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The Journal of the Pennsylvania Counseling Association

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Bicultural Individuals: A Content Analysis of Counseling Journals, 2000 to 2019

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This content analysis was designed to examine the available literature on bicultural individuals. Using the top counseling journals, the authors conducted an exhaustive search for research articles and identified 37 publications that addressed bicultural individuals from the years 2000 to 2019. Content areas generated from the content analysis included intersecting identities, culturally responsive interventions, and acculturation. Recommendations for counselors and researchers are provided.

Keywords: bicultural identity, acculturation, content analysis.

Almost thirty years ago, the *Journal of Counseling & Development* (JCD) published a special issue, edited by Pedersen (1991), that identified Multiculturalism as the Fourth Force in counseling. Pedersen encouraged counselors to reflect on the importance of multiculturally-informed counseling competence and the diverse perspectives of clients (1991). Multiculturalism, for the purposes of this manuscript, is defined as coexistence of diverse folx within a community (Sue & Sue, 2019). Approximately nine years after that publication, the United States Census Report indicated that roughly 30 million individuals identified as foreign-born (i.e., bicultural) (U.S. Census, 2000). The year 2000 was significant as it was the first year that Americans could identify as belonging to more than one race. The idea of diverse racial identities has led to continued advancements in multicultural identity development and representation (Evans & Ramsay, 2015).

Bicultural individuals may be described as individuals and communities for whose cultural identities intersect (LaFromboise et al., 1993). The concept of biculturalism was proposed in the 1980s and included a narrowed focus on language, social relationships, and media preferences (Schwartz & Unger, 2010). Since that time, bicultural has expanded to include aspects of cultural identities "that is not directly reducible to either the heritage or receiving cultural streams" (Schwartz & Unger, 2010, para 4). Bicultural individuals may belong to two or more cultural identities and represent "immigrants, refugees, sojourners (international students,

expatriates), indigenous peoples, ethnic minorities, those in interethnic relationships, and mixed-ethnic individuals" (Nguyen & Benet-Martinez, 2013, p. 122). Bicultural individuals reside in many countries and communities throughout the world: In the United States, approximately 13% of the population are foreign-born; in Canada and Australia, approximately 1/5 of the population are foreign-born, and in Singapore, approximately 2/5 of the population are foreign born (United Nations Statistics Division, 2011).

Pressures from monocultural groups to specify a cultural identity can be challenging to bicultural people who may experience incongruence as a result of these identity-based categorizations and pressures to choose an identity from these intersecting cultural identities. In addition, individuals who are bicultural may be subjected to marginalization and maladjustment due specifically to their bicultural identity and pressure from monocultural systems and institutions (Nguyen & Benet-Martinez, 2013). These pressures can feel like discrimination and lead to culture shock and identity confusion (Brannen & Thomas, 2010).

Individuals who are bicultural may experience discrimination based on their cultural identity, leading to negative health symptomology, including behavioral and physical health disorders (Evans, et al., 2021; Hemmings & Evans, 2018). Perceived discrimination is also associated with increased mental health difficulties, including psychological distress,

suicidal ideation, and depression (Hwang & Goto, 2009). Furthermore, bicultural individuals may experience additional health disparities when attempting to access qualified health professionals as a result of their identity, specifically due to language, location, financial, and citizenship challenges (Nguyen & Benet-Martinez, 2013). The challenges and discrimination associated with biculturalism suggest that identifying as bicultural can have long-term detrimental health effects (Ramírez & Carmona, 2018).

With an increase in cross-cultural interactions linked with advancing technology resources, increased international travel, and an overall increase in globalization – multicultural competency initiatives to inform counseling practice and social change are needed (Nguyen & Benet-Martinez, 2013). This includes initiatives relevant specifically to individuals who identify as bicultural. Counselors have reported a lack of information on bicultural identity development and an absence of professional training to address the needs of bicultural clients (Evans & Ramsay, 2015; West & Maffini, 2019). There is a paucity of literature that addresses professional research or training for helping professionals to provide effective and competent services for bicultural and multicultural clients (Evans & Ramsay, 2015). Considering the changing demographics in the world and the absence of informative literature, it is imperative that the counseling profession emphasize the importance of addressing this underserved population (ACA, 2014).

Bicultural Identity, Mental Health, and Counseling

Literature reports that bicultural individuals may experience challenges such as microaggressions (West & Maffini, 2019). Sue (2010) defines microaggressions as subtle and often unintended slights or attacks that have negative psychological outcomes that frequently remain unaddressed compared with more overt experiences of discrimination or mistreatment. While microaggressions are often unintentional, they can negatively impact identity development for bicultural individuals, particularly for children and adolescents who are negotiating the different aspects that construct their identity (Santrock, 2018).

An additional challenge experienced by many bicultural individuals is bicultural stress, a form of acculturative stress associated with negotiating two or more cultures (Piña-Watson et al., 2015; Romero et al., 2020; 2007). For example, a Cambodian American who was raised in a primarily collectivist culture may experience bicultural stress when interacting in a European-American-centered system that values individualism (Wei et al., 2019). Similarly, a Mexican American may experience bicultural stress based on interactions with monocultural group members for *acting white* (Wei et al., 2019).

Bicultural individuals may experience external pressures from monocultural groups to identify with one cultural identity, which may be inconsistent with their own sense of themselves as cultural beings (Evans & Ramsay, 2015). This challenge can lead individuals to experience incongruence as a result of these forced categorizations. Consequently, bicultural individuals may be subjected to experiences of marginalization and maladjustment due to their identity (Nguyen & Benet-Martinez, 2013). These challenges and the unique experiences of bicultural individuals, paired with the limited literature on this population, pose a critical need for continued attention in the literature regarding the experiences of this population.

It is imperative that counseling professionals and social justice advocates continue to examine the role of bicultural identity to better understand the unique and often polarizing pressures that bicultural individuals may experience. As bicultural individuals and families continue to increase due to globalization and increased international access, counselors will be exposed to complex multicultural considerations in their practices (Gundel et al., 2020). The purpose of this manuscript is to present a content analysis of the top peer-reviewed counseling journals to determine how the literature has addressed and served bicultural individuals. The guiding research question for this study was *how does the counseling literature define and address bicultural populations in peer-reviewed publications?*

Purpose of the Study

The purpose of this content analysis was to examine trends and gaps in the literature with the

intent to provide recommendations for future research (Barrios & Luca, 2006). This study was conducted to provide evidence of a thorough review of the literature using ACA-endorsed counseling journals to determine trends in the literature that have addressed bicultural persons. Given that the year 2000 marked a cultural shift in the United States, in that Americans were provided options in reporting their cultural heritage to expand beyond monoracial and monocultural methods for reporting, we were interested in how counseling journals responded to these shifts. Following these shifts in the U.S., how biculturalism was defined also evolved to expand and include individuals beyond language and relationships (Schwartz & Unger, 2010). Our attempts to track the fourth force in counseling as it relates specifically to bicultural persons is relevant as it will provide insights on professional trends in serving this diverse population.

Method

Research Team

The research team for this study share expertise in qualitative content analysis and a combined interest in bicultural individuals. All of the researchers have established research agendas that have closely examined the experiences of bicultural individuals in various capacities. Leveraging their shared interests in qualitative research and diverse populations, the research team developed a study that explored the trends and gaps in bicultural individuals as available in the counseling literature.

The first author contacted the university institutional review board and was informed that she did not need to submit a protocol for review in this study because human subjects were not involved. Two monocultural female researchers coded and analyzed the data. Each researcher reviewed the data independently and then met to share their findings. Differences in interpretation were discussed until a consensus was determined. The data were then audited by a bicultural male researcher.

Materials

Selected journals were chosen due to their influence and accessibility for counseling professionals. All journals included on the American Counseling Association's (ACA) website were included in this study as they were endorsed by the largest counseling organization in the U.S. and are widely accessible to counselors (ACA, 2014).

Adultspan is the journal of the Association of Adult Development and Aging (AADA). Adultspan is published twice per year. The journal was established in 1999, and the acceptance rate is 65% (Cabells, 2020).

Career Development Quarterly (CDQ) is the journal of the National Career Development Association (NCDA). CDQ is published quarterly. The journal was established in 1986, and an acceptance rate was unavailable through Cabells (Cabells, 2020).

Counseling and Values Journal (CVJ) is the journal distributed by the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC). CVJ is published twice per year. The journal was established in 1956, and the acceptance rate is 15% (Cabells, 2020).

Counselor Education and Supervision Journal (CES) is the journal produced by the Association for Counselor Education and Supervision (ACES). CES is published quarterly. The journal was established in 1961, and the acceptance rate is 20% (Cabells, 2020).

Counseling Outcome Research and Evaluation (CORE) is the journal produced by the Association for Assessment and Research in Counseling (AARC). CORE is published two times per year. The journal was established in 2010, and the acceptance rate is not available (Cabells, 2020).

Journal of Addictions and Offenders Counseling (JAOC) is a journal distributed by the International Association of Addictions and Offenders Counseling (AAOC). JAOC is published twice per year. The journal was established in 1980, and the acceptance rate is 35% (Cabells, 2020).

Journal of Child and Adolescent Counseling (JCAC) is the journal produced by the Association for Child and Adolescent Counseling (ACAC). JCAC is published three times per year. The journal was established in 2015, and the acceptance rate was not available (Cabells, 2020).

Journal of College Counseling (JCC) is the journal published by the American College Counseling Association (ACCA). JCC is published three times per year. The journal was established in 1998, and the acceptance rate is 18% (Cabells, 2020).

Journal for Counseling & Development (JCD) is the flagship journal for the counseling profession. JCD

is published quarterly. The journal was established in 1921, and the acceptance rate is 14% (Cabells, 2018).

Journal of Creativity in Mental Health is the journal printed by the Association for Creativity in Counseling (ACC). JCMH is published quarterly. The journal was established in 2005, and the acceptance rate is 50% (Cabells, 2020).

Journal of Employment Counseling (JEC) is the journal published by the National Employment Counseling Association (NECA). JEC is published quarterly. The journal was established in 1964, and the acceptance rate is 40% (Cabells, 2020).

Journal of Humanistic Counseling (JHC) is the journal issued by the Association of Humanistic Counseling (AHC). JHC is published three times per year. The journal was established in 1961, and the acceptance rate for JHC is 15% (Cabells, 2020).

Journal of LGBT Issues in Counseling is the journal for the Association of Lesbian, Gay, Bisexual, Transgender Issues in Counseling (ALGBTIC). The journal is published quarterly. The journal was established in 2006, and the acceptance rate is 50% (Cabells, 2018).

Journal of Mental Health Counseling (JMHC) is the journal produced by the American Mental Health Counselors Association (AMHCA). The journal is published quarterly. The journal was established in 1979, and the acceptance rate is 20% (Cabells, 2020).

Journal of Military and Government Counseling (JMGC) is the journal published by the Military and Government Counseling Association (MGCA). Using a blind peer-review selection process, the journal is published three times per year. The journal was established in 2013, and the acceptance rate is not available (Cabells, 2018).

Journal of Multicultural Counseling and Development (JMCD) is the journal printed by the Association for Multicultural Counseling and Development (AMCD). JMCD is published quarterly. The journal was established in 1972, and the acceptance rate is 13% (Cabells, 2020).

Journal for Specialists in Group Work (JSGW) is the journal published by the Association for Specialists in Group Work (ASGW). JSGW is published quarterly. The journal was established in 1981, and the acceptance rate is 53% (Cabells, 2020).

Journal for Social Action in Counseling and Psychology is the journal co-sponsored by Counselors for Social Justice (CSJ) and the Psychologists for Social Responsibility. This journal is published twice per year. The journal was established in 2007, and the acceptance rate is not available (Cabells, 2020).

Measurement and Evaluation in Counseling and Development (MECD) is the journal published by the Association for Assessment in Counseling and Education (AACE). The journal is published quarterly. The journal was established in 1968, and the acceptance rate is 15% (Cabells, 2020).

Rehabilitation Counseling Bulletin (RCB) is the journal that publishes articles on rehabilitation counseling and data-based research reports. RCB is published quarterly. The journal was established in 1999, and the acceptance rate is 21-30% (Cabells, 2020).

Professional School Counselor is the flagship journal for the school counseling profession. Using a blind peer-review process, the journal is published between three to five times per year. The journal was established in 1967, and the acceptance rate was unavailable (Cabells, 2018).

The Family Journal (TFJ) is the journal issued by the International Association of Marriage and Family Counselors (IAMFC). Using a blind peer-review process, The Family Journal is published quarterly. The journal was established in 1993, and the acceptance rate is 38% (Cabells, 2020).

Methods for Selection of Data

In consideration of Barrios and Lucca's (2006) data collection method for content analysis, the researchers first identified the counseling journals that were to be included in the study. The criterion for this study included: a) articles that had a diverse scope; and b) were widely available to counseling professionals. As the American Counseling Association is the largest counseling organization in the United States, membership is encouraged for counseling professionals to remain aware of professional trends and advocacy initiatives. ACA membership includes access to the flagship journal, the *Journal of Counseling & Development*, and provides the opportunity to obtain access to all twenty-two division journals. Journals included in this study can be found at www.counseling.org.

Once initial criteria for the study were met, which included ACA-endorsed journals with a diverse scope and widely available to counseling professionals, we

relied on current usage in the literature to develop a list of keywords associated with bicultural issues: *ambicultural, bicultural, intercultural, tricultural, and pancultural.* The term multicultural was not used as a keyword as its professional definition does not align with the definition of bicultural. As a reminder, for the purposes of this manuscript, multiculturalism is defined as the coexistence of diverse folx in a community (Sue & Sue, 2018). The terms identified were included in the coding framework for data analysis. *Academic Search Premier* was the online resource utilized to retrieve electronic journal articles. We reviewed all counseling journal websites and reviewed every publication from 2000 to 2019.

For the first round of article retrieval, a total of 136 articles were obtained. Once the articles were retrieved, we refined the search criteria to determine relevance to bicultural individuals. This included the decision to exclude articles that 1) did not include bicultural individuals as the primary focus; and 2) included the term bicultural only in the references section of the text. This criterion resulted in the removal of 101 articles from the sample, leaving 37 topic-appropriate articles to be reviewed.

Data Analysis

The approach used for this study was a qualitative content analysis (QCA) (Schreier, 2012) using peer-reviewed publications found in the top counseling journals. The journals were selected as the data source as they are the scholarly product of research. Qualitative research endorses the use of "information-rich cases," and since the focus of this study is to understand how bicultural populations are defined and addressed in the research literature, scholarly publications are an appropriate form of data (Patton, 2002, p. 46).

For this study, the researchers developed a coding framework through the identification of keywords, reviewed the manuscripts as the material for coding, noted the use of keywords, and grouped the manuscripts based on topic/scope (Schreier, 2012). To code the manuscripts, Schreier's method of segmentation was used. Segmentation includes dividing the material into categories through the coding frame of keywords. The unit of analysis consisted of manuscripts that met the keyword criteria.

Once grouped, the researchers used axial coding to identify themes among the manuscripts. These themes were identified through consensus.

Findings from this review of the content suggest that there are 37 published articles in ACA-endorsed counseling journals that address bicultural individuals and communities. Thus, seventeen (77%) of the top twenty-two counseling journals have published at least one article that addressed bicultural individuals since 2000. The journals included Adultspan (2 articles), Journal of Addiction and Offender Counseling (1 article), Journal of College Counseling (3 articles), Journal of Counseling & Development (8 articles), Journal Creativity in Mental Health Counseling (1 article), Journal of Specialists in Group Work (2 articles), Journal of Humanistic Counseling (1 article), Journal of Multicultural Counseling and Development (5 articles), Journal of Measurement and Evaluation in Counseling (1 article), Journal of Mental Health Counseling (2 articles), Journal of Social Action in Counseling and Psychology (1 article), LGBT Issues in Counseling (2 articles), Professional School Counselor (1 article), Rehabilitation Counseling Bulletin (1 article), and The Family Journal (5 articles). Please see Table 1.

Results

A total of 37 articles published in top counseling journals between 2000 thru 2019 were included in this content analysis. Of the 37, 19 (51%) were conceptual articles with 18 (49%) research-based articles. Conceptual articles include position and theoretical scholarly contributions. Research articles include data-based qualitative and quantitative studies. Of the articles that included research, 10 were quantitative and 8 were qualitative. Twenty (54%) of the articles were published between 2000 to 2009, and seventeen (46%) were published between 2010 and 2019. The content areas were thematically coded included intersecting identities (14 articles), culturally responsive interventions (12 articles), and acculturation (11 articles). Table 1 provides an overview of the journal, publication year, author(s), article design, and content areas.

Bicultural Individuals Content Analysis

Table 1
Overview of Counseling Journals that Addressed Bicultural Populations

Journal	Year	Author	Design	Theme	Content Area
Adultspan	2006	Burlew & Serface	Conceptual	Intersecting identities	Black, gay, men
Adultspant	2013	Lee, et al.	Research (qualitative)	Intersecting identities	Older Asian adults
JAOC	2004	Torres-Rivera, et al.	Conceptual	Culturally responsive intervention	Latinos with substance abuse issues
JCAC	2019	Cheung & Swank	Conceptual	Culturally responsive intervention	Group for Eastern Asian Americans
JCC	2008	Whyte & Guiffrida	Conceptual	Culturally responsive intervention	Case study for deaf student
JCC	2012	Castillo, et al.	Research (quantitative)	Acculturation	Acculturative stress/Asian
JCC	2019	West & Maffini	Conceptual	Culturally responsive interventions	Culturally responsive interventions
JCD	2004	Skowron	Research (quantitative)	Intersecting identities	Differentiation of self for POC
JCD	2005	Yeh, et al.	Research (qualitative)	Acculturation	Cultural adjust/Korean immigrant
JCD	2007	Okubo, et al.	Research (qualitative)	Acculturation	Adjustment and career decision
JCD	2008	Chi-Ying, et al.	Conceptual	Acculturation	Challenges with immigration
JCD	2008	Akos & Ellis	Conceptual	Intersecting identities	Racial identity development
JCD	2010	Altman, et al.	Research (qualitative)	Intersecting identities	Jewish cultural identity
JCD	2010	Chae & Foley	Research (quantitative)	Intersecting identities	Asian group ethnic membership
JCD	2012	Baden, et al.	Conceptual	Culturally responsive interventions	International adoption
JCMH	2013	Ivers, et al.	Conceptual	Acculturation	Second language acquisition
JEC	2007	Day-Vines & Holcomb-McCoy	Conceptual	Intersecting identities	African American wellness
JMCD	2004	Castillo & Hill	Research (quantitative)	Acculturation	Sociocultural variables on stress
JMCD	2007	Diemer	Research (qualitative)	Intersecting identities	Perspectives African American
JMCD	2008	Omizo, et al.	Research (quantitative)	Culturally responsive intervention	Cultural values and mental health
JMCD	2015	Piña-Watson, et al.	Research (quantitative)	Culturally responsive intervention	Cognitive and cultural variables
JMCD	2019	Marks & Citfci	Research (quantitative)	Intersecting identities	Bicultural self-efficacy
JMGC	2009	Kim, et al.	Research (quantitative)	Culturally responsive interventions	Value scale development
JMHC	2006	Khamphakdy-Brown et al	Conceptual	Culturally responsive interventions	Outreach program
JMHC	2018	Delgado-Romero, et al.	Conceptual	Acculturation	Language brokering
JSACP	2014	Yakushko & Morgan-Consoli	Conceptual	Acculturation	Immigrant experiences
JSGW	2002	Asner-Self & Feyissa	Conceptual	Culturally responsive interventions	Group for immigrant individuals
JSGW	2002	Merchant & Butler	Conceptual	Culturally responsive interventions	Psychoeducation group
LGBT Issues	2006	Singh, et al.	Research (quantitative)	Acculturation	Acculturation and homophobia
LGBT Issues	2011	Hagen, et al.	Conceptual	Intersecting identities	Spirituality and LGB resilience
PSC	2000	Clemente & Collison	Research (qualitative)	Acculturation	ESL relationships in school
RCB	2000	Middleton, et al.	Conceptual	Culturally responsive interventions	Multicultural competency standards
TFJ	2000	Miranda, et al.	Research (quantitative)	Intersecting identities	Latino family differences
TFJ	2007	Crippen & Brew	Conceptual	Intersecting identities	Intercultural parenting

Bicultural Individuals Content Analysis

Journal	Year	Author	Design	Theme	Content Area
TFJ	2011	Harper	Conceptual	Intersecting identities	American Indian/Alaskan Native family context
TFJ	2013	Crippen & Brew	Research (qualitative)	Intersecting identities	Intercultural parenting
TFJ	2015	Flynn & Sangganjanavanich	Research (qualitative)	Acculturation	Perception of achievement American Indians

Intersecting Identities

Fourteen articles comprised the content area of intersecting identities. This content area explored varied influences of diverse perspectives on a range of topics. Six of the articles in this content area were conceptual, and eight of the articles were research-based. Of the eight research articles, four were qualitative, and four were quantitative. Topics included Black, gay men, Asian populations, differentiation of self for POC, racial and cultural identity development, wellness, spirituality and LGB populations, Latino, intercultural parenting, and American Indian/Alaskan native family context. This included publications in Adultspan, the Journal of Counseling & Development, the Journal of Employment Counseling, the Journal of Multicultural Development, the Journal for LGBTIssues, and the Family Journal.

Culturally Responsive Interventions

Twelve articles comprised the content area of culturally responsive interventions. This content area provided strategies for counselors in providing culturally-informed approaches to working with clients. Nine of the articles in this domain were conceptual, and three articles were research-based. All three of the research articles were quantitative. Topics included Latinos with substance abuse issues, groups for Eastern Asian Americans, deaf students, international adoption, cultural values and mental health, cognitive and cultural variables, value scale development, outreach program, and immigrant individuals. Journals included the Journal for Addiction and Offender Counseling, Journal of College Counseling, Journal of Counseling & Development, Journal of Multicultural Counseling & Development, Journal of Military and Government in Counseling, Journal of Mental Health Counseling, Journal of Specialists in Group Work, and Rehabilitation Counseling Bulletin.

Acculturation

Eleven articles comprised the content area of acculturation. This content area explored experiences and challenges associated with assimilation and cultural integration. Four of the articles were conceptual, and 7 of the articles were research-based. Of the seven research-based articles, three were quantitative, and four were qualitative. Topics

included acculturative stress, cultural adjustment, challenges with immigration, second language acquisition, sociocultural variables on stress, language brokering, immigrant experiences, acculturation and homophobia, ESL relationships in schools, and perceptions of achievement. Journals included Journal of College Counseling, Journal of Counseling & Development, Journal for Creativity in Mental Health, Journal for Social Action in Counseling and Psychology, LGBT Issues in Counseling, and Professional School Counselor, and The Family Journal.

Discussion

Although the counseling profession has a strong history of multiculturalism as a critical tenet for its professionals, the available literature on bicultural populations postulates that there continues to be a lack of professional research or training for helping professionals to provide effective and competent services for these populations (Evans & Ramsay, 2015). The purpose of this content analysis was to review the available counseling literature on bicultural individuals. The data that emerged from this analysis on peer-reviewed articles provided insights into the literature regarding acculturative and intersecting experiences of bicultural individuals and treatment recommendations for professionals. While psychological well-being is correlated with a bicultural identity, it is important that counseling professionals be well-trained and prepared to provide a safe and supportive environment to bicultural clients (Romero et al., 2020). There is a need for additional literature on bicultural individuals, especially as it relates to research-based articles and empirically based culturally responsive interventions.

Culturally-Responsive Intervention

Counselors must be equipped to incorporate bicultural client values, family history, and the potential for acculturative stress in their work with bicultural clients. For individuals who were not born in the United States, this may include an awareness of the client's country of origin, cultural heritage, and bicultural identity development. Berry's *Model of Acculturation* and other similar models is recommended to inform counselors about the process and fluidity of identity development (1990). For clients born in the United States, this may also include

understanding of different culturally-informed world views and recognition of the historical and institutional trauma experienced by many bicultural individuals. Examples may include mistrust of the behavioral healthcare system, experiences with race-based trauma, and knowledge of post-traumatic slave syndrome (Evans, et al, 2021). A trauma-informed approach to the unique and differing experiences of bicultural individuals is paramount (Malott & Schaefle, 2015).

Intersecting Identities and Acculturation

This content analysis discovered that, between 2000 and 2019, the top counseling journals have published 19 conceptual articles and 18 research-based articles specific to bicultural individuals. As this study included 22 counseling journals that often publish multiple times a year, 27 articles over the course of 19 years are low. Considering demographic shifts, socio-political discussions on immigration, and increased instances of racism and discrimination, some of these findings may not accurately portray the current socio-political system. It is imperative that the counseling profession establish an evidence base for serving bicultural clients. This includes an additional focus on acculturation and culture shock with data-based research support to extend the current conceptual pieces available. Despite the positive impact of a well-developed bicultural identity, bicultural individuals may experience a variety of challenges, and this must be reflected in the professional literature. The experience of individuals who identify as having a bicultural identity is more complex than previously understood and may be marked by incidents of bicultural stress, microaggressions, perceived discrimination, and pressures from monocultural groups (West & Maffini, 2019).

Limitations

Although a thorough review of the literature was conducted, it is possible that an article(s) were overlooked. The keywords for this study were carefully selected, but it is possible that terminology not used for this study may have yielded a different outcome. A content analysis of counseling textbooks instead of articles may have provided a different literature base. These limitations may have impacted the data presented in this study.

Recommendations and Future Research

Based on the diversity within the term bicultural and the lack of professional literature on the topic, the counseling profession must increase its vigilance in serving this population. As a profession that promotes the delivery of culturally-responsive and effective treatment, it is critical that bicultural individuals and communities are studied more holistically. This includes research that expands beyond acculturation, ethnic gloss, and theories of culturally responsive interventions. Counselors must engage in research that provides an evidence base to improve treatment outcomes and available services. Researchers should understand the experiences of bicultural individuals, including similarities and differences within subpopulations. Research regarding barriers to behavioral health treatment and data-based treatment outcomes is needed.

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College Students' Mental Health in Response to the COVID-19 Pandemic

John R. Mathe, Ken Messina, & Margaret Spierto

The widespread concern for COVID-19 was a universal call for adaptation and change across higher education. Already at a higher risk for mental health concerns, college students were uniquely impacted by this change. In the present study, college students at a rural, medium-sized university completed a survey designed to identify and measure perceived change in mental health across several different categories as part of that campus's efforts to understand student mental health needs. Results of this study indicate an increase in student perception of mental health concerns with some differences in class standing.

Keywords: COVID-19, college students, mental health, depression, anxiety, academic distress

College student mental health is described as a crisis for institutions across the country (Brown, 2020). The COVID-19 pandemic increased concern for college students' mental health as students transitioned off campus and classes transitioned online. As institutions return students to campuses, the influence of the COVID-19 pandemic on college students' mental health impacts the resources and support necessary for appropriate and ongoing reintegration into college life.

Mental health concerns in the college student population are widely noted, even prior to the COVID-19 pandemic (Blanco et al., 2008; Pedrelli et al., 2015). According to the Center for Collegiate Mental Health (CCMH) annual report (CCMH, 2020), the number of college students receiving mental health services has continually increased since 2012. Students seeking services in college counseling centers identified experiencing anxiety (84.1%), depression (66%), academics (24.7%), and medical/health (6.3%) as concerns for treatment. CCMH (2020) identified that students reported anxiety (24.1%) and depression (18.3%) as the top concerns when engaging in campus counseling services. Academics (2.6%) and medical/health (0.7%) concerns were not as prevalent as reasons for seeking treatment.

According to the National Institute of Mental Health (NIMH), the average college student, age 18-25, presents a higher prevalence of having any mental illness (29.4%) compared to ages 26-49 (25.0%) and 50+ (14.1%; NIMH, 2020). Stress and workload (Blanco et al., 2008), learning how to live on your own, and developing and maintaining significant relationships (Pedrelli et al., 2015), are all contributing factors to the mental health concerns experienced by students. Already at a higher risk of having any mental illness, the impacts of COVID-19 are likely to create a greater need for college student mental health treatment.

The American College Health Association (ACHA) compared college students' mental health prior to and at the beginning of the COVID-19 pandemic (Network, 2020). ACHA surveyed 18,764 students across 14 campuses from late March 2020 through May 2020. Their findings indicate that students at these campuses experienced increased financial stress and depression, and lower levels of psychological well-being. The ACHA survey also found that college student substance use decreased, and students reported higher levels of resiliency during this time period. However, a key limitation of this survey is the absence of data collected from institutions with 2,500 to 10,000 students. The study included one institution with fewer than 2,500. This leaves a gap in understanding the impact of the COVID-19 pandemic on college student mental health for students attending small to medium-sized institutions. Typically, these institutions are in rural or less populated areas as are their students. This presents

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a challenge for student access to mental health services, social opportunities, and peer support when away from the university.

In a longitudinal study examining college students, "online social contact and problematic internet use were associated with greater distress" (Zimmermann, et al., 2020, pg. 15). Acharya et al. (2018) found that changes in students' social networks and supports, as well as academic difficulties, are among the stressors that significantly impact depression in college students. In addition, Gruber (2020) and his colleagues note the possibility of developmental setbacks in the lives of many young adults, along with loss of experiences and rites of passage. This clinical call to action suggests an increased need for mental health services in response to this loss, which can elicit grief responses similar to that of death. (Hobfoll, 2002; Papa et al., 2014; Parkes, 1972).

College Student Development

Chickering and Reisser (1993) identified seven vectors, or tasks, of student development to describe the process of identity development in adolescence and early adulthood. These vectors include developing competence, managing emotions, movement through autonomy, mature interpersonal relationships, the establishment of identity, developing purpose, and developing identity. Within the first vector, college students develop manual skills, intellectual skills, and interpersonal competencies. As many students moved back in with their families of origin at the start of the pandemic, they were not able to fully engage in activities that promote competence. In reassuming the role of the child, as described by Minuchin's (1974) structural family theory, students may not properly develop the interpersonal skills established in vector one that is useful for managing stress (Pardeck, 1989).

The COVID-19 pandemic disrupted students' ability to engage in normative developmental processes, the extent of which remains unknown, barring future research. Chickering and Reisser's (1993) seven vectors are examples of such processes. Students' ability to move through autonomy (vector 4) has suffered as "the first step toward emotional independence involves some level of separation from parents" and "increased reliance on peers, authorities, and institutional support systems" (p.117). While

young adults are still capable of emotional independence from parents even when living under the same roof, the sudden shift back home may have decreased the need for self-sufficiency.

Without much face-to-face peer interaction, the development of mature interpersonal relationships (vector 5) is impaired. In adolescence, satisfying relationships rely in part on spatial proximity. If held back at an earlier vector, the need for proximity may persist. In general, students that are unable to complete these tasks can become delayed in their ability to manage the demands placed upon them. Specifically, they are at risk of increased difficulty in managing emotions, feelings of loneliness, and finding purpose (Chickering & Reisser, 1993).

Aim of Study

Due to the number of contributing factors likely to individually affect mental health symptoms, the present study aims to understand the impacts of COVID-19 on college students at a medium-sized, rural university. More explicitly, the research examines four primary areas of functioning: anxiety, depression, academics, and health/medical issues. This study examines students' perception of change in their mental health, academic performance, and physical health following the onset of the COVID-19 pandemic and includes descriptive statistics representing these changes. We hypothesize that depression and anxiety will remain the highest identified concern among students overall, but the amount of perceived concerns will differ among class standing. Students identifying as freshman or sophomore classes are expected to report significantly higher perceived concern across all subscales as compared to their upperclassmen counterparts. This hypothesis is consistent with Chickering's model of college student development (Chickering & Reisser, 1993); students earlier in their development would not have the opportunity to meet the developmental tasks that would assist in mitigating distress. The present study will compare means to analyze any significant differences between each class standing's perceived change in order to test this hypothesis.

Method

Survey links were sent by the campus counseling center via campus email to all the institution's undergraduate and graduate students and posted on the counseling center's social media accounts as part of this counseling center's attempt to understand student mental health needs due to the pandemic. Data collection yielded 716 participants who completed a consent to participate at the start of the survey per IRB protocol. Of these 716 participants, 49 surveys were eliminated from the study due to missing data of at least 50% of the survey or missing the year in school. This resulted in the final sample of 667 participants at the initial collection of data. All participants were of appropriate age for the study, as there were no participants who indicated they were under the age of 18 or not enrolled in undergraduate/graduate studies. All participants were undergraduate or graduate students at a four-year, medium-size, rural, public university located in the Mid-Atlantic region of the United States.

Measures

Researchers developed a structured survey to identify and measure the students' perceived change in mental health across four categories since March 2020, when Universities began moving students off campus due to the outbreak of COVID-19. The survey uses a 5-point Likert scale from 1=significantly improved to 5=significantly worse. Sample questions include "feelings of nervousness" and "depression/feelings of sadness." Each item required a self-reported response on the 5-point Likert scale. Higher summed scores indicate a higher level of perceived change in mental health distress, while lower summed scores would indicate greater perceived improvement in mental health functioning.

Procedure

After IRB approval, the campus counseling center recruited participants via social media and a campus-wide email to complete a survey on "Effects of the COVID-19 Pandemic on College Students' Mental Health". After providing informed consent, participants completed an anonymous online survey using Qualtrics at their leisure. There was no time limit or exclusionary criteria for the survey. Researchers offered an incentive of two $25 gift cards to the University bookstore to obtain participants. In order to ensure anonymity, participants had the option to submit their email addresses for the random drawing using a link in the survey.

Participants

A total of 667 students submitted complete responses and were included in the data analysis. Females accounted for 538 (80.7%), Males, 112 (16.8%), Non-Binary 10 (1.5%), Transgendered 6 (.9%), and "other" 1 (.1%). The sample was predominantly of White racial identity (n = 625, 93.7%). The remainder of the participants identified as Black/African American (n = 15, 2.2%), "Other" (n = 15, 2.2%), Asian (n = 9, 1.3%), and American Indian or Alaska Native (n = 3, .4%).

Participant age was not assessed or analyzed in this study. This is consistent with Chickering's model of college student development (Chickering & Reisser, 1993), as this model conceptualizes student development in the context of the academic year regardless of age. The participant class breakdown is as follows: freshman ($n = 106$, 15.9%), sophomore ($n = 146$, 21.9%), junior ($n = 143$, 21.4%), senior ($n = 162$, 24.3%), and graduate student ($n = 110$, 16.5%). To further understand the student population on campus, participants identified their sexual orientation. The majority of students identify as heterosexual ($n = 529$, 79.3%), followed by bi-sexual ($n = 71$, 10.6%), homosexual ($n = 28$, 4.2%), pansexual ($n = 21$, 3.1%), asexual ($n = 11$, 1.6%), and "other" ($n = 7$, 1%).

Analysis

Survey responses were exported from Qualtrics to SPSS 25 following the conclusion of the data collection period. Once incomplete surveys were eliminated, researchers derived scales from the survey questions to better understand the impact of the COVID-19 pandemic on the constructs of interest. The constructs of interest include the impact of the COVID-19 pandemic on students' perceptions of change in depression, anxiety, academic performance, and physical/medical health concerns. For the current study, the authors created four scales named "Depression scale", "Anxiety scale", "Academics scale", and "Physical/medical scale" to measure each of these constructs. The authors grouped together similar questions that measure the particular construct.

Exploratory Factor Analysis (EFA) was used to validate the four scales developed for this study.

Factor Analysis of Items

An exploratory factor analysis (EFA) was conducted to explore the underlying factor structure of the items used in the current research study. Items for the scale were developed through consultation with practicing college counselors and student affairs staff regarding students' presenting concerns during the COVID-19 pandemic. However, the items have never been used to measure any mental health construct. Doing such an exploration is vital for establishing the validity of the scale and future scale development to further college counseling research. Since this is a new scale, the set of items will be referred to as the "College Counseling Symptoms Scale" (CCSS). The CCSS has 22 questions and four subscales. Cronbach Alpha = .901 for the full CCSS, which is a high value for the study.

The CCSS was factor analyzed using principal axis factoring with Direct Oblimin (oblique) rotation, using SPSS 25. The Kaiser–Meyer–Olkin measure of sampling adequacy (.92) and Bartlett's test of sphericity ($p < .05$) analyses indicated that the items were appropriate for the factor analysis. Using the traditional criterion for number of factors of retaining eigenvalues greater than 1 (see Tabachnick & Fidell, 2019), the initial analysis yielded five factors explaining a total of 58.41% of the variance for the entire CCSS. However, the scree plot was ambiguous and showed an inflection point that would instead justify retaining four factors based on the clear "elbow" in the plot after the fourth factor, with all factors still having eigenvalues above 1 (Tabachnick & Fidell, 2019). The factor analysis was then run again, forcing four factors only. When only four factors were retained, the factors had a total variance of 57.50%. Because the total variance is under 60%, this is a limitation of the study that would suggest more research on the psychometric properties of the CCSS. The limitation will be further discussed. To determine which items in the scale adequately represent the factors, the researchers followed Tabachnick and Fidell's (2019) guidelines stipulating that the loadings for each item on the factors should be at least .32. While running the second-factor analysis, the researchers removed two items (alcohol/substance abuse) and (sleep disturbance) based on loadings on all factors were under .32. The removal of the two items will be discussed in the discussion section.

The first factor was labeled Depressive Scale based on the content of the 8 items with loadings above (.32), including the following items, which, taken together, explained 35.00% of the variance:

- Depression/Feelings of sadness.
- Decreased interest of pleasure in things you previously enjoyed.
- Fatigued/Lower energy.
- Feeling lonely or isolated.
- Feelings of hopelessness.
- Feeling powerless.
- Feeling agitated or restless.
- Thoughts of harm to self or others.

The "Depression Scale" questions 5, 6, 7, 8, 9, 10, 11, and 13 were computed and summed into a new variable to encapsulate depressive symptoms. A reliability analysis was run in order to ensure questions related to each other. The "Depression scale" Cronbach's Alpha = .881, which is an acceptable value for the purpose of the current study.

The second factor derived was labeled Physical/Medical scale based on the content of the 4 items with loadings above (.32), including the following items, which together explained 9.62% of the variance:

- Worry about your physical health.
- Eating habits
- Satisfaction with physical appearance.
- Exercise/Physical activity.

The "Physical/medical scale" questions 14, 15, 16, and 17 were computed into a new variable to encapsulate physical/medical distress. A reliability analysis was run to ensure questions related to each other. The "Physical/medical scale" Cronbach's Alpha = .710, which is an acceptable value for the purpose of the current study.

The third factor derived was labeled Academics scale based on the content of the 6 items with loadings above (.32), including the following items, which

together explained 7.60% of the variance:

- Motivation.
- Completing class assignments.
- Class attendance.
- Ability to focus or concentrate.
- Felling overwhelmed by coursework.
- Zoom fatigue.

The "Academics scale" questions 12, 18, 19, 20, 21, and 22 were computed into a new variable to encapsulate academic distress. A reliability analysis was run to ensure questions related to each other. The "Academics scale" Cronbach's Alpha = .746, which is an acceptable value for the purpose of the current study.

The fourth factor derived was labeled Anxiety scale based on the content of the 4 items with loadings above (.32), including the following items, which together explained 5.31% of the variance:

- Feelings of nervousness.
- Feelings of worry.
- Anxiety and/or stress.
- Feeling something awful might happen to you or someone close to you.

The "Anxiety scale" questions 1, 2, 3, and 4 were computed into a new variable to encapsulate anxiety symptoms. A reliability analysis was run to ensure questions related to each other. The "Anxiety scale" Cronbach's Alpha = .867, which is an acceptable value for the purpose of the current study.

Table 1
Loadings for College Counseling Symptoms Scale (CCSS)

Item/factor	Factor Loading			
	1	2	3	4
1. Feelings of nervousness				-.69
2. Feelings of worry				-.76
3. Anxiety and /or stress				-.64
4. Feeling something awful might happen to you or to someone close to you				-.42
5. Feeling agitated or restless	.41			
6. Depression/feelings of sadness	.60			
7. Decreased interest or pleasure in things you previously enjoyed	.57			
8. Fatigue/lower energy	.44			
9. Feeling lonely or isolated	.55			
10. Feelings of hopelessness	.80			
11. Feeling powerless	.68			
12. Motivation			-.40	
13. Thoughts of harm to self or others	.56			
14. Worry about your physical health		.42		
15. Eating habits		.64		
16. Satisfaction with physical appearance		.67		
17. Exercise/physical activity		.69		
18. Completing class assignments			-.69	
19. Class attendance			-.58	
20. Ability to focus/concentrate			-.60	
21. Feeling overwhelmed by coursework			-.51	
22. Zoom fatigue			-.39	

N= 667

Correlations

Researchers ran Pearson correlations of the new scales in relation to each other. The "Depression scale" and "Anxiety scale" had a significant, strong positive correlation ($r = .753$, $p < .001$). The "Depression scale" and "Academics scale" had a significant, moderate-sized positive correlation ($r = .482$, $p < .001$). The "Depression scale" and "Physical/medical scale" had a significant, moderate-sized positive correlation ($r = .319$, $p < .001$). The "Anxiety scale" and "Academics scale" had a significant, moderate sized positive correlation ($r = .398$, $p < .001$). The "Anxiety scale" and "Physical/medical scale" had a significant, moderate sized positive correlation ($r = .273$, $p < .001$). Lastly, the "Academics scale" and "Physical/medical scale" had a significant, moderate sized positive correlation ($r = .315$, $p < .001$).

Table 2

Correlations of Scales

Variable	M	SD	Depression	Physical/medical	Academic
Depression	28.9	5.4			
Physical/medical	13.9	2.9	.319**		
Academic	22.7	3.5	.482**	.315**	
Anxiety	15.6	3.1	.753**	.273**	.398**

** $p < 0.01$ level (2-tailed); N = 667

ANOVA

Analysis of variance (ANOVA) was used to compare students' year in school and perceived changes in mental health from March 2020 to May 2020. The "Depression scale" had a non-significant finding ($F(4,662) = 1.01$, $p = .404$), meaning there are no significant differences in students' class and feelings of depression. The "Anxiety scale" had a non-significant finding ($F(4,662) = 2.63$, $p = .33$), meaning there are no significant differences with students' class and feelings of anxiety, and lastly, the "Physical/medical scale" had a non-significant finding ($F(4,662) = 1.68$, $p = .153$) meaning there are no significant differences with students' class and physical/medical issues.

The ANOVA for the "Academic scale" had a significant finding ($F(4,662) = 6.17$, $p < .05$), meaning there are significant differences with students' class and academic issues. Tukey's HSD Test for multiple comparisons found that the mean value of students' academic score was significantly different between freshmen and sophomores ($p = .003$, 95% C.I. = [-2.83, -.41]), freshmen and seniors ($p = .014$, 95% C.I. = [-2.56, -.19]), sophomores and graduate students ($p = .002$, 95% C.I. = [.41, 2.80]), and seniors and graduate students ($p = .013$, 95% C.I. = [.19, 2.53]). Means were compared for each class level with a significant difference. The results indicated that freshmen are statistically significantly lower ($M = 21.75$) than sophomores ($M = 23.36$) on the academics scale (Cohen's $d = .44$), meaning that sophomores perceived an increase in difficulty with academics as compared to freshman students during the identified time period. On the academics scale, freshmen are statistically significantly lower ($M = 21.75$) than seniors ($M = 23.12$; Cohen's $d = .37$), meaning that seniors perceived an increase in academic difficulty at a higher rate than freshman students. Graduate students also are statistically significantly lower ($M = 21.75$) than sophomore students ($M = 23.36$; Cohen's $d = .48$) and seniors ($M = 23.12$; Cohen's $d = .41$), meaning that graduate students perceived less trouble with academics than sophomore and senior students.

Descriptive Analysis

The findings of the ANOVA's demonstrated the existence of a significant difference between student class and experience of academic concerns following the onset of the COVID-19 pandemic. Depression and anxiety scales, however, were not significantly different between classes. Further analysis was conducted to better understand the differences and similarities between classes that emerged through this study. The overall categories examined are depression, anxiety, academics, and medical. The following table shows the percentage of how each student answered each item.

Table 3

Percentage of students that answered each item

Item	Significantly Improved	Improved	No Change	Slightly Worse	Significantly Worse
Feelings of nervousness	2.4	7.5	21	52.8	16.3
Feelings of worry	2.2	6.3	15.4	52.6	23.4
Anxiety and/or stress	3.4	4.9	7.6	36.1	47.8
Feeling something awful might happen to you or to someone close to you	1.3	3.7	33.4	41.8	19.6
Feeling agitated or restless	1.9	6.6	24.4	42.9	24.1
Depression/feelings of sadness	2.5	7.3	25.2	36.4	28.5
Decreased interest of pleasure in things you previously enjoyed	2.4	9.1	43.5	30.1	14.8
Fatigue/lower energy	2.2	6.3	19.6	42.4	29.4
Feeling lonely or isolated	3.4	5.2	22.8	37.6	30.9
Feelings of hopelessness	2.4	5.5	49.9	29.4	12.7
Feeling powerless	1.8	4.9	43.8	35.4	14.1
Motivation	1.9	8.7	15.6	40.6	33.1
Alcohol/substance abuse	1.5	5.1	81.9	9.6	1.9
Thoughts of harm to self or others	2.1	3.7	84.0	7.8	2.4
Sleep disturbance	1.9	8.8	38.1	33.6	17.5
Worry about your physical health	1.9	7.0	35.2	46.6	9.1
Eating habits	2.1	15.7	29.5	38.5	14.1
Satisfaction with physical appearance	1.9	12.3	35.1	37.6	13.0
Exercise/physical activity	4.5	22.3	21.7	34.5	16.9
Completing call assignments	2.1	12.4	51.7	26.1	7.6
Class attendance	4.2	9.0	66.3	14.2	6.3
Ability to focus/concentrate	.6	3.3	14.1	45.7	36.3
Feeling overwhelmed by coursework	1.5	3.4	17.7	35.2	42.1
Zoom fatigue	1.2	1.6	20.8	34.6	41.7

Summary of Findings

Findings regarding student perception of change in mental health are consistent with studies that found an increase in anxiety amid COVID-19, and those that identify anxiety as a primary mental health concern (Cao et al., 2020; Chi et al., 2020). No identifiable differences exist between class standing, meaning that college students can relate in their general identification of the examined emotions regardless of class or age.

Depression was also perceived to have increased by the general college student population that responded to this study. The current study found that 65% of the sample perceived depression/feelings of sadness to be slightly worse or significantly worse. Chi et al. (2020) found similar results when examining depression factors based on COVID-19. Further, there are again no significant differences between class standing and depression. Eighty-two percent of participants reported no change with alcohol and drug use, and 84% of participants reported no change in the threat of harm to self or others.

When examining academic performance, 82% of the sample reported slightly worse or significantly worse ability to focus/concentrate. Son et al. (2020) identified concentration as one of the most significant issues students face with the pandemic. Further, there are significant differences in class and academics. These differences may be due to a variety of factors, such as age or motivation levels. Further research will highlight which specific areas create this divide. The academic scale also found significant differences between years in school. More specifically, freshman students perceived less trouble with academics than seniors, and graduate students perceived fewer difficulties with academics as compared to sophomores and seniors.

Discussion

The onset of the COVID-19 pandemic is something that society and higher education could not foresee. It presents new and unique challenges, creating an environment of ongoing adaptation. This ongoing adaptation is a prominent challenge for institutions of higher education. The COVID-19 pandemic required institutions of higher education and their students to make significant changes to the routines and expectations of both academic and social structures of college life. These significant changes to college life impacted students' abilities to complete the tasks identified by Chickering and Reisser (1993). One such change not uncommon to the student experience at this time was transitioning back to the family of origin setting. In returning to the family home, students may reassume past roles in the family. Minuchin (1974) described how a family functions through the assumed roles of each member, each with its own expectations for behavior. These shifts in roles and changes in expectations may disrupt development by reducing independence and autonomy. In the absence of developmentally appropriate means to manage emotions, form mature interpersonal relationships, and move through autonomy, the perceived increase in anxiety and depression found in this study aligns with college student development theory.

The college student population is one uniquely impacted by this new and changing environment at a time when college student mental health is already a cause for concern (Brown, 2020). The call for adjustment throughout the system of higher education affects those involved in a variety of ways. The present study successfully explored the perception of those changes among the college student population at the participating university. This was done to provide a better understanding of the pandemic's effects and provide insight into the mental health of college students as they return to campus.

Though studies exist that examine the impacts of COVID-19 on college students, many involve populations overseas or do not incorporate students from small and medium-sized institutions. The present study addresses this gap in the current research by looking specifically at perceived effects on college students in a rural area in the United States and focuses on some of the top areas of concern according to the CCMH (2020) annual report: anxiety, depression, and academics. The findings of the ANOVA demonstrating a significant class difference in the perception of academic distress where freshmen experienced less perceived academic distress during this time period is consistent with the efforts that have been made in the retention of first-year students. First-year students have been the focus of retention efforts over the past two decades (Alexander & Gardner,

2009). This focus has led to the creation of new programs, courses, staff positions, and student leader trainings that provide freshmen with a wide array of services and staff to mitigate the potential effects of the disruption to academics that occurred during the COVID-19 pandemic (Marina & McGuire, 2008).

However, sophomores have been found to receive the least amount of university support despite a higher reported amount of challenges and dissatisfaction when compared to other student classes (Boivan et al., 2000; Gahagan & Hunter, 2006). Tobolowsky and Cox (2007) describe the sophomore year as the forgotten year, the lost year, and the middle child of higher education, as students in this year are rarely the focus of services, programming, or initiatives on college campuses. Perez (2020) found that sophomore students reported higher difficulty with classes, lower grades, dissatisfaction with their overall experience, and a lack of involvement with their campus community. Perez's (2020) findings are consistent with the findings of the current study despite being conducted prior to the COVID-19 pandemic. The consistency of these two studies in identifying sophomore students' perception of an increase in academic difficulty indicates a greater need to provide programming and interventions targeting sophomore students. When these findings are viewed from the developmental context of the tasks identified by Chickering and Reisser (1993), sophomores were already at a higher risk of not completing Chickering's developmental tasks. The impact of the COVID-19 pandemic further exacerbates this difficult time for sophomores by reducing the ability to move through autonomy, develop competence and mature interpersonal relationships, and establish identity.

The current study also found that seniors perceived an increase in academic distress that was significantly increased from freshman students. The senior year of college provides unique stressors from that of other student classes. These include the impending transition from college, weighty choices, excitement about the future, and anxiety about the unknown (Kirst & Venezia, 2001; Sizer, 2003). College seniors must also balance academics with future career priorities, often increasing workload and leaving students with a choice between completing assignments and completing job or graduate school application tasks

(Overton-Healy, 2010). The addition of these tasks reduces students' time and mental resources available to focus on academic work. The increased uncertainty regarding the future presented by the COVID-19 pandemic only served to heighten those anxieties already present in their final year of college. According to Young-Jones, et al. (2021), college senioritis results from the unique stressors and impending transition that occurs in the senior year of college. They describe disengagement from academics and increased procrastination resulting in academic distress as one of the characteristics of college senioritis. The combination of the uncertainty provided by the COVID-19 pandemic and college senioritis described by Young-Jones et al. (2021) provides a unique set of circumstances that would contribute to the increased perception of academic distress in college seniors found in the current study.

With a self-created scale, the researchers can postulate why the scale variance is below 60%. The researchers sought to use the questions in the CCSS to understand perceived improvement or decline in mental health. It can be surmised that the questions would work better if used individually. For instance, the question exploring levels of alcohol/substance abuse identified no perceived change. However, when this question is included in the CCSS, it adds no value to the scale. More areas of the CCSS are in need of critical exploration, such as the further comparison of similar scales in order to examine validity.

Implications for Universities

While the CCMH (2020) annual report consistently identifies anxiety and depression as top concerns among those seeking services at college counseling centers, this study suggests that the increase in depression, anxiety, and feelings of worry among college students extends beyond the clinical population. There is a need for professionals working in the college setting or providing services directed toward college students to develop services or programming to effectively address feelings of anxiety and worry among the general population.

A perceived increase in anxiety and depression-related symptoms among the general population of college students requires a broader approach to student mental health that extends beyond one-on-one

counseling services. According to studies by Paladino et al. (2020) and Sanchez and King-Toler (2007), outreach and preventative services provided by staff at institutions of higher education are widely effective in reaching a broad audience to minimize the impact of student problems. Parcover et al. (2015) found that the use of outreach and preventative programs on campus can increase student resiliency and coping. By implementing prevention or outreach activities that address the increase in anxiety found in this study, providers and institutions will be better able to assist students in managing increased feelings of stress and anxiety while also potentially reducing the need for ongoing mental health services.

The current study exposes areas of difficulty for college students amid COVID-19. The literature confirms that many of these areas present ongoing concern for college students even in the absence of the pandemic (Brown, 2020, Blanco et al., 2008; Pedrelli et al., 2015). The findings of this study suggest that, due to COVID-19, college students see themselves as more depressed and anxious and have more difficulty concentrating while attending college. Understanding the impact that COVID-19 has on college students' mental health will help providers and institutions better align services and priorities that assist students as they return to campus. The perceived increases in student experiences of these symptoms suggest that institutions may require more assistance in managing college students' mental health. This may warrant an increase in support staff, such as counselors and student affairs personnel equipped to provide individual and university-wide services addressing depression, anxiety, and feelings of worry. This change is to ensure that students receive the support they need for success upon their return to campus and to potentially reduce the risk of student withdrawal due to mental health concerns.

This study also found significant differences in the level of perceived academic distress between classes. The perceived academic distress identified by sophomores and seniors indicates that universities would benefit from additional programming and services to assist these students. Programs aimed specifically at sophomores would directly impact an institution's ability to retain sophomores in their academic programs. Sophomores have the highest attrition rate after freshmen (Pattengale & Schreiner, 2000). Programming focused on sophomores would potentially benefit institutions by reducing attrition and increasing sophomore student connection to the university in a manner similar to the work that has been done with first-year students. Additionally, senior students represent a student population that is often overlooked for programming despite the additional challenges faced in the last year of college (Young-Jones, et al., 2021). Programming to provide students with the tools to successfully navigate these challenges in their final year of college has the potential to reduce academic distress and burnout prior to entering the workforce or graduate studies. By creating programming targeting these student classes, institutions can make a significant impact while also being mindful of how resources are allocated. Allocating resources to student groups of highest need is an important consideration due to the increased budget concerns facing higher education.

Future Directions

The researchers recommend further exploration of the long-term impact on student mental health as a result of the COVID-19 pandemic in subsequent years to fully understand the impact of this extraordinary event on college student mental health. Further research into the effectiveness of outreach and preventative programs targeting the impact of the COVID-19 pandemic on college student mental health would also benefit providers and institutions in order to offer effective programming and promote student wellness and success.

Limitations

As with all research, there are limitations. A limitation of this study falls in the realms of gender and race. The primary population for the current research is white females. While race and ethnicity participation rates were similar to that of the participating universities' enrollment, future studies would benefit from increasing the racial and ethnic diversity of the study to further increase the generalizability of the study. The low number of males participating in this study presents a limitation but also demonstrates the need to further investigate the prevalence of stigma regarding mental health among males at small to medium-sized rural universities. This limitation was taken into consideration, as a more

diverse population may have yielded different results. This study was also conducted using data from one university. It would also be beneficial for future studies to incorporate data from multiple small to medium-sized universities to increase the sample size of the study and improve the generalizability of the study.

With a new self-created scale, limitations are expected. The majority of concern lies in the validity of the scale. For the purpose of the study, the alpha level is high. Two items were taken out because there were no factor loadings on the items. The researchers do acknowledge these limitations. However, we feel that the CCSS can be of use to clinicians in college settings with more validation studies. The CCSS is versatile and can be used to measure any perceived mental health change. In understanding students' own perceptions of their mental health, we give providers a greater ability to individualize treatment.

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Appendix A - College Counseling Symptoms Scale (CCSS)

Each of the following questions will ask you to provide an answer ranging from Significantly Improve to Significantly

Worse to describe how each aspect of your mental health has changed. If there has been no change during this period,

please select No Change.

1 = "Significantly Improved
2 = "Improved"
3 = "No Change"
4 = "Slightly Worse"
5 = "Significantly Worse"

1. Feelings of nervousness
2. Feelings of worry
3. Anxiety and/or stress
4. Feeling something awful might happen to you or to someone close to you
5. Feeling agitated or restless
6. Depression/Feelings of Sadness
7. Decreased interest of pleasure in things you previously enjoyed
8. Fatigue/Lower energy
9. Feeling lonely or isolated
10. Feelings of hopelessness
11. Feeling powerless
12. Motivation
13. Thoughts of harm to self or others
14. Worry about your physical health
15. Eating habits
16. Satisfaction with physical appearance
17. Exercise/Physical activity
18. Completing Class Assignments
19. Class attendance
20. Ability to focus/concentrate
21. Feeling overwhelmed by coursework
22. Zoom fatigue

Contemporary and Culturally Inclusive Concepts Regarding Counseling Student Self-Care

Lucy Parker-Barnes

The need to foster self-care has always existed but has increased for helpers since the rise of COVID-19. Contrary to the skills they foster for clients, counselors and counseling students often neglect their own self-care. This study explores the self-care activities of counselor education students to learn about ways to increase contemporary, creative, and culturally appropriate methods of self-care. Concepts ranging from foundational wellness theories to current collaborations about inclusive models surrounding self-care are discussed.

Keywords: counseling education, self-care, wellness, inclusivity

Client self-care is a foundational concept and has been heavily examined in counseling literature (Lawson, 2007; Myers, 1991; Plath, 2020; Witmer et al., 1998). Contrary to client self-care, counselor and counseling student self-care have been explored less frequently (Baker & Gabriel, 2021; Plath, 2020). Counseling students often learn about the importance of self-care and the consequences of counselor impairment in their graduate training. Specifically, ACA Code Section C.2.g discusses how to monitor for counselor impairment (ACA, 2014). Counselor educators also encourage counselor trainees to provide psychoeducation for their clients about the importance of self-care and wellness. Using qualitative studies, Kim and Mumbauer-Pisano (2022) found that despite counselors' knowledge and hopes for clients' self-care, engagement in their own self-care is often overlooked. The absence of counselors', counseling students', and counselor educators' self-care is in part due to the fast-paced nature of the profession and high workload (Harrichand et al., 2021; Moate et al., 2016).

The typical clinical workload has recently increased for many mental health professionals since the rise of the Coronavirus Disease 2019 (COVID-19) (Rauch et al., 2020). During the initial onset of COVID-19, researchers found that mental health workers, including counselors and counselor trainees, reported experiencing high volumes of stress, vicarious trauma, and burnout (Moore et al., 2020). Historically, burnout has been a threat to counselors (Kim and Mumbauer-Pisano, 2022). Currently, burnout and other related threats are also potentially affecting counselors much earlier in their careers due to the severity of systemic traumas related to COVID-19 (Rauch et al., 2020). Other compounding traumas that may relate to counselor burnout include recently highlighted and historical racial trauma, continued inadequate funding and sourcing for many mental health facilities, and client increases in the need for mental health services (Baker & Gabriel, 2021; Glossoff & Fulton, 2021; Plath, 2021; Rauch et al., 2020).

Despite the frequency and severity of stressors and other negative phenomena affecting counselors, little qualitative and quantitative research exists regarding current counselor self-care and current counseling student self-care. Barker and Gabriel (2021) recently discussed that the cumulative nature of the literature surrounding current professional self-care exists primarily in the form of opinion papers and books rather than empirically validated quantitative studies, qualitative studies, or related inquiries. These authors specifically studied counselor self-care in the United Kingdom. Additionally, related researchers have found that parallel results exist for literature based on current counselor and counseling student self-care in the United States, Canada, and Australia, as well (Adams, 2013; Plath, 2020). Considering the dearth of research regarding counselor and counseling student self-care, this study was created to begin

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exploring the self-care of doctoral counseling students before they graduate from their academic programs. Past authors have asserted that encouraging and researching counseling students' self-care is important, partly because if not grounded in healthy self-care habits early, these students may not continue to engage in healthy self-care habits postgraduation (Wolf et al., 2014). Thus, this study may benefit helpers in both theoretical and practical ways.

Self-Care and Wellness During the Coronavirus Disease 2019

According to Rauch et al. (2020) and Hau et al. (2020) increase in client load and the need for counselor and counseling student self-care grew significantly with the rise of the COVID-19 pandemic. In fact, an increase in unrealistic caseloads contributed to a lack of self-care, fatigue, and burnout for many counselors (Rauch et al., 2020). Other related workers, including medical workers and other mental health care workers during this time, also experienced a lack of self-care and burnout (Baker & Gabriel, 2021; Rauch et al., 2020). Though not frontline workers, counselors (e.g., clinical counselors working with front-line workers) were also highly subject to fatigue, posttraumatic stress disorder symptoms, and vicarious trauma. Baker and Gabriel (2021) noted that some counselors experienced more mental health problems during the initial outbreak of the pandemic than many frontline helpers. These researchers found that part of the reason for this surprising finding includes, in part, counselors' lack of insider knowledge about COVID-19 procedures compared to their frontline peers.

In addition to barriers to insider knowledge about COVID-19, other current barriers for counselors include a lack of counselors' professional mental health support, a lack of integrated medical resources for counselors' clients, and added pressure on counselors to aid their frontline colleagues (Rauch et al., 2020). Other self-care sacrifices found in the literature during the pandemic included counselors decreasing or eliminating their scheduled breaks, not staying connected (e.g., physically or digitally) to others, and not engaging in healthy eating habits (Rauch et al., 2020). These COVID-related factors,

along with continued "typical" or routine stressors associated with clinical counseling and counseling education work, added to the potential for counseling students and counselors to experience secondary stress, burnout, and compassion fatigue at higher rates than in pre-COVID-19 times (Rauch et al., 2020). Additionally, counseling students also reported many experiences of Zoom fatigue and burnout, in part, due to many counselor education programs holding primarily remote courses during the pandemic onset (Arcuri Sanders et al., 2020; Basma et al., 2021). Access to Zoom had already been a reported barrier for various underrepresented students in counselor education and related fields (Johnson & Rehfuss, 2021). Basma et al. (2021) emphasize that through lack of access to online learning, underrepresented students, including BIPOC counseling students, reported added distress and lower wellness.

In addition to traditional counseling and the online shift for student learning, telehealth counseling was another factor that related to some counselors' experiences of reduced self-care (Padfield, 2021). Specifically, remote counselors reported more distress, role conflict, and pressure than many of their face-to-face providing peers during the onset of the COVID-19 pandemic. Some of these counselors also reported difficulty in making the transition to a primarily remote setting in addition to other stressors. Stressors related to the telehealth transition for many counselors included quickly learning how to foster empathy, psychological contact, play therapy, and other clinical skills in a completely online environment (Baker & Gabriel, 2021; Rauch et al., 2020). Caseloads for many remote counselors also increased exponentially (Padfield, 2021).

Adding to the workload increase and navigating the new modality of online counseling, several remote counselors also discussed the lack of ability to have a work-life balance due to working primarily from home. Many remote counselors were required or chose to provide services online for COVID-19 safety precautions (Barker & Barker, 2022). Despite the physical safety fostered by remote counseling, many counselors still faced enmeshment in their jobs when working at home (Padfield, 2021). Many

remote counselors have also reported increased overall occupational stress, which is a known catalyst for potential counselor burnout (Puig et al, 2012).

CACREP Infusion of Self-Care to Promote Professional Identity

To avoid and mitigate burnout, self-care is essential. Self-care is vital for the counselors affected by the COVID-19 pandemic as well as students. Additional reasons for self-care include increasing students' content knowledge and skill acquisition, which is directly influenced by self-care and well-being (Puig et al., 2012). Counselor and counseling student well-being is a continued goal of counselor education programs (Harrichand et al., 2021). The Council for Accreditation of Counseling and Related Education Programs (CACREP) 2016 Standards acknowledge and enforce programs' promotion of counseling students' development and self-care. Specifically, CACREP requires accredited programs to infuse teaching about self-care strategies for emerging counselors in various courses (II.F.1.l). CACREP and other professional organizations (i.e. the National Board for Certified Counselors and the Association for Counselor Education and Supervision) have also reinforced that student self-care is needed to avoid latent consequences, including secondary stress, countertransference issues, blind spots, compassion fatigue, vicarious trauma, and burnout (Arcuri Sanders et al., 2020). These threats can occur for both master's and doctoral students (Morse et al., 2012). Students and counselors lacking self-care can also experience "emotional exhaustion and lower job satisfaction" with or without burnout (Faii Sangganjanvanich & Balkin, 2013; pp. 62-79). The association between lack of self-care and threats such as burnout reinforces why the exploration of counseling students' and counselors' self-care is needed.

In addition to CACREP's support for increasing student, counselor, and counselor educator self-care, the American Counseling Association (ACA) also outlines self-care as an ethical duty for all professional counselors in the ACA Code of Ethics (ACA, 2014). The ACA (2014) specifically outlines parameters to mitigate burnout by describing how to recognize signs of counselor impairment and when

to "cease services" for client protection in Section C.2.g. Though CACREP, ACA, and many counselor education programs have promoted student well-being through self-care, other programs have failed to acknowledge the full importance of student self-care (Plath, 2020). Considering the current efforts to stave off burnout, Arcuri Sanders et al. (2020) described the implementation of the *Self-Care Assessment Worksheet* and *The Professional Quality of Life Scale* (ProQOL-5) in their online counselor education program. Also, earlier studies on self-care primarily focused on assessing the absence of self-care during or after students presented with a dispositional concern (Harrichand et al., 2021; Moate et al., 2016; Myers et al., 2003). However, little to no current research proactively assessing students' self-care has been done. Similar to Arcuri Sanders et al. (2020), Plath (2020) assessed doctoral counselor education student wellness through the administration of *The Five Factor Wellness Inventory* (FFWEL-A2) and also generated quantitative data on students' wellness. There are some other studies regarding student self-care. However, other researchers who assessed student self-care and wellness composed data much earlier than the beginning of the COVID-19 pandemic. Thus, the studies mentioned here may not fully capture the stressors current students and counselors are facing before a dispositional issue is seen. Also, of the few current researchers interested in this topic, Baker and Gabriel (2021) likewise noted a lack of research on exploring counseling students' wellness and self-care. As similar to all people, counselors' self-care and wellness are inextricably related.

Self-Care and Wellness Defined

CACREP (2009) Standards described wellness as "a culturally defined state of being in which mind, body, and spirit are integrated in a way that enables a person to live a fulfilled life" (CACREP, 2009, p. 69). Wellness includes counseling concepts such as prevention, advocacy, and social justice (Remley & Herlihy, 2016). Wellness, as a concept, is part of the ACA (2014) Preamble and encompasses the appropriate self-care and balance needed to not only survive but thrive in the counseling field. According to CACREP (2015), counselor educators are encouraged to promote "strategies for personal and professional self-evaluation and implications for

practice" in their programs (p. 10). CACREP-approved strategies may include the promotion of counseling student self-care to prevent students from experiencing stressors, ranging from Zoom fatigue to work-life imbalance.

Wellness cannot manifest without proactive self-care engagement of students, counselors, and counselor educators (Glossoff & Fulton, 2021). Cook-Cottone (2015), who researches self-care and wellness extensively, shared her definition of self-care as "the daily process of being aware of and attending to one's physiological and emotional needs…" (p. 1). Expanding on Cook-Cottone's definition, Reeves (2018) also elaborated on different ways that counselors may engage in self-care to particularly foster the therapeutic self, managerial self, and career self. Similarly, Skovholt et al. (2001) described self-care as a process of caring for one's needs, by balancing our personal and professional selves. Considering these descriptions, both wellness and self-care are inextricably related. There is no differentiation between self-care and wellness being unique to faculty, students, or clients. Self-care is important for all people. Hill (1989) articulated the interrelationship between these concepts, in part, as she noted that "counselor educators who are attuned to their own wellness will facilitate the development of counselors who are [also] aware of their own wellness and are therefore able to work with clients regarding their wellness issues" (Faii Sangganjanavanich & Balkin, 2013, p. 67).

Current Strategies Utilized

A current practical and creative way for educators to promote self-care includes fostering the Myers and Sweeney model of wellness. Witmer et al. (1998) first created the original Wheel of Wellness in 1998. This assessment reinforces contemporary considerations that self-care is not all-encompassed in indulgent, solely Westernized, or traditional behaviors, but rather through phenomenological self-care behaviors, self-regulation, and self-preservation methods. Notedly, the original wellness wheel did not emphasize individual self-care as much as the revised version(s). Usage of the wellness wheel can help students in deconstructing what self-care really

means to them (Myers and Sweeney, 2008; Myers et al., 2003).

Additional ways to encourage self-care with students in counseling programs can include administering assessments (e.g. *The Five Factor Mindfulness Facets Inventory* from Baer, et al., 2006) and continuing collaborative discussions through the added use of media (e.g. Headspace, Calm, etc.), or through supplemental texts (e.g. *Wherever You Go, There You Are* from Jon Kabat-Zinn) focused on self-care.

Study Introduction

This study is designed using a qualitative framework aimed to explore the self-care experiences of doctoral counseling education students. During the implementation of this study, interviews, artifact analysis, and open-coding were used to identify various phenomenological themes regarding counseling students' practices of self-care. In addition to the interview conducted, various artifacts were also interpreted from these students' experiences in their masters and doctoral programs. These artifacts included self-reflection papers, social media postings with pictures, and written commentary in student organizations. One of each artifact type was requested of each participant.

Problem Statement

This topic is salient due to the lack of qualitative research and formal assessments regarding counseling students' and counselors' self-care. To add to this limited research, this particular study was designed to answer some of the phenomenological questions about students' self-care. The main question which catalyzed this research was: "How do counselor education students define their self-care in the context of their graduate studies?" The goal of this study is to help promote increased self-care for students completing their coursework, counselor educators, and counselors.

Trustworthiness

Strategies for trustworthiness and credibility were upheld as interviews were transcribed directly, artifacts were observed, both interviews and artifacts were provided back for member checking, open-ended coding was performed, and later triangulation

between interviews and artifacts was noted. This researcher also engaged in critical thought about researcher reflexivity and positionality. Reflexivity considerations and reflective coding to better rule out what biases this researcher has were included. Similar to members in this study, this author was also a prior doctoral student and someone who has unique views regarding doctoral students' self-care. Though the nature of qualitative research supports that this author's reflective thoughts may add depth to themes, ethical bracketing was utilized to particularize the participants' responses and avoid presuppositions being imposed by this researcher. For example, when this researcher listened to interviews, members were again asked about interpretation to counteract any potential misinterpretation or assumptions. Similar to interview data, coding was also shared through a second round of member checking to incorporate participant feedback. Another measure used to ensure this study's trustworthiness included data triangulation, as mentioned. Interviews, self-reflections, and social media postings were triangulated to identify common themes from multiple participant sources.

Method

This study was approved by a University Institutional Review Board and utilized a qualitative design known as the Interpretive Phenomenological Analysis (IPA) approach. IPA was originally influenced by philosopher Edmund Husserl (Creswell, 2009; Eatough & Smith, 2008; Smith & Osborn, 2015). Phenomenology is a term that conceptualizes a person's lived experience in their own unique terms versus needing to fit a prescribed or universal imposed truth. Using IPA, this researcher committed to finding the meaning of various counseling students' self-care experiences.

Participant Selection

This study included semi-structured interviews, analysis of interviews, and artifact collection and interpretation from counselor education doctoral students at multiple midwestern universities in Illinois, Ohio, and Pennsylvania. Interviewees were asked to participate in this study via collaboration at the Illinois Counseling Association and via email invitations from this researcher. The interviewees were asked to interview as prompted from a search within higher education and the counseling field via an email contact using the snowball effect (Bogdan & Biklen, 2006). The interviewees included four counselor education doctoral students who successfully passed their standard candidacy exams at varying universities. Participants were initially provided informed consent and later voluntarily participated in semi-structured interviews about their self-care during their counseling education program(s). Interviews were attempted to capture student experiences in both their past master's and current doctoral programs. These four interviewees included students between 30 to 54 years old. The participants also included two individuals who identified as African American females, one Caucasian male, and one Caucasian female. The participants' sexual identities included one person who identified as gay and three who identified as heterosexual. The participants' varying specializations included one school counselor, one college counselor, and two clinical mental health counselors. All interviews were de-identified, and interviewees are provided pseudonyms in the documentation below. These pseudonyms are Olivia, Devon, Victor, and Allyson.

Artifact Selection

Artifacts were also analyzed with the consent of the interviewees in this study. Artifacts were later added in the open-coding and theme finding of this study. The artifacts observed in this study included at least one social media posting, one reflective paper or journal entry, and at least one observation of commentary from each participant related to their involvement in a professional organization or student organization. These artifacts were chosen to align with the diverse expression of student learning and development. For example, according to counselor education pedagogy, some doctoral students identify as visual learners and may have a larger and more authentic response using a reflective picture, while others may share more depth through writing (Mallery Keenan & Stewart-Wells, 2021). Thus, this researcher tried to utilize multiple types of expression as it was assumed that almost all students had some social media, had written at least one reflective paper in their doctoral trajectory, and had

participated in some professional field-related discussion or event.

Interview Questions and Formatting

This study's interviews lasted about 60 minutes per interviewee. These interviews were one-time face-to-face meetings with this researcher and were either through Zoom or Skype facilitation. Guiding questions for the interviews included: 1.) *How do doctoral students describe their experiences in a counselor education programs (i.e. in both masters and doctoral programs)?;* 2.) *How do counselor education doctoral students define self-care?;* and 3.) *What are counselor education doctoral students' experiences with engaging in self-care?*

Results

The main reflective themes from all four interviews, after symbolic, open-coding, included using various metaphors when describing how they coped in graduate school and in clinical work, wanting to learn and have educators and licensed counselors' model and encourage increased self-care, and desire for a more relational and inclusive model for different self-care supports, engagements, and behaviors.

Theme One: Usage of Metaphors

When considering themes, *Theme One: Usage of Metaphors* was most represented among all of the interviewees. Each interviewee, in some way, described how they coped with their academic and career stress through the usage of at least one metaphor. For example, one doctoral student, with the pseudonym of Allyson, specified:

> You know how counselors use metaphors as thinking of having a bucket? I have to have things to fill my bucket in order to give other people things out of my bucket. For me, that's sometimes, alone time, physical activities, time with friends, having a job that I love… those sorts of things, because if my bucket or my self-care gets low, I am not going to have anything to give to anybody else…

Thus, as Allyson describes here and throughout the interview, her self-care was conceptualized through a metaphorical example of a bucket. Allyson's metaphor is similar to another interviewee, pseudonym of Olivia, who shared this metaphor:

> So, it's almost like, I, I see it sometimes, especially when I'm teaching, as in I come in and I empty everything out… everything (laughs) that I've got. And so by the time I get back home, I am… I am exhausted, right? And so the self-care part is about refilling and rejuvenating, and sort of like, just, just putting back some of those things that, that you have given out, like a balloon losing and regaining air…

A part of what made the finding of metaphor usage significant during this study is that both Allyson and Olivia's interview metaphors were also similar to the other interviewees' metaphors of coping. One of the other interviewees described being a "magnet" and "not wanting to lose their stick when they were too stressed." Likewise, another interviewee, pseudonym Victor, shared about a social media post artifact of his that was about being a "cup" and "wanting to be filled again."

Not only was the expression of creative metaphors universal with this small group of interviewees, but when sharing about their bucket, balloon, cup, or magnet metaphor, each interviewee described their own self-care and referenced their metaphorical examples as representing an internal capacity within themselves. Their stories detailed their need to 'empty' some of their stressors when their personal and professional "selves" are filled up.

The theme of pressure could be a continued question to explore among other counseling students, practicing counselors, and counselor educators. Additionally, various research has been used to incorporate metaphors in counseling supervision, but less research about how these metaphors may be related specifically to counselor self-care exists (Guiffrida et al., 2007; Villarreal-Davis et al., 2021). One study suggests using the metaphor and published activity of the Supervision House in counseling supervision (Lupton-Smith et al., 2021). The Supervision House is a tool for counselor supervisors to facilitate group supervision. During

this group activity, counseling trainees examine and share their current clinical experiences while building their own metaphorical home. The Supervision House is a great tool but does not fully address metaphors as intrapersonal tools for self-care. A potential upcoming study could be generated to explore the usage of metaphors as, specifically, protective factors or descriptors for counseling students' stress and self-care.

Given the presence of metaphors relating to self-care, counselor educators are encouraged to present metaphorical examples or ask about metaphors in lectures and small group discussions. For example, educators could share that different metaphors may also be used in clinical work with some clients when providing insight-oriented therapies. Students may view these metaphors with the intention of helping clients, but professors could reinforce that these can be beneficial for both the client and the clinician. Specifically, counselor educators can be reminded to use the metaphor for clients and students, which includes "to put on one's own oxygen mask first to survive and then to help others" (Stephens et al., 2011).

Theme Two: Desire for Increased Modeling of Self-Care from Faculty and Counselors

Considerations for responses that generated *Theme Two: Student Desire for Increased Modeling and Encouragement of Self-Care*, were also qualitatively meaningful and add questions surrounding these topics. For example, interviewee and pseudonym, Victor, stated his view of needing self-care as:

> I'll hear professors say once in a while, well, self-care, you gotta take care of yourself. But I don't recall the specificity behind that, it's almost as if this is just a concept that people are supposed to do. Then I see people get stressed out or trying to have a self-care plan that just doesn't work.

To engage in added self-care, this interviewee talked about the importance of seeking out examples of successful professionals who practice self-care on their own. A supporting artifact that this same

interviewee discussed is a TEDX video about self-care and is titled A Self-Care Revolution (McCormick, 2015). Victor shared a paper that he had written for a past course that detailed "what I think wellness means." In this paper, Victor referred to this TEDX video. Victor also, coincidentally, shared in his interview that seeing the same video and TEDX Speaker, Megan McCormick, discuss self-care "as a revolution and act of defiance" helped to "give me permission to do more self-care."

In addition to Victor, two other interviewees discussed their own need for self-care for themselves as well. These other interviewees also explicitly mentioned wanting people they work with, including colleagues, supervisors, professors, and clinical site directors, to have increased self-care. One interviewee elaborated about being motivated to pursue a Ph.D. in Counselor Education, in part, to teach supervisees differently than she was "initially taught by my supervisor who was just, really burnt out." This interviewee, pseudonym Olivia, also shared her artifact of a reflective paper she had written in her master's program. In this reflective journal, she discusses wondering, "are all counselors this tired all the time?" As we discussed our interview, Olivia shared that this experience still impacts her, as it could have "set the tone for what I thought counseling would be." She then elaborated that if her past supervisor had engaged in increased self-care, perhaps she wouldn't have experienced as much burnout as Olivia had witnessed. In relation to witnessing others in the field, another interviewee, Allyson, shared:

> So, um, it'd be nice to have something where those ... you know, the support and professional development piece are there, but self-care… maybe is structured a lot more, uh, a lot more intentional, and where the gaps are um, at, are filled… where it's an organic thing. Sometimes it feels as if you, you get the support only after you ask for it…

Perhaps, these interviewees' phenomenological realities of seeing various counselors and supervisors in need of self-care is a topic that could also serve as a larger catalyst in the counselor education world.

Increased self-care from supervisors and peers is predicted to strengthen not only each person's professional identity but a collective professional culture of healthier, more attuned professionals. Another interviewee, pseudonym Devon, shared her direct desire to have more mentoring explicitly in self-care. When asked about self-care in her program, she said:

> I would have liked to have a more structured mentoring program with self-care, more involvement in faculty research, and added support overall. I guess just because I feel like that for me, these were and still are not my greatest strengths, even post masters, you know?

Recent researchers, such as Arcuri Sanders et al. (2020), have reinforced the theme of students wanting added models of self-care. From this theme, it is important to address this gap in the literature and create additional studies that focus on counselor educator self-care models as well.

Theme Three: A More Relational and Inclusive Focus about Self-Care

Lastly, as we consider a third theme generated from the four interviewees, we arrive at *Theme Three: A More Relational and Inclusive Focus about Self-Care.* Students collectively shared their desire to practice interpersonal activities to promote self-care and other health behaviors. Though one interviewee identified as less "social" than the "typical doc student," this interviewee also discussed the need to feel that self-care was part of her professional community. The interviewee, Devon, shared, "I think I would have liked to have a more structured mentoring program." Devon later elaborated on wanting mentors and peers to "provide a community that fostered research, work-life balance, and hope." Though this interviewee did not explicitly state self-care in this part of our discussion, aspects including work-life balance are intertwined in counselor and counseling student self-care (Kotera et al., 2021). Similarly, Devon also elaborated that "I think we've [students] always agreed and probably will agree that we deserve some self-care. For us, maybe that is dinner with family or being with one another after a conference workshop." In addition to Devon, other interviewees shared how they have infused self-care with their peers and other relational supports. The importance of community was found in most, particularly in the reviewed reflection paper artifacts from the four participants. For example, Allyson shared about a disappointing time when their professors had intended to build community but later were unable to do so:

> So, um, before one of, uh, the professors left, she was trying to establish these community networks with other organizations outside us, but also trying to just do some of these community things… And I got really excited about it, you know, like, oh, this is something I'm really looking forward to when it happens, I'm going to become part of it. And then she left, and that's really ... when I think about things, that's one of the things that I was really looking forward to.

Though so much of what interviewees shared seems commonplace, awareness about relational and community-influenced self-care is increasingly needed in our counseling literature and training programs. Questions about identifying self-care in a community, relational, and culturally driven way is an emerging topic, not only from this study but from other related recent research (Litam et al., 2021; Wyatt & Ampadu, 2021).

Similar to Wyatt and Ampadu (2021) and Litam et al. (2021), Waterfall and Button (2022) share about decolonizing wellness and self-care. These authors propose questions and ideas around what can be done to foster a professional environment and communities for all types of self-care. Additionally, these researchers assert that community and relational influences were and still are often ignored in Westernized models of self-care and wellness. Specifically, Waterfall and Button (2022) share that a one-size-fits-all self-care suggestion is often an incentive for productivity for the larger body. These authors elaborate that various types of self-care should be encouraged for the well-being, personhood, and humanity of the person, themselves, rather than for primarily institutional incentives.

Also, through these authors' discussions, a valuable assertion is shared that wellness and self-care do not need to be bought by consumers to be helpful to the people engaging in activities. For example, students and practicing counselors may find community-oriented activities to be better markers of their self-care. Basma et al. (2019) shared that community efforts to support wellness and self-care are helpful, particularly for underrepresented students and clients. They elaborated that BIPOC students' experiences of marginalization, discrimination, and mistreatment resulted in reports of lowered wellness during their academic programs. One strategy for addressing this concern of BIPOC students' lowered wellness could include increased inclusive, community-related self-care engagements such as what is termed Radical Self-Care (Wyatt & Ampadu, 2021). Radical Self-Care includes community and personal focus on self-determination and preservation. Various scholars who have discussed types of Radical Self-Care include Audre Lorde, Gloria Anzaldua, and Bell Hooks (Wyatt & Ampadu, 2021). Radical Self-Care is an inclusive form of self-care and can range from helping with community advocacy (i.e. promoting community clinics) to engaging in political justice events. These are only a few examples of non-traditional self-care activities.

Promoting self-care through an inclusive lens will not only help this study's interviewees but may also help many other students and clients. Similarly, and related to both Themes Two and Three, Blount et al. (2016) note that counseling students desired that their professors and supervisors be more intentional in their modeling, encouragement, and promotion of different forms of self-care. One model which may foster inclusiveness and phenomenological self-care is the *Community Cultural Wealth Model* (CCW) (Anandavalli, 2021; Yosso & Burciaga, 2016). The *Community Cultural Wealth Model* is a framework in which people are conceptualized through various cultural capitals as opposed to the traditional, heteronormative, Westernized, and wealth or monetary emphasized capital constructs alone. The CCW includes a person's aspirational, linguistic, familial, navigational, resistance, and social capital (Yosso & Burciaga, 2016). When interviewing students for this study, various students reported using family (i.e. familial capital) as a source for their self-care, which is, in part, why the CCW is considered here. Particularly, two interviewees discussed how their children foster various self-care for them. One of these interviewees specifically shared how laughing with her daughter was "not only the best medicine but my self-care." When asked about who models self-care for them, another interviewee could not think of a particular faculty member but shared about her spouse and his modeling of self-care. This interviewee, Devon, specifically stated:

> The best model I have is my husband. He is really able to unwind and doesn't do it intentionality. He disengages probably better than anyone I know. What I mean by that is he will disappear for seven hours, and he will be playing a video game in the basement.

This interviewee's feedback reinforces the familial capital that can be used in helping students find their sources of self-care. From these interviewees, it was clear that helping promote wellness and self-care through a relational and more inclusive lens is needed. Dang and Sangganjanavanich (2015) are among the few researchers who have considered adding an inclusive, relational, and community-based approach in counseling education for students' well-being. *Theme Three*, and the recent research mentioned, provide a purpose for promoting added inclusive forms of self-care for students, counselors, and counselor educators.

Discussion

Three overarching themes emerged in the present study. This study provided additional reasons to explore counseling students' self-care, including students' expressions for increased faculty and counselor modeling of inclusive self-care activities. In addition to considering individual metaphor usage, modeling of faculty, and inclusive self-care practices, this research generates ideas about additional effective tools that may practically foster counselor and counseling student self-care. The next section will address practical ideas to promote self-care in and out of the classroom.

Practical Implications to Promote Self-Care

An initial implication from *Theme One* of this study includes increased activities in class for students to engage in self-care. These activities can include the Myers and Sweeney (2008) Wellness Wheel or related adapted wellness wheels. Another implication for the facilitation of student self-care includes the utilization of new tools. A tool that can be used to promote self-care is generated by Allyson, one of the interviewees in this study. This tool is called the *Mindfulness Self-Care Scale* (Cook-Cottone & Guyker, 2018).

The MSCS was created and normed by psychologists Dr. Catherine Cook-Cottone and Dr. Wendy Guyker. This scale includes information about self-care and mindfulness for mental health helpers, including counselors. Specifically, the MSCS is a 33-item inventory that includes subscales such as physical self-care, emotional self-care, mental self-care, relational self-care, and clinical self-care. The MSCS subscales and comprehensive nature of the MSCS are similar to the *Wellness Wheel* referenced earlier, but the MSCS also asks readers about self-regulation and mindfulness. Counselor educators could provide students with the MSCS in class or as homework. Usage of the MSCS could promote *Theme One,* but also *Theme Two* of this qualitative study.

Another and final major implication stemming from *Theme Three* of this study includes the need for increased professionals to consistently model self-care. Suggestions include faculty advising that includes discussion about faculty's and students' current self-care. Generally, in most counseling programs, faculty advisors facilitate students' development of cohort study plans or individualized study plans. Thus, during a traditional advising session in many counseling programs, less time is spent talking about a faculty member's or student's intentions for self-care. Thus, in addition to the facilitation of student program plans, students should simultaneously be encouraged through self-care-related discussions with their advisors through modeling and also through completing their own self-care plans. Completion of even an informal self-care plan for advisees may improve student understanding of self-care as a preventative intervention. Faculty members may model for students their own self-care plan as a concrete example. Faculty self-care planning and modeling for trainees, as well as students' completion of a self-care plan early in counseling programs, may also help students develop healthier, more intentional self-care habits to reinforce throughout and after their graduation. Students could even create a self-care plan on their phones or laptops. Creative ways to foster a self-care plan also connect to interviewees' comments, including the reflections of Victor, who discussed media usage and viewing others' self-care by using technology.

Suggestions For Additional Research Regarding Self-Care

Much of what is documented in counseling literature includes client self-care. As mentioned in this documentation, additional quantitative and qualitative studies about counseling student self-care, especially after the onset of COVID-19, are still needed. Suggestions for future quantitative exploration of self-care could include research on administering assessments such as the *Mindfulness Self-Care Scale,* the *Professional Quality of Life-5 Scale,* the *Perceived Wellness Survey,* and the *Professional Wellness Discrepancy Scale* to both doctoral counseling students and masters and doctoral students before any potential impairment is seen (Blount & Lambie, 2018; Cook-Cottone & Guyker, 2018, Stamm, 2009).

Of the few qualitative studies that have been conducted, those studies included assessing master's counseling students only after they had exhibited some potential form of impairment (Lawson, 2007; Plath, 2020). Not only quantitative but additional qualitative studies focusing on students before any impairment is seen are encouraged. Ideas could include grounded theory or photovoice-guided studies to explore both master's and doctoral students' self-care as a protective factor for success or matriculation (Blount & Lambie, 2016; Plath, 2020). Additionally, studies that explore inclusive models of self-care, such as Radical Self-Care and the *Community Cultural Wealth Model* would also be advantageous to the counseling field.

Limitations

Salient limitations regarding this study include the varied format of interviewing participants through two formats, either a Zoom or Skype format. Access to technology was considered and one interviewee's Zoom link was unable to work. Thus, Skype was utilized as an alternate method of data collection. However, different methods of interviewing may technically have altered some of the responses. Another factor noted includes the small sample size in this qualitative study. Though this qualitative study approached saturation due to the various methods of analysis, added participants could still be included. When considering qualitative data, the researcher is guided to particularize rather than generalize. Thus, even with this small sample size, this study's information is still meaningful. However, adding other counseling students of varying identities, including those who are underrepresented, could strengthen these results. Continued qualitative research designs on this topic, such as through using photo voice, grounded theory, and continued interviewing, are also recommendations to strengthen this study's results.

Concluding Remarks

The findings from this qualitative study as well as the synthesis of information regarding self-care above, can be used to help counseling students better, as well as practicing counselors and counselor educators. When considering the metaphorical nature of the interviewee's responses in this study, another metaphor that comes to mind from the researcher includes planting seeds of self-care. Though in today's society, much uncertainty exists regarding sociopolitical aspects such as the COVID-19 pandemic and its continued and future effects on the mental health of all persons, we can plant seeds of self-care for counseling students and related helpers in the counseling field. The seeds of knowledge that we plant now may generate a culture of more self-care engaged counselors in the future.

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JPCA Test to Earn CE Credit

Note: Earn 2.0 Free Continuing Education Credits by reading selected articles in this issue. Read the articles identified below and answer 8 of the 10 questions correctly to earn 2 CE credit.

_____
_____

Bicultural Individuals: A Content Analysis of Counseling Journals, 2000 to 2019 (pp. 4-12)

1. What was the first year Americans could identify on the census as belonging to more than one race?
- ☐ a. 1980
- ☐ b. 1990
- ☐ c. 2000
- ☐ d. 2010

2. Pressure for bicultural populations to assume a monocultural identify can lead to:
- ☐ a. Depression
- ☐ b. Anxiety
- ☐ c. Increased substance use
- ☐ d. Poor self-esteem
- ☐ e. All of the above

3. Themes associated with this study included:
- ☐ a. Acculturation, assimilation, culturally responsive intervention.
- ☐ b. Intersecting identities, culturally responsive interventions, and acculturation.
- ☐ c. Intersecting identities, culturally sensitive approaches, and assimilation.
- ☐ d. Acculturation, intersection, and culturally informed interventions.

College Students' Mental Health in Response to the COVID-19 Pandemic (pp.13-26)

4. The "College Counseling Symptoms Scale" (CCSS) was developed from?
- ☐ a. DSM-5 diagnosis criteria.
- ☐ b. Consultation with practicing college counselors and student affairs staff.
- ☐ c. From a random drawing pool.
- ☐ d. Students developed the questions because they were curious.

5. The "College Counseling Symptoms Scale" (CCSS) consists of how many questions?

_____

- ☐ a. 23
- ☐ b. 30
- ☐ c. 22
- ☐ d. 19

6. What was the biggest limitation to the study?
- ☐ a. Religion
- ☐ b. Age
- ☐ c. Race
- ☐ d. Gender
- ☐ e. Both C and D

Contemporary and Culturally Inclusive Concepts Regarding Counseling Student Self-Care (pp. 27-40)

7. Which section of the ACA Code of Ethics emphasizes the need to "monitor counselor impairment" according to this manuscript?

- ☐ a. Section B
- ☐ b. Section C
- ☐ c. Section G
- ☐ d. Section H

8. This Parker-Barnes (2022) study was a _____ design using an Interpretive Phenomenological Analysis (IPA) approach.
- ☐ a. Quantitative
- ☐ b. Qualitative
- ☐ c. Mixed Methods
- ☐ d. Quasi-Experimental

9. Ideas promoted from this manuscript include all the following, except
- ☐ a. To utilize new self-care related instruments including the Mindfulness Self-Care Scale
- ☐ b. To replace all existing self-care approaches with new ideas
- ☐ c. To increasingly encourage counseling student self-care in and outside of the classroom
- ☐ d. Increase student, counselor, and counselor educator self-care

10. Both the concept of Radical Self-Care and the Community Cultural Wealth Model:

☐ a. are created from the same theorists
☐ b. promote self-care stemming from traditional models
☐ c. are old ideas in the counseling field
☐ d. are increasingly inclusive and should be progressively researched and clinically applied

_____

☐   I certify that I have completed this test without receiving any help choosing the answers.

Feedback

Please rate the following items according to the following scale:

5 – Superior   4 – Above Average 3- Average   2 – Below Average   1 – Poor

	Superior	Above Average	Average	Below Average	Poor
The authors were knowledgeable on the subject matter	☐5	☐4	☐3	☐2	☐1
The material that I received was beneficial	☐5	☐4	☐3	☐2	☐1
The content was relevant to my practice	☐5	☐4	☐3	☐2	☐1
This journal edition met my expectations as a mental health professional	☐5	☐4	☐3	☐2	☐1
How would you rate the overall quality of the test?	☐5	☐4	☐3	☐2	☐1

Comments/Suggestions?

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12. An electronic copy of the manuscript should be e-mailed to the editor: Dr. Holly Branthoover (pcajournal@gmail.com).

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