Conference Proceedings

Journal of Technology in Counselor Education and Supervision (ISSN 2692-4129)
Volume 2(2): 15-19

https://doi.org/10.22371/tces/0021

Counselors in Training Educational Impacts and Perceived Adequacy of Supports Amidst COVID-19

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Abstract

Counselors-in-Training (CITs) experience complex challenges, stressors, and changes during the COVID-19 pandemic and concurrent sociopolitical crises. We examined CIT's academic and clinical experiences during the first year of COVID-19, including their perception of the adequacy of their training and supports to provide counseling during this time. Many CITs experienced a range of changes including transitioning from face-to-face training and supervision to distance learning, telehealth, and telesupervision. We discuss implications for training and supervision, including considerations related to distance learning and digital competence.

Keywords

COVID-19; Counselors in training; Distance learning

The COVID-19 pandemic is a multidimensional global crisis that disrupted lives on multiple dimensions (United Nations, 2021). Despite educators', school districts', and higher education institutions' efforts, COVID-19 affected educational development. In response, many counselor educators remodeled their programs to utilize distance learning and telehealth modalities. In tandem, counselors, CITs, and supervisors needed new or adapted skills and resources to redesign their clinical practices to meet the parameters of COVID-19 related care-delivery in conjunction with a marked increase in the need for mental health services (Gordon, 2021). Counselors-in-training (CITs) experienced this upheaval beyond the typical vulnerability and stress associated with graduate level training in counseling.

Thus, our goal was to use quantitative descriptive methods to investigate CIT's reports of changes they experienced in their counselor education programs including the perceived adequacy of their educational and informal supports to provide counseling during this time. Understanding these successes and challenges may assist counselor educators and supervisors in supporting their students during ongoing and future public health and sociopolitical crises. We used the following research questions to guide our empirical investigation:

1. What educational (programmatic/academic and clinical practicum or internship) changes do CITs report experiencing due to COVID-19?
2. How do CITs perceive the adequacy of their educational and informal supports for providing counseling in clinical placements during this time?

Method

Procedure & Particiants

We used a subset of data from a larger data set. We collected data with an internet-based anonymous survey approved by the university institutional review board. We used online convenience snowball sampling to recruit participants and offered no incentive for participation. Eligible participants had to be over 18-years-old and either currently enrolled as master's or doctoral level counseling student. Participants consisted of a national sample of 233 counseling students. All participants were either a currently enrolled master's (n = 206, 88.4%) or doctoral student (n = 27, 11.6%). Table 1 lists the demographic information for the sample.

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Table 1
Sample Demographics (n=233)

	Mean (Range; SD)	n	%
Age	32.6 (20-66; 10.6)		
Race/Ethnicity			
Black or African American		18	7.3
Hispanic/Latinx		23	9.9
Asian		6	2.6
Middle Eastern or North African		1	.4
American Indian or Alaska Native		1	.4
Native Hawaiian or other pacific islander		1	.4
Caucasian/White		174	75
Bi or multi-racial		8	3.2
Unlisted (write-in) – Portuguese American		1	.4
Gender			
Female		204	87.5
Male		20	8.7
Gender-Expansive		5	2.2
Not listed (write-in)			
Androgenous		1	.4
Gender Queer		1	.4
No response		2	.9
Affectional Orientation			
Asexual		1	.4
Heterosexual		186	81.2
Gay/Lesbian		7	3.1
Bisexual		24	10.5
Pansexual		5	2.1
Not listed (write-in)		6	2.6
Did not report		4	1.7
Religion, spirituality, existential worldview (write-in)			
Christian		111	47.8
Agnostic		24	10.3
Spiritual/Spiritual non-religious		24	10.3
Did not report		19	7.8
None/Not applicable		12	5.2
Atheist		8	3.4
Other		6	2.6
Believe in undefined higher power		5	2.2
Undecided/open		5	2.2
LDS		5	2.2
Secular humanist		4	1.7
Spiritual atheist		3	1.3
Muslim		3	1.3
Jewish		2	.9
Buddhist		2	.9

Measures

Demographics and Training Information

The study variables included demographic items such as race/ethnicity, gender identity, affectional orientation, religious/spiritual/existential worldview, and age. We included items about participants' training status and experience, such as program track, mode of education delivery before COVID-19, and clinical work.

Educational Experiences

To assess the educational (programmatic/academic and clinical) impacts of COVID-19 on CITs, we developed two lists of ways that COVID-19 and sociopolitical issues may have impacted students' education. The first list included items about academic program changes including "changed from face-to-face training to online training for content (nonclinical) courses", "withdrew from program," "dropped a course," "changed course sequence." Participants engaged in clinical work were also asked about related changes. This second list of impacts included "am unable to see clients/students," "had to change practicum/internship/counseling site," and "transitioned some or all of my counseling practice from face-to-face to telehealth/distance counseling." For each list of potential impacts, we asked participants to select all items that they experienced since the onset of COVID-19 in 2020. Participants also had the opportunity to select "other" and write in other impacts beyond those listed. See Table 2 for all of the academic and clinical impacts students endorsed.

Results

We analyzed all data using SPSS 27. We used descriptive statistics for each research question and to describe participant demographics. Of the 233 participants, only 25 (10.7%) reported no programmatic changes due to COVID-19. Of the students enrolled in either face-to-face or mixed delivery programs (n = 160), 93% (n = 149) reported changing from face-to-face courses to online courses. Of the 99 CITs currently or recently engaged in clinical work, 71.7% (n = 71) indicated that they changed from face-to-face university supervision to online supervision. 55.5% (n = 55) indicated changing from face-to-face to online site supervision. 53.5% (n = 53) reported transitioning from face-to-face to distance counseling. 49.5% (n = 49) indicated a need for a home office for telehealth and 61.5% (n = 61) indicating they needed new skills or technology to facilitate distance counseling. Only 28.3% (n = 28) indicated that their site supervisor had past training or experience with distance counseling. Table 2 lists the complete programmatic and clinical changes reported as well as student status. Of the 99 participants who indicated they were currently or recently engaged in clinical work, 97 reported their

Table 2

Program and Clinical Changes

Variable	*n*	%
Graduate student	233	100
Enrolled in face-to-face program	114	48.9
Enrolled in mixed program	56	24
Enrolled in online program	62	26.6
Doctoral student	27	11.6
Prac/Internship/Other Clinical Work	25	10.7
Master's student	206	88.4
Pre-clinical	134	65
Practicum or Internship	72	35
CMHC track	123	59.7
School track	39	18.9
Couple & family track	14	6.8
Other track	7	3.4
Multiple tracks	22	10.7
Did not specify track	1	0.5
Programmatic changes		
Changed from face-to-face training to online	149	63.9
Withdrew from my program	2	.9
Changed from full-time to part-time status	10	4.3
Dropped a course	16	6.9
Added a course	9	3.9
Changed course sequence	17	7.3
None	25	10.7
Other	51	21.9
Engaged in practicum/internship or other clinical work	99	42.5
Changed from f2f site supervision to online	55	
Changed from f2f university supervision to online s	71	
Am unable to see clients/students	22	
Had to change practicum/internship/counseling site	20	
Transitioned to Telehealth/Distance Counseling	53	
Needed home office for Telehealth	49	
Acquire new skills and/or technology for TH/DC	61	
Sought new or different supervision	13	
Sought additional training beyond program	38	
Changed the population/presenting concerns	13	
Reduced the number of clients I see	18	
Increased the number of clients I see	11	
Changed focus of sessions for some clients	41	
Changed goals of current treatment for some clients	26	
Changed my approach for some clients	20	
Decreased session frequency for some clients	20	
Increased session frequency for some clients	25	
Changed/increased self-care	62	

Variable	*n*	%
Telebehavioral Health Training and Supervision		
TH/DC training	131	
None	46	
< 5 clock hours	25	
6-14 clock hours	27	
15+ clock hours	4	
Did not report	28	
TH/DC Experienced site supervisor	32	
TH/DC Experienced university supervisor	72	
CMHC track	123	
School track	39	
Couple & family track	14	
Other track	7	
Multiple tracks	22	
Did not specify track	1	
Modes of providing counseling		
Prior to COVID-19, experience with both in-person and TH/DC	12	
Currently only offering TH/DC counseling	33	
Currently offering both TH/DC & F2f counseling	35	

perception of the adequacy of their informal supports (e.g., childcare, technology, self-care) given the current cultural, social, political, and public health (COVID-19) context (m = 3.0, SD = 1.42). Of those participants, just over a third (*n* = 38; 39.2%) indicated that they perceive their informal supports as “adequate” or “more than adequate.” About a third (*n* = 34, 35%) viewed their supports as “somewhat adequate.” 8.3% (*n* = 8) indicated “neither adequate nor inadequate” support, 11.3% (*n*= 11%) indicated “slightly inadequate,” 4.1% (*n* = 4) indicated “inadequate,” and 1% (*n* = 1) indicated that their informal supports were “extremely inadequate.” Of the 99 participants who indicated they were currently or recently engaged in clinical work, 98 reported their perception of the adequacy of their training and supervision (m = 2.64, SD = 1.11). Of these, the majority indicated they viewed their training and supervision as “adequate” (n = 43, 43.9%) or “more than adequate” (*n* = 9, 9.1%) given the current cultural, social, political, and public health (COVID-19) context. Just under a third (*n* = 30, 30%) viewed their training and supervision as “somewhat adequate.” Of the remaining participants, 8% (*n* = 8) indicated “neither adequate nor inadequate” support, 7.1% (*n* = 7) indicated “slightly inadequate,” and 1% (*n* = 1) indicated their training and supervision was “extremely inadequate.”

Discussion

Despite the novel contribution of the current study, limitations include those typically associated with using self-report, descriptive designs, and snowball sampling. We cannot determine a response rate nor how participants may differ from non-participants. We cannot verify the accuracy of participants' self-report. Nevertheless, there are practical implications for counselor education and supervision. Frequency analyses revealed that many CITs transitioned from in-person to online modalities for content-based courses, clinical supervision, and clinical experiences. Prior to COVID-19, the number of distance counselor education programs were increasing, with more than 25% of CITs enrolled in distance programs, and researchers advocating that the counseling profession was positioned for leadership regarding online education "technologies, pedagogies, and methods" (Snow & Coker, 2020, p. 41). In the current study, the majority of CITs (63.9%) indicated that their counselor education program moved from residential to online. These findings further support the suggestion that counselor training programs benefit from technological savvy and development of distance education pedagogies (Snow & Coker, 2020). Still, distance education, supervision, and counseling all require CITs to develop digital competence quickly in online instructional, telehealth technologies, as well as related treatment approaches and ethical and legal considerations (Dixon-Saxon & Buckley, 2020; Inman et al., 2019).

The majority of CITs conducting clinical work (61.5%) reported that they acquired new skills or technologies to conduct distance counseling. In addition, only 28.3% of students reported that their site supervisors had previous training or experience with distance counseling. This finding reflects the sudden changes many counseling sites and site supervisors had to make to develop distance counseling and telesupervision skills to accommodate their clients and supervisees needs when the COVID-19 outbreak forced the need for technology assisted distance counseling and supervision. These findings are consistent with changes reported by practicing mental health professionals. Sampaio et al. (2021) conducted a study of 768 U.S. based providers who offered mental health services before and after the onset of COVID-19. Participants reported that prior to COVID-19 only 39% of individuals had used distance counseling; whereas, 98% reported using distance counseling after the onset of the COVID-19 pandemic.

The demand for distance education, supervision, counseling appears likely to continue growing, as are modalities that can promote flexibility and access during uncertain times and beyond. Thus, it may be beneficial to prioritize and invest in the promotion of digital competence among counselor educators, supervisors, and CITs. Due to the demonstrated utility of distance counseling during COVID-19, its growth in popularity before the COVID-19, and its promise in improving mental health access for underrepresented populations, it also may behoove counselor educators to infuse telemental health training throughout their counseling curricula (Springer et al., 2020) and for clinical counseling sites to integrate distance counseling into their internship programs beyond COVID-19. In parallel, there is support for the call to further research into both the unique counseling and supervision skills, knowledge, and abilities needed to provide technology assisted distance counseling and supervision ethically and effectively (Inman et al., 2019; Pierce et al., 2021).

We also asked CITs who were currently providing counseling how they perceived the adequacy of their educational and informal supports for providing counseling during the cultural, social, political, and public health contexts since the onset of COVID-19 in 2020. About one in six (16%) CITs shared that their educational support was "neither adequate nor inadequate" (n=8), "slightly inadequate" (n=7), or "extremely inadequate" (n=1). Given that counselor educators also experience pandemic-related and sociopolitical stress and upheaval (Harrichand et al., 2021), it is noteworthy that the majority of CITs in practicum and internships in the current sample reported viewing their training and supervision as adequate or more than adequate.

While facing adjustments to their clinical experiences, students, for the most part, reported their informal supports, such as childcare, technology, and self-care needs, as between "adequate" and "somewhat adequate." However, nearly one in four students (24.7%) reported that their informal support during their clinical training was either "neither adequate nor inadequate," "somewhat inadequate," or "extremely inadequate." It would be helpful for future research to investigate resource needs and inequities among CITs, including how students who report inadequate resources may differ from those who do not. It may be necessary to address CIT's supports and basic needs to reduce counseling programs' privileging students who have reliable resources (e.g., broadband internet, childcare) over those who do not.

Further, mirroring broader societal themes, higher education, including graduate programs, were designed with structures and systems that support and privilege some over others (Barnett, 2013). Research addressing resources and resource inequities may be particularly relevant to CITs given that the majority of CITs both in the current study sample and in the population identify as women and just over 40% of students enrolled in CACREP programs identify as BIPOC. Women, particularly BIPOC women, are more likely to experience basic needs insecurity and, in 2020, more than one in nine women were living in poverty (National

Women's Law Center, 2021). Studies exploring social support and work-life balance have revealed gender differences and life circumstance differences in relation to work life stress during COVID-19 (Matulevicius et al., 2021; Tuğsal, 2020). In a study with healthcare faculty members, Matulevicius et al. (2021) found an increase in faculty members who considered leaving the profession because of COVID-19, particularly female faculty members with children (Matulevicius et al., 2021). Similarly, in a study across several sectors of employment, Tuğsal (2020) found that female participants reported more burnout and work life balance issues than male participants, and these factors were mediated by social support. Thus, it would also be helpful for researchers to examine other dimensions of CIT's personal and professional needs such as CITs basic needs security, social support, perceived stress, symptoms of anxiety, depression, and trauma, as well as burnout and vicarious trauma among diverse samples.

Conclusion

The purpose of the current study was to examine changes that CITs experienced as a result of COVID-19 and their perceived adequacy of their educational and informal supports. Results indicated that the majority of CITs experienced a wide range of disruptions and changes to their academic and clinical experiences; however, by and large, CITs reported that their educational and informal support systems were adequate. These results highlight the benefits of continuing to invest in digital competence in distance counselor education, supervision, and practice.

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