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**THE LIVED EXPERIENCES OF COUNSELORS-IN-TRAINING COMPLETING
PRACTICUM OR INTERNSHIP DURING COVID-19**

by

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Dissertation Proposal Submitted in Partial Fulfillment
of the Requirements for the Degree of

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COUNSELING

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May 2024

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ABSTRACT

THE LIVED EXPERIENCES OF COUNSELORS-IN-TRAINING COMPLETING PRACTICUM OR INTERNSHIP DURING COVID-19

Shelby Lauren Dillingham
Old Dominion University, 2024
Director: Dr. Jeffrey Moe

COVID-19's classification as a pandemic in March 2020 changed numerous professions as they adjusted to social distancing expectations. Mental health providers particularly encountered transitions that included higher acuity caseloads, working different hours, and increased exposure to COVID-19. Counselors-in-training (CIT) faced the dilemma of earning their clinical hours in a safe manner, especially CITs working within integrated healthcare settings, such as hospitals or clinics. Despite some research with licensed professional counselors, limited research exists examining CITs' experiences working during the COVID-19 pandemic. This study sought to understand the lived experiences of CITs who completed their clinical hours in an integrated behavioral healthcare (IBH) setting during COVID-19. The researcher used a phenomenological investigation to explore how CITs coped during their clinical experience of practicum and/or internship and used both individual interviews and a focus group to gather data. Data analysis encompassed Moustaka's Modification of van Kaam's Phenomenological Analysis to construct organized meaning to the responses, and results indicated three meta-themes: 1) adaptability within IBH practicum and internship during COVID-19, 2) CITs' increased sense of belonging in IBH, and 3) development and growth. Trustworthiness procedures involved researcher reflexivity, member checking, audit trail, and external inquiry audit. Implications include the need for additional IBH training and coursework and an increased understanding of CITs' coping responses and competency with grief, loss, and

collective trauma. Limitations involved possible social desirability and recall biases, and future directions include specific avenues for advancing counseling and counselor education related to P&I and the COVID-19 aftermath.

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This dissertation is dedicated to my parents for their sacrifice and unconditional support to chase my dreams.

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Thank you to my participants for selflessly agreeing to contribute to the study. This research study would not exist without you, and you've inspired a pipeline of future research projects exploring the wellbeing of counselors-in-training.

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CHAPTER 1

INTRODUCTION

Since the World Health Organization (WHO) declared COVID-19 a pandemic on March 11, 2020, the world has experienced unprecedented challenges (Centers for Disease Control and Prevention [CDC], 2020). More specifically, the Centers for Disease Control's (CDC, 2022) most recent report on the United States shows a total of 89,067,445 COVID-19 cases with approximately 1,018,578 deaths as of July 15, 2022. COVID-19's impact expands beyond that of those infected and has provided implications for healthcare workers, mental health practitioners, educators, students, and business owners, to name a few. Academia, particularly, faced numerous adjustments in all age levels as governments around the world mandated additional protections for students and educators (Barrot et al., 2021). The overarching crisis response, such as in the U.S., resulted in education transitioning from face-to-face to virtual learning within a short amount of time and with little preparation (Barrot et al., 2021; Li & Su, 2021).

Students needing their clinical experience during virtual learning, such as counselors-in-training (CIT), faced impacts of academic decisions that were quickly made regarding how students can earn their requirements per the respective accrediting body while also remaining safe from infection (Gay & Swank, 2021; Suarez et al., 2022). CITs already experience an increased vulnerability during their clinical experience in that they are adjusting to the various role expectations at their clinical sites while also navigating their personal lives (Um & Bardhoshi, 2022). Considering how CITs engage with clients who may have trauma histories, CITs were already exposed to trauma pre pandemic (Foreman et al., 2020); during the pandemic, students face an increased risk for engaging with both clients' and their own personal trauma histories (Fuenfhausen & Cashwell, 2013; Um & Bardhoshi, 2022). This

nature of potential trauma exposure during the pandemic warrants further exploration of coping and possible posttraumatic growth, which can be described as CITs achieving a higher level of functioning than their pre pandemic functioning as it relates to major life events or crises (Aafjes-van Doorn et al., 2022; Foreman et al., 2020). CITs' vulnerability likely expanded exponentially during the COVID-19 pandemic considering the amount of uncertainty present in the world around them. This introduction chapter will continue to discuss the research problem and purpose, in addition to describing significance for the counseling field and implications for counselor educators.

Statement of the Problem

As COVID-related research continues to be published, numerous studies have explored the impacts of the pandemic on professionals such as licensed professional counselors (LPCs), physicians, nurses, and other medical frontline workers (Buselli et al., 2020; Greenberg et al., 2020; Miller, 2020; Ramaci et al., 2020; Wu et al., 2020). Bhattacharjee and Ghosh (2022) indicated that numerous populations, including frontline professionals, displayed an increased vulnerability to developing symptoms of anxiety, depression, or substance use issues during the pandemic due to social distancing requirements and uncertainty of contracting physical illness. Mental health professionals, then, faced increasing caseloads to accommodate more clients during the pandemic and/or faced the transition of their practice to telehealth for purposes of limiting infection. The bulk of research prior to and during the pandemic highlight impacts of burnout and compassion fatigue, especially among licensed or professional mental health providers (Aafjes-van Doorne et al., 2022; Chen et al., 2020; Hou & Skovholt, 2020; Martin-Cuellar et al., 2019; Lambert & Lawson, 2013; Litam, Ausloos, & Harrichand, 2021; Sprang et al., 2007). Studies prior to the

pandemic identified burnout and compassion fatigue as factors to be combatted via resilience, such as noted in Lambert and Lawson's (2013) study exploring clinician's resilience while working with clients following Hurricanes Katrina and Rita. As for implications among licensed therapists during the pandemic, research instructs therapists to increase intentionality surrounding their own wellness (Aafjes-van Doorne et al., 2022). Limited research exists, though, for therapists who are still in training.

Specifically called counselors-in-training (CITs), this group of graduate students experiences various stressors during their programs. CITs face increased vulnerability with school pressures that can impact interpersonal relationships and existing ways of coping (Lee et al., 2018). The COVID-19 pandemic increased these pressures as evidenced by resources being "challenged" or limited due to social distancing, remote schooling, or other adjustments (Suarez et al., 2022; Um & Bardhoshi, 2022). CITs already enter their clinical experiences of practicum and internship with limited clinical knowledge, and now they must adapt to working during a pandemic during a crucial point in their professional development. While pre-pandemic research has targeted understanding the impacts of stress and trauma on graduate students (Can & Watson, 2019; Foreman et al., 2020; Fuenfhausen & Cashwell, 2013; Um & Bardhoshi, 2022), more research is needed to explore how current CITs experience the impacts of the pandemic. More specifically, the literature focuses on CITs' interactions with constructs such as burnout, vicarious traumatization, and compassion fatigue, which limits the possibility of exploring positive impacts, such as posttraumatic growth (PTG). This study instead seeks to explore how CITs experienced any aspects of coping from their experiences during the COVID-19 pandemic. More specifically, the researcher anticipates CIT participants reporting a range of experiences that occurred during

their practicum and/or internship, but the participants' perception of their own coping will help address this study's specific research problem.

Purpose of the Study

This study seeks to explore and acknowledge the lived experiences of CITs who have completed their practicum and/or internship during the COVID-19 pandemic. The study will inform counselor educators of CITs' current and developing needs as they navigate their graduate programs, including highlighting potential challenges faced by CITs. Participants' responses will provide insight toward what resources may be needed to further support CITs during their clinical experience and what training they felt was missing during their experience. Additionally, this study will inform supervision practice, because these participants are supervisees for their unique practicum/internship sites, and there will likely be implications for site, university, and group supervision. Finally, another purpose of this study is to learn of participants' experiences providing in-person services within their practicum/internship during a pandemic and whether participants perceived themselves as prepared to execute their clinical experiences.

Significance of the Study

This dissertation study contributes to the field of counseling and work of counselor educators for multiple reasons. First, the current literature on CITs' experiences, including its relation to constructs such as resilience, is limited especially during COVID-19. While Suarez et al. (2022) explored resilience among CITs during COVID-19, they found that individual factors contributed to students' resilience and called future research to explore the long-term effects of COVID-19, especially with this under-studied population. What makes this dissertation study significant is that oftentimes resilience is the construct frequently studied

among licensed counselors (Lambert & Lawson, 2013; Sprang et al., 2008) or CITs as it relates to burnout (Um & Bardhoshi, 2022). This study, on the other hand, prioritizes the population of CITs and explores their coping as it relates to their clinical experience during COVID-19. This study's implications will provide an opportunity to continue exploration of resilience among CITs, since coping and PTG address some of the complexities of being a graduate student during COVID-19.

Another reason this dissertation study significantly contributes to the field is that it can inform how the self-care model is limited in applicability for CITs. Maltzman (2011) described an organizational self-care model that sought to support mental health professionals against burnout and secondary traumatic stress. However, this self-care model attends to stress faced by established professionals (e.g., licensed providers) within certain populations, thus limiting implications for professionals in training. Maltzman (2011) noted that exposure to stress may look different depending on the population served, but there was limited mention of impact on the population who is actually serving others, such as graduate students or residents pursuing licensure. This dissertation study, then, gives space for CITs to outline their own self-care strategies, which can be compared to other discussions in the literature.

In short, this study holds numerous means of significance in that it illuminates CITs' unique clinical experiences during the pandemic and contributes practicality to an expanding line of research. The results will contribute to knowledge about limiting CIT attrition, validating CITs' experiences, and informing counseling programs of actions for further supporting students during their programs. While this qualitative study serves as the beginning of exploration for CITs' unique experiences, it provides researchers and scholars an opportunity to evaluate and reflect on an event that impacted all students.

Relevant Terms and Definitions

Burnout

Burnout remains one of the most studied constructs among counselors. Although this study will focus on coping, it is important for readers to understand the difference between these constructs. Burnout involves three components, with emotional and/or physical exhaustion being the most widely recognized component (Maslach et al., 2001). Other components of burnout include cynicism and a perceived decreased efficacy, which can be in response to excessive demands over long periods of time (Lambert & Lawson, 2013; Maslach et al., 2001). Burnout may produce symptoms such as withdrawal, irritability, fatigue, and anxiety and can impact both job performance and health (Litam, Ausloos, & Harrichand, 2021; Maslach et al., 2001).

Council for Accreditation of Counseling and Related Programs (CACREP)

This study utilizes the term “CACREP” in describing master’s-level counseling programs where participants are recruited. CACREP was established in 1981 and sets the standard for excellence and competency in counseling and related educational programs. The accreditation standards are updated every seven years, with the most recent standards updating in 2016 with the intention of clarifying and unifying the counseling profession (CACREP, 2022).

Counselors-in-Training

The term counselors-in-training (CIT) in this study refers to master’s-level counseling students who are finishing their required coursework and completing their clinical experience via practicum and internship (Um & Bardhoshi, 2022). This study will only focus on master’s-level counseling students, since a master’s degree is required for licensure as a

counselor, which differs from psychology that requires at least a doctoral degree for licensure (Litner & Legg, 2022). This study will also focus on CITs' internship experience since this portion of counseling education requires more hours than the practicum.

Integrated Behavioral Healthcare

Integrated behavioral health (IBH) merges healthcare that addresses individuals' wellbeing through caring for their physical and behavioral health concerns (Agency for Healthcare Research and Quality [AHRQ], n.d.). AHRQ further describes IBH as encompassing care of the "whole person" with the advantages of stronger communication among providers and focus on multiple health goals. The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Integrated Health Solutions through the Health Resources and Services Administration (HRSA, n.d.) provides six levels distinguishing collaboration from integration within behavioral health, primary care, and other healthcare fields. Providers, clinical delivery, patient experience, and business model are all components that must be differentiated according to the SAMHSA-HRSA model.

Posttraumatic Growth

Posttraumatic growth (PTG) has been described as the positive aspects that can originate from engaging with others' traumatic experiences (Aafjes-van Doorn et al., 2022; Foreman et al., 2020; Tedeschi et al., 2018). Tedeschi and Calhoun (2004) further defined PTG as encompassing four areas related to life appreciation, interpersonal relationships, personal strength, and spiritual life. Literature often compares PTG to vicarious traumatization (VT), which encompasses the "psychological consequences" of trauma exposure (Foreman et al., 2020, p.22); PTG, thus, entails the possible beneficial aspects of engaging with others' trauma or with their own traumatic experiences (e.g., working during the pandemic).

Telemental Health Services

Telemental health (TMH) services includes all behavioral health services (e.g., intakes, assessment, follow-up sessions) being conducted in a HIPAA-compliant virtual environment (Maheu et al., 2012) and is termed “distance counseling” by the American Counseling Association (ACA; Robertson & Lowell, 2021). This paper will utilize the term TMH since it’s often utilized in the literature.

Trauma-Informed Care

Trauma-informed care (TIC) can be provided in various settings (e.g., healthcare, social services, etc.) and involves acknowledgement of how trauma can impact any individual who is seeking or receiving services (Raja et al., 2015). TIC encompasses two major domains of universal trauma precautions and trauma-specific care, both of which help guide providers for specific application of TIC in various settings (Raja et al., 2015). Menschner and Maul (2016) described the need for both organizational and clinical influence in order to provide care that is truly “trauma-informed.” Menschner and Maul (2016) specifically reported five components of trauma-informed organizational practice, which will be described in more detail in this study’s next chapter.

Vicarious Trauma

Vicarious traumatization, or vicarious trauma (VT) for short, comprises a trauma response from mental health counselors when they are exposed to a client’s trauma and includes implications of distorting a counselor’s worldview and impacting their self-perceived competency with clients (Foreman et al., 2020; Trippany et al., 2004). The term VT originated from constructivist self-development theory (CDST), which entails that counselors view the world as a result of their experiences with themselves and others (Foreman, 2018; Halevi &

Idisis, 2018; McCann & Pearlman, 1990). VT is distinct from BO in that only counselors working with trauma survivors can develop VT, whereas BO can occur among a wide variety of professionals, not just mental health providers (Trippany et al., 2004).

CHAPTER 2

LITERATURE REVIEW

Previous research indicates that CITs already experience an increase in professional, institutional, and personal stresses during a CACREP counselor preparation program (Fuenfhausen & Cashwell, 2013; Lee et al., 2018; Um & Bardhoshi, 2022). As COVID-19 changes intensified (e.g., transition to virtual learning, national shutdowns, etc.), CITs faced even more stress, especially as it related to their clinical experiences with internship (Gay & Swank, 2021). These adverse experiences warrant further explanation of how CITs experienced the demands within the COVID-19 pandemic. This literature review will thoroughly explore COVID-19's timeline to present day, the components of CITs' clinical experiences, various constructs within this study, and how previous literature connects the aforementioned phenomena.

COVID-19 Timeline and Implications

As COVID-19 gained attention in early 2020, national restrictions soon followed when the World Health Organization (WHO) declared COVID-19 a pandemic on March 11, 2020 (CDC, 2022). The global impact of COVID-19 became evident when other countries began enforcing restrictions and lockdowns to control the spread of the virus. While the Trump administration restricted travel to China in late January of 2020, the European Union later declared a 30-day travel ban in mid-March that restricted all non-essential travel for at least 26 countries (Taylor, 2021). Shutdowns occurred throughout countless countries with the intention of limiting internal movement and increasing social distancing (Dunford et al., 2020). However by March 26, 2020, the U.S. soon led the world in confirmed cases, and lack of preparation for frontline workers became evident. According to Taylor (2021), the U.S. death toll exceeded

100,000 by May 27, 2020. Now, the CDC to date reports over one million deaths in the U.S. since the start of the pandemic (2022).

Thomas et al. (2022) described the impact of COVID-19 as occurring over cultural, social, and individual realms as evidenced by the implementation of social distancing measures leading to limited social interactions and adaptations to daily life (e.g., education and occupation). Cultural implications for these restrictions include the distinction between collectivism and individualism, such as what was demonstrated when mask mandates were ordered; individualistic societies, like the U.S., appeared to experience resistance to the change. Similarly, the concepts of “patience versus impatience” emerged when countries such as the U.S. and the United Kingdom prioritized the present rather than long-term for preventive measures, such as enforcing face mask policies (Thomas et al., 2022). While some individuals reported increased anxiety and depression from wearing face masks that limited social cues, Parvar et al. (2021) described an improvement in some people’s mental health with the use of preventive measures, especially among countries with stern lockdown policies. Tension rose, though, as the pandemic continued and the Trump administration provoked false narratives of the coronavirus, leading to stigma and racial discrimination toward ethnic groups, such as Asians and Asian Americans and Pacific Islanders (AAPIs; Litam, Oh, & Chang, 2021). Not all individuals held the same opportunities to seek mental health services for these stressors, leading to greater impact over the three realms described by Thomas et al. (2022). Overall, cultural implications strongly influenced the administrative responses toward the everchanging COVID-19 measures, which naturally seeped into academic and occupational measures.

In accordance with social distance requirements, academia worked quickly to adapt education in a means that reduced the spread of COVID-19. Educators needed to adjust their

modes of instruction since states designated their own restrictions around mid to late March of 2020, which included universities moving to virtual courses (CDC, 2022). Barrot et al. (2021) described the transition to virtual learning in that educators and administrators considered curriculum changes, policy adjustments on instructional delivery, and health protocols. Virtual learning includes both synchronous and asynchronous delivery, the latter of which can be conceptualized as students not having a set schedule or live interaction (Barrot et al., 2021; Quezada et al., 2020). Students in higher education also faced challenges such as housing changes, technological changes with coursework, and social distancing requirements (Hess et al., 2020). The means of support that students grew accustomed to changed, leaving students struggling to find support while also facing additional stressors related to finances, academics, and interpersonal connections (Romeo et al., 2021; Suarez et al., 2022). In short, students, including graduate students in the counseling field, faced limited opportunities to connect with peers during a time of uncertainty, and academia changed for the unforeseeable future during the height of the pandemic.

CACREP Requirements for Clinical Experience

CITs within a CACREP-accredited master's-level counseling program must complete specific course requirements prior to entering their clinical experience, which are referred to as practicum and internship. The 2016 CACREP standards acknowledged eight core areas required in counseling curriculum and include the following: professional counseling orientation and ethical practice; social and cultural diversity; human growth and development; career development; counseling and helping relationships; group counseling and group work; assessment and testing; research and program evaluation (Section 2.F.1-8). CITs must have completed core classes related to these areas, including successful completion of their practicum

clinical experience, prior to starting internship. Other non-core courses, such as treatment planning, may also be required prior to starting an internship and can vary based on the master's program.

Clinical mental health counseling (CMHC) students can apply for practicum placement approximately one to two semesters ahead of their anticipated start. While some CACREP programs have training clinics that standardize the experience for all practicum students, other programs allow students to select their own practicum sites that can then transfer to internship. All practicum students (e.g., CMHC and school counseling) must work at a clinical site; however, school counseling students are then assigned to schools for their internships, while CMHC students can apply to (or continue with) sites that tailor their unique clinical interests. For example, CMHC students can complete their hours at an agency, private practice, integrated healthcare setting, etc. CITs interested in integrated care or IBH, for instance, may apply to an inpatient site or somewhere that incorporates treatment teams (e.g., physicians, nurses, occupational therapy, etc.). Despite the standardized coursework and supervision requirements via CACREP, CITs' clinical experiences may vary due to the range of sites connected to the respective master's programs (Foreman et al., 2020).

Per the 2016 CACREP standards, practicum requires 100 total hours, with 40 hours qualifying as direct contact with clients. Students must receive one hour of site supervision per week and one and a half hours per week of group supervision with a counselor education faculty member or student supervisor directly underneath a faculty member. On the other hand, CACREP requirements for CITs' clinical internship are significantly higher and include completion of 240 direct service hours, weekly individual or triadic supervision of at least one hour per week with a qualified supervisor, and weekly group supervision of at least one and a

half hours per week with a counselor education faculty member or student supervisor directly under counseling faculty member supervision (2016, Section 3). CITs often complete their internship over the span of two semesters, which results in approximately 300 hours per semester (e.g. 120 direct service hours per semester). CITs are expected to obtain live audio or video recordings or live supervision during practicum and internship as a means for formative and summative evaluation of clinical skills.

Practicum and Internship during COVID-19

Students entering their clinical experience during the pandemic adjusted to unprecedented challenges when courses moved to virtual modalities. Since many students concurrently take other courses and/or work during their practicum and internship semesters, they had to adjust on multiple levels. Numerous clinical sites, oftentimes mandated by university policy, required students to transfer their clinical experience to telemental health services (TMH; Gay & Swank, 2021) or to not interact with any clients diagnosed with or showing symptoms of COVID-19. While TMH offers various benefits, such as increased access to services for rural areas or opportunity to limit spread of the virus, the transition to TMH during COVID-19 caused challenges for CITs due to a lack of preparation in execution (Gay & Swank, 2021; Robertson & Lowell, 2021). Some CITs, however, worked at integrated sites (e.g., hospitals) in which virtual services were not possible, leading to overall concerns about personal protective equipment (PPE) and overall risk of infection for anyone in an inpatient setting (Peng et al., 2020). The literature, though, shows a gap in what is discussed regarding CITs' growth in their clinical experience prior to the pandemic, meaning that the gap is even more noticeable now that students have finished their programs during COVID-19. Studies focus on how medical professionals or licensed clinicians experienced the stressors associated with working on the frontline, but no

research exists exploring how trainees perceived the experience. The limited research shows an opportunity to not only understand how CITs navigated the pandemic at their unique sites but also how they adjusted to the implications of multiple transitions within a short period of time.

Possible Coping Experiences during Practicum and Internship

While previous research describes some of the impacts that licensed professionals faced during the start of the pandemic, limited research explores the impacts of COVID-19 on CITs, let alone during their clinical experience of practicum and internship (P&I). Additionally, research indicates that training sites and caseloads for P&I can influence the impacts on CITs (Foreman et al., 2020). For instance, outpatient counseling sites may differ in requirements from an integrated behavioral health site. Suarez et al. (2022) reported that current literature examines program or content changes rather than specific impacts on CITs. Similarly, previous studies have explored possible impacts on CITs during their clinical experience without confirming impacts at the actual time of training. This section of the literature review will explore previous studies that outline the possible impacts faced by CITs, which include posttraumatic growth (PTG), vicarious trauma, burnout, and attrition.

In a study that broadly introduces possible impacts faced by CITs during P&I, Storlie et al. (2017) sought to understand how CITs' professional development is impacted during their internship experiences at college counseling centers. Participants described internship as "challenging" with increased responsibilities as compared to practicum, which added to the internship's complexity. Storlie et al. (2017) reported this study's impact as important for improving client care and also for understanding CITs development through the experiential portion of their programs. Similarly, Pierce (2016) aimed to understand how CITs existentially experienced their practicum and/or internship experiences. Eligible participants included CITs

who identified having an “existential experience” during their practicum or internship, and a total of five participants were recruited via snowball sampling. Results from Moustakas’ data analysis process indicated that participants not only faced doubts about their abilities, but they also experienced emotions of worry, loneliness, and feeling overwhelmed (Pierce, 2016). Both Storlie et al.’s (2017) and Pierce’s (2016) studies describe possible impacts from coping with demands of P&I, which connect to more specific coping experiences of PTG, VT, BO, and attrition.

Posttraumatic Growth

The first possible impact of COVID-19-related PTG has been explored in a limited capacity among CITs and is more commonly studied among licensed clinicians. PTG is defined by Tedeschi and Calhoun (2004) as encompassing beneficial change after an adverse experience or trauma (Tedeschi et al., 2018). The trauma could have happened to others among any population and can include a variety of experiences, such as medical trauma, natural disasters, or bereavement, and they illustrate this range in what is applicable by using “trauma,” “crisis,” and “highly stressful events” interchangeably throughout their 2004 article. What differentiates PTG as an outcome, though, is that individuals gain something positive, such as strengthened interpersonal relationships or increased appreciation for life, rather than losing something positive or gaining something negative (Aafjes-van Doorn et al., 2022; Foreman et al., 2020; Tedeschi & Calhoun, 2004; Tosone et al., 2016). PTG’s connection to CITs is limited yet indicates possible impacts CITs may have faced from coping with P&I prior to and during the COVID-19 pandemic.

One pre-pandemic study by Foreman et al. (2020) sought to understand via consensual qualitative research (CQR) how counselor trainees are impacted by working with clients who had experienced trauma. The study included a sample of nine CITs who had scored above or

below an average score of 171.51 for the Trauma and Attachment Beliefs Scale (TABS) and an average score of 28 for the Posttraumatic Growth Inventory-Short Form (PTGI-SF). Participants meeting this criteria completed semi-structured interviews as part of Foreman et al.'s larger mixed methods study, which resulted in nine domains from participants' data. Results supported PTG as a developmental outcome (in addition to vicarious traumatization) for counselor trainees and showed differences in outcomes based on participants' settings and caseloads. Foreman et al.'s (2020) study highlights the importance of understanding possible coping outcomes for students completing their P&I, especially among CITs who have worked during the COVID-19 pandemic.

As for possible PTG experienced during the COVID-19 pandemic, Aafjes-van Doorn et al. (2022) described the importance of understanding clinician's experiences as they navigated therapy changes during the pandemic. Their sample ($N = 185$) included mostly licensed clinicians ($N = 167$) who had reported more than 15 years of clinical experience, whereas a smaller portion of the sample ($N = 17$) reported fewer than four years of clinical experience. Participants completed multiple measures, including the Working Alliance Inventory, Vicarious Trauma Survey, Acceptance of Online Psychotherapy Technology, Professional Self-Doubt Scale, and Posttraumatic Growth Inventory-Short Form. Results indicated that protective factors for PTG included clinician's acceptance of transitioning to and completing online therapy, level of clinical experience, and experience with vicarious trauma. Specifically, levels of traumatization at "relatively low or high levels" reflect lower levels of PTG (Aafjes-van Doorn et al., 2022, p.170). Overall, the study noted that PTG most frequently occurred during the initial phase of the pandemic, when changes to work were most prevalent. Aafjes-van Doorn et al. (2022) concluded with a call for future research that informs and prepares graduate-level clinicians (e.g., CITs) for

possible impacts of working with clients who have experienced trauma and processing their own trauma. In short, PTG can be a positive outcome for clinicians of all experience levels, but it is important to continue providing outlets for CITs' unique experiences during and after the COVID-19 pandemic.

Vicarious Traumatization

While PTG describes a positive possible outcome to be experienced among CITs from P&I, the literature outlines other possible impacts, such as vicarious traumatization (VT) to be experienced among both seasoned clinicians and CITs working with a variety of populations. Literature defines VT as a secondary trauma response counselors may experience when subjected to their clients' traumatic experiences and is grounded within constructivist self-development theory (CDST; Halevi & Idisis, 2018; Trippany et al., 2004). CDST asserts that clinicians develop and adapt their worldviews according to their unique experiences with themselves and others, such as clients who have trauma histories. Literature specifies that only counselors working with trauma survivors or those exposed to clients' trauma can develop VT, which makes this phenomenon one to be better understood among all clinicians (Foreman et al., 2020; Richmond et al., 2021; Trippany et al., 2004). Although VT includes different implications from PTG and is connected to other possible outcomes, limited research exists which examines VT's impact among CITs.

In a study exploring how CITs' trauma histories, exposure to trauma, and supervision hours influenced development of VT and PTG, Foreman et al. (2020) described VT as a possible developmental outcome for counselor trainees. Foreman et al. first sought to understand how CITs defined trauma and perceived their own experiences with it. Trainees viewed trauma as an experience that varies among each person, and this varied conceptualization then influenced how

CITs possibly developed VT and/or PTG. Participants faced implications of questioning their competence in providing counseling services and a distorted perspective of themselves and the world (Foreman et al., 2020). These results mirror Foreman's (2018) pilot study among licensed clinicians who quantified their current caseloads with clients who have experienced trauma or not. Despite licensed participants describing their caseloads as containing higher numbers of clients with trauma, the overall reported VT was lower than anticipated. Foreman (2018) discussed the possibility that counselors reach a point of stability in which they demonstrate less susceptibility to VT due to the solidification of their beliefs in themselves and the field. Foreman's (2018) pilot study indicates the need for further research that distinguishes whether clinicians' levels of experience influence the possible outcome of VT, especially among CITs with limited clinical experience.

While additional research is needed to understand clinical experience's correlation with developing VT, previous research describes some protective factors to aid in prevention or remediation of VT. Halevi and Idisis (2018) supported Bowen's "differentiation of self" within family systems theory of counseling as a protective factor against VT in a study with psychotherapists (N = 31) among other professionals such as social workers (N = 39) and psychologists (N = 55). Participants completed two measures, including the Differentiation of Self Inventory (DSI) and the TSI Belief Scale which coincides with CDST. Hierarchical regression showed that differentiation of self negatively correlated with VT among participants, meaning that participants' boundaries led to separation between clients' traumatic experiences and negative influence on the clinicians' perceptions of self and competence (Halevi & Idisis, 2017). These results echo Trippany et al.'s (2004) recommendations for clinicians to maintain strong personal coping strategies during their work with clients, such as via balancing work life

and leisure. Clinicians could also strengthen boundaries or differentiation of self via peer supervision or additional training to inform best practice for working with trauma survivors (Trippany et al., 2004). Despite McCann and Pearlman's (1990) assertion that VT can be a "normal" part of counselors' development due to the nature of their work, more clarification is needed for how CITs can navigate this unique part of their P&I experience during a global pandemic.

Overall, recommendations for addressing VT revolve around the need for integrating wellness into counselor education and graduate programs. Foreman (2018) described how wellness specifically contributes to licensed counselors' mitigation of VT and instructed future training programs and research to prioritize wellness' impact on CITs. By incorporating wellness into graduate curriculum, CITs can understand how self-care ties into preventive measures for negative outcomes like VT when working with trauma survivors (Foreman, 2018; Trippany et al., 2004). Despite limited research of VT for COVID-19 survivors, the implications of VT prior to the COVID pandemic insinuate the need for additional research of its impact on CITs who also navigated their own possible trauma related to the pandemic.

Burnout

Another possible coping experience faced by CITs completing their P&I during the pandemic includes the experience of burnout. Burnout can be conceptualized as a psychological syndrome evidenced by three dimensions that include: depersonalization, chronic exhaustion, and feelings of ineffectiveness (Maslach et al., 2001; Thompson et al., 2014). The aspect of exhaustion is common among counselors experiencing burnout, but the most notable feature for these professionals is cynicism, which falls within the "depersonalization" dimension (Cook et al., 2021). Trippany et al. (2004) distinguished burnout from VT in that the former can occur

among any professional since it involves an individual's relationship to their workplace and occupation. While burnout has been frequently studied among mental health providers prior to the pandemic, newer pandemic-related research indicates that burnout continues to be an occupational hazard for counselors.

Previous research described burnout as prevalent among counselors who recently finished their master's-level graduate education and were completing their direct clinical hours and supervision for licensure, as these professionals work within a state-specific timeline (Cook et al., 2021). Another vulnerable population outlined in the literature includes CITs due to the numerous pressures they face within institutions and novel professional settings during their clinical experience (Lee et al., 2018; Um & Bardhoshi, 2022). Specific factors that contribute to CITs burnout may include their academic coursework, clinical workload during P&I, financial stressors, work-life or work-family balance, and role ambiguity as a CIT (Um & Bardhoshi, 2022). Lee et al. (2018) noted that these factors may then lead to weakened immune systems and greater susceptibility to physical illness during an already-stressful time in CITs' training programs. By the time COVID-19 emerged and while programs developed protocols for navigating clinical P&I hours during the pandemic, CITs likely faced even greater stressors related to burnout.

As COVID-19 impacted P&I among all counseling graduate programs, the demands among CITs intensified when work requirements shifted. To illustrate, Um and Bardhoshi (2022) sought to understand how CITs' utilization of resources influenced burnout during graduate training (during the Fall of 2020), and they called for future research exploring how CITs use personal and professional resources to prevent burnout during the COVID-19 pandemic. Similarly, previous literature seeks to understand one coping outcome over another, such as PTG

among CITs (Aafjes-van Doorn et al., 2022), VT during P&I (Foreman et al., 2020), or burnout during any portion of CITs' graduate training (Cook et al., 2021; Lee et al., 2018; Um & Bardhoshi, 2022), whereas this dissertation study seeks to explore multiple possible outcomes among CITs while they specifically navigated the P&I portion of their graduate training. To gain even further clarification of outcomes, the study will now focus on CITs completing their hours at an integrated behavioral health (IBH) setting since these sites have varied implications from other populations. Results of this study, which will be further discussed in this chapter, could help prevent the detriment of these outcomes and also limit CIT attrition during the critical phase of their training.

Integrated Behavioral Health Settings

Integrated care encompasses services that span both physical and mental health concerns. A broad definition for integrated care includes the utilization of medical and mental health services with the purpose of serving a greater number of individuals, including underserved populations, such as rural or urban communities (Dice et al., 2022; Putney et al., 2017). These broad services are illustrated by the numerous terms used to describe integrated care, such as integrated primary care (Glueck, 2015), integrated behavioral and primary healthcare ([IBPH] or [IBH]; Park, 2020), and integrated care (Dice et al., 2022). This study will specifically utilize the term "integrated behavioral healthcare" (IBH) since this term is utilized within counseling-specific research.

IBH's connection to counseling and CITs can be traced to the Substance Abuse and Mental Health Services Administration-Health Resources and Services Administration's ([SAMHSA-HRSA], 2020) mission that seeks to provide quality, comprehensive care to individuals with limited access to services. Although IBH initially developed as a collaboration

with primary care providers (Glueck, 2015), IBH providers now work in multiple settings, including inpatient facilities (e.g., hospitals), pediatric clinics, and community agencies (Dice et al., 2022; Li et al., 2022). To further promote the IBH initiatives, HRSA provides funding via training programs that offer opportunities for emerging health professionals to gain experience in IBH settings while underserved populations receive needed care (HRSA, 2020). For instance, over 10,000 training programs occurred during the 2021-2022 year, with more than 5,500 behavioral health students trained out of the approximately 500,000 emerging health professionals (HRSA, 2022). This training promotes integration of CITs into IBH settings, such as the individuals who select IBH sites for P&I, who will be recruited for this dissertation study.

IBH settings include unique benefits and challenges for novice counselors and CITs. Glueck (2015) described counselors as having to adjust their professional identity as they navigate various unique roles within integrated care; examples of these varied operations involve brief screenings for mental health concerns, in-person consultations with patients, abbreviated counseling sessions and interventions, and collaboration with multiple medical professionals. To understand attitudes and behaviors among counselors within these IBH roles, Glueck (2015) used an interpretive phenomenological analysis (IPA) among 10 behavioral health providers from eight integrated primary care (IPC) settings. All participants were licensed providers and described their roles, training, and attitudes within semi-structured interviews. Results indicated that participants perceived their roles to be complex, integrated, and requiring additional training especially during graduate school (Glueck, 2015). These results coincide with more recent studies completed that highlight challenges of feeling “foreign” within an IBH setting (Li et al., 2022).

Li et al. (2022) emphasized that counselors of varied experience levels face challenges within an IBH setting, one of which is adapting their skillset to fit the timeframe of the specific setting and with a broadened population of patients (e.g., elderly). Li et al. (2022) utilized consensual qualitative research to learn more about counselors' challenges in IBH settings, with distinct interview questions such as, "How have your challenging experiences influenced your professional identity and understanding about counseling?" (p.4). Among the 16 participants, 14 held master's degrees while two participants held doctoral degrees in counseling; the mean length of experience in IBH was approximately five years ($M = 5.31$), indicating the counselors held more experience than CITs. Challenges identified involved five domains, including managing roles and responsibilities, interprofessional collaboration, professional identity, administrative issues, and insufficient training (Li et al., 2022). This study highlights the limited training faced by counselors working in IBH settings, despite the growing recent interest in holistic care. Considering counselors post-graduate training faced these challenges, previous research acknowledges that CITs who hold even less clinical experience also face IBH-related challenges.

To illustrate complexities among CITs in IBH settings, Dice et al. (2022) collected data from three CITs and 11 health professionals at a medical training clinic (MTC) that provided "free, integrated care" in partnership with both a local hospital and a nearby medical school (p.4). Data collection consisted of semi-structured interviews, focus groups, and field observations among the 14 participants, with each category highlighting experiences and challenges of the interns (i.e., CITs). Challenges encompassed "high expectations" among CITs in the MTC, with one CIT participant specifically describing the internship saying, "The learning curve is incredibly steep..." (Dice et al., 2022, p.10). Additionally, CIT participants shared

concerns about their efficacy with patients due to contextual factors, such as limited space or the urgency to communicate with staff. Finally, Dice et al.'s (2022) results addressed limited training for CITs in IBH settings, especially as it relates to issues of domestic violence, crisis management, and trauma-informed care (TIC). Similarly, Lenz and Watson (2022) sought to understand how CITs experienced their IBH training programs as it relates to self-efficacy, cultural competence, and collaboration with interprofessionals by conducting a pre-experimental, sequential exploratory mixed method-evaluation of an HRSA-funded training program. Results from both qualitative and quantitative data collection indicated CITs' barriers to growth in an IBH setting comprised four elements, such as limited awareness of the IBH program, logistics challenges, momentum maintenance, and inconsistency of IBH culture (Lenz & Watson, 2022). Inconsistency of the IBH culture entailed confusion of terms used for integrated care, limited training in treatment planning and conceptualization, and varied field experiences (Lenz & Watson, 2022). Implications from this study call for adjustments to IBH programs that focus on reducing barriers to students' growth and improving program outcomes.

Overall, the field of IBH continues to grow and infiltrate not only medical settings but also counseling graduate training programs. While research indicates areas for growth within IBH, systems such as HRSA continue to provide training opportunities for CITs and other emerging health professionals to gain needed experience while serving various populations in their communities. As experienced clinicians report challenges with limited interprofessional training and some difficulty integrating with other professionals, CITs may face increased pressures completing their clinical experience (e.g., P&I) at IBH sites due to their evolving identity development as counselors, especially during the COVID-19 pandemic where pressures are increased. By exploring the lived experiences of CITs completing P&I at integrated sites

during COVID-19, the field of counseling can continue addressing areas for growth in IBH while also further preparing counselors to competently work with any population in any type of setting.

Implications for Counselors and Counselor Educators

As literature continues to explore the impact of COVID-19 on various healthcare professionals, such as mental health counselors, this study seeks to identify and address some of the implications of previous studies. For instance, previous studies explore COVID-specific implications (e.g., burnout) among licensed counselors or novice counselors who have completed their graduate programs (Aafjes-van Doorn et al., 2022; Litam, Ausloos, & Harrichand, 2022; Peng et al., 2020), whereas there is a gap in literature examining how CITs faced the same challenges during COVID-19 (Foreman et al., 2020; Suarez et al., 2022; Urkmez et al., 2021). Additionally, literature describes unique impacts of CITs completing their graduate experience, such as facing existential challenges (Pierce, 2016), encountering critical incidents (Howard et al., 2006), and responding to the demands of P&I (Can & Watson, 2019; Foreman et al., 2020, Thompson et al., 2011), yet the literature lacks attention to these unique experiences during the pandemic. Considering the impact of COVID-19 on the general population, this study highlights unique needs of CITs, in addition to CITs in an IBH setting, and will address implications for both counselors and counselor educators.

Implications for CITs pertain to developmental expectations present in graduate training. For instance, Howard et al. (2006) studied critical incidents among CITs, with specific incidents pertaining to their clinical work during P&I. Among these incidents includes vicarious traumatization (VT), which translates to CITs' development beyond P&I (Howard et al., 2006). CITs may also be unaware of the influence that self-care and wellness have during graduate training programs, such as within the clinical experience portion. Lawson et al. (2007) noted the

importance of engaging in self-care rituals that help increase CITs' resilience, with one example being students' access to their own mental health counseling during the graduate program. This study will further investigate whether CITs included any self-care rituals in their work during a pandemic, and how those practices influenced coping experiences and could possibly improve future coping among CITs. Finally, CITs working in IBH settings face their own unique implications in that they may feel less prepared in IBH competencies during an already-stressful developmental part of their programs (Dice et al., 2022; Glueck, 2015). These implications resemble previous studies' instructions for future research that addresses competencies and training opportunities for CITs (Howard et al., 2006; Pierce, 2016; Storlie et al., 2017), and this study adds additional IBH implications that influence counselor education and supervision.

The implications for counselor educators originate from the work of Storlie et al. (2017) who explored how institutional support can be further encouraged for CITs during their graduate training. Rather than relying on counseling faculty to integrate self-care support into core counseling classes, counseling departments can create systemic support that consistently applies to each CIT prior to or during P&I. Additionally, this study can highlight the necessity of utilizing supervision during times of stress in P&I. While CITs are required to receive a specific number of supervision hours per week during P&I (CACREP, 2016), CITs may be unaware of how supervision can further support them (Pierce, 2016). Furthermore, counselor educators can further promote the utilization of supervision, perhaps even conceptualizing how their current coping impacts their development, such as within Pierce's (2016) study of existential experiences among CITs. Finally, counselor educators may promote supervision's necessity for folks with non-traditional sites (i.e., IBH settings) as these students may need to communicate

their needs differently than students with traditional sites (e.g., outpatient sites) (Dice et al., 2022; Li et al., 2022).

Other important considerations regarding CITs' coping during COVID-19 relate to cultural implications, specifically observing how underrepresented groups of students are impacted during the pandemic. While this study will generally focus on CITs within IBH settings, participants will have varying experiences based on their own identities, which then influences their overall functioning during P&I. Possible coping experiences outlined in this chapter may not cover the extensive experiences faced by CITs during the pandemic, regardless of their types of P&I sites. However, readers ought to have a better understanding of COVID-19's general impact on academia, how graduate counseling students previously faced their clinical experiences, and how COVID-19 could have impacted past and present clinical experiences. The last portion of this chapter will outline major takeaways and the call to action that this study seeks to address.

Critical Summary

Since COVID-19's classification as a pandemic in March 2020, individuals worldwide have faced and continue to encounter implications, whether it be connected to health, career, academia, or other facets of functioning. An approximated 1.1 million COVID-related deaths in the U.S. have been reported since the start of the pandemic, and hospitalizations continue to occur despite over 15% of the US population receiving COVID vaccine boosters (CDC, 2023). Among research conducted regarding impacts of healthcare workers on the frontlines during the pandemic, mental health impacts continue to present challenges for healthcare workers, students, and other professionals-in-training, such as CITs (Peng, 2020; Suarez et al., 2022). This section will review those mental health impacts for CITs currently undergoing their clinical experiences

in addition to reviewing how coping experiences looked prior to the pandemic versus during the pandemic. The section will then outline how healthcare workers and CITs within IBH settings faced unique experiences during the pandemic and what these implications entail for this dissertation study.

Impacts of the COVID-19 pandemic touched countless populations and required many factions to adjust functioning. Education, in particular, required instructors and students to adjust operations and learning expectations at the start of the pandemic (Barrot et al., 2021; Gay & Swank, 2021). Higher education's impact could be categorized as more complicated, because many professionals in training (e.g., medical students, clinicians, etc.) rely on practical training for their programs. CITs were no exception and needed to earn their clinical hours despite the ongoing pandemic. For clinical mental health CITs within CACREP-accredited programs, P&I falls within the core curriculum, meaning that students progressed to this portion of the program after successfully completing classes within CACREP's eight core areas (Section 2.F.1-8). While some P&I sites offered opportunities to transition to TMH or virtual services, students reported a resounding lack of preparation for conducting TMH as novice counselors (Robertson & Lowell, 2021). Other CITs, though, completing their hours at inpatient sites or other varied areas expected within master's programs (Foreman et al., 2020) did not have the opportunity to transition to virtual services, which sparked the fear of limited PPE and increased risk of infection (Peng et al., 2020). Research among CITs completing P&I during COVID-19 is limited, however, in that students may have faced a variety of experiences beyond traditional inpatient versus outpatient settings.

The gap in research among CITs completing P&I during COVID-19 also highlights the need for more information regarding how CITs navigated these clinical experiences, considering

the increased pressures already faced during graduate training. For instance, CITs prior to COVID-19 reported pressures related to interpersonal functioning, finances, and academic performance, to name a few (Pierce, 2016; Romeo et al., 2021; Storlie et al., 2017) whereas these pressures likely increased during the pandemic due to limited supports (Suarez et al., 2022). Based on previous literature exploring coping responses among licensed clinicians and CITs prior to COVID-19, options of possible coping outcomes include PTG (Aafjes-van Doorn et al., 2022; Foreman et al., 2020), BO (Thompson et al., 2011; Um & Bardhoshi, 2022), and VT (Foreman et al., 2020; Richmond et al., 2021; Trippany et al., 2004). While these coping outcomes are dependent upon the populations studied, literature lacks conclusions for what the coping experiences may be like for CITs, specifically, during the pandemic since much of the research revolves around licensed counselors. Attention to and acknowledgement of these possible coping experiences among CITs allows for development of comprehensive approaches that can protect CITs from negative coping experiences and instead prepare them for clinical experiences during a time of increased stress (Um & Bardhoshi, 2022), especially within their unique P&I settings.

CITs' unique P&I settings range from outpatient sites like university clinics, private practice, and community clinics, to inpatient sites like hospitals, inpatient behavioral health units, and rehabilitation centers (Foreman et al., 2020). Some of these sites fall within the category of IBH, which consists of care that addresses both generalized medical and mental health services, and collaboration for patient care exists among healthcare professionals and mental health clinicians (Li et al., 2022; Putney et al., 2017; SAMHSA, 2020). Mental health clinicians and CITs working in IBH settings hold varying responsibilities as this setting entails adaptations of practices typically used in non-IBH settings with strictly mental health providers. An example of

the variance includes brief screenings for any type of patient, shorter counseling sessions, and unplanned consultations with patients (Glueck, 2015). Despite these increased responsibilities, some clinicians and CITs face challenges, reporting limited preparedness due to lack of training in IBH competencies (Dice et al., 2022). This limited preparedness, though, likely increased during the pandemic with the other increased pressures throughout healthcare (Peng et al., 2020). The limited research surrounding CITs in IBH settings, specifically during the COVID-19 pandemic, thus highlights unique experiences of these CITs and direction for future research and advocacy.

Considering the importance of CITs' clinical experience for their professional development and functioning, more research is needed examining how their experiences looked during the COVID-19 pandemic, specifically in a non-traditional setting. This study seeks to highlight not only the work being done by CITs within IBH settings but also the implications of working as novice clinicians during a global pandemic in which most populations felt unprepared to navigate, regardless of their context. To deeply recognize these CITs' unique clinical experiences, this study will utilize a qualitative method through phenomenological methodology. This methodology will give space to acknowledge CITs' lived experiences during a crucial portion of their graduate training and will provide opportunity for future quantitative research exploring means of providing additional support to CITs, examining cultural implications, and preparing CITs with competencies for work in varied settings during times of uncertainty. Overall, this dissertation study hopes to further support the field of counseling and provide implications that support CITs, counselor educators, and supervisors.

CHAPTER 3

METHODS

The researcher will use this section to describe how the study was conducted.

Specifically, the researcher will define the conceptual framework shaping the study and how that translates to the researcher's role. This section also includes the research question, procedure, data analysis plan, and strategies to increase trustworthiness.

Conceptual Framework

This dissertation study sought to explore how CITs perceived their clinical experiences of practicum and internship (P&I) at an integrated behavioral healthcare (IBH) site during the COVID-19 pandemic. To fully conceptualize CITs' unique experiences during the pandemic, the researcher engaged a constructivist paradigm, which asserts that individuals (i.e., CITs) actively engage in collecting and processing their experiences rather than passively experiencing a situation or facing an objective truth (Hays & Singh, 2012; Leong, 2008). From a constructivist perspective, participants will describe their own subjective truths based on what information they deemed as meaningful to them. This qualitative study supports participants reflecting on their subjective truths and applying meaning to an event (e.g., COVID pandemic) that is still being studied among various populations, including CITs. To further compliment the use of a constructivist framework, the researcher utilized a phenomenological approach for collecting and analyzing the qualitative data, as these two frameworks support participants' describing their lived experiences during a phenomenon (e.g., COVID-19 pandemic) that is continuing to be explored.

Phenomenology

Since constructivism acknowledges the subjectivity of participants' experiences, this researcher incorporated a phenomenology methodology, which sought to explore how participants subjectively assign meaning to a phenomenon (Glesne, 2016; Hays & Singh, 2012). Bernard and Ryan (2010) report that a phenomenology contains the following six steps: 1) choosing a phenomenon to study and better understand 2) acknowledging personal biases as a researcher 3) using open-ended questions to gather information from participants experiencing the selected phenomenon 4) labeling the essentials of the phenomenon (after step 2) 5) choosing "exemplary quotes" from participants' narratives and 6) "repeating steps 4 and 5" until the researcher does not uncover new information about the phenomenon (p.259). The selected phenomenon in this study involved CITs completing P&I in an IBH setting during the COVID-19 pandemic.

The purpose of a phenomenology matches this study's importance in that the researcher is not asserting that there's an objective way to cope with IBH clinical experiences during a pandemic and is rather seeking to understand how participants created their own meaning through these lived experiences. Creswell and Poth (2018) further elaborate on phenomenology by stating that it "describes the common meaning for several individuals" which indicates that the data analysis can be done in a manner that emphasizes not only individual voices but also the commonality of the human experience, which can be identified as coping in this study (p.75). In accordance with Bernard and Ryan's (2010) six steps, the researcher bracketed biases related to P&I in an IBH setting during the pandemic and set personal experiences aside in order to "freshly" explore the participants' descriptions (Creswell & Poth, 2018, p.78). The researcher then incorporated the remaining steps (i.e., 3 through 6) to create an interview protocol and data

analysis plan that aligned with this phenomenology methodology. The researcher also incorporated trustworthiness strategies in addition to bracketing to ensure that this qualitative studies aligned with the constructivist framework and wellbeing of participants.

Role of the Researcher

Understanding the role of the researcher is important for qualitative research due to the notion that an individual's values and context can influence the research study (Glesne, 2016). A qualitative researcher often presents themselves in a manner that will welcome participants and be intentional with data collection, and Glesne (2016) describes various attitudes that a qualitative researcher can adopt, such as "anticipatory," "reassuring," and "grateful" (p.133-135). This self-reflection can be especially beneficial for novice researchers embarking on the various aspects of research inquiry.

The researcher for this dissertation study is a Resident in Counseling in Virginia and a doctoral candidate in a CACREP-accredited Counselor Education and Supervision program at Old Dominion University (ODU). The researcher also graduated from ODU's CACREP-accredited Clinical Mental Health Counseling master's program in 2019. Despite being a doctoral candidate at a university with a Carnegie classification of "very high research activity," this researcher has not yet taken on an autonomous researcher role during the doctoral program. However, the researcher is a current member of qualitative and quantitative research teams within the counseling department at ODU.

The researcher also actively supervises master's-level CITs at a local hospital while they complete their practicum and internships, which has greatly influenced the direction of this study. For instance, the researcher believes that this supervisory role led to an interest in better understanding how CITs cope within their unique hospital/IBH settings. Another factor that

influenced the direction of this study includes the researcher's prior work history as a medical scribe in a rural hospital's emergency department prior to and during the first year of the COVID-19 pandemic. This work setting sparked curiosity in how different populations viewed and adapted to life during the pandemic, especially when vaccines were still largely unavailable during the first year. All of these factors led to this study's underlying anticipation that IBH settings may have fewer support for CITs who are already facing increased demands compared to their peers not completing P&I at IBH sites. The added complexity of completing P&I during any point in the pandemic leads this researcher to believe that CITs would classify this time period as encompassing a unique coping experience (PTG, BO, VT) during this point in their master's program. The researcher is beginning this study with the hopes of employing an anticipatory yet grateful attitude in order to use the data for improving conditions among CITs during their P&I.

Research Question(s)

This dissertation study will be guided by an overarching research question that explores CITs' coping experiences during their practicum and/or internship portion of their master's programs. The research question is provided below:

- How do CITs experience their clinical training during the COVID-19 pandemic in IBH settings?

Participants and Sampling

This section will outline how the researcher will recruit the recommended number of eligible participants for this dissertation study.

Participant Recruitment

The researcher recruited participants via purposive sampling in which the researcher invited CITs who have completed their clinical experience (P&I) in an integrated healthcare setting during the COVID-19 pandemic. The researcher also planned to utilize snowball sampling to find participants in case the purposeful sampling did not yield the ideal number of participants, because individuals can recruit other individuals who meet qualification criteria (Glesne, 2016). The researcher first sought Institutional Review Board (#2054833-1) approval through Old Dominion University prior to recruiting participants, and after approval was received, the researcher invited participants via email and word of mouth (e.g., snowball sampling).

Participant Qualification

This study's target sample size was $N = 8$, which is consistent with recommended phenomenology sample sizes (Hays & Singh, 2012). Participants held the following qualifications to volunteer for participation: 1) at least 18 years or older, 2) be enrolled in or have graduated from a CACREP-accredited master's-level clinical mental health counseling program, 3) completed or are completing their practicum or internship since the spring 2020 semester, and 4) identify their practicum and/or internship site as an integrated behavioral healthcare setting according to the following definition: care that merges healthcare which addresses individuals' wellbeing through caring for their physical and behavioral health concerns (Agency for Healthcare Research and Quality [AHRQ], n.d.). This definition of integrated care can be found in both inpatient and outpatient settings.

Procedure

The researcher first sought approval from the Institutional Review Board (IRB #2054833-1) at Old Dominion University before recruiting participants and collecting data. After

IRB approval was obtained, the researcher recruited participants via the purposeful sampling listed above. The researcher emailed CACREP master's counseling students and alumni and included both the study's consent form (see Appendix A) and an online interest form. The researcher instructed prospective participants to complete this online interest form so that they could provide their email address for the researcher to contact participants individually to schedule the interviews. The researcher provided each participant with a password-protected link for their approximately 45-minute interview.

Individual Interviews

Once participants signed consent forms and verbalized understanding of the procedure, the researcher utilized open-ended interview questions in a semi-structured interview format via Zoom to accommodate participants located in various geographical settings. The researcher reminded participants that they could withdraw from the interview at any time. The researcher's interview questions followed the specific interview protocol provided in this study's appendix (see Appendix B) which contains approximately 10 interview questions for each participant. Examples of these questions include the following: "How has your practicum and/or internship experience in an IBH setting differed from your peers' experiences at non-IBH sites?" and "What do you wish to be different about your practicum/internship experience in an IBH setting during the pandemic?" Once the interviews were complete and data was collected, the researcher transcribed each interview verbatim prior to member checking, which will be discussed within "trustworthiness strategies."

Focus Group

Following the transcription of the individual interviews, the researcher contacted the participants to complete the second part of data collection, which consisted of an online focus

group. This focus group lasted approximately 60 minutes and consisted of semi-structured questions that can be found in Appendix B. The researcher recorded the online focus group and also took notes during the interview while protecting participants' identities. Hays and Singh (2012) encourage researchers to use probing questions that prompt participants to share differing opinions about their experiences, but the researcher ought to be prepared to manage a conflict if one develops among participants. This researcher included three basic ground rules for participants, such as instructing only one participant to speak at a time and to also be respectful of one another's opinions. The researcher lastly asked participants to have their cameras on and to keep their microphones muted when not talking in order to limit distractions.

Data Analysis

This dissertation's data analysis used Moustakas' Modification of van Kaam's Phenomenological Data Analysis, which involved the researcher's horizontalization of participants' responses and constructing a sense of order to these responses (Moustakas, 1994; Hays & Singh, 2012). This specific data analysis approach required the researcher to consistently bracket biases and to treat each participants' responses with the same level of respect, meaning that no one response or quote was more important than another (Moustakas, 1994). Moustakas' Modification of van Kaam's Phenomenological Data Analysis contains seven specific components, which are described as the following by Hays and Singh (2012, p.354): 1) listing and preliminary grouping (e.g., horizontalization), 2) reduction and elimination to determine invariant constituents, 3) clustering and thematizing the invariant constituents, 4) final identification of the invariant constituents and themes by application, 5) using the relevant, validated invariant constituents and themes to construct individual textural descriptions, 6) constructing individual structural descriptions, and 7) constructing a textural-structural

description of meanings and essences of experience for each research participant. The researcher selected this format of data analysis instead of thematic analysis, because Moustakas' Modification provides insight to participants' experiences and then allows the researcher to develop a composite description that represents the entire group of participants (Creswell, 2013; Hays and Singh, 2012).

Trustworthiness Strategies

As mentioned earlier, the researcher's personal and professional experiences influenced assumptions about this study's results. To ensure trustworthiness within this study, the researcher employed the following tactics: bracketing, reflective/field journaling, member checking, horizontalization, audit trail, and an external inquiry audit. As recommended by Glesne (2016), these trustworthiness strategies were expected to be relevant during the phases of data collection, data analysis, and interpretation of findings.

The first strategy of bracketing consists of the researcher acknowledging biases and other assumptions related to the research topic and then intentionally placing these biases aside during the data collection and analysis (Bernard & Ryan, 2010; Creswell & Poth, 2018; Schwandt, 2007). Additionally, the researcher reflectively journaled before and after each individual interview as a means of intentionally evaluating how any subjectivities are present within the data collection and documenting means in which these subjectivities will be addressed (Glesne, 2016). The next strategy of member checking required the researcher to provide participants (who consented to be recorded) with the interview transcript and "analytical thoughts" in order to receive participants' feedback to confirm accuracy of interpretations (Glesne, 2016, p.53; Guba & Lincoln, 1989). As the researcher began analyzing the data, the strategy of horizontalization was used as a means to equitably respect each participants' responses, rather than giving special

attention to some answers in the analysis and discussion section (Moustakas, 1994). In short, themes and observations from all participants were described by the researcher. Finally, the use of an audit trail and external inquiry audit held the researcher accountable by documenting, organizing, and saving all documents for the study (e.g., reflections, coding themes, etc.) while still respecting the privacy of participants (Glesne, 2016). The inquiry audit offered an opportunity to describe findings and interpretations in a de-identified manner and also provided a means of enhancing the trustworthiness and rigor of the study.

CHAPTER 4

RESULTS

This qualitative dissertation study explored the lived experiences of counselors-in-training (CITs) who completed their practicum and internship (P&I) in an integrated behavioral healthcare (IBH) setting during the COVID-19 pandemic. The researcher chose to explore experiences among a population of CITs due to increased attention in literature examining counselors', including CITs' in P&I, experiences working during the COVID-19 pandemic in settings such as outpatient practices and clinics (Aafjes-van Doorn et al., 2022; Gay & Swank, 2021; Li et al., 2022). The research question guiding this study specifically asked how CITs experienced their clinical training during the pandemic with regards to working in an integrated setting (e.g., site that merges or encourages collaboration between medical and behavioral health professionals), and participants also described their perspectives pertaining to preparation, coping, and lasting implications from their P&I experiences during the COVID-19 pandemic.

Participants within this study included eight (n=8) individuals who were CITs in a CACREP-accredited clinical mental health counseling master's program during the time that COVID-19 qualified as a public health emergency (March 2020 to May 2023; U.S. Department of Health and Human Services, 2023). To protect participants' privacy, the researcher used pseudonyms, which can be referenced in Appendix D. All participants exceeded the age of 18, and the mean age of participants was approximately 29.88 years old. A majority of participants (n=7) identified as cisgender female, and one participant identified as a cisgender male. Four participants identified as African American, three participants identified as White, and one participant identified as Latine. Participants varied in terms of when they completed P&I in an

IBH setting (see Table 1), and all participants completed at least two semesters of clinical experience while COVID-19 qualified as a public health emergency in the United States.

The researcher utilized a qualitative approach within this dissertation study as a means of gathering rich narrative data that adequately depicted each participant's experience of P&I during the pandemic. The researcher relied on purposeful sampling to invite participants to the first portion of data collection, which included an online, semi-structured individual interview where participants answered 10 open-ended questions about their experiences and 5 demographic questions relevant to the study. Once the researcher read, re-read, and transcribed participants' interview responses, the researcher invited all participants for the second round of data collection, which included an online focus group. The online focus group included three open-ended questions with additional probing questions, as needed, followed by the researcher reflecting codes shown within the data. The researcher lastly asked focus group members to provide their feedback on the themes and regarding any other relevant information before the researcher then finished data analysis.

Data analysis for this qualitative study involved the researcher using Moustakas' modification of the van Kaam analysis as this approach blends with the aims of a phenomenological research design. The researcher adhered to Moustakas' seven steps of data analysis as evidenced by horizontalizing the data (e.g., highlighting all relevant expressions), reducing expressions to invariant constituents (e.g., data is characterized by one latent meaning) or units of meaning, grouping units of meaning into themes based on commonalities, reflexively creating core themes, and synthesizing textural-structural descriptions that encompasses the essence of the data (Hays & Singh, 2012; Moustakas, 1994, p.180-182). Trustworthiness procedures occurred throughout the entire data collection and analysis process. The researcher

bracketed beliefs, feelings, and expectations while also engaging in reflexively journaling pre and post interviews and focus group facilitation. The researcher maintained an audit trail for accountability and organization of documents while also inviting an external auditor to corroborate the rigor of data collection, analysis, and synthesis.

The study identified three main, or meta, themes: 1) adaptability within practicum and internship during COVID-19, 2) CITs' increased sense of belonging in integrated behavioral health, and 3) development and growth. The researcher further examined these meta-themes to develop a total of 10 subthemes (i.e., approximately 3 to 4 subthemes per theme) that will be further explored throughout this chapter. The main themes, descriptions, and subthemes provided in Appendix E.

Meta-Theme 1: Adaptability within Practicum and Internship during COVID-19

This first meta-theme encompassed participants' identification of ways they adapted their experiences to meet the challenges of P&I during a pandemic. The meta-theme supports three subthemes that further describe participants' narratives demonstrating adaptability, and all participants are referenced by pseudonym from here forward.

Subtheme 1: COVID-19 Exposures and Protections

This first subtheme provided participants with the opportunity to describe the ways in which they were exposed to the COVID-19 virus during their P&I. While participants' time of completion varied for P&I, all participants identified ways in which they navigated the pandemic, and some participants described additional protections through their P&I sites.

One participant, Elena, who started her practicum during Summer of 2020 and concluded in Fall of 2021, acknowledged the adjustments at her inpatient P&I site while the pandemic began to expansively spread. Elena specifically reported that she was "continuously exposed" to

COVID and that testing was limited, if not unavailable, for medical personnel and behavioral health counseling interns, stating, “Only the patients were being tested for COVID. So I definitely made sure to wear two masks, and I was wearing gloves.” Another participant, Kayla, who completed her master’s program in Spring 2022, reflected on the oddities of completing P&I at an integrated site where COVID-19 was present yet she was still completing daily tasks with extra precautions outside of P&I:

It was just a very strange environment to be in where everyone's very paranoid, and on one hand, you have the news and family and stuff telling you to not go to the grocery store, and yet you're in the middle of a hospital or an outpatient setting where people are coming to get tested or they're positive.

Kayla described the importance of COVID testing and communication with staff to ensure that patients who tested COVID positive followed appropriate protocols:

Inpatient, at the very least, there was a little bit of comfort and knowing “Hey, for the most part don't enter this room, because they tested positive and here's a face mask and a face shield.” Whereas, outpatient was a little bit more [of] if they didn't do their due diligence about getting tested or notifying me, I feel like there was weirdly more risk there, even though there were fewer people around at once.

Sarah, a CIT who graduated and finished internship during the Summer 2022 semester, elaborated on this concept of prevalent exposure that occurred within multiple types of integrated settings:

So, whether it was being in the elevator with people or being close to patients, even in the outpatient setting, where I worked in the clinic, if somebody I worked with had it, they

were dealing with patients. Like, I worked with a nurse practitioner who was touching patients and doing examinations. So yeah, in many capacities, I was exposed.

Sarah then described policy changes that took place at her P&I site in order to protect CITs from COVID exposure, yet noted the ambiguity of having frequent adjustments:

I know we were up against a lot that was kind of unfolding in front of us, and everybody was constantly putting fires out that were new. And, having to change policies and procedures in the moment. So, something that worked prior to COVID wasn't working then. And so, just dealing with patients in the outpatient [and] inpatient setting was really hard because of these protocols.

Participant Kent, a CIT who concluded internship at an inpatient site in Fall 2022, reflected on the precautions that again shifted to accommodate another variant and wave of the COVID-19 pandemic during Summer of 2022:

I never got it per se, but I mean I got very close in terms of contact with the virus and people who had the virus, especially because when I started practicum, it was that kind of strong second wave that was happening at COVID, which started peaking again. So, kind of the regulations and the restrictions that were placed on us in the hospital were a lot stronger.

On the other hand, Darcy, a CIT who finished her internship in Spring 2023, which was towards the end of COVID being designated as a public health emergency, remembered the challenges of exposure to other viruses beyond COVID-19 while also summarizing her mindset seeking growth from the situation:

It was challenging doing it in the pandemic, just worrying about COVID but also worrying about other infectious diseases or viruses that you could possibly catch being in

that environment. But, since I was aware of them and new precautions to take, and all of those things, those were not things that I was worried about. My main concern was not the pandemic. It was, “Okay, how can I effectively help these people, and do what I’m supposed to do and learn and grow?”

Subtheme 2: Ambiguity of Clinical Experience

The second subtheme describes participants’ identification of uncertainty during various portions of their clinical experience, specifically relating to 1) COVID protocols on site, 2) onboarding at their sites, and 3) training roles and expectations. Participants reported not expecting the ambiguity yet learning to adapt to it with regard to both COVID-19 and integrated care. Amber, who graduated her master’s program in Summer 2020, described concern about the future of her IBH site as COVID-19 worsened in the midst of her first semester of internship.

Amber shared mixed feelings related to the ambiguity of her internship site, which decided to temporarily close while the pandemic protocols developed during Spring 2020: “So, thinking, older [people] and lower SES, that combination trying to switch over to Telehealth was very difficult for them. And so, I immediately pretty much lost my clients.” Amber later reported a positive aspect of her shift in internship experience once the pandemic intensified:

I gained at least 10 hours a week that I was no longer in commute to school, internship, all of that, and so that was actually a relief for a while. But, of course, the loneliness caught up eventually, but initially, it was actually kind of fantastic.

Other participants, such as Darcy, described continued work at her site and more predictability: “So, I will say that my site did a really good job at that, of taking us out of the pandemic even though we were in the pandemic.” Jade, a CIT who completed practicum at a non-IBH site and

later transferred to do both semesters of internship at an integrated site in Summer and Fall 2022 noted less ambiguity related to her site as the pandemic fluctuated:

I came in right at the end of COVID, and so, it wasn't like as heavy, but we definitely had masks, had hand sanitizers, access to the resources we needed to battle the pandemic or battle the COVID if we needed to.

Other participants, such as Kent, noticed ambiguity related to the onboarding process for his P&I site in an integrated facility:

So, [there was a] shift in terms of supervisors, and all of us were kind of learning together to an extent, so that made the process a little more interesting. But, once the group that kind of came in together, both supervisors and interns, figured out their own roles and how to best help each other, I think it was pretty smooth for the most part.

Sarah also noticed some ambiguity within her integrated site and reflected on the challenges of facing this ambiguity during clinical training, where skills are being further developed:

I need that sense of control and [to] know what to do, like, make sure I have all the things and now I think the beauty of working at IBH is like holding those two things of, there's only so much there's in your control, and also acknowledging what's not in your control, and not working harder than the patient or the client.

Rita, a CIT who concluded their internship during Summer 2023, corroborated the concept of thinking flexibly amid ambiguity during P&I and stated, "I would say my supervision and my professors for internship and practicum were amazing. The types of discussions that we had in supervision allowed me to think very flexibly."

Subtheme 3: Emotions and Coping

The third subtheme within this first theme pertains to the emotions and coping among CITs as they completed P&I during varying times of the COVID-19 pandemic. The researcher asked participants to describe their personal and professional functioning during P&I, and these narratives reflect the overall adaptability among CITs as they also navigated personal challenges outside of their clinical training. Kent shared the following related to how he adjusted to concluding three semesters of clinical experience:

Honestly, I think even though towards the tailwind, I was dealing with some personal stuff, I think both professional and personal functioning was good, because I don't feel like I let either side slip regardless of what was kind of happening.

Jade also elaborated on some challenges faced towards the end of her IBH internship during the COVID-19 pandemic:

I think every level of my life - personal, professional, kind of all suffered from internship and the end of grad school, because it was full time when I was working. And just, I know I remember I was a mess in grad school. Like, I had a lot going on. My personal life was a mess. So, I found some type of structure. But, I will say that both my personal life and my professional life kind of suffered due to, not just due to internship, but just due to everything that was happening in that chapter, especially with grad school coming to an end.

Similarly, Sarah shared her personal experience that indicated some challenges at the end of her clinical experience and stated, "So, my personality came out to help me and others, and also hurt me at the end leading to extreme burnout, because while I'm telling everybody else to help themselves, I wasn't helping myself." Amber's narrative related to her coping during P&I also highlighted some difficulty managing various responsibilities during the pandemic:

...my health was not in a good place either, and I was really running on the ragged edge and still providing care for people. In my personal life, I'm providing emotional support and mental health support to extended family.

Kayla described the overall emotions she experienced while integrating to an IBH site during the COVID-19 pandemic and connected this experience to how she coped with the unexpected growth. Kayla stated, "I think being thrown into it was very scary. But, it also really helped me to grow, because I had no choice but to find my footing." Lastly, Rita expanded on her own experience coping with unique personal and professional challenges while clinically training during the pandemic:

I think that was a heavy thing, because then it was kind of like, "Well, I don't want to go home to, like, my mother..." Because she's an older person who is more susceptible to it. So, I don't want to bring it home to her, in case I've had contact, and I'm not sure... So, it was a whole thing. I would have preferred not to do it in a COVID pandemic, but because I did, I feel like my skills as a counselor [are] still top tier. So, it's fine. You live and you learn.

Meta-Theme 2: CITs' Increased Sense of Belonging in Integrated Behavioral Health

This second meta-theme addresses participants' perceptions of areas in which they grew in comfortability within an IBH setting during P&I. Participants described aspects of increasing self-efficacy while adjusting to unique roles within an integrated setting. Three subthemes surround participants' unique exposure to integrated care during the COVID-19 pandemic.

Subtheme 1: Skills Used and Enhanced

This subtheme entails CITs' reflections on counseling skills used during their P&I within an IBH setting. The researcher open-endedly asked participants to describe the skills they used

during IBH P&I, and the researcher informed participants that there was no right or wrong answer, meaning that they could include specific skills or describe a general sense of their experience. Elena reflected on the instinctive nature of skill development during her clinical experience, stating, “A lot of skills that you learned were on the job or they were enhanced on the job.” Darcy also shared the instinctive nature of skills used and learned, as evidenced by limited training to working in an integrated setting:

I mean our class work or coursework...they don't really teach us how to act within IBH settings in my opinion. I think it's more for traditional spaces. So, you take those skills that you do learn and try to adapt and make them work in the hospital setting, but the work environment during that time was very supportive.

Sarah echoed this notion of learning new skills based on the P&I setting rather than coming to the site with specific skills for integrated care with patients:

I think if I had worked anywhere else, I would not have felt that my skills were diversified, because I saw so many different populations that you can only prepare so much for. So, I mean, every day, there was just something new, and a new obstacle and a new challenge.

Kayla similarly described the presence of challenges in her clinical experience at an IBH site for P&I. She reflected on the need for varied skills as COVID precautions continued to change (e.g., mask mandates within clinics and hospitals) and impact patients:

Outpatient, and near the end of practicum, I think I learned to utilize a lot more, like, escalation skills with just how frustrated some of the patients became for COVID or other reasons. And then outpatient, I think I just focused on more intentional interventions.

Other participants noted the variety in types of skills they used. Kent reported use of not only traditional counseling skills but also the incorporation of translation for patients. Kent stated the following about skills he used, “So the core fundamental counseling skills, crisis management, and then Spanish, or using my bilingual skills as well.” Amber reported an increase in use of networking-related skills while in an IBH setting and interacting with medical professionals:

So, of course, I got to use all the counseling skills like you expect. But, what I had to use on top of that, I don't have to use and people don't have to use it [in] private practice settings, typically is like this, going to figure out what words to use to describe it, outgoing part of me that has to interact with doctors and nurses and people outside of my little bubble, which is not counseling skills. It's other people's skills. That takes a lot more energy.

Jade agreed in her interview about the use of communication and networking with other professionals. She specifically reported using transferable skills that benefited academic functioning: “So I'd probably say, like, the personality skills, communication skills, organizational skills, because I was at three different sites and having to self-schedule myself and just manage my school work as well. So, a lot of organization skills.” Lastly, Rita shared the positive impact of using counseling skills for specific diagnoses or situations:

And, I feel like that experience has really helped me in being in an outpatient setting, especially when I have quite a few of my clients now who have been released from a hospital setting and are needing aftercare. I feel like I have a different level of confidence in managing heavier mental health situations, whether it's personality disorders, psychosis, or even suicide attempts and suicide ideation. I feel a lot more confident in

dealing with those types of situations that I feel like some of my peers don't really have as much experience with and may even back away from those situations.

Subtheme 2: IBH-Specific Advantages for CITs

This second subtheme incorporates participants' reflections on the work environment of their P&I sites while also distinguishing differences in their sites from their peers' traditional sites (e.g., private practice). Participants described aspects such as the pace of their sites, workplace expectations, protocols, and challenges, all of which participants concluded as benefits strengthening their self-efficacy in the field. Amber shared the impact of being at an integrated site where clients did not have to pay for their services and how these clients could see multiple professionals (e.g., primary care, mental health) in one visit. Amber reflected on the appreciation for this site prior to switching to virtual services as a precaution when COVID-19 peaked:

Yeah, first off, I just thought it was, when we were in person, an awesome experience. It was really like a privilege to be able to work in a clinic like that, where if I wasn't going to be paid, also at least the clients weren't paying anything. And, being able to serve that population was really something I was very grateful to be able to do. I think that getting thrown into the deep end, as it just initially was helpful.

Meanwhile, Jade described some feedback related to the populations she worked with in an IBH setting during the pandemic. She specifically noted challenges of seeing long-term patients who had been hospitalized for several months at a time, often for medical reasons:

Hmm...I wish we kind of, maybe, had access to...I mean, it's also not something...but, I guess access to more clients. Like, sometimes, there was a lot of clients for us to see, but

sometimes there wasn't. There were times when you would see the same client over and over, because they had been in the hospital for so long.

Other participants used this open-ended interview question as a chance to further describe the setting of their P&I site within integrated healthcare. Kayla specifically spoke about the connection between COVID-19 and death, which varied from peers' non-IBH sites: "And, there was a lot of being around, honestly, death especially during COVID [that] really helped me to like to look inward. But, I also have to thank supervision for that." Rita, on the other hand, chose to explain the pacing and environment of her IBH site and stated, "I tend to thrive in chaotic situations. So, the setting was the way it was, and then I just joined right in." Rita framed this reflection positively as evidenced by describing how she "thived" in the non-traditional IBH site during a pandemic.

One participant, Darcy, identified IBH sites as tougher to join by both the requirements to onboard at an IBH site and also the varying expectations for counseling practice:

I guess the modality of how we were doing counseling varied a lot, and then also the shots that we have to have to work in the hospital. You don't have to have those - the flu, your TB shot - you don't have to have those in the non-traditional counseling spaces. So, I would say in a lot of ways, really, I would say that doing practicum and internship in the IBH setting is a bit more rigorous.

This subtheme also included participants' reflections of the IBH site's value within their clinical training in P&I. For instance, when asked how her IBH site compared to her peers' traditional sites, Sarah responded, "So, I am very grateful for the experience. It was challenging, don't get me wrong, but I feel well rounded because of it." Elena also chose to reflect on the benefits of her experience in an IBH setting by noting that she worked with higher acuity cases as opposed

to her peers. Elena stated, “So I think that I feel like I got the best of all that healthcare has to offer versus only seeing select patients on an outpatient setting for a specific, limited amount of time.”

Kent chose to further reflect on the positive aspects of an IBH setting by describing the application of novel applications in a healthcare setting to his work as a mental health counselor. Kent shared the connection of this IBH inpatient experience to his ability to work efficiently:

I think the experience itself is something that was a good wealth [of] knowledge and kind of having to learn in the field and then doing that in an IBH setting and then doing that with a pandemic in the backdrop. I think that kind of primed me to be very adaptable and kind of work on the fly.

Subtheme 3: Collaboration within Training

The third subtheme within “Increased Sense of Belonging in IBH” that emerged during data analysis pertains to the presence and quality of collaboration during participants’ clinical training in an IBH setting. Participants identified both strengths to the collaboration and also challenges in navigating collaboration with medical professionals while still learning and training as novice mental health counselors. Elena shared the strength of collaboration with varied professionals by reporting:

One of the bonuses with the IBH setting is that it kind of became like a one stop shop for people where I got to interact with the hospital social workers and was able to learn about how their roles integrate with the crisis counselors and with the doctors and with the nurses.

Darcy mirrored the strengths associated with collaboration in the IBH setting as evidenced by her sharing the perks of brainstorming treatment with others professionals:

I think just being in the IBH setting all together was a really good opportunity for growth, both for me as a counselor and as a professional and working with others, specifically the hospital staff - like that whole interdisciplinary team thing and everyone kind of coming from different angles.

Kent also favored the collaboration within an IBH setting and further described how he learned just by having exposure to varied professionals:

So, I think across the board because of the IBH setting that allowed for a lot of ...it enabled me to kind of be more comfortable asking and collaborating, which I can sometimes shy away from. So, I think that probably enabled my growth most because I did learn a lot just by picking everyone's brains and seeing how everyone else does things.

Rita, similarly, described the benefits of collaboration and expanded on an example where she specifically was consulted on site for her expertise as the mental health counselor:

I remember there was one time my supervisor asked, and she was on the phone with another provider, and they were just doing a follow-up with a patient that I saw. And, she says, "What's your clinical opinion?" And it was at that moment, like, I'm actually doing the work that I set out to do. I have learned quite a bit, and I'm actually practicing. So, I do have an opinion here, and that level of confidence in me as a new baby professional helps me, especially now when there's moments where I don't feel like I'm a good counselor or that I've made mistakes. It allows me to be reflective and then figure out new ways to approach the situation.

Amber chose to reflect on additional collaboration that took place in the learning environment for CITs via a specific hands-on training day among CITs, medical students, physician assistant

students, and nursing students - all from different local universities. Amber reported the purpose of this training day as practicing patient interactions and treatment planning with an integrated team, and she described the impact as the following:

And, there was this day where we got to see all sorts of new medical technology interact with a patient. That was a fake, acting patient, and whatever, and I was on a team with literally people who were in their last semester of medical school. They're essentially, like, doctors by that point, but they're practicing, and I got to do the interview [with] the patient, because they were trying to explain to everybody what motivational interviewing [was]...I was like, I can do that, and they were all really impressed. It was basic stuff to me, but that really helped my self-esteem and also really helped me understand how important collaboration was and helped me understand.

Amber's reflection demonstrates the value of working with other professionals as it can boost CITs' confidence in specific skills and theories learned and promote the value of collaboration.

Other participants transparently reflected on the unseen needs within IBH settings, such as collaborating to support other professions during the pandemic when either morale was low or the sites appeared to be short-staffed. Kayla shared responsibilities associated with P&I in the IBH setting that included collaboration for care as a means of further supporting the staff when necessary:

But, just general talking about medication management and how they can keep themselves safe considering their diagnoses, like, physical ailments and things of that sort. And then, I think, a lot of collaboration just all around throughout practicum and internship with the medical staff to make sure that we're advocating for the patients,

making sure that their needs were being heard, because they [staff] had a lot on their plate at the time, and I can understand that perhaps they weren't able to provide as much.

Sarah identified specific challenges within her P&I experience as it relates to collaboration. She reflected on the uncertainty of continuity of care among both peers and other professionals during the pandemic:

So, it felt very disjointed. Often, it was hard to collaborate and hope that people are reading your notes, hope that people are getting this exchange of information, and just kind of constantly hoping for the best. But, knowing that everybody else is kind of floundering around as well, looking for help.

Meta-Theme 3: Development and Growth

The third and final meta-theme identified by the researcher encompasses CITs' identification of their unique development and aspects contributing to their growth while working in IBH settings during the COVID-19 pandemic. Four subthemes emerged within this meta-theme that emphasize participants' rich narratives.

Subtheme 1: Identity Influences

This subtheme involved participants' descriptions of individualized aspects influencing how they navigated their own P&I experiences. The researcher asked participants to describe any aspects of their identities that they perceived as relevant to their P&I experiences, whether that be related to age, race, sexual affectional identity, or any other aspects that the researcher did not ask about within the demographic question subset. A few participants identified their age as important within the IBH setting. Jade provided insight about both the limits of her age and also its relevance in the energy she presented to the site:

I think my age. I think I tried to bring a... like, because I am younger, and I am in the field of mental health and therapy, I think I tried to bring a fresh perspective while also understanding that I don't know everything, and I have not been through every life experience.

Darcy also explained the limits of her age as she navigated the P&I setting due to the populations served at her IBH site:

I feel like my age influenced my experience both initially, I would say... it was kind of negative, because I felt like I'm kind of young. I don't really know what I'm doing, especially being in the IBH setting where a lot of the patients were older.

Lastly, Kayla noted the ways in which her age protected her from exposure to COVID-19 while also prompting concern for the populations served at her site:

So, I think [that], on one hand my age made me feel more comfortable in the setting, COVID-wise, but at the same time, it also made me afraid that I could have been asymptomatic and given it to someone who was more at risk.

Another identity influence present among some participants pertains to race and the implications within health-related settings. Rita elaborated on the cultural considerations for People of color admitted to the inpatient setting, where provider care may differ compared to other populations of patients:

Then, I would say my race. Being in a healthcare setting can be very scary for a lot of Black and Brown people, especially when the setting involves a lot of providers who are White. And so, being able to come into a room and then hear a patient say, "I'm so glad I can come in and talk to you." There was a level of comfort in discussing certain things

related to their race and their health care treatment that they may not have felt comfortable to share, then, with other providers.

Jade added to the discussion about identity influences and stated that in addition to her age, race provided opportunity to connect with patients:

I also would say that in practicum, my race played a part as an African American [woman]. A lot of my patients, somehow, were like older African American people....I think I was able to draw on similarities that we had and try to use it to my benefit, if that makes sense.

Kent specifically identified the importance of his identity as a bilingual male and how it helped him work with patients who may have otherwise lacked resources for translation: “I’m bilingual and I’m pretty sure there’s a few times I had to kind of pull that out my back pocket and work with certain clients that were bilingual.”

Another identity influence that stood out to Rita included her upbringing in an environment designated as “low socioeconomic status” where substance use occurred, which she reported as being integral to empathically working with patients at her inpatient IBH site:

Another aspect was my own personal background with low income individuals with substance use concerns. It was the environment that I was raised in. So, I was able to think about the underlying mechanisms of the substance use and being reflexive in that I could connect with the person without seeing them as just this person who is masked by other things, such as the substance use or the low income.

Other identity influences emerged from this interview question and highlighted unique differences that participants navigated during their P&I. To start, Elena described the impact of being pregnant during the height of the COVID-19 pandemic:

So one of the things that was unique about my experience was that I was pregnant and it was a high risk pregnancy, and I'm in the hospital being constantly exposed to who knows what on a daily basis for extended periods of time.

Not all participants shared the same identity influences, as evidenced by Sarah's reflection of her "people-pleasing" personality that peaked during P&I in the pandemic while she and her family also prepared to move. Sarah connected her identity as a military spouse with her identity as a developing clinician who was juggling numerous responsibilities. She specifically described the challenges of being generally overextended during her internship and noted how her specific traits negatively impacted her experience:

So, during COVID, during that experience at practicum and internship, I would tend to say "yes" to a lot, be very available to everybody, all of my cohorts or everybody all the time. And so, my last internship semester, in the midst of the move and everything else that was going on, I crashed and burned hard.

A final reflection on identity influence during P&I includes Amber's description of how her personal identity shifted during the lockdowns of the COVID-19 pandemic in spring 2020. Amber specifically reflected on both her master's program and her IBH internship site shifting to virtual modalities due to lockdown mandates, and she noted the heaviness of isolating during an uncertain time:

The part of my identity that impacted me the most was that I'm a single [woman], and I live alone. So, that meant that my whole world became a 900, I don't know [what] exactly it was, but a [900] square foot apartment.

Subtheme 2: Importance of Support

This subtheme incorporated participants' reflections of both individualized and collective support from individuals at their P&I sites, faculty from their CACREP programs, and peers within their cohorts. Participants also identified ways in which more or less support could have been provided during their practicum and internship experiences.

Although the researcher did not directly ask participants about how they sought support or from whom they needed support, each participant acknowledged their own definition of "support" within their development as CITs completing the clinical portion of their CACREP programs. Multiple participants identified support through their on-site supervisors who had specific training within IBH settings. Kent stated:

So, basically, every step of the way I had supervisors who had been in that system in some capacity and knew their way around that system, or were currently in the system, which made it infinitely easier to kind of feel supported and also ask questions and figure things out.

Sarah echoed the reflections of supervisor support within her P&I site and compared it to limited support she received from her CACREP program:

But, I felt very supported and heard and understood by my supervisors, because I think we were all going through it together, versus the staff that was at [the institution] who weren't there and experiencing it. So, that part was really hard. So, I think had I not had the support from my supervisors at the site, and off site as well, I think I would have felt far less prepared and confident going into this field.

Elena similarly described feeling supported by her site more than by her master's program. She first noted that specific people supported her when she stated, "So, more so the individuals rather than the program as a whole." She later expanded on the support she received from numerous

people at her inpatient IBH site during the pandemic, especially completing her internship while pregnant: “And I think that the thing that surprised me most is how even within that fast paced environment, so many people within it would stop and be like, ‘Hey, are you okay?’”

Darcy also recounted the support and guidance she received at her P&I site while noting the disconnect in support received from faculty in the latter half of her master’s program:

Coming from the angle of the program, because the site itself offered so much support and flexibility and just human understanding. But, I can't say that I really felt all of that from the program itself. So, in a time like that, where things are questionable, things are different and just uncertain, I think support from all parties would have been great.

Other participants chose to discuss how their supervisors provided support during the P&I experience. Amber recounted her supervisor guiding her as she worked to complete hours during the start of the COVID-19 lockdowns where her IBH site shifted to a virtual modality:

It's very frustrating, but I ended up having to do weird things to get everything done. But, I am eventually...eventually [I] got it all done, and I was grateful [for] that. Things did get more flexible and more relaxed, and I definitely felt like my personal supervisor was trying her best to be as relaxed as possible to make sure that we were able to accomplish what we needed to.

Jade likewise discussed the importance of her supervisors’ support during the COVID-19 pandemic and noted that she did not perceive a lack of any guidance or resources during her clinical experience:

I think it was a really good experience. I think [supervisors] all made the most of it. Like in general, and especially with it being part of like, within the COVID pandemic. I couldn't say, “Ask for more resources or more masks” or anything like that.

Another way a participant felt supported through supervision involved navigating development as a clinician in an integrated site as evidenced by Kayla's reflection, "But, when it came to my uncertainty in my own professional development, [my supervisor] was very helpful with that."

While the individualized supervision sessions offered some participants support during their clinical experiences, Rita chose to describe the support she specifically received from her peers in both her master's program and at her IBH site. Rita expressed numerous emotions that emerged during P&I and how she felt connected rather than overwhelmed:

I think those connections there was what I needed at the time as I was going through my practicum and internship experience, because there could have been points where I was completely exhausted, mentally drained, or downright confused, but I had a group of people that I could talk to... bounce ideas off of [and] discuss our experiences with.

Subtheme 3: Self-Identified Development

This next subtheme involves participants' reflections and labels of development and growth through their time at the sites, learned skills, supervision experiences, and overall experience completing P&I during the pandemic. While not all participants identified the same areas of development or how they emerged, each participant spent a portion of the individual interview acknowledging gains from their experiences.

Some participants first reiterated the challenges they faced when acclimating to their sites and the protocols present during various points of the COVID-19 pandemic. Kayla, for instance, shared that the responsibilities of training in an IBH site prepared her for future work in the counseling field:

So, I think that was a little bit more chaotic in its own way of trying to adjust and find my footing and learn what it's like to actually be a professional and, like, be a counselor,

especially in an IBH setting...what it looks like to effectively collaborate and be viewed by the other professionals as “the mental health clinician” and not just a student. So, I think it was just a bit of a tumultuous time, because like I said earlier, I was a bit thrown to the wolves. And, it helped me grow, but the growth process was not easy.

Another instance of adjustment to “chaos” in the environment and self-identified growth included Elena’s experience and her perception of the path from struggling at the IBH site to later feeling comfortable throughout the latter half of practicum and the remaining two semester of internship:

But, yeah, in the beginning, it felt chaotic, it felt overwhelming. But I would say by the middle of practicum, I had pushed myself enough to learn what I needed to learn, to navigate those waters and be productive in my role. And it no longer felt that way. It just felt like home.

A final reflection of identified growth occurring within a participant’s P&I site involves Darcy’s narrative, where she shared the relationship between ambiguity and growth:

I feel like that's one way that I really grow in ambiguity. Regardless of what was going on, I knew that the goal was to provide the best care at that time. So, I feel like that's helped me to grow. I feel like now I could go into anything and deal with the thing at that time, and my motto kind of was “doing it scared.”

Darcy’s description of growing, despite the ambiguity, and seeking to provide the “best care” for patients at her site demonstrates the integration of professional and personal development during P&I. To illustrate further, Sarah shared her experience of seeking “balance” during P&I while facing a mix of personal and professional challenges, such as planning a move and managing a full outpatient caseload:

And going through that gave me insight into the importance of balance, and that I can't just keep burning myself out, because [then] I can't show up for myself, my family, my clients. That'll end up causing me to experience compassion fatigue and end up becoming a cynical practitioner, which is not why I went into this field.

Kent similarly concluded regarding the self-identified growth he experienced during P&I. Kent specifically connected the timing of his P&I to the type of site he had as the promoters for his growth, "...I do think there was a lot of value learning-wise and growth-wise as a professional, doing internship and practicum at the site I did, at the time that I did it."

Two participants broadly described perceived growth and development through completing P&I in an IBH setting during COVID-19. Amber reflected on the timing of her two internship semesters during the start of the pandemic in Spring 2020 and stated, "I was already at a breaking point. So, maybe I was at the right time and needed what I ended up having to do, who knows." Jade also noted growth through her experience and shared it in broader terms by stating the following, "Now that I'm out of the thick of it, I can see, oh my god, I was kind of going through a lot back then."

A final reflection of development and growth pertains to Rita's description of confidence gained when working with patients who held differing values. Rita shared how her knowledge and understanding of certain religions was utilized to work with admitted patients in an inpatient setting:

While I am no longer religious, or even identifying as a question, I was able to understand a lot of the references that a lot of my Christian patients had, and even for those who may have been questioning their faith or have general exploration of different

religions and spiritual life type of questions. I felt a lot more confident in exploring that with my clients, despite me no longer having my own faith.

Subtheme 4: Self-perceived Preparation

This final subtheme within the third metatheme comprises participants' perceptions of the particular preparations, or lack thereof, that they received from their CACREP programs prior to and during their P&I experiences. Participants also reflected on whether they felt prepared for the IBH component of their sites and how this perception of preparation influences their experiences.

The consensus among participants involved a lack of preparation by their CACREP programs for P&I within integrated settings during the pandemic. As it relates to working in an IBH setting, Kayla stated, "Honestly, I don't think that my program prepared me at all to complete practicum and internship in an IBH setting. I think that the classes are, and understandably, geared more towards that traditional counseling setting[s]." Kayla's acknowledgment that CACREP programs take responsibility for standards often pertaining to traditional outpatient counseling settings coincides with Darcy's reflection of the preparation lacking for her IBH P&I. Darcy reflected her perception as the following:

I mean our class work or coursework...they don't really teach us how to act within IBH settings in my opinion. I think it's more for traditional spaces. So, you take those skills that you do learn and try to adapt and make them work in the hospital setting, but the work environment during that time was very supportive.

In a different perspective, Elena described the value of her instructors providing real-time preparation during the internship semesters, which accounted for the lack of IBH preparation:

I would say my internship professors were the most instrumental in preparing me. I think that there were a lot of levels of opportunity where the program could have been adjusted to support me in being prepared for this type of setting.

On the other hand, Kent shared the impact of virtual learning for a majority of his master's program, whereas the P&I experience required him to work in-person. Kent described the adjustment and resulting development as the following:

Going into an all-in-person setting later on for practicum and internship, there was a bit of a disconnect there with practicing and trying to hone your skills virtually. What you're actually going to be doing is in person and in a vastly different setting. So, I think that's the only thing that I think was a downside.

Other types of concerns about lack of support and preparation from the university presented during participants' interviews as well. Sarah reported her experience as the faculty and program having limited understanding of CITs' unique challenges completing their P&I during the pandemic; Sarah stated, "What I wished would be different is that the ones who were at the university were on campus [and] took the time to explore and see what we were, what was happening, and to really take our concerns seriously."

While Sarah hoped for more faculty understanding since the pandemic had been happening for over a year at the start of her practicum (e.g., August 2021), Amber also expressed concerns about the limited preparation due to the timing of the pandemic. Amber reflected a different type of perspective and clarified that the university had limited knowledge of how to best support and prepare students for working during a pandemic since she was experiencing adjustments during March and April 2020:

I can't see that they could have done this, because it's silliness, but I wish that I had been done [with internship] before the lockdowns, that I could have had the time at that site, because it was a great site. They did the best they could given the circumstances, and I know that, and I don't have any ill will or regrets... like, I would have made the same decisions they made.

Other perspectives emerged from two participants and veered toward positive aspects of participants feeling prepared to complete P&I in an IBH setting and during the COVID-19 pandemic. Rita noted the nervousness and perceived lack of preparation at the start of her practicum in an IBH setting and described the shift to feeling more confident after being in the setting for some time:

I would say going into it, I felt like I wasn't fully prepared, in part, because I didn't fully know how to use the things that I had been learning up until that point. By the time I graduated, it all started to make sense.

Jade lastly provided her experience with entering an IBH site for two semesters of internship, and she acknowledged preparation from both her master's program and her site's supervisors:

So, the program gave me the knowledge foundation, and [my supervisors], I would say, gave me the help to build my confidence as an incoming clinician and gave me some more practical skills compared to, like, the big skills I would need.

Focus Group

The researcher also facilitated a focus group after all semi-structured interviews were completed and transcribed. The researcher assigned raw codes and began to cluster individual textural and structural descriptions with the data before then inviting all participants to attend the virtual focus group. The focus group included two participants (N =2) and the researcher, and the

group structure involved three semi-structured interview questions for each participant. The researcher encouraged participants to openly discuss any other emerging thoughts with one another, and then the researcher spent the last 15 minutes of the group providing participants with information about general codes and themes analyzed so far from the data. Participants gave feedback toward these codes and themes, specifically verifying the presence of ambiguity and growth within their experiences.

Although the researcher did not utilize the focus group data along Moustakas' modification method, the focus group served as an additional method of trustworthiness. The researcher used the limited number of participants in the focus group as co-researchers who could internally audit emerging codes and themes while elaborating on aspects of the individual interviews (e.g., final reflections of their P&I experiences). Both participants concluded that the individual interviews sparked memories of going through P&I during a pandemic and that they appreciated growth being demonstrated as a theme in the data. Elena specifically described her perception of growth on site as the following:

But it also empowers me to be like, "Okay, this is what you would have seen. This is what you need to help you process those experiences and prevent them in the future. Let's talk about being medically compliant with whatever you're interested in getting. Let's talk about your 'in the moment' coping skills. Let's talk about boundaries. Let's talk about communication. Let's talk about your family system and how it all ties in." So, I actually have always been wanting to be a crisis counselor forever, but I think that this would [be] more my niche, because it it goes beyond like...this is like where the real work and like helping people reclaim their lives come from, whereas in there [Emergency Department], it's stabilizing from the crisis and then passing them on.

Amber also took a moment to reflect on the aspects that she believed influenced her growth and summarized it as the supervision she received:

I was reflecting on that original question of just, like, feeling prepared, and I thought, ‘I didn't feel prepared.’ And I thought ‘Why? Like, what made that a thing?’” And I realized, it's because I had the privilege of having [the director] as my direct site supervisor. I didn't know anybody else who had a supervisor with the kind of experience that I had throughout my internship, like life [experience]. And, I absolutely left that [experience] feeling prepared to provide clinical counseling to clients and patients. But prior to that experience, I did not feel that level of competency. So it definitely hinges on excellent supervision for me.

While both participants' individual experiences varied, they each confirmed growth in both personal and professional functioning during their P&I. The researcher reminded participants that other meta-themes would be extracted from the data and that the focus group served as a chance to expand on any previously-discussed answers during the individual interview. The meta-themes and subthemes discussed earlier in the chapter remain independent of the focus group responses and transcript.

Essence

This dissertation study's synthesis of results study provided an essence pertaining to the phenomenon of CITs completing their clinical experiences in an IBH setting during the COVID-19 pandemic. According to Dahlberg (2006, p.15), the phenomenon is the essence and alludes to the “style” of the phenomenon. Based on the assertion that all participants' experiences have meaning (Dahlberg, 2006), the essence covers characteristics and meaning of the phenomenon while also prompting new questions to be later addressed in chapter five.

Participants re-immersed themselves into their experiences as CITs by reflecting on obtaining required clinical hours during P&I within an IBH setting at the time of the COVID-19 pandemic, and they outlined crucial complex elements relevant to their experiences. The presence, or lack thereof, of supervisors, program faculty, and personal support fueled continued efforts at CITs' sites where they learned how to integrate with other medical and behavioral health professionals. The integration to an IBH setting became even more complex as CITs adapted to COVID-19 threats and varied protocols in the setting. Participants identified variations in their site experiences based on the timing of the pandemic since some CITs faced the peak of COVID-19's first wave, whereas other participants dealt with the final adjustments to COVID-19 before it was no longer recognized as a "public health emergency."

The commonality among participants, however, involved an identified contrast in their sites from CITs in traditional, non-integrated settings. CITs conclusively noted challenges within IBH and growth pertaining to professionalism and skills transferable to current work as postgraduates. CITs acknowledged the ambiguity across multiple facets of their master's programs and unanimously emphasized the need for support. In short, CITs expressed that the P&I experience, the pandemic, and the onboarding to a non-traditional site cannot be experienced alone due to risks of impairment or limited growth.

CHAPTER 5

DISCUSSION

COVID-19's emergence in early 2020 and identification as a pandemic in March 2020 required pressured decision-making and educational adjustments in an unprecedented style (Barrot et al., 2021; Gay & Swank, 2021; Neuwirth et al., 2021). With leading symptoms of productive cough, fever and/or chills, and shortness of breath (CDC, 2024), COVID-19 sparked fear worldwide as deaths and lockdown restrictions increased (Dunford et al., 2020). Students within various post secondary education programs faced transitions to virtual learning environments while still having to complete experiential portions of their programs, such as students within education, health sciences, or social sciences (Barrot et al., 2021; Hew et al., 2020; Neuwirth et al., 2021). Mental health counseling students, also known as counselors in training (CITs), particularly experienced a mix of modalities in which they completed their experiential learning program requirements of practicum and internship (P&I; Gay & Swank, 2021). As the lockdown requirements shifted throughout the timeline of the COVID-19 pandemic, CITs eventually re-integrated to sites of interest, such as in-person settings or integrated behavioral healthcare (IBH) settings.

IBH settings specifically contain a variety of healthcare professionals and mental health professionals for the purpose of providing holistic and accessible care within a collaborative environment (Aitken & Curtis, 2004; SAMHSA, n.d.). SAMHSA reported increased attention toward IBH care within the past few years due to the following: limited accessibility to preventive care, comorbidity of physical illness and mental health concerns, and prioritization of optimal health outcomes for patients (n.d.). Due to SAMHSA's offering of grants and training programs for emerging professionals, interest has grown among CITs searching settings in which

they can complete required clinical hours for their practicum and internship (P&I). The Council for Accreditation of Counseling and Related Educational Programs standards (2024) instruct CITs to utilize knowledge and skills to deliver counseling services within at least one specialty area, which can include IBH settings as of their updated standards or other traditional areas, such as outpatient care or partial treatments. Considering the shift in interest for clinical settings during a time of uncertainty due to a pandemic, CITs continue to face unique challenges during a crucial point of their training.

CITs must earn 280 total direct contact hours providing counseling services over the course of their practicum and internship semesters, which typically encompasses three traditional semesters of at least 10 weeks or longer (CACREP, 2024), and CITs often choose sites based on their emerging interests (Howard et al., 2006; Storlie et al., 2017). For CITs wanting exposure to an IBH setting, they can pursue sites such as primary care offices, hospitals, inpatient facilities, or community centers (Li et al., 2022; SAMHSA, n.d.). Training within an IBH setting poses unique tasks, such as requiring mental health providers to utilize consultation, short-term counseling, case management, and brief assessment, to name a few responsibilities (Glueck, 2015; Dice et al., 2022; Li et al., 2022). Dice et al. (2022) described specific challenges faced by CITs, which include navigating healthcare systems, understanding medical terminology, and collaborating with varied professionals for purposes of diagnosis and treatment planning. These challenges pose the question of whether CITs hold the competencies needed within integrated settings or if CITs can sufficiently gain relevant experience while completing P&I (Dice et al., 2022; Glueck, 2015). Considering the growing significance of integrated care amidst a post-COVID world, this study sought to fill some of the gaps related to acknowledging CITs' experiences.

Purpose, Methodology, and Results of the Study

The researcher designed this dissertation study in efforts to acknowledge CITs' unique experiences of completing P&I during the COVID-19 pandemic. While previous research explored CITs' P&I experiences and perceptions as a whole (Can & Watson, 2019; Foreman et al., 2020; Howard et al., 2006; Pierce, 2016; Thompson et al., 2011), this study added the factor of a specific P&I setting (e.g., IBH) to the phenomenon being explored. The overarching research question to be addressed involved the following: *how do CITs experience their clinical training during the COVID-19 pandemic in IBH settings?* The researcher incorporated a phenomenological approach to investigate this research problem and topic that are now beginning to be explored as the COVID-19 pandemic evolved over the past four years.

Chapter Three included the researcher's description of the methodology and rationales utilized for the dissertation study. Once approval and exemption status were provided by the Institutional Review Board, the researcher purposefully recruited eight (N=8) participants for the study. Eligibility criteria for this dissertation study involved the following from participants: 1) at least 18 years or older, 2) be enrolled in *or* have graduated from a CACREP-accredited master's-level clinical mental health counseling program, 3) completed *or* are completing their practicum or internship since the spring 2020 semester, and 4) identify their practicum and/or internship site as an integrated behavioral healthcare setting according to this definition: care that merges healthcare which addresses individuals' wellbeing through caring for their physical and behavioral health concerns (Agency for Healthcare Research and Quality [AHRQ], n.d.). Once participants met criteria and consented (i.e., verbal and written) to be part of the study, the researcher conducted individual, semi-structured interviews that contained approximately five demographic questions and 10 open-ended questions about their experiences with the

phenomenon. After all interviews were transcribed and returned to participants for member checking, the researcher invited all participants to a voluntary focus group to provide further insight through three semi-structured questions about their experiences. Data analysis then incorporated Moustakas' modification of van Kaam's phenomenological data analysis (Hays & Singh, 2012; Moustakas, 1994).

The first step of data analysis via Moustakas' modification involved the researcher horizontalizing the data by reading and re-reading all statements and grouping relevant expressions. The researcher then reduced these expressions to units of meaning and grouped the units by common themes among the data sets. After general themes emerged, the researcher critically assigned core themes to represent the data while gathering individual textual and structural descriptions for participants. The final step of analysis consisted of the researcher synthesizing the textual and structural descriptions as evidenced by emphasizing the essence of the data (Bernard & Ryan, 2010; Hays & Singh, 2012; Moustakas, 1994). The data's essence captured the collective "style" of participants' unique experiences (Dahlberg, 2006). Throughout data analysis, the researcher used multiple trustworthiness strategies, including 1) bracketing, 2) member checking, 3) audit trail, and 4) external inquiry audit. These strategies offered opportunity for rigorous data analysis and accountability of results (Glesne, 2016; Hays & Singh, 2012).

Chapter Four provided results, particularly meta-themes and sub-themes, from this dissertation study. The researcher found three meta-themes as follows: 1) adaptability within practicum and internship during COVID-19, 2) CITs' increased sense of belonging in integrated behavioral healthcare, and 3) development and growth. Additionally, the researcher identified 10 total subthemes that provide additional context to participants' experiences. Participants in this

study shared insightful perspectives regarding their time spent completing P&I within integrated settings during various points of the COVID-19 pandemic. The researcher subsequently selected rich and descriptive narratives to support participants' perceptions of experiential learning during a time of global uncertainty. The next section encompasses the meta and sub-themes developed through participants' narratives and will be interpreted with regard to context of both literature and the participants' experiences. As research regarding CITs' experiences during COVID-19 continues to emerge, some subthemes may have limited direct support from the literature. The final sections of the chapter entail clinical and educational implications, limitations of the study, and directions for future research.

Description and Implications of Themes and Subthemes

Adaptability within Practicum and Internship during COVID-19. The first commonality among participants involved their perception of needing to adapt to their environments during P&I. Participants reflected on their P&I sites shifting protocols to match COVID-19 surges and also reflected on the belief that their clinical experiences contained more ambiguity than they expected. Reflection of specific emotions and responses to P&I experiences surged as participants re-immersed themselves during a time of experiential learning. The adaptability became relevant as evidenced by this meta-theme's three subthemes: 1) COVID-19 exposure and protections, 2) ambiguity of clinical experience, and 3) emotions and coping.

COVID-19 Exposures and Protections on Site. All participants described COVID-19 as impacting their overall experience of P&I within their CACREP master's programs. Despite participants completing their P&I during varying times throughout COVID's qualification as a "public health emergency," each CIT acknowledged at least one adjustment faced, including 1) wearing personal protective equipment (PPE) on site, 2) being repeatedly exposed to the virus on

site, or 3) experiencing concern about spreading the virus to loved ones. Participants acknowledged that their exposures varied from their peers at traditional sites, where either telehealth services were offered for their peers, or peers' clients presented at traditional sites for mental health services, rather than integrated health services where counseling would simultaneously be available. To further conceptualize the integrated of mental health services with COVID-19, Peng et al. (2020) described the uniqueness yet necessity of frontline mental health services being provided at the start of the pandemic and reported that multidisciplinary teams helped address psychosocial stressors, in addition to physical distress, during the height of the pandemic. Similarly, master's-level CITs at a university in China worked to address mental health needs and crises prompted by COVID-19 (Chen et al., 2020). In result, the mental health providers faced a level of reported helplessness when working with individuals physically plagued by the virus, because mental health providers held limited control with lack of resources and treatment (Chen et al., 2020). While research continues to develop regarding mental health services provided during COVID-19, it can be acknowledged that the CITs within this study needed to adapt during a collective time of uncertainty with the pandemic.

Ambiguity of Clinical Experience. With the changing protocol to account for COVID-19, participants acknowledged the ambiguity they faced at their integrated sites. This ambiguity presented itself as either turnover with on-site leadership, protocol adjustments for PPE, or navigating the timing of completing clinical training during the pandemic. Participants found themselves not knowing what to expect each day on site, which ultimately influenced their ability to adapt. CITs' exposure to ambiguity within this study correlates to previous literature's acknowledgement of unexpected challenges faced during P&I, such as self-doubt while practicing clinical skills in new environments (Thompson et al., 2011). Howard et al. (2006) also

described the critical impact of CITs utilizing new techniques and managing responses to client/patient narratives throughout their professional growth, indicating that supervision can counteract ambiguity faced by CITs. Based on participants' responses in this study addressing their uncertainty in clinical capacities, the results show that the pandemic compounded ambiguity during their experiences as a whole and offer opportunities for future research.

Emotions and Coping. Prior to the pandemic, research primarily explored coping responses among professional or licensed clinicians rather than CITs (Hou & Skovholt, 2020; Lambert & Lawson, 2011; Pow & Cashwell, 2017; Sprang et al., 2007), indicating the need for additional insight on CITs' coping experiences particularly as the COVID pandemic ensued (Suarez et al., 2022; Um & Bardhoshi, 2022). With the varying expectations for P&I during a pandemic, each participant alluded to ways in which they cared for their personal and professional functioning while managing responsibilities. Participants denied any impairment yet reported a variety of emotions present during their P&I, including fear, anxiety, stress, confidence, and resilience.

While coping is viewed as an antidote to managing negative emotions (Dailey et al., 2023), posttraumatic growth (PTG) is a possible outcome where individuals report positive change following stressful life events (e.g., working during COVID-19; Aafjes-van Doorn et al., 2022; Litam, Ausloos, & Harrichand, 2021; Tedeschi & Calhoun, 2004). On the other hand, research indicates that typical responses to "highly" stressful events can include physiological complaints, such as muscle aches, fatigue, and gastrointestinal issues (Tedeschi & Calhoun, 2004), while productive or "approach" coping involves individuals embracing the stress and finding means to problem solve or address the stressful event (Dailey et al., 2023). Multiple participants indicated "approach" coping responses by seeking their own support and reporting

PTG from their clinical experiences, whereas a couple of participants described beginning stages of burnout (BO), characterized by physical and emotional exhaustion due to prolonged work demands and stressful site environment (Maslach et al., 2011; Lee et al., 2018) during the latter half of internship. Considering the importance of professional counselors understanding their own emotions and coping responses as means of preventing impairment, CITs would benefit from additional discourse about acknowledging their emotions and coping responses.

CITs' Increased Sense of Belonging in Integrated Behavioral Healthcare. All participants spent time during their interviews describing the impact of gaining clinical experience within an IBH setting. Despite unique responsibilities and skills utilized, the eight participants confirmed that these IBH sites furthered their development and self-efficacy as clinicians, even as they transitioned to clinical work after their master's programs. This meta-theme contains three sub-themes as follows: 1) skills used and enhanced, 2) IBH-specific advantages for CITs, and 3) collaboration within training.

Skills Used and Enhanced. The notion of practicing clinical skills in a novel setting sparked some concern as CITs adjusted to their IBH environments. While the expectation for P&I is to improve foundational skills with clients, this study's participants described the use and enhancement of skills both specific to an IBH setting (e.g., collaboration, problem solving, and working under pressure) and also broad skills (e.g., treatment planning, person-centered skills, and conceptualization) for other types of traditional settings. This subtheme coincides with previous research indicating that professional counselors and CITs must engage in skills related to brief assessment, consultation, and collaboration with medical professionals (Dice et al., 2022; Glueck, 2015). In a qualitative study exploring the comprehensive experiences of three (3) CITs completing P&I in an integrated care setting, Dice et al. (2022) utilized individual interviews, a

focus group with site staff, and unobtrusive field observations to collect data about participants' experiences. Results indicated that CITs offered valuable skills of empathy and conceptualization while also emphasizing the importance of skills related to trauma-informed care, assessment, diagnosis, and substance use (Dice et al., 2022). This study's results varied in that participants did not reflect on the use or importance of diagnosis skills, indicating a possible lapse in confidence or training for this skillset.

IBH-Specific advantages for CITs. Multiple aspects contributed to participants' sense of belonging in an IBH setting, ranging from seeing a diversity of patients, being exposed to death on a regular basis, or the onboarding process that differed from traditional sites. Each participant felt comfortable describing components within an IBH setting that differed from their peers' description of sites, and a few participants noted that these differences contributed to in-depth group supervision sessions. Limited research regarding CITs' perceptions of IBH settings exists, however Li et al. (2022) elaborated on unique and challenging aspects faced by professional counselors within an IBH setting, such as serving many types of clients with an array of presenting concerns. Dice et al. (2022) further described opportunities for CITs to work with varied populations of clients with limited access to holistic care, which is congruent with participants' responses throughout this subtheme. Since literature prior to and after COVID-19 primarily explored CITs' IBH experiences within primary care settings (Dice et al., 2022; Glueck, 2015; Lenz et al., 2018; Li et al., 2022; Ogbeide et al., 2022), the participants who completed P&I at inpatient IBH settings demonstrated experiences to be further investigated.

Collaboration within Training. Participants during their interviews consistently assigned meaning to collaborating with varied professionals (e.g., medical doctors, physician assistants, nurses, social workers, chaplains) at their IBH settings during P&I. Aitken and Curtis (2004)

emphasized collaboration as an important identifier of integrated care, specifically reporting that collaboration between mental health providers and primary care practitioners contributes to more efficient care and treatment planning. Furthermore, collaboration offers increased knowledge and communication on behalf of the clients' benefit and has been shown to be appreciated among varied medical professionals within integrated settings (Dice et al., 2022). While logistics of collaboration and specific needs from mental health providers continue to be explored, CITs' appreciation for collaboration during their P&I training illustrates the justification in continued practice among other professionals.

Development and Growth. The final meta-theme involved participants' identification of ways their personal and professional development shifted during P&I. Participants all confirmed growth through not only their clinical experience but also through other personal stressors simultaneously occurring at the end of their master's programs. Four subthemes support this identification of development and growth: 1) identity influences, 2) importance of support, 3) self-identified development, and 4) self-perceived preparation.

Identity Influences. Participants reported differing factors, including age, race, marital status, and personality traits, that influenced their perception of P&I in an IBH setting during the pandemic. The pandemic presented concerns about xenophobia and discrimination pertaining to Asians and Asian Americans and Pacific Islanders (AAPI), which led to hostility in some settings, including healthcare settings (Litam, Oh, & Chang, 2021). Turner et al. (1987) described functional responses where individuals' categorization of their personal identity leads to social groupings as a further transformation of identity. Three participants reported how their racial identity influenced work with clients/patients on site and resulted in further connection with medical staff or clients of the same racial or ethnic identities, especially during a time of

adjustment to the COVID-19 pandemic. Participants, however, denied any presence of countertransference, where clients' similarities summon unconscious or unresolved conflicts from the counselor (Hayes et al., 2011). On the other hand, participants described discomfort working with clients/patients whose ages drastically differed from their own. Previous research with CITs expands on the importance of exposure to client backgrounds different from the CIT's as exposure can lead to reduced biases and increased appreciation for varying populations (Storlie et al., 2017). CITs' identity influences, thus, contributed to their professional growth during P&I and presented opportunities for continued application with different populations.

Importance of Support. An overarching factor discussed by participants involved the importance of both professional and personal support during their P&I. All eight participants reflected on their supervision experiences as integral to navigating P&I, especially in a non-traditional setting. While site supervision is required through all semesters of clinical experience per CACREP standards, practicum students must additionally receive a university supervisor, who is often a doctoral student in counselor education and supervision (CACREP, 2024; Richmond et al., 2021). Literature supports the use of supervision as professional support for CITs beginning their clinical experience (Howard et al., 2006). Some participants in this study expressed concerns about having limited access to their supervisors during P&I, particularly when working in a busy integrated setting. Previous research documents similar responses from CITs who reported the perception of decreased access to a site supervisor during their internship semesters (Storlie et al., 2017). Participants reported that the limits in site supervision also translated to limits in faculty support since courses transitioned to an online or hybrid format for a portion of their master's programs. Gay and Swank (2021) confirmed the importance of CITs'

trust in faculty to provide support especially during stressful times in their programs and that the connection's interruption due to COVID-19 protocols could be discouraging.

Personal support's impact (e.g., outside of supervision or program faculty) emerged among this study's participants as well. Literature supports CITs' integration of social support during P&I and describes it as a protective factor against negative coping responses, such as vicarious traumatization (Foreman et al., 2020). Seeking peer support or other interpersonal resources helps promote professional development and growth as CITs acclimate to new settings and program demands (Lee et al., 2018; Um & Bardhoshi, 2022). CITs would then benefit from continued encouragement to seek their own support and resources during crucial times of their training, such as P&I.

Self-identified Development. Participants verbalized indicators of their own development from the time they started as practicum students to when they concluded their master's programs. Examples of this self-identified development involved gaining a sense of confidence with attending to busy settings during the pandemic and acclimating to the role of a professional counselor in an integrated setting. While participants did not directly assign labels to their development, Lambert and Lawson's (2011) study exploring resilience among counselors working with individuals impacted by two natural disasters (e.g., Hurricanes Katrina and Rita) reported that counselors' balancing of occupational demands and personal stressors resulted in resilience. This study's participants narrated their experiences learning and working within integrated settings while also facing the interruptions associated with COVID-19, which blends with the concept of resilience as evidenced by *how* they developed, rather than *what* they developed (Hou & Skovholt, 2020). Further discussion on CITs' self-identified development would offer validation to the ways in which they addressed challenges and sought balance.

Self-perceived Preparation. This final subtheme encompasses participants' perceived lack of preparation for navigating IBH settings and deciphering how to use learned clinical skills with diverse populations facing COVID-19 related stress. Hands-on preparation occurred in real time at CITs' sites and during group supervision with internship professors, which aligns with Storlie et al.'s (2017) conclusions about CITs' growth during internship supervision. Supervision emerged in this study as a source of consultation for trainees facing many presenting concerns within their settings, such as loss and trauma. Richmond et al. (2017) acknowledged the increased need for supervisory support and preparation that attends to CITs' sense of self and professional competencies in core standards. By improving the working supervisory alliance, CITs reported meaningful growth and preparedness for both clients' presenting concerns and trainees' own concerns (Storlie et al., 2017). CITs' perceived lack of preparation for the clinical experience of P&I emphasizes the need for increased attention to program curriculum and integration of trauma-related concerns.

Applications for Clinical Practice and Counselor Education

Multiple implications related to counseling, counselor education, and supervision practice emerged from this study. This section integrates the importance of this study's findings with current literature and counseling practice.

Aftermath of COVID-19 Pandemic

While variants of the COVID-19 virus still exist and cause infection, access to vaccines and preventive care provide protections that were previously unavailable during the first year of the pandemic. As of March 3, 2024, the World Health Organization reported approximately 1,200,000 COVID-related deaths in the United States, with over seven million COVID-related deaths worldwide. The impacts of COVID-19 continue to be explored as evidenced by studies

investigating impacts on education's shift both to virtual modalities and the return to in-person learning (Li & Su, 2021; Neuwirth et al., 2021). The implications for mental health counseling and counselor education continue to unfold and include the conceptualization of collective trauma. This study's results specifically emphasize the impact of grief and loss among clients served in IBH settings as evidenced by shifts in visitor policies at healthcare settings, social distancing protocols, and death ritual adjustments (e.g., funerals) to name a few.

Collective trauma currently impacts most CITs due to clients/patients reflecting on their unique losses and stressors related to COVID-19. Richmond et al. (2021) discussed the competency involved with grief, loss, and trauma, specifically indicating an increased need for training in these areas as COVID-19 continues to be processed. Participants in this dissertation study limitedly reported their working with clients who experienced loss, and participants more frequently chose to discuss their own fears or losses during P&I, as evidenced by fear of infecting others or processing a family member's death. Participants also chose to describe limited faculty and program support as it related to facing personal and professional challenges during the COVID-19 pandemic. Research indicates that counseling faculty simultaneously navigated their own challenges and traumas while trying to support CITs during COVID-19 (Cordaro et al., 2020). The gap in perceived support by the participants shows the need for CITs to see both themselves and faculty as survivors of collective trauma rather than working against one another during a time of change.

While experts report fewer odds of another pandemic occurring within the next few years, collective trauma continues to impact in the form of war, political unrest, environmental issues, and housing crises (Watson et al., 2020). The limited attention to these aspects of participants' experiences highlight a greater call for addressing the impacts of trauma and loss

within counselor education and supervision. Participants acknowledged exposure to loss and death at their integrated sites, yet the focus continued to involve ambiguity of changing roles and protocol with COVID-19. The aftermath of the COVID-19 pandemic carries implications in that thousands of healthcare professionals exited the field, education professionals described lack of resources to meet all students' needs, and mental health professionals reported extreme vicarious trauma (Neuwirth et al., 2021; Wu et al., 2020). Harrichand et al. (2021) called for continued remembrance of COVID-19's social and environmental impacts and for counselor educators to "infuse" wellness into both personal practice and curriculum as needed. By continuous, intentional acknowledgement of the pandemic and its collective trauma implications, trainees and counselor educators will be better informed about unique needs and coping responses to other forms of grief or loss.

Need for Increased Awareness of Coping Responses

Literature prior to COVID-19 emphasized the presence of challenges faced by mental health counselors, including demanding work environments, exposure to trauma, and emotional toll of caring for others (Halevi & Idisis, 2018; Lambert & Lawson, 2011; Maslach et al., 2001; Yang & Hayes, 2020). This dissertation study sought to understand specific participant responses as they embarked on P&I during the COVID-19 pandemic and in an integrated, non-traditional setting. However, participants frequently reflected on their perceptions of both what they developed (e.g., confidence) and also what may have been missing during their programs (e.g., program support) rather than coping responses, such as burnout (BO), vicarious traumatization (VT), compassion fatigue (CF), or posttraumatic growth (PTG). Coding indicated limited participant self-awareness of the aforementioned possible coping responses, which demonstrates that participants may have lacked coping strategies as it pertains to program stress during their

P&I. What emerged instead involved participants actively seeking individualized support from supervisors and peers as a form of coping with site expectations, program challenges, and personal functioning during the pandemic.

CITs hold responsibility for managing stressors and seeking support during their programs as means of preventing impairment, per the American Counseling Association code of ethics (ACA, 2014). Research also emphasizes reasons for CITs needing to actively seek support from personal and professional avenues as they progress through their training programs due to reduced oversight and increased responsibilities as CITs enter their clinical experience of P&I (Baker, 2012; Can & Watson, 2019; Cook et al., 2021; Lee et al., 2018; Um & Bardhoshi, 2022). Based on the research and participants' results, the implications suggest future training to inform CITs, program faculty, and supervisors the importance of offering and seeking support, whether modalities for learning occur in person or virtually. Harrichand et al.'s (2021) research suggests that CACREP core standards (e.g., Section 2.F.1-7) can encompass "wellness" components where CITs create self-care plans, identify relevant research demonstrating wellness, and apply research to groups disproportionately impacted by barriers to wellness. Involving seasoned practitioners and supervisors offers opportunity to aid CITs in gaining preparedness and self-awareness since CITs developmentally show limited awareness compared to professional, seasoned counselors.

Educating CITs about possible coping responses present both in the literature and in practice provides preventive measures to protect CITs from warning signs of exhaustion, vicarious trauma, or fatigue. Similarly, faculty and supervisors' coping responses, including their own perception of seeking support, are important as these leaders mirror ways of navigating change and challenges (Woo et al., 2022). Participants' limited awareness of their supervisors' or

faculty's own coping emerged through the results as CITs reported needing more individualized faculty support, especially as some courses continued in a virtual format with limited office hours or times to meet. While participants described increased accessibility to seek support from clinical supervisors, faculty may have held limited resources to provide additional support as they did not experience the same challenges in the clinical realm. Taking time for faculty and supervisors to authentically address coping responses within the core CACREP standards offers possibilities of reducing or preventing negative coping responses among future cohorts of CITs.

Preparation for Practice in Integrated Behavioral Healthcare

The incorporation of IBH sites for counseling P&I experiences continues to make impacts as access to holistic care increases for diverse populations. The types of holistic care range from 1) coordinated care, where separate facilities (e.g., mental health and primary care) have occasional communication, 2) co-located care, where varied professionals work in the same space and regularly communicate, and 3) integrated care, where all aspects of care are shared, including software systems, and function as a systemic unit (Putney et al., 2017). All eight participants (N=8) for this study identified their P&I sites as integrated and reflected on the implications of acclimating to that environment. Despite the excitement of learning a new role and utilizing unique skills, participants identified a lapse in perceived preparedness to enter these IBH sites.

CITs entering IBH settings during COVID-19 faced even more challenges as compared to cohorts prior as evidenced by exposure to death and trauma, learning social distancing protocols, and providing increased support due to changing policies (Suarez et al., 2022). While some participants described taking an elective class covering concepts of IBH for specific populations (e.g., children or geriatric populations), the lack of perceived preparation shows

lapses in core coursework. CACREP's 2024 standards describe the importance of trainees learning about varied roles within interprofessional practice per Section 3.A.3., and IBH settings are included as practice areas in Section 5.C.2. Counselor educators, then, hold an important role in teaching CITs the multitude of roles and responsibilities within varied practice areas.

However, creating an IBH course that encompasses the history, responsibilities, skills, and competencies would offer CITs an increased form of preparation unique to the integrated sites for P&I. Involving professional clinicians and supervisors versed in IBH settings offers CITs connection to the workplace rather than their inconsistent adjustment to the new settings.

Considering the gravity of work done in IBH settings, increased preparation continues to be an implication and suggestion within counseling programs (Dice et al., 2022; Li et al., 2022). Training and grants provide tailored attention to the specific needs of IBH while allowing CITs to choose this area as a speciality rather than selecting the site out of convenience or influence. Counselor educators with interests or experience in IBH settings serve as strengths within counseling programs and can model collaboration throughout other departments (e.g., health sciences, psychology, etc.) as well when creating individualized coursework or training. Program evaluations within IBH coursework and training offer accountability for the mission being addressed and to ensure confidence in what CITs take to the field during and post P&I.

Limitations

While qualitative research offers opportunities for participants' unique narratives to be emphasized, limitations exist related to sampling and biases (Creswell & Poth, 2018; Hays & Singh, 2012). The researcher utilized purposeful sampling as means of intentionally recruiting participants whose experiences aligned with the phenomenon being studied. This "intentional process" of purposeful sampling negates generalizability, which is optimal since generalizability

is not a goal of qualitative research (Flamez et al., 2017, p.166). This study's sample included a majority (N=7) cisgender female participants, which can be representative of clinical mental health programs where female identities are prevalent (Thompson et al., 2011; Um & Bardhoshi, 2021). While the researcher invited and received declines for other participants who may have identified as male or other gender identities, including a varied sample of gender identities could have influenced the results of this study.

The researcher also acknowledges that the participants purposefully selected represent only one geographic area, which is a metropolitan area in the southeast United States. Considerable differences could have emerged within the data if participants completed P&I in another geographic area, such as an urban location like New York City, where individuals faced some of the worst impacts of COVID-19. Similarly, results would have differed should the researcher have sampled participants in a rural area where IBH care is limited. Despite the limited representation of geographic areas, the results provided insight to experiences faced in a metropolitan area where IBH continues to grow and be utilized in both inpatient and outpatient settings.

Limitations of bias emerged in this dissertation study as well, as evidenced by possible recall bias due to participants reflecting on the phenomenon (e.g., P&I during COVID-19) that occurred several months or even one to two years prior to the data collection, depending on the participant. Participants could have omitted some of the details due to underestimation of their experiences as they reflected on the phenomenon rather than recalling while it happened (Althubaiti, 2016). Another possible bias involves social desirability bias, where participants answer questions in a way that they perceive as more desirable as means of avoiding judgment or misalignment with their values (Althubaiti, 2016). Participants reported areas in which they

believed their experiences could have been enhanced, such as needing additional support during challenges of P&I, which indicates that some participants answered in a way that does not reinforce the status quo (e.g., stating that nothing needed to change from their experience). To counteract any possible social desirability bias, the researcher assured participants that their identities would be protected through use of pseudonyms and that data was confidentially handled throughout analysis and dissemination.

A final possible limitation pertains to a trustworthiness strategy of member checking where the researcher invited participants to complete the virtual focus group after individual interviews were completed. While all participants completed the first round of member checking and confirmed the transcriptions and accuracy of what was documented, only two participants consented to the virtual focus group, which limited additional member checking (Flamez et al., 2017; Mayan, 2023). The researcher treated the focus group as an opportunity for the two participants to further reflect on the codes developed and to elaborate on any information that they deemed appropriate to the study. The researcher treated this focus group as not containing any new information contributing to the metathemes and instead utilized it to support subthemes that already emerged from the individual interviews. A possible way to counteract this future limitation would be to involve another method of data triangulation, such as observation of participants in their work setting or having them complete a reflective journal documenting about specific prompts or beliefs.

Recommendations for Future Research

This dissertation study offers multiple avenues for future research. As the aftermath of the COVID-19 pandemic continues to be explored, CITs' and counselor educators' experiences provide insight to the challenges faced during an unprecedented time. Additionally, the increased

connection of CITs to IBH settings shows growth in holistic care between general practitioners and mental health providers. This study's results highlighted participants' positive reflections and appreciation of IBH settings yet simultaneously noted shortcomings of completing P&I during the pandemic. With participants reporting IBH experience at both inpatient and outpatient modalities, research may limit one treatment setting per study as means of utilizing more specific interview questions and prompts. Due to participants in this study reporting limited self-perceived preparation entering the IBH setting, future research investigating training programs and revised coursework is needed. Although some programs offering IBH electives or grants exist (Dice et al., 2022), additional program evaluation and curriculum development provide opportunities for continued growth and preparation for CITs entering the field.

Other areas for future research include learning more about specific types of coping responses among CITs, such as quantitative research exploring VT, BO, PTG, or CF. Various quantitative measures, such as the Professional Quality of Life Scale (ProQOL-5) measuring for burnout (Stamm, 2010), or the PTG Inventory assessing positive outcomes gained (Tedeschi & Calhoun, 2004), could offer CITs a more private means of reporting their unique coping experiences as opposed to sharing them within an individual semi-structured interview. Similarly, additional research investigating counselor educators' and supervisors' perceptions of navigating COVID-19 offers insight into what revisions may be needed to support their self-care practices, see what coping responses exist among faculty, or to begin providing additional professional support for faculty and supervisors. Findings of these quantitative studies could then spark additional research studies surveying CITs' perception of competence in processing grief and loss with clients, which continues to impact clients despite the decline in COVID-19 positive cases or deaths (Richmond et al., 2021). The exploration of coping, grief, and loss then prepares

CITs and licensure-seeking counselors for continued work and competency with collective traumas as a standard treatment modality continues to be lacking among clinicians.

Finally, the study's results call attention to the value of perceived support and guidance during CITs' clinical training experiences, and it may be beneficial to explore licensed counselors' perceptions of support needed after graduating from their CACREP programs. While participants in this study described limited support received, literature supports that seasoned counselors become increasingly comfortable differentiating themselves by seeking guidance, consultation, and personal support throughout their immersion to the clinical setting (Halevi & Idisis, 2017). Qualitative research investigating the differences among counselor trainees, pre-licensed professionals, and licensed professionals' conceptualization of and plan for seeking support would supplement the gap in literature exploring and comparing these niches of professionals. With the variables of recovering from the COVID-19 pandemic, continued political unrest, and worsening environmental crises, future research encourages increased understanding of current functioning and means of enhancing functioning for clinicians in a variety of settings.

References

- Aafjes-van Doorn, K., Bekes, V., Luo, X., Prout, T.A., & Hoffman, L. (2022). Therapists' resilience and posttraumatic growth during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, *14*(1), 165-173.
<https://doi.org/10.1037/tra0001097>
- Agency for Healthcare Research and Quality. (n.d.). *What is Integrated Behavioral Health?*
<https://integrationacademy.ahrq.gov/about/integrated-behavioral-health>
- Althubaiti, A. (2016). Information bias in health research: Definition, pitfalls, and adjustment methods. *Journal of Multidisciplinary Healthcare*, *9*, 211-217.
<https://doi.org/10.2147/JMDH.S104807>
- American Counseling Association. (2014). *ACA code of ethics*.
https://www.counseling.org/docs/default-source/default-document-library/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=55ab73d0_1
- Baker, A.A. (2012). Training the resilient psychotherapist: What graduate students need to know about vicarious traumatization. *Journal of Social, Behavioral, and Health Sciences*, *6*(1), 1-12. <https://doi.org/10.5590/JSBHS.2012.06.1.01>
- Barrot, J.S., Llenares, I.I., & del Rosario, L.S. (2021). Students' online learning challenges during the pandemic and how they cope with them: The case of the Philippines. *Education and Information Technologies*, *26*(6), 7321-7338.
<https://doi.org/10.1007/s10639-021-10589-x>
- Bernard, H.R., & Ryan, G.W. (2010). *Analyzing qualitative data*. Sage Publications.

- Can, N., & Watson, J.C. (2019). Individual and relational predictors of compassion fatigue among counselors-in-training. *The Professional Counselor*, 9(4), 285-297.
<https://doi.org/10.15241/nc.9.4.285>
- Centers for Disease Control and Prevention (2022). *CDC COVID data tracker: Maps, charts, and data provided by the CDC*. <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>
- Centers for Disease Control and Prevention (2022). *CDC museum COVID-19 timeline*.
<https://www.cdc.gov/museum/timeline/covid19.html>
- Centers for Disease Control and Prevention (2024). *Symptoms of COVID-19*.
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Chen, S., Li, F., Lin, C., Han, Y., Nie, X., Portnoy, R.N., & Qiao, Z. (2020). Challenges and recommendations for mental health providers during the COVID-19 pandemic: The experience of China's first university-based mental health team. *Globalization and Health*, 16(1), 59-59. <https://doi.org/10.1186/s12992-020-00591-2>
- Cook, R.M., Fye, H.J., & Wind, S.A. (2021). An examination of the Counselor Burnout Inventory using item response theory in early career post-master's counselors. *Measurement and Evaluation in Counseling and Development*, 54(4), 233-250.
<https://doi.org/10.1080/07481756.2020.1827439>
- Cordaro, M. (2020). Pouring from an empty cup: The case for compassion fatigue in higher education. *Building Healthy Academic Communities Journal*, 4(2).
<https://doi.org/10.18061/bhac.v4i2.7618>
- Council for Accreditation of Counseling and Related Educational Programs. (2023). *2016 CACREP standards*. <https://www.cacrep.org/for-programs/2016-cacrep-standards/>

- Council for Accreditation of Counseling and Related Educational Programs. (2024). 2024 CACREP standards. <https://www.cacrep.org/for-programs/2024-cacrep-standards/>
- Creswell, J.W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Sage.
- Creswell, J.W., & Poth, C.N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Sage.
- Dahlberg, K. (2006). The essence of essences: The search for meaning structures in phenomenological analysis of lifeworld phenomena. *International Journal of Qualitative Studies on Health and Wellbeing*, 1, 11-19. <https://doi.org/10.1080/17482620500478405>
- Dailey, S.F., Parker, M.M., & Campbell, A. (2023). Social connectedness, mindfulness, and coping as protective factors during the COVID-19 pandemic. *Journal of Counseling and Development*, 101(1), 114-126. <https://doi.org/10.1002/jcad.12450>
- Dice, T.F., Dice, T., & Rehfuss, M.R. (2022). A qualitative study of perceptions and attitudes of counselor trainees and other health professionals about including counselors on integrated care teams. *Journal of Health and Human Services Administration*, 45(1), 1-23. <https://doi.org/10.37808/jhhsa.45.1.1>
- Dunford, D., Dale, B., Stylianou, N., Lowther, E., Ahmed, M., & de la Torre Arenas, I. (2020, April 7). Coronavirus: The world in lockdown in maps and charts. *BBC News*. <https://www.bbc.com/news/world-52103747>
- Flamez, B., Lenz, A.S., Balkan, R.S., & Smith, R.L. (2017). *A counselor's guide to the dissertation process: Where to start and how to finish*. American Counseling Association.

- Foreman, T. (2018). Wellness, exposure to trauma, and vicarious traumatization: A pilot study. *Journal of Mental Health Counseling, 40*(2), 142-155.
<https://doi.org/10.17744mehc.40.2.04>
- Foreman, T., Tangen, J., Fickling, M., & Wester, K.L. (2020). The impact of trauma exposure: Vicarious traumatization and posttraumatic growth among counselor trainees. *Journal of Counselor Practice, 11*(2), 21-43. <https://doi.org/10.22229/tio1122020>
- Fuenfhausen, K.K., & Cashwell, C.S. (2013). Attachment, stress, dyadic coping, and marital satisfaction of counseling graduate students. *The Family Journal: Counseling and Therapy for Couples and Families, 21*(4), 364-370.
<https://doi.org/10.1177/1066480713488523>
- Gay, J.L., & Swank, J.M. (2021). School counselor educators' experiences navigating practicum and internship during COVID-19. *Counselor Education & Supervision, 60*(4), 291-305.
<https://doi.org/10.1002/ceas.12217>
- Glesne, C. (2016). *Becoming qualitative researchers: An introduction* (5th ed.). Pearson.
- Glueck, B. (2015). Roles, attitudes, and training needs of behavioral health clinicians in integrated primary care. *Journal of Mental Health Counseling, 37*(2), 175-188.
<https://doi.org/10.17744/mehc.37.2.p84818638n07447r>
- Guba, E.G., & Lincoln, Y.S. (1989). *Fourth generation evaluation*. Sage Publications Inc.
- Halevi, E., & Idisis, Y. (2018). Who helps the helper? Differentiation of self as an indicator for resisting vicarious traumatization. *Psychological Trauma: Theory, Research, Practice, and Policy, 10*(6), 698-705. <https://doi.org/10.1037/tra0000318>
- Harrichand, J.J.S., Litam, S.D.A., & Ausloos, C.D. (2021). Infusing self-care and wellness into CACREP curricula: Pedagogical recommendations for counselor educators and

- counselors during COVID-19. *International Journal for the Advancement of Counselling*, 43, 372-385. <https://doi.org/10.1007/s10447-021-09423-3>
- Hayes, J.A., Gelso, C.J., & Hummel, A.M. (2011). Managing countertransference. *Psychotherapy*, 48(1), 88-97. <https://doi.org/10.1037/a0022182>
- Hays, D.G., & Singh, A.A. (2012). *Qualitative inquiry in clinical and educational settings*. The Guilford Press.
- Health Resources & Services Administration. (n.d.). *Health professions training programs*. <https://data.hrsa.gov/topics/health-workforce/training-programs>
- Hess, A.J. (2020, March 26). *How coronavirus drastically changed college for over 14 million students*. CNBC. <https://www.cnbc.com/2020/03/26/how-coronavirus-changed-college-for-over-14-million-students.html>
- Hew, K.F., Jia, C., Gonda, D.E., & Bai, S. (2020). Transitioning to the “new normal” of learning in unprecedented times: pedagogical practices and learning performance in *fully online* flipped classrooms. *International Journal of Educational Technology in Higher Education*, 17(57). <https://doi.org/10.1186/s41239-020-00234-x>
- Hou, J., & Skohvolt, T.M. (2020). Characteristics of highly resilient therapists. *Journal of Counseling Psychology*, 67(3), 386-400. <https://doi.org/10.1037/cou0000401>
- Howard, E.E., Inman, A.G., & Altman, A.N. (2006). Critical incidents among novice counselor trainees. *Counselor Education & Supervision*, 46(2), 88-102. <https://doi.org/10.1002/j.1556-6978.2006.tb00015.x>
- Lambert, S.F., & Lawson, G. (2013). Resilience of professional counselors following hurricanes Katrina and Rita. *Journal of Counseling and Development*, 91(3), 261-268. <https://doi.org/10.1002/j.1556-6676.2013.00094.x>

- Lawson, G., Venart, E., Hazler, R.J., & Kottler, J.A. (2007). Toward a culture of counselor wellness. *Journal of Humanistic Counseling, Education and Development*, 46(1), 5-19. <https://doi.org/10.1002/j.2161-1939.2007.tb00022.x>
- Lee, I., Bardhoshi, G., Yoon, E., Sandersfeld, T., Rush, R.D., & Priest, J.B. (2018). Attributional style and burnout of counselors-in-training. *Counselor Education and Supervision*, 57(4), 285-300. <https://doi.org/10.1002/ceas.12117>
- Lenz, A.S., Dell'Aquila, J., & Balkin, R.S. (2018). Effectiveness of integrated primary and behavioral healthcare. *Journal of Mental Health Counseling*, 40(3), 249-265. <https://doi.org/10.17744/mehc.40.3.06>
- Lenz, A.S., & Watson, J.C. (2022) A mixed methods evaluation of an integrated primary and behavioral health training program for counseling students. *Counseling Outcome Research and Evaluation*, 1-15. <https://doi.org/10.1080/21501378.2022.2063713>
- Leong, F. T. (2008). Constructivist theory. In F.T. Leong (Ed.) *Encyclopedia of Counseling*. SAGE Publications. <https://doi.org/10.4135/9781412963978>
- Li, C., Zhu, P., & Loveless, C. (2022). Counselors' challenging experience in integrated behavioral healthcare: A qualitative exploration. *Counselor Education and Supervision*, 62(1), 80-92. <https://doi.org/10.1002/ceas.12258>
- Li, D., & Su, Y-W. (2021). Online teaching and learning in counselor education: A 23-year content analysis. *Counselor Education & Supervision*, 60(4), 316-330. <https://doi.org/10.1002/ceas.12219>
- Litam, S.D.A., Ausloos, C.D., & Harrichand, J.J.S. (2021). Stress and resilience among professional counselors during the COVID-19 pandemic. *Journal of Counseling and Development*, 99(4), 384-395. <https://doi.org/10.1002/jcad.12391>

- Litam, S.D.A., Oh, S., & Chang, C. (2021). Resilience and coping as moderators of stress-related growth in Asians and AAPIs during COVID-19. *The Professional Counselor, 11*(2), 248-266. <https://doi.org/10.15241/sdal.11.2.248>
- Maheu, M.M., Pulier, M.L., McMenamin, J.P., & Posen, L. (2012). Future of telepsychology, telehealth, and various technologies in psychological research and practice. *Professional Psychology: Research and Practice, 43*(6), 613-621. <https://doi.org/10.1037/a0029458>
- Maltzman, S. (2011). An organizational self-care model: Practical suggestions for development and implementation. *The Counseling Psychologist, 39*(2), 303-319. <https://doi.org/10.1177/0011000010381790>
- Maslach, C., Schaufeli, W.B., & Leiter, M.P. (2001). Job burnout. *Annual Review of Psychology, 52*(1), 397-422. <https://doi.org/10.1146/annurev.psych.52.1.397>
- Mayan, M.J. (2023). *Essentials of Qualitative Inquiry* (2nd ed.). Routledge.
- McCann, I.L., & Pearlman, L.A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*(1), 131-149. <https://doi.org/10.1007/BF00975140>
- Menschner, C., & Maul, A. (2016). *Key ingredients for successful trauma-informed care implementation*. Center for Health Care Strategies, Inc. https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf
- Moustakas, C.E. (1994). *Phenomenological research methods*. SAGE Publications, Inc.
- Neuwirth, L.S., Jovic, S., Mukherji, B.R. (2021). Reimagining higher education during and post-COVID-19: Challenges and opportunities. *Journal of Adult and Continuing Education, 27*(2), 141-156. <https://doi.org/10.1177/1477971420947738>

- Park, K. (2020). *Mental health counselors' perceptions on preparedness in integrated behavioral healthcare in underserved areas* [Doctoral dissertation, Old Dominion University]. ProQuest Dissertations and Theses Global. <https://doi.org/10.25777/0w74-6y16>
- Parvar, S.Y., Ghamari, N., Pezeshkian, F., & Shahriarirad, R. (2021). Prevalence of anxiety, depression, stress, and perceived stress and their relation with resilience during the COVID-19 pandemic, a cross-sectional study. *Health Science Reports*, 5(1), 460. <https://doi.org/10.1002/hsr2.460>
- Peng, D., Wang, Z., & Xu, Y. (2020). Challenges and opportunities in mental health services during the COVID-19 pandemic. *General Psychiatry*, 33(5), 100275. <https://doi.org/10.1136/gpsych-2020-100275>
- Pierce, L.M. (2016). Overwhelmed with the burden of being myself: A phenomenological exploration of the existential experiences of counselors-in-training. *Journal of Humanistic Counseling*, 55(2), 136-150. <https://doi.org/10.1002/johc.12030>
- Putney, J.M., Sankar, S., Harriman, K. K., McManama O'Brien, K.H., Robinson, D.S., & Hecker, S. (2017). An innovative behavioral health workforce initiative: Keeping pace with an emerging model of care. *Journal of Social Work Education*, 53(1), 5-16. <https://doi.org/10.1080/10437797.2017.1326329>
- Quezada, R.L., Talbot, C., Quezada-Parker, K.B. (2020). From bricks and mortar to remote teaching: a teacher education program's response to COVID-19. *Journal of Education for Teaching*, 46(4), 472-483. <https://doi.org/10.1080/02607476.2020.1801330>
- Raja, S., Hasnain, M., Hoersch, M., Gove-Yin, S., & Rajagopalan, C. (2015). Trauma informed care in medicine. *Family Community Health*, 38(3), 216-226. <https://doi.org/10.1097/fch0000000000000071>

- Richmond, S.G., Samuels, A.M., & Crunk, A.E. (2021). Vicarious grief in supervision: Considerations for doctoral students supervising counselors-in-training. *The Professional Counselor, 11*(2), 161-172. <https://doi.org/10.15241/sgr.11.2.161>
- Robertson, H.C., & Lowell, R. (2021). Counselor educator, supervisor, and practitioner perspectives on distance counseling and telemental health training and practice. *The Journal of Counselor Preparation and Supervision, 14*(3).
- Romeo, A., Benfante, A., Castelli, L., & Di Tella, M. (2021). Psychological distress among Italian university students compared to general workers during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health, 18*(5), 2503. <https://doi.org/10.3390/ijerph18052503>
- Schwandt, T.A. (2007). *The SAGE dictionary of qualitative inquiry* (3rd ed.). Sage Publications Inc.
- Sprang, G., Clark, J.J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of Loss and Trauma, 12*(3), 259-280. <https://doi.org/10.1080/15325020701238093>
- Stamm, B. H. (2010). *The concise ProQOL manual* (2nd ed.). ProQOL. <https://proqol.org/>
- Storlie, C.A., Baltrinic, E.R., Mostade, S.J., & Darby, T. (2017). Professional functioning: Exploring developmental narratives of counselor trainees. *Counselor Education & Supervision, 56*(3), 225-240. <https://doi.org/10.1002/ceas.12074>
- Suarez, A.L., Elliott, A., Behrend, B.A., & Carver, C.L. (2022). The effects of COVID-19 on counselor-in-training resilience: A case study. *Journal of Counselor Preparation and Supervision, 15*(2), 19. <https://digitalcommons.sacredheart.edu/jcps/vol15/iss2/19>

Substance Abuse and Mental Health Services Administration - Health Resources and Services

Administration. (n.d.). *Standard framework for levels of integrated healthcare*.

<https://www.hrsa.gov/behavioral-health/standard-framework-levels-integrated-healthcare>

Substance Abuse and Mental Health Services Administration. (n.d.). *SAMHSA - Behavioral*

health integration. [https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-](https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf)

[integration.pdf](https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf)

Taylor, D.B. (2021, March 17). A timeline of the Coronavirus pandemic. *The New York Times*.

<https://www.nytimes.com/article/coronavirus-timeline.html>

Tedeschi, R.G., & Calhoun, L.G. (2004). Posttraumatic growth: Conceptual foundations and

empirical evidence. *Psychological Inquiry*, *15*(1), 1-18.

https://doi.org/10.1207/s15327965pli1501_01

Tedeschi, R.G., Shakespeare-Finch, J., Taku, K., & Calhoun, L.G. (2018). *Posttraumatic*

growth: Theory, research, and applications. Routledge.

Thomas, L.E., Emich, A., Weiss, E., Zisman, C., Foray, K., Roberts, D.M., Page, E., & Ernst, M.

(2022). Examination of the COVID-19 pandemic's impact on mental health from three

perspectives: Global, social, and individual. *Perspectives on Psychological Science*,

18(2), 513-526. <https://doi.org/10.1177/17456916221078310>

Thompson, E.H. Frick, M.H., & Trice-Black, S. (2011). Counselor-in-training perceptions of

supervision practices related to self-care and burnout. *The Professional Counselor*, *1*(3),

152-162. <https://doi.org/10.15241/ehf.1.3.152>

Tosone, C., Bauwens, J., & Glassman, M. (2016). The Shared Traumatic and Professional

Growth Inventory. *Research on Social Work Practice*, *26*(3), 286-294.

<https://doi.org/10.1177/1049731514549814>

- Trippany, R.L., White Kress, V.E., & Wilcoxon, S.A. (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling & Development, 82*(1), 31-37. <https://doi.org/10.1002/j.1556-6678.2004.tb00283.x>
- Um, B., & Bardhoshi, G. (2022). Demands, resources, meaningful work, and burnout of counselors-in-training. *Counselor Education & Supervision, 61*(2), 160-173. <https://doi.org/10.1002/ceas.12232>
- Urkmez, B., Pinkney, C., Amparbeng, D.B., Gunawan, N., Isiko, J.O., Tomlinson, B., & Bhat, C.S. (2021). Experience of graduate counseling students during COVID-19: Application for group counseling training. *The Professional Counselor, 11*(4), 475-492. <https://doi.org/10.15241/bu.11.4.475>
- U.S. Department of Health and Human Services. (2023, December 15). *COVID-19 public health emergency*. <https://www.hhs.gov/coronavirus/covid-19-public-health-emergency/index.html>
- Watson, M.F., Bacigalupe, G., Han, W-J., & Parra-Cardona, R. (2020). COVID-19 and interconnectedness: Health inequity, the climate crisis, and collective trauma. *Family Process, 59*(3), 832-846. <https://doi.org/10.1111.famp.12572>
- Woo, H., Lu, J., & Storlie, C.A. (2022). Burnout and scholarly productivity among junior counseling faculty: Mentoring as a moderator. *Journal of Employment Counseling, 59*(4), 179-188. <https://doi.org/10.1002/joec.12188>
- Wu, P.E., Styra, R., & Gold, W.L. (2020). Mitigating the psychological effects of COVID-19 on health care workers. *Canadian Medical Association Journal, 192*(17), 459-460. <https://doi.org/10.1503/cmaj.200519>

Yang, Y, & Hayes, J.A. (2020). Causes and consequences of burnout among mental health professionals: A practice-oriented review of recent empirical literature. *Psychotherapy*, 57(3), 426-436. <http://dx.doi.org/10.1037/pst0000317>

Appendix A

Informed Consent

Study title:

The Lived Experiences of Counselors-in-Training Completing Practicum and Internship in IBH Settings during COVID-19

Study Description:

Research studies prior to the pandemic have explored how counselors-in-training experience outcomes such as vicarious traumatization and burnout during their graduate training programs. Previous studies also examined how licensed counselors or novice counselors still receiving supervision experience these constructs after graduate training. However, limited information exists regarding counselors-in-training completing their clinical hours during the COVID-19 pandemic, especially at different types of clinical sites (e.g., hospitals, inpatient behavioral health treatment centers, substance use clinics, etc.). The aforementioned types of clinical sites coincide with integrated behavioral healthcare, which is defined as holistic care that addresses individuals wellbeing by caring for their physical and behavioral health concerns.

This study has been approved by the Old Dominion University Institutional Review Board (IRB #2054833-1) and seeks to explore how counselors-in-training experienced their clinical experience of practicum and/or internship in an integrated behavioral health setting during the COVID-19 pandemic. By learning about these training experiences, additional means of support can be implemented for counselors-in-training and can inform how clinical competencies are taught to future counselors-in-training.

Project Investigators:

Principal Investigator: Jeffrey Moe, PhD, LPC, NCC, CCMHC, is an associate professor in Counselor Education and Supervision at Old Dominion University and is serving as the principal investigator of this project.

Other Researcher: Shelby Dillingham, M.S.Ed., Resident in Counseling (VA), is a doctoral candidate in Counselor Education and Supervision at Old Dominion University. This qualitative study is part of her doctoral dissertation.

Participation Process:

Participants in this study will complete an individual, virtual interview that is expected to last approximately 45 minutes in addition to a focus group to be scheduled for a later date. The start of the individual interview will include asking participants basic demographic questions before then asking about participants' specific experiences completing their practicum and/or internship at an integrated behavioral healthcare setting during the COVID-19 pandemic. The researcher will have all interviews professionally transcribed and will send participants their transcripts to verify content. The researcher will then invite all participants to complete the next phase of data collection, which includes an online focus group that will last approximately 90 minutes and cover three semi-structured interview questions. This focus group will provide a space for the participants to engage in discussion about their unique experiences in IBH settings during the pandemic and to reflect on how these experiences influenced their clinical training.

Risks and Benefits:

It is important that you know about the potential risks and benefits of participation. Specifically, the individual interview and focus group will involve discussing and reflecting on your previous or current clinical experience completing direct contact hours during the COVID-19 pandemic. If you experience negative emotions at any time during this study, the researcher will provide support via community counseling referrals as needed. However, there is little to no anticipated physical, psychological, legal, or social risks to participants. At a minimum, a risk of breach of confidentiality is possible, but this risk is mitigated because data will be de-identified. Data will be uploaded onto a secure, password protected hard drive. As with any research, there is some possibility that you may be subject to risks that have not yet been identified.

Benefits: There are no direct benefits for participants in this study.

Costs and Payments:

The researcher is not able to offer any compensation for participating in this study.

Confidentiality:

The researchers will take reasonable steps to keep information private. For instance, data such as demographic questionnaires and interview transcripts will be kept confidential. The researcher will remove identifiers from transcripts, destroy tapings once professionally transcribed, and safeguard all computer-based information. The results of this study may be used in reports, presentations, and publications; however, the researcher will not identify you. Your records may be subpoenaed by court order or inspected by government bodies with oversight authority.

**Participants will be provided an opportunity to select a pseudonym prior to audio recording the individual interview.*

Withdrawal Privilege:

You are allowed to say “no” to participating in this study. Even if you consent and say “yes” to participating now, you can say “no” later and withdraw from the study at any time. Your decision will not affect your relationship with your practicum/internship site, Old Dominion University, the researchers, or your graduate program. The researchers reserve the right to withdraw your participation at any time during the study if they believe that there are any problems with your continued participation.

Voluntary Consent Statement:

By signing this form, you are confirming that you have read this consent form and are agreeing to participate in this dissertation study and have your individual interview be audio recorded.

You are acknowledging that you understand your rights, such as the right to withdraw from the study at any time. You are also acknowledging that you understand the risks and benefits associated with this study. If you have any questions at any time, please contact the researcher at the contact information listed below:

Shelby Dillingham | Phone: (757)-846-6795 | Email: sdill001@odu.edu

Contact Information:

Should you have any questions or concerns regarding this study, please contact Shelby Dillingham, project investigator, at sdill001@odu.edu, Dr. Jeff Moe, project investigator's dissertation chair at jmoe@odu.edu, or Dr. John Baaki, the Chair of Human Subjects Review Committee at Old Dominion University Darden College of Education & Professional Studies at jbaaki@odu.edu or 757-683-5491.

Investigator's Statement:

I certify that I have explained to this subject the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to human subjects and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws, and promise compliance. I have answered the subject's questions and have encouraged him/her to ask additional questions at any time during the course of this study.

_____	_____
(Participant Signature)	(Date)
_____	_____
(Researcher Signature)	(Date)

Appendix B

Individual Interview Protocol

Participant Recruitment

- The researcher seeks to recruit approximately eight participants via purposeful sampling. The interviews will take place virtually.
- The researcher will invite potential participants (e.g., counseling graduate students) by communicating via email listserv and the email prompt will contain the following:
 - Brief description of the study
 - Copy of the informed consent (see Appendix A)
 - Online form (i.e., Google form) to indicate interest and provide contact information for scheduling the individual interviews
- The researcher will ask that interested participants send their signed consent form prior to their scheduled individual interview. Individuals without a signed consent form will not be eligible to participate.
- Participants will be reminded that they will receive a copy of their professionally-transcribed interview responses. The researcher will ask participants to verify the transcript before moving forward with the focus group.

Script for Participants:

Thank you for agreeing to participate in this dissertation study exploring the lived experiences of counselors-in-training completing practicum and internship during COVID-19. Your time and input is greatly appreciated. Today we will complete the individual interview where I'll ask 10 questions about your experiences in an IBH setting completing practicum and internship, and the interview should last approximately 45 minutes. You are free to provide me

with as much detail as you like for each question. Although you already reviewed and signed the consent form, I want to remind you that you are free to withdraw from the study at any time without penalty. Do you have any questions regarding the informed consent or the study before we begin the interview?

I will now turn on the audio recording device and will refrain from using your real name in the recording. You can ask me to turn the recording off at any time.

Interview Questions:

1. In what ways have you been exposed to the COVID-19 virus during your practicum and/or internship?
2. How do you think your practicum and/or internship experience in an IBH setting differs from your peers' experiences at non-IBH sites?
3. How would you describe the work environment of your practicum/internship site during the pandemic?
4. What skills have you utilized while working at an IBH site for your practicum and/or internship?
5. What aspects of your practicum/internship experience in an IBH setting did you find most helpful in promoting your growth as a counselor?
6. How did your CACREP master's program and/or supervisors prepare you to complete practicum and/or internship in an IBH setting?
7. How did your CACREP master's program and/or supervisors prepare you to complete practicum/internship during the COVID-19 pandemic?
8. What aspects of your personal identity influence your experience of practicum and/or internship during COVID-19? (e.g., age, sexual orientation, religious affiliation, etc.)

9. How would you describe your personal and professional functioning while completing your practicum and/or internship during your graduate training program? *(You can refer to the definitions of possible coping experiences to see if any of these resonate with your experience.)
10. What do you wish to be different about your practicum/internship experience in an IBH setting during the pandemic?

Demographic Questions:

- What is your age?
- How would you describe your gender?
- How would you describe your race and ethnicity?
- Where are you completing your practicum and/or internship?
- What are your plans after graduating from your CACREP master's program?

Post-Interview Script:

Thank you again for agreeing to participate in this interview. I appreciate your time and your reflection on your experiences, and your participation is a valued part of this study. As we discussed earlier, I will remove any identifiers from your interview unless you selected a pseudonym to be used. This interview will be professionally transcribed and then returned to you for verification of contents discussed. Once data analysis is complete, I will destroy the audio recordings. Please let me know if you have any questions or concerns in the meantime, and I will keep in touch regarding next steps of the study, which consists of the virtual focus group.

Procedure In Between Interviews and Focus Group:

The researcher will have each interview professionally transcribed before contacting participants about the next steps of data collection. Once the researcher has member checked

each interview, participants will be asked to provide availability for the virtual focus group that is expected to last 90 minutes. The focus group will have one facilitator, Shelby Dillingham.

Appendix C

Focus Group Protocol

Focus Group Script:

Thank you everyone for agreeing to participate in this virtual focus group. You each were invited to this focus group due to the commonality of completing your CACREP practicum/internship at an integrated behavioral healthcare site during the COVID-19 pandemic. This focus group contributes to data collection for the qualitative study exploring lived experiences among counselors-in-training completing their hours at an IBH setting during COVID-19. Your unique experiences are valued and welcome to be discussed. The researcher will ask a few brief questions throughout the allotted 90-minute timeframe.

As a reminder, please refrain from discussing any of the information shared in today's meeting so that participants' privacy is protected. Your previously-signed consent form provides permission for this focus group to be recorded. The researcher will not disclose any participants' personal information from today's group, and the audio recording will be destroyed after the data is analyzed. The researcher would also like to establish a few rules for today's group. The first rule includes only one participant talking at a time. Secondly, please respect all participants' opinions, even if they are different from your own. The last rule is to please leave your camera on and keep your microphone muted if you are not speaking; this will help limit background noise or distractions. Are there any questions before we get started with the group?

I will turn on the recording device now. Please let me know if you have any questions in the meantime.

Focus Group Questions:

1. How has your CACREP master's program prepared you for completing your practicum/internship at an IBH site?
2. What has been your experience so far completing your clinical hours in-person during the COVID-19 pandemic?
3. How have you navigated the increased responsibilities associated with completing practicum/internship at an IBH setting? Are there any components that have been difficult to balance?

Appendix D

Participant Demographic Information

Table 1

Participant Demographic Information

Pseudonym	Age	Race/Ethnicity	Gender Identity	Time of P&I
Elena	37	African American	Cisgender female	SU 2020 - FA 2021
Kent	23	Latino	Cisgender male	SP 2022 - FA 2022
Sarah	38	White (non-Latine)	Cisgender female	FA 2021-SU 2022
Kayla	28	White, Albanian	Cisgender female	SU 2021- SP 2022
Amber	32	White, Scottish/Irish	Cisgender female	SP 2020 - SU 2020
Jade	27	African American	Cisgender female	SU 2022 - FA 2022
Darcy	26	African American	Cisgender female	SU 2022 - SP 2023
Rita	28	African American (African descent)	Cisgender female	FA 2022 -SU 2023

Appendix E

Table of Themes and Subthemes

Meta-Themes	Definitions	Subthemes	Examples
<p>Adaptability within Practicum and Internship during COVID-19</p>	<p>CITs’ reflections of pandemic-specific protocol implications and identification of means used to adjust to site expectations</p>	<p>COVID-19 Exposures and Protections</p> <p>Ambiguity of Clinical Experience</p> <p>Emotions and Coping</p>	<p>“It was just a very strange environment to be in where everyone's very paranoid, and on one hand, you have the news and family and stuff telling you to not go to the grocery store, and yet you're in the middle of a hospital or an outpatient setting where people are coming to get tested or they're positive.”</p> <p>“So, I will say that my site did a really good job at that, of taking us out of the pandemic even though we were in the pandemic.”</p> <p>“So, my personality came out to help me and others, and also hurt me at the end leading to extreme burnout, because while I'm telling everybody else to help themselves, I wasn't helping myself.”</p>
<p>CITs’ Increased Sense of Belonging in Integrated Behavioral Healthcare</p>	<p>CITs’ perceptions of increasing self-efficacy and comfortability while adjusting to unique roles within an integrated setting</p>	<p>Skills Used and Enhanced</p> <p>IBH-Specific Advantages for CITs</p> <p>Collaboration within Training</p>	<p>“A lot of skills that you learned were on the job or they were enhanced on the job.”</p> <p>“So I think that I feel like I got the best of all that healthcare has to</p>

			<p>offer versus only seeing select patients on an outpatient setting for a specific, limited amount of time.”</p> <p>“One of the bonuses with the IBH setting is that it kind of became like a one stop shop for people where I got to interact with the hospital social workers and was able to learn about how their roles integrate with the crisis counselors and with the doctors and with the nurses.”</p>
Development and Growth	CITs’ identification of tangible influences for development and aspects contributing to their personal and professional growth while working in IBH settings during the COVID-19 pandemic	<p>Identity Influences</p> <p>Importance of Support</p> <p>Self-Identified Development</p> <p>Self-Perceived Preparation</p>	<p>“I’m bilingual and I’m pretty sure there’s a few times I had to kind of pull that out my back pocket and work with certain clients that were bilingual.”</p> <p>“But, when it came to my uncertainty in my own professional development, [my supervisor] was very helpful with that.”</p> <p>“...I do think there was a lot of value learning-wise and growth-wise as a professional, doing internship and practicum at the site I did, at the time that I did it.”</p>

			<p>“Honestly, I don't think that my program prepared me at all to complete practicum and internship in an IBH setting. I think that the classes are, and understandably, geared more towards that traditional counseling setting[s].”</p>
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VITA

Shelby Lauren Dillingham

Education:

May 2024	Doctor of Philosophy, Counselor Education and Supervision, <i>Old Dominion University</i> Dissertation: The Lived Experiences of Counselors-in-training Completing Practicum and Internship during COVID-19
Dec. 2019	Master of Education in Clinical Mental Health Counseling, <i>Old Dominion University</i>
May 2017	Bachelor of Arts, Psychology, <i>Christopher Newport University</i> Minors: Leadership Studies and Classical Studies

Clinical Experience:

Mar. 2023 – Present	Resident-in-Counseling, <i>Roots & Wings Connections</i> License #0704015694
Aug. 2021-2022	Mental Health Counseling Intern, <i>Chesapeake Regional Healthcare</i>

Teaching Experience:

Fall 2023 Family	Instructor of Record, COUN 691 – Family Systems and Development at <i>Old Dominion University</i>
2022-2023	Co-Instructor, COUN 691 – Family Systems and Family Development, <i>Old Dominion University</i>
Summer 2022	Co-Instructor, COUN 505 – Testing and Assessment at <i>West Virginia University</i>

Supervision Experience:

2023-2024	University Supervisor, <i>Old Dominion University</i>
2022-2023	Site Supervisor, <i>Chesapeake Regional Healthcare</i>

Leadership Experience:

2022 – 2023	Membership Chair - <i>Chi Sigma Iota, Omega Delta Chapter</i>
Fall 2022	Assistant Director – <i>Community Wellbeing and Support Clinic</i>
2022	Associate Director for Interns, <i>Chesapeake Regional Healthcare</i>