory that describes this process. By having a clearer understanding of stress and coping in practicum, students and supervisors may have better guidance to recognize normative responses and when responses are non-normative, know when and

how to intervene and support students. Supervisory intervention and support are believed to be critical during practicum; a process fraught with non-productive anxiety and the struggle to cope.

An emergent theory could empower and assist students to engage in their own learning. It has been my experience that the better a student copes with anxiety, the better that student will perform in a live practicum. Hopefully, the results of this study will inspire and foster future research as well as add to the empirical basis for counselor training in general.

Significance of the Study

The reader may be asking themselves at this point why this study is needed when so many students do in fact pass practicum. One answer is that although many students do pass, this passing does not necessarily equate to an optimum training experience, feelings or readiness, or solid foundation of professional self-management. The results of this study could aid students in having: (a) a deeper understanding of their role and contribution to their training and the counseling dynamic, (b) an experience of greater mastery over their learning environment, and (c) the potential to increase their self-directed learning. Additionally, I hypothesize a disconnect between what faculty believe they are modeling and teaching and what students' experience in practicum. It can be safely assumed that almost all faculty strive towards helping their student's succeed. However, what if faculty are using strategies and techniques in such a way that increases stress and anxiety and or decreases student's abilities to cope? Discovery of an emergent theory may be able to illuminate whether the hypothesized disconnect exists and more importantly what faculty and students may do to bridge that gap. The results of this study

could also provide a preliminary empirically supported framework to address students' needs or to inform students of the expected developmental crises they may encounter during their training. Finally, this study will empower students through the inclusion of their voices and inform the counseling literature as to the students' experience during the developmental process. Students' voices enrich our understanding of counselor training and inform our pedagogy.

Guiding Objectives and Questions

Adult learning and counselor development theories as well as the appraisal model of stress and coping (Lazarus & Folkman, 1984) form the conceptual foundation for this study and guide my inquiry. The guiding questions below provide conceptual boundaries to the study:

- Q1 What are the perceptions, experiences, and narratives of students regarding their stress and coping during a live supervised individual practicum?
- Q2 How do the perceptions, experiences, and narratives of students regarding their stress and coping in a live supervised individual practicum relate to models of adult learning, counselor development, and appraisal theory?
- Q3 What, if any, relationships exist among and between students' perceptions, experiences, and narratives of stress and coping during a live practicum?

Delimitations

This study is limited to the unique experiences of masters students from a Council for Accreditation of Counseling and Related Programs (CACREP) accredited counseling program. It is more specifically limited to those experiences of anxiety and coping in a live supervised individual practicum. Although every effort was used to protect the anonymity of the nine student participants, many students expressed concern over professors or doctoral students learning about what was disclosed by them during the

study. It remains a possibility that for this reason, as well as limitations surrounding difficulties with self-reporting (e.g. social desirability) the results of the present study should be viewed with caution.

Definition of Terms

Adult Learners. The adult learner as someone who (1) has an independent self-concept and who can direct his or her own learning, (2) has accumulated a reservoir of life experiences that is a rich resource for learning, (3) has learning needs closely related to changing social roles, (4) is problem-centered and interested in immediate application of knowledge, and (5) is motivated to learn by internal rather than external factors (Merriam, 2001).

Anxiety. an unpleasant emotion triggered by anticipation of future events, memories of past events, or ruminations about the self. (Harris & Thakerey, 2003).

Appraisal. A Process involving the assessment of incoming stress by answering two key questions. "Is this stressful event a problem or an advantage, now or in the future, and which ways?" and, "What if anything can be done about it?" (Lazarus & Folkman, 1984, p. 16).

Council for Accreditation of Counseling & Related Educational Programs

(CACREP). The vision of CACREP is to provide leadership and to promote excellence in professional preparation through the accreditation of counseling and related educational programs. As an accrediting body, CACREP is committed to the development of standards and procedures that reflect the needs of a dynamic, diverse, and complex society (CACREP, 2011a).

Coping. Thoughts and behaviors that people use to manage the internal and external demands of situations that are appraised as stressful. (Folkman & Moskowitz, 2004, p.745).

Coping Scheme. The total set of strategies devised and employed by a person to effective or ineffectively respond to the perceived stress in their environment (Lazarus & Folkman, 1984).

Counseling. Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. (Linde, 2010, p.5).

Counseling Laboratory. A counseling clinic that is internal to the department with the ability for close or live supervision, taping of sessions, and other learning experiences. (Wester, 2010, p.2).

Live supervision. Live supervision combines direct observation of the therapy session with some method that enables the supervisor to communicate with the supervisee (Bernard & Goodyear, 2014, p. 264).

Practicum. A distinctly defined, supervised clinical experience in which the student develops basic counseling skills and integrates professional knowledge. The practicum is completed prior to internship. (CACREP, 2009).

Stress. Psychological stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being (Lazarus & Folkman, 1984, p. 19).

Supervision. A tutorial and mentoring form of instruction in which a supervisor monitors the student's activities in practicum and internship and facilitates the learning and skill development experiences associated with practicum and internship. The supervisor monitors and evaluates the clinical work of the student while monitoring the quality of services offered to clients. (CACREP. 2009).

CHAPTER II

LITERATURE REVIEW

There is nothing either good or bad, but thinking makes it so.
-- William Shakespeare

The Shakespeare quotation sets the tone for Chapter II in which the literature related to the processes and experiences of counselors in training (CIT) in live supervised practica is explored. Students are believed to engage in appraisal processes, assumption formation and foreclosure that results in dichotomous thinking and in the early stages of their training, increasing anxiety or perceived stress (Loganbill et al., 1982; Stoltenberg & Dellworth, 1988). Specifically, the relevant research literature in adult learning, counselor development, counselor training, experiences of CITs, models of supervision, and the appraisal model of coping and stress provide the theoretical basis for this study. A comprehensive search of Academic Search Premiere, ERIC, PsychArticles, and PsychINFO databases was conducted and focused on the flagship journals in counseling, counselor education, psychology, education, nursing and social work. The scope of this search was deemed broad enough to capture literature related to the training of novice helping professionals and restricted enough to amplify counseling in particular. A 20 year time-span (1992 to 2012) was used to examine the most current literature in the area of counselor training clinical supervision.

Counselor Training Context

It is generally accepted that the process, environment, and standards by which counseling students are trained in a live practicum are central to their experiences,

perceptions, and ultimately their success (Mobley & Myers, 2010). Most CITs enter graduate school as adult learners who have typically been successful in other endeavors yet enter graduate studies with some trepidation (Fairchild, 2003). Therefore, it is important to understand the characteristics of adult learners because adult learners are impacted by stress and anxiety differently. The history of current practices and standards that guide the training of counselors at the graduate level based in adult learning is also examined.

Characteristics of Adults Learners

Malcolm Knowles is frequently cited as a leader of adult learning theory or andragogy; the bulk of his work emerged in the late 1960s and continued through the mid-1980s. Knowles' provided the underpinnings of educational theory and practice (Davenport & Davenport, 1985; Pratt, 1993) that are utilized today in institutions of higher education and across numerous disciplines. Over the course of his professional life Knowles' (1980) identified six characteristics of adult learners and the elements of adult education that emanate from these characteristics. His foundational assumptions rest on the belief that adult learners have matured beyond the stage of early adulthood and that not all adults will progress the same. The six characteristics include: (a) advancing self-concept reflects the transition from a dependent learner to one who is more self-directed, (b) utilization of one's experience as a rich resource for learning, (c) readiness to learn is a relationship between the immediate relevance of the subject matter and adults increased interest, (d) an orientation to learning in which the learner is more problem centered than subjected centered, (e) a greater sense of internal motivation, curiosity, and the desire to

achieve and in 1984 Knowles identified the six characteristics of adult learners (f) relevance or the need to know 'why' something needs to be learned.

Knowles' description of adult learners was selected as the basis of this study because most applicants to counseling programs reflect the characteristics described by Knowles (Woodward & Lin, 1999). Consistent with Merriam's (2001) thoughts on adult learners, counselor educators' could anticipate that the students are self-directed, use their life experiences to enhance their learning, have learning needs related to their changing roles, and are more internally as opposed to externally motivated. Additionally, in their description of adult learners Cafferella and Barnett (1994) emphasized that adult learners have multiple ways in which they learn and have an expectation to be active participants in their learning

More than any other single factor, use of a rich storehouse of experiences differentiates adult learning from the learning process of children (Cafferella & Barnett, 1994). Adults organize and make meaning of their learning through the integration of new information with their experiences and prior knowledge. Instructors of adult learners who are mindful of students' prior experiences can construct comprehensive, integrated and relevant experiences for their students. For example, in counseling role plays, reflection journals, and portfolios, a live practicum allow adult learners the opportunity to use relevant and rich experiences as a resource to enhance their own and other student's learning. In particular, peer feedback may be more meaningful when it comes from a place of personal experience.

For counseling students the motivation to learn can carry both internal and external components, typically with the internal being more powerful (e.g., a counseling

student may be externally motivated to pass live practicum so that they can continue on with their program and not risk embarrassment, failure or shame). However, hopefully a stronger internal motivator may be to learn the skills necessary to help clients better cope with their lives.

Adult Learning

Five schools have emerged over the past 50 years, sometimes parallel to or in contrast of Knowles' work (Marquardt & Wardill, 2010). The schools, described by Marquardt and Wardill (2010), are: behavioral, cognitive, humanist, social, and constructivist. The behavioral school, based on traditional behaviorism focuses upon control of the antecedents to learning. This school has three basic components: (a) when behavior changes, learning has occurred; (b) learning is determined by environmental factors; (c) and learning is solidified by reinforcement and repeated exposure to material as documented in some form of assessment or measurement. The cognitive school focuses on the individual's ability to comprehend knowledge and associate it into their past experiences. In the cognitive school, individuals reorganize information to make it as useful to the individual as possible. Efficient use of knowledge is the key. The third school, humanism, focuses on the emotional components of learning, coupled with the individual's Drive towards self-directed learning. Social learning focuses on learning through observing and imitating others in action; much like what Bandura described (1977). Finally, constructivist learning focuses on the context dependent nature of knowledge construction and the individual meaning the person makes from her or his learning (Marquardt & Wardill, 2010).

All the five schools presented above may be experienced by students through the role play method of instruction. Role plays, a common learning activity in counselor training, are used to introduce and refine specific counseling skills. For example, practicum students typically engage in or observe their peers in mock counseling sessions. From a behaviorist's perspective, the role play allows for the demonstration of newly acquired skills. This demonstration indicates that learning has occurred through some form of assessment and reward. The cognitive school would highlight how efficiently CITs were able to integrate improved skills through associations made with previously learned information. In this school of thought the students would incrementally improve the skills demonstrated. Humanist elements are exemplified through emotional experiences and support present in the debriefing that occurs at the conclusion of the role play as often group members discuss emotions such as fear, anger, or joy evoked by the role play experience. The social learning school emphasizes the observational and group meaning making components of this exercise; students learn new skills by watching each other demonstrating them in real time. Finally, from the constructivist perspective, the role play allows the CITs involved to actively co-creating an experience together from which the learning and meaning made would be individual to each student.

From my perspective, the constructivist school most closely aligns with the process of training counselors. The constructivist school has at its heart, respect for the subjective processes of the learner. Knowledge does not sit somewhere waiting to be discovered, it is constructed by an active, engaged, self-directed learner who then makes meaning of it (Baumgartner, 2001). The same can be said of the counseling process.

From a constructivist frame of reference, there is no objective truth or external meaning to the life struggles of the client's; the meaning the client makes of their world is the focus of psychotherapeutic intervention (Young, 2009). Therefore, the constructivist school of thought provides a foundation for this study, and can be well-integrated with elements of transformational learning (Mezirow, 1996) and counselor development.

Transformational Learning

The transformational learning model is presented here as a way to synthesize the assumptions of adult theory, counselor development, and clinical supervision into one theoretical foundation for the study. Transformational learning has four basic philosophical underpinnings: (a) empowerment of the learner and society; (b) a constructivist approach to knowledge; (c) belief in a developmental structure to learning; and (d) an understanding of the link between spirituality and learning (Baumgartner, 2001). The transformational learning model focuses upon the meaning an individual makes of their learning process (Marquardt & Wardill, 2010; Clark, 1993; Baumgartner, 2001) and is believed to create changes within the learner who is then shaped by and in turn shapes her or his future learning (Clark, 1993). For example, a practicum student may experience the feedback from a counseling session as negative and critical despite the intent or desire of the supervisor. The student could in turn become increasingly anxious and foreclose on future learning. The student's perspective will likely impact the student's ability to receive and integrate additional or alternative feedback, particularly positive feedback (Loganbill et al., 1982).

The transformational approach to learning and a belief in adult development has been the major focus of Jack Mezirow work (Clark, 1993; Baumgartner, 2001) and most

salient in the adult education literature (Clark, 1993; Baumgartner, 2001). Mezirow (1998) identified critical reflection as one of the key components for the adult learner. Critical reflection allows the adult learner to solidify her or his performance and to identify areas of growth for future exploration. It is this component of transformational learning that fits best with the live practicum model of instructing counseling student's. All learning activities in a live practicum are, in part, created with the goal of having the student critically reflect upon their own newly emerging skills and competencies. Ideally the practicum student should be aware of their strengths and weaknesses, relative to their professional development and be able to accept these critical reflections as factors to improve upon in their future practice (Stoltenberg & McNeill, 2010).

Counselor Development

Development, in general, refers to the dynamic process in which a person grows and develops over time as part of an expected process supported by the environment or context. This development sometimes takes the form of stages in a progression from a less advanced to a more advanced state (Loganbill et al., 1982). Each stage of development presents its own challenges, behaviors, attitudes, expectations, and required abilities to be accomplished before the person successfully enters the next stage. It is important to note, that elements of each stage are not discrete, do not need to be fully mastered for a developmental progress to occur, and specifically related to counselor development, the process is recursive in nature (Loganbill et al., 1982). However, unlike the acquisition of skills, counselor development involves technical, personal, and interpersonal development far beyond that of other learning and developmental processes (Loganbill et al., 1982; Stoltenberg, 1981). It can be argued that students learning to play

the piano will not likely have their worldviews and personal interactions challenge as they develop as a pianist; the same cannot be said for a developing counselor.

The counselor developmental process provides a lens through which many counselor educators view their students over time. Practicum instructors, in particular, who subscribed to a developmental point of view, evaluate their students' challenges, behaviors, attitudes, expectations, and required abilities along a developmental trajectory. Anxiety has been documented as a central element in counselor development, and is hypothesized to intensify during the early stages of development (Loganbill et al., 1982; Williams, et al., 2003; Mauzy, Harris, & Trusty, 2001; Trepal et al., 2010; Neufledt, 2010) and influences learning in practicum (Borders, Fong-Beyette, & Cron, 1988) yet scant commentary exists related to CITs experience of this expected anxiety and even less on the how supervisors may best address it.

Models of counselor development. There are numerous models, theories and structures that describe the training of counselors (Bernard & Goodyear, 2014) dating back to the 1960s (Holloway, 1995). In the 1980s counselor educators and psychologists sought to organize and systematize the current knowledge base (Bernard, 1979; Loganbill et al., 1982; Stoltenberg, 1981) to improve training and research. Developmentalist like Loganbill, Hardy and Delworth and Stoltenberg, identified the specific stages and associated tasks for counselors in training, many of who were in live counseling laboratories. For the purpose of this study, the work of Loganbill, Hardy and Delworth and Stoltenberg provide the context and rationale that guide that inquiry.

Loganbill, Hardy, and Delworth (1982) derived a complex model of counselor development from existing literature, their anecdotal experiences and observations of

counseling students. Loganbill, Hardy and Delworth's model consists of three stages. The first stage, stagnation, describes a counselor who has a naive unawareness about the difficulty of the tasks set before him or her displays a rigid or inflexible world view and struggles to accommodate ambiguity. The term stagnation was selected to summarize the notion that the trainee is metaphorically stuck in previous ways of knowing and functioning, much like Knowles' (2011) notion of the adult learner's reliance on personal experience. Confusion, the second stage, describes an increase in the understanding and awareness of how challenging the journey is. This awareness and understanding were believed to perpetuate feelings of self-doubt, anxiety, disorientation, lack of tangible answers, and increasing ambiguity and discomfort. Specifically, Loganbill, Hardy and Delworth described this stage as a time of great upheaval, in which student experience random, compensatory and or counterproductive behaviors, and a flurry of panic as they desperately attempt to reach some form of equilibrium relate to their self-efficacy and anxiety management. This distress is most keenly felt during the confusion stage as Loganbill, Hardy, and Delworth described, "Old ways of behaving and thinking have been shaken and shattered leaving open the opportunity to be replaced by a new and fresh perspective" (1982, p. 19). This aptly named stage describes both the content and process of the student's experiences. The final stage, Integration, describes the process in which the student experiences reduced anxiety, increased self-efficacy and intentionality, and greater acceptance of the inherent ambiguity of counseling. Students literally and metaphorically are believed to leave fragmented understanding, counterproductive anxiety and fear behind and emerge into more self-directed fully engaged learners who possess an integrated understanding of the counseling process.

Cal Stoltenberg, who studied under Delworth at the University of Iowa in the 1980s, went on to develop the Integrated Developmental Model (IDM) of counselor training. IDM is, in part, may be viewed by some as an extension of Loganbill, Hardy and Delworth's ideas. However, Stoltenberg and McNeill (2010) has added a fourth Level to his model (3i) in order to demonstrate continued development beyond graduate training. Stoltenberg's four Levels parallel and extend Loganbill, Hardy, and Delworth's (1982) original work. Level one of IDM is described an entry-level counselor trainee who experiences high motivation and anxiety. At Level two, counselor trainees often experience wild fluctuations in motivation, nature and type of anxiety, and confidence. Level three is characterized as an essentially stable period, wherein the counselor trainee experiences balanced self-efficacy, manageable anxiety and confidence appropriate to his or her level of skill. Finally, level 3i (integrated) is characterized as a supervisor who is integrated and advanced upon multiple domains of practice, understands her or his strengths and weaknesses, and can effectively deal with stress and anxiety.

Loganbill, Hardy and Delworth and IDM are necessary but not sufficient models of counselor development. Both have been criticized for being incomplete, seem to focus on counselor development only during the training/educational phase of counselor development and seem to provide little to no guidance for the lifelong development of counselors (e.g., Holloway, 1987). Ronnestad and Skovholt (2003; 2013) derived an emergent model of counselor development encompassing the dynamic phenomenon inherent in the professional lifespan of development for counselors. Ronnestad and Skovholt interviewed over 100 counselors across the professional lifespan. The results of their research formed the basis of an emergent model comprised of six phases. These

phases include: the lay helper, the beginning student, the advanced student, the novice professional, the experienced professional, and the senior professional. For information on the lay helper phase, the reader is directed to Ronnestad and Skovholt's 2003 text. The second phase, which is consistent with the focus of the present study, describes a beginning student with little or no education or training in counseling, this student often gives advice, may demonstrate boundary issues, and often expresses sympathy instead of empathy. Consistent with other models of counselor development, an individual in the beginning phase is a student in formal training who experiences anxiety dependence, and vulnerability whereas the advanced student experiences confidence in their abilities and acceptance their strengths and weaknesses. This phase of development is synthesized along with the information from Loganbill, Hardy and Delworth and the IDM model to provide a theoretical foundation and understanding to the present study. The professional phases (e.g., post formal training) are characterized by the counselor experiencing relief of being in formal training to awareness that there are few certain answers to counseling. Psychotherapy for this counselor becomes more and more personalized and flexible, is based upon the client's needs and in the experience professional, a sense that professional knowledge comes from "within" her or himself. Finally, the senior professional has developed a very personalized and authentic ways of working with clients and an acceptance of his or her professional way of being. The post-student phases are interesting as they demonstrate continued learning and growth, yet the experience of stress and coping appear to be greatly reduced.

Criticisms of developmental models. Although developmental models of counselor training appeared to be the standard of counselor education, in 1987 Holloway

questioned their accuracy and utility. She noted developmental models were loquacious, needlessly complicated, likely no different than the process of skill acquisition in other professions, and did not adequately describe the progression between and among developmental stages. Holloway especially cited the work of Loganbill, Hardy, and Delworth (1982) as an example of a needlessly cumbersome theoretical presentation. Stoltenberg and Delworth responded to this specific criticism by noting that the process of becoming a counselor was a dynamic and long term one and the theory created to explain this phenomenon must be “sufficiently robust to explain and accurately predict behavior while stimulating and guiding research and practice” (Stoltenberg & Delworth, 1988, p. 135).

Holloway also questioned whether or not the acquisition of skills and the process of professional development for counselors were distinct or different from the skill development in any other profession. Undoubtedly, many parallels exist, yet from my perspective, counselor development is distinct because of the centrality of the counselor’s personhood, the process of personal reflection, and preeminence of client welfare. There exists an entire body of literature in counseling devoted to the importance of the personhood of the counselor. Numerous authors describe the unique personal characteristics necessary for effective psychotherapy (Kottler, 2010; Wiggins & Westlander, 1979; Young, 2009). For example, when a new counseling student enters practicum he or she may regress to an earlier stage of development in order to cope (Stoltenberg & Delworth, 1988). Counselors-in-training may be less able to cope with daily stressors, engage in rationalizing or displacement, or experience a decline in previous levels of self-efficacy. This regression is evidenced in other professions, like

nursing (Kim, 2003) where students are expected to practice on patients for whom the consequence of failure could be profound. According to Kim, this regression exists in part in response to the anxiety generated by the looming threat of harm to the patient, which was ever present in nursing practicum. This parallels the anxiety generated for CITs by the looming threat of harming a client in practicum.

Holloway's final criticism revolved around the lack of specific understanding of how counselors transition from one stage to another. I would argue that, now, we do understand better how CITs' progress from stage to stage based upon the research support for the counselor development model. There have been studies into the qualitative changes students experience through their development (Hill et al., 2007; Ronnestad & Skovholt, 2003), using increases in counseling student cognitions (Granello, 2004), and changing behaviors of counseling students within and between phases (Heppner & Roehlke, 1984; Worthington, 1984; Rabinowitz, Heppner, & Roehlke, 1986). Although counselor development models are rightly criticized for the incompleteness (Borders, 1989) it is important to note, despite these criticisms that no substantive model of counselor training has, to date, supplanted it.

Clinical Supervision

Clinical supervision has been broadly defined by Bernard and Goodyear (2014) as an intervention provided by a more senior member of a profession to a more junior member of the same profession. Further they defined clinical supervision as a relationship that extends over time, is hierarchical and evaluative in nature. This definition of supervision has become widely accepted by most scholars and researchers working in the field today (Falender, Cornish, Goodyear, Hatcher, Kaslow, & Leventhal,

2004). Supervision can further be broken down into three separate categories or models that guide supervision practice: the psychological, the social role, and the developmental models of supervision. Psychological models provide for the direct application of the psychological theories and ideas that govern clinical counseling practice with clients (e.g., psychodynamic, systemic). Social role model supervision focuses the relationship between the supervisor and the supervisee; more specifically the way in which the supervisor adapts her or his roles to better facilitate the supervisees learning.

Developmental supervision (Bernard & Goodyear, 2014) is a stage-based model that describes the process of learning and growth, anticipated crises, and expected behaviors a counselor is likely to exhibit throughout her or his training (Loganbill et al., 1982; Stoltenberg & McNeill, 2010) and professional lives (Ronnestad & Skovholt, 2003). This study is rooted in the counselor development model consistent with developmental supervision.

According to the developmental model of supervision, the supervisor has multiple goals which include insuring client welfare, enhancing student growth within each phase of development, aiding in the transition from one stage to the next, and evaluating supervisee skills (Loganbill et al., 1982). In order to accomplish these goals, the developmental supervisor calls upon multiple techniques: facilitative, prescriptive, conceptual, and catalytic (Stoltenberg & McNeill, 2010). Facilitative interventions involve supporting the student emotionally regarding their burgeoning abilities and even placing their setbacks into a larger developmental scheme. Facilitative interventions are considered to be the most direct mechanism supervisors utilize to support their students experience of stress and anxiety in practicum. Prescriptive interventions or direct

instruction are systematically employed in the early developmental stages as they provide structure, security and predictability to the learning process. Caution should be used around prescriptive interventions as they may cause increased dependence on the supervisor. From my experience with CITs, prescriptive interventions may be the least anxiety provoking for the student. This may be due to the student's perspective that the responsibility for therapeutic interventions shifts from the student to the supervisor. Stoltenberg and McNeil (2010) suggest use of conceptual techniques to foster a greater sense of autonomy for the student. These experiences link the real world practice of providing counseling within the structure of theory, diagnosis, and ultimately treatment planning. Conceptual interventions may also provide a source of stability for the anxious practicum student because they provide the student a hypothesized structure from which to work. Finally, catalytic interventions are used to help the student transition from one developmental stage to another. Catalytic interventions are designed to challenge the student's comfort zone and hopefully refocus the student's energy away from themselves and their anxiety towards the therapeutic process of the client.

Anxiety in Practicum

A plethora of research focused on students' anxiety during practicum exists, yet much of what exists is greater than 10 years old. The literature reviewed here reflects only the most relevant and representative works and is organized into three categories: (a) the supervisory relationship (Daniels & Larson, 2001; Gnika et al., 2012; Trepal et al., 2010; Worthen & McNeill, 1996), (b) the student's point of view of stress and coping in their general training (Abel, et al., 2012; Smith et al., 2007; Bowman & Roberts, 1979; Bowman et al., 1978; Bandura, 1956), and finally, (c) anxiety during practicum

from a student's perspective (Barbee et al., 2003; Edwards & Patterson, 2012; Hill et al., 2007; Woodside et al., 2007; Mauzy & Erdman, 1997; Mauzy et al., 2001; Schauer, Seymour, and Geen, 1985; Wong & Res, 1997). Due to the nature of the proposed research design, grounded theory, the only the most salient literature in each section is reviewed and critiqued. This more selective focus is believed to provide the reader a broader context for the potential experiences and resulting emergent theory rather than a linear argument for the proposed study.

Anxiety and the Supervisory Relationship

The research regarding anxiety and coping within the supervisory relationship itself is vast. The research discussed here are the studies that have the closest alignment to the current study. In general, these research studies reflect good supervision techniques and a supportive supervisory relationship lead to lower reported levels of stress and anxiety on the part of the supervisee, and that lower levels of stress experienced by supervisees in their lives lead to stronger supervisee relationships.

For example, Gnika, et al.. (2012) compared the relative strengths of the supervisory working relationship with the stress and anxiety experienced by supervisees. This study also used Lazarus and Folkman's appraisal model of stress to help conceptualize the experience of stress and anxiety on the part of the supervisee. However, this study was unconcerned with coping strategies used by the supervisee, except to state that positive coping was important for positive functioning in general. Two hundred thirty-two (N=232) master's level students enrolled in practicum and internship at a variety of locations were surveyed online using multiple measures for stress and the supervisory working relationship. These students reported with regard to the supervisory

relationship, the less stress a supervisee reported and the more they perceived they were in control of their environment, the more positive and stronger a supervisory working alliance they experienced. The focus and findings of this study are typical of this type of research which explores the stress and anxiety experienced by supervisees and its impact *on the supervisory relationship*. More specifically, this body of research is predominantly quantitative in nature, defines anxiety from the perspective of what the supervisor ‘sees’ and results in findings that seem to document that anxiety does indeed exist but offer few, if any suggestions or specifics, about how to better achieve more positive outcomes.

Additional a group closely aligned research studies include those that focused on the impact feedback had on supervisees’ view of their skills, supervisors’ view and their relationship (Daniels & Larson, 2001). Friedlander, Keller, Peca-Baker, & Olk (1986) explored conflict in the supervisory relationship and found that the conflict itself did not have a major impact on supervisees’ anxiety; performance was actually impacted much more by the supervisee’s self-talk and negative self-perceptions. Finally, many research studies focused on the supervisees’ perspective of the supervisory relationship, specifically supervisees’ preferences for supervisor behaviors. Two studies exemplify this type of research: supervisee’s preference for supportive and facilitative supervisor behaviors (Trepal et al., 2010) and supervisee’s greater connection to supervisors who were non-judgmental, empathic, and encouraging (Worthen & McNeill, 1996). Although these works provide perspective on the supervisee/supervisor relationships, the contributions to the field’s understanding students’ anxiety, stress and efforts to cope are limited, due to the scant mention of specific applicable techniques.

Student Anxiety in General Training

The research studies reviewed here specifically examine the stress and or anxiety counseling students experience during their general counselor training. These studies may also serve as support for the wellness and self-care movement currently in counseling, especially as it extends to counseling students. Many of these authors offered curricular and programmatic recommendations for counselor educators, trainers, and supervisors focused on a self-care component in counseling students' training (Lawson, 2007; Chandler, Bodenhamer-Davis, Holden, Evenson, & Bratton, 2001; Myers, Mobley, & Booth, 2003; Abel, et al., 2012; Myers & Williard, 2003; Roach & Young, 2007; & Schure, Christopher, & Christopher, 2008).

A typical example of research focused on the general stress of graduate counseling programs would be the work of Abel, et al.. (2012) that highlighted the outcomes of a stress management course on student counselors. These authors noted the multiple sources of stress experienced when they wrote, "Graduate students in counselor preparation programs are inundated daily with an infinite number of internal and external stressful experiences, such as grades, comprehensive exams, professor demands, competition, intense worry, self-doubt, and even isolation" (p. 65). A pre- and post-test design was used to investigate the experience of anxiety in 101 masters level counseling students. The authors employed the trait-trait anxiety inventory, the perceptions of stressful situations questionnaire, and a researcher created questionnaire that examined the participant's knowledge of stress and stress management techniques. Abel, et al.. (2012) found that overall the stress management course seemed to improve the reported levels of stress and anxiety for students. However, these authors made no mention of the

exact mechanism through which students attending this class were better able to cope with their stress.

Student's Perspective of Anxiety in Practicum

This group of studies are differentiated from the previously examined literature in that the studies that follow are focused on the students' perspective of stress and coping in practicum (Arthur & Gfroerer, 2002; Edwards & Patterson, 2012; Mauzy & Erdman, 1997; Barbee et al., 2003; Hill et al., 2007; Koltz & Feit, 2012; Trepal et al., 2010).

These studies were conducted with student participating in a variety of practica, including: family and individual therapy, doctoral and masters level students, live and field based experiences, and pre-practicum (i.e., confederate clients). It is important to note that the vast number of these studies was conducted in the training of family therapists.

Hill et al.. (2007) qualitatively examined the phenomenological experiences of 5 counseling psychology doctoral students in their first experience in practicum. Over the course of a 15-week semester, students in the practicum were asked to journal one to two type written pages about a variety of topics they could choose from: anxiety, clinical skills, psychotherapy theory, multicultural issues, the therapeutic process with clients, receiving and incorporating feedback, and reactions to supervision. Hill et al.. (2007) wanted to follow the students over the 15-week semester because it was their belief in the developmental model that student reactions would grow and change over the semester long period. The researchers cited the integrated developmental model put forth by Stoltenberg and McNeill (2010). Hill et al..s research team coded the qualitative data into 5 themes: (a) challenges related to becoming psychotherapists; (b) gains related to

becoming psychotherapists; (c) supervision; (d) activities other than supervision that fostered awareness.

Of these themes uncovered by Hill et al.. (2007) the most salient to the proposed study was the challenges related to becoming psychotherapists as within this large theme is the stories of students who experienced anxiety during practicum. Hill et al.. (2007) wrote the following about anxieties experienced by students:

All trainees felt quite anxious about beginning to see clients: They worried about knowing what to do in sessions (e.g., “My main feeling . . . was that [the client] had so many different things going on with her ‘coming out’ that I didn’t even know where to go first.”) and felt pressured to do the “right” thing to be a good psychotherapist (e.g., “I still find myself worried about saying the right thing. My mind thinks very quickly and it is sometimes hard for me to quiet my mind and articulate the thoughts into coherent statements.”) (p. 439.)

Students also reported often feeling overwhelmed and worried that their clinical skills were inferior, that they over identified with the client's struggles, and that they found it difficult to integrate the feedback they received into their practice (Hill et al., 2007).

However, as time passed, these trainees became more confident in their abilities and their weekly journal entries began to reflect these positive gains. Hill et al.. (2007) made no mention of any technique or mechanism by which student's gained confidence or positive gains, citing it as a function of experience.

Hill et al..'s (2007) study was typical of this type of research (Trepal et al., 2010; Barbee et al., 2003; Arthur & Gfroerer, 2002; Edwards & Patterson, 2012; Koltz & Feit, 2012; & Mauzy & Erdman, 1997) in several ways; foremost, it was qualitative in nature. Most of the research uncovered used qualitative and phenomenological research tools and paradigms to allow students to tell their own stories of their experiences in practicum. However, Hill et al..'s (2007) study was also typical in that it did not address the coping

schemes employed by students and instead focused on other constructs, in this study it was the developmental model put forth by Stoltenberg and McNeill (2010). Finally, this study reflected what was uncommon in many studies of this nature, a professor or supervisor, in this case the lead author Hill, utilized a practicum in which the study participants were also students of one of the members of the research team. To better reduce the potential for bias, Hill et al. analyzed the data after the semester was over. However, obvious ethical issues emerge, most notably participants' right to refuse to participate which then calls into question the mostly positive, almost glowing, remarks students made about supervision, the feedback they received, and their overall experiences in practicum.

Appraisal Model of Stress and Coping

As demonstrated in the previous sections on counselor development and students' experiences of anxiety in practicum anxiety and stress permeate many students' initial practica. Scant research exists in counselor education that specifically addresses the nature of stress and coping of students in training. Stress and coping research has been led over the past thirty years by the theoretical work of Richard S. Lazarus and Susan Folkman (e.g., Folkman & Lazarus, 1985; Folkman & Lazarus, 1988; Folkman & Moskowitz, 2000; Folkman & Moskowitz, 2004; Lazarus, 1966; Lazarus & Folkman, 1984; Lazarus, 1999;). As Tennen, Affleck, Armeli, & Carney (2000) stated, "Lazarus and Folkman offer the most widely accepted definition of coping: changing cognitive and behavioral efforts to manage psychological stress" (p. 626).

Appraisal of Stress

Lazarus and Folkman's (1984) theoretical model of stress and coping involves the appraisal of incoming stress in two ways. Primary appraisal, in which the person asks themselves, "Is this stressful event a problem or an advantage, now or in the future, and which ways?" (p. 16). Secondary appraisal, in which the person asks themselves, "What if anything can be done about it?" (p. 16). Although Lazarus originally named these two appraisal processes primary and secondary, he later came to regret these labels as these processes typically occur simultaneously or in a different order depending on the individual (Lazarus & Folkman, 1984). Figure 1 presents a synthesized construction of the evolution of Lazarus and Folkman's models from 1984-2004.

Primary appraisal involves three possibilities, a stressful event or process can be considered irrelevant, benign-positive, or stressful. Lazarus and Folkman (1984) point out that these last two appraisals, benign-positive or stressful can be experienced for the same phenomenon. For example, a job promotion can be viewed with excitement and anticipation while feeling stressed at the increased responsibilities and expectations simultaneously. Primary appraisal is influenced by and influences secondary appraisal.

Secondary appraisal involves a dynamic process of understanding: What is at stake or at risk? What are my possible coping strategies? What are my coping resources? and What is the possible success or failure of any coping strategy or episode? The answers to these questions may also depend upon potential time constraints associated with the stressful event. Obviously, the less time available to the person likely results in an increase in the intensity of the stressful situation.

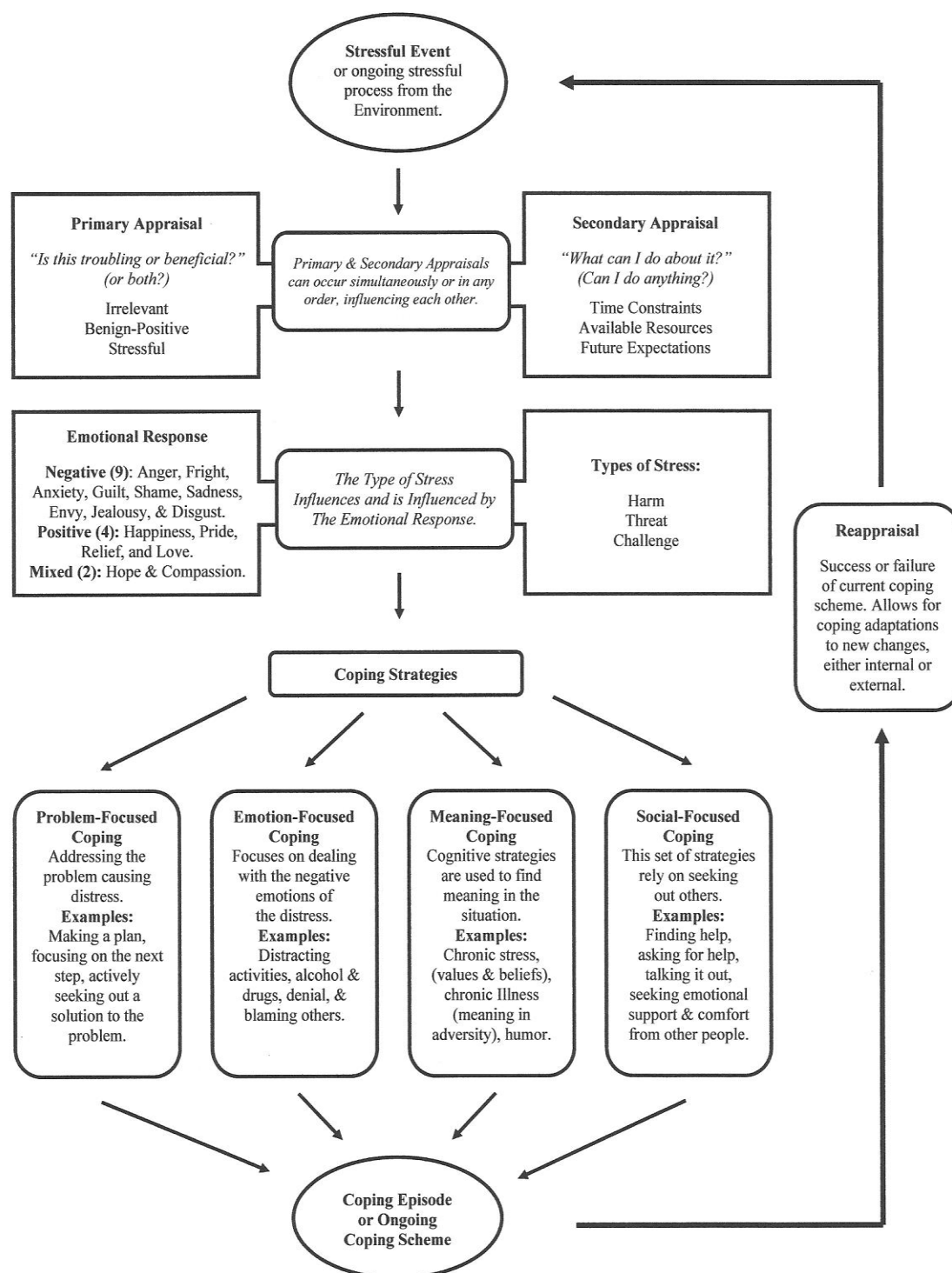


Figure 1. The appraisal model of stress and coping. Created from the model described in "Coping: Pitfalls and promise," by Folkman, & Moskowitz, 2004, *Annual Review of Psychology*, 55, 745-755.

Whereas a longer time periods or no time constraint may lead to lower levels of stress intensity as the person has more time to gather resources, practice solutions, or ignore the situation entirely.

After the appraisal process has been completed, the person who is experiencing the stressful event or process, categorizes the stress as harmful, threatening, or challenging. The new categorization process is affected and influenced by the person's answers to the primary and secondary appraisal process.

When an experience is categorized as harmful some sort of damage or loss is likely to have already occurred or is believed to be imminent to the person's physical, mental, or social standing status. An experience categorized as threatening involves the anticipation of an event or process that will most likely be harmful. An experience categorized as challenging involves the anticipation of a good or helpful outcome from the stressful event or process that the individual is capable of generally handling well. However, even a challenging or helpful experience can involve stress and can utilize a student's coping resources. It should be noted that these three categories of stress are not necessarily mutually exclusive. For example, a situation may be appraised originally as being threatening. However, as the person reappraises the changing situation, it becomes apparent that there are possible positive outcomes involved in the event or process, thus becoming a challenging stressful encounter.

The assessment of stress often leads to an emotional response. The type and intensity of the emotional response relates to the amount of control a person feels she or he has over a stressful event. For example, consider a counseling student in practicum is being evaluated for the demonstration of certain skills. The student may feel anxiety

related to their perceived inability to successfully demonstrate the required skills, or anger towards her or his evaluators, and even jealousy of others who may appear to be demonstrating the skills more readily. The emotional response a person experiences in response to stress is a complicated process that also involves the personality, self-efficacy, disposition and lifestyle of the individual.

All of these processes contribute to the greater dynamic of the individual's stress response. Each process may be more or less influential in person's ultimate appraisal regarding the stressful event or process. Final appraisals have a direct impact on the coping strategies used or not used and potentially the ultimate success or failure of one's coping schemes. Examples of different stress appraisals are described in Table 1. The format and content of these scenarios were influenced by Lazarus' and Folkman's (1984) original works but adapted for a counseling audience.

Coping with Stress

As in Table 1 different permutations of the stress appraisal varies widely based upon the individual influence given to each part of the appraisal process. Now that these appraisals have been generated, the person moves onto the process of creating a coping scheme or plan to deal with the stress appraisal. Folkman and Moskowitz (2004) defined coping as, "Thoughts and behaviors that people use to manage the internal and external demands of situations that are appraised as stressful." There are a variety of ways in which these thoughts and behaviors can be used to meet the internal and external demands of stressful situations. In Lazarus and Folkman's original theoretical work from the 1970s and 1980s they identified two forms of coping: problem-focused and emotion-focused. Later, in the 1990s, as researchers would conduct studies into the nature of

coping from this theoretical perspective, two other forms of coping emerged: meaning-focused and social-focused. Finally, inherent concept in this model is the construct of reappraisal. Reappraisal is the mechanism by which the person changes coping schemes to fit their new perception of the internal or external nature of the stressful event.

Problem-focused coping involves addressing the event or process that is causing the stressful appraisal. There are two forms of problem-focused coping, those strategies aimed at the outer causes of stress and those aimed at inner causes of stress. Often, problem-focused coping involves doing both of these simultaneously. The externally oriented problem-focused coping often involves steps in the standard problem solving model; assessing the situation, creating possible solutions, considering the possible outcomes of these solutions, and ultimately making a plan and acting on it. Internally oriented problem-focused coping often involves finding new ways to express a desire or need, becoming less attached to a specific outcome, or learning new skills and gaining new abilities. As the problem changes through reappraisal, the person's action plan or focus must shift accordingly to successfully cope.

Emotion-focused coping involves lessening the impact of the negative emotions stemming from the stressful event or process. Emotion-focused coping can often come in many forms. One such form involves ignoring or avoiding the emotional impact of the stressful event or process. These coping strategies could include; staying busy or the use of Drugs or alcohol. Many times emotion-focused coping involves the reappraisal or more specifically the reframing of the stressful event or process. These emotional reappraisals work towards either lessening or removing the negative impact of emotions upon the person.

Table 1

Stress Appraisals Based on Different Influences

Each of the scenarios begin with the following initial reactions based on the individual's primary and secondary appraisals.		
"I'm not doing very well in my counseling practicum. I will probably fail if I cannot improve my skills. This would be terrible because I need to go into internship and graduate soon."		
Scenario 1	"I am running out of financial resources. I feel helpless as I do not understand what I need to do to improve my performance. No one can help me. Perhaps I am not even worth helping."	Anticipation of high harm and or loss with little or no control.
Scenario 2	"I believe that I have the ability to improve my performance in practicum. I need to practice some relaxation techniques to conquer my anxiety.	The stressful situation is seen more as a challenge than as a threat.
Scenario 3	"Well, what is the worst that could happen? I would probably have to repeat practicum. I would not prefer this, but it would not be the end of the world."	Stress is relatively low due to the perception of a longer time period.
Scenario 4	"My practicum instructor is biased towards me because I am a man. All of my evaluations have been unfair and I cannot get a fair shake. The world is basically unfair."	Anticipation of high harm or loss from an outside source.

Note. Created from the model described in "Coping: Pitfalls and promise," by Folkman, & Moskowitz, 2004, *Annual Review of Psychology*, 55, 745-755.

Examples include statements such as, "I decided there were more important things to worry about."; "I realized that this was not the end of the world."; and "I really don't need his help after all." This reframing of the emotional impact of the stressful event or process can then influence the reappraisal process, thereby influencing the person's entire coping scheme.

Meaning-focused coping involves finding a new understanding of tragic and stressful events and being comforted by this new understanding. This form of coping was described in multiple studies of people who were facing a terminal illness (Folkman & Moskowitz, 2004). Often, problem-focused coping does not work in these types of situations because so much of what is happening is beyond the person's control. Similarly, emotion-focused coping fails because the individual's negative emotions, such as despair and hopelessness are too great to lessen. In these studies, people found new ways to cope through using their values, beliefs, and faith to create new meaning in their situations (Folkman & Moskowitz, 2004). This form of coping reflects the life and work of Viktor Frankl (1959), who was imprisoned in a Nazi concentration camp. The only way Frankl stated he had to cope was to find meaning from such a barbaric and inhuman environment.

Social-focused coping has become distinct due to the results of several factor analysis studies which highlighted the differences between seeking social support and emotion-focused coping in general (Folkman & Moskowitz, 2004). Folkman theorized that social-focused coping was different from emotion-focused coping because of the internal nature of emotion-focused coping, whereas social-focused coping involves interactions with others. Also, she noted each individual may not have a support system on which to rely, however, everyone has the possibility of emotion-focused coping available to them. Because social-focused coping involves help from others, the person often lacks as much control over this coping focus as others. The intensity and quality of social support can differ widely from person to person as well. It is possible that these fluctuations in a person's social support may generate new stress to be dealt with as well.

As discussed earlier in the appraisal section of this theory, an individual can call upon strategies from multiple coping foci to form an overall coping scheme or plan. Often times a specific coping focus may overcome or facilitate the use of another coping focus, in essence an individual may have a primary mode of coping (e.g., cognitive, emotional, existential, social). For example, a counselor-in-training may be so overwhelmed with fear (emotion) that she or he is unable to devise and implement a plan of action and appears to not integrate feedback. Alternatively, these coping focused interactions can facilitate each other as well. For example, a student may be able to reframe a stressful situation as being less emotionally impactful enough to allow her or him to effectively interact socially with others (i.e., social coping aids emotional coping). The varieties and permutations of coping responses can be endless, based on the coping foci employed.

The literature in counseling and counselor education has described the developmental process of counselors-in-training and the concomitant anxiety. A lack of information from the students' perspective is lacking and there appears to be a disconnect between the anxiety inherent in this process and its nature, expression, maintenance, and resolution. The proposed study to evaluate the presence of an emergent grounded theory is a first step in examining the relationship, if any, among these elements within the context of adult and transformational learning theories. An emergent theory could inform counselor educator's understanding of the nature, expression, maintenance and resolution of anxiety or stress from the student's perspective, offer a connection between and among elements of the theory, stimulate further research, inform our pedagogy, and perhaps most importantly, provide a student voice in this process.

CHAPTER III

METHODOLOGY

An idea that is developed and put into action is more important than an idea that exists only as an idea.

-- Buddha

This qualitative study explores master students' perceptions of stress and coping during their live supervision individual counseling practicum. Qualitative research has been defined as any type of research that does not employ statistical or quantifiable means of data collection and analysis (Strauss & Corbin, 1998) and is interpretive by nature, meaning that the data collected is organized into categories and meaning. Qualitative data involves the real world lived experiences of people in specific situations, from specific cultures, and having specific worldviews. In this way, I, the researcher, or more specifically my personhood as researcher, is the primary research tool. Grounded theory is the qualitative paradigm used to guide this exploration. Grounded theory has been defined by Charmaz (2006) as:

A method of conducting qualitative research that focuses on creating conceptual frameworks or theories through building inductive analysis from the data. Hence, the analytic categories are directly 'grounded' in the data. The method favors analysis over description, fresh categories over preconceived ideas and extant theories, and systematically focused sequential data collection over large initial samples. (p.187)

In this study I examined the perceptions and experience of students' stress and coping in a live practicum in order to describe and synthesize their collective perceptions in the form of an emergent theory (e.g., consistent terminology, potential relationships

between and among themes and or processes, and degrees of predictability). The emergent theory presented in Chapter V explains how and in what manner masters' students in a live supervised individual counseling practicum experienced and coped (or did not cope) with the stress involved in this training, the existing patterns, and specific individual, group, and curricular strategies students' engaged that supported their development. To that end, this chapter contains sections on: epistemology, epoche, participants, research activities, data analysis, ethical considerations, trustworthiness, and finally authenticity.

Epistemology

My primary worldview of teaching and inquiry is constructivism. Constructivism refers to a social science perspective that describes how individuals construct or see reality (Charmaz, 2006). This perspective asserts that each individual, including myself as the researcher, makes distinct meanings out of their experiences and the world they live in. Constructivism is grounded in the phenomenological thought that counseling work also springs from, specifically the reality the client constructs for themselves, or in this case the participant. The phenomenological perspective in counseling involves understanding and respecting the unique perspectives of the clients we serve (Young, 2009). Because the lead investigator is a counselor, using this constructivist epistemology in research is a natural extension of who I am as a person.

Grounded Theory

Grounded theory involves creating a theory that explains a specific interaction and or phenomenon (Charmaz, 2006). Grounded theory is different in that the theory is constructed directly from the data collected, as opposed to theory creation that relies upon

other theories for its creation. Grounded theory is also different from other methodologies because of its use of the constant comparative method. The constant comparative method involves having data collection, data analysis, and sampling all occurring at the same time (Glaser & Strauss, 1967). Following this paradigm, data in this study was analyzed immediately after its collection. Subsequently, new incoming data were compared and contrasted with other data previously collected and analyzed. As the data were analyzed, the process of theory building process began via multiple versions reading, considering, and comparing until thematic saturation was met. This recursive and iterative process helped guide me and helped me to modify subsequent data collection and sampling of participants. For the purposes of this document, sampling, data collection, and data analysis are separated to promote understanding.

Participants

Sampling. The sampling method utilized in this study had two levels; initial and theoretical. Initial sampling involved the recruitment of student participants who met a set of criteria created to investigate and explain the phenomenon of coping with stress during a live supervised master's level individual counseling practicum (Corbin & Strauss, 2008). These specific criteria are elaborated on below. Theoretical sampling is Driven by the data analysis that occurred simultaneous to the collection of data (Corbin & Strauss, 2008). As the data analysis described the emergent phenomenon and I was able to begin the construction of the theory and noticed the gaps in either theory or the richness of the descriptions. Theoretical sampling was used to address these deficits in the theory creation and or description.

The criteria for participant recruitment included: master's students from a Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited counseling program, which had a live supervision component, either on campus or field based, in which students' sessions are observed live and feedback is immediate and video recorded. The rationale for the CACREP accreditation criteria is based on the belief of consistency across institutional resources, preparation and professional identity of faculty and curricular standards in training at accredited institutions.

Recruitment Procedures. Potential participants were recruited from CACREP institutions in the Rocky Mountain region of the Association for Counselor Education and Supervision (ACES) using the list-serv for the Counselor Education and Supervision Network (CESNET) and referrals from my committee members. This region was selected due to the high concentration of CACREP master's programs within a reasonable physical proximity. I desired to collect all data in a face to face manner, thus proximal access was a priority. Invitations to potential participants were sent via email to the program coordinator. When this individual confirmed a willingness to provide access to the institution's students, a follow-up phone call was used to create a face to face appointment in which the studies parameters, risks, and resources needed were explained. In which it was required, formal application to the department or universities research committee was completed and a copy of the studies approved Institutional Review Board (IRB) was made available to interested practicum instructors.

After institutional approval was secured, I visited the practicum students at their University to describe and explain the study as well as invite individual participation.

This face to face contact occurred during the first three weeks of the semester. As per the approved IRB, interested participants were given a copy of the informed consent and one signed copy was retained (Appendix B). Student participants were also given the data collection schedule and I answered any remaining questions. It was made clear to all possible participants that participation in the study was voluntary and that there would be no consequences for either participation or non-participation.

Practicum student participants. A minimum of 15 master students were initially targeted to be recruited for this study. However, numerous issues arose during the year-long attempt to recruit participants, thus nine were secured for the study with the approval of my research committee. Nine participants were deemed as an acceptable threshold for the study due to the depth and extent of the data collected. Only students in their first practicum course were considered. This decision was made due to the relative level of anxiety and coping strategies of students who have previously failed practicum would be considered too acute for inclusion. I attempted reflect the current ratio of male to female students in training programs at approximately 75% female and 25% male (Evans, 2010) and the results are presented in Chapter IV.

Sources of Data

The sources of data for this study included semi-structured interviews, student journal entries, member checks, epoche, and research journal entries. For improved clarity of the timeline of research activities please refer to Figure 2. The semi-structured interviews were comprised of a series of open ended questions meant to prompt as much as much detail as possible from participants.

Week of the Semester																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	+1	+2
Semi-Structured Interview ONE			Guided Journal 1	Member Check 1		Guided Journal 2	Member Check 2		Guided Journal 3	Member Check 3		Guided Journal 4	Semi-Structured Interview TWO			Member Check 4	

Figure 2. Research Plan Schedule.

These questions were Drawn from the professional literature and were refined through the constant comparative method of data analysis described in the section below. All interviews were digitally recorded and took place in person where possible or over the phone. Priority was given to face to face interviews and I attempted to secure this method of interviewing participants first. Interviews took place in a secure and confidential area on the university campus or at a semi-public, yet secure location of the participants choosing. Finally, to protect confidentiality, each participant was asked to create a pseudonym at the first interview to be associated with their particular data.

Epoche. I managed personal biases prior to the study's inception through the use of an epoche (Merriam (2009). Moustakas (1994) describe the epoche as a series of journal entries written by the researcher (me), prior to the commencement of the study that describe her or his (my) biases, beliefs, and experiences concerning this phenomenon. By formally documenting and expressing these biases (e.g., bracketing) they are known and were available as a useful tool in the audit trail process later in the study. I began this epoche two years ago as I became interested in this topic. The epoche

contains entries on what I have read, my thoughts about those readings and at times stream of consciousness thought and beliefs about master's students and stress.

Semi-structured interviews. Student participants completed two semi-structured interviews during their semester long practicum. These interviews took place during the first three and last three weeks of the term. The questions utilized (Appendix E and G) were Drawn from a synthesis of the counseling literature and revised as part of the constant comparative process consistent with grounded theory. This design allowed for students' anxiety and coping strategies to emerge and change over the course of time, reflecting the expected trajectory of counselor development described in the counselor development and training literature (Loganbill et al., 1982; Stoltenberg & McNeill, 2010).

Guided journal entries. All of the student participants were asked to complete four journal entries guided by specific prompts which were sent via email (Appendix F). The initial prompt had participants describe their expectations of entering a live practicum. The foci of these prompts changed over time due to the constant comparative method of data collection described below and were focused on the students' emotional reactions to practicum. These journal entries were spaced out evenly between the middle weeks of both the academic terms. For specific planned weeks please refer to Figure 2. The purpose of these journal entries was to give student participants another form in which to express their experiences as well as to create data that demonstrates the changing nature of their anxiety and coping strategies.

Member checks. These member checks were completed with the student participants three times throughout the practicum schedule via email. Please see Figure 2

for the timing of the member checks. Each round of member checks included the most recent interview transcript, journal entry and the resulting codes. Participants were asked to confirm the accuracy of the data and the relevance and congruence of the assigned codes. Participants had two weeks to respond via email. Once participants confirmed the codes participants were asked if there is additional data they would like to add, when there was disagreement or clarification needed, a collaborative discussion took place to reach clarification or resolve any differences.

Data Analysis

Through the use of the constant comparative method, data analysis began simultaneously with initial data collection (Glaser & Strauss, 1967; Corbin & Strauss, 2008) and continued to the conclusion of the study. After the first interview had been completed, recorded, and transcribed I analyzed the data for recurrent codes, and fragments of meanings that could comprise emerging themes. Data analysis was supported by the use of my research memos which allowed for an auditable trail of conclusions for others to examine later (Charmaz, 2006; Corbin & Strauss, 2008). This process allowed for the grounded theory to be constructed from the onset of my interaction with the data. As the grounded theory emerged, I compared all new incoming data with the data that had already been placed within themes, and or the greater structure of the theory. In this way many incarnations of the theory emerged before the final product for this study was completed (Glaser & Strauss, 1967; Corbin & Strauss, 2008).

The constant comparative method of data analysis also influenced the semi-structured interview questions. For example, when interview participants began to spontaneously discuss conflicts with others as it relates to the appraisal of new stressors

in practicum, I considered if a different form of the question or different manner of probing was more consistent with the goals of the study.

Ethical Considerations

I sought and received permission to conduct this study from the Internal Review Board (IRB) of the University of Northern Colorado. Further, each participant was provided a secure informed consent document (Appendix B and C) which is now retained by my research advisor. Confidentiality was maintained throughout the study.

Participants were asked to create a pseudonym to attach to their data which will be used throughout the coding and grounded theory creation process. Only my research chair and I have access to the real names and contact information for study participants.

All records involved in this study are locked in a secure location within the research advisor's office for a period of five years after the studies completion. My research chair and I were the only individuals with access to audio recordings and transcripts and at conclusion of this study all audio recordings were erased.

Trustworthiness

It is important to be able to evaluate the current studies design and methodology to ensure that this study's results have the achieved as much usefulness as possible.

Trustworthiness is the overall concept for the set of criteria used to judge and evaluate the quality and rigor of a qualitative study (Lincoln & Guba, 1986). This set of criteria has become the most predominant and widely accepted means by which qualitative research is evaluated by scholars in the field (Shenton, 2004). Trustworthiness is broken down into four key sub-concepts or criteria, which are: credibility, dependability, transferability, and confirmability (Lincoln & Guba, 1986).

Credibility

Credibility deals with the criteria which judge how well the qualitative study's results reflect the actual reality being investigated (Lincoln & Guba, 1986). There were two ways in which credibility was assured in the current study, member checks and peer review. According to Lincoln and Guba, member checks are considered to be the best method of strengthening a studies credibility (1986). Member checks allow the researcher to continually confirm her or his understanding of the data collected. Finally, a review of the accuracy of the data collected with the emergent themes and ultimate theory building was completed as well. The peer review allowed for not only improved accuracy, but as a possible source of a fresh perspective (Shenton, 2004).

Dependability

The criteria of dependability in qualitative research studies involves the ability the study has to have its results easily repeatable by another researcher (Lincoln & Guba, 1986). This can be problematic, but not impossible, in qualitative work as the subjective qualitative paradigm involves the changing phenomenon of the human experience and not a static object (Shenton, 2004). Dependability was achieved in this study by the meticulous way in which the research journal was recorded, creating a history of the exact procedures and decisions made during the study. Dependability was also ensured through the reflexive way in which I considered the effectiveness of questions and journal prompts employed throughout the study as well.

Transferability

Transferability involves the extent to which the results of this study could be applied to other situations or populations (Merriam, 1998; Merriam, 2009). According to

Lincoln and Guba (1986), transferability is achieved mainly through the rich and thick description of the data collected:

Thick descriptive data—narrative developed about the context so that judgments about the degree of fit or similarity may be made by others who may wish to apply all or part of the findings elsewhere... (p. 19).

Shenton (2004) suggested that providing exact explanations and descriptions of the participants involved and the data collection procedures improves the transferability of the study's results because the reader can decide for her or himself the degree of transferability present. In the current study a rich thick description was achieved through prolonged engagement with the data through the processes of coding, three rounds of member-checking, and multiple interactions (e.g., interviews, journals) with participants. Prolonged engagement proceeded throughout a nine-month period. Additionally, I read and reread the data to insure saturation. Thematic saturation is defined as the continuation of data collection until the stories, narratives, and descriptions consistently repeat and no new codes or themes emerged (Merriam, 2009).

Confirmability

The degree to which the findings of the study's results reflect the phenomenon in question and not the researcher's beliefs and assumptions is at the heart of confirmability (Lincoln & Guba, 1986). In this study, confirmability was strengthened via the reflexivity involved in the epoche, research journal, and peer review process. The peer review process is an important facet of confirmability in that it allowed an outsider to examine the data collected, examination of potential biases, themes created, and the emergence of the theory in real time. By documenting my biases and assumptions regarding stress and coping in a live practicum before the study even began and as the study progressed, my

peer reviewer and I were sensitized to these biases throughout the study. Because multiple sources of data were used the possibility of my biases and assumptions entering into the process of theme development and theory emergence was decreased.

Authenticity

Lincoln and Guba (1986) sought to assure qualitative researchers and consumers of qualitative inquiry that this method of research contained dependable and confirmable results that were obtained through a rigorous and systemic process. A set of assurances included the recognition and management of researcher/personal bias through the application of several forms of authenticity.

The most well developed process (Lincoln and Guba, 1986) to ensure authenticity is fairness. Fairness poses the question “Were the findings of the study represented as fairly as possible?” or in other words, are the voice of the participants revealed consistently with and across themes and where relevant, theories. In the current study I insured fairness through member checks, prolonged engagement with the data, and peer reviews of codes, themes and interpretations (Manning, 1997). The overall goal of fairness sought to represent many, if not all of the emergent voices of participants without reducing, distorting or forcing these responses to fit within a category pre-ordained by me.

The other processes described by Lincoln and Guba (1986) identify four additional processes meant to ensure authenticity, they are: ontological, educative, catalytic, and tactical. Ontological authenticity addressed the ways in which participants experienced personal growth and change by participating in the research itself. I addressed ontological authenticity by asking participants directly how being a part of the

study changed the way they thought about or cope with the stress of practicum. Educative authenticity involved the expansion of participants' understanding of others due to their participation in the present study. I hope future practicum students understand their own processes of anxiety and coping in practicum, and further that they understand the varied possible coping schemes of their peers through the results and emergent theory discovered by this study.

The final two process of authenticity, catalytic and tactical were based on the results of the study. Catalytic and tactical authenticity involves empowering participants so that they are free to participate in some sort of action (Lincoln & Guba, 1986) as a result of their experience in this study. Thus for the participants in this study, this authenticity took the form of greater awareness of their experiences with emotional and stressful situations in practicum. The final guided journal prompt asked the question how had participation in the current study impact their experience in practicum. Every participant that responded to this prompt wrote about how being aware of their own emotional reactions in practicum helped them to gain greater insight into their interactions with others. Three participants would state later in a member check that participating in this study helped them to realize that they needed to apologize or revisit certain emotionally charged interactions they had with others.

CHAPTER IV

RESULTS

Patience is bitter, but its fruit is sweet.
-- Aristotle

In this chapter participants' data who reported their perceptions and experiences of stress, anxiety, and coping as master's students in a live-supervised individual counseling practicum is reported. The data revealed 16 themes: anticipatory anxiety and fear, meeting obligations outside of practicum, interpersonal conflicts, the live supervision environment, feedback, practicum social environment, need for perfectionism, trait anxiety, previous experience(s), support, effective supervision, attitude change, self-care, blaming, catharsis, and finally foreclosure of coping. These 16 themes were further synthesized into three major categories based on: sources of anxiety, influencers and modifiers of anxiety experienced, and coping strategies used. These categories emerged from the themes and codes due to high degree of overlap of related concepts and processes. From these codes and categories an emergent grounded theory of stress anxiety and coping in practicum was developed. The emergent theory is presented in Chapter V.

Participants

Recruitment procedures. Five rounds of solicitation for participants were sent via emails and phone calls to seven universities within the immediate Rocky Mountain region who housed CACREP accredited programs with live-supervised practica. Of this group five rounds of follow-up calls were made and one university agreed to participate.

Due to the lack of responses, I received permission from my research committee to recruit potential participants from the counselor education list-serv CESNET-L, which has over 7000 individual subscribers. Two additional emails were sent over this listserv on May 14th 2014 and August 11th 2014. Only one individual responded from a university on the east coast to the August 11th email. The individual was a counselor education doctoral student and contact with their professor was attempted. This professor never responded. Based on numerous attempts at recruitment, my research committee approved Drawing the participants from one CACREP accredited institution. This restriction of the participant pool is noted the limitations section in Chapter V. Data from this study was Drawn from nine participants from a single CACREP accredited program within a university in the Rocky Mountain region. The participants were members of three different practica. Individual requests for participation were sent directly to practicum instructors via email, three granted permission. An overview of the study and elements of the informed consent were delivered in person by me. The nine participants were recruited from an overall pool of 18 students.

Of the nine participants, eight identified as female and one identified as male; four were enrolled in the couple's and family emphasis; three in the mental health emphasis, one in the school counseling track, and one student was a double major in school counseling and mental health counseling. More specific demographic information was not collected from this group of participants due to this being the early stage of theory development and to limit the potential for identification of participants from one institution.

Finally, the original study's proposal contained plans to interview practicum supervisors was well. After consultation and approval from my committee, this participant population was Dropped from the present study after the proposal hearing. The rationale for this modification to the original design of the study involved difficulty with initial recruitment of practicum supervisors and an attempt to remain focused on student experiences in practicum. Interviewing and understanding the experiences of practicum supervisors is again mentioned in the directions for future research section in chapter V.

Data Collection

The nine participants completed: 16 interviews, 31 journal entries, and 20 member checks over the course of two semesters (e.g., nine months). Two semi-structured interviews were conducted with each participant. The initial interview occurred within the first three weeks of practicum and lasted on average between 30-45 minutes. The initial interview guide can be found in Appendix E. The final interview occurred within the last three weeks of practicum and lasted, on average, between 60-90 minutes. Each participant responded via email to four researcher-guided journal prompts sent during the fourth, seventh, tenth, and thirteenth weeks of the semester. Examples of these guided journal prompts can be found in Appendix F. Feedback from participants indicated that each journal prompt took between 20-30 minutes, on average to complete.

In an effort to control bias, each participant was asked to complete four member checks over the course of the semester. Member checks regarding the accuracy of the data collected and veracity of the emergent themes were sent via email to participants. Each member check involved the previous research activity. For example: member check

1, involved the initial interview and the first guided entry prompt; member check 2 involved the data from the guided journal prompt two; member check 3 involved the guided journal prompt three; and finally member check 4 involved the information collected and coded from guided journal prompt four and the final interview. For the entire study of nine participants a possible grand total of 36 member checks were possible. Of this possible 36 member checks, only 20 were returned by participants. The majority of participants returned these member checks, with the exception of Red and Purple, who returned nearly none. No changes or alterations were suggested or desired by participants regarding the accuracy of the data transcribed or emergent themes. However, several participants sent responses that were additive to the data already collected. For example, Orange made statements in the member check for her interview regarding how angry the practicum process had made her. This additive data were integrated to improve and further refine themes and elements. Additional efforts to control bias included use of an epoche, three separate peer consultations with another counselor education doctoral candidate over the course of the study, memo writing, an audit trail and researcher journal. Data collection continued over nine months.

Ethical Considerations

The lead investigator secured IRB approval from the University of Northern Colorado on February 12th, 2014. A copy of the exemption letter can be found in Appendix A. Because of difficulties with recruitment, after the first two participants, I sought approval from my committee to offer a fifty-dollar incentive to participants who would complete the current study. This money originated from my personal funds. The next seven participants in the study received fifty dollars each in the form of Visa gift

cards for a grand total of \$350.00. The new informed consent can be found in Appendix C.

Participants' confidentiality was maintained by following the ethical considerations section outlined in Chapter III. All participants signed and received a copy of the informed consent paperwork before they engaged in the study. The informed consent can be found in Appendix B & C. Copies of these informed consent documents are kept in a locked file cabinet in my research advisor's office. All responses from participants were recorded with the color pseudonym the participant selected. Participants' identities and contact information are known only to my research advisor and me. All audio recordings and emails from journal prompts were erased once transcribed. At the conclusion of my dissertation process, both hard copies and electronically saved files on a portable data device will be secured and will be accessible only to my research advisor and me.

Data Analysis

The constant comparative method of data analysis allowed for the data to be analyzed as it was collected. Emerging themes were Drawn directly from the data through the use of incident-by-incident coding and memo writing. As a theme began to coalesce, it was being compared with other emergent themes and each new piece of data. There were four basic steps in the data analysis for this study. The specific steps are described below were adapted from the works of Boeije (2002) and Charmaz (2006) and detailed in Chapter III. Although data analysis for this study were guided by these authors work, unique modifications were made by me to satisfy the needs of this study. Data analysis involved the following four steps: (a) within item comparisons within a

single data piece (e.g., interview, journal prompts, and member checks.); (b) between item comparisons between data pieces of the same type (e.g., initial interviews with students, second journal prompts, etc.); (c) across comparison between themes from different types of data (e.g., final student interviews with guided journal prompts.); and (d) connect comparisons between different themes, foundational models, and creating connections.

Throughout the data analysis these steps lead to refinement of the semi-structured interview questions and guided journal prompts. Modifications to semi-structure questions were recorded in the research journal as suggested by memo's written during data analysis. For example, as conflict with others in practicum began to emerge early to mid-semester the line of questioning was more deeply explored with each participant to examine stress, anxiety, and coping elements (if present) and the individual participant's perception of the emotive and cognitive elements of their experience.

Consistent with the constant comparative process themes were combined, separated and re-categorized to best represent the experience of the participants. Prolonged engagement was achieved through this process as data analysis and refinement took 11 months. Thematic saturation was achieved when no new or additive material was uncovered during the data collection and analysis period. As the study wound down to its end, new data served to strengthen already existing categories, themes, and elements. More specifically, saturation was achieved when no new information was noted in the within/between and connect/across data analysis processes.

Table 2 presents the three categories and 16 themes explicated in the next section.

Table 2

Categories and Themes of the Current Study.

Categories	Themes
Sources of Anxiety	Anticipatory Anxiety and Fear Meeting Obligations Outside of Practicum Interpersonal Conflict The Live Supervision Environment Feedback
Modifiers and Influencers	Practicum Social Environment Need for Perfectionism Trait Anxiety Previous Experience
Coping Strategies	Support Effective Supervision Positive Attitude Change Self-Care Blaming Catharsis Foreclosure or No Coping

Categories are meta-groupings of broad concepts, experiences and perspectives experienced by all participants; themes are more distinct and significant elements or derived meanings experienced by most participants. Finally, elements are relevant perspectives or experiences common to some but not all participants. Elements are further elaborated on for each theme.

Sources of Anxiety

Five of the 16 themes and supporting elements in this first category detail the nature of the stress or anxiety participants' perceived in practicum. The themes represented were participants' explanations for a range of perceived threat; at one end of the range were minor concerns and the other end of the range consisted of the most direct

perceived threats to their overall experience and positive performance in practicum. It is important to note that the intensity with which each of the following themes in this category were reported varied among participants, with most reporting a moderate to high level of stress and anxiety.

Anticipatory Anxiety and Fear

The first theme describes participants' experience of the phenomenon of anticipatory anxiety and fear. The participants reported the primary source of anxiety and fear was the anticipation of a specific event in practicum, particularly, the first time such an event was to occur. For example, for most participant's anticipation of the first live client session resulted in the greatest degree of anticipatory anxiety and fear, followed closely by receiving post-session feedback on that first session. The anticipatory process created anxiety, and for some participants, a very real fear; one akin to terror. Anxiety was defined by participants as a heightened state of worry and overwhelming concern. Many participants reported this anxiety resulted in cognitive interference which was nearly all consuming. Fear was experienced somewhat differently from anxiety in that it was overwhelming, pervasive and intense and was associated with the fear of failure and embarrassment for not performing well enough. Unique to this theme was also the initial dissipation of intense anxiety and fear after the feared event. The dissipation typically leads to a temporary sense of relief and in some cases an almost giddiness. Participants experiences and perceptions of anxiety and stress for the duration of practicum were qualitatively different (e.g., less than) than those encountered related to the first session or first post-session feedback. This theme had three associated elements: working with clients, feedback, and evaluation. For example, Blue noted, "I was super super super

nervous before seeing my first client." Many of the participants echoed Blue's sentiment.

Amethyst writing in her journal prompt noted:

The first instance of felt stress for me [was] meeting my first client. Having practiced with my familiar classmates the intake session, I was not prepared for how different of an experience it would be to meet someone I had never met before, a client, in a counselor role. The stress built as I took my client to our designated room, as I was pretty caught off guard by my stressed reaction to meeting this person in the waiting room.

Aquamarine acknowledged the additional anxiety about being the last student in her peer group to see a client:

This was my first client and I was moved to the end of the list again for clients. As we were having a hard time getting clients, and I was busy/tired, I sort of lost it at the end of class on Wednesday.

Other participants commented on this anticipation being stressful and anxiety provoking, however, less so than some of their peers, such as Green who reported: "It's going to be exciting, I'm going to finally not be sitting in a class but sitting with a client" and Pink who added, "So, this is finally going to happen, I'm going to sit in that chair and be a counselor for the first time, it's so very cool.

As noted earlier, many participants experience a dissipation of their anxiety and fear after their first session or first post-session feedback. For many, these feelings were replaced by a huge sense of relief. Purple summed this reaction up best when he reported, "Hey, I lived through that after all (laughter), I don't know what I was so worked up about in the first place." Amethyst echoed this sentiment when she said, "Thank god I lived through that (laughter), it was just too scary."

With respect to post session feedback, it's important to note that it was the *anticipation* of receiving feedback, not the actual feedback that provoked anxiety. This was best exemplified by what Orange wrote in her journal entry:

I was so scared by going in to get my first comments from the group. I had no idea what they would say or what they would say about me. I felt this real sense of Dread. I was convinced that they would wonder why I had thought I could ever do this in the first place.

Orange went on to describe later that she felt a huge sense of relief after her feedback session was over. Orange echoed other similar responses by saying, "I was so relieved, it was nowhere near as bad as I thought it would be."

Meeting Obligations Outside of Practicum

This theme described participants' feeling of being "stretched too thin," as Green stated to be able to have the time and energy to meet the multiple obligations of practicum and life. The perception or sense of being stretched was experienced across and within participants' cognitive, social, emotional, spiritual and familiar roles.

Participant's reported feeling increased anxiety and stress (e.g., pressure, obligation) especially when any aspect of their academic, professional or personal lives were perceived to have suffered as a result of them feeling pulled in multiple directions.

Typically, participants expressed regret that they felt they gave so much time, energy and focus to practicum that they had little to nothing left for their family or work. For example, Pink stated,

I was so worried I would not have time for the kid's stuff. ...I have a family outside of practicum and so switching gears from taking care of kids, to my family, to try to be able to manage to be able to be present with my family. And that switching gears creates a lot of anxiety. I was afraid they would suffer.

Amethyst also acknowledged how she perceived her work suffering because of the emotional demands of practicum. Amethyst remarked, "I would go to work and make mistakes, ya know? I was always just so emotionally Drained away." Green also stated,

"I was scared of missing something with my kids... I just don't want to be so out of it because of prac." Most participants described their concerns related to external obligations with a moderate amount of distress, as if they were in a 'Catch-22', caught in the anxiety and fearfulness related to the 'cost' of their practicum experiences while anxious and fearful to engage behaviors that could relieve their anxiety and fearfulness. Red comment supports this notion, she said, "I have to devote all this time on practicum, I know some things are not going to get done."

Interpersonal Conflicts

This source of anxiety came from the acute events surrounding interpersonal conflicts and the lingering (negative) emotional valence perceived to influence future interactions with peers, doctoral students, and professors. Participants varied in their reports of the source, nature and intensity of interpersonal conflicts. There were also differences in intensity regarding the source of the conflict. For example, the anxiety reported was often more intense when it involved a doctoral student or professor than it did with a peer. Of course this difference in intensity would make sense as professors more so than doctoral students are responsible for the evaluation of participants in practicum; participants often saw doctoral students as advanced peers, rather than experts, like faculty. Oftentimes the nature of these conflicts involved the participant's perception of power and control. For example, questions like, Who is in control? The professor or doctoral students? were often expressed in passing. It was often the case that participants would downgrade the importance of feedback that was experienced as hurtful from doctoral students due to their "incompetence." For example, Orange described an ongoing conflict with a doctoral student supervisor, "I felt like she [the doctoral student]

didn't know what the hell she was doing and she's in charge of me. I know she didn't like it when I would challenge her. She just seemed to never let it go. " At other times conflicts between peers would involve the perception of differences in knowledge and skills performed. This would create a sense of competition for some participants and would lead to comments such as the following from Green, "she is just such a big damn know-it-all, always telling us what to do and speaking first in class time." Another example was when Blue commented about another peer, "I thought I would scream if I had to hear her talk about what a great job she did with her client again."

Occasionally, the anxiety stemmed from observing or knowledge of conflicts with others and how those conflicts were or were not resolved. These conflicts may have their origins in practicum or previous classroom relationships. For example, Blue spoke about an ongoing conflict with a peer giving her feedback:

I wish we just had more than one peer giving us feedback, because I don't know about the person giving me feedback. I'm just concerned about my person because we're really, really different. I think there have been some concerns with [Blue's peer] just even being in the program. They had a couple of run-ins with friends of mine in other classes. She is just not a very nice person.

Another example of this conflict was when Purple said, "I had a bad experience with one of our doc's in another place and it was hard to trust her here." Finally, Red also mentioned this when she said the following about another peer in her practicum, "She's nuts, she was so crazy and had a meltdown in a class I had with her, I plan on having as little to do with her as possible."

The Live Supervision Environment

The source of anxiety in this theme directly relates to participants experiencing the live supervision environment. Participants recalled increased stress and anxiety to

being observed and recorded during counseling sessions. The live nature of the observation was viewed as high stakes and that there was little to no room for error. Participants comment on the fear and Dread of making a mistake in real time that would irreparably harm their client, the mistake being memorialized on tape to be replayed and criticized at a later date. Several participants believed they would be harshly judged or picked apart by the observers. For example, Aquamarine stated, "The live supervision thing would freak me out a lot. I just kept thinking about what they were thinking about me." Pre-occupation with the one-way mirror and video camera was common for participants and was coupled with the feelings of potential threat, condemnation, judgment by others in the practicum and not being able to defend one's performance. Orange noted the omnipresence of the one-way mirror when she stated, "I always knew it was there, I could always hear them back there."

Typically, anxiety reported regarding direct observation tapered off in intensity as the practicum progressed. Some participants stated an appreciation for the live supervision format. As Green stated, "I'm comforted by the live supervision set up because all though it's nerve racking sometimes, I always know that there is someone right there with me watching and giving consistent feedback." The feelings of Dread and anxiety had morphed into a feeling of support and comfort; participants' focus shifted from the self to the other. The reduction of anxiety was also expressed by Pink as she described becoming more accustomed to the one-way mirror, "I felt like it was a non-issue once I actually got started in session and was focused on the client."

An additional element of this theme centered on the immediate feedback given to participants, either during mid-session breaks, or at the conclusion of their sessions.

Participants described a range of experiences and perceptions from feeling overwhelmed, to ambushed, to inundated. Amethyst's statement exemplifies many participants' perceptions,

As soon as I would come out of session everybody would be waiting for me and just staring at me. It was kinda overwhelming for me. Seven different people and what they all thought was a lot of information to take in at once.

This sense of being overwhelmed by the potential chaos, expectations and flood of information was common among participants. As Purple stated, "It scared the hell out of me to round the corner and see all those people sitting there waiting for me."

Feedback

This theme describes the anxiety and stress experienced by participants while receiving feedback, both formally and informally, from all sources. Participants specifically noted concerns regarding the quantity, quality, and veracity of the feedback as well as their emotional responses to the process and content. The content in this theme does not address the integration of feedback and or the displaying of counseling skills per se, but rather centers on perceived nature of the feedback and participants' emotional reactions to it. Emotional reactions that included, but were not limited to: experiencing feedback as confusing or vague and or questioning the motives of the sender.

Participants' emotional reactions often resulted in extended periods of anger, frustration, disdain related to feedback. As Orange stated, "I was so upset, it ruined my weekend, it [the critical feedback] was all I could think about." Also echoed by Aquamarine's statement, "The feedback from everyone was I did a lousy job, I could see them struggle to have something nice to say, it haunted me for the rest of the week."

Most participants described confusion associated with how feedback was given and received. Often times the confusion seemed to emanate from the dichotomous thinking common to beginning students in practicum. For example, Amethyst said, "She [her supervisor] said not to ask questions the week before and now this week I'm supposed to ask questions!" Pink also commented on this, when she said:

It always felt like [the doctoral student] would say one thing to me, and then when I questioned it would say something else in front of Dr. [the professor's name]. It wasn't until practicum was almost over that I was able to really understand she was saying the same thing.

Another example when Purple wrote, "[the doctoral student] just kept saying that I wasn't present in the room. What the hell does that mean?"

The second element involved anger and or frustration expressed by feedback received on the student's part. This feedback was often times received as being personal and or attacking in nature than other feedback was. Orange spoke about this a great deal, "I've never been so pissed off about anything in my life. Who the hell does she think she is telling me that I am being cold and uncaring in the room?" Orange went on to report that she felt like this feedback she received from a peer was "unfair" because it did not have anything to do with her professionally. This student would remain preoccupied with this feedback for several weeks during practicum. Aquamarine would also discuss this saying, "I just felt like what she said was about me as a person and that is none of her damn business. It still bothers me even though it's [the practicum] all over."

Modifiers and Influencers of Anxiety

The second major category describes those aspects that seemed to modify or influence, either positively or negatively, the stress and anxiety experienced by participants. As stated earlier, stress is defined as a signal that requires attention from the

person experiencing it. In this category of themes, the reader will see how participants sought to increase or decrease the strength of this stress signal.

Practicum Social Environment

Social interactions, as a whole, between and among all the members of practicum group seemed to influence the nature and quality of participants' stress and anxiety. Participants described a relatively safe and supportive environment, which often decreased levels of anxiety or they described a relatively unsafe and non-supportive environment which often increased participants' anxiety. Participants described a safe and supportive practicum environment as one in which there was esprit de' corps, where everyone was working towards the shared goal of being successful. Feedback was delivered and received in a productive manner, peers assisted others and there was little to no over competition among students. Hot Pink's comment exemplifies this perspective, "I feel very safe in prac. I don't know where this idea came from, but I thought that prac would be an experience where I would be judged and that made me extremely nervous going in." Pink would also comment on this sense of safety, "I would get to this place where I would love to go in and see everyone, I think I'll miss the people I meet in prac the most." Purple also made several comments along this theme, "I knew when she [the doctoral student] had something difficult to say to me it was not about being mean or hurtful, it was what I needed to hear at that time." This theme corresponds with the coping strategies theme described later in this chapter as participants articulate the critical nature of positive emotional support from their peers, doctoral supervisors and faculty during practicum. Additionally, supportive and safe practicum environments also involved a high degree of mutual respect, professionalism, and trust. Purple spoke about

some of these elements in group supervision, "It was really cool that people listened to me about what I thought about my client's issues, I think I just assumed that no one would really care what I thought."

In contrast, an unsafe and non-supportive practicum environment often seemed to intensify participants' stress and anxiety. Sometimes this negative or unsafe environment was due to conflict between two members of practicum other times it was due to the behavior of an individual or competitiveness. Participants provided numerous examples how prior conflict between peers contributed to practicum environment feeling unsafe and non-supportive. Hot Pink related the following: "Two members of the prac had a huge Dramatic childish fight and it impacted the entire prac and I just don't trust them." Also, due to the lack of interpersonal connection and tension, participants in unsafe practicum environments often experienced disrespect, hostility, and self-silencing. Orange describes how she felt in group supervision, "Everything I said was wrong. So, I remember thinking, what the hell is the point? I'm just going to shut up." Green experience was during group supervision:

One student tends to be the know it all and can make the rest of us feel put down sometimes. I asked our professor a question on a topic we were discussing and on which we had differing opinions. The student proceeded to answer the question, which was frustrating because I wanted our professors' opinion, not hers. I didn't address it because I didn't want to appear rude and I don't like confrontation.

Finally, Red addressed this concern when she said the following about another peer, "She was just so mean with her feedback, I felt like she didn't really like me and that's what came through loud and clear."

Need for Perfectionism

Many participants described the need for their performance in practicum to be perfect at all times. A lack of perfection would signal to participants a threat that perhaps they would fail this session, or even that they did not belong in the counseling profession. Perfection, for many participants meant that they had passed a certain session, or experience and that they belonged as a counselor. This belief would lead to increased levels of stress and anxiety. As this belief would diminish, over the course of practicum, the corresponding anxiety generated would also lessen over time. Participants seemed initially to be unaware or oblivious to the unrealistic demands they placed on themselves. There were many examples of this repeated throughout the data. Pink stated this sentiment best when she said during her initial interview when discussing her expectations for her performance, "It has to be perfect, or else what am I doing here?" referring specifically to the counseling skills she was expected to demonstrate.

As the practicum progressed, for the most part, the expressed need for perfectionism was reduced as well. In her final interview, Pink again commented on perfectionism, "I know now it was dumb to think I had to be perfect, that perfect doesn't happen, it was just this idea in my head that it had to be that way, " Blue also said, "I don't know why I thought I had to be super counselor, it was a dumb idea (laughter)." Letting go of this over-arching need for perfectionism often overlapped with the theme in the coping strategies category below of attitude change. However, unlike the attitude change theme below, which was much more global, the reduction of perfectionism, for most participants, was much more specific in the data in that it lessened over time and

that it became more about "...letting myself off the hook..." as Green would later write when she questioned her need for her performance to be perfect.

Trait Anxiety

This theme describes the natural level of stress and anxiety experienced by participants in general. This modifier tended to be relatively stable throughout practicum; in so much as highly anxious participants tended to report higher levels of anxiety, and less anxious participants reported lower levels of anxiety experienced overall. This expression of this theme was deeply associated with the idiosyncratic nature of the participant and less so their experience of the external environment. This theme is unique in that degree of trait anxiety individually experienced by participants held at a relatively stable level over the course of practicum, in contrast to the often evolving nature of the other themes in this category. Examples of this include several participants' self-reflective statements; Hot Pink's remarked, "I know that about me, I am a really anxious person."; Green who said, "That's what I always do. I worry about things a lot." and Red's report; "I'm a freak, I am anxious and scared all the time (laughter)." Examples exist in the data of other participants who have different trait anxiety, exemplified by Purple when he stated, "Yeah, I think I'm pretty mellow, things don't bother me for long." Another example is when Pink stated, "I'm just not that anxious of a person, I can't hold onto it for long."

Previous Experience

This theme centered on the level of experience working with other people in professional helping settings such as counseling. Included in this theme were not only experiences working in the helping professions, but experiences in taking part in

counseling as well. Having more experiences to Draw upon tended to reduce the stress and anxiety experienced. An example of Drawing on this previous experience is the following that Pink wrote:

I'm used to working with clients in a setting that are very reluctant to share personal information. So there is more work for me to do as far as building rapport, but the clients I worked with today it's just that I didn't have to work as hard it was much more natural for me to connect with them much more easily.

Another example is when Green contextualized feedback she received relative to her work in counseling, "I've done my own work in therapy and so the feedback that I received from my therapist were similar. So, no there was no shock there (laughter)."

Purple also provides an example of contextualizing and sympathizing with the client from his own experiences in counseling, when he stated:

I think for me my own personal experiences being on the other side of the therapy chair and receiving therapy and having those feelings of this is very scary and it's scary to be vulnerable and talk about these things I think that has helped me prepare for practicum.

Finally, Red supports the content of previous participants' statements related to previous experience when she observed, "It seemed to me like the people who have worked doing this kind of stuff before seem more at ease about the whole thing."

Coping Strategies

This third and final category contains seven themes that describe the experiences and perceptions in which participants coped with stress and anxiety practicum. Although specific use of and frequency of using these coping strategies varied among individual participants, all participants reporting using each of these coping strategies at least once during their practicum experiences.

Support

This was the most common theme in this category. The data were filled with multiple examples of the importance participants placed on having support from others. This theme had four elements, or sources of support: family and friends, peers, doctoral students, and professors. As Hot Pink said, "I just know she cared about me, I felt supported by her." Although it was difficult for participants to define the exact mechanisms that lead to feeling supported (e.g., overt statements from supervisors or peers, displays of empathy from supervisors, specific accommodations related to participants' concerns). Speaking of her significant other Orange said, "I just know he is a huge support for me." Also Blue recounted a peer whom she had grown close to in practicum, "She was just such a huge support for me. I don't think I could have done this without her." The experience and necessity of support was nearly omnipresent in the data and overlaps, to some degree, with the coping strategy theme presented below that describes 'good' supervision practices. However, this theme is much broader and involves support given from multiple sources and beyond the support expressed within the supervision dynamic.

For example, Pink spoke about how important the support she received from family helped her cope in practicum, "My husband was such a help in always being there for me and letting me know that I really could do this, I couldn't have done this without him." Blue noted the importance of peer support when she wrote:

I had a positive, supportive experience with a peer after my first session. I was very upset because I felt like I did a very poor job and it was not what I had anticipated. The feedback I got from my supervisors was that it wasn't great as well. One of my peers made me feel better when she came to me and told me how supportive and warm I was to my client and that she would have been very comfortable had she been the client. She said

my client could tell that I cared about her. It was very helpful to have some positive feedback and to know that the session wasn't a total failure.

Finally, an example of support from doctoral students is in the following quote from Amethyst, "she always smiled when she saw me and would always tell me what a good job I was doing, it felt great to see her."

Effective Supervision

This coping strategy theme centered on appropriate and effective clinical supervision practices and how this experience helped to relieve participants' stress and anxiety experienced during practicum. This theme had two elements, building trust and rapport, and structure. As mentioned previously, the element of building trust and support overlapped with the theme of support above. However, specific to this theme, building trust and rapport, a supportive relationship was used to help facilitate the supervision relationship. An example of this trust and rapport building during supervision is what Hot Pink wrote about her interactions with her supervisor:

I have been struggling with self-confidence and my supervisor always has the best feedback for me. She was the first person to tell me that she would like me to be her counselor. She is genuine in her feedback and responses and I feel supported to succeed by her. Her constructive feedback is always packaged in a way that allows me to hear it, receive it, and use it. I think it is important to have a supportive supervisor in your prac otherwise it will be a very lonely hard process.

Increasing the trust and rapport developed during supervision was foundational to begin the process of learning, evaluation, and integration of new skills vital to the practicum experience. Purple echoed the importance of having a positive, supportive and genuine supervisor, he said, "It was like she just assumed I was going to be great at this (laughter)." And Green extended the importance of positive supervisor interactions

noting, "I felt like with Dr. [professor's name] it wasn't about screwing up, it was about what I can do better."

The second element is providing adequate structure for the supervision process. This structure allowed participants to cope better with stress and anxiety because they understood the expected process of practicum supervision. Structure and predictability created a sense of safety that was repeatedly experienced by participants and expressed throughout the data. Green wrote about experiencing safety from the structure provided during in live supervision. He reported,

I was stressed that I was unsure how to navigate the therapy session and my supervisor was able to immediately provide further insight and understanding of what is going on in the therapy room. This creates space for discussion on ways in which I can effectively work with the client. Having an experienced supervisor has been incredibly helpful for gaining a deeper understanding and conceptualization of therapy as a whole. Having the ability to have these conversations with a supervisor allows for further insight on ways I can help the client better next time. Processing the therapy sessions with my supervisor is incredibly helpful and stress relieving as a counselor in training, as it provides a solid sense of direction for future counseling sessions.

Blue also comment on the critical nature of structure during supervision, "I knew when I meet with her that I had to have things I wanted to work on and at least three things I did well in this last week. There was no guessing about what supervision would be like with [a doctoral student]." Pink also reported in her final interview, "It was great to always know what was expected of me in our supervision times."

Attitude Change

This theme dealt with the conscious decision of participants to internally change their attitude or belief about a specific issue or difficulty as a way in which to cope with the stress and anxiety generated. An example of this was cited previously when Green

wrote about "deciding to let myself off the hook" with regard to her need for perfectionism. However, unlike freeing oneself from the need for perfectionism, this attitude change theme was much broader and more global having to do with multiple sources of stress and anxiety.

For example, Amethyst discussed how she had felt overwhelmed by practicum going into the weekend and stated, "I just decided to let go of it and take the weekend off, that switch helped tremendously, I wasn't going to let it bother me." Another example of a change in attitude as coping was when Purple described observing another student's first client, "I thought what the hell, if he survived it, I could do it too, that helped a lot." A third example of this attitude change was when Pink stated, "My feedback was that I blabber too much, so I decided not to be freaked out about it, I was going to work on it and that it was going to be ok."

Self-Care

Second to the importance of support from others, this theme of self-care seemed to be present frequently in the data as well. All of the participants discussed their relationship to and use of self-care strategies at some point during the study. This theme had three elements: avoidance of self-care, planned and executed self-care, and emergent self-care. This first element of avoidance of self-care involved a dichotomy of acknowledging self-care was important while simultaneously discounting the personal use of self-care strategies, typically because of a lack of time and or energy. Blue provided the most salient example of this experience, "I'm trying to learn to take time for myself, but I'm a single mom and that never happens (laughter)." Red also stated, "I know I'm supposed to do things to take care of myself, but really, who does that? not me

(laughter)." Another aspect of this element involved participants making plans to engage in self-care activities that ended up never happening over the course of practicum. Hot Pink stated part of her self-care plan was to do more Yoga and go to the gym. However, an example of this element is apparent in the following statement she made during her last interview, "Yeah I was supposed to do Yoga (laughter), that was never going to happen (laughter) and it didn't either, I mean really? Yoga?"

The second element is planned and executed self-care. These were self-care strategies that were pre-planned from the beginning or even before practicum began, to which participants made and kept a commitment to following through with. This element had some overlap with the modifier of previous experience reported earlier, in that as Pink said, "I know from experience I need to do this or it will just make everything harder than it needs to be." An example of planned self-care strategy involved Purple reported that he had gone back to counseling before practicum started because as he said, "... I know it will help me immensely." This planned element of self-care was also distinctive from the first element in that it was followed through with and reported as successful during the final interview.

The third and final element was emergent self-care, which was self-care strategies that emerged for participants spontaneously during the course of practicum and helped better cope with stress and anxiety. Orange described an example of this when she reported, "I decided that I would leave all my bags and junk in the car one day so I could walk in the house and greet my dogs properly, that seemed to help a lot." Other examples of this emergent self-care would deal with the concept of taking a break or allowing oneself to just take a moment. An example of this was when Amethyst wrote, "I took the

time to go outside and feel the sun and soak up the warmth and close my eyes and just reset."

Blaming

The theme of blaming involved participants coping with the stress and anxiety of practicum by deflecting the responsibility for their own performance and actions onto someone other than themselves. In this way the participant was able to seemingly protect their own ego and beliefs about self-efficacy. This theme overlapped with several of the concepts presented in the sources of anxiety category theme of feedback, specifically anger and frustration expressed around vague or confusing feedback received. Every participant in the study used blaming as a coping mechanism at least once during the study. However, for two participants in particular, Orange and Aquamarine, blaming seemed to be employed as a primary coping mechanism throughout practicum. The experiences or behaviors in this theme almost always involved the blaming of supervisors as opposed to peers, especially doctoral student supervisors.

Orange statement provide a clear example of this behavior as she comments on her doctoral student supervisor's feedback,

She is just a bitch, it has nothing to do with what I'm doing, she hates me and she is the one that doesn't know what the hell she is doing, she keeps criticizing me as being cold and aloof, but she can't give me an example of it, it's because she doesn't like me.

Aquamarine's blaming was focused on her peers. She noted, "They dislike me because they're jealous of me and so they say anything they can to bring me down." Aquamarine reported in her final interview, "They're just a bunch of dumb bitches (laughter), so of course they had nothing good to say about me, I'm just glad it's over."

Another less emotionally charged example of blaming was related to the perceived credibility of the supervisor whether it was his or her availability or degree of knowledge. Commenting on her professor Hot Pink said, "She is so busy, I don't know that she really sees me in session enough to know what she is talking about." Green recounted her experience of a doctoral supervisor, "She is really new to all of this and I don't think she always understands exactly what she is talking about." And added despite this she (Green) did enjoyed working with this particular doctoral supervisor. Finally, Purple echoed these sentiments when he described a peer's feedback, "It was hard to take it seriously because she doesn't know what she's doing any more than I do (laughter)."

Catharsis

The theme of catharsis describes participants' perceptions and experiences of emotional reactions to the stress and anxiety generated from practicum. Catharsis had two basic elements, helpful catharsis (e.g., behaviors and believes that aided coping or was in some way soothing) and unhelpful catharsis (e.g., behaviors and believes that often provided little to no relief of stress or anxiety and sometimes increased the negative emotions present). Purple statement of needing "to blow off steam." captured the sentiment of many participants.

An example of helpful catharsis was described by Blue in her final interview, "I had two or three times maybe were I would sit in the parking lot and just cry... It was a relief to let it go after a bad day, but was also usually exhausted after too (laughter)." A second example of helpful catharsis is reflected in Red's comment during her initial interview, "I've already cried a lot after practicum, but it always seemed to make me feel better." Hot Pink also described behavior in which participants allowed themselves an

emotional release, "I went in the bathroom and just feel apart for like 5 minutes, and I put myself back together and went back."

Unhelpful catharsis was experienced by many as emotions and experiences in which they felt out of control, angry and scared. Amethyst wrote, "... I just got so damn freaked out and I couldn't seem to stop it, in the end I just felt worse, like sick and nauseous all over." Orange experienced anger and vulnerability, "I would get so damn angry and cry and then be angry that I let them make me cry."

Foreclosure or No Coping

The final theme in this category was the conscious decision to shut down or not engage in any coping what so ever. This anti-coping strategy was effective for some because they felt the threat of not becoming successful in practicum as so real that ending participation in practicum in general, and coping with stress and anxiety, seemed like the only solution. It is important to note that this theme differs from the coping strategy described above in which participants sought a brief respite to experience their emotions and return to practicum. Unlike those strategies the theme of foreclosure represents the perceptions and experiences of participants who sought a permanent ending of any coping for an extended period of time. This was exemplified by Orange during her final interview, she remarked, "I decided to fuck it and fuck them, I just went through the motions the last three weeks of prac." Aquamarine reaction was less profane, yet held a similar sentiment, she said, "I just wanted it to be over so badly, I would just nod and say yes to whatever they said."

This concludes chapter IV wherein the themes of the current study were presented. The 16 themes from the current study were further broken down into three

categories': sources of anxiety, modifiers and influencers of anxiety, and coping. In the next section, chapter V, these themes will be discussed as they relate to the current research literature. Finally, chapter V concludes with the presentation of the emergent theory itself.

CHAPTER V

DISCUSSION AND RECOMMENDATIONS

If you're going through hell, keep going.
-- Winston Churchill

In the current study I explored the potential tenets of a grounded theory Drawn from an examination of masters' students' experiences with stress and anxiety in a live supervised individual counseling practicum. This chapter presents a summary, synthesis, and exploration of the data in light of the professional literature followed by a description of the emergent theory. The chapter concludes with a discussion of known limitations, implications and directions for research in counselor education and training.

Anxiety and Stress

Trainee anxiety has long been the focus of research in counselor education. From the early days of counselor education researchers focused on trainee's anxiety relative to the developmental model, cognitive complexity, adult learning, and perspectives of the supervisor (Loganbill et al., 1982; Hogan, 1964; Arbuckle, 1965). Rarely did researchers then or now directly examine trainee's anxiety *from the perspective* of the trainee (Barbee et al., 2003; Edwards & Patterson, 2012; Hill et al., 2007; Woodside et al., 2007). The rationale for the present study, in part, was meant address the imbalance in perspectives. Trainees' experiences, including anxiety, stress and coping, were examined from the perspective of trainees as their voices and experiences were honored and documented. Participants articulated numerous sources of anxiety relative to their

experience in a live practicum. Their individual and collective experiences and perceptions described anticipatory anxiety and fear, meeting obligations outside of practicum, interpersonal conflicts, the live supervision environment, and feedback.

It is important to note that this category of anxiety and stress overall fits with the lifetime work of Lazarus and Folkman (e.g. Lazarus, 1966; Lazarus & Folkman, 1984; Folkman & Lazarus, 1985; Folkman & Lazarus, 1988; Lazarus, 1999; Folkman & Moskowitz, 2000; Folkman & Moskowitz, 2004). Specifically, that it is the individual's perception of the stress that is paramount. In this way it is the individual's perception, belief, and experiences of stress that is appraised to rise to the level of an anxious reaction. In other words, what was appraised as stressful for one participant would not necessarily be appraised as stressful for another. In this way the appraisal model of stress, anxiety, and coping runs parallel with the qualitative research tradition in that both find the perceptions and experiences of the individual as the most important. In this category, it was the individual perceptions of anxiety and stress from participants that serves as foundational for the following themes.

Anticipatory Anxiety

For many students the anticipation of certain events during practicum triggered a great deal of stress and anxiety. For example, the anticipation of events such as: the initial meeting with a client, the initial supervision session, and or the initial live peer/faculty post session feedback evoked feelings of fear, worry, Dread, panic and or the desire to flee. Participants would often report that the source of this anticipatory anxiety would involve some combination of the unknown regarding expectations, a sense of low-self-efficacy, and or being evaluated. Participants noted, few if any, strategies or behaviors in

which they engaged to address these emotions. At the conclusion of these signpost events participants' stress and anxiety did not disappear, but was Dramatically decreased. The counseling research literature makes scant mention of this phenomenon of anticipatory anxiety for counseling practicum students. The research literature that does make mention of this anticipation is either theoretical (Loganbill et al., 1982; Stoltenberg, & McNeill, 2010) or anecdotal (Hacberth & Dinkmeyer, 1991; & Fitch & Marshall, 2002) in nature.

To gain a fuller understanding of this phenomena I examined the constructs of anticipatory anxiety outside of the counseling profession, in related behavioral health professions such as nursing, psychology and medicine. The training experiences and related anticipatory anxiety for the participants of this study (e.g., counselors-in-training; CITs) and beginning nursing students experience are similar enough to provide a sufficient analogue. Both CITs and beginning nursing students spend their initial training in an academic classroom and then transition to live supervised practice with real clients (patients) in real time with real outcomes. The primary difference between the two groups is that CITs do not initiate, monitor, and complete intimate examinations and sometimes painful (e.g., injections or Drawing blood) threatening procedures upon their clients/patients. The expectation to and experience of performing live, in front of peers, instructors, and patients in a high stakes learning environment appears to be the primary precursor for anticipatory stress and anxiety, similar to the findings of the current study.

For example, Beck and Srivastava (1991) conducted a study involving 94 subjects and examined nursing students' perceptions of stress and anxiety in clinical practice. Beck and Srivastava reported student nurses experienced a great deal of fear, stress, and

anxiety correlated with the anticipation of attempting new clinical techniques for the first time on medical patients. The causes of this anticipatory anxiety experienced by these nursing students was similar to the anticipatory anxiety experienced by the current study's participants. Both groups cited the reasons for this anticipatory anxiety having to do with uncertainty surrounding their level of skills in combination with being evaluated live by an instructor. These researchers also found that this anticipatory anxiety would be considered great enough of a psychological threat that many nursing students would question their career choice in wanting to become nurses in the first place.

The nature of the training environment and supervisory feedback seemed to impact student nurses' experiences of anticipatory anxiety. Cook (2005) found anticipatory anxiety increased in a sample of 229 student nurses when they were observed by an unsupportive and uninviting instructor or evaluator. Cook defined this unsupportive and uninviting evaluator as someone who would make a series of derogatory, negative, and sexist statements to their nursing students. These student nurses noted this in a self-evaluation questionnaire that was designed to capture anxiety provoking events in their live training. Also in the nursing training literature, Cheung and Au (2011) demonstrated that anxiety increased before nursing students demonstrated a clinical procedure for the first time when they were prompted with anxious, rather than supportive stimuli prior to attempting the procedure. Cheung and Au used a video clip of the 2003 SARS epidemic in Hong Kong as the anxious stimuli, whereas the calm stimuli showed a video tour of the hospital many of the students would be placed at later in their training. Similarly, Teixeira, Kusumota, Pereira, Braga, Gaiosio, et al.. (2014) found the mere presence of an instructor increased anticipatory anxiety. They found nursing

students, who were observed live by an instructor during the first performance of a procedure, reported markedly increased levels of anxiety when compared to nursing students whose performance was videotaped without the presence of an evaluator. These findings of these studies seem to indicate that anticipatory anxiety may be part of the experience of live professional training and yet the question remains what differentiates individual trainee experiences. Moscaritolo (2009) seems to provide partial insight to this question through the results of her qualitative examination of nine nursing students. She found humor, mindfulness exercises, and supportive mentors reduced the amount of reported stress and anxiety around beginning clinical work for the first time. Her findings may have implications for counselor educators.

Meeting Obligations Outside of Practicum

As noted in Chapter IV participants reported having greater than usual stress and anxiety from managing family, work, friends, and other academics after the time and energy spent on practicum. This phenomenon of balancing school, family, and career is common among graduate students (Hyun, Quinn, Madon, & Lustig, 2006; & Fairchild, 2003), however, the stress and anxiety experienced during practicum was different in that it involves prolonged and undulating stress and anxiety over an extended period of time.

There is no counselor education research literature that focuses on the stress and anxiety of juggling multiple roles during practicum. However, the general counseling literature presents a larger body of research that deals with wellness of counselors. This wellness research often references counselors taking time to take care of themselves in a multitude of ways so as to fend off burn out, clinical fatigue, and to increase empathy (Lawson, 2007). Wellness is defined as a state of being, integrating mind, body, and spirit

for the purpose of achieving and maintaining personal health and balance (CACREP, 2009). The maintenance of personal health implies counselors will address and improve management of all the stressors, including meeting obligations outside the role of counselor (e.g., training and practice). Within the wellness literature, there are many research studies focused on wellness for counseling students.

Generally, the counseling literature notes that CITs struggle to balance their graduate school/home/professional lives, most notably, CITs at the beginning of their programs of study. Myers, Mobley, and Booth (2003) conducted a large study of 263 graduate students at various different academic levels. They noted entry level students experienced markedly less overall wellness scores than exiting masters or doctoral students. Myers, Mobley, and Booth describes these entry level students as having already completed several classes, including practicum. These entry-level counseling students scored lower on balancing work, leisure, and meaningful relationships than the other more experienced students, which is consistent with the findings in the present study. Roach and Young (2007) also studied wellness for 204 masters counseling students. This study looked at wellness during three periods of students counseling preparation, beginning, middle, and end. Roach and Young found that counseling students at the midpoint of their training rated the importance of having healthy relationships with friends and family as most important and the most difficult to maintain. Roach and Young offer no explanation as to why CIT's at the mid-point of their training would make this report regarding healthy relationships outside of reinforcing the idea that self-care and wellness are important for all CIT's. Roach and Young also offer no explanation of whether or not the CIT's in their study are involved with practicum in the

mid-point group. However, it is not unreasonable to assume that these mid-point CIT's make these statements due to more academic stress and possibly taking part in the practicum experience.

Interpersonal Conflicts

Participants in the current study articulated the critical contribution interpersonal conflicts made to their experiences of stress and anxiety. Additionally, a majority of participants noted the negative and long lasting impact on practicum peer relationships at the time of the conflict as well as a lingering mistrust and discomfort over the course of the semester. Throughout the study participants revisited the feelings and beliefs evoked in the aftermath of these conflicts. By focusing on the CITs' experience, the current study revealed the multiple conflicts experienced among and between practicum students and their peers, supervisors, and professors. No research studies were located that addressed the stress and anxiety directly generated from these interpersonal conflicts within a live supervised individual practicum. Interestingly, two trends in the literature were located that relate to CITs' stress and anxiety. The following literature presents the perspective of the faculty related to student retention/gatekeeping and supervisor conflict rather than the CITs' perspective on their experiences of CITs' in practicum.

Baldo, Softas-Nall, and Shaw's (1997) landmark article recounted a student dismissal that was, in part, based on lack of competent relationships with peers and clients. Although Baldo et al. are silent on the nature or degree of the dismissed student's specific interpersonal conflict with his peers, one may rightly infer that because the student's behavior was described as "incompetent and unethical" his "inability to attend to clients and classmates, lack of warmth, and lack of empathy" (p. 420) was a

source of stress and anxiety for the dismissed student and his practicum peers. The Baldo et al.. article is relevant because it documents the serious nature of interpersonal conflicts as a source of stress and anxiety, albeit an extreme case and causes one to ask, what about cases of student conflict that do not rise to this same level of severity?

The literature recounting students' problematic behaviors requiring attention, but not leading to dismissal also provides support of stress and anxiety as a result of interpersonal conflict among peers in a live supervised practicum. Brown (2013) conducted a qualitative content analysis of programs gate keeping and remediation policies. Among Brown's findings were various definitions of counseling students' problematic behaviors. These problematic behaviors that relate to the current study include: an inability to interact with peers and trainers in a professional manner, an inability to control her or his anger and frustration when interacting with others, consistently making false and or deceptive statements, and often being disrespectful especially in regards to multiculturalism. Although Brown defines problematic behaviors in CIT's from an entire program perspective and not limited to only practicum, her findings run parallel with the findings of the current study. Along this line of thought, Rosenberg, Arcinue, Getzelman, & Oren (2005) conducted an exploratory study that sought student's reactions to these identified problematic students. Rosenberg et al.. created a survey and used a convenience sample of 129 students (87 masters and 42 doctoral psychology students) from their own counseling program. Their findings were remarkable similar to the findings of the current study with regards to conflicts between counseling students. More specifically, the students in the Rosenberg et al.. study felt great concern over these specific problem behavior student's interpersonal skills with

others, worked towards avoiding contact with this student, and expressed discomfort being in academic settings with this identified student.

Doctoral student supervisors and supervising professors were also a source of interpersonal conflict resulting in stress and anxiety for participants. The interpersonal conflicts most often were related aspects of the supervisor/supervisee's working alliance between supervisee and supervisor (Bernard & Goodyear, 2014). For example, Ladany (1995) conducted a study and surveyed 123 supervisee participants who were receiving supervision as a part of their clinical training in practica and internship. Ladany wrote the following about conflicts in the supervision working alliance:

Irrespective of the degree to which trainee and supervisor agree on the tasks and goals of supervision, the stronger their emotional bond, the less role conflict experienced by the trainee. This finding lends support to the notion that counselors and supervisors with a strong emotional bond (i.e., mutual caring, liking, and trusting) are more likely to work through and resolve conflicts, thus decreasing the extent of past and potential role conflict (1995, p. 230).

Although Ladany was studying role conflicts between supervisee and supervisor, he defined these role conflicts as having to do with power struggles within the supervisory working alliance. Ladany's results support and confirm the current study's findings that when supervision relationship was negative in nature it acted as a source of stress and anxiety for participants.

Live Supervision Environment

The next source of stress and anxiety emergent in the current study was related to the live supervised environment, its structures, and common practices. The two elements reported in this source of anxiety involved being observed live and the immediate feedback process. Researchers have addressed this issue of the live supervision

environment generating stress and anxiety. However, this research has been anecdotal and or told from the counselor educators' point of view (Costa, 1994; Mauzy & Erdman, 1997; Mauzy et al., 2001; Wong, 1997).

Few research studies have focused on the stress and anxiety specific to the live supervision environment itself. For example, Koltz and Feit (2012) conducted a qualitative phenomenological study into the lived experiences of three live counseling pre-practicum students. The Koltz and Feit (2012) study was parallel to the current study in that these students were followed throughout their semester long pre-practicum experience as well. Many of Koltz and Feit's findings are confirmatory with the current study's findings related to stress and anxiety in a live supervised environment. Koltz and Feit wrote:

Anxiety seemed to be a primary emotion that emerged for participants. With the emergence of anxiety, participants found that they had a variety of questions come to their mind regarding live supervision. Many of the questions stemmed from unfamiliarity with the idea of live supervision, as well as the changes that they were feeling as a person. However, participants found that their self-talk was extremely instrumental when "being the counselor" to manage their anxiety. Participants found that their anxiety was particularly high during feedback (both feedback during the session, as well as the feedback session at the end) (2012, p. 9).

Although the anxiety reported by Koltz and Feit was similar to the anxiety experienced by the current study's participants, the intensity was much less. One explanation for the difference in the intensity reported probably stemmed from the current studies participants working with actual clients, while Koltz and Feit's participants worked in skill development role plays with other students.

Feedback

Finally, the last source of stress and anxiety uncovered during the current study's findings involves receiving poor, vague, and contradictory feedback from peers, doctoral supervisors, and professors in practicum. This source of stress and anxiety is the mirror image of the supportive, warm, and collaborative feedback which is identified as a coping resource later in the study. For example, Trepal et al. conducted a qualitative study with 25 practicum supervisees in which they were asked to describe critical incidents in supervision (2010). The authors found among the negative themes that emerge in their study were comments made by these students regarding unprofessional, unsupportive, and even sabotaging feedback they received from site supervisors. Furthermore, in regards to vague feedback resulting in increased anxiety, Arthur and Gfroerer (2002) surveyed 45 master level interns in a couple's and family internship and found support for this notion. In their study participants reported that when feedback was provided for them in written form it was much more concrete, less vague than verbal feedback, and created less anxiety for them. However, it is also interesting to note as an aside, that students reported that having a permanent reminder of their sometimes poor performance of skill would also generate anxiety of its own.

From the supervisor and trainer perspectives Jacobs, Huprich, Grus, Cage, & Elamn et al.. (2011) recommend from their anecdotal experiences as practicum and internship supervisors to always ground feedback in behavioral and program specific anchors to avoid supervisee confusion and anxiety. Furthermore, Lehrman-Waterman and Ladany define quality feedback anecdotally in supervision as being " feedback that is systematic, timely, clear, and balanced between positive and negative statements" (2001,

p. 168). Finally, Abbott and Lyter (1998), in a survey of 43 social work field supervisors, found that effective critical feedback given to supervisees must be supportive in nature to help integrate new information, that harsh language can create extreme anxiety in the supervisee. Abbot and Lyter also recommended from their findings that supervisors understand that supervisees may require time to properly understand and integrate critical feedback, that the process for most supervisees is not instantaneous.

The Context of Anxiety and Stress

The individual experiences and perception of trainees were bounded by the context in which each participant studied, learned and lived. Participants in this study identified numerous aspects of their broader context that were believed to influence, positively or negatively, the degree of intensity of anxiety and stress experienced in a live supervised practicum. These aspects included: participants' perceptions of psychological safety, expectations for personal perfectionism, trait anxiety, and previous experience dealing with emotionally charged situations.

Psychological Safety within Practicum

The first context in which participants stress and anxiety was influenced was the perception participants had in regard to their psychological safety in the group dynamic. Participants' perception of their psychological safety was heavily influenced by and highly related to interpersonal conflicts referenced in the earlier sections. The experience of psychological safety seemed to be influenced by type (e.g., mistrust, distrust or trust) and intensity of trust, the quality of the working alliance and safety with doctoral student and faculty supervisors. There is a great deal of research in the supervision literature that

supports the importance of trust in the working alliance between supervisor and supervisee.

The importance of supervisors and instructors directly dealing with psychological safety within the group for practicum students was the subject of an anecdotal theoretical article written by Kaiser and Ancellotti (2003). The authors wrote the following concerning students safety in group interactions and supervision:

Instructors also recognize the need to normalize the anxiety felt by those students who privately believe that they are the most anxious and inexperienced members of the group. When students acknowledge their anxiety and as they interact with one another over time, they are able to express uncertainty and concerns about their performance. Open acknowledgment, in itself, creates a supportive and cohesive culture of mutuality, support, and respect. The high degree of challenge encountered during the practicum makes the support factor the most discussed and analyzed aspect of the practicum process (2003, p. 297).

Creating this environment of openness in which supervisees express their anxiety in a supportive environment confirms the current studies theme regarding reduction in the anxiety experienced when participants felt psychologically safe within the group.

Regarding psychological safety in supervision, Borders, in her landmark article recommending research concerns in counselor education, stated that conflicts in supervision and supervisee resistance are often directly related to weaknesses in the supervision relationship (1989). Specifically, Borders states that a strong supervisory relationship must be grounded in trust, respect, rapport, and empathy. Although Borders was speaking anecdotally and commenting on counselor education research at the time, her assertions about avoiding conflict are parallel with the current study's findings that a negative or positive supervisory relationship can increase or decrease the anxiety experienced by the participant.

Need for Perfectionism

The second aspect of the context of stress and anxiety involved participants' relative need for perfectionism. The current study's findings indicate many participants' increase desire or need for perfectionism relative to their in-session performance in practicum was associated with increased levels of stress and anxiety and vice versa. Ganska et al., 2015 explored practicum students' and the desire for perfectionism. These researchers found an apparent link between CITs need to be perfect (e.g., error free) perfectionism and the supervisory working alliance, particularly along the dimension of attractiveness. Although the Ganska et al.. student makes no mention of stress or anxiety, it seems quite likely that supervisees who perceived a strong alliance with their supervisor would experience less stress and anxiety due to an agreed upon view of the supervisees' performance. Arkowitz (1990) presented a theoretical and anecdotal exploration of CITs' desire for perfection. Arkowitz's theorized CITs' perfectionism would like lead to decreased self-efficacy, rigidity in thought and practice, and perhaps increased anxiety. The findings in the present study provide some support for Arkowitz's hypotheses.

Generally, empirical research suggests intense levels of perfectionism, especially maladaptive perfectionism, lead to increased reports of stress and anxiety (Zhou, Zhu, Zhang, & Cai, 2013; Shafran & Mansell, 2001; Hewitt, Caelian, Flett, Sherry, Collins, & Flynn, 2002; Flett, Endler, Tassone, & Hewitt, 1994; & Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000.). Zhou et al.. define maladaptive perfectionism as:

Adaptive perfectionists tend to set themselves realistic rather than unreachable standards, emphasize achieving success rather than avoiding failure, and their behaviors are underlaid by positive reinforcement On the other hand, behaviors of maladaptive perfectionists are strengthened by

negative reinforcement, as they seek to avoid or escape personal failure, tend to set unrealistically high standards, and are Driven by a fear of failure.

Although the current study does not use these terms in the reported data or its subsequent codes and themes, these concepts of adaptive and maladaptive perfectionism fit well as parallels to several participants' reported need for perfectionism. Zhou et al.. went on to find that in their study of 426 college students maladaptive perfectionism positively correlated with increased reported anxiety.

Trait Anxiety

The third aspect of the general context of stress and anxiety experienced by practicum students involve the individual differences between reported trait anxiety. No research was identified that dealt directly with levels of high or low trait anxiety for students in practicum. However, the general trait anxiety research does confirm the findings within this theme. Trait anxiety is defined in its simplest terms as the relative level of anxious responses that is typical for a person to express (Endler & Kocovski, 2001). This finding aligns itself with the theme trait anxiety in the current study as individual students self-identified the typical level they would tend to respond to situations anxiously, whether high, medium, or low. This definition of trait anxiety is an individualistic reasonably stable set of responses across time (Endler & Kocovski, 2001).

Previous Experiences with Emotionally Charged Situations

The fourth and final theme of the context which influences the stress and anxiety generated, involves participants' individual levels of experience working with emotionally charged situations and people. Adult learning theory states that previous experiences are often integrated by adult learners into their current learning, which in turn

helps to guide and lessen the level of anxiety experienced (Merriam, 2001; & Mezirow, 1996). More specifically, many of the characteristics of adult learners identified by Knowles, also acts as support for this theme (1984). Especially with regards to adult learners becoming increasingly independent, intrinsically motivated to learn, and becoming more problem-focused than subject-focused.

The counselor development theoretical literature adds confirmation to this theme regarding previous experiences. Counselor development acknowledges that when CIT's recycle through the developmental process again (e.g., internship, another modality of practicum, advanced practicum training) the CIT experiences markedly less stress and anxiety than when they originally went through the process (Stoltenberg, & McNeill, 2010; Ronnestad, & Skovholt, 2003; & Loganbill et al., 1982).

The general anxiety research literature also offers support and confirmation for the concept of previous experiences moderating and reducing anxiety. For example, Norriss and Murrell (1988) surveyed 234 adults regarding their anxiety after a recent flood in Kentucky and found that those adults that had been through a flood previously reported significantly less anxiety than those who had not. Also, Humphris and King (2011) surveyed 1024 university students from the United Kingdom and found that previous positive experiences going to the dentist lead to lower reported levels of anxiety during yearly check-ups than subjects that had negative or no previous experiences. Finally, Beckers and Schmidt (2003) surveyed 184 psychology freshman and found that anxiety from learning and performing new skills with an unknown computer program was greatly reduced by even a modest amount (less than 20 clock hours) of previous computer experience.

Coping

The third category of themes involved coping strategies used by participants in practicum. There are seven components to this category: support, effective supervision, positive attitude change, self-care, blaming, catharsis, and foreclosure or no coping. The pertinent literature is reviewed in regards to each of these coping themes.

Support

Of all the forms of coping uncovered by the current study, emotional support was the most commonly reported coping strategy in the counseling practicum research literature, regardless of its source (peers, supervisors, family, and friends) (Costa, 1994; Barbee et al., 2003; Mauzy & Erdman, 1997; Mauzy et al., 2001; Schauer et al., 1985; Daniels & Larson, 2001; Edwards & Patterson, 2012; Bowman et al., 1978; & Abel, et al., 2012). In a qualitative study of the emotional needs of family counseling practicum students, Edwards and Patterson (2012) noted:

Positive contact with peers in the practicum setting has a critical influence on trainees' clinical training. The finding that talking with peers-in-training about personal issues can produce positive emotions makes intuitive sense: Clinical colleagues can be a resource for support, both professionally and personally. For example, trainees can discuss each other's frustrations and disappointments after a difficult session, when clinical work is negatively impacting their personal lives, and when personal lives are impacting their clinical work (p. 693).

The Edwards and Patterson quote above is consistent with the findings of the current study related to coping and the need for positive emotional support.

The importance of social support from peers, family, and friends in coping with the stress and anxiety of practicum has theoretical and empirical support from the appraisal model of stress and coping put forth by Lazarus and Folkman (Lazarus, 1966; Lazarus & Folkman, 1984; Folkman & Lazarus, 1985; Folkman & Lazarus, 1988;

Lazarus, 1999; Folkman & Moskowitz, 2000; Folkman & Moskowitz, 2004).

Specifically, the social focused scheme from the appraisal model is consistent with the findings involving support found in the current study (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984). Both the appraisal model and the coping theme of support involves the seeking out of support, comfort, and sometimes guidance from others as a major way in which students work towards decreasing their stress (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984).

Theoretical support for the coping theme of emotional support from the counselor developmental model also is present in the literature. Stoltenberg and McNeill (2010) wrote the following about the importance of facilitative interventions for beginning counseling trainees:

These interventions are intended to communicate support to the supervisee and encourage development. Praise, reinforcement of appropriate demonstrations of skills, careful and attentive listening, and other indications of appreciation of and consideration for the supervisee are particularly useful at this time (p. 67).

This concept of facilitative interventions and their importance are also evidenced by the coping theme of support in the current study. This facilitative and supportive stance by supervisors towards their supervisees are also reflected in the next coping theme of effective supervision.

Effective supervision

Effective supervision was identified as a coping theme uncovered in the current study. Effective supervision theme echoes many of the best practices put forth by the Association for Counselor Education and Supervision (ACES) in 2011. These include, but are not limited to fostering trust and rapport, supportive feedback, and organizational

and structural understanding of what supervision will be. Participants in the present study identified effective supervision practices and noted that they were aided them increasing their ability to coping in practicum.

The supervision literature has many empirical examples of the strength and structure of the supervisory alliance from the supervisees' point of view (Hart & Nance, 2003; Steward, Breland, & Neil, 2001; Worthington & Roehlke, 1979; Efstation, Patton, & Kardash, 1990; & Ladany, Ellis, & Friedlander, 1999). The commonality reported in these research studies were similar to the findings of the current study with regards to supervisee preferences for supervisors being supportive and providing structure. These research findings are also consistent with the developmental model which emphasizes increased structure early in the live practicum experience as an aid to reduce supervisee anxiety.

Positive attitude

The research literature often refers to a positive attitude as positive emotional change (Folkman & Moskowitz, 2004). Positive emotions are defined by Folkman and Moskowitz as a change in emotional state from fear and anger into joy and hope that helps the individual better cope with the stress in their lives, especially chronic stress (Folkman & Moskowitz, 2004; Folkman & Moskowitz, 2000; & Folkman & Moskowitz, 1997). The majority of professional literature describing positive emotional change and coping has been conducted by Folkman and Moskowitz and involves individuals living with the ongoing stress of chronic, life threatening disease such as AIDS and cancer. Although participants in the current study did not have chronic terminal diseases, they did

have prolonged engagements with the high levels of stress and anxiety in practicum, as well as feelings of a loss of or little control over events in their lives.

A number of researches (Beer & Moneta, 2012; Spangler, Pekrun, Kramer, & Hofmann, 2002; & Frederickson & Joiner, 2002) examined positive emotional change in college students and noted it was the greatest overall predictor of positive, problem-focused, adaptive coping. Although these studies did not involve coping with the stress and anxiety of a counseling practicum, they did examine stress and coping related to academic performance. Similar to the present study, all of these studies involved honoring the students prospective (Beer & Moneta, 2012; Spangler et al., 2002; & Frederickson & Joiner, 2002).

Self-Care

The next coping theme focused on the knowledge and use of self-care strategies by participants to cope with the stress and anxiety of live counseling practicum. Many studies were found that focused on improving student self-care through a variety of different techniques and interventions. For example, teaching biofeedback techniques to graduate counseling students (Chandler et al., 2001); training graduate counseling student's mindfulness, meditation, and yoga (Schure et al., 2008); and finally, teaching spirituality as a part of wellness development to counseling trainees (Myers & Williard, 2003). Yager & Tovar-Blank (2007) summed up the sentiment of promoting self-care in counseling students and counselor education:

Counselor educators can reduce their own anxiety and discomfort as self-care models by reminding students that wellness is always a process, not an outcome. Perfection is not the goal of wellness. We may have ideal outcomes, but these are rarely, if ever, attained. As humans, we will inevitably find that we do not achieve the ideal balance between the personal, social, physical, spiritual, and occupational domains of our lives.

What we can address successfully are moment-to-moment adjustments approximating a wellness-focused balance (page 146).

This notion of both the importance and constant adjustments fits well with the findings of the current study.

Blaming, Catharsis, and Foreclosure or No Coping

The final three themes in the category of coping are related to each other in that they fit the research literatures definition of avoidance or maladaptive coping.

Maladaptive coping strategies are defined as negative and ineffective responses to stress and anxiety that include: an inability to take responsibility for one's own actions which often leads to blaming others, avoiding or denying that the stressful or anxious process exists, and inappropriate outbursts of negative emotion typically anger at others or towards the self (Aldwin & Revenson, 1987; Gardner, Archer, & Jackson, 2012; & Ireland, Brown, & Ballarini, 2006). Furthermore, there are indications in the research literature that suggests maladaptive coping is connected with psychopathology and or personality disorders, especially borderline personality disordered traits (Gardner et al., 2012; Ireland et al., 2006; Arslan, 2010; Bijttebier & Vertommen, 1999; & Cukrowicz, Ekblad, Cheavens, Rosenthal, & Lynch, 2008).

No research could be found that directly relates the concepts of maladaptive coping with counseling students in practicum. However, in the supervision literature a common subject for investigation involves supervisee resistance (Bernard & Goodyear, 2014). Although maladaptive coping and supervisee resistance in supervision are not the same construct they do share many similar elements (e.g., supervisee reluctance to integrate feedback, emotional vulnerability dichotomous thinking, focus on the self to the

exclusion of the client or peers). Supervisee resistance is often a normal and healthy reaction on the part of the supervisee to fear and perceived psychological threat that often times is transient in nature (Bernard & Goodyear, 2014). Whereas maladaptive coping is suggested by the research literature as more of a permanent pattern of ineffective coping in the person's life. In all likelihood the coping themes of blaming, catharsis, and foreclosure or no coping can probably be defined for the individual student as being either maladaptive coping, supervisee resistance, or some combination of both.

An Emergent Theory of Anxiety, Stress, and Coping

It is widely known that the elements of a good theory include a parsimonious description of general concepts, relationships, process, predictions, and verifiabilities. Describing an emergent theory from research data presents its own set of conditions and perils. As I considered the data before me, I knew I wanted to go beyond the more mechanistic descriptions provided by Corbin and Strauss (2008) and found that the writings of Charmez (2006) reflected and confirmed my research intentions and further solidified my researcher stance. Particularly her following statement:

The acts involved in theorizing foster seeing possibilities, establishing connections, and asking questions. Grounded theory methods give you theoretical openings that avoid importing and imposing packaged images and automatic answers. How you practice theorizing and how you construct the content of theorizing vary depending on what you find in the field. When you theorize, you reach down to fundamentals, up to abstractions, and probe into experience. The content of theorizing cuts to the core of studied life and poses new questions about it (2006; page 135).

Additionally, the development of a theory, at its core, seeks to answer fundamental questions. Questions like who, what, when, where, how, why and under what conditions. Sutton and Staw (1995), commenting on the work of other scholars, noted:

We agree with scholars like Kaplan (1964) and Merton (1967) who assert that theory is the answer to queries of why. Theory is about the connections among phenomena, a story about why acts, events, structure, and thoughts occur. Theory emphasizes the nature of causal relationships, identifying what comes first as well as the timing of such events. Strong theory, in our view, delves into underlying processes so as to understand the systematic reasons for a particular occurrence or nonoccurrence... a good theory *explains, predicts, and delights* (page 378).

In the current study I have endeavored to create a theory that answers the ‘who’, ‘what’, ‘how’ and ‘why’. The emergent theory rests on the description of the nature, meaning, and expectations of the participants’ experiences and their relationship to stress, anxiety, and coping in the context of a live supervised individual practicum. The ‘who, what, how and why’ questions are address in each of the three sub-section that follow.

The emergent theory of anxiety, stress and coping in a live supervised, individual counseling practicum has three basic interconnected concepts: the coping dimensions, the coping continuum, and coping trajectories. The primary concept in this emergent theory is an understanding of six dimensions of coping, these include: personal characteristics, interpersonal characteristics, group interactions, emotions, cognitions, and use of coping strategies. Each of the six coping dimensions’ focus on a different area participants’ need to navigate the practicum experience. The second concept in this emergent theory deals with a continuum of coping effectiveness that further explains and clarifies the understanding of student's coping in practicum and is directly applied to each of the coping dimensions named above. This effectiveness continuum is anchored each end by excellent and poor coping. Finally, the third key concept of this emergent theory identifies three possible participant trajectory or profiles to help illuminate three hypothesize pathways participants likely took throughout their coping in practicum. These three trajectory or profiles represent the different coping levels, at the present time

they are referred to high, medium, and low. I begin with an explanation and exploration of the six coping dimensions.

Six Coping Dimensions and The Coping Continuum

Personal Characteristics. The first coping dimension involves the individual participants' personal characteristics and how they helped or hindered coping in a live supervised individual counseling practicum. Personal characteristics reflect the three supporting elements for each participant in practicum, they are: level of previous experiences, ability to receive and integrate feedback, and relative need for perfectionism. Each of these supporting elements can be further defined using the continuum of effectiveness of coping. For example, the first element, level of previous experience. At the excellent coping effectiveness end of the continuum, the participant had multiple previous experiences to Draw upon when working with clients, peers, and supervisors. Near the center of the coping effectiveness continuum, the participant possessed little to no previous experience to Draw upon when working with clients, peers, and supervisors. Finally, at the poor coping end of the continuum, participants typically had no previous experience with clients and supervisors and if previous experience or training was present participants seemed to view it as the only way things should be done.

Interpersonal Characteristics. The second coping dimension are the interpersonal characteristics students experience in interacting with their peers, doctoral supervisors, and professors. More specifically, participants populating this dimension demonstrated varying degrees of intrinsic and extrinsic motivation to learn, a variety of strategies to resolve conflicts with others, and varying levels of the quality and quantity of feedback provided to peers. At the excellent coping end of the continuum participants

tended to report high degrees of intrinsic motivation to learn, effectively resolved conflicts with others, and consistently provided supportive, insightful appropriate feedback to peers. Participants who populated the middle of the coping continuum, typically reported vacillating between intrinsic and extrinsic motivation, engaging appropriately with peers with whom they have not had hurtful conflicts, and reported inconsistent provision of supportive and helpful feedback. Participants populating the least effective level of the coping continuum, reported primarily extrinsic motivations to learn, reported several hurtful, unresolved and long standing conflicts with practicum peers (which tended to color future interactions); reported aloof, superior and dismissive attitudes towards their peers and supervisors, and consistently reported giving peer feedback that could be characterized as unsupportive and ineffective.

Group Interactions. The third coping dimension, group interactions, involves the ways in which the individual participants interacted with the practicum group as a whole. The elements of this dimension involve participants' attitude, professionalism, sensitivity to the group dynamic, dealing with the mechanics of the live supervision environment. At the excellent end of the coping continuum, participants reported a consistently positive attitude. Other students, doctoral supervisors, and professors mostly likely would report that they enjoy working with this student. Participants operating at this end of the continuum reported consistent displays professional behavior (e.g., assist peers, knowledge of the ethical code), felt consistently safe with regards to the group dynamic, and consistently reported working effectively with others in the live supervision environment (e.g., assisting with the fast pace, quickly receiving and integrating feedback, helpful to others with technology). The middle of the coping continuum was

comprised by participants who reported struggles to maintain a consistent positive attitude and professionalism (e.g., desire to ‘cut corners’, not review their previous sessions) and reported displaying both positive and negative behaviors at various times during the semester. Also those who comprised the middle of the continuum medium of coping seemed the most sensitive to changes or vicissitudes in the group dynamic. These participants’ experiences and behaviors reportedly changed the most with regards to how safe they report feeling in the group as a whole. These participants also seemed to experience the most inconsistent success when navigating the mechanics of the live supervised environment. Finally, participants who resided at the poor end of the coping continuum, were often cited by their peers (who were also participants in the study) as toxic or one of the main sources of an unsafe, unfriendly, and unsupportive environment. These participants typically reported or displayed poor attitudes, unprofessional behaviors, and cared very little for the overall safety experienced in the group dynamic as a whole.

Emotions. This dimension describes the emotions participants’ reported navigating during practicum with regard to coping. Specifically, these participants believed they had to deal with the intensity and frequency of their negative emotional states, experiences with catharsis, anticipatory fear, and the level of emotional threat generated by receiving feedback in a group. Participants at the excellent level of the coping continuum experience relatively low levels of emotional intensity across nearly all states (anxiety, stress, fear, anger, and frustration). These participants also experienced few if any instances of catharsis, anticipatory fear, or threat generated from receiving feedback. Participants at the midpoint of the coping continuum, experienced wild

fluctuations in the intensity and frequency of their negative emotions. These participants also had multiple experiences with catharsis, especially related to anxiety, stress, and frustration. These participants often report a great deal of anticipatory fear, especially for signpost events practicum (initial taped client session, initial supervision session, initial post-session group feedback). These participants at the midpoint of the coping continuum also inconsistently experience emotional threat when receiving feedback, especially feedback when it was personal in nature. Finally, participants at the poor end of the coping continuum experienced high or overwhelming intensity of negative emotions, catharsis that typically did not offer relief, and consistently experienced high emotional threat from receiving any type of feedback from any source. At times these participants reported paranoia regarding constructive feedback received from peers, supervisors, and professors.

Cognitions. The fifth coping dimension involved the cognitions participants reported engaging during practicum to deal with coping. These cognitions involve participants' need to blame others for their feedback or performance, appraisal of their own skill level, and ability to be flexible in their thinking especially in regard to point of view taking. Participants at the excellent coping level, consistently voiced responsibility for their performance in practicum and did not blame others for constructive feedback. These participants consistently understood and acknowledge their skill level and displayed flexibility, complexity, and multiple points of view related to their work (case conceptualization, receiving feedback, use of supervision). Participants at the midpoint level of coping were inconsistent with taking responsibly for their performance/feedback and occasionally blamed the source of constructive feedback. These participants often

experienced/reported wide fluctuations in the appraisal of their skills as well as inconsistencies in displaying flexibility, complexity, and point of view taking in cognition. Participants at the poor end of the coping continuum consistently blamed others for their poor performance and feedback and frequently discounted or dismissed all constructive feedback received based on their perception of the source as incompetent. These participants also appraised their own skills as excellent to sufficient and typically higher than the feedback they receive would indicate. These participants consistently demonstrated cognitive inflexibility, dichotomous thinking, and little to no ability to understand multiple points of view or relativistic thinking. Finally, these students typically projected a rigid set of beliefs about clients, the counseling process, and the practicum experience in general.

Knowledge and use of self-care strategies. This final coping dimension addresses participants' understanding and use of self-care strategies. Specifically, whether or not the individual participant perceived self-care as important, to what level self-care was planned and carried out, and the overall success participants reported in managing their lives inside and outside of practicum. Participants at the excellent end of the coping continuum consistently voiced that self-care was important for them to plan and engage. These participants consistently reported managing work, family, friends, and practicum through the use of planning and forethought before practicum began. Participants at the midpoint on the coping continuum reported self-care was something important only for others, a waste of their time and resources, or as strategies they report to others but have no intention of actually using themselves. These participants typically struggled balancing work, family, friends, and practicum effectively. These participants

occasionally reported neglecting one aspect of their lives being put on hold or being negatively affected during practicum. Finally, for participants at the poor end of the coping continuum self-care is rarely used or reported and was described as often unrealistic. These participants reported a poor balance between work, family, friends, and practicum, usually with more than one of these aspects being put on hold or negatively affected. Ultimately, for these participant's foreclosure on any coping past the middle of the semester of practicum was often a distinct possibility.

Coping Trajectories

The six coping dimensions describe above as well as how they relate to the coping continuum are required to understand the present emergent theory yet are not sufficient alone. The third component of the emergent theory, is required to understand how students typically move through the practicum experience over the course of their one semester of live supervised experience. Understanding this element of the theory answers the 'How' question posed at the beginning of this section. The goal of providing basic trajectories allows the emergent theory to predict potential student coping in a live supervised practicum. At this point in the development of the theory, it is inappropriate to comment on the potential success or failure CITs in practicum as it relates to coping, more data needs to be gather. Yet, considering theoretical underpinnings of the developmental model and the current data tentative considerations are offered. There are three coping trajectories proffered from this emergent theory: Effective Coping, Inconsistent Coping, and Ineffective Coping.

The Effective Coping trajectory is characterized by a CIT who typically remains within the excellent range of the coping continuum throughout practicum. This is not to

say the individual remains on this trajectory, rather he or she remains within the excellent range of coping *the majority of the time* and makes continued positive improvements in his/her counseling skills, case conceptualization, ethical decision-making and cultural competencies. In keeping with the appraisal model of stress and coping, this individual would mainly be employing problem-focused coping (Folkman & Moskowitz, 2004). As a part of problem-focused coping this CIT would cope through actively seeking out stressful and anxiety producing problems and making plans on how best to deal with them. This CITs appears to self-aware, psychologically minded, relatively free of psychopathology, demonstrates cognitive flexibility and cultural awareness and have few concerns related to self-esteem or self-efficacy. This CIT would manage the inherent ambiguities of counselor training and professional development, including supervisory feedback and direction. This is not the typical CIT and would likely stand out as more interpersonally mature and possessing wisdom. In terms of counselor development, this individual would display behaviors consistent with someone transitioning from Level I into Level II (Stoltenberg & McNeill, 2010). This CIT would be supportive of peers, integrate feedback with few difficulties and demonstrate reflective practice. In our common nomenclature this CIT would pass practicum ‘with flying colors.’

The Inconsistently Effective trajectory is characterized by a CIT who typically remains within the midpoint range of the coping continuum *the majority of their time* throughout practicum. Students on this trajectory struggle with stress, anxiety, and coping in practicum throughout the previously described six coping dimensions. This CITs experiences gains and setbacks in their improvements in his/her counseling skills, case conceptualization, ethical decision-making and cultural competencies consistent with the

developmental model. This is the typical CIT who typically demonstrates: limited self-awareness, some psychologically minded insights, occasional displays minor psychopathology (e.g., anxiety, depression, passive-aggressive behaviors), exhibits cognitive inflexibility, minor to moderate concerns related to self-esteem or self-efficacy (specifically related to performance), and occasional cultural encapsulation. This CIT would struggle with inherent ambiguities of counselor training and professional development, yet is capable of growth based on integration of feedback and guided reflection. In terms of counselor development, this individual would display behaviors consistent an individual at the beginning of Level I. Within the structure of the appraisal theory, this CIT would be mostly use social-focused coping (Folkman & Moskowitz, 2004). Specifically, this CIT would very often cope through the scheme of seeking out support from others. This CIT would frequently be supportive of peers, and would integrate feedback with some difficulties. This coping trajectory differs from the Effective Coping trajectory in two important ways. First and foremost, the students in this profile improve in their ability to cope overall as practicum progresses. This improvement is likely function of the CIT progressing through the counselor developmental model given typical supports and resources. Second, this trajectory differs in that it represents the likely coping trajectory of a majority of practicum students. In other words, this trajectory represents the typical CIT coping pattern.

Finally, the Ineffective coping trajectory is characterized by a CIT who spends *the majority of their time* at the poor end of the coping continuum throughout practicum. Not unlike the effective coping trajectory students, these students are relatively rare in number, yet their behaviors are immediately evaluated as unproductive by peers and

supervisors. Students on this trajectory make few improvements in her or his counseling skills, case conceptualization, ethical decision-making and cultural competencies. This CITs appears to lack self-awareness (specifically her or his impact on others), is likely not psychologically minded, likely demonstrates some form of enduring psychopathology, is cognitively rigid, struggles with multiplistic thinking and may lack cultural sensitivity. He or she will most likely demonstrate concerns related to self-esteem or self-efficacy and struggle to take responsibility for her or his performance. Within the appraisal model, this CIT would use mainly emotion-focused coping (Folkman & Moskowitz, 2004). Through the use of emotion-focused coping, this CIT would be preoccupied with the negative emotions of distress. This CIT seems unable to grasp the inherent ambiguities of counselor training and professional development, specifically supervisory feedback and direction. These students are usually avoided and often described or experience as difficult by peers, doctoral supervisors, and professors. She or he is likely to display consistently inappropriate professionalism, attitudes, and behaviors which likely results in some form of formal remediation. In terms of counselor development, this individual would display behaviors consistent someone entrenched at the beginning of Level I and would be quite likely to fail practicum requiring her or him to repeat the experience or be counseled into a new profession. Although students fail and need to repeat practicum for a host of reasons, the current emergent theory suggests CITs on this trajectory make up a majority of candidates who fail practicum.

Limitations of the Study

As the current emergent theory is preliminary the theory should be viewed with caution. In keeping with the nature of theoretical work, as more data and future studies

are completed the theory will change and improve in its understanding of how students cope with stress and anxiety in a live supervised individual practicum.

The primary limitation of this study lies in the recruitment of participants. Originally this study was designed to Drawn participants from a variety of CACREP institutions with a live practicum, yet, recruitment was extremely difficult and resulted in modifications to the original design. For example, many students who choose not to participate shared that they felt the time commitment for the current study was too extensive, both in the individual requirements and the time span of the entire semester. Also several instructors and supervisors, who initially voice a willingness to have their students invited to participate decided not to grant access to their practica. Although the reasons for this change of heart are not specifically documented, some supervisors may have been reluctant to have their students participate given the perception and possible threat that their instruction and supervision would indirectly be evaluated. Therefore, given that the sample was Drawn from one institution and many of the participants were in an intact group, the data, and therefore the findings are potentially limited by the homogeneity of the participants, social desirability and institutional practices. Yet, despite the potential limitation, the results of deeply examining participants Drawn from mostly an intact group did provide insights in to peer relationships that a more heterogeneous sample would not have provided.

Areas for Future Research

Future studies into this phenomenon will be required to deepen and better strengthen the current emergent theory. Some possible directions for future research include using more diverse and purposeful samples from multiple institutions consisting

of more diverse participant identities. Additionally, some considerations should be given to sampling from intact groups to gain the peer to peer perspective. Second, future research could utilize mixed methodologies, including existing quantitative anxiety and coping measures, personality profiles and qualitative research tools. Third, it will be essential to include collateral participants surrounding the student in practicum, including supervisors, doctoral student supervisors, employers, clients, and family members or significant others. Finally, researchers will want to consider the screening, admission and review and retention constructs within counselor training programs because it is likely that students who populate the Ineffective Coping trajectory are likely struggling in other areas of their program.

Implications

The current study and emergent theory is important for students, counseling training programs, counselor educators, and training of clinical supervisors. The first strength of the current study is that it is the first of its kind to focus on the perceptions and honors the voices of students in a live supervised, individual counseling practicum. Although much research has been conducted the vast majority of this research is from the supervisor or trainer perspective. I believe that this is the only study that not only attempts to understand this phenomenon but also sought to create an emergent theory from the student's perspective.

The emergent of stress, coping, and anxiety can help future supervisors and professors of practicum better understand and predict possible behaviors and ultimate practicum outcomes of their students. It has been my anecdotal experience working as a doctoral supervisor within live supervised individual practicums that many of the

students who fail practicum do so in part because they have failed to manage their stress, anxiety, and coping effectively. the current emergent theory represents an important first step in understanding, possibly identifying, and intervening in the ineffective coping of students within practicum as well as possibly counselor education programs in general.

Impairment, burnout, and distress have been popular issues for counselors in the past few years, which is appropriate because it directly effects client care. Shouldn't it be important that we address counselor distress and how best to cope with anxiety from the very beginning of the counselor development process? By understanding the coping process in practicum, it is my belief that we could extend the wellness and self-care movement in counseling to the very beginning. What better platform to use to impress upon counselors the importance of self-care and wellness than during their first real test as counselors?

As the current study progressed it became apparent to me that I would recommend to counselor education programs that they actively engage in self-care and wellness strategies with their students. This may be achieved in several ways, including: the creation and maintenance of formal self-care plans; integrating self-care and wellness throughout curriculum; and offering or encouraging group activities in yoga, biofeedback, or relaxation techniques. Also during the progression of the current study I was struck by how important a modifier for individuals' experience of stress and anxiety previous experience was. It is with this in mind that I would also recommend a pre-practicum course in counseling skills. Among other training advantages, this counseling skills class would give students a sense of familiarity with the process and dynamic of counseling in a much more controlled and less high-stakes manner. I believe this previous

experience for students could possibly greatly decrease the experience of stress and anxiety.

I believe that in general the better a student copes with anxiety, the more successful the learning outcomes will be for that student. It is my belief that if we as counselor educators and supervisors are better able to address the anxiety in practicum for our students we could improve the retention of the skills and information imparted to those students. We could not only improve student learning we could enhance the quality of that learning.

It is my desire that this theory adds to the professional literature as it documents practicum students' voice and experiences and informs counselor educators and supervisors from the perspective of the student. This theory hold the promise of providing multiple opportunities for the counselor education profession at advance scholarship, improve instruction, supervision and curriculum with regards to live supervised individual practicum.

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APPENDIX A

Institutional Review Board Approval

UNIVERSITY of
NORTHERN COLORADO



Institutional Review Board

DATE: February 12, 2014

TO: Ernie Zullo, MA
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [555049-2] Students' experiences in a live supervised individual counseling practicum.

SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVAL/VERIFICATION OF EXEMPT STATUS
DECISION DATE: February 12, 2014

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.

APPENDIX B

Informed Consent (Original)



CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: Students' experiences in a live supervised individual counseling practicum

Researcher: Emie Zullo, MA, LPC, School of Counselor Education & Supervision

Phone: (970) 405-3040

Email: ezullo@gmail.com -or- zull9816@bears.unco.edu

Sponsor: Linda L. Black, Ed.D., Dean of the Graduate School

Phone: (970) 351-1638

Email: linda.black@unco.edu

Purpose and Description: The purpose of this study is to understand the perceptions, experiences, and narratives of students during a live supervised individual practicum. These narratives will inform the creation of an emergent grounded theory designed to help future students, faculty, and supervisors to better identify, predict, and support students' experiences in a live practicum.

Participation in this study involves:

- Two 60 minute interviews, the first interview will occur within first 21 days of semester, and second interview will occur within the last 21 days of the semester.
- Four guided journal entries, of approximately one page in length, spaced out during the 4th, 7th, 10th, and 13th weeks of the semester.
- Four member checks to ensure the accuracy of the information collected.

At the end of this study, at your request, I will share the results and subsequent grounded theory with you. I will take every precaution in order to protect the confidentiality of your participation. You will pick a pseudonym from a list provided to be associated with your data throughout the course of the study. Only my research advisor and I will know the name connected with the pseudonym you select. Neither your name nor your identity will be associated with the data and will not be reported in any setting. All participant quotations will be associated with your pseudonym. Data collected and analyzed for this study will be kept in a password protected, data encrypted computer in the principle researcher's home accessible only by the principle researcher. All voice recordings will be erased 3 years after the study has ended. Potential risks in this project are minimal. There is no compensation associated with participation in this study.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

Participant's Signature

Participant's Printed Name

Date

Emie Zullo, Researcher

Date

APPENDIX C

Informed Consent (Modified)

UNIVERSITY of
NORTHERN COLORADO



CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: Students' experiences in a live supervised individual counseling practicum

Researcher: Emie Zullo, MA, LPC, School of Counselor Education & Supervision

Phone: (970) 405-3040

Email: ezullo@gmail.com -or- zullo9816@bears.unco.edu

Sponsor: Linda L. Black, Ed.D., Dean of the Graduate School

Phone: (970) 351-1638

Email: linda.black@unco.edu

Purpose and Description: The purpose of this study is to understand the perceptions, experiences, and narratives of students during a live supervised individual practicum. These narratives will inform the creation of an emergent grounded theory designed to help future students, faculty, and supervisors to better identify, predict, and support students' experiences in a live practicum.

Participation in this study involves:

- Two 60 minute interviews, the first interview will occur within first 21 days of semester, and second interview will occur within the last 21 days of the semester.
- Four guided journal entries, of approximately one page in length, spaced out during the 4th, 7th, 10th, and 13th weeks of the semester.
- Four member checks to ensure the accuracy of the information collected.

At the end of this study, at your request, I will share the results and subsequent grounded theory with you. I will take every precaution in order to protect the confidentiality of your participation. You will pick a pseudonym from a list provided to be associated with your data throughout the course of the study. Only my research advisor and I will know the name connected with the pseudonym you select. Neither your name nor your identity will be associated with the data and will not be reported in any setting. All participant quotations will be associated with your pseudonym. Data collected and analyzed for this study will be kept in a password protected, data encrypted computer in the principle researcher's home accessible only by the principle researcher. All voice recordings will be erased 3 years after the study has ended. Potential risks in this project are minimal. Participants who complete this study will receive a \$50 Visa gift card.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

Participant's Signature

Participant's Printed Name

Date

Emie Zullo, Researcher

Date

APPENDIX D

Demographic Questionnaire

Demographic Questionnaire

Please answer the following about yourself. Again, I will be the only person who will have access to your identity. Providing the following information allows me to contact you during the study. The five-digit code you create below will be attached to all the information gathered from you during this study.

Please print your full name: _____

Phone Number: _____ Is it ok to leave a message? _____

Email Address: _____

Gender: _____ Date of Birth: _____

What is your program emphasis area? _____: Mental Health Counseling
_____: Couple's and Family Counseling
_____: School Counseling
_____: Other, _____

How many total semesters have you been in your masters program? _____

Please create a five-digit code to be associated with the data collected from you. Please do not use your birthday, or any other set of numbers that can be associated with you.

Five Digit Code: _____

Thank you for your participation.

APPENDIX E

Initial Interview Question Guide

Initial Interview Question Guide

This interview takes place during the first three weeks of practicum. Follow up questions and probes involved deepening the student's descriptions of their experience of anxiety and coping in practicum. These questions are based on the constructs of the counselor developmental model.

1. What had you heard about practicum prior to the start of the course?
2. Describe your practicum experience thus far.
3. Describe your thoughts and feelings about seeing your first client. Possible follow up:
In what way, if any, did your anticipation match reality?
4. Describe some of the feedback you have received in practicum. How does this feedback fit with your perception of your performance? What would you add or delete from the feedback?
5. What TV show, book, or song would describe your practicum experience thus far?
6. Is there anything else about practicum that you would like to talk about that we haven't touched on?

APPENDIX F

Four Guided Journal Prompts

Four Guided Journal Prompts

The following are the guided journal prompts that were sent to participants between the third and thirteenth weeks of practicum. Each guided journal prompt was sent to the participants through email and the responses were emailed back to me. Each email began with the following text regarding instructions:

Hello!

Thank you for participating in this research study. The following is the journal prompt for you to write about for this week. Please take some time to respond in a maximum of eight paragraphs. Once you have completed this journal exercise, please email your response back to me as soon as possible.

Again, thank you.

Ernie Zullo, MA LPC
Doctoral Candidate
Counselor Education and Supervision

Guided Journal Entry One (*the fourth week of practicum*).

- Describe four things that have surprised you about your experiences so far in practicum. These might involve individual or group supervision, being observed live through the one-way mirror, interactions with clients, or anything else specific to your practicum so far this semester.

Guided Journal Entry Two (*the seventh week of practicum*).

- Describe the overall feedback you have received so far in practicum. What feedback surprised you? What feedback was difficult to hear? Did this feedback come from a peer or a supervisor? How has your feedback changed over time?

Guided Journal Entry Three (*the tenth week of practicum*).

- Briefly describe the self-care plan you made for yourself at the beginning of your program, or at the beginning of practicum. What helped and what wasn't effective this semester? What did you change about your plan as the semester progressed?

Guided Journal Entry Four (*the thirteenth week of practicum*).

- Describe how participating in this research study impacted your experience in practicum this semester. What was easiest to discuss or describe? What was difficult? What would you liked to have discussed that you did not?

APPENDIX G

Final Interview Question Guide

Final Interview Question Guide

This interview takes place during the last three weeks of practicum. Because this interview takes place as the practicum is coming to an end, these questions are more direct regarding the experience of stress, anxiety, and coping than previous research activities. Follow up questions and probes will still involve deepening the student's descriptions of their experience of anxiety and coping in practicum.

1. As you look back on your practicum experience, what stands out?
2. What was your internal dialogue while seeing your first client? What is your internal dialogue now as you finish practicum?
3. What if any conflicts did you have with others in practicum? How were these conflicts resolved?
4. Describe the best moment in practicum. Describe your worst moment in practicum.
5. Describe the process of receiving and giving feedback.
6. Describe your experiences with the live supervision environment and process.
7. How did you cope with the stress and anxiety of practicum? Follow up: Were these new behaviors or strategies? To what degree did these behaviors or strategies work?
8. What advice would you give the next semester's practicum students?
9. Is there anything else about practicum that you would like to talk about that we haven't touched on?