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Supervisory Impact on Counselor-In-Training Wellness

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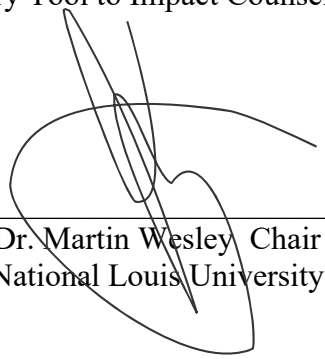
Self-care as a Supervisory Tool to Impact Counselor-in-training Wellness



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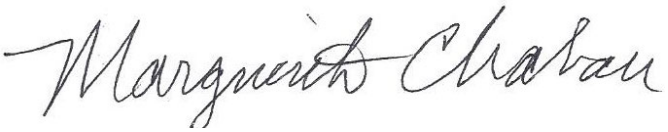

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Abstract

Counselors being able to engage in self-care practices to establish and maintain their wellness is a well-documented need. The risks of neglecting self-care are also well documented, yet counselors struggle to engage in consistent self-care practices (Baker & Gabriel, 2021; Posluns & Gall, 2020). When demand for counselors is constant (Bureau of Labor Statistics, U.S. Department of Labor, 2020) an examination of how to impact counselor wellness through supervision discussion of self-care is needed. The purpose of the study was to examine supervision discussion of self-care, support of mastery of counselors-in-training's emotions and any resulting impact on counselor wellness. Data collection included survey of counselors-in-training about supervision paired with implementation of the Five Factor Wellness Inventory (FFWEL; Myers & Sweeney, 2014). The questions regarding supervisor behaviors correlating to CIT wellness resulted in weak correlations between supervisor behaviors and CIT wellness scores. Insight regarding improving counselor wellness through increasing counselor self-care and therefore prolonging and strengthening delivery of quality counseling represents a critical need in the counseling field today.

Key Words: Supervision, Self-Care, Wellness, FFWEL

Dedication

I dedicate this research to all my current and past coworkers, supervisees, and students. I began in the counseling field with passion and excitement. I saw too many colleagues leave the profession due to burnout and believed there was a better option than to do a difficult job until the only choice was to change careers.

Acknowledgments

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I extend my sincere thanks to my numerous faculty and classmates, who have shared themselves and their knowledge with me for my betterment. I especially need to express my appreciation for the support from my advisor Dr. Angela Brinton EdD, LMHC, NCC, and classmate, Rob Lima. Dr. Brinton, you provided calm guidance and belief in me when I needed support; thank you. Rob, no matter how busy you get, you are always willing to share your knowledge and provide a pep talk or a funny story to help me keep my perspective.

I have the deepest appreciation for all my study participants. In your busy lives, you generously took the time to share your experiences with me. It does not escape me that each participant decided this research was worth their time and contribution. I hope you feel that I have fulfilled your expectations.

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Chapter One: Introduction

Introduction to the Study

Supervisory influence on counselor-in-training (CIT) wellness through self-care support is important to maintaining a competent counseling workforce (Ladany et al., 2013, Miller 2021). This study examined specific supervisory behavior that supports self-care and whether that behavior impacts CIT's wellness. Adding to the body of knowledge about improving counselor-in-training wellness and self-care practices could provide essential knowledge supervisors need.

In a post-pandemic world where there is increased awareness of the importance of self-care, this study attempted to isolate supervisory behaviors that support self-care. Clarifying effective self-care support could also benefit the field clouded by good intentions. With consistent self-care, there could be added benefits of improved wellness in supervisees experiencing supervision that includes the identified behaviors.

Counselors-in-training completed the Five Factor Wellness Inventory (FFWEL) (Myers & Sweeney, 2014). The participants then answered survey questions rating supervisory behavior related to supportive self-care practices. Wellness scores were compared to self-care supportive supervisory behaviors to examine what, if any, relationship exists.

Background of the Study

The literature review clarifies the essential need for self-care and self-care is a component of wellness. Self-care consists of the activities and practices one engages in to diminish the impact of stress and increase feelings of calm, focus, and grounding (Corey et al., 2018; Meany-Walen et al., 2018; Sultan, 2018). While the need for self-care has been identified (*ACA Code of Ethics* 2014; Callan et al., 2020), there appears to be a gap in professionals practicing self-care.

Morse et al. (2011) noted that 21-67% of those in the mental health field could be experiencing burnout, while Bercier and Maynard (2015) quantified the problem as 5-15% of professionals experiencing clinical levels of stress.

The need for counseling professionals is growing faster than other occupations, with growth projections of 25 percent from 2019 to 2029 (Bureau of Labor Statistics, U.S. Department of Labor, 2020). Prevention of burnout is essential (American Psychological Association, 2018; Baldwin et al., 2011). Because of the rapid growth, effective interventions to prevent qualified professionals from exiting the profession due to a lack of self-care and subsequent burnout are critical. Further, self-care implementation protects against impairment (Callan et al., 2020; Capawana, 2016; Corey et al., 2018; Sultan, 2018). More than an awareness of self-care is needed; specific interventions will prompt self-care development, practice, and wellness (Bressi & Vaden, 2017; Meany-Walen et al., 2018).

Problem Statement

Research abounds on burnout, and still, counselors experience that phenomenon resulting in counselor impairment and clients being negatively impacted. The connection between self-care, wellness, and burnout is well established, but counselors still experience barriers to implementing self-care to improve their wellness and prevent burnout (Baker & Gabriel, 2021; Posluns & Gall, 2020). Effective and straightforward answers are needed.

The demand for counselors was on a solid growth trajectory before the COVID-19 public health crisis (Bureau of Labor Statistics, U.S. Department of Labor, 2020). As the pandemic and associated mitigation measures wore on, more people sought mental health services (Panchal et al., 2023). Researchers established the ameliorating effects of self-care practices on poor and unethical counselor behavior (Callan et al., 2020; Capawana, 2016; Corey et al., 2018; Sultan,

2018). Research regarding how to offer adequate supervision interventions to impact counselor self-care practices was well-timed to develop needed insight because counselors' services were more in demand than ever.

The literature review conducted for this study found a lack of research regarding CIT wellness related to supervisory behaviors supporting self-care. The existing research supported self-care and often called for the supervisory relationship to be used to improve supervisee self-care practices and wellness. Still, contradictory findings presented confusion regarding best practices for supervisors to follow.

Purpose of the Study

Lack of self-care resulting in burnout and counselor impairment represents an ongoing concern in the field of counseling. Self-care has been identified as a key component of counselor wellness and prevention of burnout (Bamonti et al., 2014; Coaston, 2017; Friedman, 2017; Litam et al., 2021; Santana & Fouad, 2017). The belief that self-care and wellness will prevent burnout does not result in counselors consistently implementing self-care practices (Bercier & Maynard 2015; Morse et al. 2011).

The literature supports supervision as foundational to prompting and guiding counselor growth. Two of the field's guiding documents, The ACA Code of Ethics and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards, call for counselors to practice self-care (*ACA Code of Ethics,* 2014; 2016 CACREP Standards, 2016). However, clear and simple approaches for supervisors to utilize are poorly defined.

Research Questions and Hypothesis

The focus of the research questions is what is the impact of supervisory behavior supporting self-care and wellness on CIT wellness? CIT and Supervisor characteristics likely

relate to CIT wellness and are worth examining to build a comprehensive perspective of factors in supervision impacting CIT wellness. Can and Watson (2019) studied master's level counseling students in internship and found no correlation between supervisory alliance (quality of supervisory relationship) and compassion fatigue. Those researchers explained this unexpected result as participants being too new to the field to experience compassion fatigue. Perepiczka and Balkin (2010) examined the age and wellness of Counselor Education and Supervision doctoral students finding no significant relationship between the two. They noted that in 2003 Myers et al. posited age and length of time in education would improve wellness. Perepiczka and Balkin were interested in adding to the body of literature about CES doctoral students. In contrast, the current study examined CITs, those in programs, and those with an Associate License. Studying this population accounts for both the issue suspected by Can and Watson that new counselors are not experiencing compassion fatigue and the limitations of the Perepiczka and Balkin study being limited to doctoral students.

Further, CITs with an Associate License could produce different results than Roach and Young's 2007 study of graduate students' wellness. Like Perepiczka and Balkin (2010), Roach and Young found no significant relationship between years of graduate study and wellness. In Pierce and Herlihy's phenomenological study of female CES doctoral students, women were expected to sacrifice wellness due to gendered socialization and roles (2013). The participants indicated they experienced conflict between meeting the demands of their programs and their wellness, with them sacrificing focus on wellness. Gender as a factor of wellness was studied by Myers et al. (2003). In their study, female participants had higher Gender Identity scores on the FFWEL than males. Myers et al. suggested the difference in scores could be attributed to

increased awareness of the women because of experiences of gender biases. The impact of gender remains a relevant topic of research (Shannon, 2019).

Ladany et al., (2013) highlighted encouragement of supervisee autonomy as impacting supervision. Miller (2021) also noted autonomy and feeling in control of oneself and the situation as being critical to warding off the burnout phenomena. That study examined supervisor behaviors of asking about the supervisee's self-care practices and supervisors assisting the supervisee in gaining mastery over the supervisee's emotions. The relationship between the above-mentioned supervisory behaviors in supervision and counselors-in-training wellness was explored.

Assumptions of the Study

This study had some delimitations that were restrictive. The study was delimited to counselors-in-training who received training in the past six months. The results may not generally apply to other supervisees. Additionally, only the definition of wellness conceptualized by the FFWEL delimits the study by not accounting for different conceptualizations of wellness. Thirdly, the study was delimited by convenience sampling of counselors-in-training whom the researcher could reach with solicitation appeals and who agreed to participate. The quantitative survey research design delimited the study to data points and excluded participants' personalized experiences that comprise qualitative research designed studies. The study also was delimited to a population of 150 counselors-in-training in the United States, which an additional three participants exceeded.

Definition of Terms

The following are terms used in this dissertation and their definitions:

- *American Counseling Association (ACA):* "The American Counseling Association (ACA) is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities" (2014, p. 3).
- *Associate License:* "applicants who have met the education and exam requirements, but have not yet met the supervised experience requirement" (Shifflet, 2016).
- *Burnout*: a state of functioning characterized by lack of energy and resources needed for the work being undertaken, combined with feelings of alienation and low job satisfaction resulting in deteriorating performance (Daley, 1979).
- *Burnout phenomena*: conceptualizing the debated terms of Burnout, Compassion Fatigue, Secondary Traumatic Stress and/or Vicarious Trauma to describe the potential negative consequences of becoming and remaining in a state of impairment due to working as a counselor.
- *Council for Accreditation of Counseling and Related Educational Programs (CACREP):* the accrediting body for Counselor Education programs (2016).
- *Compassion Fatigue*: the emotional consequences of being engaged in a helping relationship with a person suffering from trauma responses related to a traumatizing event, later to be termed Secondary Traumatic Stress (Figley, 1995).
- *Counselor-in-training*: a person who is either a Master of Counseling Student in their internship placement, or a person who holds a Master's of Counseling but is still required by their state licensing board to be supervised (professionals with an Associate License).
- *Indivisible Self Wellness Model (IS-Wel)*: Myers and Sweeney's (2007) evidence-based model of wellness that is based on Adlerian Individual Psychology as the theoretical basis and holds wellness is a function of holism of the individual.

- *Regular Supervision:* supervision that has occurred within the past six months.
- *Supervision*:

  > a process in which one individual, usually a senior member of a given profession designated as the supervisor, engages in a collaborative relationship with another individual or group, usually a junior member(s) of a given profession designated as the supervisee(s), in order to (a) promote the growth and development of the supervisee(s), (b) protect the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of the supervisee(s)" (ACA Code of Ethics, 2014, p. 21).

- *Self-Care*: "activities to maintain and promote [the counselor's] emotional, physical, mental, and spiritual well-being" (ACA Code of Ethics, 2014, p. 8).
- *Secondary Traumatic Stress (STS)*: the emotional consequences of being engaged in a helping relationship with a person suffering from trauma responses related to a traumatizing event (Figley, 1995).
- *Vicarious Trauma*: the enduring, profound, disruptive, and painful psychological effects of working with people having experienced traumatizing events (McCann & Pearlman, 1990).
- *Wellness*:

  > a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving" (Myers et al., 2000, p. 252).

Summary

Between 5 to 67% of professionals experienced significant stress levels in studies examining the prevalence of stress and burnout (Bercier & Maynard, 2015; Morse et al., 2011). The combined effects of this potential for burnout and the growing demand for services noted by the U.S. Department of Labor (2020) highlight the essential nature of research into promoting self-care and wellness in CITs. As the demand for services increases, the risk to potential clients could grow since self-care practices are equated with ethically driven competent counselor behavior (Callan et al., 2020; Capawana, 2016; Corey et al., 2018; Sultan, 2018).

The purpose of the study was to examine self-care through the lens of supervisory behavior to improve CIT wellness. The question of what impact supervisory behavior supporting self-care and wellness has on CIT wellness was the central research question. Do behaviors of supporting self-care, asking about self-care plans, discussing wellness, and supporting CITs' mastery over their emotional response in supervision in the past six months correlate with wellness scores on the FFWEL? This research study sought to contribute meaningful knowledge regarding improving counselor wellness. This goal of contributing to enhancing CIT wellness was curtailed by the sample size, focusing on CITs who also had supervision in the past six months and no other supervisees.

The literature review explores the themes of self-care, burnout, compassion fatigue, secondary traumatic stress, vicarious trauma, wellness, supervision, and how CACREP programs should incorporate self-care. A historical perspective of the various terms to describe burnout and associated experiences are provided to build a foundational understanding of the complex and often confusing dilemma. Wellness was defined and explored as it relates to self-care and supervision.

After establishing an understanding of the complexity of self-care and wellness, additional chapters developed the research focus. Chapter Three states the problem, research questions, and hypotheses. The methodology chapter also covers the research methodology, design, sample, data collection, validity, and reliability and how data was collected and analyzed. This chapter presents the reader with the ethical considerations, limitations, and delimitations.

The timeline for the research to be conducted was 60 days. Once the survey instrument was developed and with IRB approval of the study, the call for participants was sent to potential CITs through professional associations, CSNET posts, social media posts, and word-of-mouth sharing. The survey was open for 22 days to capture a sample of 153 CIT responses. The data was analyzed for patterns, and results were synthesized into Chapter Four.

Chapter Two: Literature Review

Introduction to the Literature Review

The Literature Review for this study establishes the context of the need for counselors to practice self-care by exploring literature regarding several factors impacting counselor wellness. The factors examined included burnout, compassion fatigue, secondary traumatic stress, and vicarious trauma and how these contribute to the difficulty of the work counselors engage in. The review also includes literature that identifies the barriers preventing counselors from practicing self-care (Baker & Gabriel, 2021; Barton, 2020; Meany-Walen et al., 2018; Posluns & Gall, 2020). The relationship between self-care and wellness was also established (Corey et al., 2018; Gibson et al., 2021; Meany-Walen et al., 2018; Sultan, 2018). The final factor explored through the available literature was how supervision and counselor programs impact counselor wellness and self-care practices. The search topics of burnout, compassion fatigue, secondary traumatic stress, and vicarious trauma were combined with self-care and were used to find research explaining the relationships between concepts. Additionally, searches were conducted related to self-care and supervision, self-care and wellness and self-care and CACREP.

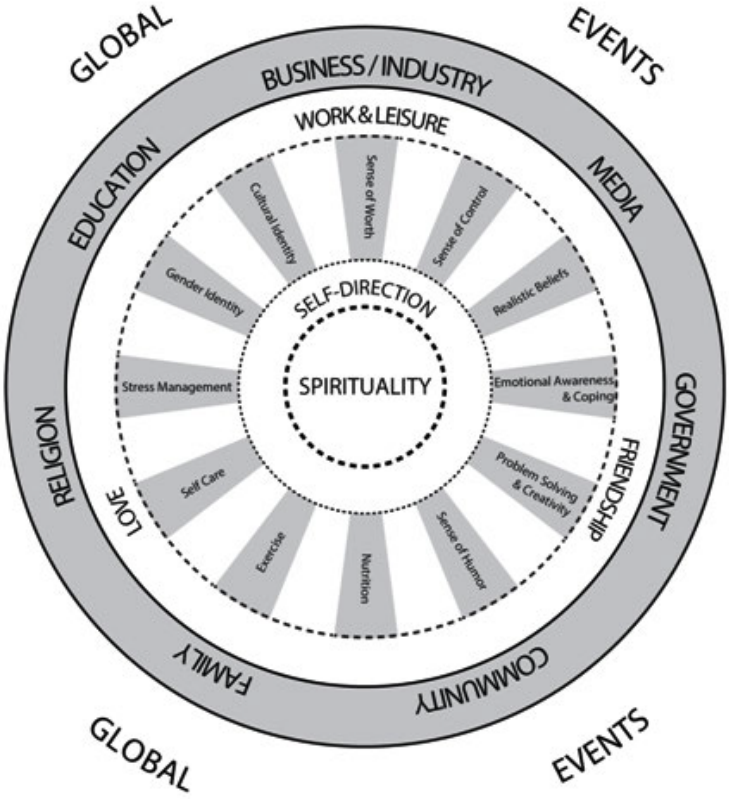
Theoretical Foundation

Wellness as a tenet of counseling harkens back to Adler's focus on holism (Myers et al., 2000). Myers, Sweeney and Witmer developed "The Wheel of Wellness" (2000, p. 253) presented in Figure 1. The authors conceptualized the tasks of life as "Spirituality, Self-Direction, Work and Leisure, Friendship, Love". Through researching the five tasks they identified twelve subtasks: "(a) sense of worth, (b) sense of control, (c) realistic beliefs, (d) emotional awareness and coping, (e) problem solving and creativity, (f) sense of humor, (g) nutrition, (h) exercise, (i) self-care, (j) stress management, (k) gender identity, and (l) cultural

identity" (p. 252). This research would become the foundation for the Indivisible Self Model of Wellness (IS-Wel; Myers & Sweeney, 2004). Counseling is predicated on a model of wellness and the focus on wellness, rather than disease or disfunction, permeates the field from the provision of counseling through supervision and counseling pedagogy (Pierce & Herlihy, 2013).

Figure 1

The Wheel of Wellness



(Wheel of Wellness - Chi Sigma Iota, n.d.)

Wellness was the highest order factor with the second order factors being the five tasks of life and the subtasks were third order factors (Myers & Sweeney, 2004). The FFWEL is the instrument used to measure wellness and the second and third order factors. This allows for an organizing theoretical foundation for the research. Individual wellness is influenced by the systems in which the individual is involved. Supervision has been identified as the primary

method for educating CITs (Bernard & Luke, 2015). Examining aspects of supervision and whether those aspects impact CIT wellness aligns with Myers and Sweeney's discussion of the variables providing context to wellness. The researchers acknowledged that individual wellness can be positively or negatively impacted by the variables present in the environment: global, local and institutions. The IS-Wel is based on Adlerian theory (Myers & Sweeney, 2007) and functions as the theoretical basis of the research.

The foundation of the research being Adlerian Theory, as represented in the IS-Wel Model. Myers and Sweeney indicated that Adlerian "holism" is central to the model and can be statistically represented (2007, para. 9). This research used the indivisibility of self to explore how supervisors can support integration of experience into the individual, potentially impacting wellness. Relationship and the person in context are central to Adler's theory (Miller & Taylor, 2016). Being rooted in a socially connected, psychologically safe relationship has been posited to allow for the individual to engage in integrating difficult experiences. This research is based on the idea that a supervisory relationship is central to supporting CIT wellness. Additionally, this research resulted from a belief the CIT is at risk of burnout in the absence of support to master intense emotions produced by counseling work. Wellness, as Myers and Sweeney determined, is an outcome dependent on lower-level factors that can be calibrated through experiences.

Review of Literature

Burnout, Compassion Fatigue, Secondary Traumatic Stress, Vicarious Trauma

Burnout, compassion fatigue, secondary traumatic stress, and vicarious trauma are terms used to categorize clinicians' being negatively impacted by their work with clients, with slight nuances regarding the severity of impact represented by the different terms. As members of the helping professions, the counselors' awareness of that negative impact began to grow in 1974

when Freudenberger coined the term burnout. In 1974, Freudenberger posited dedication and commitment as crucial contributors to staff burnout, with burnout identified as a state of emotional exhaustion, dehumanization of clients, and negative self-evaluation (Maslach & Jackson, 1981). Coaston (2017) utilized a broadened definition of burnout, indicating the fit between the individual and the environment is the primary cause of burnout.

Figley (1995) wrote about vicarious trauma as the inevitable result of engaging in empathy with people who have experienced trauma, asserting that there is a cost to caring when caring for those who have experienced traumatic events. When working with people with trauma, he argued professionals experienced and absorbed their client's pain. Figley further stated that taking on a client's trauma altered the professional's perspective, leading to affect and mood symptoms and potential burnout. This belief that a primary cause of burnout stems from the clinician caring too much has persisted.

Many terms are used to try to understand the experience and implications of burnout and related negative states resulting from the work engaged in by clinicians. McCann and Pearlman identified trauma work as putting professionals at risk of vicarious traumatization due to the "emotionally shocking images of horror and suffering that are characteristic of serious traumas" (1990, p. 134). Lipsky and Burk (2009) wrote about the impact vicarious trauma takes on those in the helping professions. They asserted that the intensity of working with people who have experienced significant trauma is partly responsible for many of the issues related to vicarious trauma. They further identified that the very system professionals are working within, or the enormity of the challenge they may be attempting to resolve, can significantly contribute to the toll on those professionals.

Rauvola et al. advanced that the appropriate phrase to describe the experience of being impacted by the client's trauma experiences is "empathy-based stress" (2019, p. 298). Those researchers offered a model of the components of empathy-based stress that closely mirrored much of the discussion regarding vicarious and secondary trauma. Rauvola et al. specifically identified secondary trauma as witnessing or hearing about trauma. Their model noted that empathy-based stress emerged when multiple factors were present: a client with a trauma experience, a counselor hearing about the trauma while engaged in an empathic relationship, and individual characteristics of the counselor, such as work environment stress or personal vulnerabilities. Empathy-based stress entered the ongoing debate regarding terms applied to categorize the negative impacts of engaging in counseling work and offered an inclusive and comprehensive construct to examine those impacts.

Regardless of the labels applied to the phenomenon, researchers agreed that counselors' potential risk is burnout (Can & Watson, 2019; Figley, 1995; Lipsky & Burk, 2009; Meany-Walen et al., 2018; Miller & Sprang, 2017; Ohrt et al., 2015; Rauvola et al., 2019). Daley wrote about burnout in 1979, categorizing it as a process of disengagement and desensitization from work done and clients. He condensed the descriptions of burnout at the time and portrayed someone experiencing burnout as having an almost automaton-like demeanor and argued for sufficiently long rest periods to allow the impact of stress to diminish before workers returned to work. While researchers have focused on interventions to prevent or repair STS, Bercier, and Maynard (2015) argued the field was plagued by a lack of rigorous research establishing the degree of the problem and examining the effectiveness of interventions.

Miller and Sprang (2017) identified relationship and empathic sharing in the client's experience as critical to counseling effectiveness. The authors recognized that the prevailing

approach posits that joining with a client is responsible for Secondary Traumatic Stress (STS). Interventions aimed at impacting STS have operated from a philosophy that clinical work is emotionally depleting and that protection from depletion will insulate the clinician. Miller and Sprang changed the focus away from avoiding emotional connection as the antidote to burnout. They argued that clinicians equipped with and capable of implementing self-regulation during the session are the least likely to experience STS. They proposed the components for enhancing clinician engagement and reducing trauma (CE-CERT) model. CE-CERT consists of "experiential engagement, regulating rumination, intentional narrative, reducing emotional labor and parasympathetic recovery" (p. 154). In contrast to the established perspective that caring too much results in burnout, the authors called for experiential engagement, where clinicians essentially lean into the empathic experience while acknowledging and managing their emotional response.

Can and Watson (2019) argued the disengaged demeanor Daley discussed was expected in the field, a sign of professional distance necessary to avoid burnout. Can and Watson's research found no correlation between empathy [counselor caring] and compassion fatigue in CITs. Litam et al. (2021) conducted research examining counselor stress during the COVID-19 pandemic and also called for counselors to engage in self-awareness and self-reflection to address STS. They identified the relationship between self-awareness, self-reflection, resiliency, and wellness as preventative against burnout.

Prevalence of Burnout.

Regardless of the term and the potential nuances of each term's definition, the impact of burnout is a genuine concern. Freudenberger stated, "we cannot prevent burn-out" (p. 165, 1974). The researcher advanced that to engage in empathic work is to inevitably experience

burnout, stating that burnout consisted of physical and behavioral symptoms, noting that those observed experiencing burnout had somatic symptoms of low energy, fatigue, chronic colds or illnesses, and gastrointestinal issues. The behavioral symptoms included the burned-out person being quick to anger, possibly paranoid, impetuous, prone to addictions, and having inflexible thinking.

Beyond the physical and behavioral symptoms a burned-out person might experience, Freudenberger (1974) was also concerned with the ideological change that could occur, such as mourning the version of self who believed they could bring about positive change. Since Freudenberger described burnout, not much has changed other than the nuanced labels applied to the phenomena of burnout. Clark et al. (2022) identified the same symptoms of physical distress, behavioral dysregulation, and risk of substance use disorders but used the term "compassion fatigue" as the label. Due to the continued evolution of terms applied to the phenomena of burnout, whether STS, vicarious trauma, or compassion fatigue, the risk associated with those states remains burnout. With burnout being the high cost and high-risk termination of all the other constructs, the term burnout phenomena was utilized to cut through semantics to gain insight into prevention.

To Figley's point from 1995, the cost of caring is high, and we know burnout continues to permeate the mental health field. Research regarding mental health workers indicated between 21% to 67% may suffer from burnout (Morse et al., 2011). Miller and Sprang (2017) suggested that rates of compassion fatigue varied from 8% in students in graduate school to 50% in trauma clinicians. The evidence continues to indicate that although there are many terms to label the burnout phenomenon, no consistently effective solution has been identified to prevent burnout.

Burnout is prevalent across professions and is not specific to counselors (American Psychological Association, 2018). According to a Gallup study of over seven thousand United States workers, 44% sometimes felt burned out (2018). Posluns and Gall stated, “the prevalence of burnout among mental health professionals is significant” (2020, p. 3). There is an imperative need for an answer because burnout has negative implications for clients and the professionals suffering (American Psychological Association, 2018; Maslach & Jackson, 1981; Posluns & Gall, 2020).

Self-Care

Self-care has been emphasized as a critical skill to prevent burnout (Bamonti et al., 2014; Coaston, 2017; Friedman, 2017; Litam et al., 2021; Santana & Fouad, 2017). Over the past several decades, the thinking has been that self-care will repair the damage caring takes on the professional, and they will recover from burnout (Friedman, 2017; Rogers, 1995). Richards et al. defined self-care in their study as “any activity that one does to feel good about oneself. It can be categorized into four groups which include: physical, psychological, spiritual, and support” (2010, pp. 252-253). Posluns and Gall (2020) refined the need further by identifying self-care as an imperative. The risk of not engaging in self-care is that, pressed for time and attention, clinicians and the systems training and supporting clinicians simplify the nuanced contexts and contribute to the burnout phenomena as a lack of self-care (Miller, 2021).

Carl Rogers, writing about his long career, stated, “I have always been better at caring for and looking after others than I have in caring for myself. But in these later years, I made progress” (1995, p. 80). He wrote about being open to help and seeking support in his endeavors and championed the benefit of a prolonged period of rest to connect to and appreciate the person he was. The ACA Code of Ethics does not explicitly discuss burnout, potentially contributing to

the clouding of the discussion of self-care and burnout phenomena. Instead, the ACA Code of Ethics implores counselors to engage in self-care to prevent impairment that prohibits good client care (*ACA Code of Ethics,* 2014). Similar to Rogers' retreat to the beach approach to finding balance, self-care has become synonymous with strategies the clinician practices outside sessions to disengage from empathic depletion (Brown et al., 2022; Miller & Sprang, 2017). That form of self-care means the clinician disengages from their work's stress or emotional impact to feel replenished and ready to return to work.

The call for counselors to engage in self-care by the ACA Code of Ethics (2014) provides no clear understanding of self-care. The call for self-care centered on ensuring professionals remain energetically engaged in caring about their clients (Skovholt et al., 2001). Rivera-Kloeppel and Mendenhall (2021) perpetuated the prevailing definition of self-care, listing activities to be engaged in outside the work undertaken, such as exercise and journaling. Brown et al. defined self-care as "the act of cultivating a subjectively defined state of health" (2022, p. 51).

Coaston (2017) cautioned against reducing self-care to individual failings, i.e., unmotivated to exercise, too blindly dedicated to take time off work. She linked feelings of shame as contributors to continued counselor impairment and urged self-care to be equated with self-compassion to avoid the insufficient interval approach to self-care. Rather than the periodic implementation of a mood booster, she argued that self-compassion is the answer to preventing burnout. As researchers expanded the concept of self-care to include awareness and reflection, it was still described in terms of something to be practiced by the professional in their life rather than within the work they conduct (Posluns & Gall, 2020; Rivera-Kloeppel & Mendenhall, 2021).

Guidance abounds for counselors to engage in self-care, yet many do not (Coaston, 2017; Freidman, 2017; Guler & Ceyhan, 2021; Morse et al., 2011). What then prevents practitioners from practicing self-care? Meany-Walen et al. (2018) concluded graduate programs do not focus on the development of trainee wellness, and this lack could result in career-long implications for wellness. They indicated a need for quantitative research to assess wellness levels to inform supervisors and educators in developing programs and strategies to address trainee self-care. As counselors gain experience, they may become more comfortable balancing client needs with their own needs (Barton, 2020). Time is the only way to increase expertise, yet counselors likely need to have established self-care practices as they embark on their careers, not only once they have gained experience. Counseling programs could fill the gap between the need for self-care and the capacity of counselors to engage in self-care. Posluns and Gall (2020) noted potential barriers to self-care implementation are as simple as counselors feeling it would be selfish and antithetical to their purpose of caring for others. The authors also identified a need for training programs to teach trainees self-care and set trainee expectations to include career-long self-care practices. Money and time were identified by Baker and Gabriel (2021) as significant barriers to self-care. Compelled by personal experience, they were interested in how counselors engage in self-care during distress. They noted self-care was not easily undertaken, “Self-care came at a bizarre cost, although over time became easier to engage in” (p. 435, 2021). Many barriers exist to counselors practicing self-care, but given all counselors complete a degree, there is a strong argument for counseling programs to prioritize self-care as an essential skill to be instilled in counseling students.

Even if all the barriers to practicing self-care were overcome, there is evidence that conventional self-care practices are insufficient to ward off burnout. Friedman (2017) noted

research that indicated the conventionally held self-care concept was ineffective in preventing burnout phenomena. He wrote about the 2011 work of Buchanan and Patsiopoulos on self-compassion as the effective version of self-care to increase wellness and decrease stress. The emphasis on self-awareness and grounding to prevent burnout differs from self-care as soothing activities which permeate the self-care discussion. Foundational to effective self-care Santana and Fouad (2017) touted self-awareness and self-appraisal. They indicated the importance of connected relationships, engaging in daily physical self-care activities, and enhancing spirituality and meaningful contributions as key self-care activities to improve functioning. Friedman also wrote of the 2008 research of Bakker et al. and their emphasis on a productive absorbing engagement in the work to prevent burnout. Friedman argued counselors must engage in self-care to ensure efficacious and ethical care. Adding to the debate regarding efficacy of self-care, Bressie and Vaden highlighted the complexity of the burnout phenomena and overreliance on individual self-care as the cure for burnout (2017). They stated, “self care is a necessary but insufficient response to worker burnout” (para. 26).

Rivera-Kloeppel and Mendenhall (2021) analyzed studies examining the relationship between self-care and compassion fatigue. They noted that in Mavridis et al.’s 2019 study, respondents’ use of self-care became overwhelmed by five or more stressors. The findings indicated that moderate levels of stress could be managed through self-care practices, but more complex stress derails typical stress management skills. Rivera-Kloeppel and Mendenhall expected that self-care practices would emerge as effective at preventing compassion fatigue. They determined their results as inconclusive. Self-care did not overwhelmingly equate with lower rates of compassion fatigue in the studies analyzed.

The contemplation of self-care turned from what constitutes self-care or whether it is effective at preventing burnout to when and how professionals learn self-care skills. Campbell (2006) discussed the need for counselors to engage in self-care across their careers and identified a lack of focus on developing those skills in training programs. That researcher also noted the contradiction that standards call for counselors to maintain their wellness, yet programs seem not to provide training to develop counselor wellness. They argued that self-care should be a topic of supervision to foster career-long self-care habits. Campbell stated there is a need for supervision to teach wellness and indicated that supervision provides the construct to train counselors to avoid burnout. Thériault et al. (2015) conducted qualitative research regarding self-care with experts in the field of psychotherapy. They asserted the need for supervisory relationships and graduate program faculty to promote self-care to supervisees/students.

Wellness

Self-care is widely considered a component of wellness (Corey et al., 2018; Gibson et al., 2021; Meany-Walen et al., 2018; Sultan, 2018). Wellness comprises physical, emotional, and spiritual health (Guler & Ceyhan, 2021; Lenz et al., 2012; Meany-Walen et al., 2016; Meany-Walen et al., 2018; Ohrt et al., 2015; Wolf et al., 2014). Blount et al. (2016a) argued wellness is a critical need due to the lack of counselor implementation of wellness strategies combined with the apparent fact that the very work counselors do put them at greater risk of experiencing burnout. When utilizing Guler and Ceyhan's (2021) conceptualization that self-care is the tool and wellness the desired state, understanding how the tool improved wellness is critical. Guler and Ceyhan (2021) highlighted the bind that wellness presents to counselors. They identified that wellness growth is a goal of client care and essential to counselor competency. Further complicating the consideration of wellness, those researchers noted the work of counseling can

negatively impact the wellness of the counselor and subsequently impact the wellness of their clients. As previously established, counselors struggle to engage the tool of self-care (Coaston, 2017; Freidman, 2017; Guler & Ceyhan, 2021; Morse et al., 2011) and are missing the target of wellness. Also, like self-care, teaching wellness in counseling programs through both instructional approaches and faculty role-modeling wellness is ideal (Basma et al., 2021; Stokes & Hunter, 2020).

Wellness is a holistic construct, incorporating diverse domains of the individual's life (Guler & Ceyhan, 2021; Myers et al., 2000). Counselors with well-developed wellness across their life domains may experience protection from the burnout phenomenon (Can & Watson, 2019; Gibson et al., 2021). Subjects in Can and Watson's 2019 research demonstrated an inverse correlation between wellness and compassion fatigue. Further emphasizing the connection between wellness and burnout, Shannonhouse et al. (2020) conducted a meta-analysis of research utilizing the FFWEL. A moderate negative correlation between burnout and wellness and a moderate positive correlation between feelings of counseling competency and wellness were noted.

How does the counselor or supervisor foster wellness if wellness is protective of burnout? The Counselor Wellness Competencies were developed to capture the complexity of wellness and provide counselors with descriptions of the components coalescing into wellness competency (Gibson et al., 2021). The nine competencies were: "1) self-care; 2) personal relationships; 3) boundaries; 4) stress, burnout, and impairment; 5) professional support practices; 6) wellness promotion; 7) wellness research; 8) wellness assessment; and 9) wellness-based goal-setting and plans" (p. 136). The Counselor Wellness Competencies highlighted how

interrelated self-care, burnout, and supervision are with wellness. A holistic profession requires counselors to be competent in wellness across their professional and personal lives.

Counselors must not only strive to develop wellness but also need to attend to their wellness across their careers (Blount et al., 2016a; Meany-Walen et al., 2018). Blount et al. (2016b) cautioned counselors to understand the differences between perceived and aspirational wellness. Focusing only on aspirational wellness could lead to feeling burdened with long lists of activities one should focus on. The authors encouraged counselors to assess where they are regarding their wellness and the areas they would like to develop. The work engaged in can erode wellness, with the benefits of wellness practices waning over time without ongoing attention (Meany-Walen et al., 2018). Exploring the discrepancies between perceived and aspirational wellness underlines an established approach to improved wellness: awareness building (Blount et al., 2016b; Callender & Lenz, 2018; Meany-Walen et al., 2016).

Previously, Richards et al. (2010) found that regular self-care practices improved counselor well-being as measured on the Schwartz Outcomes Scale-10. Increased self-care frequency led to improved wellness, but self-awareness was not necessary for self-care to improve well-being. They posited that the doing was beneficial, and that self-awareness could result in the refinement of which self-care activities helped the individual but were not essential to improved well-being. In research conducted by Neswald-Potter et al. (2013), professional counselors indicated the importance of relationships in their overall wellness. They also viewed the incorporation of fun as essential to maintain wellness. Holistic wellness is a central tenet of the counseling profession (Basma et al., 2021; Blount et al., 2016a) and could protect from burnout. Even as a profession rooted in wellness and a growing understanding of wellness

benefits, counseling programs are ineffective at fostering wellness in students (Basma et al., 2021; Meany-Walen et al., 2018; Stokes & Hunter, 2020).

Supervision

Supervision provides the apparatus for preventing negative outcomes through the training, education, and development of the counselor's professional identity (Bernard & Goodyear, 2018; Callender & Lenz, 2018). Wells et al. (2003) indicated a primary focus of supervision is to improve the efficacy of the clinician and that this growth is partly accomplished through mutual learning between the supervisee and supervisor. They identified the relationship of supervision to be a key tool to improve clinician efficacy. Bernard and Luke dubbed supervision "the signature pedagogy" (2015, p. 242).

Supervision may be essential to developing counselor's competency, but variables of the supervisor can impact supervision effectiveness (Ladany et al., 2013). Effective supervision included encouragement of supervisee autonomy, i.e., supervisors fostering supervisee mastery through empathy for and encouragement of supervisees. In addition to supervisor behavior, supervisee variables also impacted effective supervision. Shannon (2019) cited Granello's 2003 research that indicated supervisee development could be impeded by gendered behaviors. Female supervisees differed from male supervisees by ceding expertise to supervisors while male supervisees were less likely to seek emotional support. Gender impacts supervisee behavior in supervision.

With supervision as the accepted method for impacting counselor development, logic suggested that a primary strategy to improve counselor wellness is to address wellness in supervision (Bernard & Goodyear, 2018; Blount et al., 2016a). The impact of implementing self-care discussions in supervision can be measured by evaluating clinician wellness. Neswald-

Potter et al. (2013) called for supervisors to foster supportive relationships as a means of improving supervisee wellness. They further suggested wellness checks be incorporated into supervision and organizational processes. In O'Connor et al.'s (2018) meta-analysis of the prevalence and determinants of burnout, quality supervision was identified as one intervention to focus on to prevent burnout. Can and Watson (2019) agreed the supervisory relationship can impact wellness and that supervisees who lack a good relationship with their supervisor were at risk of compassion fatigue. Still, their results contradicted a correlation between supervisory working alliance and compassion fatigue. The researchers suggested their results might be due to having all counselors-in-training as subjects. Their subjects reported low levels of compassion fatigue, which Can and Watson also proposed contributed to their results, i.e., the subjects were not feeling distressed and did not need a supportive supervisory relationship. Examining the effect of supervisors providing support in supervision of their supervisee's self-care could provide a widely applicable, easily implemented way to impact the lack of counselor wellness.

Supervisors Impacting Self-Care.

The need for an effective method to foster wellness and self-care practices in counselors-in-training emerged as a problem for the literature to address. Lenz et al. (2012) abstracted the supervisory relationship as the most effective environment to improve trainees' self-care practices, sense of balance, and ability to handle the profession's stress. The researchers emphasized the decree supervisors of CITs specifically must facilitate wellness. They posited a need for a practical and straightforward supervision-based approach to developing counselor wellness practices. Benard and Luke (2015) identified a lack of published articles regarding self-care and supervision in their analysis of supervision articles from 2004 to 2014.

Blount et al. (2016a) examined whether supervisor modeling of wellness influenced counselors-in-training wellness. Participants in their study noted the need for congruence between the supervisor's actions and what they guided supervisees to do. They identified study participants who commented that the supervisors needed to be well themselves to influence supervisee wellness effectively. Blount et al. also identified a need for counselor education programs to incorporate a wellness education component to establish a foundation for counselors-in-training to continue through their careers.

Meany-Walen et al. (2016) noted engaging CITs in interventions and discussions centered on wellness throughout their training encouraged the counselors to implement long-term wellness practices. Not only did the intervention seem to impact the CIT adopting wellness practices immediately, but the behavior change seemed to continue beyond the intervention period. The authors pointed out that this carryover effect could benefit trainees of programs implementing effective supervision-based wellness interventions. Meany-Walen et al. discussed that implications were counselors would continue established wellness practices as they moved on to professional practice. The counselors would have valuable tools to remain well while experiencing increased stress as clinical demands and caseloads increased.

Can and Watson (2019) argued that supervisors should build awareness of the protective factors of wellness in their supervisees. They found no correlation between supervisory alliance and compassion fatigue. Still, they noted that supervisors should use the correlation between wellness and compassion fatigue to improve supervisees' understanding of how to ward off compassion fatigue. Gibson et al. (2021) argued supervisory support of wellness assists counselors in professional and personal growth, increasing self-awareness and improving performance while avoiding burnout. Counselors need to have a comprehensive understanding of

wellness, not just a “topical application” (p. 134) and demonstrate wellness across domains exemplifying to supervisees and colleagues the concept and practice of comprehensive wellness.

Bernard and Goodyear (2018) concluded supervision is both an intervention and a method to supervisee competence. Supervision provides the path to competence through supervisee guidance, specific skill development, and activation of supervisees’ skills. Supervision is the primary source of counselor development, modeling the long-existing apprenticeship style of specialization (Bernard & Goodyear, 2018; Lenz et al., 2012). Baker and Gabriel (2021) also noted supervision as a tool to support self-care. As the primary construct to influence counselor development, supervision provides the best opportunity to teach counselors self-care practices and foster their career-long habit of self-care practice.

CACREP and Counselor Self-Care and Wellness

Skovholt et al. (2001) noted that graduate programs focus on training students to care for others, rather than teaching them how to care for themselves as they engage in strenuous work. Bamonti et al. (2014) called for graduate programs across the helping professions to train students in self-care. Those researchers cited positive outcomes associated with programs implemented for medical students to support their argument for curriculum-based self-care. By examining psychology graduate program handbooks, they found self-care mentioned via mental health referral services but a lack of mention of the surrounding burnout phenomena. The implications being that students were urged to engage in self-care but ill equipped to recognize signs and symptoms of the burnout phenomena or to employ prevention.

Bernard and Luke (2015) noted in their analysis of published articles on supervision that the body of literature was lacking in articles regarding supervision pedagogy. There was research and scholarly attention to supervision models and a growing focus on supervisee experiences but

not robust research in how the field teaches counselors to be supervisors. Bercier and Maynard (2015) argued the field has been premature in implementing interventions aimed at STS because of a lack of empirical research into effective interventions. Though arguments for including self-care in curriculum abound, subjects responding to Thériault et al. (2015) were ambivalent about inclusion of formal education regarding self-care in graduate programs. Rather, the participants endorsed a need for a hierarchical sharing of growth and knowledge via faculty self-disclosing the benefits to implementation of self-care and the risks associated with not engaging in self-care.

Professions other than counseling are focusing on the need for graduate programs to teach self-care. Santana and Fouad (2017) researched psychology doctoral students, making the point that graduate programs establish the "blueprint" (p. 140) for competent professional development and must include self-care. According to Bressi and Vaden (2017), social work graduate programs should connect relational theory to self-care skills. They advanced the benefits of theoretical grounded use of self-disclosure as evidence that self-care skill development through a lens of theory would assist students in integrating self-care effectively. Could counselors benefit from this same approach to connect theory with self-care practice?

Aligned with Corey et al.'s (2018) belief counselors learn the profession through apprenticeship, arguments abound that role-modeling wellness and self-care by supervisors and faculty is an effective strategy to teach and support life-long practices. Self-care has been required by CACREP as part of orienting counseling students to the counseling profession (Coaston & Lawrence, 2019; Thériault et al., 2015). Polsuns and Gall (2019) noted a critical need for integrating self-care into counseling programs. Coaston and Lawrence (2019) also lauded the inclusion of self-care in graduate counseling programs, specifically emphasizing a

need for self-compassion to be infused into program curriculum. Supporting their argument by citing Christopher et al. who, in 2006, called for an end to an emphasis on self-care as an individual's responsibility, instead they advocated that self-care instruction be integrated into programs. Individual mandate is insufficient to equip CITs with effective self-care practices.

Stokes and Hunter (2020) noted, while doctoral counselor education valued teaching wellness and emphasized faculty role-modeling wellness, there was no best practice to teaching wellness to doctoral students. This lack of wellness being taught in doctoral programs perpetuated a general appreciation for wellness but ill-equipped future counseling program faculty to teach counseling students wellness. Guler and Ceyhan (2021) noted increases in self-care programs within counselor graduate programs advancing the idea that a self-care lifestyle is critical to career-long adoption of self-care.

Summary

Empathically engaging with clients with experiences of trauma is foundational to counseling and can negatively impact the counselor (Can & Watson, 2019; Lipsky & Burk, 2009; Miller & Sprang, 2017; Ravoula et al., 2019). Several terms have been used to label the phenomenon of distress driven by caring, which can result in counselors becoming burned out. Nuanced and contradictory definitions exist for each term, yet the perfect label has not resulted in solutions to the problem of burnout, vicarious trauma, compassion fatigue, and secondary traumatic stress. Early research indicated the solution was psychological and emotional protection via disengaging, avoiding, or not caring too much (Daley, 1979; Freudenberger, 1974). Professionals committed to their work, unable to disengage, and who lost perspective were perceived as needing to improve their interaction with the work. Given the personal nature

of the burnout phenomenon, focusing on what the individual is doing is perhaps an initial logical understanding.

The phenomenon of burnout is complex, as suggested by the numerous conceptualizations attached to the various labels used. Through continued research, the perspective on contributing factors evolved from only having to do with the individual to including work environment and support systems (Can & Watson, 2019; Lipsky & Burk, 2009; Miller & Sprang, 2017; Ravoula et al., 2019). Individual personality, vulnerability, and capacity to disengage may be a component of developing burnout, but the individual is not operating in a neutral environment nor as a lone professional. Even as the contributing factors' complexity began to be acknowledged, the touted solution narrowed to self-care (Bamonti et al., 2014; Coaston, 2017; Friedman, 2017; Santana & Fouad, 2017).

Arguments abound that self-care is the antidote to the burnout phenomenon (Friedman, 2017; Posluns & Gall, 2020; Rogers, 1995). Self-care as a solution also focuses on the individual. The emphasis remained on the individual practicing the activities of self-care or seeking the support needed to prevent the negative impacts of caring (Brown et al., 2022; Miller & Sprang, 2017; Rodgers, 1995). Counselors feeling the pressure of performing critically needed services while beginning to experience stress derived from listening to and empathically engaging with their clients' trauma experiences were left to also be adept at implementing self-care to ward off burnout.

Coaston (2017) recognized that the prevailing self-care approaches were reductive of the issues presenting self-care as a failing of the professional. The answer to burnout, compassion fatigue, secondary traumatic stress, or vicarious trauma shifted to an expectation that the professional must be disciplined in engaging in self-care activities. With the emergence of self-

care as the answer, a secondary issue of self-care became apparent; practitioners were not engaging in self-care (Baker & Gabriel, 2021; Barton, 2020; Coaston, 2017; Freidman, 2017; Guler & Ceyhan, 2021; Morse et al., 2011). Early career professionals struggled to engage in self-care, but over time engagement became easier (Baker & Gabriel, 2021), perhaps because of the difficulty of new professionals gaining mastery over professional skills and attending to their own needs (Barton, 2020). Shifting away from individual responsibility, researchers also called for programs to prepare students with the skills needed to balance the work they would engage in with self-care practices necessary to avoid impairment (Campbell, 2006; Christopher et al., 2006; Meany-Walen et al., 2018; Polsuns and Gall, 2019; Skovholt et al., 2001; Thériault et al., 2015).

Programs ensuring counselors know how to and effectively implement self-care practices still might be insufficient for preventing the burnout phenomenon. The simplified approaches of self-care, to take time off and promote individual health, shifted to reflection, meaning making, and self-awareness (Bressie & Vaden, 2017; Coaston, 2017; Friedman, 2017; Santana & Fouad, 2017). Miller & Sprang (2017) also introduced a model to prevent secondary traumatic stress that emphasizes meaning making and narratives of mastery of the work and individual emotional/psychological response. Examining the effectiveness of self-care practices in avoiding the burnout phenomenon produced inclusive results (Rivera-Kloeppel & Mendenhall, 2021). Self-care was conceptualized as a tool with the goal being wellness (Guler & Ceyhan, 2021).

Wellness components mirror the focus of self-care. The areas of physical, emotional, and spiritual health make up wellness (Guler & Ceyhan, 2021; Lenz et al., 2012; Meany-Walen et al., 2016; Meany-Walen et al., 2018; Ohrt et al., 2015; Wolf et al., 2014). Self-care practices addressing each of these areas would presumably result in wellness. The methodology for achieving wellness returned to self-care (Richards et al., 2010) while also emphasizing relational

support and fun as essential to wellness (Neswald-Potter et al., 2013). Achievement of a state of wellness is not static and must be attended to across one's career (Blount et al., 2016b; Meany-Walen et al., 2018). Achieving a state of wellness would benefit the counselor as wellness was correlated to better outcomes related to burnout, compassion fatigue, and counselor competency (Can & Watson, 2019; Gibson et al., 2021; Shannonhouse et al., 2020).

The relationship as key to wellness (Newswald-Potter et al., 2013) offers an intriguing focus in counseling, which utilizes supervision to promote counselor growth. Supervision is foundational to counselor development (Bernard & Goodyear, 2018; Blount et al., 2016a; Wells et al., 2003) and potentially foundational to the prevention of the burnout phenomena (Can & Watson, 2019; Neswald-Potter et al., 2013; O'Connor et al., 2018). Supervision offers a path to fostering supervisees' wellness through supervisors modeling wellness, supporting awareness, and educating on the benefits of wellness (Blount et al., 2016a, Can & Watson, 2019; Gibson et al., 2021). Supervision can drive the wellness of supervisees through support and guidance in self-care practices to ensure wellness.

CACREP's recognition of the value of self-care to the longevity and efficacy of counselors (Coaston & Lawrence, 2019; Thériault et al., 2015) built on the need to develop practical supervisory approaches to foster self-care. The emphasis of CACREP's expectation of programs to effectively prepare counselors to utilize self-care is perhaps the culmination of years of programs not focusing on the topic. Teaching and developing competencies of counseling in CITs is insufficient, and programs need to incorporate self-care as a topic, a skill modeled and taught (Christopher et al., 2006; Coaston & Lawrence, 2019; Guler & Ceyhan, 2021; Skovholt et al., 2001; Stokes & Hunter 2020: Thériault et al., 2015).

What once was conceptualized as inevitable (Freudenberger, 1974) and an individual failing (Coaston & Lawrence, 2019) is now better understood as the complex issue of burnout, compassion fatigue, secondary traumatic stress, and vicarious trauma. Evidence suggested that the burnout phenomenon could be prevented if counselors utilize self-care to improve wellness (Friedman, 2017; Guler & Ceyhan, 2021; Posluns & Gall, 2020). Supervisory focus on self-care (Can & Watson, 2019; Gibson et al., 2021) and program inclusion of self-care (Bamonti et al., 2014; Santana & Fouad, 2017) offered an opportunity to meaningfully improve outcomes.

The next chapter utilized the depth of past research on self-care, the burnout phenomenon, wellness, and supervision to examine how to improve counselor self-care and wellness. Focusing on supervision and self-care, the research homed in on how to develop straightforward and easily implemented activities in supervision. The goal was to offer the field of counseling essential tools to improve counselor wellness through supervision and self-care.

Chapter Three: Methodology

Introduction

For many years now, self-care has been recognized as the antidote to functional impairment derived from the depletion of energy, capabilities, and judgment (Callan et al., 2020; Dye et al., 2020; Friedman, 2017; Posluns & Gall, 2020; Rogers, 1995). The argument for counselors to practice self-care was solidified with the inclusion of self-care in the *ACA Code of Ethics* (2014) and the *CACREP Standards* (2016). Still, impairment and burnout continue to plague the counseling field (Maslach & Jackson, 1981; Posluns & Gall, 2020).

Chapter Three provides the reader with an understanding of the research problem as a context for the hypotheses. This chapter also presents the data collection methods, design, and population studied. The review of the literature illuminated the gaps in knowledge that this research attempted to fill and this chapter outlines the research methodology and data collection method and how the study was intended to fill the gaps in knowledge. Trusty noted, "no study can be absolutely flawless" (2011, p. 262), but the limitations, delimitations, and ethical considerations were provided in this chapter to acknowledge the flaws that were present.

Statement of the Problem

Research previously established that burnout could diminish the pool of competent counselors, either through individual impairment or through professionals leaving the field (Baldwin et al., 2011; Wardle & Mayorga, 2016). However, post-pandemic, there is a high demand of counselors as providers of mental health care (Panchal et al., 2023). With high need, the field of counseling must seek ways to prevent and address burnout phenomena. Wellness has been identified as a predictor of compassion fatigue (Can & Watson, 2019) and as critical to counselor effectiveness (Blount et al., 2016a). Measuring wellness in CITs offers a lens to view their ability to be effective and avoid impairments. Self-care offers opportunities to alleviate the

negative impacts of empathically joining with clients (Friedman, 2017; Rogers, 1995). Even with understanding the benefits, the lack of self-care continues (Coaston, 2017; Freidman, 2017; Guler & Ceyhan, 2021; Morse et al., 2011). Supervision has been identified as a primary method to support CIT wellness (Blount et al., 2016b; Meany-Walen et al., 2016) and instill self-care practices in CITs (Campbell, 2006; Thériault et al., 2015). Understanding the impact of variables in supervision on wellness could offer an opportunity to improve supervisee wellness. Supervisory interventions that are easy to implement and that improve counselor wellness are needed.

Research Question(s) or Hypotheses

Q1: Are supervision demographic variables (supervisee age, supervisee years of experience, supervisee gender) significantly correlated with wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory?

$H_0$1A: There is no significant correlation between supervision demographic variables and wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory.

H_a1A: There is a significant correlation between supervision demographic variables and wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory.

Q2: Are supervisor behaviors in the past six months significantly correlated with wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory?

Q2A: Are supervision discussions of self-care in the past six months significantly correlated with wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory?

$H_0$2A: There is no significant correlation between supervision discussions of self-care in the past six months and supervisee wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory.

H_a2A: There is a significant correlation between supervision discussions of self-care in the past six months and supervisee wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory.

Q2 B: Is supervisor support of supervisee development of mastery of emotions (encouraging emotional expression and exploration in supervision) in the past six months significantly correlated with wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory?

$H_0$2B: There is no significant correlation of supervisor support of supervisee development of mastery of emotions in the past six months with wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory

H_a2B: There is a significant correlation of supervisor support of supervisee development of mastery of emotions in the past six months with wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory.

Q2C: Is supervisor indirect discouragement of supervisee expression of strong emotional responses (dismissive body language and or facial expressions) in the past six months of supervision significantly correlated with supervisee wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory.

$H_0$2C: There is no significant correlation of supervisor indirect discouragement of suppression of supervisee strong emotional responses in the past six months of

supervision with supervisee wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory.

H_a2C: There is a significant correlation of supervisor indirect discouragement of suppression of supervisee strong emotional responses in the past six months of supervision with supervisee wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory.

Research Methodology

Use of the quantitative methodology suited this research as the research questions sought causation and predictive understanding (Creswell & Creswell, 2018) between self-care discussions in supervision and supervisee wellness. Wood et al. (2021) argued quantitative research is imperative to making meaningful changes in policies and communities. They pointed out that the entities needing persuading respond better to rigorous and easily understood research. This study was rooted in a postpositivist worldview. As applied to this study, the postpositivist worldview purports to develop true statements regarding supervision impacting supervisee wellness. According to the postpositivist perspective, absolute truth can never be established; the design seeks to get as close to the truth regarding which behaviors supervisors implement in supervision will positively impact supervisee wellness. This study used a quantitative research design to examine supervision related to self-care discussions impacting counselor wellness.

The decision to utilize a quantitative design was derived from the review of the literature on the topic of self-care. Trusty (2011) explained that the objectivity of the research question determines the appropriateness of quantitative design. Examining the variables of supervisory behaviors and CITs' wellness scores align with quantitative design. The objective nature of

scores derived from a validated measure (FFWEL) establishes the nature of the study to be objective. Inversely, subjective research questions call for qualitative approaches and have been utilized to study phenomena and use subjective data to inform the potential development of future objective research questions. Balkin (2014) argued that humanistic research aligns with quantitative design due to the exploration of the relationship between variables, specifically variables consisting of human behavior. He cautioned that limitations must be noted to avoid over-identifying applicability across populations, and acknowledging subjective choices made in the research is essential to improve the relevance and express the "utility" of results. People are at the center of counseling, whether as clients or professionals. A quantitative research design can advance the understanding of human behavior through a humanistic research lens.

Research Design

Creswell and Creswell (2018) indicated quantitative data collection could take several forms, i.e., experimental and survey. This study examined whether the inclusion of self-care as a component of supervision may or may not influence overall wellness for counselors-in-training (CITs) who received supervision in the six months before participating in the study. Additionally, the research questionnaire asked participants about the support of their mastery over their own emotions.

The causal-comparative research design was utilized to examine nominal or categorical independent variables and continuous dependent variables (Schenker & Rumrill, 2004). The variable of supervision with self-care discussion is nominal (discussion present, yes or no), and the FFWEL scores are continuous, with higher scores indicating more wellness. While an experimental design could examine these independent and dependent variables, the time needed and recruitment of willing participants proved prohibitive. Also, supervision is constantly

occurring, providing a rich research opportunity to examine supervisors' established practices to understand their potential impact on CITs.

The use of online surveys has grown, keeping pace with advancements in technology and wide internet usage adoption (Hooley et al., 2014). Early concerns about sample participant homogeneity have dissipated as diverse populations' online presence is now well established. Hooley et al. (2014) noted that the ease, low cost, and broad reach of online survey research have resulted in researchers consistently utilizing online surveys to conduct quantitative survey research.

For this study, an online survey was administered to gather basic demographic data on participants. Questions asked of the participants included: "Have you received supervision in the past six months; Has your supervisor asked you about your self-care in the past six months?" Participants responding to not having supervision were excluded from the study. Additional Likert-style questions were asked about supervisory behavior, see Appendix A. The questions prompted respondents to rate supervisory discouragement of expressing strong emotions, encouragement of supervisee openness to uncomfortable emotions, assistance in building feeling awareness and support of supervisee feeling recognition. Those answering yes to having supervision and who engaged in the subsequent questionnaire then completed the Five-Factor Wellness Inventory (FFWEL) (Myers & Sweeney, 2014).

Participants were encouraged to complete the survey by providing them with the option at the survey's conclusion to enter their name in one of four drawings for a $25 Amazon gift card. CITs self-selected or volunteered to participate, but efforts to explain the purpose of the research and potential benefits to the profession could have helped participants feel compelled to participate. Such an appeal created bias with the sample more representative

of those CITs motivated to be helpful and contribute to the profession. Nonresponse sampling bias in survey research is common (Patten, 2020). Using strategies to increase voluntary participation does introduce bias; however, they are necessary to overcome the prevalent known issue of nonresponse.

A *Wellness Evaluation of Lifestyle: Remote Online Survey License* (Myers & Sweeney, 2014) allowed for the administration of 153 online FFWEL surveys that were completed via Survey Monkey survey. Adherence to the licensing agreement dictates that only scores and statistical analysis of scores can be disclosed in publications. The *Remote Online Survey License* permits the use of the FFWEL for research purposes only. The researcher applied for permission from *MindGarden* to use the FFWEL for the purposes of this study.

Population and Sample Selection

The participant population was CITs in the United States. Statistics on that population was comprised of data from multiple lenses. In 2016-2017 there were 139,820 mental health counselors in the US (Psych Central, 2019). Johnson and Brookover included four categories from the Bureau of Labor Statistics 2018 Occupational Employment Statistics survey: "(1) educational, guidance, school, and vocational counselors; (2) marriage and family therapists; (3) rehabilitation counselors; and (4) substance abuse, behavioral disorder, and mental health counselors" (2020, p. 177) to arrive at an approximated 903 counselors per 100,000 people in 49 states, excluding Vermont. The *U.S. News & World Report* (2023) noted the Bureau of Labor Statistics projected 13,300 jobs available for counselors between 2021 and 2031. Understanding the impact of supervision behaviors on supervisee wellness could impact the profession as a whole.

The sample consisted of a total of 153 CITs. CITs who were in a CACREP accredited counseling program and were in internship or those who graduated from a CACREP accredited counseling program with an associate level license in the state they practice were included. The informed consent, see Appendix A, was emailed to identified publicly available email addresses, and the listserve COUNSGRADS. The initial email was resent seven days later to increase the likelihood of participation.

Conducting research involving human subjects requires submitting a protocol to the Institutional Research Board (2021 National Louis University). The required certification for the Protection of Human Subjects Research (CITI) was completed, as well as the protocol forms for the IRB at National Louis University. Those protocol forms included informed consent, the participant's written agreement to participate, and the researcher's disclosure of potential advantages and adverse effects of participation. See Appendix B for a copy of the IRB approval letter.

The research was conducted via online survey completion, and informed consent was sought at the beginning of participant involvement in the research before completing any survey questions (Appendix A). Participants could opt out of participation at the point of informed consent. They were informed that they could stop their participation at any point by navigating away from the survey. The study used a non-random voluntary sampling method, which consisted of a sample of only those who self-elected to respond to the solicitation emails (Pyrczak & Oh, 2018). Voluntary sampling generated a sufficient sample to be statistically relevant. Due to limitations in compelling counseling students to participate in the survey research, volunteerism was used.

Instrument Or Sources of Data

The data collection instrument was an online survey, which consisted of two parts, a set of questions to gather demographic information and data about the CITs' supervision experience and the Myers and Sweeney's 2014 version of the Five Factor Wellness Inventory (FFWEL). Demographic and supervision experience data was collected using a survey questionnaire developed by the researcher. Participants were asked age, gender, years of experience and gender of their supervisor to examine any correlation between these items and wellness score. Additionally, supervisor behavior data was collected. Participants answered yes or no regarding having supervision for the past six months, and yes or no to whether their supervisor had asked them about their self-care during supervision. To develop understanding of the relationship between supervisory behavior and CITs' wellness, participants were asked to rate to what extent their supervisor demonstrated specific behaviors.

The questions related to supervision experience are based on Miller and Sprang's 2017 Components for Enhancing Clinician Engagement and Reducing Trauma (CE-CERT) model. Specifically, the questions relate to "practice element 1, experiential engagement" (p. 154), "skill 2, conscious acknowledgement of experience" (p. 155). Suppression of the emotions generated by work with clients will only lead to those emotions permeating subsequent experiences (Miller, 2022). The physiological responses to strong emotion occur whether desired or not and the anecdote is to metabolize those emotions and allow the body's physiological response to return to baseline. B. Miller (personal communication, January 24, 2023) suggested that measuring supervisee mastery of emotions would offer meaningful data related to self-care and burnout prevention. The survey questions elicited the degree to which the supervisor fostered or hindered CITs' experience of emotion acknowledgment. The questions are a Likert Scale style: "To what

extent (1 being very rarely and 5 being very often) did your supervisor (directly by statements of 'let it go', 'don't be emotional') discourage you from expressing strong emotions? To what extent (1 being very rarely and 5 being very often) did your supervisor indirectly (by changing the subject or using dismissive body language and or facial expressions) discourage you from expressing strong emotional responses? To what extent (1 being very rarely and 5 being very often) did your supervisor encourage you to be open to uncomfortable emotions (sadness, anxiety)? To what extent (1 being very rarely and 5 being very often) did your supervisor assist you in building awareness of your feelings triggered by the work you're doing? To what extent (1 being very rarely and 5 being very often) did your supervisor support you in recognizing a feeling, even negative ones and sitting with it without trying to change it?". Upon completion of the questions regarding CITs' experience in supervision they completed the FFWEL (Myers & Sweeney, 2014).

The FFWEL was developed from factor analysis of data gathered via a previous version of their survey (Myers & Sweeney, 2014). The researchers were interested in a measure of the determinants of wellness. They based their research on Adlerian theory and his concept of "holism" and exemplified the concept that "wellness is more than the absence of disease" (p. 3).

Myers and Sweeney (2014) arrived at a single first order factor of wellness, with five second order factors of essential self, social self, creative self, physical self and coping self. Structural analysis through a RMSEA, goodness of fit indicated an acceptable loading of third level factors on the scales of the second order factors. They arrived at concepts of an essential self, comprised of cultural identity, gender identity, self-care and essence; a social self, comprised of love and friends; a creative self, comprised of intelligence, control, emotion,

humor, and work; a physical self, comprised of exercise and nutrition; and a coping self, comprised of leisure, stress, worth and beliefs. The factor loading was statistically significant.

The first order factor of wellness was established by all items of the second and third order factors having statistically significant structure coefficients with wellness (Myers & Sweeney, 2014). That all the items, some with connections that seem counterintuitive, could be statistically significant with wellness highlighted the core concept of Adler's theory, that individuals are not disparate parts but a whole comprised of interactive parts set in a social context. Wellness emerged as a single factor that was comprised of subparts interacting in a social context. Myers and Sweeney (2014) finalized the current version of the FFWEL and it subsequently has generated a data set of 3,343 for comparison.

Validity

The demographics and behavioral questions are not part of a validated survey and have not been psychometrically tested. The researcher acknowledges the limitation this presents. Best practices were used to develop the questionnaire. Patten (2020) emphasized clear question writing as critical to gathering data in survey format, recommending demographic questions be concise and inclusive with the option for respondents to make selections reflective of their nuanced race and ethnicity. Further, Patten's recommendation of how to gather age data informed the demographic question of the age of the respondent and age of their supervisor, with an open-ended question of "What is your age?" and "What is your supervisor's age (your best guess is fine)". The development of the behavior questions was also informed by best practices. Patten noted no better design has been developed since the Likert-type was first published and further expounded on the practicality and clarity a five choice Likert-type item provides. Additional choices might suggest more precision, while in reality items with more than five

choices force respondents to make distinctions lacking representation of how they feel. The questions developed for this research included Likert-type questions with a five-choice rating of "very rarely, rarely, sometimes, often, very often".

Use of the FFWEL was decided, in part, due to it being an established inventory. Myers and Sweeney (2014) indicated that across studies the first and second order factors have validity. The convergent validity of the FFWEL has been established through studies examining the second order and third order factors with other instruments and determining similar measurements of the factors. The divergent validity was also established through studies indicating the factors included are distinct and measurable.

Reliability

The demographic and behavioral portion of the survey questions have not been tested for reliability. An established and psychometrically tested survey could be superior (Hammer, 2017) but one is not available to examine the behavioral questions. As mentioned, best practices in survey question design were used to structure the demographic questions. Part of the analysis of data helped establish the reliability of the behavioral questions.

The FFWEL is a psychometrically tested instrument (Myers & Sweeney, 2014). The reliability of the FFWEL was established through administering an earlier version of the instrument to 3,043 adults. From the analysis Hatter, Myers and Sweeney completed in 2004 the 73 items of the FFWEL were determined reliable. Subsequent analysis of 2,093 respondents over a five-year period determined reliability of the items. In both data sets, most respondents were Caucasian and by a slight margin, male.

Data Collection and Management

Participants were solicited through the Florida Department of Health license database (FloridaHealth, n.d.), a post on CESNET LISTSERVE, and COUNSGRADS, as well as convenience sampling methods of sharing the call for participants with colleagues. Participants had to meet the following criteria for inclusion: be 18 years of age or older; be a Masters of Counseling graduate student in a CACREP Accredited program who completed an internship; be a graduate of a Masters of Counseling graduate student from a CACREP Accredited program who is not licensed; or be a counselor with an Associate License (required by their state licensing board to be supervised).

Data collection was completed through a survey. Survey Monkey was used to obtain informed consent and ask demographic and behavioral questions (see Appendix A). No identifying information was collected from respondents to ensure confidentiality and anonymity. Upon completing the demographic and behavioral questions, the participant completed the FFWEL (Myers & Sweeney, 2014). Responses were compiled on the Survey Monkey site and data was downloaded to a password-protected computer. JASP (Wagenmakers, 2018), a free and open-source statistical analysis program, was used to analyze the data. Upon completion of the study and data analysis, raw data stored on the password-protected computer will be retained for a five-year period.

The following timeline was used to collect the study data:

- Obtain IRB approval – July 2023.
- Send the first call for participation emails – upon IRB approval, July 2023
- Monitored responses to Survey Monkey survey and FFWEL – ongoing after participants were initially solicited.

- Sent a second call for participation emails – one week (9 days) after the first call.
- Closed survey – three weeks after the first call when a minimum of 150 respondents were reached. The final number was 153 completed and accepted surveys.
- Data Analysis completed – upon close of the survey, August 2023.
- Chapters Four and Five were written, reporting results – August 2023.
- Write an article reporting on the study and results and submit it for publication – by November 2023.
- Destroy raw data stored on a password-protected computer – August 31, 2028

Data Analysis Procedures

Descriptive statistics were used to provide context to the results, i.e., data regarding the gender and age of the respondents. Gathering demographic data presented the opportunity to run a chi-square analysis. The Spearman's rho is a non-parametric test allowing for nominal and ordinal data analysis (Frost, 2023). The gender of the participant and overall FFWEL wellness score can be examined with a Spearman's rho analysis to determine whether higher FFWEL wellness scores of one gender or another is significant or random.

The correlation between the question, "Has your supervisor asked you about your self-care in the past six months", and overall wellness score on the FFWEL was examined. A Spearman's rho was used with the null hypothesis for correlations typically set with a p-value = 0, indicating that there would be no correlation between the data collected in the sample and the population (Huck, 2012). A correlation value closer to 0 shows less correlation between two pieces of data, with 0 representing no correlation at all (Huck, 2012; Starmer, 2019). Additionally, a correlation value of either 1 or -1 indicates the strongest correlation, with positive

or negative indicating whether the correlation between the two is positive (as one increases, the other also increases) or inverse (as one increases, the other decreases).

The p-value was calculated to evaluate the correlations. The p-value is a calculation of the probability that the correlation is due to random occurrence (Starmer, 2019). The smaller the p-value, the more confidence there can be that there is a correlation between the data. The addition of a confidence interval adds to the confidence of the data being representative. Confidence intervals provide further insight into the data, indicating the ability to infer the sampled data represents the population (Bureau, 2021). Tighter confidence intervals represent more precise inference ability, i.e., a confidence interval of 95% with a span of 10-15 means that repeatedly replicating the sampling would produce within 5 points the same data 95% of the time, thus, indicating a relationship that is not due to random chance.

The analysis also included examination of correlation between the questions: To what degree has your supervisor increased your sense of mastery of counseling (i.e., working with difficult clients, feeling competent)?; To what degree has your supervisor increased your sense of mastery of your emotions related to your work?, and the FFWEL scores. A Spearman's rho was used to determine if supervisor fostering mastery has a positive, negative or no correlation with wellness scores.

Ethical Considerations

The quantitative survey design of the research required consideration of two specific areas of ethics (Hammer, 2017). Informed consent and scientific integrity are the two key areas of consideration. The ethical tenets of autonomy, beneficence, non-malfeasance and justice are lenses that informed consent and scientific integrity should be examined through (Hammer, 2017) and directly relate to the Belmont Report (Nagai et al., 2022). Research involving human

subjects must abide by the Belmont Principles of "Respect for Persons, Beneficence, and Justice" (p. 158). Informed in part by the atrocities of the Holocaust and the Nuremberg Code, the Belmont Report emphasized the necessity of protecting human subjects and ensuring individuals were able to consent, with specific protections established for vulnerable populations. The research involved adults and the procedures addressing the Belmont Principles are outlined below.

Informed consent autonomy was handled through identification of the qualifications of participants and an opt in checkbox confirming consent (see Appendix A). Additionally, informed consent beneficence was established through the statement regarding benefits of participation. A statement at the beginning and end of the survey regarding accessing support assisted in ensuring no informed consent malfeasance occurred as a result of participation. The final ethical tenet informed consent should be considered through is justice. Participants were informed who was being solicited for survey participation. The intention of the researcher was to recruit a diverse participant pool, but online survey research may have intrinsic bias regarding access to technology resources and the survey was in English only which limited any non-English speakers from participating in the survey. A statement acknowledging this limitation was included.

Hammer highlighted the need to use "psychometrically tested surveys" (2017, p. 158). The research included both novel survey questions intended to gather demographic and perspective data from the participants paired with the FFWEL Inventory. The FFWEL was developed using a confirmatory factor analysis of a previous version of the inventory (Shannonhouse et al., 2020). The validity and reliability, particularly with adult populations has been established. Moderate negative correlations of burnout and fatigue and wellness per the

FFWEL were found to be present. A moderate positive correlation between helping professional behaviors of feelings of accomplishment and compassion were also found.

Administration of the FFWEL occurred via the SurveyMonkey website. SurveyMonkey uses Cookies to ensure functionality of their survey services (2023). Respondent identifying information was not required. The SurveyMonkey cookies collect usage information, device browser data and page tags. Participants were provided with the website regarding cookies in the Informed Consent, see Appendix A.

The scientific integrity of the research does not solely rely on the FFWEL. Hammer called for the lenses of autonomy, beneficence, non-malfeasance and justice to be applied to scientific integrity (2017). To meet the tenet of autonomy, participants were informed they could choose not to participate and could stop participation up to the point of clicking submit at the end of the survey.

In adhering to the ethical standards of research, participants were provided anonymity and confidentiality. Due to the data being de-identified via the anonymous survey, participants could not cease participation after their responses were submitted. Additionally, the survey questions were appropriate to the participant audience. Shannonhouse (2020) cautioned clinicians using the FFWEL in therapy may have to ensure client knowledge of wellness principles for full participation in the benefits of the inventory. The participants of the research were all master's level trained students or counselors who, through their education, should have been exposed to concepts and language of wellness. Additionally, the data was not used to foster growth in participants but rather as a measure of wellness. Beneficence was addressed through the psychometric properties and results being used to inform future research (Hammer, 2020). The psychometric properties of the FFWEL are discussed above. The research results were

disseminated via completion of the dissertation and potentially through article submission to peer reviewed publications. Non-malfeasance of scientific integrity was established through deidentifying the data from the participants to maintain confidentiality. The FFWEL challenges the tenet of justice in scientific integrity due to the inventory having been normed on a predominantly White, under 55 demographics (Hammer, 2020; Shannonhouse, 2020). Shannonhouse (2020) called for research utilizing the FFWEL to include diverse populations; however, the intention of this study was not to examine normative data and diverse populations. Potential bias in wellness scores due to the normative population when the inventory was applied to a diverse population was acknowledged.

Limitations and Delimitations

Limitations of the study included English language restricting access to non-English speaking participants. The population for the study was restricted to CITs in the United States which may have mitigated this limitation. Still, the topics of self-care and wellness are of a personal nature and non-native English speakers might prefer to respond to surveys in their native language.

The FFWEL was normed on a younger, White population (Shannonhouse, 2020) which could limit applicability of the wellness scores to a diverse population. Further research regarding the FFWEL and diverse participants could add to the body of knowledge. Analysis of differences in scores for ages under 55, and BIPOC participants could account for any bias present due the population used to norm the FFWEL.

Another limitation of the research is that, due to the novel perspective on supervisory behavior, there is no established questionnaire that has been psychometrically tested. The validity and reliability of the questions related to supervisor behavior are not established and

results generated through this research should be viewed with the understanding of this limitation. Future research could help establish validity and reliability of these questions.

This study has some delimitations that restricted the process and outcomes of the research. First, the study was delimited to counselors-in-training. The results may not generally apply to other supervisees. Second, the study was delimited to counselors-in-training who received supervision in the past six months. Third, the study was delimited by convenience sampling of counselors-in-training whom the researcher could reach with solicitation appeals and who agreed to participate during the three weeks the survey was open. Lastly, the study was delimited to a population of 150 respondents from master's of counseling programs in the United States. Ultimately, this was exceed by three, with 153 respondents included in the data.

Summary

Wellness has been tied to predicting compassion fatigue (Can & Watson, 2019) and counselor effectiveness (Blount et al., 2016a). Self-care can protect counselors from the burnout phenomena (Friedman, 2017; Roger, 1995) and counselors still struggle to utilize self-care (Coaston, 2017; Friedman, 2017; Guler & Ceyhan, 2021; Morse et al., 2011). Examining the relationship between supervisee wellness and their supervisor's support of their self-care and mastery of emotions offers insight into practical solutions to fostering self-care practices and wellness in supervisees.

The research questions examined the relationship between supervisory behavior and supervisee wellness. The following hypotheses were explored to better understand the relationship between supervisor demographics, supervision behavior, self-care, and supervisee wellness. The hypotheses included that there is no correlation between demographics and supervisee wellness; that there is no correlation between supervision discussions of self-care and

supervisee wellness; that there is no significant correlation of supervisor support of supervisee development of mastery of emotions in the past six months with wellness; and that there is no correlation of supervisor indirect discouragement of supervisee expression of strong emotional responses in the past six months of supervision with supervisee wellness

A quantitative causal-comparative research design was utilized. Schenker and Rumrill (2004) indicated casual-comparative is an appropriate design with nominal or categorical independent variables and continuous dependent variables. The data was obtained via an online survey. Hooley et al. (2014) validated the widespread use of online surveys. The ease of online survey coupled with incentives of the chance to win a $25 gift card facilitated CITs to volunteer to participate. Use of incentives to increase voluntary participation introduces sample bias (Patten, 2020). Still, the benefit of incentives to counteract nonresponse sampling bias was needed to reach the 153 respondents. A sample size of 153 participants was made up of counseling graduate students who completed an internship at a CACREP accredited program, graduates of a CACREP accredited program and counselors with Associate License. The Institutional Research Board (2021 National Louis University) approval was obtained to ensure protection of the 153 human subjects.

A supervisor demographic and behavior survey was developed for this study (see survey questions contained in the Informed Consent in Appendix A). While this survey does not have established validity or reliability, best practices were used to develop the questions. Informed consent was obtained via the survey and participants completed the questionnaire on the Survey Monkey online survey platform. Participants were able to opt out by not agreeing to participate, or quitting completion of the survey at any point. The demographic and behavior survey was paired with the FFWEL (Myers & Sweeney, 2014). Myers and Sweeney developed the FFWEL

through a factor analysis of the factors of wellness. The FFWEL has established validity and reliability based on over 3,000 adult respondents.

Voluntary participants were obtained by solicitation of Associate Licensed counselors across the United States via obtained databases from Florida; a call for participation on the national listservs of CESNET and COUNSGRAD; and sharing the call for participation with colleagues. Eligible participants were at least 18 years of age, students who completed internship enrolled in or unlicensed graduates of CACREP accredited counseling programs or Associate Licensed counselors.

Data collection began upon IRB approval in July of 2023 and continued through August of 2023. Data was protected by confidential and anonymous collection via the surveys and storage on a password-protected computer. The study took approximately three months to complete, with the results shared via completion of this dissertation and submission of an article to a peer reviewed journal.

Chapter Four: Results

Introduction

The intention of the study was to add to the body of knowledge about improving counselor-in-training wellness and self-care practices. Supervisor behavior can support CIT wellness (Blount et al., 2016b; Meany-Walen et al., 2016) and the adoption of self-care practices (Campbell, 2006; Thériault et al., 2015). Self-care is viewed as reparative of the impacts of the burnout phenomenon (Friedman, 2017; Rogers, 1995), and wellness can be predictive of compassion fatigue (Can & Watson, 2019). Determining what, if any, relationship exists between supervisor behavior and counselor wellness could lead to interventions to improve CIT wellness.

A quantitative causal-comparative design was used to examine relationships between variables. Online surveys were completed to gather data on CIT wellness and supervisory behavior to answer the research questions. The study sought to determine whether there was a relationship between the demographics, age, and gender of the CIT with the demographics, gender, and years of experience of the supervisor. The relationship between supervisor behaviors and CIT wellness score was also examined. This chapter presents the data, analysis procedures, and results.

Descriptive Data

The participant population consisted of 153 CITs in the United States who were in a CACREP-accredited counseling program, were in an internship, or graduated from a CACREP-accredited counseling program with an associate-level license in the state they practice. All subjects had supervision in the past six months prior to participation. The participants' supervisor years of experience had a mean of 10.51 years. Women represented 88.24% of participants and men comprised 7.84% (see Table 1). Participant age averaged 38.56 years old.

Table 1

Frequencies of Gender

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Man	12	7.843	7.895	7.895
Woman	135	88.235	88.816	96.711
Transgender Man	2	1.307	1.316	98.026
NonBinary	3	1.961	1.974	100.000
Missing	1	0.654		
Total	153	100.000		

Due to the nature of the sampling, utilizing email distribution lists from Florida, Kentucky, and Nebraska, participants likely resided in those states. General solicitation posts were made to the COUNSGRADS listserve, Facebook National Louis Counseling Support Group, and LinkedIn, which may have generated some participation from respondents across other geographic locations. No geographic location data was collected on participants.

Data Analysis Procedures

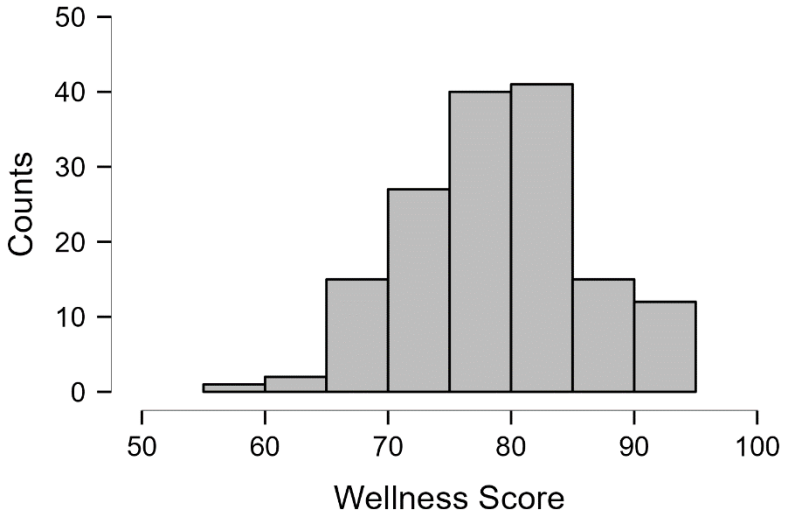
Data was gathered through an online survey distributed on the Survey Monkey platform. Data was downloaded from the platform and examined for completeness. Within 48 hours of the initial call for participants, the survey was flooded with bots. The survey was temporarily closed, and data was examined to determine which responses were bot-generated. Evidence of potential bot-generated responses included timestamps that indicated impossibly fast completion, inconsistent responses to related questions, and nonsensical answers to open-ended questions (Simone, 2019). The FFWEL contains a question that asks respondents to indicate their highest level of education, and the next question prompts respondents to select the highest degree earned if they answered the previous question as having an advanced degree. This question proved beneficial in determining bot-generated responses. An example of incongruencies indicating bot-generated responses were occurrences such as responses of “less than high school” for the

highest level of education and then “Professional Degree (DDS, JD, MD)” answered in the subsequent question. All responses determined to be bot-generated were discarded. Simone recommends the use of skip logic to protect against bots. The survey was updated with a question to eliminate bot responses: Skip this question to verify you are human. Any answer to the question disqualified the respondent. The survey was reopened, and all subsequent responses showed no evidence of being generated by bots and were therefore accepted as human-generated.

Myers and Sweeney’s Five Factor Wellness Inventory (FFWEL, 2014) was utilized to obtain a wellness score for participants. The distribution of participant wellness scores as determined by the FFWEL were normally distributed, see Figure 2. Any respondents who did not provide answers for all the FFWEL questions were eliminated since they would not have a wellness score. Respondents who did not answer all the demographic and supervisor behavior questions were included in the data set.

Figure 2

Wellness Scores



The nature of the variables, ordinal, continuous, and nominal, without the assumption of a linear relationship, dictated the use of Spearman's rho (Frost, 2023). A Spearman's rho was conducted to determine whether there were correlations between variables. A positive Spearman's rho is above 0 and indicates as one variable increases, the other variable also increases. Sample size for a Spearman correlation was determined by conducting a power analysis in G-Power (Faul et al, 2009). The power analysis used an alpha of .05, a power of .80, and a small effect size (? = .1) for a two-tailed test. Spearman's rank correlation coefficient is computationally the same as Pearson product-moment coefficient allowing the power analysis to be conducted using software for estimating power of a Pearson's correlation. The estimated sample size required to determine statistical power to generalize the assumptions to the larger population was 779. A sample size of 779 was not obtained, and the fact that the analysis does not have the statistical power to adequately generalize the results to the larger population is acknowledged.

The Results

Examination of "Q1: Are supervision demographic variables (supervisee age, supervisee years of experience, supervisee gender) significantly correlated with wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory?" resulted in mixed results. The age of the supervisee had no significant correlation to any of the other variables. The gender of the supervisee had a weak positive correlation of $\rho\ (148) = .201$, $p = .014$ with the gender of the supervisor, see Table 2; however, this is indicative of the over-representation of women in the sample. The supervisor's gender and years of experience had no significant correlation with any other variable. The null hypothesis is supported by no significant correlation between

demographic variables and wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory.

Table 2

Gender Correlations

	n	Spearman's rho	p	Effect size (Fisher's z)	SE Effect size
Gender - Supervisor Gender	150	.201	.014	.204	.084

The second research question, Q2: Are supervisor behaviors in the past six months significantly correlated with wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory? was examined to determine the relationship between supervisor behaviors and wellness score through three sub-questions, the first of which:

> Q2A: Are supervision discussions of self-care in the past six months significantly correlated with wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory?

Analysis indicated a weak negative correlation of $\rho\ (151) = -.237$, $p = .003$, see Table 3 between wellness scores and whether their supervisor asked about supervision in the past six months. A weak negative correlation indicates the possibility that wellness scores were lower (and supervisees were less well) when supervisors did not ask about self-care in supervision. The relationship is inverse as one increases, the other decreases, and this is due to the presence of a supervisor asking about supervision being coded as 1 in the data. The null hypothesis is rejected, due there being a correlation between supervision discussion of self-care in the past six months and supervisee wellness. Additional replication with larger sample sizes could better indicate the significance of the potential relationship between supervisors asking about wellness and supervisees' wellness scores.

Table 3

Wellness Scores Compared to Self-care

			n	Spearman's rho	p	Effect size (Fisher's z)	SE Effect size
Wellness Score	-	Asked about self-care in supervision?	153	-.237**	.003	-.241	.083

* p < .05, ** p < .01, *** p < .001

For the next question:

> Q2 B: Is supervisor support of supervisee development of mastery of emotions (encouraging emotional expression and exploration in supervision) in the past six months significantly correlated with wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory?

A very weak negative correlation of ρ (151) = -.189, p = .019, see Table 4, between wellness score and their supervisor discouraging expressing strong emotions. The negative correlation points to the wellness scores increasing as the discouraging behavior of the supervisor decreases. A moderate positive correlation of ρ (151) = .419, p = < .001 existed between wellness scores and supervisors assisting in building awareness of feelings. Wellness scores potentially increase relative to supervisors assisting supervisees in building awareness of feelings. A weak positive correlation of ρ (150) = .273, p = < .001 existed between wellness score and supervisors supporting recognition of a feeling and sitting with it. Replication with larger sample sizes could further confirm whether supervisory encouragement of emotion expression and exploration in supervision impacts wellness in supervisees.

Table 4

Wellness Scores Compared to Supervisor Support of Mastery of Feelings

		n	Spearman's rho	p
Wellness Score	- Q8 Directly discourage expressing strong emotions	153	-.189 *	.019
Wellness Score	- Q9 Indirectly discourage expressing strong emotions	153	-.233 **	.004
Wellness Score	- Q10 Encourage being open to uncomfortable emotions	151	.163 *	.045
Wellness Score	- Q11Assist you in building awareness of your feelings	153	.419 ***	< .001
Wellness Score	- Q12 Support recognizing a feeling, and sitting with it	152	.273 ***	< .001

* p < .05, ** p < .01, *** p < .001

Q2C: Is supervisor indirect discouragement of supervisee expression of strong emotional responses (dismissive body language and or facial expressions) in the past six months of supervision significantly correlated with supervisee wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory.

The wellness score and supervisors indirectly discouraging expressing strong emotions had a weak negative correlation of ρ (151) = -.233, p = .004. The negative relationship between supervisors indirectly discouraging the expression of strong emotions and wellness score indicates that as supervisors display less nonverbal discouragement of emotional expression, supervisees' wellness scores increase.

The data collected on supervisory behavior provided an opportunity to examine relationships between individual supervisory behaviors, see Table 5. Supervisors discouraging supervisees from expressing strong emotions had a moderate positive correlation of ρ (151) = -.685, p = < .001, see Table 5, with supervisors indirectly discouraging supervisees from expressing strong emotions. This result seems to indicate that supervisors' direct and indirect

behaviors are similar, i.e., if a supervisor is likely to verbally discourage a supervisee from expressing a strong emotion, their non-verbal behaviors are also discouraging. The results of the analysis of supervisor behaviors are presented in Table 5. Supervisors discouraging supervisees from expressing strong emotions had a moderate negative correlation of ρ (151) = -.407, p = < .001, with supervisors assisting supervisees in building awareness of feelings. Supervisors indirectly discouraging supervisees from expressing strong emotions had a moderate weak correlation of ρ (151) = -.503, p = < .001, with supervisors assisting supervisees in building awareness of feelings. Supervisors indirectly discouraging supervisees from expressing strong emotions had a moderate negative correlation of ρ (150) = -.521, p = < .001, with supervisors supporting supervisees in recognizing a feeling and sitting with it. Supervisors encouraging openness to uncomfortable emotions had a moderate positive correlation of ρ (149) = .528, p = < .001, with supervisors assisting supervisees in building awareness of feelings. Supervisors encouraging openness to uncomfortable emotions had a moderate positive correlation of ρ (148) = .603, p = < .001 to supervisors supporting supervisees in recognizing a feeling and sitting with it. Supervisors assisting supervisees with building awareness of feelings had a strong positive correlation of ρ (150) = .711, p = < .001, with supervisors supporting supervisees in recognition of a feeling and sitting with it. Analysis of supervisor behavior indicates a relationship between behaviors. The supervisor who discourages the expression of strong emotion is also not assisting supervisees in building awareness of the feelings triggered by the work.

Table 5

Comparison of Supervisor Behaviors

			n	Spearman's rho	p
Q8 Directly discourage expressing strong emotions	-	Q9 Indirectly discourage expressing strong emotions	153	.685***	< .001

Comparison of Supervisor Behaviors

		n	Spearman's rho	p
Q8 Directly discourage expressing strong emotions	- Q10 Encourage being open to uncomfortable emotions	151	-.236**	.004
Q8 Directly discourage expressing strong emotions	- Q11Assist you in building awareness of your feelings	153	-.407***	< .001
Q8 Directly discourage expressing strong emotions	- Q12 Support recognizing a feeling, and sitting with it	152	-.384***	< .001
Q9 Indirectly discourage expressing strong emotions	- Q10 Encourage being open to uncomfortable emotions	151	-.366***	< .001
Q9 Indirectly discourage expressing strong emotions	- Q11Assist you in building awareness of your feelings	153	-.503***	< .001
Q9 Indirectly discourage expressing strong emotions	- Q12 Support recognizing a feeling, and sitting with it	152	-.521***	< .001
Q10 Encourage being open to uncomfortable emotions	- Q11Assist you in building awareness of your feelings	151	.528***	< .001
Q10 Encourage being open to uncomfortable emotions	- Q12 Support recognizing a feeling, and sitting with it	150	.603***	< .001
Q11Assist you in building awareness of your feelings	- Q12 Support recognizing a feeling, and sitting with it	152	.711***	< .001

* p < .05, ** p < .01, *** p < .001

Summary

Prior research indicated supervisors can support wellness (Blount et al., 2016b; Meany-Walen et al., 2016) and self-care practices (Campbell, 2006; Thériault et al., 2015). Two questions were derived from the review of the literature and focused on CIT wellness scores compared to CIT and supervisor demographics and supervisor behaviors. The present study examined four demographics (i.e., CIT age, CIT gender, supervisor gender, and supervisor years of experience) and three supervisor behaviors (i.e., self-care discussion, support mastery of emotions, and indirect discouragement of emotions).

The results indicated there was no relationship between the demographics, age, and gender of the CIT with the demographics, gender, and years of experience of the supervisor. Women were the predominant respondents, $n = 135$. The question of whether supervisor

behaviors in the past six months correlated to CIT wellness resulted in weak correlations between supervisor behaviors and CIT wellness scores. Overall, evidence of a relationship between supervisory behaviors and CIT wellness scores was determined. The implications of the findings and directions for future research are provided in the following chapter.

Chapter Five: Findings and Conclusion

Introduction

The purpose of this quantitative causal-comparative research was to examine the relationship between supervisory behavior and supervisee wellness. This chapter includes a discussion of significant findings related to CIT wellness, self-care, and supervisory behavior. Also included is a discussion of connections between the accepted perspective regarding wellness and self-care and opportunities for improvements to better prepare and support future counselors. This chapter concludes with a discussion of the implications and recommendations.

This chapter examines how the results of the online survey of CITs' supervisory experiences and wellness answer the two main research questions:

Q1: Are supervision demographic variables (supervisee age, supervisee years of experience, supervisee gender) significantly correlated with wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory?

Q2: Are supervisor behaviors in the past six months significantly correlated with wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory?

Additionally, Q2 was further examined via three sub questions and hypotheses.

Summary of the Study

Counseling requires the professional to empathize with their client's emotional distress, which can cause harm to the professional (Can & Watson, 2019; Lipsky & Burk, 2009; Miller & Sprang, 2017; Ravoula et al., 2019). Early thinking in the field equated the potential of harm with the counselor's failings in professionalism or lack of emotional distance (Daley, 1979; Freudenberger, 1974). Later research identified the complexity of factors contributing to professional burnout and shifted focus from the failings of the individual to incorporating factors of support and the work environment (Can & Watson, 2019; Lipsky & Burk, 2009; Miller &

Sprang, 2017; Ravoula et al., 2019). Recognizing the need for burnout preventatives led to the focus on self-care as a primary solution (Friedman, 2017; Posluns & Gall, 2020; Rogers, 1995). Burnout was not eradicated by identifying that self-care was needed, with researchers determining that professionals struggled to engage in self-care practices (Baker & Gabriel, 2021; Barton, 2020; Coaston, 2017; Freidman, 2017; Guler & Ceyhan, 2021; Morse et al., 2011). CITs are provided opportunities to develop self-care practices through the requirements that CACREP programs develop CITs' competency in self-care (Coaston & Lawrence, 2019; Thériault et al., 2015) and through the supervisory relationship (Can & Watson, 2019; Neswald-Potter et al., 2013; O'Connor et al., 2018). An increased understanding of the factors that help counselors maintain wellness could assist the profession in refining program requirements and supervision. This study examined factors of CIT and supervisor demographics and supervisor behavior and the impact of those factors on CIT wellness.

An online survey was conducted to examine supervisor demographics and behavior and was paired with the FFWEL. The FFWEL is an established wellness assessment based on the Adlerian philosophy of the holism of the individual (Myers & Sweeney, 2014). Participants who met the criteria of counseling graduate students done with their internship at a CACREP accredited program, graduates of a CACREP accredited program, and counselors with Associate Licenses were solicited via email to complete the survey. The survey was active for participation from July 2023 to August 2023, resulting in 153 being completed. Data analysis was conducted, and a summary of findings and conclusions is provided in the next section.

Summary of Findings and Conclusion

The literature review established there is an essential need for self-care and that self-care is a component of wellness. Self-care to prevent impairment has been substantiated (*ACA Code*

of Ethics 2014; Callan et al., 2020), and the practices one engages in to diminish the impact of stress and increase feelings of calm, focus, and grounding (Corey et al., 2018; Meany-Walen et al., 2018; Sultan, 2018) seem logical to ward off burnout. Prevention of burnout is also essential (American Psychological Association, 2018; Baldwin et al., 2011), and the issue of burnout is prevalent with Morse et al. (2011) stating that 21-67% of those in the mental health field experienced burnout and Bercier and Maynard (2015) sharing that 5-15% of professionals experienced clinical levels of stress. The Bureau of Labor Statistics, U.S. Department of Labor (2020) projects a growth of 25 percent from 2019 to 2029, a trajectory of expansion that outpaces other occupations. The connection between self-care, wellness, and burnout is well established, but counselors still experience barriers to implementing self-care to improve their wellness and prevent burnout (Baker & Gabriel, 2021; Posluns & Gall, 2020).

Supervision is how counselors are instructed in counseling (Bernard & Luke, 2015), and supervision provides protective influence from negative outcomes (Bernard & Goodyear, 2018; Callender & Lenz, 2018). Participants in Pierce and Herlihy's 2013 research of female CES doctoral students indicated they experienced conflict between meeting the demands of their programs and their wellness, with them sacrificing focus on wellness. Myers et al. (2003) determined female participants had higher Gender Identity scores on the FFWEL than males, which they attributed to increased awareness of the women because of experiences of gender biases. The results of this study indicated no support for gendered differences in behavior. There was no correlation between CIT gender, nor supervisor gender, and CIT wellness scores. Supervisory gender also had no correlation with supervisory behavior. Shannon (2019) indicated gender needs further study to understand whether it has a positive, negative or no impact on the supervisory relationship.

Other demographics of CITs and supervisors (i.e., CIT age and supervisor years of experience) were included in the current study. Prior research conducted by Perepiczka and Balkin (2010) examined the age and wellness of Counselor Education and Supervision doctoral students finding no significant relationship between the two. Results of the current study also determined no relationship between CIT age and wellness score.

The relationship between CIT wellness and supervisor behaviors of asking about the supervisee's self-care practices and supervisors assisting the supervisee in gaining mastery over the supervisee's emotions was explored. This study determined a relationship between supervisor behaviors of asking about self-care and CIT wellness scores. Consideration of wellness scores related to self-care discussions was predicated on the accepted concept that self-care is a component of wellness as established by Corey et al. (2018), Gibson et al. (2021), Meany-Walen et al. (2018) and Sultan (2018). Guler and Ceyhan (2021) conceptualized self-care as the tool and wellness is the state of being. The current study examined whether supervisors were using the tool of self-care and if a relationship existed between their use of the tool and CIT wellness scores. Results indicated a weak negative relationship between supervisors asking about self-care and CIT wellness.

A supportive supervisory relationship was identified as fostering wellness by Neswald-Potter et al. (2013), and Ladany et al. (2013) highlighted the encouragement of supervisee autonomy as impacting supervision. Autonomy over emotions as preventative for burnout (Miller, 2021) was a basis of the research question of whether supervisor behaviors in the past six months significantly correlated with wellness as measured by Myers and Sweeney's Five-Factor Wellness Inventory. The behaviors of directly discouraging the expression of strong emotions, encouraging openness to uncomfortable emotions generated by counseling, assisting

CIT in building awareness of feelings, and supporting recognizing of feelings and sitting with them were included to examine the supportive supervisory relationship. The results indicated a weak negative correlation between wellness scores and the discouraging behavior of the supervisor. Additionally, a moderate positive correlation existed between wellness scores and supervisors assisting in building awareness of feelings. Wellness scores and supervisors supporting recognition of a feeling and sitting with it resulted in a weak positive correlation. While the results are not all strong correlations, there does appear to be a correlation between supervisor behavior and CIT wellness. As supervisors discouraged strong emotions, CIT wellness decreased, and as supervisors fostered a supportive relationship of encouraging openness to feelings, awareness of the feelings, and recognizing and sitting with feelings, CIT wellness scores increased.

Quality supervision was identified as an intervention to prevent burnout in a meta-analysis of the prevalence and determinants of burnout (O'Connor et al., 2018). A good supervisory relationship was expected by Can and Watson (2019) to prevent compassion fatigue. Can and Watson sought to determine a correlation between supervisory alliance and compassion fatigue but attributed the low occurrence of compassion fatigue in their subjects to studying CITS. The current study was not examining burnout or supervisory alliance. Instead, the potential relationship between supervisory behavior of indirect discouragement of supervisee strong emotional responses (dismissive body language and or facial expressions) in the past six months of supervision significantly correlated with supervisee wellness as measured by Meyers and Sweeney's Five-Factor Wellness Inventory.

Implications

The findings may have several implications for the counseling profession. This study indicated within the limited population sampled, that supervisory behavior was correlated with increased wellness scores. Areas of supervision and CACREP program development could utilize insights provided to improve supervisor behaviors and influence the establishment of self-care practices.

Supervisor Behavior

Blount et al. defined intentionality as the supervisor "purposefully" (2016a, p. 366) increasing supervisee wellness competence and awareness through supervision. This research helps validate that supervisors could potentially improve supervisees' wellness by intentionally asking about self-care in supervision. Asking supervisees about their self-care is a low-threshold intervention that could provide long-term benefits to the field. Supervisors need only include questions in the supervision they are already providing.

In addition to asking about supervisees' self-care, the use of an outline of supervisor behaviors that foster CITs' experience of emotional acknowledgment could provide supervisors with a structure to follow in supervision. Supervisees would potentially avoid suppressing emotions generated by the work, and as Miller (2022) discussed, also avoid those difficult emotions bleeding into non-work areas of life. Supervisors can attend to how they are talking about the emotions generated from engaging with clients and shift CITs' perspectives from avoiding their feelings to processing emotions in the setting they occur.

CACREP Program Implications

CACREP (2016) identified self-care as foundational to the profession. Teaching future counselors to expect discussions of self-care establishes a foundational practice. Programs could

provide prospective supervisors with the knowledge needed to foster effective self-care practices by pairing self-care discussions with awareness building of the need to acknowledge the emotions created by engaging with clients' trauma. Rather than reinforcing self-care as something to be engaged in by the individual outside of work, programs can move toward integrating self-care skills being developed and supported within the supervisory relationship.

CACREP (2016) standards require that programs include faculty supervision of students in practicum. At a minimum, utilization of discussions of supervisee self-care and supervisor acknowledgment of emotions the supervisee experiences would potentially establish effective self-care practices that students could carry into their future careers. Supervision is essential to how counselors learn the craft and develop their professional identity (Bernard & Goodyear, 2018; Callender & Lenz, 2018). The supervision provided by the CACREP accredited program that includes support of self-care experientially reinforces what supervision should consist of and establishes a routine of self-care being a focus of supervision. Future counselors will expect discussions of self-care in supervision and would be inclined to include self-care discussions in any future supervision they provide.

Recommendations

Future research on self-care and the supervisory relationship is merited. Researchers could replicate this study to validate the correlation between supervisory behavior and supervisee wellness. Due to time and financial restraints, this study was limited in the number of participants; therefore, the analysis was underpowered. Future studies with extended time frames and increased funding to purchase mailing lists and incentives could generate a sample size to power the analysis properly. Other variables could also be examined to determine whether other behaviors correlate with supervisee wellness. Continuing the quantitative investigation of the

relationship between supervisory behavior and supervisee wellness could inform supervision practices and potentially result in improved counselor wellness and less burnout.

A qualitative investigation of how supervisees experience discussions of self-care and emotional acknowledgment behaviors of supervisors in supervision could lead to the development of a grounded theory of supervision. Interviews conducted regarding the quality of the self-care discussions would expand understanding of how supervisors can be the most effective. The grounded theory could incorporate the correlation between supervisee wellness and supervisory behaviors. The lived experience of supervisees could emphasize which supervisory behaviors were most impactful.

Additionally, a qualitative investigation of supervisor beliefs that inform their discussions of self-care and whether they acknowledge the emotional impacts of supervisees would further the research of this study. Correlating supervisory behavior with supervisee wellness establishes the relationship, yet there is more to learn about how supervisors conceptualize their role in improving supervisee wellness and self-care. The presence or absence of supervisory behavior is only one exciting angle of enhancing supervisee implementation of self-care. As Bernard and Goodyear (2018) argued, counseling is an apprentice-style profession presenting the challenge that the supervisor passes their beliefs and perspectives to the supervisee. A richer understanding of the supervisor's experience could inform the aforementioned grounded theory of supervision.

The correlation between supervisory behavior and supervisee wellness could inform research using a quasi-experimental design. Supervising faculty at a CACREP program could implement consistent discussion of self-care with a section of practicum students and compare their wellness scores to practicum students who only experienced the typical exposure to self-care embedded in the curriculum. This experimental design would potentially provide evidence

of the effectiveness of implementing self-care discussion in supervision versus how the program had incorporated self-care in the curriculum.

Recommendations for Future Practice

Improving supervisee wellness is worthwhile (Blount et al., 2016a). The correlation between supervisee wellness and self-care discussions suggests supervisors should implement self-care discussions with their supervisees. Discussions of self-care can become a straightforward tool supervisors employ to support supervisee wellness. Other factors contribute to supervisee wellness, yet there is no cost associated with supervisors asking their supervisees about their self-care.

Supervisors should assist their supervisees in metabolizing the emotional content of their work (Miller, 2022). They can lean into emotional processing by acknowledging and helping their supervisees build awareness of the emotions they are experiencing. Encouraging supervisees to express and process their feelings as a result of their work is another cost-effective tool to be incorporated into supervision practices. Supervisors can set an intention to be present with the emotions or even create a simple checklist as a reminder to assist their supervisees in acknowledging the feelings they are experiencing.

The final recommendation for future practice is for the counseling field to stop participating in perpetuating self-care as an individual, consumption-driven additive. Programs, supervisors, and counselors across the field must advocate for counselors to practice self-care within the practice and the supervisory relationship. No amount of bubble baths will prevent counselors from burning out when their job is to emotionally and empathically engage with people who are distressed and traumatized. Collective advocacy and awareness of self-care are needed.

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Appendix A

Informed Consent Online Survey

You are being asked to participate in an online survey for a research project being carried out by Erin Brumfield Grima, a Doctoral Student in the Counselor Education and Supervision Program, at National Louis University. The study is called "Supervisory Impact on Counselor-In-Training Wellness" and is occurring from 06-2023 to 07-2023. The purpose of this study is to examine whether there is a relationship between supervisory behavior supporting self-care and mastery over the emotional impact of counseling and supervisee wellness. Your voluntary participation may help inform future best practices of supervisors in supporting supervisee wellness. This information outlines the purpose of the study and provides a description of your involvement and rights as a participant.

Participation in this study will include:

Completion of the following online survey, expected to take approximately 30 minutes to complete.

Participation in this study is completely voluntary, and you can stop participating at any point during the completion of the survey. Due to the anonymity of the survey, once you have submitted your responses, there will be no way to identify your responses to remove them from the data set. Your participation is voluntary and can be discontinued at any time without penalty or bias. The results of this study may be published or otherwise reported at conferences, but participants' identities will in no way be revealed (data will be reported anonymously and bear no identifiers that could connect data to individual participants). To ensure confidentiality the researcher's file of compiled results will be stored securely on a password-protected computer. Only the researchers involved in this study will have access. The *SurveyMonkey* platform used to administer the survey collects information on respondents via cookies. For more information regarding *SurveyMonkey* cookies, please visit https://www.surveymonkey.com/mp/legal/survey-page-cookies/

There are no foreseeable risks for you participating in this study. However, completing the survey may lead to increased awareness of your wellness, positive or negative. If you feel you need mental health support, you can reach out to the National Suicide and Crisis Lifeline by calling or texting 988.

Upon request you may receive summary results from this study and copies of any publications that may occur. Please email the researcher, [redacted] to request results from this study.

In the event that you have questions or require additional information, please contact the researcher, Erin Brumfield Grima, [redacted].

If you have any concerns or questions before or during participation that has not been addressed by the researcher, you may contact Dr. Martin Wesley, email:mwesley@nl.edu, the cochairs of NLU's Institutional Research Board: Dr. Shaunti Knauth; email: Shaunti.Knauth@nl.edu; phone:

(312) 261-3526; or Dr. Carla L. Sparks; email: CSparks3@nl.edu; phone: (813) 928-6889. Co-chairs are located at National Louis University, 122 South Michigan Avenue, Chicago, IL.

Thank you for your consideration.

Consent: I understand that by checking 'Yes" below, I am agreeing to participate in the study Supervisory Impact on Counselor-In-Training Wellness. My participation will consist of the activities below during 06-2023 to 07-2023 time period: Completion of an online survey taking approximately 30 minutes to complete.

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records. Clicking on the "Agree" button indicates that

• You have read the above information
• You voluntarily agree to participate
• You are 18 years of age or older

☐ Agree
☐ Disagree

1. Have you received supervision in the past six months? ☐ Yes ☐ No
   If "No", thank you for your interest in this study, but you do not meet the criteria for this study.

2. Has your supervisor asked you about your self-care in supervision?
   ☐ Yes ☐ No

Please rate your experience in supervision in the past six months:

	Very Rarely	Rarely	Sometimes	Often	Very Often
1. To what extent did your supervisor (directly by statements of "let it go", "don't be emotional") discourage you from expressing strong emotions?	1	2	3	4	5
2. To what extent did your supervisor indirectly (by changing the subject or using dismissive body language and or facial expressions) discourage you from	1	2	3	4	5

expressing strong emotional responses?					
3. To what extent did your supervisor encourage you to be open to uncomfortable emotions (sadness, anxiety)?	1	2	3	4	5
4. To what extent did your supervisor assist you in building awareness of your feelings triggered by the work you're doing?	1	2	3	4	5
5. To what extent did your supervisor support you in recognizing a feeling, even negative ones and sitting with it without trying to change it?	1	2	3	4	5

Appendix B

NATIONAL LOUIS UNIVERSITY
1886
ACCESS. INNOVATION. EXCELLENCE.

Office of the Provost
122 South Michigan Avenue
Chicago, Illinois 60603-6162

www.nl.edu
P/F 312.261.3121

July 13, 2023

Erin Brumfield Grima
[redacted]

Dear Erin Brumfield Grima:

The Institutional Review Board (IRB) has received your application for your research study *"Supervisory Impact on Counselor-In-Training Wellness"* IRB has noted that your application is complete and that your study has been approved by your primary advisor and an IRB representative. Your application has been filed as Expedited in the Office of the Provost.

IRB: ER01279

Please note that the approval for your study is for one year, from **11-Jul-2023 to 11-Jul-2024**.

As you carry out your research, you must report any adverse events or reactions to the IRB. At the end of your approved year, please inform the IRB in writing of the status of the study (i.e., complete, continuing). During this time, if your study changes in ways that impact human participants differently or more significantly than indicated in the current application, please submit a Change of Research Study form to the IRB, which may be found on NLU's IRB website.

All good wishes for the successful completion of your research.

Sincerely,

Shaunti Knauth

Shaunti Knauth, Ph.D.
Chair, IRB

Appendix C

Erin Brumfield Grima, LCPC

[redacted]

Phone: [redacted], Email: [redacted]

Vita

EDUCATION

E.D.D.	National Louis University (CACREP Accredited) Counselor Education and Supervision	Projected completion 2023
M.S.	National Louis University Human Services/Counseling (CACREP Accredited)	August 2006
B.A.	Benedictine University Psychology	May 1997

LICENSURE & CERTIFICATIONS

Licensed Clinical Professional Counselor in Illinois – 180.007253
Red Cross Disaster Mental Health Certified

PROFESSIONAL EXPERIENCE

12/2/2022-Present Pivotal Counseling Center
Clinical Director
Provide individual, family and couples counseling. Implement self-care and staff support structure and support the implementation of evidence-informed and evidence-based practices. Build community relationships to establish collaborations. Supervise licensed clinical staff, Master's level clinicians and Master's level interns.

4/1/2022- Present National Louis University – Wheeling Campus
Adjunct Faculty in Counseling program
Teach in CACREP accredited Master's in Clinical Mental Health Counseling (CMHC) program.

2/1/2018 – 11/4/2022 Pioneer Center
Director of Behavioral Health
Implement self-care and staff support structure during the uncertainty of the COVID-19 Pandemic. Guide identification and implementation of evidence-informed and evidence-based practices. Oversee the division's compliance with funding and licensing entities. Build community relationships to establish collaborations to further the mission and vision of the agency. Outline and shepherd implementation of Trauma-Informed Care into agency practices. Establish a responsive, evidence-based therapy center to meet unmet community needs. Supervise licensed clinical staff, Master's level clinicians and Master's level interns.

8/1/2016– 2/1/2018 Pioneer Center for Human Services
Director of PADS/Prevention Services
Presented to community needs, successes, and challenges of programs. Oversaw the division's compliance with funding and licensing entities. Guided provision of services to meet the needs of current consumers and assessed for areas of future service provision. Developed and reviewed division policies and procedures as needed and annually. Managed division budget creation and adherence to revenue and cost projections. Supervised licensed clinical staff, Master's level clinicians, and Master's level interns.

11/2015 – 2/2018 Pioneer Center for Human Services
Interim Director of Behavioral Health
Guided the department to the highest number of clients served in a month period with the highest percentage of staff meeting production standards. Addressed provider community to manage the transition of thousands of clients as service provision shifted to new providers. Completed administrative records and reports for the Behavioral Health division with annual gross revenue of $5 million. Developed and maintained protocols to ensure division compliance with funding and auditing entities. Evaluated areas for growth, developed strategies and implemented processes to increase clients served and diversification of service delivery. Supervised licensed clinical staff, Master's level clinicians, and Master's level interns.

10/2014 – 11/2015 Pioneer Center for Human Services
Associate Director of Behavioral Health
Created Rule 2060 compliant procedures for substance abuse treatment. Facilitated monthly Utilization Review of 10% of Behavioral Health Division clients, increasing completion of review to 100% of required files. Effectively managed the implementation of rigorous training for all new hires to ensure comprehensive training in Rule 132, departmental procedures, and meeting production standards. Developed and maintained protocols to ensure division compliance with funding and auditing entities. Supervised licensed clinical staff and Master's level clinicians.

12/2013 – 10/2014 DuPage County Health Department
Behavioral Health Division
Residential Services Supervisor
Supervised Cluster Apartment Programs and Group Home programs for adults with Severe Mental Illness and co-occurring disorders. Oversaw implementation of Individual Treatment Plan interventions utilizing Motivational Interviewing. Collaborated on HUD grant applications and progress data for funders.

7/2013-10/2013 Larkin Center
Director of Youth Services
Managed youth services division of a social service agency providing group home and residential services to youth.

10/2010- 7/2013 Larkin Center
Administrator/SST
Directed a residential program treating males aged 8-15 with sexually problematic behavior. Trained staff on clinical topics: diagnosis of mental

health disorders and symptom presentation, juvenile sexual offending treatment material, and dialectical behavior therapy.

8/2006-10/2010 Larkin Center
Residential Therapist in Social Sexual Treatment Program
Provided counseling to address individual client and family needs such as aggression, sexualized behavior, anxiety, and family conflict. Created a group therapy curriculum to address client groups not being able to participate in a traditional group setting.

8/2005-8/2006 Larkin Center
Clinical Intern
Taught Dialectical Behavior Therapy skills to clients in group therapy sessions. Authored therapeutic board game, "Emotional Jungle Journey," to reinforce DBT skills.

5/2005-8/2006 Larkin Center
Case Manager, Provide case management services to youth in group home care.

9/2003-5/2005 Vital Bridges
Volunteer Coordinator, Established and trained corps of prevention education volunteers who provided prevention training to clients living with HIV/AIDS. Mentored High School Students in the Service-Learning program.

1/2003-9/2003 Larkin Center
Child Care Worker, Provide milieu supervision and management in a group home setting for adolescent males with behavioral and mental health needs.

2/1998-4/2002 Girl Scouts-Sybaquay Council
Dir. Marketing & Membership/Day Camp Services Dir., Mentored a volunteer staff of 160. Recruited, trained, and supervised college facilitators for the at-risk teen program. Researched, wrote grants, and presented funding proposals.

8/1995-5/1997 Benedictine University Office of Student Life
Resident Assistant, Support students in dorms through psychoeducational presentations, one-on-one meetings, and social events.

COURSES TAUGHT

Graduate Courses Taught:
Research Methods and Evaluation
Professional Practice and Ethics
Introduction to Theory and Practice of Family Therapy

AWARDS & HONORS

Emerging Leader – Association for Humanistic Counselors 2023-2024

EDITORIAL ACTIVITIES

Student Editor (2021 – 2023). *The Practitioner Scholar: Journal of the International Trauma Training Institute (ITTI).* Editor

PUBLICATIONS

Wesley, M. (in progress). CACREP Clinical Mental Health Counseling Programs Admissions Focus.

Newsletter Publications / Other

Brumfield Grima, E. (2023). Book Review: Reducing Secondary Traumatic Stress: Skills for Sustaining a Career in the Helping Professions by Brian C. Miller. *NLU Informer,* 1(3), 3. https://www.canva.com/design/DAFaGJ_zvuc/TqnPGFSAZSo0f8vUldqUZg/view?utm_content=DAFaGJ_zvuc&utm_campaign=designshare&utm_medium=link&utm_source=publishsharelink#3

Brumfield Grima, E. (2023). Self-care: What Is It, Why It Matters, And How To Effectively Use It. *NLU Informer,* 1(2), 5. https://www.canva.com/design/DAFMhEUVb70/1NgqG0I8TxaQaiZgBC2Uw/view?utm_content=DAFMhEUVb70&utm_campaign=designshare&utm_medium=link&utm_source=publishsharelink

Brumfield Grima, E. (2020). Responding to the pandemic and the challenges that accompany teletherapy with kids. *Contact: An Illinois Counseling Association Publication,* 93, 11.https://cdn.ymaws.com/www.ilcounseling.org/resource/resmgr/publications/2021_publications/ica_winternews20_21_v3_sm.pdf

PROFESSIONAL PRESENTATIONS

National

Perjessy, C., **Brumfield Grima, E.** & Sheperis, D. (2023, May). *Humanistic Pedagogy*. 60-Minute Roundtable at the Association of Humanistic Counseling National Conference, Denver, CO.

Perjessy, C. & **Brumfield Grima, E.** (2022, May). *Humanistic Practices in Tele-Supervision*. 60-Minute Roundtable at the Association of Humanistic Counseling National Conference, Nashville, TN.

State/Local

Brumfield Grima, E. (2023). *Incorporating Play in Therapy*. Presented for the McHenry County Mental Health Board, Crystal Lake, IL.

Brumfield Grima, E. & Quijada Fuentes, E. (2022). *Fostering resilience in youth: the need for relationship*. Presented for the South Dakota Counseling Association and Strengthening the Heartland Positive Youth Development Series, Brookings, SD.

Brumfield Grima, E. (2021). *Self-care in Supervision*. Presented at the Wyoming Counseling Association Annual Conference, Casper, WY.

Brumfield Grima, E. (2021). *Vicarious Trauma*. Presented at Recover Con 2021, Dixon, IL.

Brumfield Grima, E. (2020). *Fostering resilience in youth*. Presented for the McHenry County Recovery Conference, Crystal Lake, IL.

Brumfield Grima, E. (2020 and ongoing). *ACE Interface*. Presented for the McHenry County Mental Health Board, Crystal Lake, IL.

Block, S., **Brumfield Grima, E.**, Rhew, J. (2020). *Juvenile Panel, Trauma-Informed Approach to Family Violence*. Presented at McHenry County's Trauma Informed Approach to Family Violence Symposium, Huntley, IL.

Brumfield Grima, E. (2019). *Taking Care of Yourself When Caring for Another*. Presented for NAMI Talks, Crystal Lake, IL.

Brumfield Grima, E. (2019). *Youth Resiliency*. Presented for D20 Parent Café, Hanover Park, IL.

Invited Guest Lectures

Brumfield Grima, E. (2021, October). *Mandated Reporting*. Ethical/Legal Issues in School Counseling class at Bridgewater State University.

Brumfield Grima, E. (2021, September). *What to Expect from Field Placement.* Pre-Field Placement Residency at Southern New Hampshire University.

Brumfield Grima, E. (2021, September). *Sexually Problematic Behavior.* Human Sexuality class at National Louis University.

Brumfield Grima, E. (2018, August). *Play Therapy 101.* Field Placement Course at Argosy University.

GRANTS / FUNDING

Basic Center Program Grant, Family and Youth Services Bureau, U.S. Department of Health & Human Services, Runaway and Homeless Youth services, $190,000 annually, 2018-2022, E. Brumfield Grima, Co-Writer & Program Director.

Transformation Grant, McHenry County Community Foundation, Child and Family Therapy Center Furnishings and Materials, $20,000, 2018, E. Brumfield Grima. Co-Writer & Program Director.

Transformation Grant, McHenry County Community Foundation, Child and Family Therapy Center Therapist Training, $5,000, 2018, E. Brumfield Grima. Co-Writer & Program Director.

SERVICE

2022-present	*Co-Chair,* Humanistic Pedagogy Interest Network, Association of Humanistic Counselors
2019-present	*Member,* McHenry County Recovery Conference Planning Committee
2021-2022	*Council Member,* Illinois Mental Health Planning & Advisory Council (IMHPAC)
2021-2022	*Sub Committee Member,* IMHPAC Children & Adolescent Sub Committee
2021-2023	*Member,* Program Sub Committee, Illinois Counseling Association
2020-2022	*Ambassador* McHenry County Substance Abuse Coalition
2019-2022	*Member,* McHenry County Substance Abuse Coalition
2020-2021	*Board Member,* Hanover Park Park District Foundation
6/2018-11/2018	*Secretary*, Citizens Supporting Hanover Park Park District's Limiting Rate Referendum Campaign Committee
2012-2014	*President,* Illinois Association for Play Therapy
2009-2017	*Board Member,* Illinois Association for Play Therapy

PROFESSIONAL MEMBERSHIPS

Chi Sigma Iota (CSI) – Nu Lambda Upsilon Chapter

American Counseling Association (ACA)
Association for Humanistic Counselors (AHC)
Illinois Counseling Association (ICA)
Association for Play Therapy (APT) - Inactive
Illinois Association for Play Therapy (ILAPT) - Inactive

CONTINUING EDUCATION

Conferences

May 2023 – Association for Humanistic Counselors Annual Conference, Denver, CO
November 2022 – Illinois Counseling Association Annual Conference, Lisle, IL
May 2022 – Association for Humanistic Counselors Annual Conference, Nashville, TN
November 2019 – Illinois Counseling Association Annual Conference, Skokie, IL
November 2018 – Illinois Counseling Association Annual Conference, Itasca, IL
October 2015 – Association for Play Therapy National Conference – Atlanta, GA

Trainings / Certifications

Project ASSIST Trainer Enrichment Learning Community (TELC)	2022-23
National Association of Forensic Counselors Certified Sex Offender Treatment Specialist	2007

PROFESSIONAL REFERENCES

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