Utilizing the Theory of Event Centrality as a Framework for Understanding Counselor-in-Training Burnout During the COVID-19 Pandemic

ACCEPTANCE

This dissertation, UTILIZING THE THEORY OF EVENT CENTRALITYAS A FRAMEWORK FOR UNDERSTANDING COUNSELOR-IN-TRAINING BURNOUT DURING THE COVID-19 PANDEMIC, by KYNDEL LYNSEY TARZIERS, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree, Doctor of Philosophy, in the College of Education & Human Development, Georgia State University.

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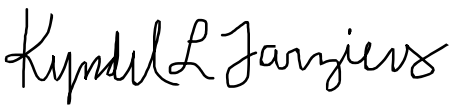

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UTILIZING THE THEORY OF EVENT CENTRALITYAS A FRAMEWORK FOR UNDERSTANDING COUNSELOR-IN-TRAINING BURNOUT DURING THE COVID-19 PANDEMIC

by

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Under the Direction of Franco Dispenza

ABSTRACT

The coronavirus pandemic (COVID-19) has been ravaging the world since 2019, resulting in deleterious impacts on mental health for the general population, as well as frontline health care workers (Centers for Disease Control and Prevention, 2020; Holmes et al., 2020). COVID-19 has proven to be especially challenging for professional counselors due to increased caseloads, more severe client concerns, and additional work responsibilities (Litam et al, 2021). These stressors put both counselors and counselors-in-training (CITs) at a heightened risk for developing burnout. In chapter 1, I utilized the framework of event centrality to better situate the impact of COVID-19 and CIT burnout. This framework is positioned within a constructivist approach to counselor education, outlining how a constructivist paradigm may assist us in understanding the experiences of CITs. In chapter 2, I recruited participants for this study by sending materials for distribution to counselor educators at CACREP accredited training programs. A total sample of 152 CITs in CACREP accredited programs were recruited for this study. Data were analyzed using hierarchical linear regression to further examine the relationship between COVID-19 event centrality, CIT burnout, resilience, emotion dysregulation, and global

meaning violations. A moderation analysis was then used to identify how constructs of resilience, emotion dysregulation, and global meaning violations buffer the relationship between COVID-19 and CIT burnout. Results revealed that COVID-19 event centrality, resilience, emotion dysregulation, and global meaning violations are predictive of CIT burnout, to some degree. Additionally, results propose that resilience serves as a buffering construct in the relationship between event centrality and CIT burnout. Based on this study, educators may focus on implementing stronger wellness education and practice in CIT training programs in order to combat burnout.

INDEX WORDS: Counselors-in-training, burnout, COVID-19 pandemic, moderation

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A Dissertation

Presented in Partial Fulfillment of Requirements for the

Degree of

Doctor of Philosophy

in

Counselor Education and Practice

in

Counseling and Psychological Services

in

the College of Education & Human Development

Georgia State University

Atlanta, GA
2022

DEDICATION

My dissertation is dedicated to my friends and family, who have supported me along this journey. To my mom, Jamie Whaley, thank you for your constant support and loving encouragement. You made my world limitless, and I will be forever grateful for the influence that you have had on my life. To my dad, Rob Tarziers, thank you for your unwavering support and endless love. The sacrifices that you have made, and continue to make for me, do not go unnoticed. To my step-parents, Jeana Tarziers and Alan Whaley, thank you for providing me with the inspiration to move forward. The respect I have for each of you is unparalleled. To my sister Kennedy, thank you for keeping my life fun. You are the brightest sunshine on cloudy days. I am so proud to be your sister. To my mother-in-law, Janeane Lovelace, thank you for loving me like your own and giving me the second family I never knew I needed. To my grandparents, Joyce Hance, Gary Hance, Christine Tarziers-McGill, Pete Tarziers, and Jesse McGill, thank you for championing my successes. I am so grateful to have spent time loving and learning from you. To my in-laws and step-siblings, thank you for loving me so well and pouring back into my life over the last four years. To my friends, Hannah Peterson, Meredith Abeling, Jena Moring, Alyssa Wood, Madison Bohte, Amber Landau, Morgan Fraser, Megan Lovelace, and McKenzie Lovelace, I love you all more than you know. There will never be words to convey how grateful I am for the way your friendships have supported me throughout this journey. And to my sweet husband, Parker Lovelace, thank you for always being my number one fan. The love and support you have shown me has been unwavering since the day we met. Thank you for standing beside me for all that has passed and is to come.

My dissertation is also dedicated to all the clients that have trusted me with their stories over the past four years. It has been a true honor to witness your strength, courage, and wisdom.

ACKNOWLEDGMENTS

There will never be enough time or words to express the depths of how thankful I am for the many people who have supported, loved, and encouraged me on this journey. Thank you for making my dream a reality.

To my chair, advisor, and mentor, Dr. Franco Dispenza, I cannot begin to express my gratitude for your constant support and encouragement over the last four years. You believed in me when I didn't believe in myself, and you pushed me to reach for things I thought were outside of my potential. I am so grateful for the mentorship and the friendship that you have shown to me. I have the deepest respect for you as a colleague and a person, and I know that I am better for knowing you. Thank you for the time and commitment you spent pouring into me. To Dr. Melissa Zeligman, thank you for your heart and your unwavering support. Even from miles away, I could always feel your presence. To Dr. Erin Mason, thank you for your passion and kindness. Working with you has made me a better educator and thinker. Standing beside you in this field is an honor. To Dr. Hongli Li, thank you for investing in me academically. I will be forever grateful for the knowledge I gained from you.

Thank you to the faculty, staff, and students at GSU who have impacted my life and supported me throughout this journey. Many thanks to the faculty within the Counselor Education and Practice Program. I've learned so much from all of you and I am incredibly grateful for how that knowledge has, and will continue to, impact my life. To my fellow CEP students and cohort members, it has been a joy to learn alongside you. To Jamian, Ashlei, and Merideth, I truly could not have gotten through this without each of you. Thank you for your support, kindness, and encouragement. Meeting each of you has made this journey so rewarding and special.

Thank you to my friends, my family, and my community. To my Mom and Dad, Alan, Jeana, Janeane, Kennedy, Morgan, Mamaw, Grandma, Megan, McKenzie, Garrett, Madi Kate, Aunt Catheryn and Uncle Jeff, Granny, Grandma and Grandpa, Hannah, Meredith, Jena, Madison, Alyssa, Amber, Morgan and Cole, Kathryn, Karen, Anne-Marie, Angelia, Galina, Mary Chase, Jamian, Adrianne, and so many more, thank you. Thank you to my sweet Maisey for all the dog snuggles on the hard days. Most of all, thank you Parker. You have believed in me from day one and loved me so well throughout this journey. Your support has been unwavering. Everyday spent with you is better than the last and for that I will be forever grateful.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

Chapter One

Utilizing an Event Centrality Framework to Situate COVID-19 and Counselor-in-Training Burnout

The coronavirus pandemic (COVID-19) has served as an ongoing threat to the mental health of the general public as well as professional counselors (Centers for Disease Control and Prevention, 2020; Cullen et al., 2020; Litam et al., 2021). Litam et al. (2021) suggested that professional counselors reporting higher levels of stress during the COVID-19 pandemic were more likely to experience burnout than those endorsing lower levels of stress. Further, research conducted by Sampaio et al. (2021) proposed that counselors reported a 37% increase in burnout during the COVID-19 pandemic. This is consistent with previous findings indicating that mental health counselors are at a greater risk for burnout when providing mental health services during times of disaster or crisis (Lawson & Lambert, 2013). Although these risks are well documented for professional counselors, there is no research to date assessing the experiences of counselors in training (CITs) during the COVID-19 pandemic.

Prior research exploring the experiences of CITs in training programs suggests that CITs may actually be at greater risk of burnout due to additional stressors (e.g., feeling incompetent in clinical work, completing challenging coursework) faced by graduate students (Wardle & Mayorga, 2016). Based on CITs' heightened risk for burnout in training programs, the COVID-19 pandemic may be viewed as an additional stressor for CITs that could increase their risk for burnout. I propose a framework situated in constructivism and grounded in event centrality (i.e., extent to which an individual perceives a distressing or traumatic event as central to their identity and life story) that may predict CIT burnout during the COVID-19 pandemic. Additionally, I suggest that intrapersonal psychological factors, such as resilience, emotion dysregulation, and

global meaning violations (i.e., belief violations, intrinsic goal violations) may be predictive of burnout, and impact the relationship between COVID-19 event centrality and CIT burnout.

In the following chapter, the centrality of event framework will be explained, along with its relation to the COVID-19 pandemic. A constructivist paradigm will also be used to situate the importance of individual experience in the meaning-making process. Further, a model will be proposed that attempts to elucidate the relationships between event centrality and its capacity to predict burnout, and possible buffering constructs (e.g., resilience, emotion dysregulation, and global meaning violations). Last, I will provide implications for counselor education training programs and CITs based on this proposed model.

Constructivism as a Paradigm

Constructivism, as an epistemology, asserts that knowledge is constructed by individuals and based on their prior experiences and background. As such, constructivism emphasizes the "dynamic structure of the human experience" (Mahoney & Granvold, 2005, p.74). Over the past 30 years, constructivism has evolved rapidly and played an increasingly important role in education theory, research, and practice (Confrey & Kazak, 2006). The compilation of unique perspectives has resulted in the development of various instructional practices and teaching approaches (Wilkinson et al., 2019).

Specifically, constructivism has been utilized as both a teaching approach and a supervision approach in counselor education. Constructivism utilizes a learner-centered approach, making the needs and the considerations of the CIT a priority (Wilkinson et al., 2019). Further, learners construct knowledge based on their background and prior experiences, rather than acquiring knowledge in the learning process (Wilkinson et al., 2019). Since constructivism maintains that individuals are active participants in their own lives and that learning is

constructed from past experiences, it asserts that participants can derive meaning from these experiences (Hoskins, 1995; Mahoney & Granvold, 2005; Wilkinson et al., 2019).

Constructivism also helps us understand stress, trauma, and responses to crises, because of its focus on internal meaning-making (McCann & Pearlman, 1992; Ronen, 1996). The constructivist paradigm asserts that human beings actively create and construe their own realities and models of the world (Mahoney & Granvold, 2005). Thus, this serves as a framework from which individuals begin to order and assign meaning, and when a traumatic or distressing event occurs, the individual uses this meaning system to make sense of the event (McCann & Pearlman, 1992). This approach also allows for the trauma to be defined by the individual, rather than by the facts of the event. Although certain events may have the potential to be perceived as more traumatic than others, the constructivist approach gives power to the individual and honors their perception of the event and the way it impacts their views about themselves and the world (McCann & Pearlman, 1992). Thus, constructivism serves as a paradigm for understanding the individual experiences of CITs during the COVID-19 pandemic, as well as how CITs made meaning of this event and integrated it into their perceptions of themselves and the world.

Centrality of Event Framework

As mentioned above, constructivism serves as a useful paradigm for understanding the way individuals make sense of their lived experiences. Literature suggests that vivid and accessible memories provide meaning and structure to our lives while helping to anchor and stabilize our conceptions of ourselves and our world (Baerger & McAdams, 1999; Pillemer, 2003). These highly accessible memories are often of positive or normative life events (e.g., marriage, childbirth; Berntsen & Rubin, 2006). Prior research suggests that highly distressing or traumatic events tend to be more rare in the lives of individuals and that people generally

remember more positive than negative life events (Berntsen & Rubin, 2004). Additionally, prior theories suggest that traumatic events affect memory and self-knowledge due to the profound imbalance trauma creates in the mind of the survivor (Berntsen & Rubin, 2007). Because trauma violates the personal schemata, it may be hard to process, and as a result, it can be poorly integrated into the self-narrative of the individual (Ehlers & Clark, 2000; Van der Kolk & Fisler, 1995). While Berntsen and Rubin (2006; 2007) agreed that unexpected trauma events often violate our schema-driven expectations, they asserted that these schemata violations may actually enhance memories of the event and make them more salient (Brewer & Treyans, 1981; Hunt & McDaniel, 1993). Further, trauma memories may offer this enhanced accessibility due to their emotionally arousing nature (Berntsen & Rubin, 2006).

Pillemer (1998) suggested that salient events may serve as reference points or as anchoring events, noting that highly accessible and vivid memories guide thoughts and behaviors, and may influence our attribution of meaning to other future experiences. Due to the highly accessible nature of trauma memories, those with trauma memories may be more likely to overestimate both the frequency of traumatic events and the likelihood of being traumatized again (Berntsen & Rubin, 2006). Because traumatic and stressful events remain accessible and salient, they may be perceived as turning points in the lives of individuals experiencing trauma (Berntsen, 2001; Berntsen & Rubin, 2006). However, having a trauma as a salient turning point may cause an individual to hyper-focus on conditions in their current life that may be explained by referencing the trauma, thus ignoring conditions that are in contradiction with this turning point (Berntsen & Rubin, 2006).

Personal identity is also influenced by salient turning points. Berntsen and Rubin (2006) suggested that if a trauma event is perceived as a salient turning point in one's life, it may also be

regarded as an important component of personal identity. Viewing a traumatic or stressful event as central to one's identity may influence personal characteristics of the self that maintain across various situations. This type of attributional style may be correlated to poorer mental health outcomes, including depression and PTSD symptoms (Greening et al., 2002).

From the existing literature, Berntsen and Rubin (2006) identified that all individuals differ in their response to highly distressing or traumatic events. These responses may impact the extent to which an individual perceives an event as central to their identity and life story. In order to better measure these responses, Berntsen and Rubin (2006) developed a standardized scale known as the Centrality of Events Scale (CES) to determine the extent to which traumatic or highly distressing events shape personal reference points, form salient turning points, and serve as central components of personal identity.

As mentioned above, the CES was developed to better analyze the extent to which an individual perceives a traumatic or highly distressing event as central to their identity and life story, as heightened centrality may indicate poorer psychological outcomes (Berntsen & Rubin, 2006, 2007; Gehrt et al., 2018). The CES is based upon three interrelated theoretical themes, including reference points/anchoring events, turning points, and personal identity (Berntsen & Rubin, 2006), and has been explored with multiple groups and populations (e.g., war veterans, trauma and abuse victims, adolescents, individuals with eating disorders). The CES has also been utilized with various psychological measures to determine relationships between event centrality and other psychological constructs (Gehrt et al., 2018). A systematic review identified that the CES has correlated with the following constructs: post-traumatic stress disorder (PTSD), post-traumatic growth, trauma cognitions, depression, anxiety, dissociation, shame, grief, personality,

social support, life satisfaction, and gender (Blix et al., 2016; Gehrt et al., 2018; Groleau et al., 2013; Schuettler & Boals, 2011; Tranter et al., 2020; Watts et al., 2021).

Based on this review, Gehrt et al. (2018) suggested that past negative events are associated with a range of trauma-related measures, and symptoms of affective disorders (e.g., anxiety, depression negative affect). Especially strong relationships were identified between the CES and trauma-related measures, further emphasizing the importance of event centrality when working with clients that have been exposed to traumatic or distressing events. This aligns with suggestions made by Boals et al. (2021) in their call for intervention research focused on reducing the impact of event centrality, as they assert that only five studies to date have attempted to manipulate centrality over time. This is important as most longitudinal studies focused on event centrality maintain that levels of event centrality tend to remain stable over time (Boals et al., 2021). Further, maintenance of event centrality may result in repetitive cycles of post-traumatic stress symptoms and heightened event centrality, leading to poorer health outcomes. Thus, it is integral that we continue to build our base of knowledge regarding the relationship between CES and other psychological constructs, as well as possible buffering (i.e. attenuating) constructs, and intervention research (Berntsen & Rubin, 2006; Boals et al., 2021; Gehrt et al., 2018). Strengthening our understanding in this area may assist CITs, counselor educators, and professional counselors in being more aware of the centrality of trauma or other distressing events in the lives of their clients.

COVID-19 as a Traumatic or Distressing Central Event

While the novel coronavirus and its impact on individual's mental health and psychological well-being have just started being researched, preliminary findings suggested that COVID-19 has been a highly distressing or traumatic event for many (Brenan, 2020; Centers for

Disease Control and Prevention, 2020; Fiorillo & Gorwood, 2020; Litam et al., 2021). Fiorillo and Gorwood (2020) noted that the current pandemic is a relatively new type of stressor for mental health professionals, as it differs in nature from a natural disaster (e.g., earthquakes, hurricanes) or an international mass conflict (e.g., war), due to the non-normality of this event. Additionally, Fiorillo and Gorwood (2020) proposed that those in direct contact with the virus, those vulnerable to psychosocial stressors, those working in healthcare, and those following news outlets reporting on the virus may be at a particularly high risk for negative mental health and psychosocial consequences following the pandemic.

The novelty of the COVID-19 pandemic generated a spike in individuals seeking mental health services. Mental Health America (MHA, 2020) suggested that COVID-19 led to a fourfold increase in individuals seeking services for assistance with depression, anxiety, and other mental health concerns. Further, surveys collected by the Centers for Disease Control (CDC, 2020) regarding self-reported behavioral health symptoms suggested much higher symptoms of anxiety and depression, substance use, stress-related symptoms, and suicidal thoughts in comparison to self-reported behavioral health symptoms prior to the pandemic. This heightened increase in mental health concerns places a clear emphasis on the need for increased mental health provision. Thus, the role of the mental health professional becomes crucial in providing relief and further support for those unable to cope with ongoing pandemic-related stressors (Joshi & Sharma, 2020).

The additional need for support places an added stressor on mental health professionals that may have been overworked prior to the pandemic. Cullen et al. (2020) asserted that health and social care professionals may be at particular risk of burnout and negative health outcomes during the COVID-19 pandemic due to their exposure to public and primary health care

concerns. Further risks specific to professional counselors and CITs include increased caseloads and challenging client concerns, navigation of telehealth practices, difficulties related to maintaining confidentiality, and personal experiences (Cullen et al., 2020; Joshi & Sharma, 2020; Litam et al., 2021). These challenges may compromise wellness and self-care practices, which could result in occupational hazards, including compassion fatigue, burnout, and vicarious trauma (Litam et al., 2021). Burnout is of particular interest in relation to the COVID-19 pandemic due to the ongoing need for counselor involvement in emotionally demanding occupational situations (Cullen et al., 2020). Thus, it is integral to further explore the relationship between COVID-19 and counselor burnout, and how this relationship may influence the counseling profession and counselor training programs.

Counselor Burnout

Counselor burnout is described as the "failure to perform clinical tasks appropriately because of personal discouragement, apathy towards symptom stress, and emotional and physical drain" (Lee et al., 2007, p.143). Burnout encompasses three dimensions related to emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Jackson, 1981). Prior research has explored burnout across various settings including community mental health centers, private practices, inpatient clinics, schools, and university settings (Bardoshi et al., 2014; Lawson, 2007; Lent & Schwartz, 2012). Across settings, counselor burnout was shown to be of considerable concern due to deleterious impacts for both counselor and client (Lawson, 2007). In addition to the emotional impact of working with challenging client concerns, counselors may also experience work environment stressors, such as higher work demands, diminishing resources, and inconsistent role expectations, which may further contribute to burnout (Osborn, 2004). Gibson et al. (2009) and Morse et al. (2012) asserted that counselor

burnout is also associated with negative outcomes, including reduced empathy, increased stress, and poorer overall counselor health.

Burnout in CITs

Research examining the risks of burnout in CITs is limited, as most current literature focuses on the experiences of professional counselors (Lee et al., 2018). However, it is integral to explore the burnout experiences of CITs due to additional stressors faced by graduate students, which may threaten their ability to maintain wellness. Stressors for CITs may include coursework, time-management concerns, and intensive clinical concerns in their practicum and internship experiences (Thompson et al., 2011). Additionally, CITs maintain various responsibilities in their roles as students, researchers, counselors, and family members (Lee et al, 2018). Thus, a lack of ability to balance and manage multiple stressors may leave CITs at a greater risk for burnout.

Wardle and Mayorga (2016) proposed that around 46% of CITs indicated that they were "burning out" or were "burned out", and that this may threaten their physical and mental well-being (p.12). Because of the lack of research regarding this population, and the heightened risk of burnout for CITs due to various stressors, it is essential that we assess CITs' mental health and well-being in light of the COVID-19 pandemic.

Burnout During COVID-19

Counselors may be at a heightened risk of developing burnout when providing mental health counseling services during times of disaster or crisis (Bellamy et al., 2019; Lambert & Lawson, 2013). Lambert and Lawson (2013) posited that counselors providing disaster mental health following a hurricane were twice as likely to experience compassion fatigue and vicarious trauma when compared to a sample of counselors not providing disaster mental health

counseling. Additionally, Litam et al. (2021) proposed that providing mental health care during this prolonged period of crisis (i.e., COVID-19 pandemic) has placed additional burdens on counselors, putting them at an increased risk for developing burnout, compassion fatigue, and vicarious trauma.

Research on the impacts of COVID-19 on counselor burnout is in its seminal stages. However, it is clear that COVID-19 presents many challenges that may precipitate the development of burnout for counselors. Joshi and Sharma (2020) proposed that the job demand resource model developed by Baaker et al. (2014) may serve as a framework for explaining counselor burnout as a risk factor during COVID-19. This model suggested that stress and burnout are often a result of high job demands and low job positives (Baaker et al., 2014). As previously mentioned, counselors are facing additional job demands (e.g., work overload, client challenges) during the pandemic, while simultaneously facing fewer job positives (e.g., engaging in enriching experiences). Thus, the job demand resource model asserted that job demands during the pandemic outnumber job positives, leaving counselors at an increased risk for burnout (Baaker et al., 2014; Joshi & Sharma, 2020). The idea that counselors are at an increased risk for burnout is consistent with research conducted by Sampaio et al. (2021) that posits that counselors reported a significant increase (37%) in feelings of burnout during the COVID-19 pandemic. This also aligns with research conducted by Litam et al. (2021) that indicates counselors reporting high levels of stress related to COVID-19 were more likely to experience burnout. Based on the heightened risk of developing burnout during the COVID-19 pandemic, we must explore ways to combat burnout, and provide further training to CITs regarding healthy self-care practices.

Threats to Professional Ethics

The consequences of counselor burnout are considerable and may result in deleterious outcomes for both counselor and client (Gibson et al., 2009; Morse et al., 2012). Further, Lawson (2007) asserted that left unaddressed, burnout can lead to more serious professional issues, such as impairment. This is a notable concern as services provided to clients may prove to be harmful, which is in direct contradiction to both ethical guidelines outlined by the American Counseling Association (ACA, 2014) and training standards denoted by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016). Specifically, code C.2.g. of the ACA Code of Ethics (2014) speaks to impairment and proposes that counselors should monitor signs of impairment (i.e., physical, mental, or emotional problems) and refrain from offering or providing services when impaired. CACREP (2016) standards 2.F.1.k and 2.F.1.l focus on professional counseling identity and encourage CITs to engage in personal and professional self-evaluation and appropriate self-care strategies. These ethical codes suggest that CIT impairment (i.e., burnout) may serve as a threat that should be addressed through further training in education programs and stronger self-care practices.

Managing Burnout

Due to the heightened risk of burnout during the COVID-19 pandemic and the threat to professional ethics, it has been suggested that more should be done to manage anxiety and stress within these groups, in order to help prevent burnout, depression, and post-traumatic stress symptoms (Thompson et al., 2011; Wardle & Mayorga, 2016). Additionally, the CDC (2020) asserted that health care workers should engage in self-care, increase self-awareness, and ask for help in attempts to reduce secondary traumatic stress reactions.

The mental health impacts of COVID-19 will remain prominent for years to come (Fiorillo & Gorwood, 2020). In order to protect healthcare providers, specifically CITs and professional counselors, it is integral that we are aware of the risks associated with providing these services. In response, research suggested that peer support and practical assistance should be enhanced for providers finding themselves exhausted, stressed, and personally responsible for clinical outcomes during times of heightened distress (e.g., COVID-19; Cullen et al., 2020).

These suggestions align with findings by Wardle and Mayorga (2016) and Lee et al. (2018) encouraging counselor educators to assist CITs in monitoring themselves for symptoms of burnout and engaging in self-care practices. Further, Wardle and Mayorga (2016) asserted that counselor educators should be current on wellness and self-care information and that students may benefit from educators incorporating wellness modules and courses in their curriculum. In order to abide by CACREP (2016) standards related to self-evaluation and emotional management, counselor education programs should provide CITs with ongoing opportunities for self-reflection and the development of critical coping skills (Lee et al., 2018). Incorporating these practices into training programs may assist CITs in developing stronger coping skills that may reduce their risk of burnout, especially in light of the COVID-19 pandemic.

Additionally, I suggest that certain intrapersonal psychological constructs, such as resilience, emotion dysregulation, and perceptions of global meaning violations may assist CITs in managing burnout, and in turn buffer the relationship between COVID-19 event centrality and CIT burnout. In this proposed model, resilience is defined as the ability to bounce back, resist illness, adapt to stress, and thrive in adversity (Smith et al., 2008). Research on resilience suggested that resilience may serve as a moderator in the relationship between COVID-19 stress and burnout in professional counselors (Litam et al., 2021). I am proposing that this research

may be extended to counselors-in-training, and may mitigate threats to burnout. This is supported by Thompson et al. (2011), Tyre et al. (2016), and Wardle and Mayoga (2016) who spoke to the importance of building resilience in CITs. Tyre et al. (2016) further noted that resilience has been identified as an internal factor contributing to educational success. Consequently, Tyre et al. (2016) asserted that emphasizing resilience building in training programs might help minimize issues of student concern, development, and impairment earlier in the CIT's developmental process. Based on existing literature, CIT resilience may serve as a buffer between COVID-19 event centrality and CIT burnout, thus making it an important construct in this model, and helping to mitigate burnout.

Emotion regulation is also identified as an important wellness construct for CITs. Emotion regulation, in this context, is described as the strategies utilized to enhance mood and cope with various emotions, and may be classified as either intrinsic (regulating one's feelings) or extrinsic (regulating the feelings of another person; Prikhidko & Swank, 2018; Thompson et al., 1994). Although there is relatively scant literature exploring this construct, Prikhidko and Swank (2018) explored emotion dysregulation among CITs. They noted the importance of learning about and applying emotion regulation skills in the counseling space. Further, Prikhidko and Swank (2018) argued that the professional development of CITs includes focusing on the role of emotion in counseling and better understanding the concept of emotion and its functions. However, it is important to note that regulating emotion in the counseling space may be more difficult for CITs than for professional counselors due to their development level. Therefore, educators and supervisors should be aware of emotion regulation skills in beginning counselors and utilize professional development training to strengthen these skills (Prikhidko & Swank, 2018). Based on the importance of emotion regulation for both professional counselors and CITs,

it is plausible to assume that it could serve as a moderator in the relationship between COVID-19 event centrality and CIT burnout. Specifically, higher levels of COVID-19 event centrality paired with higher levels of emotion dysregulation may result in higher levels of CIT burnout, supporting the inclusion of this construct in the model.

Last, I also suggest including perceptions of global meaning violations (i.e., belief violations, intrinsic goal violations) in the proposed model to moderate the relationship between COVID-19 event centrality and CIT burnout. Park (2010) and George et al. (2016) proposed that meaning-making involves two levels of meaning (i.e., global and situational). Global meaning encompasses an individual's systems of belief, while situational meaning represents the perceived significance of an event (George et al., 2016). Prior research by Cann et al. (2010) suggests that when global beliefs and intrinsic goals have been violated as a result of a traumatic event, individuals may be more susceptible to stress and poorer health outcomes. Additionally, this construct aligns with the constructivist paradigm related to meaning-making and individual perception. Dispenza et al. (2019) noted that centralizing traumatic events into a sense of self and construction of meaning may violate global beliefs and intrinsic goal violations. Although there is no existing literature exploring the use of global meaning violations as a moderator in relationships between stress or trauma and burnout, I believe that it may be used as a moderator in this study. The existing literature suggests that global meaning violations may impact the way that CITs make meaning of their experiences during COVID-19. Thus, lower levels of global meaning violations may thwart burnout threats for CITs.

Utilizing a Model of Event Centrality to Predict CIT Burnout

Based on the ongoing nature of the pandemic and its negative impact on CITs, a model based in event centrality and centered in a constructivist paradigm, may help to predict CIT

burnout. The centrality of event framework proposed that individuals endorsing higher levels of event centrality may view a distressing or traumatic event as more central to their life and personal identity (Berntsen & Rubin, 2006). Since COVID-19 has spanned across various aspects of life (e.g., social, financial, career), I propose that it may be deemed as central to one's identity and life story. Relatedly, studies conducted by Cullen et al. (2020), Litam et al. (2021), and Sampaio et al. (2021) speak to the heightened risk of burnout due to stressors enhanced by the COVID-19 pandemic. This heightened risk for burnout may be especially prevalent for CITs due to the various stressors they face as graduate students holding multiple roles. Thus, I suggest that CITs endorsing higher levels of event centrality related to the COVID-19 pandemic will also endorse heightened levels of burnout, as there seems to be a relationship between these two constructs. Additionally, multiple studies suggest that there may be factors that mitigate the risk of burnout for CITs. In this model, I believe it may be useful to explore intrapersonal constructs of resilience, emotion dysregulation, and global meaning violations to better understand how they may buffer the relationship between COVID-19 event centrality and CIT burnout. Specifically, I believe that higher levels of resilience and lower levels of emotion dysregulation, and global meaning violations may thwart burnout threats for CITs and consequently impact the suggested model.

Implications for Counselor Education

Training

Wardle and Mayorga (2016) highlighted the failure of CIT training to adequately address threats to burnout with CITs. In one study, counselor trainees did not perceive that their supervisors addressed their degree of personal commitment to their clients, nor did they believe that their supervisors directly inquired about their emotional investment in the counseling

process (Wardle & Mayorga, 2016). Additionally, the majority of participants interviewed indicated a desire for supervisors to place a greater emphasis on work-life balance and learning to cope with stress to prevent burnout.

Wardle and Mayorga (2016) and Thompson et al. (2011) called training programs and practices to action, suggesting that the lack of preventative or remedial measures to address burnout may be a systemic issue within the field of counselor education. Thus, findings from each of these studies suggest it would beneficial for CITs to be more informed about the stressors of graduate school and how to prepare to serve clients as clinicians. Additionally, counselor educators and supervisors should consider examining the expectations of CITs in training programs and providing opportunities for ongoing conversations about wellness and self-care throughout the program (Wardle & Mayorga, 2016). Focusing on these practices in training programs also aligns with CACREP standards related to self-care and wellness for CITs (CACREP, 2016).

CITs may also benefit from seeing these behaviors modeled by both counselor educators and supervisors. Counselor educators and supervisors are not immune to threats of burnout. Thus, open conversations about wellness and self-care among educators, supervisors, and CITs may help to address systemic threats to burnout.

Based on these systemic threats, I believe that utilizing event centrality as a framework for understanding the relationship between COVID-19 and CIT burnout may inform the way we educate CITs, and thus the quality of counseling services provided to clients. Building on the framework of event centrality will enhance our understanding of the impact of COVID-19 on CITs and the way that CITs conceptualize the event as part of their life story and identity. This will allow educators to better attune to the needs of CITs in training programs by adjusting core

curriculum and focus areas in programs (Wardle & Mayorga, 2016). Further, addressing this area of difficulty with CITs while in training programs may reduce future risks for burnout.

Multiple studies suggest the importance of implementing greater wellness and self-care practices into course curricula and as extracurricular opportunities in training programs (Lee et al., 2018; Thompson et al., 2011; Wardle & Mayorga, 2016). This may assist CITs in being more aware of symptoms of burnout, while also providing them with exercises that may help lessen risk. Further, teaching emotion regulation skills to CITs serves to increase emotional intelligence and awareness, which may aid CITs in maintaining proper self-care practices to prevent burnout and increase competence (Prikhidko & Swank, 2018).

Thompson et al. (2011) suggested that improving supervision to promote resilience and wellness practice for CITs will also help with burnout prevention. CITs noted that more understanding and empathy from supervisors, greater flexibility, additional discussions regarding role balancing and time management, and an integrated and developmentally appropriate approach to self-care in CIT training programs would serve as protective factors against burnout (Thompson et al., 2011). Additional training on boundary setting and work-life balance, especially during times of crisis/disaster, may serve as another defense against burnout.

Supplementary training on disaster and crisis mental health in CIT programs may prevent risk factors associated with burnout. Prikhidko et al. (2020) proposed that CITs encounter challenging emotions when working with clients and that this may be heightened in times of crisis or disaster (Lambert & Lawson, 2013). Thus, including training on additional stressors and client concerns in times of crisis and disaster (e.g., COVID-19) may better prepare CITs for working with clients and managing risks to burnout.

Research

I suggest that understanding burnout through the lens of event centrality and constructivism may assist both educators and CITs in identifying practices that lower their risk for burnout. Future research may explore the relationship between event centrality related to COVID-19 and other psychological constructs (e.g., vicarious trauma, post-traumatic growth) so that we may better understand the experiences of CITs. It may also be useful to determine specific wellness practices targeted toward CITs, as prior research suggests CITs seek developmentally appropriate wellness practices for self-care (Lee et al., 2018; Thompson et al., 2011).

Boals et al. (2021) also suggested a lack of intervention research focused on reducing the centrality of distressing or traumatic events. Event centrality has been found to remain relatively stable over time, thus identifying a need for specific interventions that may reduce how central individuals perceive an event to be in their lives. However, only a handful of studies have explored intervention practice, with varying success (Boals et al., 2021). To date, acceptance and commitment therapy (ACT) approaches are the only intervention practices that have been found to reduce event centrality. These approaches have been chosen because of the self-as-context component, which teaches the individual that they exist within an experience, but that the experience is not a definitive part of their identity (Boals et al., 2021). Thus, future intervention research addressing event centrality for CITs may also reduce burnout risk, and increase competency for future counselors. Additionally, future research may explore the use of constructivist interventions to combat burnout, as these interventions are similar to ACT and centralize the experience of the individual, seeking to meet individual needs and considerations.

Utilizing constructivist approaches to pedagogy and supervision with CITs in training programs may combat threats to burnout due to the focus on the individual. Specifically, Halligan Avery et al. (2016) explored the experiences of CITs in supervision spaces and suggested that placing an emphasis on the perceived reality of the supervisee validates their experience and can give the supervisee the space to explore their beliefs and values. Additionally, utilizing a constructivist approach to supervision suggests that supervisees are aware of their needs in the supervision space and work through styles and strategies they want to use with clients in the supervision space (Halligan Avery et al., 2016). Applying this constructivist approach to pedagogy could offer similar benefits to CITs in training programs, and provide them with the space to explore their biases. Thus, future research may benefit from exploring how constructivist approaches may benefit CITs in both their education and clinical practice.

Conclusion

Most existing literature examines the burnout experiences of professional counselors, yet fails to explore the experiences of burnout in CITs (Thompson et al., 2011; Wardle & Mayorga, 2016). However, this is an important area for exploration as the negative impacts of burnout on both counselor wellness and client outcomes are well documented (Bardoshi et al., 2014; Lawson, 2007; Lent & Schwartz, 2012). Additionally, Lambert and Lawson (2013) noted that counselors providing mental health services during times of crisis/disaster are predisposed to higher risks for burnout. Based on the ongoing distressing nature of the COVID-19 pandemic, it may be viewed as a central event in the lives of many CITs. Thus, I propose a model, based in event centrality and centered in a constructivist paradigm, that may help to predict CIT burnout. Additionally, I propose that certain intrapersonal psychological constructs (e.g., resilience,

emotion dysregulation, global meaning violations) may buffer the relationship between COVID-19 event centrality and CIT burnout. Based on existing literature, this model may have strong implications for counselor training programs and suggest future directions for research regarding constructivist-focused interventions.

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Chapter 2

Utilizing the Theory of Event Centrality as a Framework for Understanding Counselor-in-Training (CIT) Burnout During the COVID-19 Pandemic

The novel coronavirus (COVID-19) was first documented in the United States in January of 2020. The ensuing pandemic has had devastating impacts on mental health and wellness for the general population, as well as frontline health care workers (Centers for Disease Control and Prevention, 2020; Holmes et al., 2020). Litam et al. (2021) specifically noted that counselors reporting higher levels of stress during COVID-19 were more likely to experience burnout. Further, research conducted by Sampaio et al. (2021) suggested that 37% of counselors in a large sample reported experiencing burnout during the pandemic. However, only a handful of studies to date have explored the well-being of professional counselors during the COVID-19 pandemic, and there are no published peer-reviewed studies assessing outcomes for counselors-in-training (CITs; Fiorillo & Gorwood, 2020; Litam et al., 2021; Sampaio et al., 2021). Litam et al. (2021) asserted that it is critical to investigate the social and psychological effects of COVID-19 on professional counselors providing services to those at risk of mental health concerns. Cullen et al. (2020) seconded this call to action, noting that health care workers in public health or primary care face a heightened risk of burnout due to their psychological impacts of COVID-19. Litam et al. (2021) suggested that counselors should work to cultivate resilience and coping strategies, and enforce boundaries that may decrease their likelihood of burnout and lessen stress symptoms. But to date, these tenets have not been evaluated, especially not among counselors-in-training (CITs).

Counselor Burnout

Lee et al. (2007) described burnout as "the failure to perform clinical tasks appropriately because of personal discouragement, apathy towards symptom stress, and emotional/physical drain" (p. 143). Burnout is a particularly important construct to explore in light of the COVID-19 pandemic, due to possible adverse consequences for both clients and counselors (Bardoshi et al., 2019). If left unaddressed, burnout may lead to more serious professional issues, such as impairment (Lawson et al., 2007). Additionally, ethical guidelines outlined by the American Counseling Association (ACA, 2014), and training standards, defined by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016), asserted that counselors should monitor themselves for signs of impairment (i.e., burnout) and engage in personal and professional self-evaluation to disarm threats of burnout. Based on the heightened risk for burnout during the COVID-19 pandemic, it is an important construct that should be specifically considered for CITs. Thus, this study attempts to explore counselor burnout in CITs during COVID-19 through the theory of event centrality (i.e., perceiving an event as central to identity and life story), in order to better manage CITs' mental health outcomes.

Burnout is a common construct discussed within the field of counseling, as it may significantly impact the quality of care provided to clients (Bardhoshi et al., 2019; Lee et al., 2007). Further, Maslach and Jackson (1981) asserted that burnout encompasses three dimensions related to emotional exhaustion, depersonalization, and reduced personal accomplishment. Based on these definitions, burnout is a concern from both a counselor and client perspective and is associated with negative outcomes for all involved. Consequences of counselor burnout include reduced levels of professional efficacy, diminished work engagement and satisfaction, reduced

empathy, increased stress, feelings of helplessness, and negative overall health outcomes (Bardhoshi et al., 2019; Lee et al., 2007; Morse et al., 2012).

Prior research suggests that individuals in helping professions are more vulnerable to experience burnout due to the challenge of providing emotional support to clients (Kirk-Brown & Wallace, 2004). The stress and compassion fatigue that comes as a result of hearing the stories of clients may be further heightened for counselors providing disaster or crisis mental health counseling (Bellamy et al., 2019; Lambert & Lawson, 2013). Lambert and Lawson (2013) asserted that counselors providing disaster mental health counseling after a hurricane were twice as likely to experience compassion fatigue and vicarious trauma when compared to a sample of counselors not providing disaster mental health counseling. To further build on this theory, Litam et al. (2021) posited that providing mental health care in a prolonged time of crisis (i.e., COVID-19 pandemic) has placed additional burdens on mental health professionals resulting in increased burnout, compassion fatigue, and vicarious trauma. Additionally, a strong association was identified between posttraumatic stress and perceived stress on the overall professional quality of life of counselors (Litam et al., 2021). Thus, professional counselors providing services during the global COVID-19 pandemic may be more susceptible to stressors that could negatively impact their professional quality of life (e.g., burnout, compassion fatigue; Litam et al., 2021).

Although burnout is of paramount importance in the field of counseling, literature examining burnout levels in CITs is limited, as most research is focused on professional licensed counselors (Lee et al., 2018). It is integral to explore the burnout experiences of CITs due to the additional stressors that graduate students face, thus challenging their ability to maintain wellness. Stressors for CITs may include coursework, time management, interpersonal

relationships, and intensive clinical work in practicum and internship experiences (Nelson et al., 2001; Thompson et al., 2011). Due to the various responsibilities and multiple roles embodied by CITs, they may be especially vulnerable to burnout (Thompson et al., 2011). In a study conducted by Thompson et al., (2011) a majority of participants identified experiencing some degree of burnout in their training experiences. Based on the heightened inclination of burnout in CITs, it is essential that we assess their clinical experience in light of the COVID-19 pandemic.

Theory of Event Centrality

The concept of event centrality, curated by Berntsen and Rubin (2006), is based in the assertion that distinctive and emotional events are usually highly accessible and vividly remembered, thus providing meaning and structure to our life narratives and conceptions of ourselves (Baerger & McAdams, 1999; Berntsen et al., 2003; Hunt & McDaniel, 1993; Robinson & Taylor, 1998). Three mutually dependent functions of highly accessible memories are measured by event centrality. These functions include: the extent to which the trauma memory becomes "(1) a reference point for everyday inferences, (2) a turning point in the life story, and (3) a central component of personal identity" (Berntsen & Rubin, 2007, p. 418-419), and are derived from literature on autobiographical memory and availability heuristics (Berntsen & Rubin, 2006).

For many individuals, a highly stressful or traumatic memory may be highly recalled due to the accessibility of the memory. Thus, this may be deemed as a reference point for the interpretation of future events, which may lead to an overestimation of potentially threatening situations, unnecessary worries, and precautions. Pillemer (1998) suggested turning points are the second function of highly accessible memories and that they serve as casual agents in the life story. Most turning points in a typical life course are characterized by culturally expected and

normative life events (e.g., graduation, first job, marriage). However, when a turning point is characterized by an unexpected trauma or highly distressing event, it is likely to violate cultural norms and beliefs, leading to negative mental health outcomes (Berntsen & Rubin, 2004). The last function of highly accessible memory is related to personal identity, which suggests that the way we compose life stories is related to our self-understanding and identity. If a trauma event is then viewed as a central turning point in the life story, it is also likely seen as a central aspect of our personal identity (Berntsen & Rubin, 2007). Having a traumatic event as a central component to one's identity may make it a salient theme in the life story, and thus impact one's conception of self across situations.

Research suggests that traumatic and negative events occur very rarely in comparison to events that are perceived as positive or neutral, meaning that conventional life scripts contain more positive than negative events (Berntsen & Rubin, 2004; Diener & Diener, 1996). However, the theory of event centrality suggests that when these traumatic or highly stressful events do occur, they are very well remembered when compared to other less stressful events (Berntsen, 2001; Porter & Birt, 2001). Due to the heightened accessibility of traumatic or distressing memories, they may often come to mind in response to internal and external cues (Berntsen, 2001). This may result in an individual overestimating the frequency or likelihood of a difficult or traumatic event occurring again, thus resulting in poorer mental health outcomes (e.g., depression, PTSD symptoms; Berntsen & Rubin, 2006; Greening et al., 2002).

Since January 2020, the COVID-19 pandemic has permeated all aspects of life (Holmes et al., 2020). Although it may be compared to other crises, disasters, or mass conflicts (e.g., war, flooding, hurricanes), Fiorillo and Gorwood (2020) suggested that the COVID-19 pandemic poses unique stressors to both the general public and mental health professionals. In contrast to

natural disasters or mass conflict, the COVID-19 pandemic is not localized to a specific area, nor is it an easy threat to identify due to its ongoing and unknown nature. Thus, Fiorillo and Gorwood (2020) asserted that the effects of the COVID-19 pandemic may be longstanding. Since prior research suggests that individuals experiencing crisis and disaster situations (e.g., war, flooding) deem these events as central to their life story and identity, it is reasonable to assume that the ongoing and challenging nature of the COVID-19 pandemic may increase the possibility of it being viewed as a central event in the lives of many.

In light of the COVID-19 pandemic, professional counselors may be encouraged to take on more responsibilities (e.g., larger client load, additional documentation hours, threats to privacy and confidentiality), which could gradually lead to burnout (Bray, 2020; Madani, 2020). Additionally, counselors are dealing with more complex mental health concerns of clients on top of their own reactions to an unprecedented worldwide pandemic. Due to the heightened level of both personal and occupational stress experienced by counselors during the COVID-19 pandemic, they may view the pandemic as central to their life and identity. This is especially salient for CITs because of the increased demands and responsibilities placed upon graduate students (Lee et al., 2018). The heighted risk of burnout during COVID-19 is further supported through research conducted by Litam et al. (2021) suggesting that professional counselors reporting higher levels of stress during the COVID-19 pandemic also reported higher levels of burnout. Thus, Cullen et al. (2020) suggested that we should be more aware of the inherent risks of burnout and provide support for individuals feeling exhausted, stressed, and personally responsible for clinical outcomes during the pandemic. Based on the possible connection between event centrality and burnout, I believe event centrality may be used as a framework to better understand the relationship between COVID-19 and burnout in CITs.

Literature focused on preventing and mitigating burnout in CITs speaks to the importance of focusing on developing strong self-care and wellness practices (Thompson et al., 2011; Wardle & Mayorga, 2016). Prior literature suggests that practices include such skills as resilience and emotion dysregulation (Litam et al., 2021; Thompson et al., 2011; Wardle & Mayorga, 2016). Thus, I chose to further examine the relationship between these variables, and COVID-19 event centrality and CIT burnout. Additionally, when considering the centrality of traumatic or challenging events, Berntsen et al. (2003) and Berntsen and Rubin (2006) suggested that traumatic or challenging events are highly accessible and thus provide meaning and structure to our life narratives and conceptions of ourselves. Based on these assertions, individuals' beliefs about the world are based on their past experiences and impact the way in which they make meaning regarding future events. Meaning-making processes then assist individuals in managing and coping with challenging situations in the future. In support of this literature, I was also interested in exploring how global meaning violations may impact the coping ability of CITs in order to prevent burnout. Each of these variables represent intrapersonal constructs of wellness and self-care that I was further interested in exploring in this study.

Resilience

Litam et al. (2021) suggested that cultivating resilience involves an intentional orientation towards wellness and health. Resilience has been defined as the ability to bounce back, resist illness, adapt to stress, and thrive in adversity (Smith et al., 2008). Research suggests multiple protective factors of resilience including protection against burnout and improved well-being, as well as professional wellness and competency (Grant and Kinman, 2012; Lambert & Lawson, 2013). Lambert and Lawson (2013) asserted that counselors providing disaster mental health services, and engaging in self-care practices, experienced lower levels of burnout, compassion

fatigue, and vicarious trauma, in comparison to those not practicing self-care. Thus, counselors working towards strengthening resilience may alleviate challenging aspects of work, when providing services during a pandemic (Lambert & Lawson, 2013). Further, Litam et al. (2021) specifically suggested that professional counselors cultivate resilience in ways that increase compassion satisfaction, incorporate emotion regulation, and decrease the likelihood of burnout.

Since CITs may be more susceptible to threats related to burnout and compassion fatigue, it is crucial that they intentionally build resilience to thwart burnout threats (Tyre et al., 2016). Thompson et al. (2011) suggested that resilience is an essential trait for CITs, as they often face various stressors that challenge their ability to maintain wellness. Additionally, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) noted the importance of including self-care practices that may promote resilience and well-being to combat burnout threats. These practices are especially important, as prior research proposes that counselors providing crisis response may be both emotionally and physically taxed (Lambert & Lawson, 2013).

Litam et al. (2021) identified that resilience was a strong predictor of burnout in a sample of professional counselors surveyed during the COVID-19 pandemic. Specifically, counselors endorsing higher levels of resilience were less likely to experience burnout. Further, multiple research studies have examined resilience as a moderator. Dagang et al. (2020) suggested that resilience served as a moderator in the relationship between emotional intelligence and self-efficacy. Resilience has also been shown to moderate the relationship between stress and depression during the COVID-19 pandemic, the relationship between stress and childhood depression, and the relationship between trauma exposure and general psychological distress (Havnen et al., 2020; Jaureguizar et al., 2018; Shebuski et al., 2020). Based on prior research

supporting the use of resilience as a moderator, I assert that resilience (i.e., the ability to bounce back or recover from stress), may buffer (i.e., attenuate) the relationship between COVID-19 event centrality and counselor burnout (Lee et al., 2008), and also serve as a predictor of CIT burnout.

Emotion Regulation

Thompson et al. (1994) identified emotion regulation as the intrinsic and extrinsic processes involved in managing emotional reactions. Emotion regulation strategies are utilized to enhance mood and cope with various emotions, and may be classified as either intrinsic (regulating one's feelings) or extrinsic (regulating the feelings of another person) (Prikhidko & Swank, 2018; Thompson et al., 1994). Izard and Ackerman (2000) asserted that emotions are functional, and provide details about our environments that assist us in adapting to situational demands. However, difficulties in modulation, understanding, or awareness of emotions may contribute to negative outcomes for both counselors and clients (Izard & Ackerman, 2000; Prikhidko et al., 2020). Thus, counselors may seek to maintain stable emotional states, and decrease undesirable states (Prikhidko & Swank, 2018).

Few studies have explored emotion regulation training in CIT programs, and plausible outcomes for CITs (Prikhidko et al., 2020). Prikhidko et al. (2020) proposed a framework for emotion regulation knowledge and practice for CITs. The suggested model asserts that CIT training programs may address emotion regulation barriers by assessing emotion dysregulation, exploring emotional vulnerabilities, validating students' emotions, and using psychoeducation to educate students on emotion regulation (Prikhidko et al., 2020).

Prikhikdo et al. (2020) asserted that CITs may experience emotion dysregulation if they become overwhelmed in their work with clients. Because of increased caseloads and more

complex presenting concerns during the COVID-19 pandemic, CITs may experience more emotion dysregulation in their work with clients. However, if CITs are able to utilize emotion regulation, it may serve as a protective factor against burnout. I believe that CITs endorsing fewer difficulties with emotion regulation may be at a lesser risk of burnout during the COVID-19 pandemic, which makes this construct important to consider in this model.

Extremera and Rey (2015) examined the moderating role of emotion regulation in the relationship between perceived stress and indicators of well-being. Findings suggest that males reporting higher levels of stress, with high scores in emotion regulation reported higher scores of well-being, indicating that emotion regulation attenuated the relationship between perceived stress and well-being. Thus, I extend these findings to the current study and suggest that a lack of or an excess of emotion regulation skills moderates the relationship between event centrality in regard to COVID-19 and CIT burnout.

Global Meaning Violations

The meaning-making model endorsed by many meaning-making making theorists and developed by Park (2010) proposed that meaning-making involves two levels of meaning (i.e., global and situational). George et al. (2016) asserted that global meaning encompasses an individual's systems of belief, while situational meaning represents the perceived significance of an event. Thus, events may be viewed as stressful to the extent that the event violates one's understanding or expectation of themselves or the world (Park, 2010; Park et al., 2016). Prior research suggests that when global beliefs, intrinsic goals (e.g., relationships, inner well-being) and extrinsic goals (e.g., athleticism, education) have been violated as a result of a traumatic event, people are more vulnerable to distress, and struggle to make meaning of their lived

experiences, making them more susceptible to develop severe psychopathology (Cann et al., 2010).

Based on this meaning-making model, individuals coping with or recovering from stressful or traumatic events often seek to find meaning in these experiences (Davis et al., 2000; Gilles & Neimeyer, 2006). Park et al. (2016) suggested that people's appraisals of daily life experiences are often congruent with their global meaning. However, discrepancies between situational appraisals and global meaning may arise when highly stressful events violate global meaning (Park et al., 2016). Trauma models indicate that those centralizing traumatic events into their sense of self and construction of meaning may violate their global beliefs, as well as their intrinsic and extrinsic goals (Dispenza et al., 2019). Dispenza et al. (2019) claimed that exposure to catastrophic flooding, which may be viewed as a distressing or traumatic event, was positively related to global intrinsic and extrinsic goal violations. Consequently, one may hypothesize that global meaning has been impacted by the COVID-19 pandemic.

Preliminary research suggests that the effects of COVID-19 will be long-standing and will impact various aspects of mental health (Fiorillo & Gorwood, 2020). Since counselors are facing higher levels of stress, and unprecedented mental health concerns related to the COVID-19 pandemic, they may have difficulty making meaning of their work. Additionally, counselors may feel responsible for negative clinical outcomes (Cullen et al., 2020). These stressors and inability to feel connected to their work may contribute to a heightened risk of counselor burnout.

While there are no peer-reviewed studies exploring global meaning violations (i.e., belief violations, intrinsic goal violations) as a moderator, George et al. (2016) examined the relationship between trauma centrality and PTSD symptoms, asserting that global meaning

violations would mediate the relationship. Outcomes from George et al. (2016) suggested that the relationship between trauma centrality and PTSD was mediated by certain aspects of global belief violations (i.e., intrinsic goal violations, belief violations), but not all (i.e., extrinsic goal violations). In this study, I propose that global meaning violations could more likely function as a moderator, based on the idea that distressing events (e.g., COVID-19) directly influence the manner in which we construct our belief systems. The degree of violation to our belief system due to COVID-19 may also vary, which could, in turn, buffer the relationship between event centrality and burnout. Based on this argument, I believe that global meaning violations may moderate the relationship between event centrality and CIT burnout during the COVID-19 pandemic.

Current Study

Recent research regarding the COVID-19 pandemic asserted that frontline healthcare workers may face additional stressors in providing services during this prolonged time of distress, which may lead to deleterious personal and professional outcomes (Centers for Disease Control and Prevention, 2020; Holmes et al., 2020; Litam et al., 2021). Litam et al. (2021) suggested that specifically professional counselors may be facing higher levels of stress and posttraumatic symptoms that may affect their professional quality of life. CITs may be especially vulnerable to burnout during this time due to the added responsibilities and roles held by graduate students. Additionally, Thompson et al. (2011) proposed that high proportions of CITs experience burnout in their training programs, and are not adequately educated on how to manage feelings associated with burnout. Thus, it is integral to further explore the relationship between the COVID-19 event centrality and CIT burnout, in order to develop more competent and skillful future counselors.

It is also unclear to what extent various intrapersonal factors of the CIT may affect this relationship. Litam et al. (2021) posited that both resilience and emotion regulation may serve as protective factors to burnout for CITs during the COVID-19 pandemic. Additionally, research suggests that better understanding the meaning-making process regarding distressing or traumatic events could serve as another protective factor for counselors (Dispenza et al., 2019; Park et al., 2010, 2016). Thus, it is integral to examine how violations of global beliefs and intrinsic goals may moderate the relationship between COVID-19 event centrality and CIT burnout. Based on these findings, a reasonable assumption is that resilience, emotion regulation, and global meaning violations could function as buffers against CIT burnout in the wake of COVID-19. Therefore, the goal of this study is to answer the following research questions:

RQ1: What are the associations between event centrality in regard to COVID-19, CIT burnout, resilience, emotion regulation difficulties, and global meaning violations (i.e., belief violations, intrinsic goal violations)?

RQ2: To what degree is event centrality (i.e., an event perceived as central to an individual's identity and life story) in regard to the COVID-19 pandemic predictive of counselor burnout for CITs in their practicum or internship experience?

RQ3: To what degree are resilience, emotion regulation, and global meaning violations (i.e., global belief violation, intrinsic goal violations) predictive of counselor burnout for CITs in their practicum or internship experience?

RQ4: To what extent is the relationship between event centrality during COVID-19 and CIT burnout moderated by resilience (i.e., ability to bounce back or recover from stress), emotion regulation difficulties (i.e., challenges with intrinsic and extrinsic processes involved in managing emotional processes), and global meaning violations (i.e., belief

violations & intrinsic goal violations; violations of global belief systems and overarching life goals)?

Based on the literature supporting the relationship between crisis/disaster and burnout, as well as various protective factors that may impact this relationship, I propose the following hypotheses:

H1: There will be statistically significant bivariate correlations between all study variables.

H2: Higher levels of event centrality (X_1) related to COVID-19 will predict higher levels of burnout (Y) for CITs.

H3: Higher levels of resilience (X_2), and lower levels of emotion regulation difficulties (X_3)and global meaning violations (i.e., belief violations, intrinsic goal violations) (X_4 & X_5) will predict lower levels of burnout for CITs.

H4: As levels of resilience (i.e., the ability to bounce back or recover from stress) (M_1) increase, the relationship between event centrality related to COVID-19 (X) and counselor burnout (Y) decreases/weakens; as levels of emotion regulation difficulties (i.e., challenges with intrinsic and extrinsic processes involved in managing emotional processes) (M_2) increase, the relationship between event centrality related to COVID-19 (X) and counselor burnout (Y) increases/strengthens; and as global meaning violations (i.e., belief violations and intrinsic goal violations; violations of global belief systems and overarching life goals) (M_3 & M_4), increase, the relationship between event centrality related to COVID-19 (X) and CIT burnout (Y) will increase/strengthen.

Method

Participants

Participants for this study were CITs currently enrolled in CACREP accredited counselor education training programs. Eligibility criteria included being over the age of 18, currently enrolled in a counselor education training program, and currently providing counseling services during a practicum or internship experience via in-person or virtual/telehealth mediums.

G*Power 3.1.5 (estimated medium effect size, alpha level of .05, power set to .8, 5 tested predictors and 5 total predictors) revealed that a total sample of 92 people would be necessary to detect a significant effect using multiple regression. This answered RQ2 and RQ3. However, prior research varied regarding sample size suggestions for a moderation analysis (e.g., range of 85 – 225 participants), and suggested that a slightly larger sample may keep a study from being underpowered. (Agenuis, 2005; Shieh, 2009; Warner, 2008). Agenuis (2005) conducted a 30-year review of the literature exploring the moderating effects of categorical variables using multiple regression. Of the 106 articles examined, the median sample size ranged from 45-351 depending on journal type, type of moderator, and research domain. Overall, the median sample size at a power of .8 was 158 participants. Sheih (2009) suggests that 137-154 participants would serve as an acceptable sample size for a moderation analysis. Additionally, Warner (2008) proposed that a range of 127-135 participants would allow for a sufficiently powered study. Thus, the proposed sample size range for this study was 130-140 to adjust for potential participant dropout or threats to internal validity.

The final sample consisted of 152 participants that completed the initial survey via Qualtrics. Participant demographics including age, gender, race/ethnicity, sexual orientation, ability status, counseling program type, clinical experience, counseling medium utilized, site

placement, and participant location are included in Table 1. Participants ranged in age from 21 to 63 with the mean age being 28 and the median age being 26 for the sample. Participants' case-loads ranged from 0 to 630. This range accounted for participants working in a wide variety of clinical settings, with most students in clinical mental health agencies having smaller caseloads (e.g., 5-10 clients) and those in schools having much larger caseloads (e.g., 250-600 clients).

Ethical Considerations

The American Counseling Association's (ACA, 2014) Code of Ethics guided the ethical execution of this study. The primary ethical risks for participants in this study involved issues of informed consent and confidentiality. All data retrieved from participants was stored on password-protected computers, only to be viewed by members of the research team. To further protect confidentiality, no participant names were collected or included on study records. Participants' names and identities were not shared in the results of this study. Participants were not identified personally. While the research team made plans to maintain confidentiality, participants were informed that research that takes place online may not be secure, due to the online platform.

Participation in this study was completely voluntary for participants. Participants in the study had the right to drop out at any time. There was no penalty if participants choose not to participate. Some participants may have found reflecting on the COVID-19 pandemic challenging and difficult. Participants were provided with additional mental health resources if they felt that they needed further support.

Procedures

A college institutional review board located in an urban southeastern area reviewed study procedures. After approval, participants were recruited from universities across the country in

both urban and suburban counties using nonrandom convenience and snowball sampling. Recruitment materials were distributed to counselor educators within the researchers' professional networks, as well as via social media. Participants completed all measures via an online survey tool (i.e., Qualtrics). Three attention checks were included in the online surveys to ensure the integrity of the data (Kung et al., 2018). Participants missing more than one attention check were removed from the sample but were still compensated for their time completing the survey. After completion of all surveys, participants were compensated with a $5 Amazon e-gift-card. Once participants completed the study, they were unable to participate again. Survey completion times were also checked to remove any possible bots from the data set.

Measures

Demographic Questionnaire

Age, gender, sexual orientation, race/ethnicity, sexual orientation, ability status, counseling program type, clinical experience (i.e., practicum/internship), counseling caseload, counseling medium, site placement, and participant location were collected from each participant.

Centrality of Event Scale

The 20-item Centrality of Event Scale (CES) was used to measure the extent to which a person perceives an event, (e.g., COVID-19 pandemic) as central to their identity and life story (Berntsen & Rubin, 2006). Berntsen and Rubin (2006) suggested that a traumatic or stressful event may serve as a personal reference point for the attribution of meaning to other events, and a salient turning point in a life narrative. Thus, it may impact the way a person perceives future events in relation to their identity and life story. Items are rated on a 5-point Likert scale ranging from 1 (totally disagree) to 5 (totally agree). Three conceptual themes based on aspects of the

event comprise the CES. These themes addressed the following: (a) Has the event become a reference point for the generation of expectations and attribution of meaning to other events in the person's life?, (b) Was the event perceived as a central component of personal identity?, and (c) Was the event regarded as a turning point in the life story? (Berntsen & Rubin, 2006). Sample items from this measure include, "I feel that this event has become part of my identity" and "When I reflect upon my future, I often think back to this event". The total score of the CES was utilized, with higher scores indicating greater centrality of event to a person's identity and life story.

Seminal work on this scale revealed that post-traumatic stress disorder and the CES were highly correlated (Berntsen & Rubin, 2006, 2007). Since the creation of the scale, it has also correlated positively with measures of negative affect and affective disorders, but most highly with measures related to trauma, PTSD, and grief (Berntsen & Rubin, 2007; Gehrt et al., 2018). Additionally, there are a lack of negative correlations between the CES and measures of positive emotions which suggests that the absence of a negative central event is not associated with positive affect. Rather, this absence may be viewed as a baseline in healthy individuals, thus, making a highly negative event a deviation from this baseline and predictive of greater emotional distress (Berntsen et al., 2011; Gehrt et al., 2018). Additionally, measures of post-traumatic stress disorder (PTSD) and post-traumatic growth correlated strongly with the CES, and measures of depression and anxiety moderately, providing evidence for convergent validity (Gehrt et al., 2018).

Cronbach's alpha for the CES indicates excellent reliability, ranging between α = .93 - .95 (Berntsen & Rubin, 2006). The reliability estimate for this sample was α = .94, boasting strong reliability for this measure.

Counselor Burnout Inventory

Lee et al.'s (2007) Counselor Burnout Inventory (CBI) was used to measure counselor burnout in the context of the COVID-19 pandemic. The 20-item self-report measure assesses counselor burnout across five subscales including exhaustion (i.e., degree of physical and emotional exhaustion due to an individual's job as a counselor), incompetence (i.e., a person's internal feelings of incompetence), negative work environment (i.e., an individual's attitude and feelings toward his or her work environment), devaluing clients (i.e., a person's attitude and perception of his or her relationship with the client), and deterioration in personal life (i.e., an individual's deterioration of personal life; Lee et al., 2007). Items for this measure were chosen to be domain-specific, and thus, representative of the counseling profession. Since CITs in their practicum and internship experiences work with clients in clinical settings, these constructs may be applied to their experiences. Additionally, the heightened stressors faced by CITs (e.g., additional responsibilities, skill insecurity) may lead to increased feelings of burnout that are addressed with this scale.

Sample items of the CBI include, "I feel I have poor boundaries between work and my personal life" and "I feel exhausted due to my work as a counselor". Items are rated on a 5-point Likert scale ranging from 1 (never true) to 5 (always true). Higher scores indicate greater burnout, whereas lower scores are indicative of fewer burnout symptoms. Scores for each of the individual subscales range from 4 to 20, and the total score may range from 20 to 100. The total score of the scale was utilized for this analysis. Bardhoshi et al. (2019) completed a psychometric synthesis of the CBI reviewing twelve studies using the CBI, as well as original results. In this synthesis, aggregated internal consistency was $\alpha = .90$ with subscales ranging from .73 to .86. The scale also boasted strong test-retest reliability at $\alpha = .81$ for the full measure,

and $\alpha = .72$ to .85 for subscales (Bardhoshi et al., 2019). Moderate to strong construct validity was noted, with high correlations of the CBI total score with subscales of the Job Stress Scale (JSS) (i.e., Role Conflict, *r* = .77; Lack of Utilization, *r* = .60), and with the Maslach Burnout Inventory - Human Services Survey (MBI-HSS) (i.e., Exhaustion, *r* = .73; Depersonalization, *r* = .56; Bardhoshi et al., 2019). Structural validity was also strong with the five-factor model of the CBI, with CFIs ranging from .92 to .98, and RMSEAs ranging from .038 to .075 (Bardhoshi et al., 2019). Cronbach's alpha for this sample was .91, indicating strong reliability for this scale.

Resilience

The Brief Resilience Scale (BRS) is a six-item scale that was used to assess resilience as the ability to bounce back or recover from stress (Smith et al., 2008). Three items on the scale are negatively worded, while three are positively worded to reduce the effects of social desirability and positive response bias. Participants were asked to indicate the extent to which they agreed with statements using a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores on this scale indicated greater resilience and ability to recover from stress. Statements included items such as, "I tend to bounce back quickly after hard times" (Smith et al., 2008). The BRS was positively correlated with resilience measures, optimism, purpose in life, active coping, and positive reframing (Smith et al., 2008). The BRS was negatively correlated with pessimism and alexithymia, as well as health-related outcomes such as stress, anxiety, and depression. This speaks to the convergent validity of this scale (Smith et al., 2008). The BRS demonstrates strong internal consistency with Cronbach's alpha ranging from .80-.91 across four samples, and good test-retest reliability ranging from .69 (one month) to .62 (three months). Cronbach's alpha was .90 for this sample.

Emotion Regulation Difficulties

The Difficulties in Emotion Regulation Scale-16 (DERS-16) was used to assess overall emotion regulation difficulties (Bjureberg et al., 2016). The DERS-16 is a shortened version of the DERS full scale (Gratz & Roemer, 2004) and may be better suited for administration across various situations and settings. Five subscales comprise the DERS-16 and assess emotion regulation difficulties: clarity (i.e., lack of emotional clarity), goals (i.e., difficulties engaging in goal-directed behavior), impulse (i.e., impulse control difficulties), strategies (i.e., limited access to effective emotion regulation strategies) and nonacceptance (i.e., nonacceptance of emotional responses). Participants were asked to indicate how often statements applied to them using a five-point Likert scale ranging from 1 (almost never) to 5 (almost always; Bjureberg et al.,2016; Gratz & Roemer, 2004). Sample items include "When I am upset, I become out of control", and "I have difficulty making sense out of my feelings." Higher scores indicated greater emotion regulation difficulties, while lower scores indicate stronger emotion regulation skills (Bjureberg et al., 2016). This shortened scale boasts excellent internal consistency, good test-retest reliability and convergent and discriminant validity (Bjureberg et al., 2016).

Internal consistency of the DERS-16 is excellent ($\alpha =$ .92 - .94) across samples of both adolescents and adults (Bjureberg et al., 2016; Charak et al., 2019). Subscale reliability estimates are also good ranging from .80 – .92 (Charak et al., 2019). The DERS-16 boasts good test-retest reliability at .85. Strong construct validity was also noted between the DERS-16 and the original 36-item DERS, as well as with measures of anxiety, depression, and stress (DASS) (Bjureberg et al., 2016). This study's sample boasted excellent internal consistency ($\alpha = .93$).

Belief Violations and Intrinsic Goal Violations

The Belief Violations and Intrinsic Goal violations subscales from the Global Meaning Violations Scale (GMVS) were used to assess violations of global belief systems and overarching life goals (Park et al., 2016). Participants used a 5-point Likert scale ranging from 1 (not at all) to 5 (very much) to rate each of the 13 items on the GMVS, with respect to their experiences of the COVID-19 pandemic. Rather than a total score, the GMVS yields scores for three separate subscales corresponding to the three types of global meaning violations described in Park et al.'s (2016) meaning-making model. The first 5-item subscale, Belief Violations, measures violations of global beliefs regarding safety, justice, and control (e.g., "How much does this stressful experience violate your sense of being in control in your life?"). The second 5-item subscale used in this study, Intrinsic Goal Violations, measures goal violations related to one's well-being (e.g., interference with one's ability to achieve "self-acceptance" and "inner-peace"). The third and final 3-item subscale, Extrinsic Goal Violations, was not used in this study, but measures violations of achievement goals (e.g., interference in "educational achievement" or "achievement in my career"). Higher scores, on each subscale, indicate higher belief or goal violations (Park et al., 2016).

Park et al. (2016) also examined the predictive validity of change scores for the GMVS subscales and change scores for distress. Results indicate that reductions in violations were generally linked to reductions in stress, suggesting good predictive validity. Seminal research on this scale identified adequate reliability for each of the three subscales ranging from .61 to .72. However, other studies have found higher reliability estimates within different samples suggesting greater internal consistency for this measure ($\alpha = .69 - .87$; Dispenza et al., 2019;

George et al., 2016). For this sample, all subscale reliabilities were strong, with Belief Violations at $\alpha = .79$, Intrinsic Goal Violations at $\alpha = .82$, and Extrinsic Goal Violations at $\alpha = .75$.

Data Diagnostics and Analytic Plan

Data was analyzed using IBM SPSS statistics version 27. Demographics included age, age, gender, race/ethnicity, sexual orientation, ability status, counseling program type, clinical experience (i.e., practicum/internship), counseling caseload, counseling medium, site placement, and participant location. I first examined and screened data for missing cases. Participants failing to complete all survey measures in full were removed from the dataset, as well as participants missing two or more of the three attention checks. Attention checks were included in this study as prior research suggested that careless responding tends to be higher in online survey research (Kung et al., 2018). Further, the literature suggested that the use of attention checks has not been found to demotivate participant response, but rather improve measurement quality, which was why attention checks were utilized in this study (Kung et al., 2018; Shamon & Berning, 2020). One participant was removed for missing two of three attention checks. There was no other missing data, so imputation was not needed. Two participants meeting inclusion criteria, and completing all measures with the exception of the demographic questionnaire were added to the sample.

Data were then screened for outliers using scatter plots, Cook's distance, and Mahalanobis statistic. One participant was removed based on the scatter plot and Cook's distance value ($D_i = .68$). Means, standard deviations, and bivariate correlations were computed for each of the study variables and have been reported in Table 2. All variables were in an adequate range of skewness (e.g., |3|) and kurtosis (e.g., |10|) (Weston & Gore, 2006). Nonparametric tests (e.g., Kruskal-Wallis, Mann Whitney *U*-Test) were run to assess for differences among study variables

as a result of demographic characteristics. A more conservative significance value (p = .01) was used to protect against possible Type 2 errors. One significant difference was found on the CBI as a result of sexual orientation (p = .009). Thus, a parametric test was run (i.e., One-way ANOVA) to test significance, as nonparametric tests can be susceptible to threats from smaller sample sizes. The one-way ANOVA suggested that the differences on the CBI as a result of sexual orientation were not significant (p = .013). Nonparametric follow-up analyses were also completed using pairwise comparison. There was one significant pairwise comparison on the CBI between heterosexual and queer-identifying groups (p = .007). However, I utilized the adjusted significance value based on the number of tests being run and this value was not significant (p = .15)

Nonparametric tests revealed that no other significant differences (p = .01) were found on any of the study variables (CBI, CES, BRS, DERS-16, BV, IGV) as a result of age (CBI: p = .01; CES: p = .05; BRS: p = .106; DERS: p = .02; BV: p = .20; IGV: p = .01) , gender (CBI: p = .05; CES: p = .15; BRS: p = .20; DERS: p = .13; BV: p = .41; IGV: p = .44), race/ethnicity (CBI: p = .25; CES: p = .32; BRS: p = .50; DERS: p = .32; BV: p = .02; IGV: p = .59), sexual orientation (CBI: p = .009; CES: p = .86; BRS: p = .35; DERS: p = .02; BV: p = .55; IGV: p = .02), ability status (CBI: p = .97; CES: p = .24; BRS: p = .33; DERS: p = .89; BV: p = .68; IGV: p = .11), counseling program type (CBI: p = .15; CES: p = .14; BRS: p = .50; DERS: p = .22; BV: p = .87; IGV: p = .93) , clinical experience (i.e., practicum/internship) (CBI: p = .28; CES: p = .86; BRS: p = .26; DERS: p = .87; BV: p = .89; IGV: p = .93), counseling caseload (CBI: p = .61; CES: p = .95; BRS: p = .92; DERS: p = 38; BV: p = .29; IGV: p = .11) counseling medium (CBI: p = .14; CES: p = .29; BRS: p = .69; DERS: p = .70; BV: p = .31; IGV: p = .86), site placement (CBI: p =

.39; CES: p = .06; BRS: p = .81; DERS: p = .70; BV: p = .81; IGV: p = .61), or participant location (CBI: p = .26; CES: p = .45; BRS: p = .68; DERS: p = .26; BV: p = .13; IGV: p = .23).

To answer the first research question, bivariate correlations were calculated for all study variables. To answer the second and third research questions, hierarchical linear regression analysis was used. Prior to interpreting model parameters, regression assumptions of independence, homogeneity of variance, linearity, normality, multicollinearity, and bias were addressed for the one regression outcome (i.e., CIT burnout; Aguinis, 2004; Jaccard & Turrisi, 2003; Jose, 2013; Osborne & Waters, 2002; Yoo et al., 2014). A scatterplot was used to test linearity and the assumption of linearity was met. Bivariate correlations for the predictor variables and outcome variables were not too highly correlated and ranged from r = -.285 - .623, suggesting no concerns with multicollinearity. Multicollinearity was also assessed by examining VIF and Tolerance statistics. VIF scores ranged from 1.01 to 2.17, which is within an acceptable range well below 10, and Tolerance scores ranged from .461 to .929, further proposing that there is no multicollinearity in the data (Field, 2018). The Durbin-Watson statistic was used to assess the independence of residuals, with the value of the three-step model being 1.832, which suggests that this assumption was met. A scatter plot was used to assess for homoscedasticity and showed no obvious signs of funneling, suggesting that this assumption was met. The P-P plot of the model suggested that the assumption of normality of the residuals was met. Finally, a combination of a scatter-plot and Cook's Distance was utilized to identify any possible outliers. As previously mentioned, one case was removed based on the scatter plot and a significantly higher Cook's distance value ($D_i = .68$). After the removal of this outlier, the assumption was met, and all diagnostics indicated that the data were reliable.

One block-wise hierarchical regression was utilized to understand the relationship between the various predictor variables and the outcome variable. Predictor variables were entered in three steps in the regression model. COVID-19 event centrality was entered in the first block of the model. This was entered into the model first because it explores the relationship between stress and burnout in CITs. Heightened stress is noted throughout the literature as a significant contributor to increased burnout (Litam et al., 2021; Smith et al., 2008; Thompson et al., 2011). Specifically, Litam et al. (2021) reported that COVID-19 has served as a significant stressor for professional counselors, and Sampaio et al. (2021) noted that burnout has risen 37% in professional counselors since the start of the pandemic.

Resilience was entered into the second block of the hierarchical regression model, as Thompson (2011) asserted that resilience may serve as a protective factor for CITs against burnout. This is further supported by Litam et al. (2021) who proposed that resilience served as a moderator in the relationship between stress and burnout. Additionally, lower levels of resilience have been predictive of higher stress and burnout-related outcomes in existing literature (Lambert & Lawson, 2013; Litam et al., 2021; Tyre et al., 2016). Based on this, Field (2018) suggested that variables previously explored (e.g., resilience) be entered earlier in the model.

In the final block, emotion dysregulation and two constructs from the Global Meaning Violations Scale (GMVS), including Belief Violations and Intrinsic Goal Violations, were added. These constructs were added to the model last, as they focused on broader and more abstract meaning-making processes, related to an individual's perception or construction of an experience. Park et al. (2016) suggested that these meaning-making processes may help individuals make sense of traumatic or stressful events, and influence their coping skills. Variables were entered from individual experiences (e.g., COVID-19 event centrality) to more

general intrapersonal traits (e.g., resilience) to broad intrapersonal processes related to meaning-making and self-regulation (e.g., emotion dysregulation, belief violations, intrinsic goal violations). In this way, we could ensure that the results demonstrate the amount of unique variance due to internal versus more general processes related to counselor burnout.

To answer the final research question, moderation analyses, using the Hayes PROCESS macro, were used to determine if the relationship between COVID-19 event centrality and CIT burnout was moderated by constructs of resilience, emotion dysregulation, belief violations, and intrinsic goal violations. Each of the moderators was mean-centered prior to analysis using the PROCESS macro. After mean centering, moderators were added to the model individually and then assessed.

Results

Bivariate Correlations

To answer research question one, the relationships between the study variables were examined using Pearson's bivariate correlation coefficients (shown in Table 1). As expected, significant bivariate correlations were revealed between all study variables. CIT burnout had positive significant relationships with COVID-19 event centrality ($r = .405$, $p < .001$), emotion dysregulation ($r = .508$, $p < .001$), and global meaning violations (i.e., belief violations ($r = .398$, $p < .001$), intrinsic goal violations ($r = .515$, $p < .001$)), and a negative significant relationship with resilience ($r = -.254$, $p = .002$).

COVID-19 event centrality had a positive significant relationship with emotion dysregulation ($r = .377$, $p < .001$), belief violations ($r = .541$, $p < .001$), and intrinsic goal violations ($r = .566$, $p < .001$) , and a negative significant relationship with resilience ($r = -.267$, $p = .001$). Emotion dysregulation had a positive significant relationship with belief violations (*r*

= .457, $p < .001$) and intrinsic goal violations ($r = .569$, $p < .001$), and a negative significant relationship with resilience ($r = -.600$, $p < .001$). Additionally, belief violations had a positive significant relationship with intrinsic goal violations ($r = .623$, $p < .001$), and both belief violations and intrinsic goal violations had a negative significant relationship with resilience ($r = -.285$, $p < .001$), ($r = -.367$, $p < .001$).

When comparing the correlation coefficients for each variable within the sample, I found consistent findings indicating the bivariate correlations for study variables moved in the same direction as existing literature on variables related to burnout, event centrality, resilience, emotion dysregulation, and global meaning violations (Dispenza et al., 2019; Litam et al., 2021; Bjureburg et al., 2016).

Regression

After completing bivariate correlations to analyze the relationship between each of the variables, hierarchical block-wise regression was implemented to answer research questions two and three and better understand the interactions among predictor variables and the outcome variable. For counselor burnout, each step in the regression analysis yielded a significant model (see Table 3 for results). COVID-19 event centrality was a significant predictor in Step 1, $F(1,150) = 29.418$, $p < .001$, and accounted for approximately 15.8% of the variance. Model results suggest that CITs viewing COVID-19 as more central in their lives also endorsed higher levels of CIT burnout. Introducing resilience significantly changed the model in Step 2, $\Delta F(1,149) = 4.22$, $p = .042$, $\Delta R^2 = .02$. Resilience was a significant predictor in Step 2, $F(2,149) = 17.134$, $p < .001$ and COVID-19 event centrality also remained a significant predictor in Step 2. Together, these two predictors accounted for 17.6 % of the variance. This model suggested that higher levels of resilience were predictive of lower levels of CIT burnout. The model in Step 3

was also significant F (5,146) = 16.00, $p < .001$. Adding emotion dysregulation, belief violations, and intrinsic goal violations significantly changed the model, ΔF (3,146) = 12.58, $p = .001$, $\Delta R^2 = .167$. Emotion dysregulation and intrinsic goal violations were statistically significant predictors in Step 3 of the model. However, belief violations were not a significant predictor in Step 3 of the model. Additionally, COVID-19 event centrality and resilience were no longer statistically significant predictors in Step 3 of the model. The final step of this model suggests that higher levels of emotion dysregulation and intrinsic goal violations were predictive of higher levels of CIT burnout. Together, COVID-19 event centrality, resilience, emotion dysregulation, belief violations, and intrinsic goal violations accounted for a total of 33.2% of the variance in counselor burnout among CITs in their practicum/internship experience.

Moderation Analyses

Moderation analyses utilizing Hayes (2014) PROCESS macro was used to answer the fourth research question. Hypothesis four posited that resilience (M_1), emotion dysregulation (M_2), belief violations (M_3), and intrinsic goal violations (M_4) would moderate the relationship between COVID-19 event centrality (X) and CIT burnout (Y). Four separate moderation analyses were run to test the moderation effect. COVID-19 event centrality and each of the moderators were mean-centered before analysis. Table 4 provides a summary of the results of the four separate moderation analyses.

Resilience (M_1) significantly moderated the relationship between COVID-19 event centrality and CIT burnout (b = -.02, t = -2.03, p = .04). Resilience accounted for 20.6% of the variance in the model. In contrast, emotion dysregulation (b = .002, t = .57, p = .57), belief violations (b = .013, t = 1.44, p = .15), and intrinsic goal violations (b = .009, t = .83, p = .41) did not moderate the relationship between COVID-19 event centrality and CIT burnout. Taken

together, results of this moderation analysis suggests that resilience is an intrapersonal factor that that influences the strength of the effect of COVID-19 event centrality on CIT burnout. However, emotion dysregulation belief violations, and intrinsic goal violations were not found to significantly influence the strength of the effect of COVID-19 event centrality on CIT burnout.

I then further explored the one significant interaction effect, looking at the conditional effect of COVID-19 event centrality on CIT burnout at low, average, and high values of the moderator (e.g., resilience) (*M* minus 1SD, *M*, and *M* plus 1 SD, respectively). Figure 1 provides a graphical representation of these effects. As can be seen, for people who reported any level of resilience (low, average, or high) their COVID-19 event centrality had a significant effect on their burnout. As hypothesized, results suggested that endorsing some level of resilience lessened the impact of COVID-19 event centrality on CIT burnout.

Discussion

The goal of this research study was to explore the relationship between COVID-19 event centrality and CIT burnout. Further, I was interested in understanding the influence that resilience, emotion dysregulation, belief violations, and intrinsic goal violations have on CIT burnout during the COVID-19 pandemic. I collected data from CITs in training programs in January-February of 2022, at the height of the Omicron surge of the COVID-19 pandemic. All CITs were over the age of 18, currently enrolled in a CACREP accredited counseling program, within the practicum/internship experience, and currently seeing clients in-person or via a telehealth platform. Due to the ongoing nature of the COVID-19 pandemic, and preliminary research supporting the heightened risks for burnout during this time (Litam et al., 2021; Sampaio et al., 2021), I examined factors that could be predictive of counselor burnout, including COVID-19 event centrality, resilience, emotion dysregulation and global belief violations (i.e.,

belief violations, intrinsic goal violations). Each of these variables were found to be significantly correlated, and to some degree, predictive of counselor burnout.

I explored the interaction of these variables to better understand their relationships with one another using block-wise hierarchical regression. Variables were entered into the block-wise regression model on a continuum ranging from individual experience to general intrapersonal factors, to more broad internal processes related to meaning-making. In the first block of the model, COVID-19 event centrality was found to be predictive of CIT burnout, meaning that higher levels of perceived COVID-19 event centrality were predictive of higher levels of CIT burnout. These findings suggest that those that perceived COVID-19 as more central to their life and identity endorsed higher burnout scores, which is consistent with research conducted by Berntsen & Rubin (2006, 2007) suggesting that those viewing events as more central to their life and identity may be at a greater risk for experiencing poorer health outcomes.

The predictive relationship between COVID-19 event centrality and CIT burnout further supports existing literature by Litam et al. (2021) and Sampaio et al. (2021) which proposed that professional counselors endorsing higher levels of stress during COVID-19 were more likely to experience burnout. Additionally, Lambert and Lawson (2013) proposed that professional counselors may be at a heightened risk of developing burnout when providing mental health counseling services during times of disaster or crisis. Results of this study suggest that findings from Lambert and Lawson (2013) may be extended to CITs, and that the COVID-19 pandemic may be viewed as a disaster or crisis event heightening risk for burnout.

In the second block of the regression model, resilience was found to be predictive of CIT burnout, and COVID-19 event centrality also remained a significant predictor in the model. This confirms existing literature highlighting the importance of resilience as a protective factor

against stress and burnout (Lambert & Lawson, 2013; Litam et al., 2021; Tyre et al., 2016). Both Lambert and Lawson (2013) and Litam et al. (2021) identified the importance of cultivating resilience in professional counselors in order to thwart burnout threats and maintain wellness. Thus, the significance of the relationship between resilience and burnout in this study suggests that CITs endorsing higher levels of resilience reported lower levels of burnout. This is an important consideration for educators and training programs, as additional conversations about cultivating wellness may prevent burnout threats for CITs. The results from this study extend findings by Lambert and Lawson (2013) and Litam et al. (2021) speaking to the importance of cultivating resilience for CITs in training programs.

In the third block of the model, I included broad internal processes related to meaning-making including emotion dysregulation, belief violations, and intrinsic goal violations. Emotion dysregulation and intrinsic goal violations were found to be significant variables impacting CIT burnout, but belief violations were not. Additionally, COVID-19 event centrality and resilience were no longer significant predictors in the model. These results suggest that higher levels of emotion dysregulation and intrinsic goal violations (i.e., goal violations related to one's well-being) are associated with higher levels of burnout in CITs.

While few studies have addressed emotion dysregulation difficulties in CITs, Prikhidko et al. (2020) identified a need to address these concerns in training programs. The predictive relationship between emotion dysregulation and CIT burnout in this study supports the need for further education on emotion dysregulation in training programs. Additionally, Extremera and Rey (2015) noted that individuals reporting higher levels of stress in conjunction with higher levels of emotion regulation reported higher levels of well-being. Thus, this study extends

findings by Extremera and Rey (2015) identifying the importance of emotion regulation in thwarting burnout threats.

It is important to note that when emotion dysregulation was added as a predictive variable in this study, resilience was no longer a significant predictor. These two constructs were negatively significantly correlated (r = -.600), which suggests that there may be some overlap in the constructs measured. It may also suggest that emotion regulation skills serve as a stronger coping mechanism for thwarting burnout, than one's intrapersonal resilience.

Intrinsic goal violations were added to the model with emotion dysregulation in block three, as one's ability to achieve "self-acceptance and inner-peace" may be related to self-regulation practices (Park et al., 2016, p.5). Park et al. (2016) suggested that intrinsic goal violations measure goal violations related to one's well-being (i.e., interference with one's ability to achieve "self-acceptance" and "inner-peace") and that these violations can lead to distress or burnout, aligning with the findings purported in this study (Cann et al., 2010). This has not been specifically studied in relation to burnout in CIT training programs. Thus, these findings extend current research and suggests areas for future research related to meaning-making violations and burnout.

As mentioned above, this study revealed that COVID-19 event centrality was positively correlated and predictive of CIT burnout, providing some empirical support that the severity of COVID-19 event centrality (i.e., the extent to which an individual perceives a traumatic or highly distressing event as central to their identity and life story) influences counselor burnout. Prior studies have found that some intrapersonal factors of the CIT, such as resilience, emotion regulation, and global belief violations (i.e., belief violations, intrinsic goal violations) may serve as protective factors against burnout (Dispenza et al., 2019; Litam et al., 2021; Thompson et al.,

2011; Park et al., 2016; Prikhikdo et al., 2020). Thus, I hypothesized that higher levels of COVID-19 event centrality moderated by lower levels of resilience and higher levels of emotion dysregulation, belief violations, and intrinsic goals violations would be predictive of higher levels of CIT burnout. In order to test this hypothesis, I utilized a series of moderation analyses to explore the impact of resilience, emotion dysregulation, and global meaning violations (i.e. belief violations, intrinsic goal violations) on the relationship between COVID-19 event centrality and CIT burnout.

The hypothesis was partially supported. Analyses revealed that resilience moderated the relationship between COVID-19 event centrality and CIT burnout. It is likely that the more central COVID-19 was perceived in the lives of participants, the more internal resilience was needed to serve as a protective factor against burnout. This is consistent with existing research conducted by Lambert and Lawson (2013) and Grant and Kinman (2012) suggesting that resilience offers protection against burnout and added work-related stressors. Additionally, resilience was found to lessen CIT burnout at low, average, and high levels suggesting that the introduction of any level of intrapersonal resilience lessens burnout risk for CITs.

However, the analyses did not support that emotion dysregulation, or global meaning violations (i.e., belief violations, intrinsic goal violations) moderated the relationship between COVID-19 event centrality and CIT burnout. Although emotion dysregulation, belief violations, and intrinsic goals violations were not found to be significant moderators in the relationship between COVID-19 event centrality and CIT burnout, there are some factors of note that may have impacted the significance of these moderators. Prior research exploring emotion regulation as a moderator suggested that higher levels of emotion regulation among a group of male participants helped to improve well-being (Extremera & Rey, 2015). Findings from this study

suggest that emotion regulation skills may be more important for male-identifying participants. Since the majority of the current sample was female-identifying participants, findings from Extremera and Rey (2015) may not be generalizable to this sample and could account for the lack of significance in the moderator.

Last, there is no research to date exploring the use of global meaning violations (i.e. belief violations, intrinsic goal violations) as moderating variables. Research conducted by George et al. (2016) asserted that trauma centrality and PTSD were mediated by global belief violations (i.e., intrinsic goal violations, belief violations). Based on this research, we proposed that global meaning violations could more likely function as a moderator, based on the idea that distressing events (i.e., COVID-19) directly influence the manner in which we construct our belief systems. However, global meaning violations were not significant moderators in this study, suggesting that they may be better suited as mediators explaining the relationships between two variables.

Limitations and Future Directions

This study has several limitations, which should be considered when interpreting the results. First, I used cross-sectional data, collecting responses from participants at one-time point at the beginning of 2022, thus limiting my ability to understand how COVID-19 event centrality, resilience, emotion dysregulation, and global meaning violations influence the trajectory of CIT burnout over time. While I cannot make conclusive claims regarding the causal direction of the effect based on this data, we can gain insight from these findings of what to continue examining in future research. Repeated observations may provide us with a stronger understanding of the impacts of COVID-19 stress over time and how this repeated stress impacts CIT burnout. Second, all participation in this study was completely voluntary, and self-reported, increasing the

potential for bias. Additionally, the sample was highly homogenous in nature, as a large majority of participants identified as white, able-bodied women, living in the South. Therefore, results from this study may not necessarily generalize to other racial, ethnic, or ability groups.

A third limitation of this study is the time that data was collected. As previously mentioned, data was collected for two months at the beginning of 2022, just short of the two-year anniversary of the COVID-19 pandemic. Although COVID-19 was surging during this time, our results failed to capture responses to the pandemic immediately following the first round of COVID-19 protocols and shutdowns. This may have provided additional information not captured in this sample. A final limitation to consider is the use of global meaning violations (i.e., belief violations, intrinsic goal violations) as a moderator. Existing literature only explores global meaning violations as a mediator, rather than a moderator (George et al., 2016). Results of this study indicate that global meaning violations were not a significant moderator in the relationship between COVID-19 event centrality and CIT burnout. Thus, this construct may be more likely to serve as a mediator in future research examining relationships between stress and burnout.

Future research should consider expanding and validating these findings within other racially, ethnically, and culturally diverse populations, as this sample was highly homogenous. Additionally, future research should consider conducting longitudinal research to better understand the long-term effects of the COVID-19 pandemic on CIT burnout. Longitudinal research may also allow future researchers to explore some of the moderators in this study, as possible mediators. Since emotion dysregulation and global meaning violations were not significant moderators in this study but did significantly predict burnout in the hierarchical

regression model, they may be better suited as mediators. In this same thread, future research may consider other possible constructs related to CIT burnout.

The findings from this study are some of the first to date suggesting that CITs in training programs experience burnout. Additionally, based on the findings of this study, it is clear that burnout may be heightened in CITs in trauma or crisis situations. Thus, future research should consider exploring the experiences of CITs following trauma or crisis situations (e.g., natural disasters, emergency situations, etc.)

Last, future research should consider exploring the efficacy of wellness training in CITs programs. As previously mentioned, prior literature suggests that CITs endorsed a need for additional wellness practices in their training programs to prevent burnout (Thompson et al., 2011; Wardle & Mayorga, 2016). Thus, it may be helpful to explore the efficacy of implementing these wellness programs using program evaluations. Future research of this nature may be used to address systemic issues in both counselor training and counselor wellness.

Implications

The findings from this study have many implications for CITs and counselor training programs. Preliminary results suggest that CITs in training programs experienced heightened levels of burnout following a stressful/traumatic event (e.g., COVID-19). These findings may be extended to suggest that other stressful/challenging events could be predictive of CIT burnout. Thus, counselor educators may consider how burnout is being addressed in training programs. Prior research conducted by Thompson et al. (2011) asserted that CITs in training programs have identified a need for more discussion regarding burnout symptoms and preventative coping mechanisms. This research coupled with the results of this study serves as a call to action for

training programs and educators to integrate more preventative strategies for combatting burnout, as well as psychoeducation on the risks of burnout for CITs.

This is not only a call to action for training programs but also for the system at large. While CACREP identifies the importance of engaging in wellness practices, training programs are still failing to implement and practice wellness as a whole. It may be that a systemic change is needed in order to encourage greater wellness and self-care within our field as a whole. Rather than just didactic content explaining the importance of wellness practice, CIT training programs should be modeling wellness practices and providing wellness opportunities for students (both inside and outside of the course curriculum). Focusing on the utilization of wellness practices such as resilience, and emotion regulation may be helpful when addressing burnout. Based on the results of this study, it would also be helpful to explore other wellness practices that may be utilized to combat burnout, as burnout poses a strong risk to CITs.

Last, counseling clients may benefit from increased wellness in CITs. If CITs are learning wellness skills throughout their program, they may be able to share these skills with their own clients, making them more competent clinicians. Thus, focusing on building wellness skills for CITs is beneficial for their wellness, as well as their clients.

Conclusion

In summary, COVID-19 event centrality has shown to be predictive of CIT burnout, meaning that other stressful/traumatic events may also serve as threats to burnout. Thus, it is important to explore wellness practices that may combat these threats to CITs. In this study, I discovered that intrapersonal aspects of the CIT such as resilience, emotion dysregulation, and global meaning violations may buffer the relationship between COVID-19 event centrality and CIT burnout. Based on these results, I suggest that counselor training programs implement more

discussions around wellness practices, as well as opportunities to engage in these practices in order to help prevent and remediate burnout concerns. This is an important consideration for counselor educators and counselor training programs in how they train and prepare future counselors.

Table 1.

Descriptive Statistics and Bivariate Correlations for Study Variables

Variable	*n*	*M*	*SD*	1	2	3	4	5	6
1. Counselor Burnout (CBI)	152	47.37	11.58	—					.
2. COVID-19 Centrality of Events (CES)	152	63.88	14.17	.405**	—				
3. Resilience (BRS)	152	20.34	4.78	-.254**	-.267**	—			
4. Emotion Dysregulation (DERS)	152	34.76	11.89	.508**	.377**	-.600**	—		
5. Belief Violations (GMVS)	152	14.95	4.35	.398**	.541**	-.285**	.457**	—	
6. Intrinsic Belief Violations (GMVS)	152	13.46	4.47	.515**	.566**	-.367**	.569**	.623**	—

*$p < .05$. **$p < .01$. (two-tailed)

Table 2

Demographic Data for Participants

	n	%
Gender Identification		
Cisgender women	133	88.7%
Cisgender men	14	9.3%
Gender non-binary	1	0.7%
Agender	1	0.7%
Non-binary woman	1	0.7%
Race/Ethnicity		
Asian/Pacific Islander	6	3.9%
Black/African Descent	11	7.2%
Caucasian/White/European Descent	111	73%
Hispanic/Latino/Latina	12	7.9%
Middle Eastern	1	0.7%
Multiracial/ethnic	7	4.6%
Indigenous/Native American	2	1.3%
Sexual Orientation		
Bisexual	24	15.8%
Heterosexual	103	67.8%
Gay	3	2%
Lesbian	7	4.6%
Queer	6	3.9%
Asexual	3	2%
Questioning	1	0.7%
Pansexual	1	0.7%
Demisexual	1	0.7%
Sexually Fluid	1	0.7%
Living with a disability		
Yes	4	2.7%
No	146	96.1%
Counseling Program Type (CACREP Accredited)		
Clinical Mental Health Counseling	90	59.2%
Rehabilitation Counseling	4	2.6%
School Counseling	53	34.9%
Marriage and Family	2	1.4%
Clinical Mental Health Counseling & School Counseling Dual Track	1	0.7%
Clinical Experience		
Practicum	65	42.8%
Internship	85	55.9%
Counseling Medium Utilized		
Telehealth Only	16	10.5%
In-person Only	76	50.0%

Telehealth and in-person	58	38.2%
Practicum/Internship Placement		
Community Mental Health Agency	36	23.7%
Psychiatric Hospital	1	0.7%
Private Practice	13	8.6%
Substance Use/Addiction/Recovery Setting	5	3.3%
Medical Hospital Setting	5	3.3%
State or Federal Agency (e.g., Vocational Rehabilitation)	1	0.7%
University or College (e.g., career services)	22	14.5%
School (K-12)	65	42.8%
Probation Office	1	0.7%
Animal Assistance Therapy	1	0.7%
Participant Region (ACES)		
NCACES	10	6.6%
NARACES	10	6.6%
SACES	127	83.6%
RMACES	1	0.7%
WACES	1	0.7%

Note. N=150. Participant mean age was 28 and median age was 26. Participants' caseloads ranged from 0 (practicum students working with supervisor caseload) to 630.

Table 3.

Block-Wise Hierarchical Regression with Counselor Burnout as the Outcome Variable

Variable	*B*	*SE*	*β*	t	*p*
Step 1: F(1,150) = 29.42 ,p < .001, Adjusted R^2 = .158					
COVID-19 Event Centrality	.331	.061	.405	5.424	<.001*
Step 2: F(2,149) = 17.13, p < .001, Adjusted R^2 = .176					
COVID-19 Event Centrality	.297	.063	.363	4.734	<.001*
Resilience	-.382	.186	-.157	-2.054	.042*
Step 3: F(5,146) = 16.00, p <.001, Adjusted R^2 = .332					
COVID-19 Event Centrality	.113	.069	.138	1.629	.105
Resilience	.238	.202	.098	1.176	.242
Emotion Dysregulation	.348	.093	.358	3.761	<.001*
Belief Violations	.086	.239	.032	.359	.720
Intrinsic Goal Violations	.647	.254	.250	2.549	.012*

* statistically significant at $p < .05$

Table 4.

Results from Moderation Analysis Examining the Moderation of the Effect of COVID-19 Event Centrality (X) on CIT Burnout (Y) by Resilience (M_1), Emotional Dysregulation (M_2), Belief Violations (M_3), and Intrinsic Goal Violations (M_4)

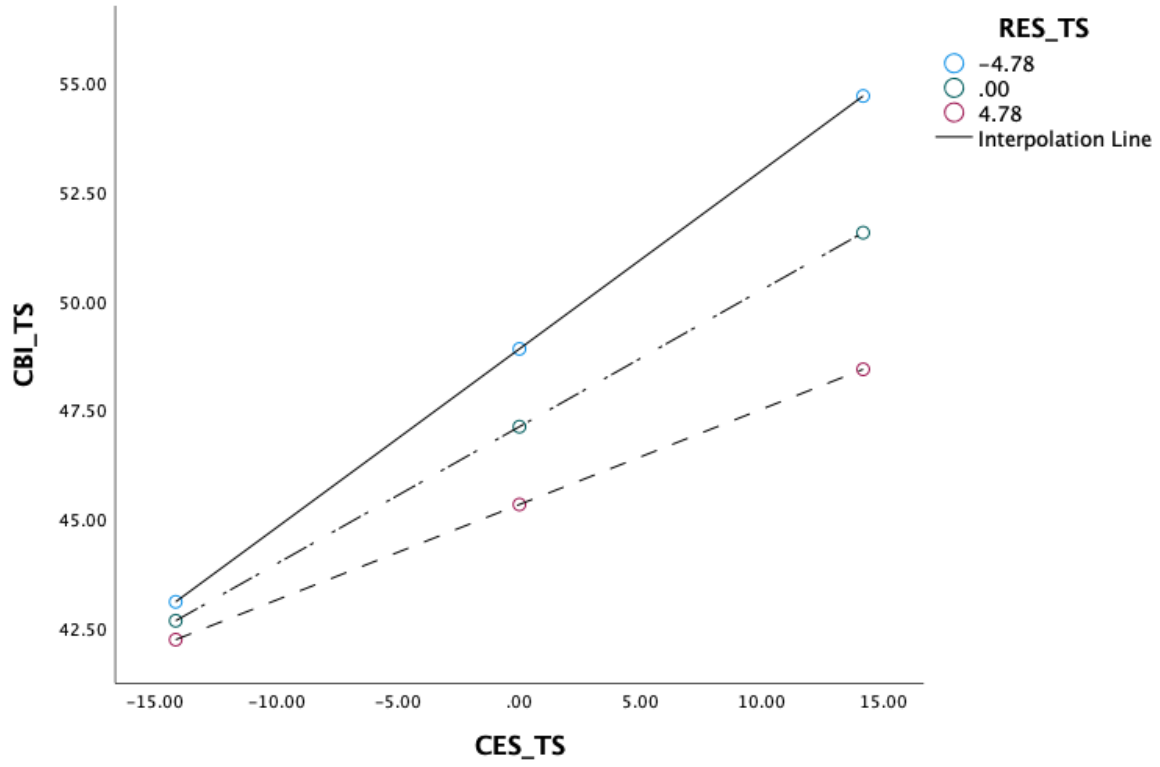
Variable	Intercept/Effect	Coeff.	*SE*	*t*	*p*
CIT Burnout (Y_1)					
Intercept	i_1	47.12	0.89	52.88	.000
COVID-19 Event Centrality (*X*)	b_1	0.31	0.07	4.78	.000
Resilience (M_1)	b_2	- 0.37	0.19	-2.00	.047
Moderation Effect (*X* x M_1)	b_3	-0.02	0.01	-2.03	.044*
		R^2 = .21, *MSE* = 108.74			
		F (1,148) = 4.12, *p* < .001			
Intercept	i_1	47.34	0.82	57.73	.000
COVID-19 Event Centrality (*X*)	b_1	0.21	0.06	3.28	.001
Emotion Dysregulation (M_2)	b_2	0.39	0.08	5.21	.000
Moderation Effect (*X* x M_2)	b_3	0.002	0.004	0.57	.570
		R^2 = .31, *MSE* = 94.12			
		F (1,148) = .325, *p* = .570			
Intercept	i_1	47.03	0.93	50.65	.000
COVID-19 Event Centrality (*X*)	b_1	0.22	0.08	2.73	.007
Belief Violations (M_3)	b_2	0.68	0.25	2.73	.007
Moderation Effect (*X* x M_3)	b_3	0.01	0.01	1.44	.151
		R^2 = .22, *MSE* = 107.05			
		F (1,148) = 2.08, *p* = .151			
Intercept	i_1	47.16	0.91	52.10	.000
COVID-19 Event Centrality (*X*)	b_1	0.14	0.08	1.80	.074
Intrinsic Goal Violations (M_4)	b_2	1.06	0.25	4.19	.000
Moderation Effect (*X* x M_4)	b_3	0.01	0.01	0.83	.410
		R^2 = .29, *MSE* = 97.43			
		F (1,148) = .682, *p* = .410			

Note. *N* = 152. COVID-19 Event Centrality (X) and each Moderator were mean-centered before analysis.

* statistically significant at *p* < .05

Figure 1.

Graph for Examining the Moderation of the Effect of COVID-19 Event Centrality (X) on CIT Burnout (Y) by Resilience (M_1)



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APPENDICES

Appendix A

Informed Consent

Georgia State University
Informed Consent

Title: Utilizing the Theory of Event Centrality as a Framework for Understanding Counselor-in-Training (CIT) Burnout During the COVID-19 Pandemic
Principal Investigator: Franco Dispenza, PhD, CRC
Student Principal Investigator: Kyndel Tarziers, MS, APC, NCC
Sponsor: Kyndel Tarziers, MS, APC, NCC

Procedures
You are being asked to take part in a research study. If you decide to take part, you will fill out a brief packet of survey measures online, asking you about your experiences during the COVID-19 pandemic as a counselor-in-training. You will not be interacting with anyone, as the entirety of the survey will be completed online. You will complete the packet of survey measures one time in January-March 2022. Completing this brief survey packet will take 15 minutes of your time.

Compensation
You will receive a $5 Amazon e-gift card for participating in this study. You will not receive any compensation for partial completion of this study. You will be asked to submit an email address to receive the compensation and it is recommended that you use an email address that does not contain your name (for example, panther01@email.com). Your email address will not be connected in any way to your survey response.

Voluntary Participation and Withdrawal
You do not have to be in this study. Your participation is voluntary and you may stop participating at any time. You will not lose any benefits or be penalized in any way by withdrawing from this study.

Contact Information
Contact Franco Dispenza at 404-413-8174 or fdispenza1@gsu.edu or Kyndel Tarziers at 251-202-3994 or ktarziers1@student.gsu.edu.

Consent
If you are willing to volunteer for this research, please press the arrow to start the survey.

Appendix B

Centrality of Events Scale (CES)

Directions: Please think back upon the most stressful or traumatic event in your life (in context of the COVID-19 pandemic) and answer the following questions in an honest and sincere way, by circling a number from 1(totally disagree) to 5 (totally agree).

1. This event has become a reference point for the way I understand new experiences.
2. I automatically see connections and similarities between this event and experiences in my present life.
3. I feel that this event has become part of my identity.
4. This event can be seen as a symbol or mark of important themes in my life.
5. This event is making my life different from the life of most other people.
6. This event has become a reference point for the way I understand myself and the world.
7. I believe that people who haven't experienced this type of event thin differently than I do.
8. This event tells a lot about who I am.
9. I often see connections and similarities between this event and my current relationships with other people.
10. I feel that this event has become a central part of my life story.
11. I believe that people who haven't experienced this type of event, have a different way of looking upon themselves than I have.
12. This event has colored the way I think and feel about other experiences.
13. This event has become a reference point for the way I look upon my future.
14. If I were to weave a carpet of my life, this event would be in the middle with threads going out too many other experiences.

15. My life story can be divided into two main chapters: one is before and one is after this event happened.
16. This event permanently changed my life.
17. I often think about the effects this event will have on my future.
18. This event was a turning point in my life.
19. If this event had not happened to me, I would be a different person today.
20. When I reflect upon my future, I often think back to this event.

Appendix C

Counselor Burnout Inventory (CBI)

Directions: Please answer the following questions, with respect to your experience during the COVID-19 pandemic, using the following scale: 1 = never true, 2 = rarely true, 3 = sometimes true, 4 = often true, 5 = always true.

1. I feel frustrated with the system in my workplace.

2. I am treated unfairly in my workplace.

3. I feel bogged down by the system in my workplace.

4. I feel negative energy from my supervisor

5. I have little empathy for my clients.

6. I have become callous towards clients.

7. I am not interested in my clients and their problems.

8. I am no longer concerned about the welfare of my clients.

9. I feel I do not have enough time to spend with my friends.

10. I feel like I do not have enough time to engage in personal interests.

11. I feel I have poor boundaries between work and my personal life.

12. My relationships with family members have been negatively impacted by my work as a counselor.

13. Due to my job as a counselor, I feel tired most of the time.

14. I feel exhausted due to my work as a counselor.

15. Due to my job as a counselor, I feel overstressed.

16. Due to my job as a counselor, I feel tightness in my back and shoulders.

17. I feel I am an incompetent counselor.

18. I am not confident in my counseling skills.

19. I feel frustrated by my effectiveness as a counselor.

20. I do not feel like I am making a change in my clients.

Appendix D

The Brief Resilience Scale (BRS)

Directions: Please indicate the extent to which you agree with each of the following statements by using the following scale: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.

1. I tend to bounce back quickly after hard times.

2. I have a hard time making it through stressful events (R)

3. It does not take me long to recover from a stressful event

4. It is hard for me to snap back when something bad happens (R)

5. I usually come through difficult times with little trouble

6. I tend to take a long time to get over setbacks in my life (R)

Appendix E

Global Meaning Violations Scale (GMVS)

Directions: Please answer the following questions, with respect to your experience of the COVID-19 pandemic, using the following scale: 1= not at all to 5 = very much.
When you think about how you felt before and during the COVID-19 pandemic:

1. How much does the occurrence of this stressful experience violate your sense of the world being fair or just?

2. How much does this stressful experience violate your sense that other forces have control in the world?

3. How much does this stressful experience violate your sense that a higher power (i.e., God, nature, a spiritual being) is in control?

4. How much does this stressful experience violate your sense of being in control of your life?

5. How much does this stressful experience violate your sense that the world is a good and safe place?

How much does your stressful experience (i.e., COVID-19) interfere with your ability to accomplish each of these?

6. Social support and community

7. Self-acceptance

8. Physical health

9. Inner peace

10. Educational achievement

11. Achievement in my career

12. Creative or artistic accomplishment

13. Intimacy (emotional closeness)

Appendix F

Difficulties in Emotion Regulation Scale – 16 Item Version (DERS-16)

Directions: Please indicate how often the following statements apply to you by identifying the appropriate number from the following scale: 1 = almost never (0-10%), 2 = Sometimes (11-35%), 3 = About half the time (36-65%), 4 = Most of the time (66-90%), 5 = Almost always (91-100%).

1. I have difficulty making sense out of my feelings (CLARITY).

2. I am confused about how I feel (CLARITY).

3. When I am upset, I have difficulty getting work done (GOALS).

4. When I am upset, I become out of control (IMPULSE).

5. When I am upset, I believe that I will remain that way for a long time (STRATEGIES).

6. When I am upset, I believe that I'll end up feeling very depressed (STRATEGIES).

7. When I am upset, I have difficulty focusing on other things (GOALS).

8. When I am upset, I feel out of control (IMPULSE).

9. When I am upset, I feel ashamed with myself for feeling that way (NONACCEPTANCE).

10. When I am upset, I feel like I am weak (NONACCEPTANCE).

11. When I am upset, I have difficulty controlling my behaviors (IMPULSE).

12. When I am upset, I believe that there is nothing I can do to make myself feel better (STRATEGIES).

13. When I am upset, I become irritated with myself for feeling that way (NONACCEPTANCE).

14. When I am upset, I start to feel very bad about myself (STRATEGIES).

15. When I am upset, I have difficulty thinking about anything else (GOALS).

16. When I am upset, my emotions feel overwhelming (STRATEGIES).

Clarity = Lack of emotional clarity; Goals = Difficulties engaging in goal directed behavior; Impulse = Impulse Control Difficulties; Strategies = Limited access to effective emotion regulation strategies; Nonacceptance = nonacceptance of emotional responses.